

## HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 29 July 2013

### **Present:**

Councillor Peter Fortune (Chairman)  
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))  
Dr Angela Bhan (Managing Director BSU)  
Sue Southon (Chairman, Community Links Bromley)

### **Also Present:**

Dr Agnes Marossy (Bromley Health Authority) and Dr Mandy  
Selby (Bromley GP Consortia)

## **1 Apologies for Absence**

Apologies were received from Councillor David Jefferys. Apologies were also received from Dr Nada Lemic and from Dr. Andrew Parsons and Agnes Marossy and Dr. Mandy Selby attended as their respective alternate.

The Chairman welcomed Linda Gabriel to the meeting. Ms Gabriel would be representing Bromley Healthwatch on the Board.

## **2 Minutes of Last Meeting and Matters Arising**

The minutes of the meeting held on 18<sup>th</sup> May 2013 were agreed subject to the following amendments:

Page 3, 2<sup>nd</sup> paragraph – after queried insert “why”

Page 4 4<sup>th</sup> paragraph – “alocal” corrected to “a local”

**RESOLVED** that the minutes of the meeting held on 18<sup>th</sup> May 2013 be agreed subject to the amendments above.

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

No questions were received by the deadline. However as some Board members had only received hard copies of the agenda on the day by which questions should be submitted it was agreed that these questions would be considered under any

other business.

#### **4 Joint Strategic Needs Assessment**

The Board received an updated copy of the 2012 Bromley Joint Strategic Needs Assessment (JSNA). This document will underpin the work of the Board to assist with the identification of items that it will focus on in greater detail and would be included on the agenda as a regular item to monitor progress against priorities alongside the Health and Wellbeing Strategy Priorities.

**RESOLVED the 2012 JSNA is agreed and that work commence on the 2013 JSNA.**

#### **5 ProMISE Programme Update**

At its last meeting the Board had considered the Proactive Management and Integrated Services for the Elderly (ProMISE) programme which used the JSNA as its basis and was a co-ordinated response to meeting the needs of a vulnerable group. The aim was for early intervention and prevention and to maintain healthy individuals by good management of diseases and better case management at an earlier stage. At this meeting the Board had requested a further report giving more detail on the case management and integrated care.

Paul White, ProMISE Programme Director at Bromley CCG presented an update on these aspects of the programme.

St Christopher's Hospice now had an enhanced "end of life" programme so that patients were able to die at their preferred place. Within Bromley 60% of patients died in hospital compared to St Christopher's where only 20% died in hospital.

#### **Case Management**

39 GP practices had signed up to the programme and 18 were now referring to the programme. Work was underway with patients and carers to try and reduce hospital admissions for this vulnerable group.

The majority of patients were over 65, with only 7 patients under 65. There were also patients in the 90-100 year age group. The ProMISE team had brought in an IT lead. A lot of the data needed was in the practices and hopefully the team would be able to circumnavigate the current data access problems that were being experienced nationally.

#### **Integrated Care**

There was now a single point of entry to the integrated care model. Six teams were working with GP practices and patients to ensure the correct package of care. The key was to build on this and expand the cover to other areas such as mental health.

The number of referrals to the service was low but this was a positive indicator that practices were trying to manage patients themselves.

Although most GP practices were actively involved in care management, some needed encouragement to “buy in”. In September 2013 a GP event has been arranged to promote self-care.

One Member raised concerns that some estates were not fit for purpose and that money would be spent on buildings not people. In response, the Board was informed that work was underway to accommodate the teams but this would remain an issue until the future use of the Orpington hospital site was resolved.

In response to a question asking what the Local Authority was doing to prevent hospital admissions of the elderly, the Executive Director Education, Care and Health Services explained that the Local Authority was a part of the assessment team offering patient assessments in their own homes. The LA re-ablement service was one of the services that could be recommended to avoid hospital re-admissions but there were other providers giving input at different points. This included input from the voluntary sector.

It was agreed that an update would be presented to the Board at its November meeting to enable further discussion.

**RESOLVED that:**

- 1. the report be noted**
- 2. A further report on the ProMISE programme would be submitted to the November Health and Wellbeing Board.**

**6 Integrated Diabetes Service Update**

At its previous meeting the Board had considered the Joint Strategic Needs Assessment and had identified 3 areas it wished to consider in more detail. One area was the Diabetes service.

Usha Chapitti, Project Manager – Long Term Conditions at Bromley CCG addressed the Board.

Her report provided an update on the ongoing work that started with a Stakeholder event in October 2012.

Bromley currently spent £8.9m per annum on Diabetes. Ms Chapitti's Team had looked at various models used nationwide to deliver Diabetic Services, focussing on two models in particular; Derby and Portsmouth and using elements of both as a basis for an integrated service which could be adapted to meet the needs of Bromley residents.

She outlined how the old system compared with the new integrated Diabetes Service.

The benefits of the new service included enabling consultants and specialists to work more closely with GPs to support them. It meant speedier hospital admission if needed in addition to being a more effective use of resources.

There would be more investment in GP and nurse training and this would be ongoing with the aim of providing better care to diabetic patients. It will also give patients the confidence to know their care was ongoing. The training was being developed with Bromley Healthcare and King's College. GP practices had raised concerns that all practices needed to engage to enable a programme of training to be developed. Practices would also be encouraged to share expertise.

The service would also give patients better access to education more patient involvement. The Team was currently seeking the views of Bromley Healthcare on how to engage patients. Work was underway to develop the proposal and implement it in September 2013. The outcomes from the training would be shared with the HWB and Bromley Healthwatch. In addition Bromley Healthcare was establishing a Management Group composing of members from the voluntary sector, the community and patients.

The Chairman asked how patient satisfaction would be measured. In response, he was informed that this was one of the key performance indicators (KPI).

It was agreed that statistics showing the prevalence of diabetes in Bromley would be provided for the next meeting. The number of diabetics was increasing by 5% per annum but it was hoped the new service would help achieve one of the KPI's for reducing emergency hospital admissions.

Ms Chapitti reported that retinal screening was not within the scope of the project.. However Dr Bhan continued that yearly screening for diabetics reached 100% and were often carried out more than once a year.

The Board asked what was being done to stop patients progressing up the Tiers. In response Dr Bhan explained that work included ensuring good control of blood sugar levels, regular checks and screening for eyes and kidney function and encouraging patients to attend the diabetes education courses; DAFNE and DESMOND.

The Board then asked about paediatric diabetes and were informed that, currently, there were not separate targets for children. The Programme would start with adults and older people and once the service was fully operational it was likely that

the paediatric diabetic services would be reviewed.

The Chairman requested that Dr Angela Bhan and Mr Terry Parkin work up a proposal for how paediatric diabetes could be addressed jointly between the Local Authority and Bromley CCG focusing on a preventative approach.

When asked about the potential financial savings, the Project Manager explained that an estimated saving of £855k would be achieved over a three year period by the Clinical Commissioning Group.

**RESOLVED that:**

- 1. The report be noted.**
- 2. A report outlining the financial context would be submitted to a future meeting of the Board.**
- 3. That Dr Bhan and Mr Parkin work up a proposal for how to jointly tackle paediatric diabetes in the borough.**

**7 Bromley's response to Winterbourne View Recommendations**

In response to the Winterbourne View inquiry, the Government commissioned a Joint Improvement Programme and each Local Authority was requested to provide a local response. Although Bromley does not have an Acute Treatment Unit (ATU) located within its boundaries it has conducted a stock take from the perspective of being a "placing" authority.

The Board considered Bromley's response. It noted that the Local Authority was currently undertaking a review of all its placements for children with complex needs and looking for other ways of supporting them. Each out of borough placement cost approximately £5-£6k and other more cost effective and innovative solutions were being sought out through extensive market testing.

It was agreed that an update report on the recommendations should be provided at every second Board meeting with the Board being informed of any information it might find useful in between.

**RESOLVED that:**

- 1. The Report be noted**
- 2. That the Board receive an update report at every second meeting**

**8 Future Meetings and Agenda Items**

Officers would provide a work programme and matters arising report for each meeting to bring the Board in line with other committees.

## **9 Any Other Business**

Sue Southon raised two queries:

1. Had the disabled children's charter been received by the HWBB?

The Director responded that it had, and that these issues were identified in the JSNA but he would ensure all the points were covered and would include these in a letter to Ms Southon.

2. What was the date of the adult stakeholder event and who would be invited?

The event would be in mid-November and the date would be published in August. Representatives from the voluntary and community sector would be invited to attend.

The children's stakeholder event would be in January 2014 and the date would be confirmed towards the end of September 2013.

## **Harriet Martyn**

Harriet Martyn would be leaving Bromley at the end of August to take up a post researching Public health in Baltimore in the United States. The Chairman thanked her for all her hard work and the personal support she had given him as Chairman.

## **10 Date of Next Meeting**

The next meetings of the Health and Well Being Board would be:

Thursday 26<sup>th</sup> September 2013  
Thursday 28<sup>th</sup> November 2013  
Thursday 30<sup>th</sup> January 2014  
Thursday 20<sup>th</sup> March 2014  
Thursday 22<sup>nd</sup> May 2014

All meetings would start at 1.30pm and a maximum length of 2 hours.

The Meeting ended at 3.20 pm

Chairman