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DATE: 19 March 2015

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Mary Cooke, Ian Dunn, Judi Ellis, Robert Evans, William Huntington-Thresher, Terence Nathan and Angela Page

London Borough of Bromley Officers:

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

Clinical Commissioning Group:

Dr Angela Bhan	Chief Officer - Consultant in Public Health
Harvey Guntrip	Lay Member
Dr Andrew Parson	Clinical Chairman

NHS England:

Mark Edginton	Head of Assurance - NHS England

Bromley Safeguarding Children Board:

Helen Davies	Independent Chair - Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Ian Dallaway	Chairman, Community Links Bromley
Linda Gabriel	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 26 MARCH 2015 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from http://cds.bromley.gov.uk/

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF LAST MEETING (Pages 1 - 14)

4 CHAIRMAN'S UPDATE

5 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 5.00pm on the 20th March 2015.

6 VERBAL UPDATE ON COMMUNITY SERVICES INTEGRATION

7 BETTER CARE FUND - GOVERNANCE & WORK PROGRAMME (Pages 15 - 20)

8 VERBAL UPDATE ON WINTERBOURNE VIEW RECOMMENDATIONS

9 INTEGRATED HEALTH & SOCIAL CARE FOR PEOPLE WITH DEMENTIA AND COGNITIVE IMPAIRMENT (Pages 21 - 32)

10 PROPOSALS AND PROCESS FOR THE 2015 JSNA (Pages 33 - 36)

11 HEALTHWATCH BROMLEY REPORT AND PRESENTATION - GP ACCESS IN THE LONDON BOROUGH OF BROMLEY (Pages 37 - 48)

12 UPDATE ON TASK AND FINISH GROUPS

a DIABETES WORKING GROUP UPDATE

b OBESITY WORKING GROUP UPDATE

c CHILDREN'S MENTAL HEALTH WORKING GROUP UPDATE

d DEMENTIA WORKING GROUP UPDATE

13 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The briefing is an NHS update report to the Health and Wellbeing Board concerning the Healthier South East London Strategy.

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/ieListDocuments.aspx?CId=559&MId=5291&Ver=4

Printed copies of the briefing are available on request by contacting Steve Wood on 0208 313 4316 or by email at stephen.wood@bromley.gov.uk

14 WORK PROGRAMME AND MATTERS ARISING (Pages 49 - 58)

15 ANY OTHER BUSINESS

16 DATE OF NEXT MEETING

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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, and Councillor William Huntington Thresher.

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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Report No.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **26th March 2015**

Report Title: **BETTER CARE FUND – GOVERNANCE & WORK PROGRAMME**

Report Author: Richard Hills, Senior Commissioner
London Borough of Bromley
Tel: 0208 313 4198 E-mail: richard.hills@bromley.gov.uk

Chief Officer: Dr Angela Bhan, Chief Officer,
Bromley Clinical Commissioning Group.

Terry Parkin, Executive Director,
London Borough of Bromley

1. SUMMARY

1.1. This report provides an update on the Better Care Fund (BCF) submission and wider work under the Joint Integrated Commissioning Executive (JICE) which now meets every six weeks to discuss and oversee any integration work.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. This report is to keep the Board informed of this important initiative which builds on local plans, including the Health and Wellbeing Strategy, Joint Strategic Needs Assessment and existing best practice to support the population of Bromley.

2.2. The BCF represents an opportunity to increase the pace and ambition around integration and taking a whole system approach to health and care services across the borough. Health and Wellbeing Boards have a critical role in encouraging and promoting a joined up system of care for residents.

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

3.1 The Board is asked to recognise the key role of the recently formed Joint Integrated Commissioning Executive (JICE) as being the key senior officer group with representation from both the CCG and LBB which is tasked with oversight and delivery of the schemes set out in the BCF.

3.2 It is further requested to acknowledge the differing governance structures between partner bodies which necessitate the JICE taking decisions in the spirit of the Better Care Fund

agreement when changes to programmes are required from time to time, for example, if NHS demands for outcomes change, and that the HWB should receive regular reports on progress towards outcomes within the BCF as well as any changes to the programme.

Health & Wellbeing Strategy

1. Related priorities: Diabetes, Obesity, Dementia, Supporting Carers.

Financial

1. Cost of proposal: £20.837m in 2015/16 is the total shared BCF jointly managed by LBB and BCCG.

2. Ongoing costs: BCF is only officially for 2015/16 and the Department of Health has not confirmed that funding will continue beyond this date. However, both Finance Directors are assuming that BCF finances will be rolled out into 2016/17 in their financial planning, subject to future confirmation from NHS England.

3. Total savings (if applicable): £4.25m has been effectively 'freed-up' by the CCG to protect social care services currently under severe financial strain. Further funds from the CCG are being redirected through the BCF to support local out of hospital care.

4. Budget host organisation: Local Authorities host the budget on both partners' behalf .

5. Source of funding: NHS England.

6. Beneficiary/beneficiaries of any savings: The plan effectively moves money around the system from acute into community health and care services. Rather than a cashable saving it is supposed to maximise outcomes of existing and shrinking budgets through realignment.

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4. COMMENTARY

Introduction

4.1. Bromley submitted plans last September authorised through the HWB. Our local plan was approved in November by NHS England. Plans needed to demonstrate clear objectives, ensuring better integration of services, the delivery of improved quality and outcomes for residents, that resources for Social Care were protected and that emergency admissions were reduced by circa 3.5%.

NHS England Funds 2014/15

4.2. Work has been temporarily delayed as NHS England were unable to release the proposed planning year BCF funds for 2014/15 until this March, just weeks before the end of the financial year. The delay in receiving these funds has prevented any investment in the schemes listed below. JICE have been cautious deciding not to start projects until funding is made available.

BCF funding split 2015/16

4.3. The total BCF is £20.837m for 2015/16 but Members will recall that this is not new money to the system but rather money freed up in part by the Local Authority but in the main by BCCG. Of these funds £13.815m is allocated to existing commitments including the £3.5m for protecting social care which was one of the key requirements of the fund. The remaining £7.022m is available for redistribution towards new schemes that help deliver a reduction in emergency admissions through integrated out of hospital services.

Transformation Programme

4.4. BCCG are acting as lead commissioners on a joint project to use a lead consultancy in the field to model out of hospital services for Bromley. BCCG are funding this work which will run between April- June to start to pull together outline business cases for out of hospital services. The outcome of this work will need to be tied closely to BCF schemes to make sure that BCF funds are being used to complement to whole system model and start to increase the degree of integration between different parts of the system. This should enhance the decision making around where BCF is committed and where within the high level schemes below the funding can make the most impact.

BCF Schemes

4.5. The schemes which were set out in our shared submission to NHS England are currently set out at a high level and will require further development and planning. It will be the responsibility of the JICE to provide the leadership and governance required to deliver the schemes successfully. JICE will be accountable for reporting on progress back into the Health and Wellbeing Board and propose that integrated care programme be a standing item on the HWB agenda. Additional fixed term project management capacity has been funded within the BCF proposals to support the development and implementation of the various schemes and the work of these project managers will be overseen by the JICE.

4.6. The Bromley Plan has seven high level schemes. These eight schemes will continue to be developed and detail added and there is still time for key partners to input into the schemes:

1) **Step up/step down**

- Increase capacity: step down beds and home based care
- Make available step up beds
- Establish an integrated discharge team
- Increased Medical Response in the community

- Extend the duration of the home based rehabilitation programme.

2) **Support into care homes**
- Increase medical cover to care home and extra care housing residents
- Increased skills of care home staff.

3) **Dementia**
- Training to improve awareness and identification
- Increased capacity to assess, diagnose & manage
- Develop 'Living Well with Dementia', community services
- Increased liaison services within secondary care
- Increased capacity for home treatment
- Improved advanced dementia and end of life care.

4) **Self-management**
- Expert patient and carer education programmes
- Targeted education for patients at high risk of developing diabetes
- Health coaching training
- Improved and integrated health and care advice, information and support services
- Extended telecare provision
- Community champions.

5) **Carers support**
- Increased level of support to avoid carer breakdown and need for high cost bed based interventions and long-term care packages.

6) **Resilience**
- Retain 7 day working arrangements
- Provide fast track access to equipment.

7) **Integrated Care record**
- To establish an integrated care record across health and social care allowing real time data sharing and effective multi-disciplinary working.

Governance

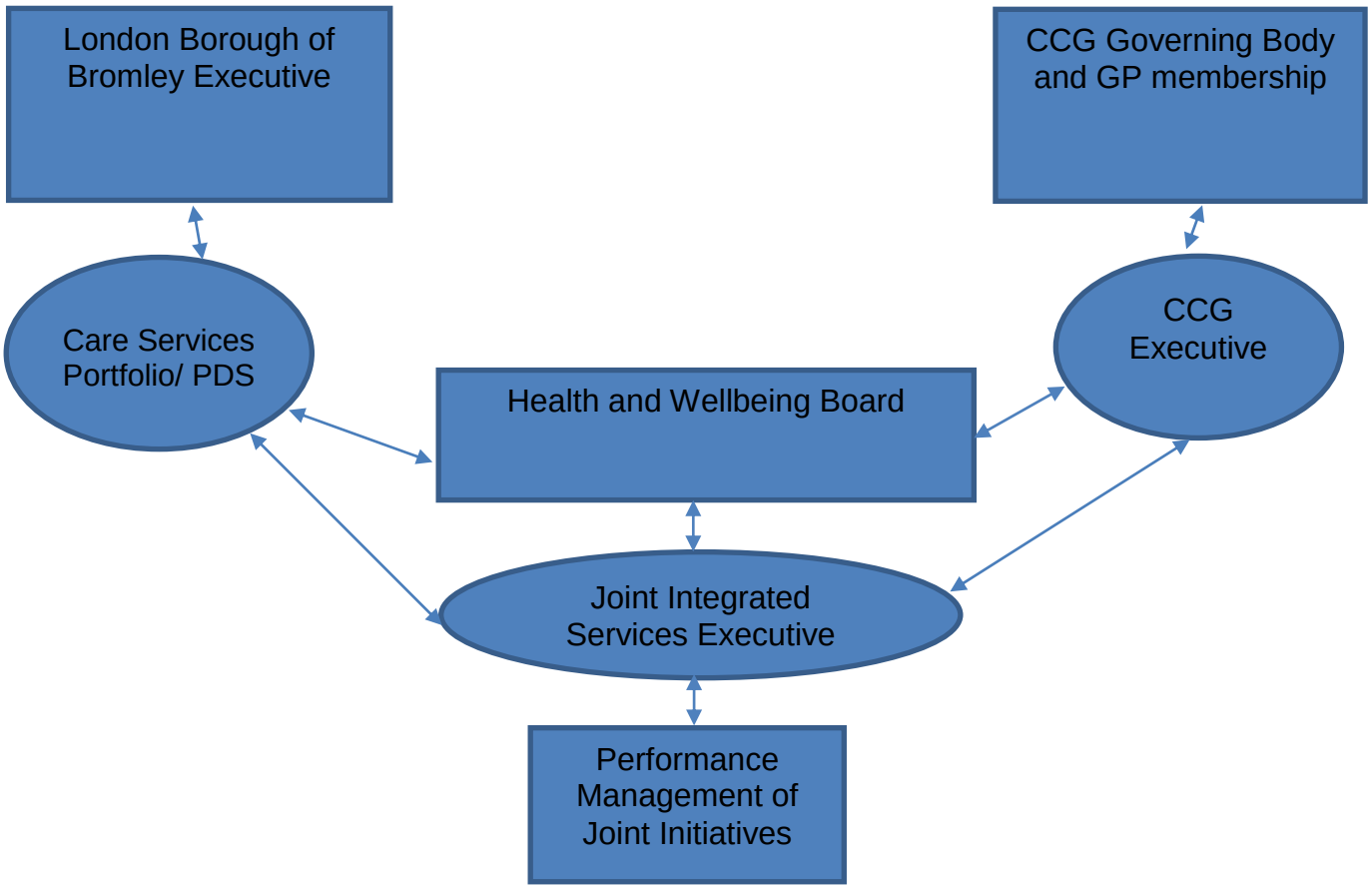
4.7. The BCF programme is overseen by the Bromley Health and Wellbeing Board and managed through the Joint Integrated Commissioning Executive (JICE), whose membership includes:

Standing Members:
- The Clinical Chairman Bromley CCG
- The Chief Officer of Bromley CCG
- The Director of Commissioning Bromley CCG
- The Finance Director Bromley CCG
- The Executive Director of Education, Care and Health for LBB
- The Assistant Director of Education, Care and Health for LBB
- Finance lead for LBB

4.8. Other officers will be invited as and when required for the delivery of projects and programmes.

4.9. The JICE will:

- take responsibility for reporting back through the appropriate governance structures and delivering on the national conditions set out in the BCF;
- sign off all associated projects;
- ensure that detailed and fully costed project plans are developed and delivered for the proposed seven schemes set out in this high level BCF plan for 2015/16; and
- report back to the Bromley HWB regularly on implementation, progress and on all exception reporting.



4.10. The HWB's priority task and finish groups chaired by members of the Board for four key borough priorities (dementia, diabetes, obesity, and children's mental health) will also be key governance groups for relevant BCF schemes, particularly dementia as the key focus of one of the schemes.

Risk

4.11. The BCF Plan identifies a number of risks to the delivery of the work programme, namely the under achievement of reducing emergency admissions to hospital; compromised working relationships between the CCG and Local Authority (LA), lack of resource and capacity to deliver, the provision of poor data to inform effective planning, compromise of primary care development plans or delays in effective integration and the risk of the LA being unable to maintain social care to the level needed to enable out of hospital provision. The recommissioning of the community service contract and potential limitations of the current provider workforce were also identified as risks to the delivery of the Plan. The financial risk of underachievement of planned activity reductions falls on the CCG as lead commissioner of acute service.

4.12. JICE will be establishing an ongoing risk and issues log and are currently discuss who acts as the lead commissioner for each of the seven schemes. It is anticipated that capacity will come from a mixture of using existing internal capacity and buying in resource on a fixed term basis. Any costs associated are built into the funding for the schemes.

4.13. The intention will be to develop a high level programme plan that includes leads for each of the schemes as well as a timeline for the work required to deliver each of the schemes. Business cases can be brought back through the HWB and wider partnership input would be beneficial.

5. COMMENT FROM THE DIRECTORS

5.1. We are going through a period of significant change across the health and care economy. Some of this is driven through national policy such as the Health and Care Act 2013, the Care Act 2014 and the BCF and some through local responses to an aging population with increasingly complex multiple long term conditions which requires a different community based response. All this is set against a background of significant cuts in public sector funding which continues to impact on local health and care economies ability to deliver. This Plan, which will bring significant benefits to the people of Bromley, is an excellent example of very close partnership working between the CCG and London Borough of Bromley.

5.2. There is a challenge to both LBB and the CCG to embed and make effective new governance arrangements while continuing to recognise our own internal governance structures. The evolution of the HWB will be critical to holding these partnerships together and achieving positive outcomes through integration.

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)	

Report No.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 26th March 2015**

Report Title: **DEVELOPMENT OF LOCAL CARE NETWORKS: INTEGRATED HEALTH & SOCIAL CARE FOR PEOPLE WITH DEMENTIA AND COGNITIVE IMPAIRMENT**

Report Author: Mark Needham, Director of Commissioning, Bromley CCG and Marlon Brown, Clinical Commissioning Manager, Bromley CCG.

Chief Officer(s): Joint Integrated Executive Committee

1. SUMMARY

1.1. Bromley Health & Wellbeing Board has prioritised dementia based on the needs of our local population and Joint Strategic Health Needs Assessment. There is a strong case for change to improve patient care and meet the growing demand for people experiencing cognitive impairment and dementia.

1.2. The Joint Integrated Executive Committee (JICE) enables the CCG and LBB to oversee the Better Care Fund (BCF) at an Executive level. The JICE is responsible for managing the investment of the BCF, aligned to the Health & Wellbeing Board's priorities.

1.3. This paper provides an assessment of the investment opportunities and funding proposal received to date, in relation to the strategic fit with the commissioning intentions in the Better Care Fund.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. The board is asked to agree the principles for BCF funding into the Bromley health and social care dementia pathway, which will be overseen by the CCG Chief Officer and LBB Executive Director of Services via the JICE.

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

3.1 As above.

Health & Wellbeing Strategy

1. Related priorities: **Dementia**

Financial

1. Cost of proposal: Investment of c £1m per annum in 2015/16 and 16/17

2. Ongoing costs:

3. Total savings (if applicable):

4. Budget host organisation:

5. Source of funding:

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

Dementia needs as specified in the JSNA

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4. COMMENTARY

Introduction

4.1. Dementia is one of the priorities of the Bromley Health & Wellbeing Board and the CCG, based on the needs of our local population and Joint Strategic Health Needs Assessment. There is a strong case for change to improve patient care and meet the growing demand for people experiencing cognitive impairment and dementia.

4.2. Dementia is clinically defined as an age-related progressive disease associated with cognitive impairment, disorientation, memory loss, change in personality, difficulties with activities of daily living and behaviour that is out of character. (NICE, 2004, Cummings and Jeste, 1999). With our large ageing population in Bromley, we can expect to see an increase in people living with dementia.

4.3. It has been provisionally agreed that part of the Better Care Fund will be used to improve dementia services in Bromley. The Health and Well Being Board oversees the use of the Better Care Fund, using the Joint Improvement Executive Committee as the engine room for the detailed work on this joint fund.

4.4. This paper provides an assessment of the investment opportunities and funding proposal received to date, in relation to the strategic fit with the commissioning intentions in the Better Care Fund.

Older people in Bromley

4.5. Bromley has the highest number of people aged 65+ years and 85+ years in London and is projected to continue to have the highest number in these age groups. People over 65 in Bromley made up approximately 17.74% of the population in 2014.

4.6. Population projections indicate that the older population in Bromley is due to rise by 4%; that is 2,542 people between 2014 and 2019. The largest rises are expected to be in the 65 - 74 years group.

4.7. The number of older people living alone is predicted to increase in line with the general rise in numbers of older people, which may lead to an increase in social isolation.

Dementia profile

4.8. A Dementia Needs Assessment carried out in Bromley in 2012 provided information relating to the incidence of dementia in Bromley and included projections of future numbers based on the Dementia UK report of 2007.

4.9. It is estimated that there are around 4205 people in Bromley with dementia in 2014. Although the prevalence of dementia is lower in women there are actually more women than men with dementia in Bromley because life expectancy is higher in women.

4.10. There are more men with dementia in the 65 – 74 age groups, but women outnumber men in the higher age groups.

4.11. By 2030 the number of people with dementia in Bromley is set to increase to 6,151. Within the next four years there will be an increase of over 300 people with the greatest increase in the over 85 years: as well as dementia this group of people are also likely to be the most frail and have other long term conditions. By 2030, this group will have risen by 1,400.

4.12. The Dementia Needs Assessment 2012 also contains information from Healthcare for London which estimated the number of people in Bromley with mild, moderate and severe dementia in the table below. Those with the most severe forms of the condition will have much higher medical, social and mental health needs in comparison to those with mild or moderate disease who may be able to function relatively independently.

Table 1: Estimated number of people with dementia by level of severity in Bromley

Mild	2008	54.57%
Moderate	1190	32.34%
Severe	482	13.10%
Total	3680	100.00%

Source: POPPI

Summary

4.13. Our strategic vision for caring for those with cognitive impairment or dementia must address the spectrum of need:

- Whilst those with severe needs will require high intensity health and social care support, we also need to invest in maintaining peoples' independence and supporting their carers through Local Care Networks, including the voluntary sector and provision of training and practical support. The Council has invested significantly in the development of extra care housing as an alternative to care home admissions for people who can no longer be supported in their original home.

- As dementia is a progressive disease it is right to invest more in our specialist services currently provided by Oxleas. However, the majority of these patients and their families will also have a high level of dependence on primary care;

- The evidence shows that the majority of patients are likely to receive nursing or care home care. Our challenge is to reduce the level of preventable admissions to homes and hospital. The CCG currently spend c£1.5-2m per year on these admissions and a high proportion of all patients die in hospital (c50%), which remains one of the highest in London.

Vision

4.14. The Bromley Health & Wellbeing Strategy offers a vision to "Live an independent, healthy and happy life for longer". There is no specific vision for dementia care and this might be agreed across stakeholder and patient group, as well as professional groups.

4.15. We will achieve this through investing in:

- Early intervention through Primary Care;

- Promoting independent living through social care and more practical support in the voluntary sector;

- High quality, consistent care in nursing and residential homes, including training, education and medical support (both specialist nursing and GPs);

- Secondary care services offering specialist clinical skills to support early intervention through Local Care Networks, as well as the expansion of the memory clinic to offer NICE compliant services.

Proposed outcomes for Bromley

4.16. The Health & Wellbeing Strategy outlines a number of improved outcomes for dementia:

- Early intervention diagnosis for all;
- Improved quality of care for people with dementia in hospital;
- Living well with dementia at home and in care homes;
- Reducing the use of anti-psychotic drugs;
- Improved community personal support services.

4.17. This business case has a good strategic fit with these outcomes and the achievement of national and local priorities:

- Achieve 67% diagnosis rate for dementia across the Borough, including 67% plus in care homes;
- Associated reductions in care home and hospital admissions (which requires further work-up).

Investment opportunities

4.18. The CCG and London Borough of Bromley have agreed an investment plan through the Better Care Fund of over £1m per annum in 2015-16 and 2016-17. This business case proposes the following allocation of resources based on the findings of the JSNA and describes the added value that can be gained from the proposed changes/investment:

- Increased resources for social care and the voluntary sector, including practical training and support to reduce carer breakdown, falls and illness that lead to preventable hospital admissions. The Council currently commissions dementia training for care home, domiciliary care and extra-care housing staff and for individuals and groups of family carers. Increased diagnosis rates are likely to result in further pressure on social care resources beyond current levels of demand.

- Local Care Networks providing care in the community including:

  a) Enhanced 'Primary Care Plus' provision for the patient list

  b) NICE compliant specialist secondary care provision including expansion of the memory clinic, assessments in care homes and development of the pathway eg referral, assessment, diagnosis and treatment

Analysis

a) Increased investment in social care and practical support in the voluntary sector to enable on-going support and promote independence

- The diagnosis of patients with dementia will lead to higher increases in the costs charged by care homes, including LBB funded placements. This can be mitigated by the proposal to increase health support to care homes for people with dementia;

- The demographic trend of an aging population, will mean an increasing pressure for admissions to care homes for dementia patients, even if earlier intervention can be achieved;

- There is an opportunity to slow down this trend through investment in home packages of care and the provision of practical support through the voluntary sector and post diagnosis support from health.

b) Primary Care Plus provision for cognitive impairment and dementia patients (mild-moderate)

- The impact of increased assessments is likely to significantly increase caseloads as patients and their families require on-going care but may not meet the threshold for secondary care services (severe) or social care;

- GPs will need to provide extended appointments to support and prescribe for people experiencing confusion, impairment and dementia;

- More case management and care coordination through Primary Care is also likely, as the Oxleas Model assumes more patients will be managed in Primary Care;

- GPs will need to deploy more resources and staff to provide this care;

- The current VMO scheme to care homes is being reviewed and is outside of these arrangements.

c) Specialist secondary care provision

Memory clinic

- Bromley is under-performing against the national dementia diagnosis target of 67% (currently 49.99% as at January 2015). 4th lowest in London.

- There were 1175 referrals in 2014 to the memory clinic, which exceeds current capacity by 47%. Additional recurrent investment is required to increase assessment capacity by this amount.

- The memory clinic has seen a 76% increase in referral activity since 2011, against the 49.9% diagnosis rate. The current level of demand for assessment, diagnosis and follow-up treatment is unsustainable within existing resources, and more so if the 67% diagnosis rate is achieved.

d) Proposed extension of the care home assessment provision – started in Dec-March 2014/15

- In January and February, there have been 265 new assessments by two Oxleas specialist nurses, with support from Clinical Psychologists. 60 of the new assessments are already coming from the care home scheme (23%)

- Based on our estimated QoF diagnosis rate, this has already increased to **54.1%** (against 49.5% 1 Jan)

e) JICE assessment of both Oxleas proposals

- **Memory clinic:** The JICE supports the business case on the condition that:
- A NICE compliant service is provided
- The service delivers Key Performance Indicators outlined below
- The service is able to meet future demand during the life of the Oxleas contract within the funding envelope (to March 2017)

- **Care homes:** The JICE supports the care home business case as the results to date have been good and the current funding ends on 31st March 2015

- However, the average length of stay in care homes is 3-5 years - there will not be a high turn-over of patients requiring new diagnosis and the longer term strategic objective is to reduce the number of admissions to care homes.

- Hence the provision should be flexible and consolidated (i.e. memory clinic and care homes) with an associated reduced workforce and cost.

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; COMMENT FROM THE CHIEF OFFICER, BROMLEY CCG**
Background Documents: (Access via Contact Officer)	

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Appendix

1. Case for Change

- Bromley is underperforming against the national dementia diagnosis target of 67% (currently 49.99% as at January 2015)

- The Memory Service has seen a 76% increase in referral activity since 2011. The current level of demand for assessment, diagnosis and follow-up treatment is unsustainable within existing resources.

- Waiting times for assessment and diagnostic appointments are growing (currently averaging eight weeks waiting from referral to diagnosis) as the service struggles to meet demand through cancellation of groups etc., which adversely impacts of the follow up support diagnosed patients receive.

- Information from the British Geriatrics Society, 2011 indicates that 4% of people over 65 live in care homes, rising to more than 20% of people over 85. Bromley has 45 care homes (excluding those for people with physical disability and learning disability) with a total of 1,591 beds.

- For example - 41% of care home residents could not access specialist dementia services (British Geriatrics Society 2012a).

- Supporting GPs – Bromley GPs have expressed they are reluctant to refer their patients for diagnosis because they do not see the benefits in terms of post diagnosis support. Currently our memory service has drawn back from post diagnosis support e.g. cognitive stimulation groups, occupational therapy input, psychological support etc. and all staff are working full time on assessing and diagnosing.

- GPs have also said that they do not feel well supported in managing people discharged from the Memory Service e.g. when carers report deterioration in daily living skills or concerns about safety.

- Oxleas Community Mental Health Services are available only when the criteria for secondary mental health care are met.

- Social care supports people who meet the threshold for service and support the voluntary sector in the provision of information, advice, training and practical support. Increasing numbers of people with dementia and higher diagnosis rates will further increase the pressure on social care services.

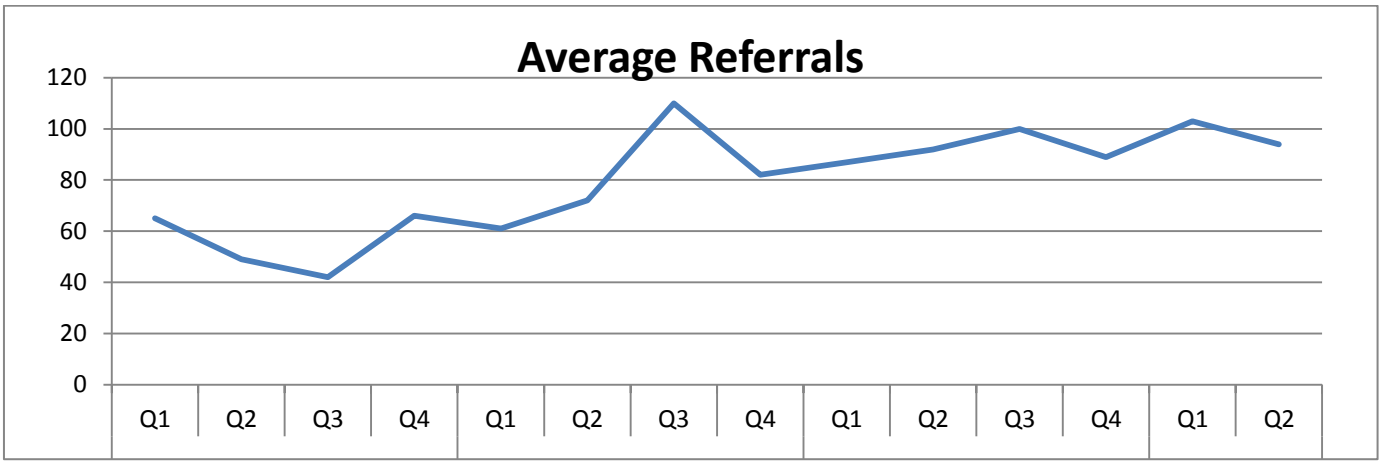
Meeting the challenge

- For Bromley CCG to achieve and maintain the national 67% diagnosis target the increased demand described above will need to be maintained and improved. The existing Memory Service will need to become more visible in the community, for example in care homes.

- The need for continuous work within the care homes has been identified following the recent Bromley Dementia Diagnosis Acceleration work-stream.

- In addition, the memory service will reconfigure to improve liaison with and support to primary care as well as to ensure improved post diagnostic support.

Baseline of current provision
Referrals: The chart below highlights the increasing trend of new referrals to the Bromley Memory Service over the last three years during which time average monthly referrals have increased from 42 per month (Q1-2011) to 104 per month (Q4-2014).



There were 1175 referrals in 2014, which exceeds current capacity by 47%. Additional recurrent investment is required to increase assessment capacity by this amount.

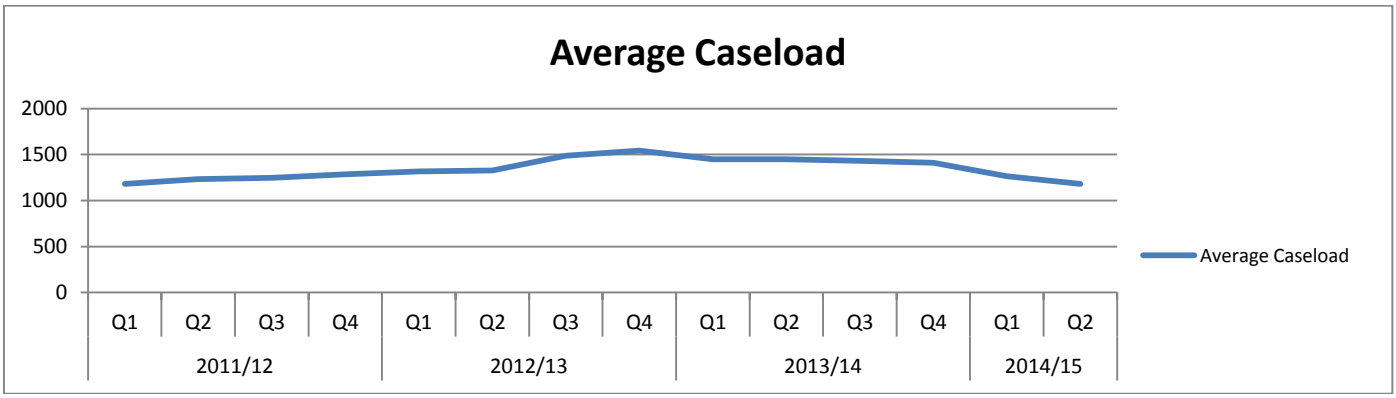
Diagnosis

- Currently, of the referrals into the memory service, 64 % receive a dementia diagnosis. DNA, cancellations and inappropriate referrals are low at approximately 10%.

- The outcome for the remaining 26% of referrals includes clients with non-dementia, existing dementia, signposting/onward referrals and MCI (mild cognitive impairment).

- The service routinely reviews all MCI cases with the objective of the individual re-attending an outpatient clinic for the purpose of reassessment and diagnosis of dementia.

Caseloads
The caseload chart below shows the average Memory Service caseload since April 2011. It highlights an increase in caseloads to a maximum of 1543 in Q4 2012/13 since which time there has been a graduated reduction to 1182 in Q2 2014/15.



Waiting times for assessment and diagnostic appointments have been increasing and now exceed our quality standard of 10-12 weeks. The current average wait from Referral to Diagnosis is approximately 14 weeks.

Care homes

- Care home residents tend to have the most complex needs, and levels of dependence have risen. We need to ensure that they remain as well as possible to avoid deterioration and complications.

- It is estimated that 75% of people in residential homes and 60% in nursing homes would be expected to have a diagnosis of dementia. Nationally 90% of these numbers do not currently have a formal diagnosis and therefore it is recognised that there is a significant gap in identification and support to these vulnerable adults.

- Therefore in Bromley almost 1,000 care home residents would be likely to have dementia.

2. Proposed service model

The **memory clinic service** will meet NICE Guidance requirements including assessments, CT scans, therapies and on-going support

- Oxleas plan to reconfigure current staff and services to provide the following enhancements to the current Memory Service. Individual job plans will be adjusted to mainstream the following developments:
- Re-introduction of a NICE compliant post diagnostic pathway, to include cognitive stimulation therapy and other prescribed interventions.
- In recognition of GPs views, the service will introduce an outreach function, whereby staff will be aligned to GP localities to assist with timely screening and post diagnosis support in the primary care setting.

Care homes:

- A new specialist team of nurses, psychologist and psychiatrist, who will work to a planned schedule of contact with each care homes (without the direct need for GP involvement) to identify residents with signs of cognitive impairment who may have dementia.

- Whilst the primary function of the specialist mental health nurse is to assess for dementia, they will also be able to carry out a holistic initial assessment of needs enabling them to identify other mental health problems (such as depression) and physical health problems.

- Based on the learning from the assessment, a plan will be developed to progress diagnostic work and to identify other health care professionals who need to become involved in the person's care. Based on assessed need, onward referrals can be directly made e.g. to the falls team, to local community health or mental health services, to St Christopher's Bromley for end of life care or to the community pharmacist for medication review.

- We anticipate that the increased funding for the memory clinic, requested above (1), will absorb the new demand created by this in reach work. However we anticipate there will also be an impact on Older Peoples Community Mental Health Teams. We have experienced an increase in referrals and caseloads over the last two years in the Community Mental Health Teams and the Home Treatment Team. Some of this increase has been the need to work with people with more complex dementia who need assessment and psychiatric treatment, and has been focused on supporting care home staff to manage signs of distress without the need for hospitalization. We therefore need to include two additional band 6 nurses in this business case for these teams.

- This will increase care co-ordination capacity in the teams by 50, and enable a rapid response to GPs and care homes to assess and treat people whose symptoms are worsening and need more intensive support from the Community Mental Health Team.

Specification for care homes

- Each specialist nurse will be aligned to half the borough – linking directly to the GP practices, community health services and secondary mental health teams in their area. Our staff will be set up to work remotely using tablets. If licences were agreed to access EMIS, a summary of the assessment could be added directly to the primary care record to aid communication and rapid access to necessary interventions and treatment. If cognitive impairment is identified, at this point, carers/family members will be contacted and participate in the planning and information sharing process. Expected pathways will be:
  - Further assessment based on additional information with diagnosis given, where appropriate.
  - The specialist nurse will ensure that the responsible GP is informed of the new diagnosis to ensure that GP QoF registers are suitably updated.
  - Onward referral to the Oxleas Memory Clinic for specialist assessment and investigations (including tests/scans etc.). This may result in diagnosis of dementia. The Memory Service will inform the GP of the new diagnosis to enable updating of their QoF register in this situation.
  - Onward referral to the Oxleas Community Mental Health Team for complex cases including behavioural problems.
  - Signposting to third sector agencies to provide support as identified.
  - The team will work independently of the Bromley Care Home Team but will communicate issues to inform their schedule and work plan, where appropriate.

Report No.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 26th March 2015**

Report Title: **Proposals and Process for the 2015 JSNA**

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. Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008.[1] Original guidance set out an expectation that the JSNA be carried out jointly by the director of public health, director of adult social services and director of children's services.

1.2. The government has since highlighted the 'equal and explicit' role of GP consortia and local authorities, including the director of public health, in preparing the JSNA, and endorsed the JSNA's key role in informing joint health and wellbeing strategies, to be developed by new Health and Wellbeing Boards.

1.3. The aim of the JSNA is to deliver an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

1.4. The JSNA is an evidence based document highlighting need, as such it is distinct from the Health & Wellbeing Strategy which it informs.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. At previous meetings the Health and Wellbeing Board (HWB) agreed that it would receive regular updates on the progress in completing the annual JSNA to increase knowledge which will assist in informing the HWB priorities. This report therefore describes the process for undertaking the 2015 JSNA, the suggested areas that will be covered and the key milestone dates and actions.

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

3.1. Whilst the Public Health Team within the LB Bromley have the lead responsibility for completing the JSNA a project steering group has been established with representatives from:

- Education & Care Services
- Adult Social Care
- CCG Clinical Lead
- Children's Services
- Community Links Bromley
- Healthwatch Bromley
- LA Housing
- LA Planning
- Voluntary Sector Strategic Network

Health & Wellbeing Strategy

The JSNA is an evidence based document highlighting need, as such it is distinct from the Health & Wellbeing Strategy which it informs. The Health & Wellbeing Strategy outlines the priorities (based on the JSNA) agreed by the Health & Wellbeing Board together with the proposed actions and expected outcomes.

Financial

1. Cost of proposal:

2. Ongoing costs:

3. Total savings (if applicable):

4. Budget host organisation:

5. Source of funding:

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

The JSNA will record progress against the Public Health Outcome Indicators.

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4. COMMENTARY

What the 2015 JSNA is likely to include?

4.1. The aim of the JSNA is to deliver an evidenced based understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

4.2. The structure of the JSNA this year has been amended to include an in depth focus on a few key areas, with updates on the populations of interest, highlighting any changes since last year.

4.3. The table below shows the topic areas the Steering Group have suggested be included in this year's JSNA.

4.4. The topics selected for in depth analysis are:

- Housing and Homelessness
- Older People's Health Needs
- The Characteristics and Health Needs of People who are Resident in Care Homes.
- Excess Winter Deaths
- Vulnerable Young People

Area
Demography
The Health of People in Bromley: Life Expectancy and the Burden of Disease
In Depth Analysis • Housing & Homelessness • Older People's Health • People in Care Homes • Excess Winter Deaths • Vulnerable Young People
Updates on Populations of Interest (Each of these sections include a summary of the health needs of the relevant population). • Children & Young People • Older People • Learning Disability, Physical Disability & Sensory Impairment • Mental health and wellbeing • End of Life Care • Carers • Alcohol and Substance Misuse
Updates on issues raised in the last JSNA

How will this be undertaken?

4.5. The Steering Group will oversee the production of the JSNA and act as an advocate for the JSNA process. Members will nominate leads for specific sections. A working group is being set up to include the leads for specific sections. These leads will collate routine and non-routine information and set the context in narrative.

4.6. The final document and Executive Summary will be published on the My Life website.

Key Milestones
Scope developed and agreed March 2015
Data collected, collated, and analysed } April 2015 to October 2015
(Sections drafted, proofs produced and document edited)
JSNA finalised and published – October to December 2015

5. LEGAL IMPLICATIONS

5.1. Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008.

Non-Applicable Sections:	**FINANCIAL IMPLICATIONS,** **IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM** **COMMENT FROM THE DIRECTOR OF PUBLIC HEALTH**
Background Documents: (Access via Contact Officer)	[Title of document and date]

Report No.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 26th March 2015**

Report Title: **HEALTHWATCH BROMLEY REPORT – GP ACCESS IN THE LONDON BOROUGH OF BROMLEY**

Report Author: Folake Segun, Director, Healthwatch Bromley
Tel: 020 8315 1916, Email: folakes@healthwatchbromley.co.uk

1. SUMMARY

1.1. This report is to give an update of a study into GP Access in the London Borough of Bromley carried out by Healthwatch Bromley prior to the publication of the full report at the end of March.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. This report and presentation is to inform the Board of the ongoing work of Healthwatch Bromley. Healthwatch Bromley is the independent consumer champion for health and social care and works on behalf of patients and the public to ensure their voice is represented in the setting up, provision and scrutiny of health and social care services in the borough.

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

3.1 The Board is asked to note this item and receive the update on key findings of the report.

Financial

1. Cost of proposal: Not applicable.
2. Ongoing costs: Not applicable.
3. Total savings (if applicable): Not applicable
4. Budget host organisation: Not applicable.
5. Source of funding: Not applicable.
6. Beneficiary/beneficiaries of any savings: Not applicable.

Supporting Public Health Outcome Indicator(s)

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4. COMMENTARY

Introduction

4.1. The presentation to be delivered by Linda Gabriel, Chair of Healthwatch Bromley to the Health & Wellbeing Board at the meeting on a study carried out by Healthwatch Bromley on GP Access in the London Borough of Bromley can be found in **Appendix X?.**

The Study

4.2. Healthwatch Bromley is the independent champion for health and social care services for children, young people and adults. We work to help improve services for people who live or access services in the borough. We provide information about and signposting to local health care facilities and services.

4.3. To help shape the landscape of local health and social care in the borough to be truly representative of the population's needs and wants, Healthwatch Bromley works hard to ensure that health and care services are "more responsive, efficient and accountable," in accordance with the Health and Social Care Act 2012. It offers a network to individuals and organisations to coordinate their response to local health and social care services.

4.4. A visit to the GP is often the first point of access to the health system and the part of the health service that many people in Bromley use most often. GP services are part of Primary Care, an area that has an enormous influence on outcomes for patients, as well as on their perceptions of the health system as a whole. Through our information service Bromley residents told us that GP services were a high priority in the borough in their health and wellbeing. This included specific feedback about problems getting an appointment.

4.5. In line with the Healthwatch Bromley remit to listen to the voice of the people of Bromley and provide evidence based feedback, it was decided to investigate the concerns further and give patients the opportunity to comment on how easy or difficult it is to access services at their GP surgery.

4.6. We surveyed 409 local people from all 47 GP practices in the borough about their experiences. In addition we held two focus groups with specific communities i.e. Bromley Sparks and Deaf Access and one with young people from Bromley College of Further and Higher Education. Through these focus groups we spoke to a further 80 residents.

4.7. Our findings show that whilst the majority of those surveyed were either 'Very Satisfied' or 'Satisfied' with their GP opening hours, there is frustration with appointment booking systems, difficulties with obtaining appointments and extended waiting times when attending the surgery.

4.8. The difference between opening hours, surgery times and appointment slots were often unclear to patients. Of those surveyed 10% of people were able to book their preferred appointment time and 15% were able to book a named GP.

4.9. Fifty percent of those who reported the need for additional support to access their GP practice received this support.

4.10. Some respondents expressed satisfaction and support for their GP Practices, understanding that they are operating in increasingly challenging environments.

Non-Applicable Sections:	Financial, legal

Background Documents: (Access via Contact Officer)	None.

GP Access in the London Borough of Bromley

Linda Gabriel, Chair Healthwatch Bromley

March 2015

Methodology

- Healthwatch Bromley carried out a research project visiting all 47 GP surgeries in the borough. A total of 409 surveys from all 47 surgeries. In separate focus groups a further 80 service users were engaged

- Authorised Enter & View Representatives gathered information through a standardised questionnaire and via informal conversations with service users

- The questionnaire consisted of a total of 24 questions on a range of issues including:
  - opening hours
  - appointment availability
  - access issues

- Further targeted research with:
  - Bromley College of Further and Higher Education,
  - Bromley Sparks and
  - Deaf Access.

Key Findings

- Most people were ‘Very Satisfied’ or ‘Satisfied’ with opening hours
- Frustration with the booking system
- Difficulties with obtaining appointments

- Surgery times, appointment slots and opening hours were often confused by patients.

- Number of actual appointments available were significantly lower than perceived

- Overall additional support needs were rarely catered for, with patients not having clear access to additional services such as translators or signers.

- Patient Participation Groups were overwhelming unknown to Bromley residents, with only 13% of respondents confirming that their surgery offered such engagement opportunities.

Opening Hours vs. Surgery Times

- The difference between opening times and the first and last bookable appointments emerged as an area of confusion. For example, many surgeries had an opening time of 8.30 but the first bookable appointment was not until 9.20 or later, with the last appointment of the morning finishing around 11.00. Similarly, over half the surgeries did not resume appointments until mid-afternoon despite remaining 'open.'

- Furthermore, there seemed to be a lack of consistency in surgery times, especially with regards to commuter clinics and Saturday mornings, and notably, from doctor-to-doctor.

Booking Preferences

- Of those surveyed only 10% of people were able to book their preferred appointment time and 15% were able to book a named GP.

- 31% of respondents reported appointments having been cancelled or rescheduled. In the event of this:

  - only 17% reported being signposted to other available services
  - as few as 5% received a telephone consultation
  - 14% did not seek any further treatment or consultation

Accessibility and Additional Support

- 3% of respondents stated that their GP had inquired as to whether they had any additional support requirements. With 97% of respondents stating that they had never been asked or had refrained from answering.

- When asked if any additional assistance was needed in accessing GP services, 5 respondents ticked translation services, and 4 British Sign Language. Of those who suggested such services might be useful, less than half reported receiving them.

Patient Engagement and Feedback

37% of respondents stated there was no opportunity or facility to provide feedback on their experience and they had never been asked to provide their opinion on their local practice.

- Only 13% of respondents said that their surgery offered a Patient Participation Group.

- 19% expressed an interest in joining such groups. There is an active need to encourage patient participation and promote alternative mechanisms through which to do so.

Just over 140 people were aware that they could use the Comment Box in their practice to give feedback.

In their own words …

"The surgery could do with more doctors in the evenings. Callers who queue in person get preferred appointments, so even when you call first thing you can end up with a 10:00 slot."

"If I have had a quite serious problem I always end up at the minor injury clinic as I can't get an appointment at the surgery."

"There are not enough doctors therefore you have to book a doctor's appointment about 2 weeks in advance."

"There are often long waiting times at the surgery even though timed appointments have been booked."

"The appointment system is incomprehensible and it would be good to have a doctor you know. You appear to be a computer record."

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**26th March 2015**
Decision Type:	Non Urgent Non-Executive Non-Key
Title:	**Health and Wellbeing Board Matters Arising and Work Programme**
Contact Officer:	Stephen Wood, Democratic Services Officer Tel: 0208 313 4316 E-mail Stephen.wood@bromley.gov.uk
Chief Officer:	Mark Bowen, Director of Corporate Services
Ward:	N/A

1. Reason for report

1.1 Board Members are asked to review the Health and Wellbeing Board's current Work Programme 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 attached.

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2. RECOMMENDATION

2.1 The Board is asked to review its Work Programme and progress on matters arising from previous meetings.

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents:	Previous matters arising reports and minutes of meetings.

Corporate Policy

1. Policy Status: Existing Policy:

2. BBB Priority: Excellent Council; Supporting our Children and Young People; Supporting Independence; Healthy Bromley

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Financial

1. Cost of proposal: No Cost for providing this report

2. Ongoing costs: N/A

3. Budget head/performance centre: Democratic Services

4. Total current budget for this head: £367,636

5. Source of funding: 2014/15 revenue budget

Staff

1. Number of staff (current and additional): There are 10 posts (8.75fte) in the Democratic Services Team

2. If from existing staff resources, number of staff hours: Maintaining the Board's work programme takes less than an hour per meeting

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Legal

1. Legal Requirement: Matters Arising and the Work Programme should be actioned in accordance with statutory obligations.

2. Call-in: Not Applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of the Health and Well Being Board.

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 Matters Arising table is attached at **Appendix 1.** This report updates Members on matters arising from previous meetings which are ongoing.

3.2 The current Work Programme is attached as **Appendix 2.** The Work Programme is fluid and evolving. Future meeting dates have now been added on the basis of the latest Calendar of Meetings drafted by the Democratic Services Manager, Mr Graham Walton. The Calendar of Meetings is subject to ratification by the GP&L Committee in May 2015. The meetings are scheduled so that generally speaking they will be held approximately two weeks after CCG Board meetings which will facilitate more current feedback from the CCG to the HWB.

In approving the Work Programme members of the Board will need to be satisfied that priority issues are being addressed, in line with the priorities set out in the Board's Health and Wellbeing Strategy and Terms of Reference which were approved by Council in April 2013.

3.4 The Chairman proposes to reduce the frequency of Board meetings given the establishment of Task and Finish Groups around Health & Wellbeing priorities and the related work and time commitment to attend meetings for all Board Members in between.

3.5 For Information, **Appendix 3** shows dates of Meetings and report deadline dates.

3.6 For Information, **Appendix 4** outlines the Constitution of the Health and Well Being Board.

3.7 **Appendix 5** is the updated Glossary.

APPENDIX 1

Health and Wellbeing Board

Matters Arising/Action List –26th March 2015.

Agenda Item	Action	Officer	Notes	Status
10 **BCF Updates.** **(16/10/14)**	BCF progress updates to be provided to the Board. A BCF update will be drafted for the March 2015 meeting.	**Richard Hills**	It was proposed at the meeting on 16/10/14 that from time to time, BCF progress updates would be provided to the Board. This was raised again at the meeting on 29/01/15. A standing item will now remain on the HWB agenda for the overall integration programme including BCF.	**Ongoing**
8 **Care Act Impact** **(16/10/14)**	An update be provided to Board Members after the Autumn Statement regarding BCF funding and the Care Cap.	**Terry Parkin**	At the previous HWB meeting, it was noted that more accurate financial data may be available for calculations after the Chancellor had made his autumn statement**.**	**New Action**
9 **Primary Care Developments** **(29/01/15)**	The HWB should be updated as appropriate concerning progress on the development of primary care co-commissioning.	**Mark Needham/ Angela Bhan.**	It was requested at the HWB meeting on the 29/01/15 that the HWB should be updated as appropriate concerning progress on primary care co-commissioning.	**Ongoing**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2013/14

Title	Notes
Health and Wellbeing Board—26th March 2015	
JSNA 2015 Update	
Work Programme and Matters Arising	
Winterbourne View Recommendations Update	
Better Care Fund Update	
Update on Community Services Integration	
Orpington Health and Wellbeing Centre Report	
Task and Finish Group Updates	
Health and Wellbeing Board—June 4th 2015	
Work Programme and Matters Arising	
Primary Care Co-Commissioning Update	
Winterbourne View Recommendations Update	
2015 – 18 Health & Wellbeing Strategy – Outline	
Integration Programme	
Health and Wellbeing Centre-Orpington	
Health and Wellbeing Board—October 8th 2015	
Work Programme and Matters Arising	
Integration Programme	
JSNA 2015 – sign off	
2015 – 18 Health & Wellbeing Strategy – sign off	
Health and Wellbeing Board—February 11th 2016	
Work Programme and Matters Arising	
Integration Programme	
Winterbourne View Recommendations Update	
Health and Wellbeing Board—21st April 2016	
Work Programme and Matters Arising	
Integration Programme	

Outstanding items to be scheduled
Care Act Progress Updates
Shortage of GP Provision in Bromley Town Centre
Co-Commissioning Updates
Care Act Update
Progress updates on Task and Finish Groups
Proposal for how paediatric Diabetes could be addressed jointly between the Local Authority and Bromley CCG focussing on a preventative approach.

Appendix 3

Dates of Meetings and Report Deadline Dates

The Agenda for meetings MUST be published five clear days before the meeting. Agendas are only dispatched on a Tuesday.

Report Deadlines are the final date by which the report can be submitted to Democratic Services. Report Authors will need to ensure that their report has been signed off by the relevant chief officers before submission.

Date of Meeting	Report Deadline	Agenda Published
26th March 2015	17th March 2015	18th March 2015
4th June 2015	26th May 2015	27th May 2015
8th October 2015	29th September	30th September 2015
11th February 2016	2nd February 2016	3rd February 2016
21st April 2016	18th March 2016	21st March 2016

A link to the agenda is emailed to the Board on the publication date. Hard copies are available on request.

Questions
Questions from members of the public to the meeting will be referred directly to the relevant policy development and scrutiny (PDS) committee of the Council, or to other meetings as appropriate, at the next available opportunity unless they relate directly to the work of the Board.
A list of the questions and answers will be appended to the corresponding minutes.

Minutes
The minutes are produced within 48 hours of the meeting. They are then sent to officers for checking. Once any amendments have been made they are sent to the Chairman and once he has cleared them they are sent, in draft format, to members of the board. Please note that this process can take up to two weeks.

The draft minutes are them incorporated on the agenda for the following meeting and are confirmed. Following this approval they are published on the web.

London Borough of Bromley

Constitution

Health & Wellbeing Board

(11 Elected Members, including one representative from each of the two Opposition Parties; the two statutory Chief Officers (without voting rights); two representatives from the Clinical Commissioning Group (with voting rights); a Health Watch representative (with voting rights) and a representative from the Voluntary Sector (with voting rights). The Chairman of the Board will be an Elected Member appointed by the Leader. The quorum is one-third of Members of the Board providing that elected Members represent at least one half of those present. Substitution is permitted. Other members without voting rights can be co-opted as necessary.

1. Providing borough-wide strategic leadership to public health, health commissioning and adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts.

2. Commissioning and publishing the Joint Strategic Needs Assessment (JSNA) under the Health and Social Care Act.

3. Commissioning and publishing a Joint Health & Wellbeing Strategy (JHWS) – a high level strategic plan that identifies, from the JSNA and the national outcomes frameworks, needs and priority outcomes across the local population, which it will expect to see reflected in local commissioning plans.

4. Receiving the annual CCG commissioning plan for comment, with the reserved powers to refer the CCG commissioning plan to the NHS Commissioning Board should it not address sufficiently the priorities given by the JSNA.

5. Holding to account all areas of the Council, and other stakeholders as appropriate, to ensure their annual plans reflect the priorities identified within the JSNA.

6. Supporting joint commissioning and pooled budget arrangements where it is agreed by the Board that this is appropriate.

7. Promoting integration and joint working in health and social care across the borough.

8. Involving users and the public, including to communicate and explain the JHWS to local organisations and residents.

9. Monitor the outcomes and goals set out in the JHWS and use its authority to ensure that the public health, health commissioning and adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the Borough.

10. Undertaking and overseeing mandatory duties on behalf of the Secretary of State for Health and given to Health and Wellbeing Boards as required by Parliament.

11. Other such functions as may be delegated to the Board by the Council or Executive as appropriate.

Appendix 5

GLOSSARY:

Glossary of Abbreviations – Health & Wellbeing Board

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Any Qualified Provider	(AQP)
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)
Bromley Safeguarding Children Board	(BSCB)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Child Sexual Exploitation	(CSE)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
Common Assessment Framework	(CAF)
Community Learning Disability Team	(CLDT)
Director of Adult Social Services	(DASS)
Director of Children's Services	(DCS)
Disability Discrimination Act 1995	(DDA)
Dispensing Appliance Contractors	(DAC)
Emergency Hormonal Contraception	(EHC)
Essential Small Pharmacy Local Pharmaceutical Services	(ESPLPS)
Female Genital Mutilation	(FGM)
Florence – telehealth system using SMS messaging	(FLO)
Health & Wellbeing Board	(HWB)

Health & Wellbeing Strategy	(HWS)
Health of the Nation Outcome Scales	(HoNOS)
Hypertension Action Group	(HAG)
Improving Access to Psychological Therapies programme	(IAPT)
In Depth Review	(IDR)
Integration Transformation Fund	(ITF)
Intensive Support Unit	(ISU)
Joint Health & Wellbeing Strategy	(JHWS)
Joint Integrated Commissioning Executive	(JICE)
Joint Strategic Needs Assessment	(JSNA)
Kings College Hospital	(KCH)
Local Medical Committee	(LMC)
Local Pharmaceutical Committee	(LPC)
Local Pharmaceutical Services	(LPS)
Local Safeguarding Children's Boards	(LSCB)
Long Acting Reversible Contraception	(LARC)
Multi Agency Planning	(MAP)
Medicines Adherence Support Service	(MASS)
Medicines Adherence Support Team	(MAST)
Medium Super Output Areas	(MSOAs)
Men infected through sex with men	(MSM)
Mother to child transmission	(MTCT)
Multi-Agency Safeguarding Hubs	(MASH)
Multi-Agency Sexual Exploitation	(MASE)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
National Reporting and Learning Service	(NRLS)
Nucleic acid amplification tests	(NATTS)
Patient Liaison Officer	(PLO)
People living with HIV	(PLHIV)
Pharmaceutical Needs Assessment	(PNA)
Policy Development & Scrutiny committee	(PDS)
Primary Care Trust	(PCT)
Princess Royal University Hospital	(PRUH)
Proactive Management of Integrated Services for the Elderly	(ProMISE)

Public Health England	(PHE)
Public Health Outcome Framework	(PHOF)
Quality and Outcomes Framework	(QOF)
Quality, Innovation, Productivity and Prevention programme	(QIPP)
Queen Mary's, Sidcup	(QMS)
Secure Treatment Unit	(STU)
Serious Case Review	(SCR)
Sex and Relationship Education	(SRE)
Sexually transmitted infections	(STIs)
South London Healthcare Trust	(SLHT)
Special Educational Needs	(SEN)
Supported Improvement Adviser	(SIA)
Tailored Dispensing Service	(TDS)
Unitary Tract Infections	(UTI)
Urgent Care Centre	(UCC)
Voluntary Sector Strategic network	(VSSN)
Winterbourne View Joint Improvement Programme	(WVJIP)