HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 29 January 2015

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Judi Ellis, Robert Evans and Angela Page

Dr Nada Lemic, Director of Public Health
Mark Edginton, Head of Assurance - NHS England
Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member
Dr Andrew Parson, Clinical Chairman
Helen Davies, Independent Chair - Bromley Safeguarding Children Board
Ian Dallaway, Chairman, Community Links Bromley
Linda Gabriel, Healthwatch Bromley

Also Present:

1 APOLOGIES FOR ABSENCE

Apologies were received from Councillor Ian Dunn, Councillor Terence Nathan, Councillor William Huntington Thresher and Councillor Mary Cooke.

2 DECLARATIONS OF INTEREST

Councillor David Jefferys declared an interest due to his links with the pharmaceutical industry. Dr Andrew Parson declared an interest in his capacity as a GP.

3 MINUTES OF LAST MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on the 16th October 2014 were agreed.

4 COMMUNITY SERVICES INTEGRATION

The Community Services Integration report was written to set out the options for progressing the integration of adult social care assessment and care management functions with community health services, commissioned by Bromley Clinical Commissioning Group.

The report was considered jointly with the Care Services PDS Committee and the PDS Committee was asked to note and comment on the details of the report.

Health and Wellbeing Board Members were asked to have an oversight of the proposals.

The Care Services PDS Committee and Board Members were briefed concerning three possible integration options, and heard that the steering group was requesting authorisation to fully explore the integration options with Bromley Health Care (BHC) and the Bromley Clinical Commissioning Group (BCCG). If authorisation was provided, a report would then be drafted for the attention of the Executive, who would proceed to look at the options in more detail.

The Executive Director for Education, Health and Care Services outlined the three possible options that could be taken in order to work with health partners to progress towards community services integration of health and care services. These were:

1: To work with BCCG on a joint specification for community services in preparation for a joint procurement to deliver a new joint service from 1st April 2017.

2: To pursue option 1 but also to start looking at 'soft' integration opportunities with Bromley Healthcare to start to align the services ready for re-procurement.

3: To pursue option 1, but to test a fully integrated service by formally transferring social care staff to the existing community provider, Bromley Health Care.

The Executive Director for Education, Health and Care Services pointed out that although processes may change, the issue that stayed the same was people, and that at this stage LBB were simply seeking approval to investigate possible integration options.

A Member enquired what money had been set aside to take this forward. The Executive Director for Education, Health and Care Services stated that £250,000 had been earmarked for "front door services" and that a further £250,000 had been earmarked for future integration. It was confirmed that there was a clear demarcation of funding allocation, and there would be no duplication of resources.

The Chairman of the Care Services PDS Committee enquired how many other local authorities were going down this route, and if LBB were working with any other providers apart from Bromley Health Care. Members were informed that eight other local authorities had met just before Christmas to discuss similar options, and that one other local authority had already gone down this route.

A Member expressed concerns about the difficulties involved in the local authority and the NHS sharing data with each other. The Member felt that an important issue in the integration process would be suitable housing, and the allocation of key workers.

The Executive Director for Education, Health and Care Services stated that guidance was being developed concerning the sharing of data, and that patient consent would be required. It was possible that patients could hold their own notes, and that data could be stored on hand held computers in the future. It was also acknowledged that housing was an important issue.

A Member expressed concern that the matter of data sharing may be further complicated by IT difficulties.

A Member asked for assurance that the consultation and engagement process would take proper consideration of the views of the residential and voluntary sectors.

The CCG Chief Officer and Consultant in Public Health stated that the CCG could see the advantages of integrated services and welcomed the opportunity for further discussions. The Chief Officer informed that the Bromley Health Care Contract was due to end in March 2015, but was likely to be extended (subject to a formal consultation) until March 2017.

Members were informed that LBB, along with BHC and the BCCG would be seeking to tender a bid into a new NHS investment fund that had been set up to support integration. Members noted that the matter of integration was integral to the objectives of the Care Act, Better Care Fund, and with local corporate objectives. It was noted that Community Services Integration was the current leadership preference for both the NHS, and for Social Services.

Members were advised that the financial implications were not clear at this stage, and that legal implications would vary, depending on which option was progressed.

In conclusion, Members were briefed on personnel implications, which again would vary according to the option taken. If any of the options were progressed, then the council would be obligated to enter into meaningful staff and trade union consultations.

RESOLVED:

(1) that the Care Services PDS Committee and the Health and Wellbeing Board note the Community Services Integration report

(2) that the Care Services PDS Committee and the Health and Wellbeing Board agree in principle to the steering group being authorised to explore integration opportunities, and that the matter be referred to the Executive for subsequent analysis and decision.

5 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Questions had been submitted for written reply from Susan Sulis on behalf of Bromley Community Care Protection Group. These are set out in Appendix A.

6 QUESTIONS ON THE HWB INFORMATION BRIEFINGS

The Chief Officer and Consultant in Public Health noted that suicide had not been covered in the Child Death Overview Panel report. It was confirmed that no suicides had in fact taken place during the period covered by the report.

7 BROMLEY SAFEGUARDING CHILDREN BOARD (BSCB) ANNUAL REPORT 2013/2014

The 2013/2014 BSCB report item was presented by Helen Davies, the Independent Chair of the Bromley Safeguarding Children's Board (BSCB). The report highlighted a number of identified achievements and other areas where further improvement was required. The report had been submitted to the Health and Wellbeing Board as a statutory requirement, and to update the Board on the effectiveness of local services in keeping children safe.

The Chair of the BSCB felt that the Board had delivered against the business plan and key priorities, and had achieved compliance with their duties under Section 11 of the Children's Act 2004. Members noted that the BSCB had the responsibility to scrutinise the availability of early help for children and parents.

The Chair of the BSCB was confident that the foundations of good safeguarding practice were in place, and that progress had been made in the engagement process with schools. The Board heard that in terms of scrutiny, all relevant agencies were required to report to the BSCB. There had been a renewed focus on Child Sexual Exploitation (CSE) and "Missing Children." The Board were informed that other areas of high priority for the BSCB were domestic abuse, and the emotional and mental wellbeing of young people.

A Member raised concerns about the continuity of children's social workers; it was noted that this had been a problem in the past with LBB, and that this needed to be monitored. The Executive Director of Education, Care and Health Services stated that LBB were always keen to maintain continuity whenever possible, and that this was a key requirement.

A Member referred to the section of the report that mentioned allegations of misconduct by professionals, and enquired about the outcome of the allegations. The Chair of the BSCB responded that precise outcomes had not been noted. It was believed that only one or two people had been convicted, and that in most cases, the allegations were either uncertain or unsubstantiated.

RESOLVED that the BSCB Annual Report 2013/14 be noted.

8 PROGRESS ON THE PNA ASSESSMENT 2015-2018

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. It was noted by Members that this was the final draft of the PNA document that had been prepared subsequent to the consultation period which ended on the 22nd December 2014.

The final draft had been submitted for the attention of the Board, as approval was being sought to publish the PNA.

The final version of the PNA report had been published as an Information Briefing prior to the meeting on the Bromley Council website.

RESOLVED that the final version of the PNA be approved for publication.

9 OVERVIEW OF PRIMARY CARE DEVELOPMENTS

It was explained to Members that the Primary Care Transformation Programme consisted of two key initiatives:

- Primary Care Co-Commissioning
- London Primary Care Framework

It was further explained that the transformation programme also consisted of a local initiative:

- Review of Primary Care Contracts.

Members were advised that the report was going to the Health and Wellbeing Board so that the Board could be notified of developments, and to enable the Board to provide feedback on key areas as part of the engagement process.

Members were informed that three options existed with respect to primary care co-commissioning:

1. Greater involvement in NHS decision making
2. Joint decision making by NHS England and by CCGs
3. CCGs taking on delegated responsibilities from NHS England

Dr Angela Bhan (Chief Officer and Consultant in Public Health) reminded

Members that the important issue was to determine what form of co-commissioning of primary care services in Bromley would deliver the best outcomes for the people of Bromley. Members were also reminded that as part of the NHS Five Year Forward View, it was proposed that GP led CCGs be given more influence over the wider NHS budget, the idea being to facilitate a movement in investment from acute to primary and community services.

Members were informed that it was the opinion of Bromley CCG that option 2 would be the preferred option. It was felt that option 1 would not enable the CCG to achieve the progress required for primary care development, and that no CCG would be allowed to move to option 3 immediately.

Dr Bhan explained how commissioning was currently undertaken, and what the differences would be when primary care was undertaken under co-commissioning. Members were briefed on the strengths, weaknesses, opportunities and risks of joint decision making, and of delegated responsibilities.

Bromley CCG was of the opinion that a primary care system that was shaped by local commissioning intentions would be likely to aid progress in the development of local commissioning objectives, and would be a simpler model than the one currently in operation.

Dr Bhan outlined other issues that required consideration. There was some ambiguity in the financial impact of the changes that would need to be clarified, but this was not seen as a reason not to progress at this stage by the CCG. It was noted that conflicts of interest would need to be managed, and that in terms of resourcing, efficient and effective management of resources and budgets would be required. The matter of potential conflicts of interest was raised by Board Members as a matter of concern. It was noted that G.P.'s were a provider group in the strategic plan, as well as being involved in commissioning. The Board acknowledged a potential conflict of interest, but at the same time noted that it was difficult to proceed with a commissioning process without clinical and GP input. The Board agreed that this was an issue that would require proper governance and scrutiny.

A Member made the point that no information had been provided concerning financial data and financial implications, and questioned the logic of proceeding on that basis. There was also concern expressed about creating another tier of bureaucracy, and more committees. Dr Bhan explained that there had not been any reduction in Health Care Budgets yet, but it was rather the case of using budgets differently. The plan was to spend less on acute care, and more on primary care. What was being explored was different ways of working, and that co-commissioning was just a vehicle to be used as part of the transformation process. Dr Bhan responded to the concerns raised about bureaucracy by stating that the plan was not to create another layer, but to move decision making from being central, to being local.

A Member raised concerns about what money was being used, especially when the local NHS Trust was overspending. Dr Bhan acknowledged that there were financial pressures that would need attention.

Dr Bhan referred Members to the briefing that had been provided concerning the Strategic Commissioning Framework (SCF) for Primary Care Transformation in London. The SCF incorporated three primary elements:

- A new vision for general practice
- A new patient offer described in a general practice specification
- A description of considerations for making it happen

It was explained to Members that the new vision for general practice consisted of Accessible Care, Co-ordinated Care, and Proactive Care. Members heard that the SCF had been widely tested in a variety of settings. The SCF outlined various areas of focus to support delivery, including Models of Care, Commissioning, Financial Implications, Contracting, Workforce Implications, Technology Implications, Provider Development and Monitoring and Evaluation.

Dr Bhan informed Members that further planning and engagement on the SCF would take place until March 2015, and that implementation would take place from April 2015; this would be developed over the next five years.

RESOLVED:

(1) that the Overview of Primary Care Developments report be noted

(2) that the Board be updated in due course concerning progress on primary care co-commissioning.

10 UPDATE ON HEALTH & WELLBEING PRIORITY TASK & FINISH GROUPS

The Chairman asked Lead Members to update on Task and Finish Groups.

Councillor Ruth Bennett updated the Board with respect to the Diabetes Working Group (DWB) and stated that two new co-opted Members had been allocated, this included a patient representative. The Board were informed that 10% of NHS spend on diabetes was avoidable. The DWB were considering how they could reach out to a diverse range of community and ethnic groups. The DWB were considering if there would be benefit of linking up with obesity groups, including the Obesity Working Group (OWG).

Councillor Angela Page updated the Board concerning progress made by the Obesity Working Group. The Group had met twice to date, commencing with a presentation about the prevalence of the condition; it was noted that Bromley had the third highest obesity problem in London.

A number of projects had been suggested by Public Health for the OWG to get involved with. These included the development of a healthy weight pathway, along with a Tier 3 weight management plan.

The Board were informed that Public Health had been working with Weight Watchers to deliver a "Healthy Weight" 12 week programme aiming to reduce the weight loss of individuals by between 5% and 7%.

The OWG was working to establish a "Healthy Weight Forum" by undertaking an asset mapping exercise across the LA, the CCG and other agencies to establish the current resource and services on offer in the borough that contribute to healthy weight. The aim of the work of the HWF would be to provide a report that would outline what the LA and health services could do within existing resources to raise the profile of the obesity problem, and to look to deliver projects and initiatives to help to reduce the burden.

The Board were informed that the OWG was aware of the synergies and overlap with the DWG, and both groups would be looking to ensure that actions and projects would be worked on jointly where appropriate.

Councillor Judi Ellis for the Working Group dealing with the mental health of children informed the Board that a new triage system had been established, and that this had started working on the 1st December 2014. They were currently experiencing the growing pains associated with the development of a new service. The aim of the new triage service was to concentrate resources on front end services. The children's mental health working group was seeking to be proactive in developing good relationships with local schools. The Group had become aware of the importance of speech and language, and that very often communication was a problem for children. The Working Group was looking at ways to ensure that young people always a "significant person" to talk to. The next meeting of the Group was scheduled for the 25th February 2015.

As Councillor William Huntington Thresher was not able to attend, Councillor Robert Evans updated the Board with respect to the Dementia Working Group (DWG), and informed Members that the DWG had met three weeks ago. The DWG was aware that dementia was a key problem in Bromley, with a large elderly population. The DWG was concerned that there were lots of small and fragmented groups that had been set up to help to deal with dementia issues, but that these needed coordination to help avoid duplication. It was hoped that the Heath and Wellbeing Board would lead on the process of integration of these smaller groups.

The DWG had forged links with an important group known as the "Dementia Alliance", and that this was a promising relationship. The DWG would be meeting shortly with two leading officers from the Dementia Alliance to see how the two parties could work together. A key target for the DWG was for LBB to be classed as a Dementia Friendly Borough.

The Chairman concluded this item by inviting any interested members to join a Task and Finish Group if they would like to get involved.

RESOLVED that the report on Task and Finish Groups be noted.

11 WORK PROGRAMME & MATTERS ARISING

A Member commented on the matter arising concerning BCF Updates.

It was requested that a Better Care Fund update be brought to the next meeting of the Health and Wellbeing Board.

RESOLVED:

(1) that the work programme and matters arising report be noted

(2) that an update on progress of matters relating to the Better Care Fund be brought before the Board at their next meeting.

12 ANY OTHER BUSINESS

No other business was noted.

13 DATE OF NEXT MEETING

The date of the next meeting was noted as the 26th March 2015.

APPENDIX A

Written questions for the Health and Wellbeing Board meeting on 29th January 2015

Three questions from Ms Sue Sulis, Secretary of Community Care Protection Group were received for Written Responses:

1. BROMLEY HEALTHCARE'S 'BROMLEY LEG CLUB', (PART OF THE LINDSAY LEG CLUB FOUNDATION), WALK-IN CLINIC FOR PATIENTS WITH LOWER LEG PROBLEMS.

Bromley Healthcare is to be congratulated on this open access service, run by its Tissue Viability Nurses, assisted by volunteers, which treats those with circulatory problems, including leg ulcers, who would otherwise require appointments in clinical settings.

Is this not a model which could be adopted for other conditions, as part of 'Primary Care Transformation'?

Response from Bromley CCG:

The 'leg club' is an initiative set up by Bromley Healthcare, with financial support from the CCG, and is a good example of community services, the voluntary sector and commissioners working together. The club sits within a wider leg ulcer service designed to provide a consistent approach to helping patients with leg ulcers in the community.

Some of the core principles underpinning our transformation strategy are to combine a resilient community service and best use of community assets alongside the development of local care networks. In a similar approach we have set up training for patients with long term conditions and their carers and it might be that a 'club' model would be worth exploring for this and also perhaps for the work we do with the frail elderly or those with multiple conditions.

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2. PROPOSALS TO CHARGE CARERS THE FULL COST OF ANY SUPPORT SERVICES THEY ARE ASSESSED AS NEEDING.
(ref. Item 7(d) Changes to the Non-residential Contributions Policy and Deferred Payments Scheme, CSPDS 20th Jan. 2015, Report FSD 14087).

(a) How many unpaid carers have been identified in Bromley?

(b) What is the estimated value of the care that they provide, and the Council would otherwise have to fund?

(c) What was the cost of services provided to eligible carers in 2013/14, and how many carers received services then and currently?

This question is not within the remit of the Health & Wellbeing Board and will instead be submitted to the next Care Services PDS Committee.

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3. **'**INITIAL' EQUALITIES IMPACT ASSESSMENT OF CHARGING FOR CARER'S SERVICES AND SUBSTANTIAL CUTS (£200,000) IN DISABILITY RELATED EXPENDITURE (see report FSD 14087).

(a) How can the Care Services PDS Committee consider these proposals in the absence of this EIA (which is still not on the MyLife website)?

(b) 'Support for Carers' is identified as one of the 9 priorities in the Joint Health and Wellbeing Strategy. How do these cuts and charges support Carers?

Part (a) of this question is not considered to be within the remit of the Health & Wellbeing Board and will instead be submitted to the next Care Services PDS Committee.

(b) The Council is facing severe challenges over the next 4 years to identify savings in the region of £60million. As part of that process all areas of charging needs to be reviewed. The Care Act allows Local Authorities to charge carers. The carers will be means tested and will only be charged what they can afford to pay.

The Meeting ended at 3.30pm

Chairman

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COMMUNITY CARE PROTECTION GROUP

(Submitted by Susan Sulis, Secretary).

PUBLIC QUESTIONS TO 29TH JANUARY 2015 HEALTH & WELLBEING BOARD.

Q1:

BROMLEY HEALTHCARE'S 'BROMLEY LEG CLUB', (PART OF THE LINDSAY LEG CLUB FOUNDATION), WALK-IN CLINIC FOR PATIENTS WITH LOWER LEG PROBLEMS.

Bromley Healthcare is to be congratulated on this open access service, run by its Tissue Viability Nurses, assisted by volunteers, which treats those with circulatory problems, including leg ulcers, who would otherwise require appointments in clinical settings.

Is this not a model which could be adopted for other conditions, as part of 'Primary Care Transformation'?

Q2:

INITIAL EQUALITIES IMPACT ASSESSMENT OF CHARGING FOR CARER'S SERVICES AND SUBSTANTIAL CUTS (£200,000) IN DISABILITY RELATED EXPENDITURE (see report FSD 14087).

'Support for Carers' is identified as one of the 9 priorities in the Joint Health and Wellbeing Strategy. How do these cuts and charges support Carers?

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