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DATE: 13 March 2014

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Judi Ellis, Robert Evans, Peter Fookes, Ellie Harmer, William Huntington-Thresher and Charles Rideout

London Borough of Bromley Officers:

Dr Nada Lemic
Terry Parkin

Director of Public Health
Executive Director: Education, Care & Health
Services (Statutory DASS and DCS)

Clinical Commissioning Group:

Dr Angela Bhan
Dr Andrew Parson

Chief Officer - Consultant in Public Health
Clinical Chairman

Bromley Voluntary Sector:

Linda Gabriel
Sue Southon

Healthwatch Bromley
Chairman, Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on
THURSDAY 20 MARCH 2014 AT 1.30 PM

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from
www.bromley.gov.uk/meetings

AGENDA

- 1 APOLOGIES FOR ABSENCE**
- 2 MINUTES OF LAST MEETING AND MATTERS ARISING (Pages 1 - 16)**

3 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on 14th March 2014.

4 QUESTIONS OF THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The briefing comprises:

- Joint Strategic Needs Assessment
This item will be included as part of the information briefing at each meeting

Members and Co-opted Members have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?XXR=0&Year=2013&CId=559>

Printed copies of the briefing are available on request by contacting the Democratic Services Officer.

This item will only be debated if a member of the Board requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

5 WINTERBOURNE VIEW UPDATE (Pages 17 - 20)

6 BETTER CARE FUND (Pages 21 - 24)

7 BROMLEY CCG TWO YEAR PLAN (Pages 25 - 44)

8 PHARMACEUTICAL NEEDS ASSESSMENT (Pages 45 - 58)

9 HEALTH CARE FACILITIES IN BROMLEY (Pages 59 - 62)

10 FUTURE MEETINGS AND AGENDA ITEMS (Pages 63 - 72)

11 ANY OTHER BUSINESS

12 DATE OF NEXT MEETING

The next meeting was due to be held on Thursday 22nd May 2014, but the local and European elections will now be held on that date – an alternative date will be need to

be considered at the meeting.

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Agenda Item 2

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.00pm on 30 January 2014

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Judi Ellis, Robert Evans, Peter Fookes, Ellie Harmer, William Huntington-Thresher and Charles Rideout

Terry Parkin (Executive Director: Education, Care & Health Services (Statutory DASS and DCS) and Dr Nada Lemic, (Director of Public Health)

Dr Angela Bhan (Chief Officer - Consultant in Public Health)
Linda Gabriel (Healthwatch) and Sue Southon (Chairman, Community Links Bromley)

Also Present:

Dr Mandy Selby (Bromley GP Consortia) and Councillor Pauline Tunnicliffe

1 Apologies for Absence

Apologies were received from Councillor John Getgood and Councillor Peter Fookes acted as his alternate and from Dr Andrew Parson and Dr Mandy Selby acted as his alternate.

2 Minutes of Last Meeting and Matters Arising

The Minutes were agreed subject to the following amendments:

Page 3: Meredith Collins is not a doctor

Page 5: National Insurance Numbers should be corrected to NHS Patient Record Numbers.

Page 7: FLO is a telephone messaging system

RESOLVED that the minutes of the meeting held on 28th November 2013 are approved.

3 Questions by Councillors and Members of the Public Attending the Meeting

3 questions were received from Ms Sue Sulis and the questions and answers are appended to these minutes.

4 Bromley Youth Council- Mental Wellbeing

Andrew Spears, Youth Council Chairman and Laila Khan, Youth Council Vice-Chairman addressed the Board. The Board viewed the short film that Bromley Youth Council (BYC) had produced for the launch. The film can be viewed at:

<http://www.youtube.com/watch?v=Eq31G4F3MLE>.

Mental Health was identified as the key priority issue at the Youth Council's manifesto event in March 2013 and the Board was provided with a summary and an update on the BYC's campaign on mental health. The campaign aimed to break the silence amongst young people about mental health issues and to raise awareness amongst young people of the services available to offer support.

Each year the Youth Council hosted a youth manifesto event, to which all borough secondary schools and colleges were invited to send representation. It is planned, delivered and evaluated by youth councillors and supported by youth support work programme staff. Key decision makers in the borough, including elected Members, officers and service managers were invited as guests, to listen to the views and concerns and answer questions from young people either living, being educated or growing up in Bromley. The outcomes from this event contributed to and completed the BYC Manifesto for the forthcoming year.

At the manifesto event in March 2013, 81 young people from 15 schools and colleges identified their priority issues as a mandate for the Youth Council. Mental health was identified as the key issue. BYC applied and were awarded funding to support this campaign from Bromley Public Health and thanked Dr Ade Fowler, Dr Jenny Selway and Bromley Y for the support they have given to the campaign.

The official launch of the campaign was 10th October, 'World Mental Health Day'. BYC ran a stall and a 'green' ribbon campaign and alongside this they launched their leaflet and film. The Youth Council had discussions with 628 young people and 239 adults about mental health and wellbeing and distributed over 1000 green ribbons.

The Board was able to consider the mid-term progress report and were informed that an End of Year Report looking at the impact of the campaign and reporting individual and group outcomes and achievements would be available from March 2014.

The Chairman thanked the representatives for the "powerful" film and expressed surprise that mental health was such an issue for young people.

The Board was informed that the information produced by BYC had

been distributed to GP's in key areas. They recognised that the film and leaflet could not reach all young people.

Members requested copies of the information collated as a result of sending out questionnaires during the consultation process. These findings had been presented at the "Bromley Crime Summit" held on 28th September 2013.

BYC Members had also worked with Sue Southon to increase volunteering amongst young people. The youth workers were keen to get involved with community schemes and welcomed suggestions by Members.

One Member of the Board noted that in the past the statistics for crimes against the under 16's were not reported and hoped this had changed. In response the Board was informed the Chairman of the Youth Council had been invited by the Borough Commander, Steph Roberts to meet to discuss youth issues.

The Chairman thanked the representatives and felt it was encouraging to see such confident and compassionate youth in the Borough.

RESOLVED that the report and presentations are noted.

5 Questions on Health and Wellbeing Information Briefings

There were no questions received on the briefing prior to the 24 hour deadline.

6 Better Care Fund (formerly known as the Integration Transformation Fund) - Sign Off

Following the presentation given at the previous Health and Wellbeing Board (HWB) meeting the Director had prepared a report which outlined a proposal for the joint use of the Better Care Fund (BCF), previously referred to by the Department of Health as the Integration Transformation Fund (ITF). The intention of the fund was to support an increase in the scale and pace of integration between health and social care and provide a mechanism for promoting joint planning for the sustainability of local health and care economies against a background of significant savings targets right across the system.

In addition to the overarching integration agenda a number of national conditions and measures are attached to the fund designed to move resources across the system towards prevention and short term care interventions and away from high cost care packages in residential or acute settings.

Locally the Chairman of the Board and Directors from both the Local Authority and Bromley's Clinical Commissioning Group were proposing

to use the Fund to:

- Fund services that came under the banner of 'short term interventions and preventative services' in the community in order to mitigate the pressures on long term care packages and admissions into secondary care that were putting considerable financial strain on the Health and Care system as a whole;
- Include services that helped both Health and Care deliver against some of their respective legislative duties as set out in the Health and Care Act 2012 and the Care Bill (currently going through parliament and likely to become an Act in 2014);
- 'Clean up' historical joint funding arrangements moving existing joint funded community services into a pooled budget of which the BCF would make up a core component.

Access to the BCF was dependent on agreement of a local 2-year plan for 2014/15 (the planning year) and 2015/16 (first full year). The plans had been first agreed jointly by the Local Authority and Bromley's Clinical Commissioning Group and authorised by their respective Executives.

A template has been produced nationally for local areas to complete their submissions to NHS England. This template had been completed locally and attached to the report for the Board's consideration.

The final sign off required before the Local Plan could be submitted to NHS England needed to be provided by the Board. One of the critical responsibilities for HWBs, as set out in the Health and Care Act 2012, was to encourage joint working and integration in their locality wherever there were clear benefits to the local population. The BCF provided a vehicle that could be used to sustain and accelerate this agenda as well as support the creation of a pooled budget.

The timetable for submission was very tight and Bromley's submission had to be with NHS England by 14th February. The final deadline was 4th April 2014 which gave officers time to finalise the indicative budgets.

The Board requested an outline setting out how the funding could be used. One of the areas of change would be moving funding from the acute sector to Community Health as the proposed measures should mean that there would be more care in the community leading to less demand on hospital beds.

The Board requested that as the next submission after February, was not until April, it would like to receive the document again prior to final submission. This would be brought to the March meeting.

One Member of the Board raised concerns as to how the fund would be managed if the Local Authority and the Health Authority had differing ideas. She also raised concerns about IT and sought

reassurance that there would not be a need to purchase new IT systems at a time of budget constraint, and she was also concerned about unrealistic targets for dementia.

The Director explained that this was an evolving process and the Bromley and the CCG would be making appropriate changes although the role of NHS England in the process was still not clear. He Agreed that IT was a problem as the current "Care First" system was nearing the end its life, however, although other boroughs had spent in the region of £2- £3m on new IT system he had no intention of doing so.

In relation to dementia patients he explained that his aim was to ensure that dementia sufferers did not end their lives in hospital. Consideration was being given to all nursing homes, residential homes and dementia work in the borough to ensure the most appropriate residential care for sufferers,

Dr Bhan explained that one of the aims was to promote joint working to improve the delivery of services to Bromley residents to increase their ability to remain in their own homes. She recognised that all the relevant services needed to be linked and this would be one of the CCG's areas to focus on.

The Vice-Chairman reported that authorities could become "Dementia Friendly" authorities and encouraged Bromley to do so.

The Board was assured that the CCG had signed up to all the principles of the BCF but work was still ongoing to work through the detail.

RESOLVED that:

- 1. The Local Plan is authorised and approval is granted for the Plan to be submitted to NHS England allowing Bromley to meet the national deadline for submission of 14th February 2014.**
- 2. It be noted that this is the first submission to NHS England and that the planning year does allow both organisations to engage with partners, providers and service users on how the integration agenda should be delivered locally.**
- 3. It be agreed that the Local Plan is championed in the community and is communicated positively to colleagues, providers and service users.**

7 2012 - 15 Health & Wellbeing Strategy - Annual Refresh

Officers provided a report which gave the Board an opportunity to review the current Health and Wellbeing Strategy and begin the development of the future Strategy. The Strategy would underpin the Board's work programme and communication and engagement Strategy (both covered in items on elsewhere on the agenda).

The current Health & Wellbeing Strategy commenced in 2012 for three years; it was agreed as part of the development that there would be an annual refresh of the data and priorities to reflect the latest evidence from the JSNA and monitoring reports. It was also the opportunity to outline current drivers especially as the Health and Social Care areas changed and became more fully integrated.

Board Members noted an update on each of the nine priorities with summary of the main achievements over the last two years, a red, amber and green rating (RAG) based on the progress against the three year outcomes and finally a summary of the planned actions for 2014/15. This was currently being finalised with key partners including the Council, Bromley CCG and third sector partners. It was planned that during 2014/15 all nine priorities would be monitored and reported to the HWB during the course of the year.

The Strategy developed in 2012 outlined the proposed changes in both health and social care organisations, these changes had now been implemented in part and in relation to further integration these plans had become more developed locally. The evidence base of the 2012 version of the Strategy had also been updated to reflect the 2012 JSNA and other more up to date sources. This document would be finalised and circulated for sign off at the HWB March meeting, with February being used to collate feedback and comments on the content of this refreshed Strategy.

It was planned that work on the 2015 – 18 Health and Wellbeing Strategy will begin as soon as the 2013 JSNA was presented for sign off by the HWB (September 2014). A facilitated HWB workshop where the potential areas to be considered as priorities in the future Strategy, the draft Strategy would be developed for engagement events early in 2015 for launching and implementation from April 2015.

The Chairman was pleased to see the ratings included in the Strategy, this was one of the suggestions from the Board's "Away Day" in October.

Councillor Jefferys felt that close attention needed to be paid to the wording and detail and that the issues contained needed to be cross referenced. He was aware that in relation to obesity and diabetes there are a number of other issues, in the instance of these two

medical conditions he would expect to see the prevalence rise to indicate that patients are being indentified. There were a number of other areas he would like to discuss and it was agreed that these discussions would take place outside the meeting.

Dr Lemic explained that the document being presented was the summary document and the full plan contained details on priority areas led by groups and action plans within these groups. With regard to diagnosis of diabetes she was pleased to report that Bromley GP's were very good at identifying patients and the proportions of undiagnosed diabetes were less than elsewhere. She confirmed that it was likely that the incidence of diabetes may rise. Diabetes was a major problem and that was the reason for trying to develop a programme to address it.

The proposal was for the refresh Strategy to be circulated to the Board in mid-February for agreement and to ensure it contained the right targets. The Chairman reminded the Members of the Board that it was important that they fed into the Strategy.

The Board questioned the "Falls Service" but was informed that this was within the remit of the ProMISE service and contained in a report elsewhere on the agenda.

Officers reassured the Board that carers were being identified in all areas and that they were trying to stimulate more carers to register. This was an area where GP colleagues were providing help. However it was acknowledged that the full picture regarding carers was still not clear.

In relation to obesity, Councillor Evans questioned the reported activity targets of 69.1% and the nature of the sample of people questioned. Dr Lemic explained that activity was not necessarily just exercise it also referred to activities such as housework and gardening. She was not able to confirm the size of the sample and it was agreed that she would provide additional information outside of the meeting. She also confirmed that more detailed information was contained on the JSNA.

Officers would bring regular updates back to the Board.

RESOLVED that:

- 1. the report, 2012/14 achievements and 2014/15 planned actions be noted (appendix 1);**
- 2. the timescales for completing this refresh be agreed;**
- 3. the monitoring reports for the nine current priorities be agreed;**
- 4. the suggested approach for development of the next Strategy be endorsed.**

8 HWB Communication & Engagement Strategy

At the last meeting the Board, whilst considering the importance of communicating the ProMiSE programme to residents, had requested a report from Bromley's communication team.

Officers presented a report which outlined a draft Communications and Engagement Strategy to manage communications relating to local health and wellbeing issues following government health reforms. It included managing messages emanating from the work of the HWB, those relating to the Council's new Building a Better Bromley priority of 'A Healthy Bromley' and those relating to the Council's public health responsibilities. Such an approach would also cover messages reflecting the Council's and the Bromley Clinical Commissioning Group's business objectives concerning the further integration of health and social care services, particularly work relating to the Better Care Fund and the Proactive Management of Integrated Services for the Elderly (known as the ProMiSE programme).

Members were informed that a number of the "building blocks" were already in place and work was underway to raise awareness of the Board.

RESOLVED that

- 1. the draft communications and engagement Strategy including the overarching objectives and messages is endorsed;**
- 2. a communications and engagement plan is developed informed by a communication structure of target audiences and the Strategy's objectives and messages.**

9 Board Member Development and Engagement Programme

The Board was provided with an update on the development activity that had taken place with Members of the HWB. Further proposals were also outlined in order to progress Member development. The report suggested a continuing development and engagement programme, the development of ward-based profiles benchmarked alongside Bromley as a whole to give all elected Members a better understanding of health and wellbeing of residents locally in their wards and suggested a series of GP practice visits to be arranged for Board Members and elected Members to broaden the understanding of how the NHS operates in that sector.

Board Members questioned if the ward summaries would be for all Ward Members or just those on HWB. In response the Chairman said that it was his intention to provide this information to all Ward Members. He also encouraged Members to get involved as he noted that the public liked to see Ward Members showing an interest in local

priorities.

The Board also raised concerns about drawing comparisons across the ward profiles or any kind of “ranking” as these sorts of measures could be problematic. In addition it was felt that the Board should be looking for particular problems such as difficulty with access for certain groups. They were assured that the GP data and ward profiles would not be used to compile a “league table”.

The Board welcomed the suggestion of visiting GP practices and were keen that this was broadened to cover visits to other sites such as hospitals. Officers confirmed that discussions were taking place with the CCG and it was hoped to extend the visits to other area in due course.

RESOLVED that it is noted that The Development & Engagement Programme will be led by the London Borough of Bromley, with required input and leadership from partner organisations including the CCG, Healthwatch and Community Links Bromley for specific actions.

10 Future Meetings and Agenda Items

The meeting scheduled for 22nd May would be re-scheduled after the 4th June 2014. The Board would be advised of the revised date in due course.

11 Any Other Business

None.

12 Date of Next Meeting

Thursday 20th March at 1.30pm.

13 A&E Performance

For consideration of this item the Board was joined by colleagues from the Health Scrutiny Sub-Committee (HSSC).

The Chairman of the HSSC made a statement:

I was greatly disappointed to learn on Monday morning that a summit had been arranged for today that Kings’ would be attending and they would not therefore be present here to address this committee and members of the public to allay their concerns regarding The PRUH.

Staff here notably Angela Buchanan, did their utmost at this incredibly short notice to try and accommodate the meeting here at The Civic

Centre, so that both Agendas' could be addressed. Kings' refused our efforts.

Staff in Care Services are already faced with an extremely heavy workload and it is not right that they had to spend valuable hours dealing with something that could have been avoided. I understand that the Portfolio Holder drew the date of today's meeting to their attention as early as 17th January 2014.

If we are going to successfully work together and give confidence to the residents of Bromley with regards to the health service, we need reassurance from Kings' that this situation will be avoided in the future.

Moving forward, we need Kings' to provide a full update on the impact their plans/changes have had on The PRUH, especially with regard to A&E performance and trolley breaches.

I am not prepared to spend valuable resources convening a separate meeting, so would ask with plenty of notice that all parties' concerned attend the next Care Services PDS on March 11th to provide this in a special item

I will be writing to Kings' to express the views of this committee regarding this meeting.

The Board and Members of the Health Scrutiny Sub-committee had raised concerns regarding the performance of the Accident and Emergency Department at the Princess Royal University Hospital (PRUH) for some time. The performance at the Hospital over the last quarter had been at levels below the agreed performance level, with some very significant daily and weekly fluctuations.

There were various steps in place to help improve the performance in order that it was brought back in line with the agreed trajectory. The CCG presented a briefing paper outlining, broadly the position in line with the trajectory in the previous quarter, highlighting some of the causes for the decline in performance in the previous quarter as well as describing current and planned actions.

Dr Bhan, from the CCG addressed Members. She had conveyed Members feelings about King's failure to attend and apologised that the situation had arisen.

She reported that the target for A&E patients was that 95% of patients should be in the department for no longer than 4 hours before they are either moved to a ward or discharged. This would only be achieved if all departments were functioning efficiently.

Dr Bhan then outlined the previous history of the PRUH prior to the takeover by King's. However even after the takeover the performance of A&E had not reached the 95% target and since December 2013 it

was clear that the trajectory was not going to be met. It had been recognised at the outset that it would take some time before the hospital was able to meet the targets and the CCG therefore agreed with King's a lower trajectory of 87% for quarter 3 had 90% for quarter 4 of 2013/14. This was also agreed with monitor and NHS England as being realistic.

In addition there were a large number of trolley breaches. Both the CCG and King's found this unacceptable and were working hard with all agencies and community services to avoid future breaches.

There were a number of vacant posts at the hospital and King's were recruiting to fill vacancies; Advertising for additional staff meant there were now 2.6 fulltime equivalents (FTE) matrons in A&E, 3 new consultants and additional nurses. Further recruitment was still needed. Where appointments could not be made King's employed agency staff.

Improvements were also needed in patient pathways as there had been a decline in numbers and the system was becoming "disjointed". The reporting system had been improved as the previous system had not been clear when reporting the percentage of patients waiting longer than 4 hours in A&E.

Changes in the way facilities were used had seen a number of Queen Mary's patients being treated for elective procedures at the PRUH and a number of services were now linked; such as the Post Acute Care Enablement (PACE) Service provided by Bromley Healthcare.

Dr Bhan explained that action was being taken to recover the overall situation and there had been "shoots of improvement"; during the previous weekend over 90% of patients were seen within 4 hours.

She then outlined an exercise the hospital would be undertaking; "The Perfect Week". The hospital put itself in the position of dealing with a major incident. The exercise had been undertaken recently for 10 days at King's College Hospital and had seen performance reach 96%. As there was so much work at the PRUH it was decided to wait until after the changes had taken place and was therefore scheduled for the end of February.

Members then debated the item and asked questions; The HSSC Chairman asked if Social Workers were now working at the hospital at the weekends and the Director confirmed that they had always been available at the weekend or were on call. He added that he was aware there were still problems at the PRUH, one of which was no uniform system for discharging patients and this was more apparent at the weekends.

He re-iterated the hospital was understaffed but added that he could

not fault the work Dr Bhan had achieved as a Chief Officer for the CCG even though it was not her role.

Dr Bhan explained that the crisis at the PRUH was acute and that there was a crisis support unit which provided daily updates. One particular issue was looking at patients who were medically or surgically fit but were not being discharged. The unit also talked to patients to ascertain their views on why they were being delayed. In addition a detailed weekly report on trolley breaches and breaches of the 4 hour A&E targets was provided and Dr Bhan agreed that this information could be shared with the Board.

Members asked what the CCG was doing to involve GP's and Dr Bhan explained that GP's were commissioned by NHS England not the CCG but it was working with them to try to encourage patients to consider other routes for treatment rather than A&E; such as GP visits, talking to a pharmacist and using the Urgent Care Centres.

One Member asked how many staff had been lost at the PRUH and also sought clarification regarding reports of patients having to wait in ambulances as the A&E departments were too full to accept them. He also asked about GP's working at the hospital and the role of the Urgent Care Centres.

In response Dr Bhan explained under the South London Health Trust (SLHT) there had been a gradual reduction in staff and King's was now seeking to recruit an additional 200 staff across all areas both clinical and non-clinical. She confirmed that Beckenham Beacon had both a walk in centre and a minor injuries unit. An Urgent Care Centre was based at the PRUH staffed by GP's and consideration was being given to expanding this service.

In response to ambulance delays Dr Bhan explained that ambulance crews would divert to another hospital if one was at capacity. In addition if there were too many delays the service would send an Ambulance Manager to review the situation.

Concerns were raised about discharging patients too early, particularly vulnerable patients such as those suffering with dementia. Many were looked after by elderly carers. Dr Bhan said that it was not the hospitals intention to discharge patients before they were ready. As part of the "Perfect Week" exercise no-one would be discharged without a carers and a home assessment. She said she was happy to investigate individual cases if Members had concerns.

One of the areas that Members felt caused a delay in discharge was waiting for medications as the pharmacy appeared to be very slow. Dr Bhan reported that this was being addressed, it wasn't necessarily a problem at the pharmacy it was also a case of having to wait for a junior doctor to sign prescriptions. The Chairman of the HSSC asked

for regular updates on this.

Members then asked about staff morale at the PRUH and were informed that King's was taking steps to raise morale. This included training and opportunities for staff. It was noted that morale would improve as performance increased.

Dr Bhan was unable to answer questions on patient transport, which King's commissioned on behalf of the CCG. It was agreed that a report on patient transport would be brought to the meeting of the Care Services Policy Development and Scrutiny Committee in March.

When considering how to reduce the demand for emergency services, many of the people were elderly and such patients could deteriorate very quickly. One Member suggested that care homes should be able to prescribe antibiotics. Dr Bhan explained that there could be a problem with this and that all care homes had a visiting medical officer, usually a GP from the nearest practice. However she did acknowledge that more training was needed for care home staff to help them manage residents' health.

Members enquired about the numbers of out of borough residents who accessed the A&E department at the PRUH. Dr Bhan explained that the import/export ratio was about even. Bromley residents in the north and north west of the borough were closer to Lewisham or Croydon University hospitals so tended to go there. She also reported that the majority of Bexley residents tended to use Darenth Valley hospital or Queen Elizabeth Hospital.

Linda Gabriel, Healthwatch Bromley reported that they had set up some focus groups in autumn 2013. The issues raised included cleanliness and hand washing. Discharge of patients was also an issue and delays in writing up patients notes. Healthwatch was intending to do an "enter and view" at the PRUH. This had been scheduled for early February but the hospital asked if this could be delayed and so it was now scheduled for mid March. She would report on progress at the next meeting.

In relation to winter pressures Dr Bhan reported that there had been a monitoring meeting and all agencies were working collectively to provide one point for information. She was pleased to report that winter pressures had not been as bad as in previous years.

RESOLVED that the report be noted.

The Meeting ended at 3.24pm

Health and Wellbeing Board
30 January 2014

Chairman
Councillor Peter Fortune

HEALTH AND WELLBEING BOARD

30th January 2014

3. QUESTIONS FROM MEMBERS OF THE PUBLIC

**From Ms Susan Sulis
Secretary, Community Care Protection Group**

HWB COMMUNITY & ENGAGEMENT STRATEGY (Item 8, Report CE 01401) & HWB ADMINISTRATION PROTOCOL (Appendix 3)

1. This report identifies the need for 'effective community engagement'; 'raising awareness'; 'encouraging feedback'; and 'giving confidence to Bromley residents' etc.

Will the Board consider how the rules governing Public Questions and the Administration Protocol restrict the ability of residents to study the Agenda and ask questions?

2. Do the Board realise that, by distributing the paper agendas 2 days before the meeting, those residents without access to the internet because of disability; opportunity or poverty, are excluded from asking questions, because of the requirement to submit these 4 working days in advance of the meeting?
3. Even those residents with electronic access, will have only a maximum of 1 day to study the Agenda and formulate questions. In formulating the Community Engagement Plan, will the Board consider aligning protocols and the rules governing public questions, and give due attention to equality issues to facilitate engagement?

Reply -

The Health and Wellbeing Board is a Committee of the Council and therefore follows the rules on public questions set out in the Council's Constitution, which specifies that questions must be received by 5pm on the fourth working day before the meeting. The Board's Administration Protocol reflects this. Councillors have fixed this deadline to ensure that there is time for adequate answers to be researched. In the case of the Health and Wellbeing Board, this

could potentially involve the Council having to obtain information from a range of other partners.

The Board's agenda must be published and available a minimum of five clear working days before the meeting (i.e. excluding the day of publication, weekends and public holidays and the day of the meeting.) The reference in the Administration Protocol to hard copies of agendas being distributed at least two working days before the meeting applies only to the copies that are distributed to Councillors in their weekly van delivery, following the email circulation. Officers do make every effort to ensure that any paper copies of the agenda are distributed as quickly as possible to all interested parties, although regrettably some reports have needed to be circulated "to follow" or are added as urgent items. The Board would like to see this practice restricted to a minimum.

Questions to the Board's meetings have to be relevant but are not limited to matters on the agenda, and the formal public questions process linked to meetings is not the only way for the public to obtain information and answers to questions from the Council.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: Thursday 20 March 2014

Report Title: Winterbourne View Joint Improvement Programme

Report Author: Terry Parkin, Executive Director for Education, Care & Health,
London Borough of Bromley
Tel: 020 8313 4060 Email: terry.parkin@bromley.gov.uk

1. SUMMARY

- 1.1. To provide an update on local actions in response to the Serious Case Review undertaken by South Gloucestershire in relation to Winterbourne View Hospital (Castlebeck).
 - 1.2. This report details the In Depth Review process which has come from the Winterbourne View Joint Improvement Programme.
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2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1. The Health & Wellbeing Board have requested an update on local actions in response to the Winterbourne View recommendations to be received at every other board meeting.
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3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- 3.1. The Board is asked to note this report.
-

Health & Wellbeing Strategy

1. Related priority: Not applicable
-

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A
 3. Total savings (if applicable): N/A
 4. Budget host organisation: N/A
 5. Source of funding: N/A
 6. Beneficiary/beneficiaries of any savings: N/A
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Supporting Public Health Outcome Indicator(s)

4. COMMENTARY

Update

- 4.1. The local stocktakes are complete and prior to the June deadline some further support will be offered to areas (one or more local authorities). This will take the form of an in-depth review.

Outcomes Locally

- 4.2. Disappointingly, the numbers of individuals with the most challenging behaviours within hospital settings has proved very hard to shift nationally. Nonetheless, we are confident that the very small number we have in such placements locally are placed for a fixed period in a facility as near to their home address as possible, and reviewed regularly, and that we continue to meet the good practice guidelines.

The In Depth Review and Supported improvement Programme

- 4.3. The In Depth Review (IDR) process provides a key element of the response to the findings of the Winterbourne View Joint Improvement Programme (WVJIP) Stocktake of Progress. These findings have been condensed into area Status Reports, which identify how prepared an area is to meet the June 2014 Concordat deadline. It will provide a mechanism to assist areas identified as requiring support to help them achieve this key milestone.
- 4.4. The IDR will be overseen by the team of the WVJIP, and will be in partnership with the Local Government Association Principal Advisers, the Department of Health Deputy Directors, and key local self-advocacy and family carer networks. The IDR process will be based upon the principles of Sector Led Improvement.
- 4.5. Following identification of an area possibly requiring an IDR, a standard letter will be sent to the key leaders in the area (Local Authority, CCG, and Health and Wellbeing Board) inviting an initial discussion on the appropriateness of a review, and to agree a way forward.
- 4.6. This initial discussion will determine the scope, timescale and potential outcomes from the IDR. This will be led by the Winterbourne View Principal Advisers.
- 4.7. The programme and timescale for undertaking the In Depth Review will be bespoke to the needs of the area as identified in the SR's. The area will be responsible for developing an action plan, supported by an independent Supported Improvement Adviser (SIA), who will act in a critical friend role, agreed as part of the initial discussion. The area and the SIA will then agree how to engage key local stakeholders, including experts by experience and family carers.

Approach

- 4.8. There is a two phase approach to an In Depth Review:-

- **Action Planning** - The SIA will work with the area to identify the key people to work with, and to analyse and identify priorities for the supported improvement required to meet the June 2014 deadline. This person will work with the area to formulate a comprehensive action plan outlining key actions and areas for support, feeding back to the Winterbourne View Principal Adviser for that area following consultation with key local stakeholders.

The action will be focussed on the key topics outlined in the SR's e.g. understanding the funding across the partnership, having clear commissioning arrangements, including demonstrating working in a co-produced way, and planning for people from childhood.

Where appropriate the plan will also look at arrangements with regional Specialised and Forensic Commissioning colleagues. This will enable the area to consider how they might better understand the numbers of people they may have commissioning responsibility for, who are currently commissioned by Specialised Commissioning.

The completed action plan will clearly outline the identified support needs, the actions required, and who will be responsible for delivering these actions within agreed timescales.

The SIA will then agree their role in providing ongoing support and challenge to the area in their implementation of the plan, with the area and the responsible Winterbourne View Principal Adviser.

- **Supported Improvement Work** - Based upon the actions and support needs identified in the area, the Principal Adviser and the SIA will support the area to connect to a spectrum of support options available.

The spectrum of support options are being developed both to support areas involved in the In Depth Review process, but also to support all areas to access appropriate support with issues they are finding difficult.

This spectrum includes providing basic information and guidance, highlighting Best Practice examples, and linking areas with peers who have had success with similar issues. This will also provide access to umbrella organisations, who can signpost an area to people and organisations with the skills and experience necessary to assist with practical improvement. This will include self-advocacy and family carer organisations, who can support with improving joint planning and co-production, and overarching provider bodies who can provide examples of effective solutions for people with complex needs.

Non-Applicable Sections:	FINANCIAL IMPLICATIONS, LEGAL IMPLICATIONS, IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM.
Background Documents: (Access via Contact Officer)	None

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: Thursday 20 March 2014

Report Title: BETTER CARE FUND UPDATE

Report Author: Richard Hills, Commissioning Manager, London Borough of Bromley
Email: Richard.hills@bromley.gov.uk Tel: 0208 313 4198

Chief Officer: Terry Parkin, Executive Director of Education, Care & Health,
London Borough of Bromley

1. SUMMARY

- 1.1. The Better Care Fund (BCF) two-year Local Plan was submitted to NHS England on 14th February 2014 for ratification as part of the CCGs Strategic and Operational Plans.
 - 1.1. This report provides the latest update on agreeing the final submission due to be submitted to NHS England 4th April 2014. A further verbal update will be provided to the Board.
-

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1. Access to the BCF is dependent on agreement of a local 2-year plan for 2014/15 (the planning year) and 2015/16 (first full year). The plans have been first agreed jointly by the Local Authority and Bromley's Clinical Commissioning Group and the funding authorised by their respective Executives.
 - 2.2. The final sign off is required by the Board before the Local Plan can be submitted to NHS England.
-

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- 3.1. That the Health & Wellbeing Board:
 - Notes the current progress with the Better Care Fund Local Plan;
 - Agrees authority be delegated to the Chairman of the Board to sign off the Local Plan final submission to NHS England in consultation with both the Local Authority and the CCG;
 - Champion the Local Plan in the community and support the positive communication of the Plan to their respective colleagues, providers and service users.
-

Health & Wellbeing Strategy

1. Related priority: Not applicable

Financial

1. Cost of proposal: There are no additional costs - the fund is created through top slicing existing budgets and with minimal new funding included. The cost for 2014/15 planning year is £5.456M and £20.837M for 2015/16.
 2. Ongoing costs: Depend on the services that are agreed to go into the BCF
 3. Total savings (if applicable): Savings are expected through the wider integration agenda and a resource shift into community care and away from residential and secondary care services. BCF is seen as a key tool for achieving these aims. Any savings need to be viewed as whole system savings and treated accordingly.
 4. Budget host organisation: Not yet confirmed by NHS England
 5. Source of funding: NHS England
 6. Beneficiary/beneficiaries of any savings: Local residents. Any savings need to be viewed as whole system savings and treated accordingly. Effective redistribution of funding into remodelled community services delivers better services and savings across the system.
-

Supporting Public Health Outcome Indicator(s)

4. COMMENTARY

- 4.1. The Local Plan for Bromley was submitted to NHS England on 14th February. The completed template was presented to the January Board meeting and can be accessed [here](#).
- 4.2. The final submission is due to NHS England on 4th April 2014 and is to include:
 - Agreed financial contributions from the LA and CCG;
 - Agreed list of schemes for which the BCF funding will be used for;
 - Agreed metric targets linked to wider outcomes along with how these will be monitored and achievement measured;
 - Agreed shared risk mitigation plan.
- 4.3. NHS England have already provided initial feedback on Bromley's draft plan rating the plan as Amber. This means that the borough 'may' require some additional support to finalise its agreed two year plan and placed the borough in about mid table across all the London Boroughs that submitted their first draft in February.
- 4.4. The feedback raised some specific points for Bromley CCG and LBB to work on prior to the final submission in April:
 - Limited reference to the consequential impact of BCF plan on the provider sector. It would be helpful to describe the levels of consultation with providers. Needs evidence of links to contract and operating plan assumptions.
 - To provide greater assurance of plans deliverability the plan needs to describe what they are doing now, how things will be done differently in the future and the benefits that are to be realised. This should be backed by more finance and activity data to demonstrate impact.
 - Further work is needed to provide a clearer risk mitigation plan, in particular more needed to describe what action will be taken if the Fund's schemes do not deliver the anticipated reduction in demand.
 - Would expect more evidence of patient, public and provider engagement in the development of the plan.
- 4.5. Officers from both sides are now working on strengthening the plan to deal with these remaining issues and to come to a consensus on funding allocations.
- 4.6. Further guidance continues to come out from NHS England which is also proving to be a challenge in finalising our local plan. As in most Boroughs negotiations are likely to continue right up until the deadline.
- 4.7. Bromley CCG, like all CCGs have a considerable challenge ahead in being able to release the funding necessary from existing acute budgets in order to be able to create the BCF fund for 2015/16 which can then be redirected towards community provision. This shift in funding is aimed to move the Health and Care system towards a less reactive model and onto a more preventative model.

5. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM.

- 5.1. Given the potential impact on existing funding arrangements, both the Local Authority and Clinical Commissioning Groups have sought and gained the approval of their respective local Executives for the Better Care Fund submission.

Non-Applicable Sections:	FINANCIAL IMPLICATIONS, LEGAL IMPLICATIONS.
Background Documents: (Access via Contact Officer)	None

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: Thursday 20 March 2014

Report Title: Bromley Clinical Commissioning Group – Two Year Plan

Report Author: Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group
Email: angela.bhan@bromleyccg.nhs.uk
Tel: 01689 880577

1. SUMMARY

The attachment outlines the process for developing , and the key messages from, Bromley CCG's 5 year Strategic Plan and 2 year Operating Plan. It represents a refresh of the existing Strategic Plan, based on the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, framed within the context of current Operating Framework requirements. It includes the development of the Better Care Fund, financial forecasts and the QIPP plan. The final Operating Plan will be submitted by 4 April. The Strategic Plan will be submitted as part of a SE London Strategic Plan during June.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

Relevant to all aspects of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

Health and Wellbeing Board is asked to note progress with the development of the CCG plans, and the implications for joint working for LBB and the CCG, through the Health and Wellbeing Board.

Health & Wellbeing Strategy

1. Related priority: [Delete as appropriate] Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers,

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A
 3. Total savings (if applicable): N/A
 4. Budget host organisation: N/A
 5. Source of funding: N/A
 6. Beneficiary/beneficiaries of any savings: N/A
-

Supporting Public Health Outcome Indicator(s)

Not applicable

4. COMMENTARY

This presentation is drawn from a draft Integrated Plan which was considered by the CCG Governing Body on 13 March. It will form the basis of the CCG's final Operating Plan submission on 4 April, subject to finalisation of provider contracts, financial risk issues and the Better Care Fund Plan. The Strategic Plan will form part of the SE London Strategic Plan, which is due for completion in June.

The draft [Integrated Plan](#) is available on the CCG website as part of the Governing Body papers for 13 March 2014.

Non-Applicable Sections:	FINANCIAL IMPLICATIONS, LEGAL IMPLICATIONS, IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM.
Background Documents: (Access via Contact Officer)	None

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Bromley CCG

Strategic and
Operational Plans

2014 - 19

Planning Requirements

- SE London 5 year Strategic Plan, by 30 June
- Bromley 2 year Operating Plan, by 4 April
- Better Care Fund Plan, by 4 April
- In addition, in order to inform the other requirements, Bromley is refreshing its 5 year Strategic Plan, by 4 April

Bromley Strategic Plan 2014 - 19

- JSNA
- Health and Well Being Strategy
- Priority Health Outcomes
- Benchmarking
- Stakeholders and Engagement
- Vision
- Plan on a Page

JSNA

- Currently being updated, latest JSNA is 2012
- Separate needs assessment commissioned to support the development of services in Orpington
- Key Issues from JSNA:
 - More complex health and social care needs
 - Diabetes rose sharply (5.2% prevalence)
 - Hypertension prevalence high (17.2%)
 - Smoking prevalence slightly lower than average at 17.8%
 - Obesity amongst reception year and year 6 children has increased
 - Number of people on the mental health register rose sharply to 2616
 - Dementia prevalence constant over the last six years

Health and Well Being Strategy

Priority setting exercise identified the following areas as a high burden and worsening:

- Diabetes CYP Complex Needs
- High Blood Pressure CYP Mental Health/Emotional
- Obesity CYP Referrals Social Care
- Anxiety/Depression Support for Carers
- Dementia

Priority Health Outcomes

- Securing additional years of life
- Improving health related quality of life for people with long term conditions
- Reducing time spent avoidably in hospital
- Increasing proportion of people living at home independently following discharge from hospital
- Increasing the number of people having a positive experience of hospital care
- Increasing positive experience of care outside hospital
- Eliminating avoidable deaths in hospitals caused by problems in care

Benchmarking

- Benchmarking studies and data packs reviewed, with key messages:
 - High level of excess winter deaths
 - High level of Ambulatory Care Sensitive conditions
 - High level of GP referrals for planned care
 - High volume of ‘less effective’ procedures
 - High prescribing spend
 - High standardise hospital mortality index
 - Poor outcomes in mental health

Stakeholders and Engagement

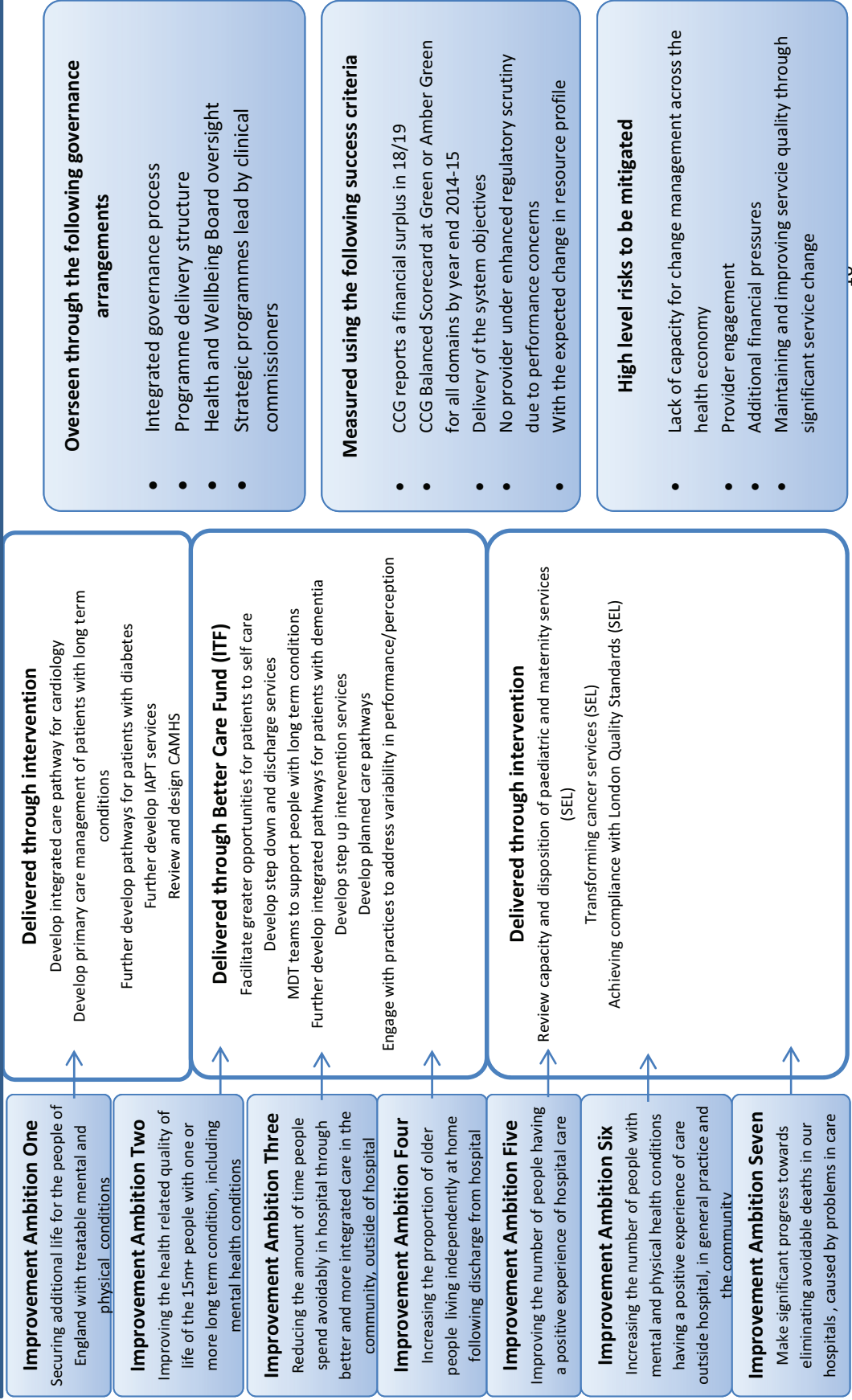
- Call to Action engagement
 - National and local structured engagement
 - Local focus on long term conditions, integrated care, self management
 - Focus groups (eg Beckenham Beacon planning)
 - Engagement events with LBB (eg Adult Care)
 - National collation of exercise
- Engagement with providers
- Review by GP members

Vision

- **Better Health**
 - Improve health outcomes and reduce health inequalities across Bromley
- **Better Care**
 - Transform the landscape of healthcare, by developing partnerships, leading to an integrated healthcare system with improved access and quality
- **Better Value**
 - Create a sustainable health economy reinforced through collaborative working

Bromley CCG – Plan on a Page 2014 - 19

NHS Bromley Clinical Commissioning Group’s vision is to:
 Improve health outcomes and reduce health inequalities across Bromley
 Transform the landscape of healthcare, by developing partnerships, leading to an integrated healthcare system with improved access and quality
 Create a sustainable health economy reinforced through collaborative working



Operational Plan 2014 - 16

- Improvement Interventions
- Financial Plan
- QIPP Plan 2014 -16

Improvement Interventions

- Integrated care pathways for Cardiology and Diabetes
- Integrated teams to support care management of patients with long term conditions
- self care and telehealth support for patients with long term conditions
- Development of mental health intervention services
- Change in the balance of mental health delivery from a hospital to community based focus
- Integrated alternatives to unscheduled hospital admission
- Integrated support for early discharge
- more community based care pathways for planned services
- Strengthen maternity services
- Improve end of life care
- Capacity, capability and effectiveness of primary care providers

Financial Plan

- Requirement to plan for 1% recurring surplus and 2% non recurring fund
- Demographic growth around 0.5% per annum
- Growth allocation 3.8% in 2014-15
- CCG additional contribution to the Better Care Fund is £13.2m over the next two years
- QJPP requirement is £12m for each of the next two years

QIPP Plan

- Full year effect of schemes in progress (£5.3m)
- Major transformational schemes (£4.9m)
 - Care pathway redesign
 - Referral management
 - Integrated care for long term conditions
 - Shift from inpatient to community for mental health
 - Develop alternatives to unscheduled hospital admission
- Good Housekeeping schemes (£1.8m)

Risks

- Impact of further acute reconfiguration
- Acute overperformance
- Impact of new services on prescribing patterns
- Overperformance in continuing healthcare
- Continuing healthcare retrospective reviews
- Constraints on running costs
- Market forces factor adjustments

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Agenda Item 8

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: Thursday 27th March 2014

Report Title: Update on the Pharmaceutical Needs Assessment

Report Author: Dr Agnes Marossy, Consultant in Public Health, ECHS
Tel: 020 8461 7531 E-mail: Agnes.Marossy@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

1. SUMMARY

- 1.1. The Pharmaceutical Needs Assessment (PNA) for Bromley is the formal document of the needs for pharmaceutical services in the area. It is intended to identify what is needed at a local level to guide the current and future commissioning of pharmaceutical services that could be delivered by community pharmacies and other providers.
 - 1.2 The Health and Wellbeing Board (HWB) has a statutory responsibility to publish a new PNA by 1st April 2015.
 - 1.3 Since 1st April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date statements (“Supplementary Statements”) of any changes in pharmaceutical services of the population in its area.
 - 1.4 The current PNA has been updated and Supplementary Statements are now required to be published.
 - 1.5 A process for developing the new PNA is proposed.
-

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1 The Health & Wellbeing Board has a statutory responsibility in relation to the PNA and as such there is a requirement to update the Board on issues relating to the PNA.
 - 2.2 This report describes the Supplementary Statements required to ensure that the current PNA is fit for purpose.
 - 2.3 The report also outlines the proposed approach for carrying out the new PNA which is due to be published by 1st April 2015.
-

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSITUTENT PARTNER ORGANISATIONS

3.1 The Health & Wellbeing Board are asked to:

- Agree the publication of the Supplementary Statements as described in section 4.2
- Approve the proposed approach for delivery of the new PNA by 1st April 2015 as described in section 4.3

Financial

1. Cost of proposal: within existing resources
2. Ongoing costs: within existing resources – core business
3. Total savings (if applicable): not applicable
4. Budget host organisation: LBB
5. Source of funding: Approved 2014/15 ECHS Budget
6. Beneficiary/beneficiaries of any savings: not applicable

Supporting Public Health Outcome Indicator(s)

4. COMMENTARY

- 4.1 The Pharmaceutical Needs Assessment (PNA) for Bromley is the formal document of the needs for pharmaceutical services in the area. It is intended to identify what is needed at a local level to guide the current and future commissioning of pharmaceutical services that could be delivered by community pharmacies and other providers.

As a statutory duty, the first PNA was published by NHS Bromley in January 2011. Since 1st April 2013, every Health and Wellbeing Board (HWB) in England has a statutory responsibility to publish and keep up to date statements (“Supplementary Statements”) of any changes in pharmaceutical services of the population in its area.

A new PNA is required to be published by 1st April 2015.

Each Pharmaceutical Needs Assessment (PNA) published by a Primary Care Trust (PCT) in Greater London was subject to process of review which is described in this document. The purpose of this review was to assess the extent to which PNAs published by PCTs met the regulations.

4.2 Discharging the Responsibilities for the PNA

This report provides an update on the steps being taken to discharge the responsibilities of the Health & Wellbeing Board with respect to the PNA.

4.2.1. *PNA to be Fit for Purpose*

The Bromley PNA review showed that all except one of the requirements were fully or partially met. The requirement not met was that of including a statement of the current pharmaceutical services that have secured improvements to, or better access to, pharmaceutical services, outside the area of the PCT. Work has been carried out to address this deficiency and it is planned to issue a supplementary statement as in Appendix 1.

4.2.2. *Statutory responsibility to publish and keep up to date statements of any changes in pharmaceutical services of the population in its area.*

- a) Since the publication of the PNA in January 2011, a new pharmacy contractor has joined the pharmaceutical list. This opening increases the number of pharmacy contractors in Mottingham and Chislehurst to 4 and a total of 60 pharmacies are now contracted in Bromley as a whole.

It is planned to issue a supplementary statement (Appendix 2) detailing the change and updating the map showing pharmaceutical service provision in Bromley.

- b) Since the publication of the PNA in January 2011, a further change to the availability of pharmaceutical services in Bromley is the commissioning of a Tailored Dispensing Service (TDS) provided from community pharmacies. This service increases access for patients to a range of dispensing adjustments, compliance aids and reminder systems to meet their personalised needs and, potentially, a range of tele-healthcare solutions such as SMS or phone call reminders to take medicines. 35 pharmacies sited across Bromley are commissioned to provide this service.

It is planned to issue a supplementary statement (Appendix 3) detailing this change.

4.3 *Requirement to publish a new PNA by 1st April 2015*

- 4.3.1 The PNA differs from other needs assessments in that:
- the contents and manner of preparation are all set out in the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013.
 - there is a PNA specific consultation process set out in the regulations with requirements for a minimum of 60 days' consultation and specification of those persons and organisations that must be consulted such as the Local Pharmaceutical (LPC) and Medical (LMC) Committees, and other patient and public groups
 - the Health & Wellbeing Board is asked to consider the need for a specific type of service (e.g. pharmaceutical services)
 - the PNA is being prepared in order to support market entry decisions i.e. granting of applications for entry to the local NHS pharmaceutical services list are based on needs or improvements identified in the relevant local PNA (In simple terms, the PNA is used to make decisions about new pharmacies opening in the area, these decisions can be subject to legal challenge, so the PNA must be robust).
- 4.3.2 The key to a successful PNA is to ensure wide engagement with the relevant stakeholders. These should include:
- Local Pharmaceutical Committees (LPC)
 - Local Medical Committees (LMC)
 - Clinical Commissioning Groups
 - All pharmacy providers
 - Patients and public
- 4.3.3 A steering group should be set up to lead on the work, reporting to the Health & Wellbeing Board. The Steering Group should include:
- a sponsor for the project at Board level
 - strategic support
 - operational support and project management (this may be from an external provider)
 - medicines management and pharmacy commissioning expertise
 - a CCG champion
 - technical support from Public Health
 - communications support
 - representation from a broad range of stakeholders including patients, pharmacists, secondary care and GPs.
- 4.3.4 In order to be able to deliver a PNA which meets requirements, it is proposed that a specialist external consultancy be commissioned to write the PNA. A budget of £60K has been earmarked for this purpose.
- 4.3.5 A tender specification is being written and should this approach be approved, a provider will be identified using the recognised Council procurement process. The Portfolio Holder will be consulted regarding the arrangements.
- 4.3.6 In order to meet the 1st April 2015 deadline, it will be necessary to appoint a provider as soon as possible, at the latest during April 2014.

5. LEGAL IMPLICATIONS

5.1 It is a statutory requirement of the Health & Wellbeing Board to publish a Pharmaceutical Needs Assessment which meets requirements and to publish and keep up to date statements (“Supplementary Statements”) of any changes in pharmaceutical services of the population in its area. A new PNA is required by statute to be published by 1st April 2015.

Non-Applicable Sections:	FINANCIAL IMPLICATIONS; IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS
Background Documents: (Access via Contact Officer)	Pharmaceutical Needs Assessment 2011

APPENDIX 1

Supplementary Statement to Bromley Primary Care Trust's Pharmaceutical Needs Assessment (PNA)

Date Pharmaceutical Needs Assessment published:	31 st January 2011
Date Supplementary Statement published:	Xx/xx/2014
Supplementary Statement number:	6

This supplementary statement has been prepared and issued by the London Borough of Bromley and forms part of Pharmaceutical Needs Assessment dated 31st January 2011.

Background

This supplementary statement is issued in accordance with The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010. This supplementary statement sets out changes to the availability of pharmaceutical services since the publication of Bromley Primary Care Trust's Pharmaceutical Needs Assessment.

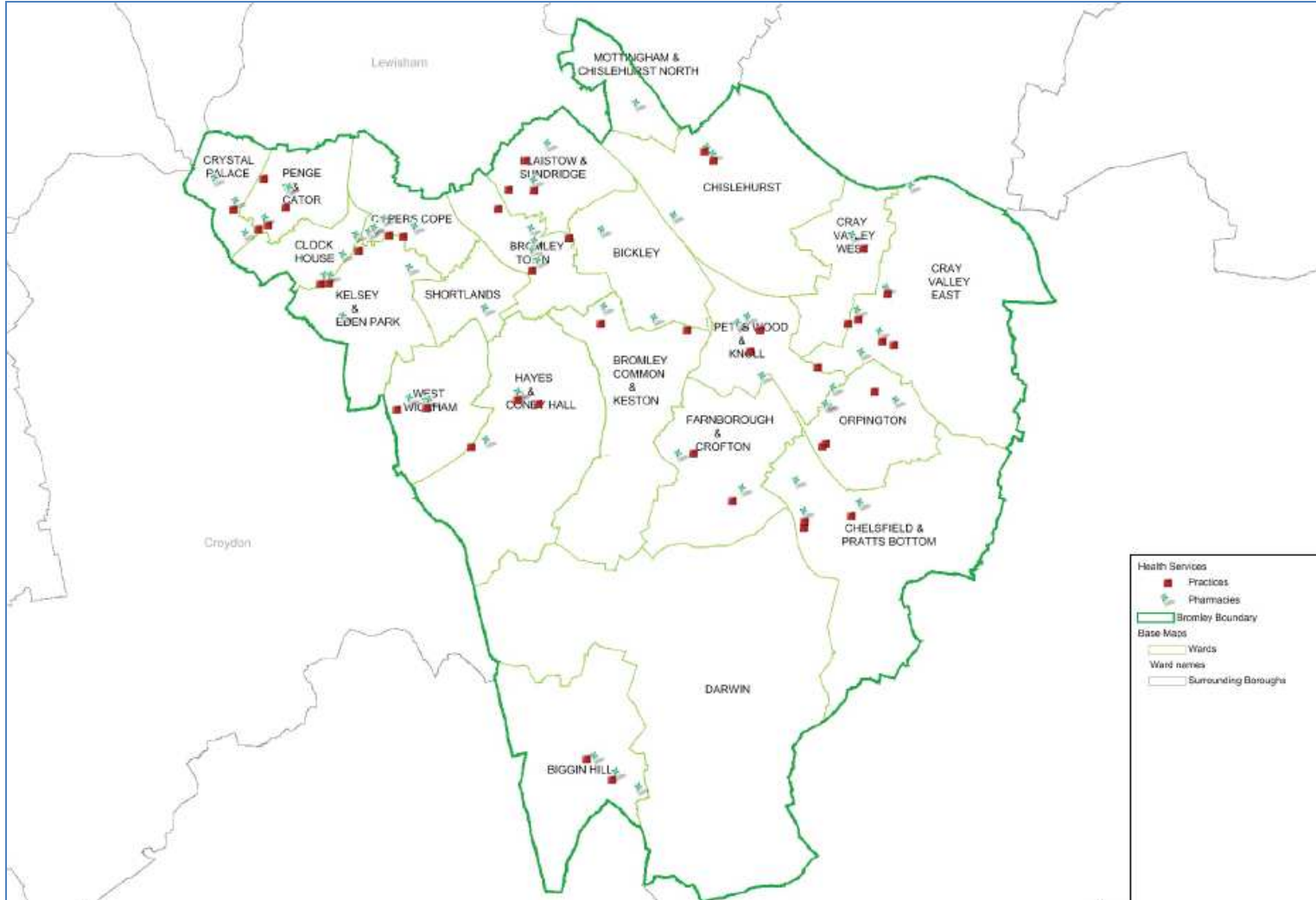
Description of Changes – Update on NHS Pharmacy Contracts

Since the publication of the PNA in January 2011, a new pharmacy contractor has joined the pharmaceutical list. This opening increases the number of pharmacy contractors in Mottingham and Chislehurst to 4 and a total of 60 pharmacies are now contracted in Bromley as a whole.

ODS Code	Trading Name	Address 1	Address 2	Address 3	Address 4	Postcode	Ward	Spoke	Hub
FXW06	Chislehurst Pharmacy	59	Chislehurst Road	Chislehurst	Kent	BR7 5NP	Chislehurst	Mottingham and Chislehurst	Bromley

It is the view of the London Borough Bromley that this change to the availability of pharmaceutical services is relevant to the granting of applications referred to in the NHS Act 2006 and the Borough is satisfied that a revised Pharmaceutical Needs Assessment would be a disproportionate response

This supplementary statement to the NHS Bromley's Pharmaceutical Needs Assessment is issued in accordance with Regulation 6 (3) in Part 2 of the NHS (Pharmaceutical Services) Regulations 2012 (as amended)



APPENDIX 2

Supplementary Statement to Bromley Primary Care Trust's Pharmaceutical Needs Assessment (PNA)

Date Pharmaceutical Needs Assessment published:	31 st January 2011
Date Supplementary Statement published:	Xx/xx/2014
Supplementary Statement number:	7

This supplementary statement has been prepared and issued by the London Borough of Bromley and forms part of Pharmaceutical Needs Assessment dated 31st January 2011.

Background

This supplementary statement is issued in accordance with The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010. This supplementary statement sets out changes to the availability of pharmaceutical services since the publication of Bromley Primary Care Trust's Pharmaceutical Needs Assessment.

Description of Changes – Update on pharmaceutical services

9.3.9 Tailored Dispensing Service

Adherence to medicines is defined as 'the extent to which the patient's action matches the agreed recommendations'. In 2009, the National Institute for Health and Clinical Excellence (NICE) published clinical guideline 76, "Medicines adherence — full guideline" which states that between a third and a half of medicines prescribed for long-term conditions are not taken as recommended. In July 2013, Bromley CCG commissioned Bromley Healthcare to deliver the Medicines Adherence Support Service (MASS). The service comprises formal medicines assessment, referral of patients for personalised medicines support solutions and follow up of patients to determine service outcomes.

A further new option for local medicines support, linking in with MASS, is the Bromley CCG commissioned Any Qualified Provider (AQP) Tailored Dispensing Service (TDS) provided from community pharmacies to increase access for patients to a range of dispensing adjustments, compliance aids and reminder systems to meet their personalised needs and, potentially, a range of tele-healthcare solutions such as SMS or phone call reminders to take medicines.

9.3.9.1 Current Commissioning

Essentially, TDS comprises provision, by commissioned community pharmacies, of appropriate auxiliary aids to meet patients' personalised needs for support with using medicines. When a patient requires a dispensing adjustment, compliance aid or medicines reminder system, the Medicines Adherence Support Team (MAST) formally assesses the patient's status with respect to the Disability Discrimination Act 1995 (DDA). Where a patient is

classified as 'disabled' under the DDA, the patient is referred to their usual community pharmacy where the auxiliary aid as part of the normal pharmacy contractual arrangements would be provided. Where a patient is not classified as 'disabled' under the DDA, the patient will be referred by MAST to a commissioned community pharmacy where TDS support would be provided.

35 pharmacies sited across Bromley are commissioned to provide this service

Trading Name	Address 1	Address 2	Address 3	Address 4	Postcode
Blackwells Chemists	245	Croydon Road	Beckenham	Kent	BR3 3PS
Caxton Pharmacy	3	Widmore Road	Bromley	Kent	BR1 1RL
Chislehurst Pharmacy	59	Chislehurst Road	Chislehurst	Kent	BR7 5NP
Coney Hall Pharmacy	5	Kingsway, coney Hall	West Wickham	Kent	BR4 9JB
Crayhill Chemists	88	Cotmandene Crescent	St Paul's Cray	Kent	BR5 2RG
Crofton Pharmacy	1	Place Farm Avenue	Orpington	Kent	BR6 8DG
Day Lewis	195	Widmore Road	Bromley	Kent	BR1 2RG
Day Lewis (Biggin Hill)	136	Main Road	Biggin Hill	Kent	TN16 3BA
Day Lewis (Hayes)	5	Station Approach	Hayes	Kent	BR2 7EQ
Eldred Drive Pharmacy	25	Eldred Drive	Orpington	Kent	BR5 4PE
Elmers Pharmacy	172	Upper Elmers End	Beckenham	Kent	BR3 3DY
Farrants Chemist	13	Station Square	Petts Wood	Kent	BR5 1LY
Gordon Davie Chemist	195	Southborough Lane	Bromley	Kent	BR2 8AR
Hamlet Pharmacy	45	Anerley Road	Anerley	London	SE19 2AS
Kamsons Pharmacy	121	Anerley Road	Anerley	London	SE20 8AJ
Lloyds Pharmacy	108	High Street	West Wickahm	Kent	BR4 0LT
Lloyds Pharmacy	59	High Street	Chislehurst	Kent	BR7 5AF
Lloyds Pharmacy	Cranley Parade	Beaconsfield Road	Mottingham	London	SE9 4DZ
Lloyds Pharmacy	3	Roundways	Biggin Hill	Kent	TN13 3XZ
Lloyds Pharmacy	13	Windsor Drive	Chelsfield	Kent	BR6 6EY
Lloyds Pharmacy	34	Marion Crescent	St Paul's Cray	Kent	BR5 2DD
Macks Pharmacy	2	Eden Park Avenue	Beckenham	Kent	BR3 3HN
Macks Pharmacy	165	High Street	Penge	London	SE20 7PF
Park Langley Pharmacy	90	Wickham Road	Beckenham	Kent	BR3 6QH
Paydens Pharmacy	399-401	Croydon Road	Beckenham	Kent	BR3 3PR
Peters Chemists	15	Bromley Road	Beckenham	Kent	BR3 5NT
Rowlands Pharmacy	121	Westmoreland Road	Bromley	Kent	BR2 0TY
Rowlands Pharmacy	10	Crescent Way	Orpington	Kent	BR6 9LP
Silversands Ltd	1	Kent Road	St Mary Cray	Kent	BR5 4AD
Stevens Chemists	5	High Street	Green Street Green	Kent	BR6 6BG
Superdrug Pharmacy	190-192	High Street	Beckenham	Kent	BR3 1EA
Superdrug Pharmacy	207-217	High Street	Orpington	Kent	BR6 0PS
United Pharmacy	5	The Parade	Penge	London	SE20 7TJ
Village Pharmacy	131	High Street	Farnborough	Kent	BR6 7AZ
Wallace Pring & Co	40	Chatterton Road	Bromley	Kent	BR2 9QE

It is the view of the London Borough Bromley that this change to the availability of pharmaceutical services is relevant to the granting of applications referred to in the NHS Act 2006 and the Borough is satisfied that a revised Pharmaceutical Needs Assessment would be a disproportionate response

This supplementary statement to the NHS Bromley's Pharmaceutical Needs Assessment is issued in accordance with Regulation 6 (3) in Part 2 of the NHS (Pharmaceutical Services) Regulations 2012 (as amended)

APPENDIX 3

Supplementary Statement to Bromley Primary Care Trust's Pharmaceutical Needs Assessment (PNA)

Date Pharmaceutical Needs Assessment published:	31 st January 2011
Date Supplementary Statement published:	Xx/xx/xxxx
Supplementary Statement number:	8

This supplementary statement has been prepared and issued by the London Borough of Bromley and forms part of Pharmaceutical Needs Assessment dated 31st January 2011.

Background

This supplementary statement is issued in accordance with The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) (Amendment) Regulations 2010. This supplementary statement sets out changes to the availability of pharmaceutical services since the publication of Bromley Primary Care Trust's Pharmaceutical Needs Assessment.

Description of Changes – Current Provision - Neighbouring HWBs

Bromley borders eight HWB areas, all of which have pharmacies located near the border of Bromley and provide a valuable contribution towards the access of pharmaceutical services for local people. The access of pharmaceutical services that exist near borders needs to be considered when appraising the adequacy of provision against the needs of Bromley.

Areas of particular consideration when considering access to pharmacies across borders include:

HWB area	Neighbouring wards
Lambeth	Crystal Palace
Southwark	Crystal Palace
Croydon	Crystal Palace, Clock House, Kelsey and Eden Park, West Wickham, Hayes and Coney Hall, Darwin, Biggin Hill
Lewisham	Crystal Palace, Penge and Cator, Coopers Cope, Bromley Town, Plaistow and Sundridge, Mottingham and Chislehurst
Greenwich	Mottingham and Chislehurst, Chislehurst
Bexley	Chislehurst, Cray Valley East, Cray Valley West
Kent	Darwin, Chelsfield and Pratts Bottom, Cray Valley Easy
Surrey	Biggin Hill, Darwin

Additionally, many Bromley residents commute into central London for work and leisure, and there is a proportion of the population of Bromley who regularly collect their prescriptions from pharmacies outside the Bromley border. Approximately 4.1 million items last year were prescribed by GPs in Bromley of which 9% (360,000) were dispensed outside the borough. Pharmacies within the London

Borough of Lewisham dispensed the greatest number of prescriptions outside of Bromley (144,000, 3.5%).

Whilst Bromley has no control over these services, it is important to acknowledge that Bromley patients will be accessing pharmaceutical services externally and partnership working with these HWBs it is important to ensure adequacy of provision and quality of service.

It is the view of the London Borough Bromley that this change to the availability of pharmaceutical services is relevant to the granting of applications referred to in the NHS Act 2006 and the Borough is satisfied that a revised Pharmaceutical Needs Assessment would be a disproportionate response

This supplementary statement to the NHS Bromley's Pharmaceutical Needs Assessment is issued in accordance with Regulation 6 (3) in Part 2 of the NHS (Pharmaceutical Services) Regulations 2012 (as amended)
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London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: Thursday 20 March 2014

Report Title: HEALTHCARE FACILITIES IN BROMLEY

Report Author: Steven Heeley, Public Health Transition Manager, London Borough of Bromley
Email: steven.heeley@bromley.gov.uk, Tel: 0208 461 7472
& Kevin Munnely, Head of Town Centre Planning Projects London Borough of Bromley, Email: kevin.munnely@bromley.gov.uk, Tel: 020 8313 4582

Chief Officer: Terry Parkin, Executive Director of Education, Care & Health,
London Borough of Bromley

1. SUMMARY

- 1.1. Local ward members in Bromley Town have raised concern about the adequate future provision of primary care provision given the anticipated increase in new residents from new residential development.
 - 1.2. This report provides an update on the progress to date with increasing the provision of healthcare services in Bromley Town Centre.
-

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1. The Health & Wellbeing Board has a responsibility for identifying strategic needs for health in the borough.
-

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- 3.1. For the Health & Wellbeing Board to note the progress made to date on identifying extra provision in Bromley Town for primary care.
-

Health & Wellbeing Strategy

1. Related priority: Not applicable
-

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A
 3. Total savings (if applicable): N/A
 4. Budget host organisation: N/A
 5. Source of funding: N/A
 6. Beneficiary/beneficiaries of any savings: N/A
-

Supporting Public Health Outcome Indicator(s)

4. COMMENTARY

Background to new development

- 4.1. The Bromley Town Centre Area Action Plan (AAP) was adopted in 2010 and sets out a comprehensive framework to guide the delivery of housing, employment, leisure and associate community facilities, infrastructure and transport initiatives for Bromley Town Centre over the next 15 years. The Bromley AAP sets out a vision to promote and enhance Bromley's position as a metropolitan town centre, making it a vibrant place where an increasing number of people want to live, work and shop. The Bromley AAP identifies a number of sites with potential for development.
- 4.2. Provision in the AAP is for around 1820 new homes as part of mixed use development schemes to meet a range of housing needs. In the short term (next 2-3 years), the former Westmoreland Road car park site (AAP site K) will have provision for 200 units and the Crest Nicholson development (part of site G) will consist of 156 units. Combined this will result in a maximum population increase of around 600.
- 4.3. The AAP does make provision for new health facilities in redevelopment proposals for Site G. However, this provision is dependent upon a comprehensive redevelopment of the whole of Site G which is unlikely now with the commencement of the Crest Nicholson scheme in Ringers Road. The Council are still in discussions with a potential development partner over the viability of a development of the smaller site north of Ringers Road, which would not be dependent upon the southern section of Site G south of Ringers Road and includes the site of the current Dysart Surgery in Ravensbourne Road.

Current primary care provision

- 4.4. The Dysart Surgery is located on Ravensbourne Road and serves the Bromley Town community. Its registration list size as of November 2013 stood at 10,713. NHS London Property commissioned an independent feasibility study in September 2013 which identified the current surgery which operate from a converted residential property measuring (324sq.m.) was significantly under the floorspace standard for a surgery of this size, which is 720 sq.m.
- 4.5. The surgery have confirmed that this under-capacity was placing considerable strains on their ability to continue to meet the GMS contract and accommodate any further growth to the roll resulting from new residential developments nearby. The feasibility study examined on site refurbishment and extension options which could result in increasing the Gross Internal Area (GIA) to 482 sq.m. A further meeting between representatives of the Council, NHS Property and Commissioning and the Surgery agreed that a wider options analysis of re-location options was needed given the uncertainty around the potential of Site G to deliver an alternative site in a reasonable timescale. This work is currently being progressed and will examine both onsite and off-site options.
- 4.6. It should be noted that the surgery is a successful and highly valued practice by patients, the NHS and the Council. This is reaffirmed by the recent petition which has drawn 50 signatories to date.
- 4.7. Bromley's Infrastructure Development Plan published in July 2012 notes that '*existing Bromley Town Centre surgeries are reaching full capacity in terms of patient numbers and beyond reasonable capacity in terms of space, especially relating to waiting and consulting rooms.*' It goes on to note that to effectively provide for the residential development anticipated in the AAP additional space for primary healthcare provision of at least 950 sq.m needs to be developed in the town centre, including provision for an additional 1.5 GP's. Proximity to the town centre will

be important, limiting the potential for primary healthcare development to a few sites. Bromley South's good public transport accessibility and overall transport connectivity also dictates the most suitable location for primary care provision.

Concerns raised by Ward Members

4.8. Councillor Will Harmer and Councillor Nicky Dykes have both raised concern about the lack of provision for primary care services for existing and future constituents and what plans both the Council and NHS Property & Commissioning are making to provide an adequate provision going forward. There is also concern over the surgery's own discretion to close their registration list and also to remove existing registrations.

Progress to date

- 4.9. The Council's regeneration team and representatives from NHS Property & Commissioning have met with partners from the Dysart surgery on two occasions to date to discuss potential options. These have included:
- Consideration of co-locating the surgery with proposals for the Free School in the former DHSS building at Bromley South;
 - Redevelopment of the existing premises of Dysart Surgery on Ravensbourne Road
 - Provision of GP facilities in vacant offices in the town centre;
 - Partners of the Dysart Surgery looking for alternative properties to buy for conversion into primary care facilities (e.g. Sandford Road); or
 - Provision for health facilities within Site G proposals as they are developed in accordance with Planning Policy.
- 4.10. The use of Section 106 funding identified for health care provision in Bromley Town is also being investigated.

Non-Applicable Sections:	FINANCIAL IMPLICATIONS, LEGAL IMPLICATIONS. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM.
Background Documents: (Access via Contact Officer)	Bromley Town Centre Area Action Plan – Adopted

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 20th March 2014

Title: Health and Wellbeing Board Matters Arising and Work Programme

Contact Officer: Helen Long, Democratic Services Officer
Tel: 0208 313 4595 E-mail: helen.long@bromley.gov.uk

Chief Officer: Director of Resources

1. Reason for report

- 1.1 Members of the Board are asked to review the Health and Wellbeing Board's work programme for 2013/14 and to consider progress on matters arising from previous meetings of the Board.
- 1.2 The action list (Matters Arising) and Glossary of terms are also attached.

2. **RECOMMENDATION(S)**

The Board is requested to:

- 2.1 consider its work programme and matters arising and indicate any changes that it wishes to make.
- 2.2 Note that the Action List and Glossary of terms will be included in this report for each meeting.

Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council stream within Building a Better Bromley, PDS Committees should plan and prioritise their workload to achieve the most effective outcomes.
 2. BBB Priority: Excellent Council
-

Financial

1. Cost of proposal: No Cost:
 2. Ongoing costs:: N/A
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £363, 070
 5. Source of funding: 213/14 revenue budget
-

Staff

1. Number of staff (current and additional): There are 10 posts (8.55fte) in the Democratic Services Team
 2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting
-

Legal

1. Legal Requirement: No statutory requirement or Government guidance
 2. Call-in:: This report does not require an executive decision
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Committee to use in controlling their on-going work.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

- 3.1 The Board's Matters Arising table is attached at **Appendix 1** this report updates Members on recommendations from previous meetings which continue to be "live". Members will note that two items are ongoing but other items are included elsewhere on this agenda.
- 3.3 The draft 203/14 Work Programme is attached as **Appendix 2**. It reflects the areas identified at the beginning of the year. Other reports may come into the programme or there may be references from other Committees, the Portfolio Holder or the Executive.
- 3.4 The Glossary of terms is attached at **Appendix 3**. This will be updated as necessary and will form part of this report at each meeting.

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Previous work programme reports

Health and Wellbeing Board
Action List – 30th January 2014

Agenda Item	Action	Officer	Notes	Complete
JSNA	Voluntary Sector requested an easy to read executive summary	Nada Lemic/ Angela Bhan	Action Needed – outstanding from 28th November 2013	
Bromley Youth Council – Mental Wellbeing	Copy of results of the consultation questionnaires “staying Safe” to be Circulated.	Helen Long		30.1.14
HWB Strategy Refresh	Add IAPT to the Glossary of terms	Helen Long	Already included in Glosary NFA	30.1.14
	Regular update reports	Helen Long	Add to Work Programme	
Date of Next Meetings	Change the meeting scheduled for 22 nd May.	Steve Healey/ Helen Long	Re-schedule for after 4th June.	
Urgent Care	Dates on graphs confusing – should all be in English format	Angela Bhan		
	Difficulties with patient transport	Angela Bhan	Update report in March	

**HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2013/14**

Title	Report Author	Notes
Health Scrutiny Sub-Committee- 9 April 2014 (4.30pm)		
Urgent Care Pathway – PRUH Performance Update	CCG Kings FNHST	Standing Items
Falls Prevention	TBC	
Integrated Services Programme	TBC	
Health Checks Programme	TBC	
Health and Wellbeing Board – After 4th June 2014 (1.30pm)		
Visits to GP surgeries and other relevant establishments	TBC	
HWB refresh Strategy to be brought to a future meeting.		

Glossary of abbreviations – Health & Wellbeing Board

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Autistic Spectrum Disorders	(ASD)
Behaviour, Attitude, Skills and Knowledge	(BASK)
Better Care Fund	(BCF)
Black African	(BA)
Body Mass Index	(BMI)
British HIV Association	(BHIVA)
Bromley Clinical Commissioning Group	(BCCG)
Cardiovascular Disease	(CVD)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Community Learning Disability Team	(CLDT)
Director of Adult Social Services	(DASS)
Director of Children’s Services	(DCS)
Emergency Hormonal Contraception	(EHC)
Florence – telehealth system using SMS messaging	(FLO)
Health & Wellbeing Board	(HWB)
Health & Wellbeing Strategy	(HWS)
Hypertension Action Group	(HAG)
Improving Access to Psychological Therapies programme	(IAPT)
Integration Transformation Fund	(ITF)
Intensive Support Unit	(ISU)
Joint Health & Wellbeing Strategy	(JHWS)
Joint Strategic Needs Assessment	(JSNA)
Kings College Hospital	(KCH)
Long Acting Reversible Contraception	(LARC)
Medium Super Output Areas	(MSOAs)
Men infected through sex with men	(MSM)
Mother to child transmission	(MTCT)

Multi-Agency Safeguarding Hubs	(MASH)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
Nucleic acid amplification tests	(NATTS)
Patient Liaison Officer	(PLO)
People living with HIV	(PLHIV)
Policy Development & Scrutiny committee	(PDS)
Post Acute Care Enablement	(PACE)
Princess Royal University Hospital	(PRUH)
Proactive Management of Integrated Services for the Elderly	(ProMISE)
Public Health England	(PHE)
Public Health Outcome Framework	(PHOF)
Queen Mary's, Sidcup	(QMS)
Secure Treatment Unit	(STU)
Sexually transmitted infections	(STIs)
South London Healthcare Trust	(SLHT)
Special Educational Needs	(SEN)
Unitary Tract Infections	(UTI)
Urgent Care Centre	(UCC)
Voluntary Sector Strategic network	(VSSN)

Health and Wellbeing Board

Administration Protocol

1. The agenda will be published in line with the attached timetable.
2. Officers have been informed that late items, i.e. those that are too late for making it onto the agenda by the Friday prior to agenda publication, will be considered in Any Other Business. This will only be in cases where no specific action is required by the Board and that it is received four working days in advance of the meeting.
3. The electronic distribution of agenda papers will follow the standard protocol adopted by all other Council committees. The agenda pack link will be distributed via email five clear working days prior to the meeting date. Hard copies will be circulated in the van delivery at least two working days prior to the meeting.
4. In between meetings Officers will circulate information briefings where necessary, to enable Board Members to keep up to date with developments rather than waiting until the next meeting. Briefings will be distributed electronically. All information briefings circulated in this way will be included on the next agenda.
5. Following the meeting an action sheet and the minutes will be produced and distributed to the Chairman within 3 working days of the meeting. Once the Chairman has cleared the minutes they will be distributed to all Board Members.
6. Officers will produce a glossary of terms as a reference guide for Board Members. This will be updated and included in each agenda pack. Further copies will be available from the clerk.

Health and Wellbeing Board

Board Meeting and Publication Dates

Agenda Published & Electronic Dispatch	Van Dispatch Date	Meeting Date
Wednesday 22 January	Tuesday 28 January	Thursday 30 January
Wednesday 5 March	Tuesday 13 March	Thursday 20 March
Wednesday 12 May	Tuesday 15 May	Thursday 22 May

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