

## HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 16 October 2014

### Present:

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

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

Dr Andrew Parson (Clinical Chairman)  
Linda Gabriel (Healthwatch Bromley) and Sue Southon  
(Chairman, Community Links Bromley)

### Also Present:

Dr Agnes Marossy (Bromley Health Authority), Councillor Pauline  
Tunncliffe and Clive Uren (Bromley Primary Care Trust)

## 1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor William Huntingdon Thresher, and from Councillor David Jefferys. Apologies were also received from Dr Angela Bhan, and Mr Clive Uren attended as her substitute.

## 2 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 3 MINUTES OF LAST MEETING

The minutes of the meeting held on 24<sup>th</sup> July 2014 were agreed subject to an amendment suggested by Sue Southon (Chair, Community Links Bromley).

Referencing Section 5 of the minutes, (South East London Commissioning Strategy 2014-2019) the following amendment was suggested:

The sentence, "*The HWB was made aware that the Chief Executive of NHS England had sent out a letter with respect to the possibility of commissioning*" be changed to:

"The HWB was made aware that the Chief Executive of NHS England had sent out a letter with respect to the possibility of CCG co-commissioning primary care".

A Member referred to items 6 and 7 on the previous minutes. It was noted that there were 5 JSNA (Joint Strategic Needs Assessment) priorities, and only four HWB strategy priorities. The comment was that it seemed disjointed to have two different sets of priorities, and this point was noted by the Board.

The Director for Education Care and Health Services explained that there existed an intrinsic difference between the two sets of priorities. The JSNA priorities would eventually become statutory after consultation and sign off, but the HWB priorities were non statutory and were the priorities that the Board had decided to focus on in Bromley, taking into account the findings of the JSNA.

**RESOLVED that the minutes were agreed subject to the amendment suggested by Sue Southon.**

#### **4 NON VOTING CO-OPTED MEMBERS REPORT**

Members discussed the proposal to appoint non-voting Co-opted Members to the Health and Wellbeing Board. Although the proposed nominees would have no voting rights, their expertise in particular fields would be of great value to the Board. Members were informed that it was currently proposed to appoint the following three nominees:

- I. the independent chairman of the Bromley Safeguarding Children and Safeguarding Adults Boards
- II. a non – executive member of the Bromley Clinical Commissioning Group
- III. an NHS England representative.

The report clarified that the independent chairman of the Bromley Safeguarding Children and Safeguarding Adults Boards, was currently the same individual.

A Member expressed disappointment that the following three organisations had not been suggested for co-opted membership on the report:

- Bromley Health Care
- Kings Foundation Trust
- Oxleas

These organisations had generally been recognised as being the three key providers of services in their respective areas of expertise.

The Director of Education, Health and Care Services cautioned that the Board should give careful consideration to the size and proposed nature of the Board before inviting new co-opted members to join. Consideration should be applied to how large Members wanted the Board to grow to. It was a complicated issue, compounded by providers competing against themselves.

A Member expressed confusion in that she had anticipated that Kings would have been invited to join as a co-opted member, and also in that she was under the impression that the CCG was already a member of the Board.

A Member expressed concern that having too many providers on the Board would skew the Board's direction, and could not see the benefit of doing so.

The Director of Education, Care and Health Services stated that the guidance from the Department of Health in this matter was not clear, and that at the moment the situation was that Health and Wellbeing Boards were responsible for their own direction and composition.

It was agreed that reference would be made back to Board Members before any future action was taken in appointing co-opted members.

There was a general consensus among Board members that currently the emphasis should be on "Task and Finish" groups.

**RESOLVED:**

- I. that the Non-Voting Co-opted Members report be noted**
- II. that Board Members consider the size and proposed composition of the Board before any new appointment of co-opted members is made**
- III. that before any additional nominees are proposed for co-opted membership, Members would be consulted**
- IV. that the following non-voting appointments be made for 2014-2016**
  - i. the independent chairman of the Bromley Safeguarding Children and Safeguarding Adults Boards**
  - ii. a non-executive Member of the Bromley Clinical Commissioning Group**
  - iii. an NHS England representative.**

**5 HEALTHWATCH BROMLEY ANNUAL REPORT 2013/14**

A presentation on the Healthwatch Bromley Annual Report 2013/14 was given by Linda Gabriel, the Chair of Healthwatch Bromley.

Members were informed that Healthwatch Bromley was a company limited by guarantee, but that it had recently applied for charity status.

The presentation commenced with an overview of Bromley's "Health at a Glance", and then progressed to give an overview of the work undertaken by Healthwatch Bromley. The Board heard about the origins of the organisation, the various health and social care services that it monitored, and the various bodies that it reported to. An overview of the Board Members was provided, together with an exposition of statutory activities.

Linda Gabriel explained that it was the vision of Healthwatch Bromley to work towards a society in which people's health and social care needs were heard, understood and met.

It was explained to the Board that the core statutory functions of Healthwatch Bromley were set out in section 221 of the Local Government and Public Involvement Act of 2007, and updated by the Social Care Act of 2012.

The Board heard that a statutory power conveyed to Healthwatch was the power to carry out "Enter and View" visits to publicly funded health and social care organisations. Subsequent to these visits, reports were drafted and sent to the appropriate providers, who would read the report and respond. These reports were published on the website of Bromley Healthwatch. The Board was advised "Enter and View" visits in 2014 had so far included visits to accident and emergency departments, and also to maternity services. Future visits for 2014 were planned to Day Surgery and Outpatients departments. This would be followed by visits to Care Homes.

Linda Gabriel informed the Board that one of the statutory duties of Healthwatch was to obtain the views of local people about their experiences of local health and social care services and making these views known.

Other statutory duties included:

- making reports and recommendations
- providing advice and information
- reaching views on various matters and reporting them to Healthwatch England
- making recommendations to the Care Quality Commission
- making recommendations to Healthwatch England to publish reports
- giving Healthwatch England such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically.

An explanation was provided of the "feedback system". In this context the key issue was to look for trends that required action; once this was established, intelligence would be sent to the relevant bodies for their action and response.

It was noted that much feedback had been received regarding GP practices and hospitals, and that a key problem had been identified as staff attitudes.

The Chairman asked for an explanation of what occurred during and after an "Enter and View" exercise, and an explanation of this was given. The Chairman also asked what would trigger an unannounced visit; the response was that there would normally be two main factors. The first one was negative intelligence, and the other was when the service was being un-cooperative.

A Member asked for clarification of what was meant by “negative issues”. It was explained that this could be a range of issues, including allegations of mis-treatment, mal practice and staff attitudes.

A Member enquired if the review of phlebotomy services had influenced future outcomes. The response to this was that the matter was being reviewed by the CCG.

A Member stated that during her surgeries, clients did not tend to reference health and social care very often, and that there seemed to be a lack of awareness from the public about the services provided by Healthwatch. It was suggested that perhaps a marketing exercise be undertaken to the public and Resident’s Associations.

Dr Nada Lemic (Director of Public Health) thanked Healthwatch for the contributions made to Public Health and to the JSNA.

A Member stated that he was interested in the matter of “signposting” as the NHS was complex and difficult to navigate. The Member asked if Healthwatch could help the CCG to shape signposting. Folake Segun (Director of Healthwatch Bromley) answered that a report had been delivered to a CCG subcommittee and was being considered.

The Chairman and the Director of Education Care and Health Services thanked Healthwatch for all of their excellent work.

The presentation concluded with a summary of Healthwatch Bromley’s impact so far, and matters that Healthwatch had influenced, these included:

- the appearance of the wards in the PRUH-Maternity
- the navigation of various health and social care websites
- communication with patients
- review of phlebotomy services
- Beckenham Beacon Urgent Care Centre Procurement
- gluten free prescribing

Healthwatch Bromley could be contacted in several ways:

In writing at:

Healthwatch Bromley, Community House, South Street, Bromley, BR1 1RH.

By telephone on 0208 315 1916, and by email at:

admin@healthwatchbromley.co.uk

The website address is [www.healthwatchbromley.co.uk](http://www.healthwatchbromley.co.uk)

**RESOLVED that the Healthwatch Bromley Annual Report 2013/14 be noted.**

## **6 QUESTIONS ON THE INFORMATION BRIEFINGS**

It was agreed at the commencement of the meeting, that any questions arising from the information briefings be addressed at the appropriate point in the meeting when the matter arose on the agenda.

## **7 APPROVAL OF THE 2014 JOINT STRATEGIC NEEDS ASSESSMENT**

Dr Agnes Marossy (Consultant in Public Health) gave a summary of her report concerning the approval of the 2014 Joint Strategic Needs Assessment. Dr Marossy explained that it was the purpose of the JSNA to deliver an understanding of the current and future health and well-being needs of the population of Bromley in the long and short term, to inform strategic planning commissioning services. The hope was that this would achieve better health and well-being outcomes and also reduce inequalities.

It was explained that the JSNA was a statutory requirement under the Health and Social Care Act 2012, and that it was a document that highlighted need; it would inform the Health and Wellbeing strategy. The purpose of the report going to this meeting was that the Health and Wellbeing Board was being asked to approve the 2014 JSNA for publication.

Dr Marossy reminded the Board that the 2014 JSNA had previously been circulated as an information briefing. The Board were now being asked to approve the document for publication on the Bromley MyLife website. An easy to read version of the full briefing document had been attached as an appendix to the report which was appreciated by Members.

The JSNA recommended the following as priorities:

1. Diabetes
2. Obesity (Adults)
3. Smoking
4. Drinking
5. Dementia
6. HIV
7. Mental Health for young people
8. Homelessness
9. Childhood Obesity
10. Teenage Pregnancy
11. Suicide
12. Illegal Drugs
13. Life expectancy
14. Heart disease and Strokes
15. Cancer
16. High blood pressure

**RESOLVED that the 2014 JSNA be approved for publication**

**8 CARE ACT IMPACT**

An explanation of the impact of the Care Act was given by report author Chris Curran. It was noted that the report was being presented for the attention of the Board as it was important for the Board to have a full awareness of the impact of the Act, and the changes that it would bring to Adult Social Care. The report focused on the anticipated costs to LBB in delivering compliance to the Act.

It was noted that the non-financial provisions of the Act would come into force on 1 April 2015, whilst the financial reforms would largely take effect from 1 April 2016.

The Board were advised that Council Executive had previously authorised £266k to fund pre 1 April 2015 implementation costs, and that the Council's ECHS (Education, Care and Health Services) Department had already set up a Care Act Program to make the required preparations.

The Board were informed that the Bromley financial model had identified cost pressures from four main areas:

- Cared for Assessments
- Carer Assessments
- Carer Support/Services
- The Care Cap

It was explained to the Board that the "Care Cap" would be set at £72,000.00 commencing from 1 April 2016. This meant that anyone paying for eligible care costs would not pay any more towards their eligible care costs if they had already paid £72,000.00. There will be a number of important exceptions and rules, including that all 'care accounts' recording accrued expenditure will start from £0 in April 2016.

Mr Curran felt that there would be four key results deriving from the four areas listed above, these were:

- an additional assessment workforce would be required
- an improved service offer would be required for carers
- there would be a loss of income as a result of changes to the charging rules
- there would also be a number of smaller scale system changes required

A Member referred to section 4.9.5 of the report that alluded to a consultation paper due for publication in the autumn; this was in respect to the allocation of funding for 2016/17. The Member asked if there was any current knowledge of the anticipated contents; the answer to this was that there was not. Mr Curran felt that due to the complexities involved it may be possible that timescales may slip backwards.

A Member expressed the fear that once a person in care had moved passed the care cap; the council may begin to experience financial burdens that would be difficult to bear, particularly for individuals who had chosen more expensive providers of care than the council's usual rate. Mr Curran explained that there would be a typical rate that a council would pay; these rates would be rational and common, except in exceptional circumstances. A member suggested that there may be problems later on down the line with people in expensive accommodation that had exceeded their cap. Mr Curran pointed out that it was anticipated that the council may have the power to move such persons into more cost effective accommodation at that point, if such accommodation was available and suitable.

The Director for Education, Health and Care Services pointed out that there would be many people in care that would not exceed the care cap; this was because individuals were fitter and living longer out of care. It was also the case that it was very difficult for central government to correctly assess the correct figure for the care cap. More information was expected to come to light after the autumn statement.

A Member queried how long a person would have to reside in Bromley to benefit from the care account/cap. Mr Curran explained that the care accounts were portable, meaning that any client moving between local authority areas would retain their progress towards the cap.

A Member asked what sort of information would be available to the public concerning these things as the issues seemed complicated. Mr Curran explained that there would be a national campaign, but that local councils would also have to engage in information dissemination, and council staff would need to be conversant.

Mr Curran explained the current financial model that had been used. It was noted that based on current estimates, there would be a deficit of funding in 2015/16 of approximately £192,000.00. It was possible that in around four to five years' time, the increased gross costs to LBB could be in the region of £12M. Mr Curran apprized the Board that any estimates of funding had to be treated with extreme caution until final allocations had been confirmed in December 2015; the report highlighted broad costings and funding which had to be treated with extreme caution at this stage

**RESOLVED that the Care Act Impact Report and the initial financial model be noted.**

## **9                    PROGRESS ON THE PHARMACEUTICAL NEEDS ASSESSMENT 2015-2018**

An update on the progress of the Pharmaceutical Needs Assessment 2015-18 was provided by the report author Dr Agnes Marossy.

It was explained to the Board that the Health and Wellbeing Board had a statutory responsibility to develop and publish the PNA by 1st April 2015. The Board were on target to meet the deadline. The PNA was a key commissioning tool that



ensured that local areas had high quality pharmaceutical services that met local needs. The completed PNA would inform commissioning decisions by NHS England.

Dr Marossy explained that the PNA Steering Group, together with the commissioned provider (PCC) had prepared a draft PNA ready for statutory consultation. This would be published on the My Life Website.

Dr Marossy explained to the Board that she was seeking approval to submit the PNA Assessment for the period of consultation; it was anticipated that the consultation period commence from October 17<sup>th</sup> 2014 to December 22<sup>nd</sup> 2014.

**RESOLVED that the draft PNA be approved for statutory consultation.**

## **10 Better Care Fund and Work Programme**

The update on the Better Care Fund report was given by Mr Clive Uren, who was currently the Interim Director of Commissioning at Bromley CCG.

Members were reminded that the BCF submission was agreed by the Executive and signed off by the HWB Chairman on September 19<sup>th</sup> 2014. The revised guidance required that the BCF submission ensured that provision for social care was protected and that emergency hospital admissions be reduced by 3.5%

Mr Uren reminded the Committee that to achieve these primary objectives, eight specific schemes were developed with partners. Three of these schemes would look to reduce emergency admissions by 2.8% directly in 2015/16, and the other schemes would act as “enablers”. The “enablers” were in essence longer term initiatives.

The Committee were informed that the Bromley BCF Plan was currently being assessed by the Better Care Fund Programme Team at NHS England, and the expectation was that the Bromley plan would be approved with support. The next stage would be to look into specific project details, some of which may be procured. To this end, project management support would be brought in, and JICE (Joint Integrated Care Executive) would oversee the process.

Mr Uren reminded the Board that the report had identified several risk factors to the BCF work programme. It was estimated that the financial risk that would result from failing to achieve the reduced admissions targets would be in the region of £1.35m, and that this would be borne by the CCG as Commissioner. Mr Uren advised the Board that the CCG had set aside £4.5m to protect social care services.

Mr Uren informed the Board that the work programme had been agreed by LBB and Kings, and that a 2.8% reduction in admission targets had been agreed. It was also the case that another BCF plan had to be submitted by 21<sup>st</sup> November to release £45m from the BCF.

The Board endorsed the contents of the report.

**RESOLVED that:**

- I. the contents of the report be noted**
- II. the Board endorse the Chairman's action in approving the Bromley BCF plan**
- III. updates on the development and implementation of the BCF plan be brought to future Board meetings**
- IV. the Board acknowledged the key role of the JICE in overseeing and delivering the BCF schemes**

**11 WINTERBOURNE VIEW PERFORMANCE POSITION STATEMENT**

This was a report written by Mr Peter Davis from the Community Learning Disability Team. The report was a bi-monthly update that came to the Board to provide assurances that people with learning disabilities were safeguarded in the context of issues that previously arose from the Serious Case Review of Winterbourne Hospital in 2012.

The Executive Director of Education, Health and Care Services provided an overview of the report to the Board. It was noted that as far as possible, placements would be provided close to home; however this was not always feasible. It was always the case that the objective would be to facilitate the effective integration of care and medical treatment.

**RESOLVED that**

- I. the contents of the report be noted**
- II. the Board agreed that all necessary measures were currently in place to safeguard adults with Learning Disabilities in Assessment and Treatment Units**

**12 HEALTH & WELLBEING PRIORITIES AND WORKING GROUPS**

This report was being brought to the Board as the Bromley Health and Wellbeing Strategy was a key responsibility of the HWB; it outlined how the HWB would meet the needs identified in the JSNA. These needs would be met through a number of locally determined priorities. Nine priorities were identified in 2012.

The Board was now being asked to endorse the proposed approach to managing the four key health and well-being priorities that had subsequently been agreed upon.

The four key HWB Priorities were:

- Obesity
- Mental Health
- Diabetes
- Dementia

A Member stated that he strongly supported the creation of “Task and Finish” groups, and was anxious that the work pertaining to Dementia proceed with speed and vigour.

**RESOLVED that**

- I. the Board endorses the proposed approach to managing the four HWB priorities through to May 2015**
- II. the Board endorses the draft Terms of Reference for “Task & Finish” working groups**

**13 WORK PROGRAMME & MATTERS ARISING**

The purpose of the report was for Board Members to review the Board’s work programme, and to consider matters arising from previous meetings.

**RESOLVED**

- I. the Board noted matters arising from previous meetings, and also noted the Work Programme.**
- II. that the frequency of Board meetings be reduced to allow for the establishment of Task and Finish Groups**
- III. that the Board be kept informed of the progress of matters pertaining to the Better Care Fund by adding regular BCF update reports to the work programme**
- IV. that the Board endorse the revised procedure for dealing with questions**

**14 ANY OTHER BUSINESS**

It was noted that Sue Southon was stepping down from her position as Chair of Community Links Bromley.

**15 DATE OF NEXT MEETING**

The board were informed that the date of the next meeting would be 29<sup>th</sup> January 2015

The Meeting ended at 3.00 pm

Chairman