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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
Dr Andrew Parson	Clinical Chairman

Bromley Voluntary Sector:

Linda Gabriel	Healthwatch Bromley
Sue Southon	Chairman, Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre in the Council Chamber on **THURSDAY 16 OCTOBER 2014 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 **NON VOTING CO-OPTED MEMBERS REPORT** (Pages 15 - 18)

5 **HEALTHWATCH BROMLEY ANNUAL REPORT 2013/14** (Pages 19 - 74)

6 **QUESTIONS ON THE INFORMATION BRIEFINGS**

1- THE JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

2- BRIEFING NOTE ON BETTER CARE FUND SUBMISSION

3- BRIEFING NOTE ON PHARAMECUTICAL NEEDS ASSESSMENT

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email.

The Part 1 (Public) briefing is also available on the Council website at the following link:

HWB INFORMATION BRIEFINGS

7 **APPROVAL OF THE 2014 JOINT STRATEGIC NEEDS ASSESSMENT** (Pages 75 - 100)

8 **CARE ACT IMPACT** (Pages 101 - 112)

9 **PROGRESS ON THE PHARMACEUTICAL NEEDS ASSESSMENT 2015-2018** (Pages 113 - 116)

10 **BETTER CARE FUND & WORK PROGRAMME** (Pages 117 - 122)

11 **WINTERBOURNE VIEW PERFORMANCE POSITION STATEMENT** (Pages 123 - 126)

12 **HEALTH & WELLBEING PRIORITIES AND WORKING GROUPS** (Pages 127 - 134)

13 **WORK PROGRAMME & MATTERS ARISING** (Pages 135 - 148)

14 **ANY OTHER BUSINESS**

15 **DATE OF NEXT MEETING**

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 24 July 2014

Present:

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

Terry Parkin (Executive Director: Education, Care & Health Services (Statutory DASS and DCS))
Dr Angela Bhan (Chief Officer - Consultant in Public Health) and Dr Andrew Parson (Clinical Chairman)
Linda Gabriel (Healthwatch Bromley) and Sue Southon (Chairman, Community Links Bromley)

Also Present:

Dr Agnes Marossy (Bromley Health Authority)(LBB Consultant in Public Health)

1 Apologies for Absence

Apologies for absence were received from Dr Nada Lemic, Councillor Ian Dunn, and from Councillor Judi Ellis. Councillor Charles Rideout served as a substitute for Councillor Ellis.

2 Minutes of the meeting held on 20th March 2014 and Matters Arising

The minutes were agreed subject to the following amendments relating to Minute 65: Health Care Facilities in Bromley.

- It was stated that the reference in the third paragraph to the Dysart Surgery "*which was not of an adequate standard*" was a rather vague statement. It was noted that this could be interpreted to mean that the GP services provided were not of an adequate standard, whereas this was not the case. It was acknowledged that the reference to "*which was not of an adequate standard*" referred solely to the infrastructure of the premises.

- It was further noted that the Dysart Surgery was not unique in serving the town centre, but there were also surgeries in London Lane and South View that similarly served the town centre.

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

It was noted that written questions had been submitted by Mrs Sue Sulis. The Chairman stated that the answers to these questions would be sent out in due course.

The Chairman expressed concern that there were occasions when the Board were receiving questions that were not relevant to the work of the Health and Wellbeing Board, and would be more appropriate for other Committees. It was also the case that in some instances, members of the public were submitting the same questions to multiple committees. This was a matter that the Chairman was looking to address.

4 Pharmaceutical Needs Assessment 2015-18

The Board were updated with respect to the Pharmaceutical Needs Assessment (2015-2018) document that was currently being drafted. It was noted that this was the formal document concerning the needs for pharmaceutical services in the area. It was intended to clarify what was needed at a local level to guide current and future commissioning of pharmaceutical services. The Board heard that there were legislative regulations that existed setting out the statutory duty of the HWB to finalise the PNA by 1st April 2015. The regulations also set out the matters that must be considered and details of the sixty day consultation process.

The Board were informed that the PNA would outline current provision, and also what would and would not be required for the future. This would then enable NHS England to respond intelligently to commercial queries. It was noted that Pharmacies could challenge commissioning decisions made by NHS England, and so it was important that the PNA was a robust and accurate document. NHS England commercial decisions could be subject to legal challenge and possibly Judicial Review.

Due to the importance of the PNA document, the Board were informed that a specialist provider had been appointed to deliver the PNA; this was Primary Care Commissioning. It was also the case that a Steering Group had been established to agree the structure and framework of the PNA. The Board were advised of the communications process that had been undertaken as background research to pick up data to be used in formulating the PNA; this included communications with pharmacy contractors and also with patients.

The Committee were made familiar with timescales;

- Draft PNA to HWB by 2nd October 2014
- Final Version of PNA to HWB by 29th January 2015
- PNA to be published by 31st March 2015

At this point the Chairman noted that the acronym “DAC” should be added to the HWB glossary.

A Member commented that the PNA update report was good and added that the Board should consider:

- What areas needed to be pushed
- How far the Board would want to take it
- What could be done in terms of innovation

It was heard that the HWB was welcome to make suggestions, and that the LPC (Local Pharmaceutical Committee) would be keen to extend the scope of commercial pharmacy.

A Member made an enquiry about the relationship between the PNA and commercial service innovation. It was noted that the PNA was restricted to the statutory requirements, and that everything else would be determined by free market forces.
A Member queried why the HWB had to get involved with examining the PNA’s of other authorities. It was explained that this primarily related to cross border issues.

A Member queried the statement connected to the PNA Structure and Framework document that referred to the “*statement of commissioning intentions for the HWB”.* It was clarified that the HWB did not undertake commissioning, but that rather this was the remit of NHS England.

A Member queried what the”*100 hours”* referenced, and it was explained that this was a reference to the number of hours that pharmacy services should be available to the public per week.

There was another query raised with reference to the definition of “Locality”, and it was noted that Dr. Agnes Marossy would send out further information to the Board to clarify this.

RESOLVED that:

1. **The PNA 2015-2018 update report be noted**

2. **The HWB agree to review the PNAs of other boroughs as referenced in section 4.7 of the report.**

5 South East London Commissioning Strategy 2014-2019

This report was drafted to provide an update on the five year NHS Commissioning Strategy for South East London that is being developed in partnership with NHS England and also with five adjoining CCGs. It was noted that the Strategy was

designed to focus on the most important health issues for people in the region as identified in the south east London Case for Change. The HWB was informed that the Strategy built on local plans, including the Health and Wellbeing Strategy. It also drew upon the Joint Strategic Needs Assessment and on existing best practice.

There was concern raised by a Member that this Strategy may not provide the best outcomes for Bromley residents, and that this should be the focus of the HWB. Other Members perceived matters differently, stating that the JSNA for each Borough was given priority, and that the Strategy would benefit all in terms of economies of scale and collaboration.

A Member expressed confusion with regard to milestones. It was clarified that the first target date of submitting a draft strategy document had been hit. The next target date for a revised version of the Commissioning Strategy would be in September, and this would be before the Board was due to meet next. It was anticipated that the September draft would not change substantially from the one that had already been submitted. The HWB were promised that they would be kept informed of developments. It was noted that the Strategy was evolving, and that it was a work in progress. A Member expressed the view that it was a good thing for Boroughs to come together, but that the Governance was hard to understand.

The HWB was made aware that the Chief Executive of NHS England had sent out a letter with respect to the possibility commissioning. It was noted that there was no framework attached to the letter. One hundred and eighty (including Bromley) recipients responded to the letter indicating that they would be interested in exploring this strategy further.

It was noted that the new commissioning strategy would be a considerable culture shift for many GP’s, but most had expressed interest, understanding that NHS resources were tight, and that economies of scale were required to facilitate achievable outcomes.

A Member remained sceptical regarding the strategy, and was concerned that another level of bureaucracy was being created, and expressed the viewpoint that the interests of Bromley residents should be decided within Bromley.

The Chairman asked if it would be possible to “unwrap” the decision. The Board were advised that it would be difficult to unwrap everything, but that a partial withdrawal may be possible.

In conclusion, attention was drawn to the fact that the Governing Body that made decisions also consisted of HWB Members, and that this would make communication and updates easier.

RESOLVED that:

1. **The update report on the South East London NHS Commissioning Strategy be noted**

2. **The CCG will report back to the HWB with respect to the Commissioning Strategy at regular intervals.**

6 2013/14 JSNA update

The Board heard that the aim of the JSNA (Joint Strategic Needs Assessment) was to provide an understanding of the current and future health and wellbeing needs of the population over both the short and longer term. In delivering this understanding, it would inform strategic planning commissioning services and interventions, so achieving better health and well-being outcomes, and reduce inequalities. It was explained that the JSNA was currently in a draft format, and had been circulated to stakeholders for comment.

The JSNA was concerned with the following elements:

- Population
- Life expectancy and Disease
- Diabetes
- Hypertension
- Cancer
- Sexually transmitted infections
- Abortion rates
- Uptake of childhood immunisations
- Smoking
- Obesity
- Housing
- Issues affecting children and young people
- Dementia
- Older People
- Learning Disabilities
- Sensory Impairment and Physical disability
- Mental Health
- End of Life Care
- Carers
- Substance Misuse
- Alcohol
- Frequent attenders to Unscheduled Care

The Board were informed that the final version of the JSNA document would be presented to them at the HWB meeting in October, and that the sign off process would need to be agreed. It was agreed that the Chairman of the HWB sign off the final version.

The Vice Chairman (Cllr David Jefferys) queried the methodology involved in obtaining the data concerning hypertension, and expressed concern over many of the issues affecting young people.

A Member introduced the topic of female genital mutilation and queried if FGM could be incorporated into the JSNA. The Board were advised that FGM was not currently incorporated into the JSNA, but the Board could direct what areas of concern should be considered. With respect to FGM, it was noted that work was being undertaken in this area, and that information would be sent to GP's shortly.
A Member raised the issue of Food banks, and asked if it had been looked at. The Chairman recognised that the matter had been discussed extensively at a recent Full Council meeting. After discussion, the Board suggested that the issue of nutrition could be looked at as part of the wider JSNA strategy.

A Member stated that it was also important to consider the impact of removing the automatic right to free school meals after Key Stage 1.

The Vice Chairman (Cllr David Jeffreys) expressed concern regarding the seemingly low rate of take up for the seasonal flu vaccination. However, the Board were assured that the rate of take up for the over sixty five age group was better than most London boroughs.

A Member referenced the note on the report stating that the rate of diabetes in children and young people had fallen; it was queried as to why diabetes was therefore listed as a high priority on the JSNA report. In response to this, the Board were appraised that a recent report had come to light indicating that the rate of type 2 diabetes was as expected.

The Board were advised that the five JSNA priorities were:

- Diabetes
- Adult Obesity
- Smoking
- Alcohol Misuse
- Dementia

RESOLVED that:

1. **The JSNA update report for 2014 be noted**

2. **The signatories to the Foreword of the JSNA are agreed.**

7 HEALTH AND WELLBEING STRATEGY PRIORITIES AND THEIR DELIVERY

The HWB was briefed concerning the current position of the Health and Wellbeing Strategy Priorities and their Delivery. It was noted that this strategy was key in implementing the needs identified in the JSNA. The current strategy consisted of nine priorities, but it was suggested that this number should be reduced to provide focus on key strategic priorities. As well as identifying the 2014-2015 priorities, the HWB Strategy Priority report was also drafted to include proposals for a model of governance.

It was suggested that the following be adopted as key priorities:

- Diabetes
- Dementia
- Obesity
- Emotional wellbeing of young people.

It was recommended to the Committee that these priorities be adopted, and that subsequent to this, focus be made on integration and pooled budgets. The Board were informed that the Mayor of London was likely to promote the emotional wellbeing of young people as a priority, and this would mean that funding would be available. The Board were advised that the priorities should be agreed at the meeting. The HWB supported the priorities and the need for better integration of commissioning.

Reference was made to JICE (Joint Integrated Commissioning Executive) and the role that JICE had in exploring integration issues; it was noted however that JICE lacked proper governance, and that it may be appropriate for the HWB to take on this role. It was decided that the HWB would advise the Executive Director of Education, Care and Health Services with respect of which HWB Members may be suitable candidates to sit on JICE.

RESOLVED that:

1. **The model of governance outlined in the report to facilitate the integration process be accepted**

2. **The new four Key Priorities for the Health and Wellbeing Strategy be adopted**

3. **The HWB to report back to the Executive Director of Education, Care and Health Services, with respect to HWB Members providing governance support to JICE.**

4. **A Joint Integrated Commissioning Board be established to drive the work of integration**

8 Health and Wellbeing Board Matters Arising and Work Programme

Members of the Board were asked to consider the Health and Wellbeing Board's Work Programme for 2014/15 and to consider progress on matters arising from previous meetings of the Board.

It was noted that a previous "matter arising" concerned the JSNA agenda item dated 28/11/13. This was the action where the Voluntary Sector had requested an easy to read executive summary.

An easy to read Executive Summary was incorporated into the JSNA report for this agenda.

RESOLVED that the matters arising and work programme be noted.

9 Any Other Business

Better Care Fund Timetable:

It was noted by the Board that the deadline for submission of revised BCF plans had now been set at 19th September 2014, and that the date for the presentation of findings to Ministers was set at 13th—17th October 2014.

The Board considered the September date to be challenging. The matter was compounded because the LBB Executive were next due to meet on 21st August 2014, and so the Board would have to finalise plans before then.

The Board agreed that the Chairman should move this issue forward in order that plans could be finalised in time to present before the Executive. It was also agreed that details of the Plan would be circulated to the Board before the next meeting.

New Co-opted Members:

The Executive Director of Education, Care and Health Services suggested that the Board give consideration to the adoption of new Co-opted Members. The thinking behind this was that the adoption of new key Co-opted Members would increase the cohesiveness, and effectiveness of the Board, making it more integrated, efficient, and able to get things done more effectively.

It was suggested that the following be considered:

- A representative from Kings
- A representative from Bromley Healthcare
- The Chair of Adults and Children's Safeguarding
- A representative from CCG
- A representative from NHS England

The Vice Chairman (Cllr Diane Smith) suggested that it may be a good idea to have a representative with a mental health background on the Board, possibly from Oxleas or a similar organisation. This was seconded by another Member. The Chairman agreed that it would be a good idea to get the main strategic players on board.

RESOLVED that:

1. **The BCF plans would be drafted in time to present to the LBB Executive in August, and the Chairman would move this forward**

2. **The Board seek to appoint several new strategic partners to the Board as Co-opted Members.**

10 Date of Next Meeting

The Board would next meet on 2nd October 2014.

The Meeting ended at 3.30 pm

Chairman

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HEALTH AND WELLBEING BOARD

24TH JULY 2014

3. QUESTIONS FROM MEMBERS OF THE PUBLIC
FROM MRS SUSAN SULIS, COMMUNITY CARE PROTECTION GROUP

1. STUDY ON THE EFFECTS OF THE 'BEDROOM TAX' ON LOW INCOME TENANTS, PUBLISHED THIS WEEK BY THE DEPARTMENT OF WORK AND PENSIONS.

This report found that thousands of low income tenants have been plunged into "heat or eat" hardship as result of the bedroom tax.

(a) How many tenants in Bromley have been affected by these changes?
(b) What is the Council doing to ameliorate their impact?
(c) Are the effects monitored for Health Inequality Impacts?

(a) The introduction of the housing benefit spare room subsidy aims to ensure that support is provided only for the number of bedrooms that a household need. This legislative change brings the calculation of housing benefit for social sector tenants closer in line with those renting from private landlords which already took into account the size of accommodation required by the household.

As at 2.10.2014 there were 1407 households affected by the spare room subsidy. Of the 1407 households, 1167 have their housing benefit reduced by 14% and 240 by 25%.The number has reduced from 1800 in April 2013 when the change was introduced.

(b) The authority provides a range of support and advice to assist those households affected by the legislative change to take steps to ameliorate the potential impact.

To assist as a safeguard against resultant hardship, the Government's Discretionary Housing Payment (DHP) contribution for Bromley increased and the policy for use of the DHP was presented to Members of the Executive and Resources PDS Committee on 18th July 2013. Currently 378 tenants are receiving DHP assistance to effectively top up the shortfall in housing benefit. Some of this support is time limited to enable claimants time to find more affordable accommodation or move into employment.

The London Borough of Bromley does not own a housing stock and housing associations provide the social housing in the borough. As such Bromley has very limited information as to the "state" of an individual's rent account, or the reason as to why any arrears have accrued. Officers have however worked closely with our housing association partners and have developed a range of protocols around support and assistance to those affected by the spare room subsidy. The majority of

housing associations have specialist officers working with their tenants who are affected by the spare room subsidy to ameliorate risk of financial hardship, rent arrears and potential eviction.

The Benefits Section does meet regularly with representatives from the housing associations, both at an operational and management level. Attendees of these meetings have all been advised as to the existence of DHP's and the content of Bromley's policy. Publicity of the scheme both locally and nationally has led to a large request in DHP applications (estimated at a 300% increase in Bromley), for consideration against the said policy. During 2013/14 awards of discretionary housing payments exceeded the Government's contribution.

The housing needs service also has a small dedicated team who work with those households affected by the range welfare reform changes including the spare room subsidy. The officers work in partnership with the DWP, housing associations and a range of agencies to provide advice and assistance regarding options to resolve any negative impact of welfare reform including access to training and employment, moving to more affordable accommodation, budgeting and so forth.

(c) The housing needs section monitor the outcomes for all households they are working with and are also working with RSLs to monitor the impact of the spare room subsidy on their tenants and to feed this into the regional and national research being undertaken. In addition the joint strategic needs assessment does include the impact of housing and welfare reform in terms of assessing health needs and so forth.

2. PROVISION OF BREAKFAST CLUBS AND FREE SCHOOL MEALS IN AREAS OF MULTIPLE DEPRIVATION.

(a) How many Breakfast Clubs operate, and in which wards?
(b) In each ward in quintiles 1,2, and 3, how many children are assessed as needing free school meals?
(c) What provision for these meals is made during holiday periods?
(d) How many children live in poverty in each of these wards?

The Council does not hold information specific to parts (a) to (c).

(d) The 2014 JSNA ward profiles include an IDACI score for each ward. IDACI stands for Income Deprivation Affecting Children Index and is defined as the percentage of children aged 0-15 living in income-deprived households. Families are classed as income-deprived if they are in receipt of income support, income based jobseekers allowance or pension credit, or child tax credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs.

3. USE OF £769,000 PUBLIC HEALTH BUDGET UNDERSPEND FROM 2013/14.

Other local authorities, Labour and Conservative, are spending money from their Public Health Budgets to support charities helping those suffering from food poverty.

If Councillors wished, could they remove the barrier of the £8,400 commercial rental threatening the closure of the Orpington Foodbank, by funding this from the Public Health budget?

The Oak Community Church (OCC) occupied, on a temporary basis, a Council property in Cotmandene Crescent rather than return to their original premises in Ranmore Path. The OCC subsequently chose not to return to Ranmore Path and agreed to take a lease of and pay a rent for the property in Cotmandene Crescent.

A report to the Executive and Resources PDS Committee on 10th October 2013 set out the reasons for the Council's decision to demand commercial rent from the OCC. This included commercial property factors; the need to maximise income; the established policy that Council properties should be let at market rent to ensure transparency and to avoid hidden subsidies when letting to charitable organisations; estate management issues; that the letting of 111 Cotmandene Crescent at nil rent was only a temporary arrangement following the fire at Ranmore Path; the services provided by the Foodbank; views of the OCC about the benefits of Cotmandene Crescent over Ranmore Path; and the existence of OCC's own property in Chipperfield Road.

The Public Health Grant is a ringfenced budget specifically for the Local Authority to discharge its public health responsibilities.

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London Borough of Bromley

Decision Maker: **HEALTH & WELLBEING BOARD**

Date: **16th October 2014**

Decision Type: Non-Urgent Non-Executive Non-Key

Title: **HEALTH & WELLBEING BOARD - CO-OPTED MEMBERS SELECTION**

Contact Officer: Graham Walton, Democratic Services Manager
Tel: 0208 461 7743 E-mail: graham.walton@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: (All Wards);

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1. Reason for report

1.1 Members are asked to confirm the arrangements for the nomination of additional Co-opted Members to the Health and Wellbeing Board for 2014 -16. This report outlines the proposed new arrangements and timescales for adopting.

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2. RECOMMENDATION(S)

2.1 Members of the Health and Wellbeing Board are asked to comment on the proposed framework for selecting co-opted members for 2014 – 16; and,

2.2 Agree that the following non-voting appointments should be made for 2014-2016:

i. the independent chairman of the Bromley Safeguarding Children and Safeguarding Adults Boards (currently the same individual);

ii. a non-executive member of the Bromley Clinical Commissioning Group; and

iii. an NHS England representative.

Corporate Policy

1. Policy Status: Not Applicable:
2. BBB Priority: Excellent Council:

Financial

1. Cost of proposal: No Cost:
2. Ongoing costs: Not Applicable:
3. Budget head/performance centre:
4. Total current budget for this head: £
5. Source of funding:

Staff

1. Number of staff (current and additional): N/A
2. If from existing staff resources, number of staff hours: N/A

Legal

1. Legal Requirement: None:
2. Call-in: Not Applicable:

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 The HWB is a committee of Council but uniquely contains members from other statutory organisations as voting members, as well as officers (without voting rights but as statutory board members.)

3.2 The Board's Terms of Reference, set out in the Council Constitution, allow the appointment of additional non-voting co-opted Members. Although these Co-opted members will have no voting rights they will ensure we hear the views of other linked organisations clearly. The proposed appointments include representatives from the adults and children's safeguarding boards, and the non-executive directors of the CCG, who undertake a wider governance role than the chairman of the CCG and will allow an easier dialogue to be had with NHS England in their role as a commissioner.

3.4 Other partners may be considered in the future to join the HWB. In particular, some HWBs have co-opted provider groups to their Boards including the local health trust (in our Case this would be King's College, London) and provider groups (for example Bromley Health Care and/or Oxleas). However, providers would significantly change the nature of the Board and members are advised to give this further consideration at this time.

3.5 Co-opted Members will be selected to serve for two years, unless a new service user group is established which could also equally provide a co-opted member. If this situation arises a review will be undertaken. Co-opted members are not eligible to be paid an allowance, but reasonable travel expenses to attend committee meetings may be claimed.

4. POLICY IMPLICATIONS

4.1 Whilst there is no statutory requirement to have co-opted members on the HWB, it is recognised that co-opted members bring their own area of interest and expertise to the work of the Board and broaden the spectrum of involvement. Co-opted members often represent the interests of key groups and co-option to the Board can ensure that their views are taken into account.

Non-Applicable Sections:	**FINANCIAL, LEGAL and PERSONNEL IMPLICATIONS**
Background Documents: (Access via Contact Officer)	Council Constitution, Part 3

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London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 16th October 2014**

Report Title: **HEALTHWATCH BROMLEY ANNUAL REPORT 2013/2014**

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 overview of Healthwatch Bromley, to highlight the work it has carried out, and to present its' Annual Report for 2013/2014.

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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.

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

3.1 The Board is asked to note this item and receive the Healthwatch Bromley Annual Report for 2013/14.

Healthwatch Bromley Strategy

Related priorities: Priorities: Diabetes, Changes to Local Hospitals, Children and Young People, Mental Health, South London service redesign, GP Access, Residential and Care Homes.

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

4.1. The Healthwatch Bromley 2013/14 Annual Report can be found in **Appendix 1**, with the presentation to be delivered to the Health & Wellbeing Board at the meeting by Linda Gabriel, Chair of Healthwatch Bromley found in **Appendix 2.**

Introduction

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.

Vision

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 the NHS is "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.

Our first year

4.4. Most people have a story to tell about their experiences of Health & Social Care and during our first year we have been trying to hear as many different stories as we can. In addition to setting up, recruiting a Board and our staff this has been our single most important task.

4.5. In order to listen to stories and gather the raw data which gives us information about the quality of local services we have gone out into the community to engage with as many residents as we can, directly and indirectly. This has included attending health and social events, community events, hospital visits, establishing web site access, building relationships with voluntary organisations, inviting residents to contact us, promotional events, through the media, using Twitter, Facebook and so on. Altogether, we estimate to have had contact with over 9,000 people during the year.

What impact have we had?

4.6. So far Healthwatch Bromley has submitted evidence to the CQC Inspection of the PRUH; developed an award winning collaborative 6 borough South East London Enter and View Programme; through monthly e-bulletins provided health and social care information and opportunities for participation and consultation activities; conducted visits and held three public events.

4.7. Some of the things that are changing as a result of Healthwatch Bromley input are a review of Phlebotomy services in the borough; the Beckenham Beacon Urgent Care Centre procurement; improved access to the Oxleas website for service users and the review of ward environment of the Maternity department at the PRUH.

Current Position and next steps

4.8. Work gathering the views and experiences of children and young People has been carried out over the summer. We are currently scoping a piece of work on GP Access.

4.9. We continue to develop our Enter and View programme and have begun a series of Enter and View visits to Residential Care, Nursing Homes and Extra Care Housing.

4.10. As an organisation we will continue to build our capacity and our organisational outreach. A key tool to achieving this will be the recruitment of Healthwatch Connectors and Ambassadors.

4.11. For the year ahead we look to build on a sound start and continue to make a contribution towards improving health and social care services

Non-Applicable Sections:	Financial, legal
Background Documents: (Access via Contact Officer)	None.

Healthwatch Bromley
Annual Report 2013/14

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From the Chair

It is my pleasure to be able to give the first Annual Report as Chair of Healthwatch Bromley

It has been an exciting and busy year for Healthwatch Bromley. We have put in place the strategy, policies and infrastructure that our organisation needs to become successful, and that allows us to have a responsive and proactive approach as the independent champion for health and social care for people in Bromley.

The year has seen a wide range of changes in health and social care policy and in local provision of services. Healthwatch Bromley has been keeping up-to-date on these issues for Bromley residents and sharing what we find in our e-newsletters, on our website and at meetings. We have been making very good progress at developing links with our local community and statutory partners.

We have been gathering the views of local residents on a range of health and social care services and have launched our signposting service, which offers a wide range of information on local services to residents and their carers.

Our seat on the Health and Wellbeing Board means we are at the centre of decision making, as this Board has responsibilities for ensuring that the recommendations made by the Joint Strategic needs Assessment (JSNA) are carried out. The Board also oversees the delivery of the Bromley Health & Wellbeing strategy.

We are represented on the Health Scrutiny Sub-committee, Care Services Policy Development and Scrutiny Committee, the Bromley Clinical Commissioning Group body, the Joint Strategic Needs (JSNA) Steering Group and JSNA Working Group, and on several other committees, boards and partnerships. These give us the ideal platforms to ensure patient and public views are brought forward and are at the centre of strategic planning and implementation.

We have developed a strong collaboration with our South East London Healthwatch partners to support joint working across the region. Through this we have developed a joint Enter and View policy and procedure and have carried out training and conduct visits. The collaboration has been successful in allowing us to monitor the transition of services following the dissolution of the South London Healthcare NHS Trust.

Our plan for the next year is to help citizens, service users and communities get the best out of health and social care services in Bromley: this is something we are determined to do. I would encourage anyone with an interest in improving health and social care in Bromley to get involved with Healthwatch Bromley.

Finally, I would like to pay tribute to all the people who have given their time, energy and expertise during this first very positive year.

Linda Gabriel

Chair Healthwatch Bromley

Introduction

Bromley's Health at a Glance

The London Borough of Bromley has an estimated resident population of 306,361

The Public Health England Bromley Health Profile 2013 gives the following information about Bromley.

- The health of people in Bromley is generally better than the England average. Deprivation is lower than average, however about 10,500 children live in poverty.
- Life expectancy for both men and women is higher than the England average. Life expectancy is 7.8 years lower for men and 6.2 years lower for women in the most deprived areas of Bromley than in the least deprived areas.
- Over the last 10 years, all-cause mortality rates have fallen. Early death rates from cancer and from heart disease and stroke have fallen and are better than the England average.
- In Year 6, 15.6% of children are classified as obese. This is better than the average for England.
- Levels of teenage pregnancy, GCSE attainment, alcohol-specific hospital stays among those under 18 are better than the England average.
- Levels of breast feeding and smoking in pregnancy are better than the England average.
- Estimated levels of adult 'healthy eating', physical activity and obesity are better than the average.
- Rates of sexually transmitted infections, road injuries and deaths, smoking related deaths and hospital stays for alcohol related harm are better than the England average.
- The rates of statutory homelessness, violent crime and excess winter deaths are worse than the England average.

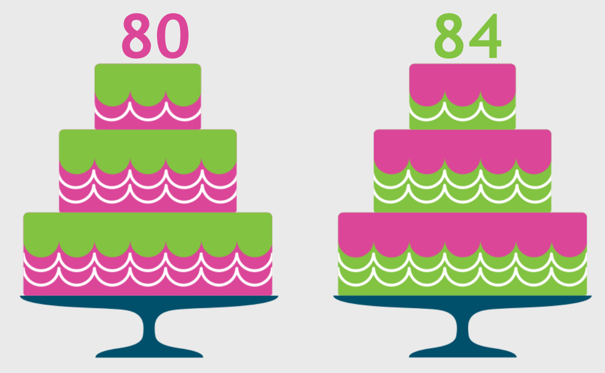
Priorities include tackling obesity, diabetes, hypertension, anxiety and depression, children with special needs and support for carers.

There are 3 main providers of health care within the London Borough of Bromley.

- King's College NHS Foundation Trust - providing acute services
- Oxleas NHS Foundation Trust - providing mental health services
- Bromley Healthcare CIC - providing community services.

Bromley Council is responsible for commissioning social care in the Borough and this is delivered by a combination of local authority, private and voluntary sector providers.

In Bromley, men are now expected to live to an average age of nearly **80 years** and women nearly **84 years** which is higher than the England average for both genders



[1]http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=Bromley&SPEAR=

About Healthwatch Bromley

Healthwatch was established in April 2013 under the Health and Social Care Act 2012 in order to provide local citizens and communities a stronger voice to influence and challenge Health and Social Care services within their locality.

A local Healthwatch organisation was established in each local authority area in England.

At a national level, Healthwatch England provides national leadership, support and ensures that the voices of people who use health and social care services in each locality are heard at the highest level - the Secretary of State, the Care Quality Commission, the NHS Commissioning Board, Monitor and within every Local Authority. Healthwatch England is a statutory committee of the Care Quality Commission (CQC). 152 Local Healthwatch organisations exist nationally.

The London Borough of Bromley commissioned the service through open tender. Community Links Bromley was awarded the contract to set up and deliver Healthwatch Bromley.

Healthwatch Bromley is the local independent champion for both health and social care services for children, young people and adults. Healthwatch Bromley works to help improve services for people who live, or access services in the borough.

We have a legal duty to monitor services, obtain the views of people about their experiences of care and make recommendations about how services should be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

We support individuals by providing information and signposting about services so they can make informed choices. We also signpost people to the local independent complaints advocacy service if they need more support.

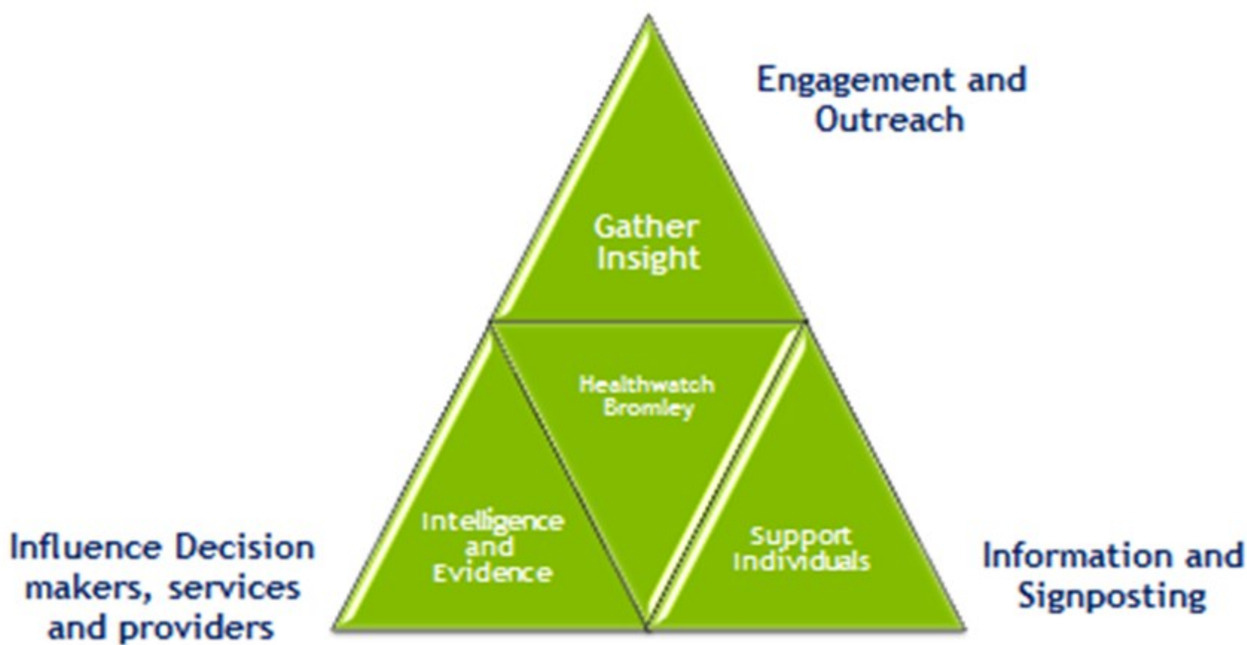
The Healthwatch Bromley network is open to everyone in Bromley including residents, voluntary groups, community groups and people working in Bromley.

Our approach is to encourage broad public involvement and to inform, influence and help shape future commissioning and provision.

Healthwatch Bromley covers publicly funded health and social care services including:

- Hospitals
- Dentists
- Doctors/ GPs
- Care Homes (including private if there are publicly funded residents)
- Hospitals Transport
- Ambulance Services
- Mental Health Services
- Opticians
- Pharmacies
- Community Health Services
- Day Care Centres
- Home Care
- Public Health

Introduction



We gather Insight through our engagement, outreach and participation activities.

We listen to views and experiences of local health and social care services and help people share their views and concerns about health & social care

We use what we have heard in our Influencing role:

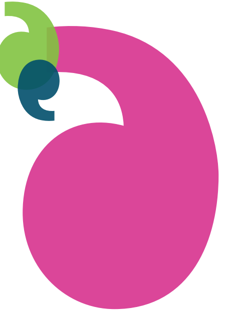
- telling service providers and commissioners and those who monitor services what the public have told us;
- asking providers and commissioners questions and make suggestions so that services are fair for everyone;
- using our Enter and View powers to visit some services to see and report on how they are run;
- sitting on the Bromley Health and Wellbeing Board and on other decision making or influencing groups, ensuring that the views and experiences of patients and other service users are taken into account;
- recommending investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC).

Healthwatch Bromley Board

Our Board are responsible for making sure that the organisation acts appropriately, delivering the services it is contracted to provide and works in the interest of the communities and individuals we represent

The Board who are all volunteers were appointed through an open recruitment process resulting in the selection of five board members. They were selected for their range of skills and knowledge in working with the public, private and voluntary sectors, as well as their interest in health and social care issues in the Borough.

The Board abide by a clear set of policies and procedures including conflicts of interests, code of conduct and equality and diversity.



Linda Gabriel, Chair

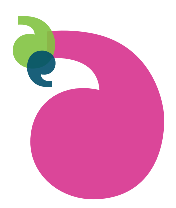
John Cliff, Vice Chair Children and Young People's Lead

Margaret Whittington, Safeguarding Adults and Dignity Lead

Vivienne Astall, Community Engagement and Involvement Lead

Leslie Marks, Enter and View Lead

Our Statutory Activities



Promoting and supporting the involvement of local people

Healthwatch Bromley like other local Healthwatch have a range of core functions to carry out.

These have been set out in section 221 of the Local Government and Public Involvement Act 2007 and updated in the Health and Social Care Act 2012.

Healthwatch Bromley works jointly with organisations and groups and through existing networks within the borough and the surrounding boroughs to promote and support the voice of local community and service users in health and social care services.

All opportunities for engagement and involvement are distributed to the Healthwatch Bromley network and communicated through various channels.

Healthwatch Bromley is involved in several committees and partnership groups that involve local people in the commissioning, provision and scrutiny of local care services.

These include:

London Borough of Bromley Meetings

- Bromley Health and Wellbeing Board
- Bromley Health Scrutiny Sub-Committee
- Bromley Care Services Policy Development and Scrutiny Committee
- Bromley Adult Safeguarding Partnership Board
- Joint Strategic Needs Assessment Steering Group
- Joint Strategic Needs Assessment Working Group

Bromley Clinical Commissioning Group Meetings

- Bromley Clinical Commissioning Group Governing Body Meetings in Public
- Bromley Urgent Care Working Group
- Bromley Quality Assurance Sub-Committee
- Beckenham Beacon Project Group
- Integrated Care Communications Steering Group
- Orpington Health Services Community and Stakeholder Engagement Forum

Service Provider Meetings

- Healthwatch Bromley and Bromley Healthcare
- King's College NHS Foundation Trust, Healthwatch Southwark, Lambeth and Bromley
- Oxleas NHS Foundation Trust, Healthwatch Bromley, Bexley & Greenwich
- Oxleas Older Peoples Mental Health Services Reconfiguration Stakeholder Reference Group

Regional Meetings

- Pan London NHS 111 Clinical Governance Group
- South London Quality Surveillance Group
- South East London NHS111 Patient Engagement Sub-Group
- South East London Cluster Stakeholder Reference Group
- South East London Area Prescribing Committee

All representatives are required to report back to Healthwatch Bromley on what was said at the meetings, in particular any highlights for Healthwatch Bromley's attention.

The Bromley Health and Wellbeing Board brings together local Councillors, representatives from the Clinical Commissioning Group, social services, housing and the voluntary sector. Our right to representation on this board allows Healthwatch Bromley to be the public voice of any decisions taken or courses of action proposed by the Board.

Members of our network attend regional events to gather information for our work and to ensure that the views of patients and the public are central to discussions.

Healthwatch Bromley has also ensured the involvement of local people through a range of participation activities including: network meetings; surveys and questionnaires; one-to-one contact; talks Enter and View visits; and Patient Led Assessments of the Care Environment audits.

Enabling local people to monitor the standard of provision of local care services

This statutory activity is primarily carried out through our Enter and View work.

The power to carry out 'Enter and View' visits to health and social care premises is the most powerful tool available to local Healthwatch organisations. The law allows entry to almost all premises where publicly-funded health or social care is provided. This includes not only hospitals and residential care homes, GP surgeries, pharmacies, dental surgeries and opticians' practices. Enter and view visits may be both announced and unannounced.

Healthwatch Bromley considers that to be effective the power to enter and view should be:

- Used appropriately - neither as mere routine nor as a last resort, nor as a licence for simple curiosity or nosiness;
- Used sparingly: in particular, unannounced visits should be made only where there are serious concerns about a particular establishment; and exercised only by Healthwatch members who have acquired essential skills by undergoing training in safeguarding, mental capacity and deprivation of liberty.

The Local Healthwatch organisations across South East London worked together to develop a joint training Enter and View training programme, policy, protocol and procedure. The training programme has so far been delivered to 50 volunteers from the six boroughs. Training was delivered by Bromley, Bexley and Lewisham officers and delivered in Lambeth and Lewisham.

Using this joint working model means that our volunteers can work cross-borough should the need arise and that training costs have been shared across local Healthwatch organisations.

Our Enter and View programme is championed at Board level.

Authorised Enter and View Representatives for Healthwatch Bromley for 2013/14 were:

Volunteers:

- Paul Brown
- Joyce Sutton
- Peter Moore
- Leslie Marks
- Susan Fielder
- Anne Taylor
- Gerda Loosemore-Reppen

Staff:

- Folake Segun
- Heather Farrell

Our volunteers conduct the Enter and View visits and report on their findings. Two joint visits have been conducted this year. On 7th February 2014 the South East London Healthwatch Network carried out Enter and View visits to the Emergency Departments of Darent Valley NHS Hospital, Lewisham Hospital and the Queen Elizabeth Hospitals; a joint comparative report was written and sent to providers in April 2014. In line with the Health and Social Care Act 2014, this report, along with the provider's response was published in May 2014.

A joint Enter and View visit was carried out again by the South East London Healthwatch Network to look at Maternity Services at The Princess Royal University Hospital, Darent Valley NHS Hospital, Lewisham Hospital and the Queen Elizabeth Hospitals on 30th March 2014. A joint comparative report has been

sent to the providers in May 2014 and will be published, along with the provider's response in June 2014.

Two further Enter and View visits are planned in the coming year looking at Day Surgery and Outpatient departments to investigate patient experience following the Trust Special Administrator's recommendation to dissolve South London Healthcare NHS Trust.

We are also planning a series of Enter and View visits to care homes and practices in Bromley in the coming year.

We use our right to Enter and View in consultation with local stakeholders including the Care Quality Commission, Bromley Council, NHS England (London Region) contracts monitoring team and Bromley Clinical Commissioning Group who carry out work to monitor services.

Our Enter and View reports can be read at www.healthwatchbromley.co.uk/reports

Healthwatch Bromley volunteers also took part in in Patient-Led Assessments of the Care Environment (PLACE) assessments of the Princess Royal University Hospital and St Christopher's hospice. These PLACE audits provide an annual snapshot that gives hospitals a clear picture of how their environment is seen by those using it, and how they can improve it. During 2013/2014 volunteers who undertook training and participated in the assessments were:

- Graham Durtnal
- Richard Neville
- Valerie Poll
- David Tinson

As well as our Enter and View programme Healthwatch Bromley sit on a range of boards and committees where standards of provision are monitored.

An overwhelming majority of the public **(94%) think NHS and social care services could be improved**

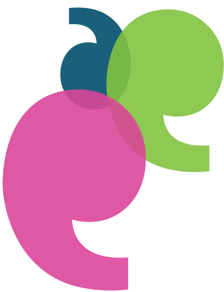
Obtaining the views of local people about their experiences of local health and social care services and making these views known

Throughout the year we have used a range of methods and techniques to engage our local community and gather views, compliments, concerns and complaints. At the start of our first year we developed a community engagement strategy. As part of the strategy is a volunteer programme which will enable greater reach across the borough.

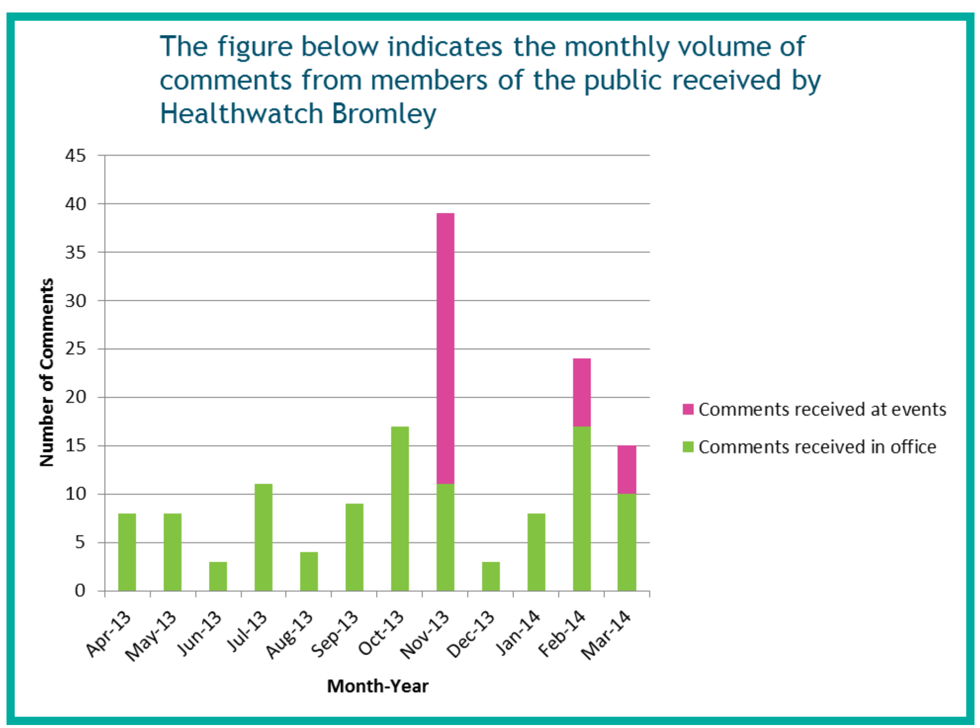
We have a phone line, an online form and are able to receive views by email. Opportunities to gather views of the public include online feedback from the website and social media outlets. In addition we have conducted generic and targeted outreach across Bromley.

We have seen a steady rise in the number of issues reported to Healthwatch Bromley. Each of these is logged onto our database. The issues are reported to our Board at every meeting. The information is used to identify trends either in service areas or in specific establishments.

Healthwatch Bromley has used this information to help commissioners and providers of services understand the issues which concern service users, whether these are part of a pattern and where things may be going wrong and, especially, how services could be improved.



At an engagement event, mental health service users told us about difficulties they were having navigating the Oxleas website. We raised this at our regular meeting with the Trust and they responded straight away to make navigation easier



During December 2013, we carried out a survey amongst parents who use services in Bromley's Children and Family Centres and received 375 responses. The full report can be read at www.healthwatchbromley.co.uk\reports

Our team has gathered views, delivered talks and given presentations at a wide range of local community events and meetings.

Over the year we have been at the following events and places:

Year	Month	Event
2013	April & May	'Partnerships for the Future' review event
		Bromley Mental Health Forum 'Heads Up' event
		Healthy Living Pharmacy, Bromley
		Bromley Eco-Therapy Project
	June	King's Older People Stakeholder Event
		HW England Network Event, London
	July	Disability Hate Crime Conference, Bromley
		Bromley Experts by Experience
		Youth Activity Day, Poverest Park, Orpington
	September	Bromley Community Engagement Forum AGM, Bromley
		Community Links Bromley AGM, Bromley
		Community Links Bromley Board Meeting
		Bromley Clinical Commissioning Group
		Intu Bromley shopping centre
		Open Space on Diversity Market Stall
		Patient Advisory Group, Beckenham
		Bromley Mental Health Forum
	October	Community Options, Bromley
		Diversity Day 2013, Bromley
		Cudham Lunch Club (Resident's Association), Cudham
		London Borough of Bromley Domiciliary Care Forum
		Healthy Lifestyles Self Advocacy Groups meeting
		Building a Better Bromley
	November	Carers' Rights Day Event
		CLB Parliament Week Event (We held a joint workshop with the CCG)
		Bromley Council's Adult's Stakeholder Conference (We facilitated a workshop on Safeguarding)
		Community Options
		CCG Communications Steering Group
		CQC Listening event, Orpington
		London Borough of Bromley Care Homes Forum
		Kent Association for the Blind, Bromley

Year	Month	Activity
2013	December	King's Quality Accounts Stakeholder event, Beckenham
		Hollybank; Children's short-term respite Service, Petts Wood
		Bromley Children's Project, Bromley
		Cotmandene Annual Community Open Day, St Paul's Cray
2014	January	Oxleas 'Priorities' event, Bromley
		Community Champions event, Anerley
		'Bromley Cares'
	February	Cotmandene Annual Community Open Day, St Paul's Cray
		Oxleas 'Priorities' event, Bromley
		Community Champions event, Anerley
		Beckenham Beacon Urgent Care review
		Mountfield Community Centre, St Mary Cray
	March	Bromley Cares' event, Bromley
		Oxleas 'Voluntary Support Group'
		Bromley College, Bromley
		Kent Association for the Blind, Bromley
		NAVCA Health and Engagement Event, Bromley
		Bromley Children's Stakeholder Conference

During 2014/15 we will be building our engagement and involvement with under-represented groups.

Making reports and recommendations

All our reports are submitted to the relevant providers and commissioners. All reports are also copied to the following stakeholders:

- Care Quality Commission, Compliance Manager
- Bromley Health Scrutiny Sub-Committee
- Bromley Care Services Policy Development and Scrutiny Committee
- Bromley Health and Wellbeing Board
- Healthwatch England
- NHS England (where relevant).

All reports are available on our website (http://www.healthwatchbromley.co.uk/reports). Hard copies of reports can be obtained through the Healthwatch Bromley office.

The impact of this work has been:

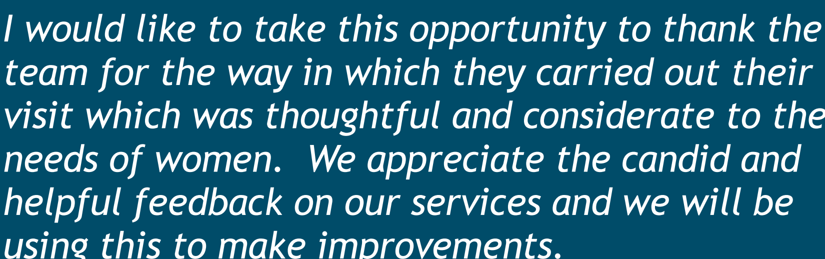
- Raised awareness of patient and carer concerns, compliments and complaints
- Responses received from providers are available as part of our signposting work
- Raised awareness of Healthwatch Bromley

Title: HWB Feedback on the Princess Royal Hospital for the Care Quality Commission Inspection:			
Service Area	Provider	20 day response	Actions taken/report impact
Hospital	Kings College NHS Foundation Trust (Princess Royal University Hospital)	Yes (from CQC)	Report included in CQC inspection data-set Reviewed at by Bromley CCG

Title: They meet my standards: Health and Social Care use amongst parents who use Bromley's Children and Family Centres			
Service Area	Commissioners/ Providers	20 day response	Actions taken/report impact
Primary and Secondary Care	Bromley CCG Bromley Healthcare London Borough of Bromley	Yes	None required at this time

Title: Princess Royal University Hospital, Lewisham Hospital, Queen Elizabeth Hospital, and Darent Valley Hospital Maternity Departments Enter and View			
Service Area	Provider	20 day response	Actions taken/report impact
Acute Care	King's College Hospital NHS Foundation Trust Lewisham & Greenwich NHS Trust Dartford & Gravesham NHS Trust	Yes	The Trust is working with the Maternity Services Liaison Committee (Healthwatch Bromley is a member) to improve the ward environment at the Princess Royal University Hospital

Title: Lewisham Hospital, Queen Elizabeth Hospital, and Darent Valley Hospital Accident and Emergency Department Enter and View Visit			
Service Area	Provider	20 day response	Actions taken/report impact
Acute Care	Lewisham & Greenwich NHS Trust Dartford & Gravesham NHS Trust	Yes	Nothing reported at this time



I would like to take this opportunity to thank the team for the way in which they carried out their visit which was thoughtful and considerate to the needs of women. We appreciate the candid and helpful feedback on our services and we will be using this to make improvements.

Natilla Henry, Head of Midwifery, PRUH

Providing advice and information about access to local care services so choices can be made about services

Healthwatch Bromley provides an information service to the public that helps people find information about the choices they in accessing health and social care services.

In setting up our information and signposting service, we identified what information already existed and how to access it, identified unmet needs so gaps in information could be obtained and kept up to date with the latest information and news in order to help direct people appropriately. Wherever possible, we made best use of resources by signposting enquirers to existing information systems.

Our signposting service provides information to direct people to the services they require and promotes local public health information and awareness to help introduce people to local networks and support groups.

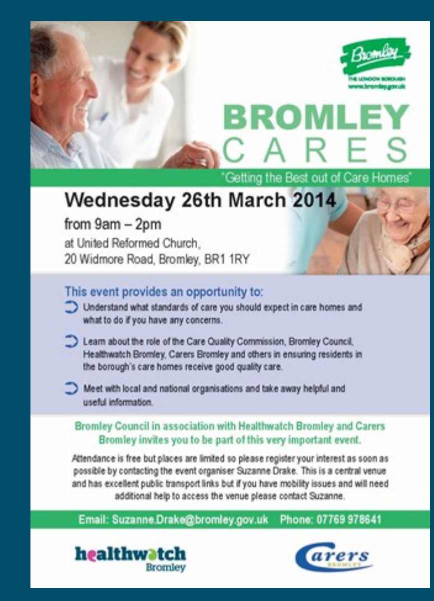
Examples of this work include:

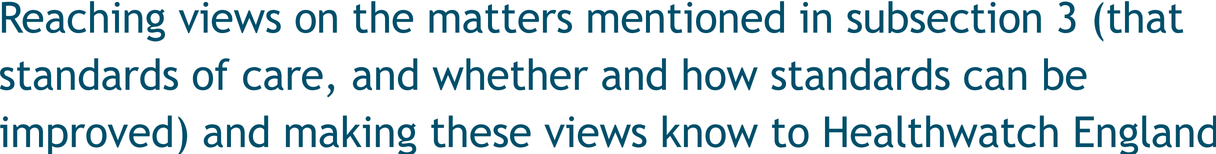
- helping people find new GPs and dentists
- explaining how to complain when things don't go right or if they were unhappy about a service
- asking questions about the opening times of a service
- Information about how to access continuing care funding

During 2013/2014 we provided 167 people with information about local services.

We want people who use our signposting service to find it easy to access and informative. Although primary access to the service is by phone and it is open during office hours (9.00am to 5.00pm), the nature of our work means that the staff team are not always in the office. People can contact us by email, in writing and through our website and at our information stalls at community events and locations.

In March 2013 Bromley Council, Healthwatch Bromley and Carers Bromley held **'Bromley Cares'**. This interactive conference discussed what good residential care looks like and had speakers from organisations that work to ensure good quality care within the Borough's care homes





Reaching views on the matters mentioned in subsection 3 (that standards of care, and whether and how standards can be improved) and making these views know to Healthwatch England

All Healthwatch Bromley reports and recommendations are shared with our local CQC Compliance Manager and through the Healthwatch Hub to Healthwatch England.

Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) about special reviews or investigations to conductor, where the circumstances justify doing so, making recommendations directly to the CQC

We submitted feedback to the CQC before the inspection of the Princess Royal University Hospital

We have developed good working relationships with the London Development Officer of Healthwatch England, have regularly participated in the Chief Officer's webinars and have a good relationship with our CQC Compliance Manager. We have been asked by CQC inspectors for intelligence we have before GP inspection visits.

In this, our first year, we have not found it necessary to make recommendations to Healthwatch England or the CQC about a special review.

Making recommendations to Healthwatch England to publish reports

In this our first year Healthwatch Bromley has not had the need to make recommendations to Healthwatch England to publish reports on standards.

Healthwatch Bromley took part in the Care Quality Commission's work to develop its inspection process.

Giving Healthwatch England such assistance as it may require to enable it to carry out its functions effectively, efficiently and economically

We have supported Healthwatch England throughout 2013/14 as required.

Our Year

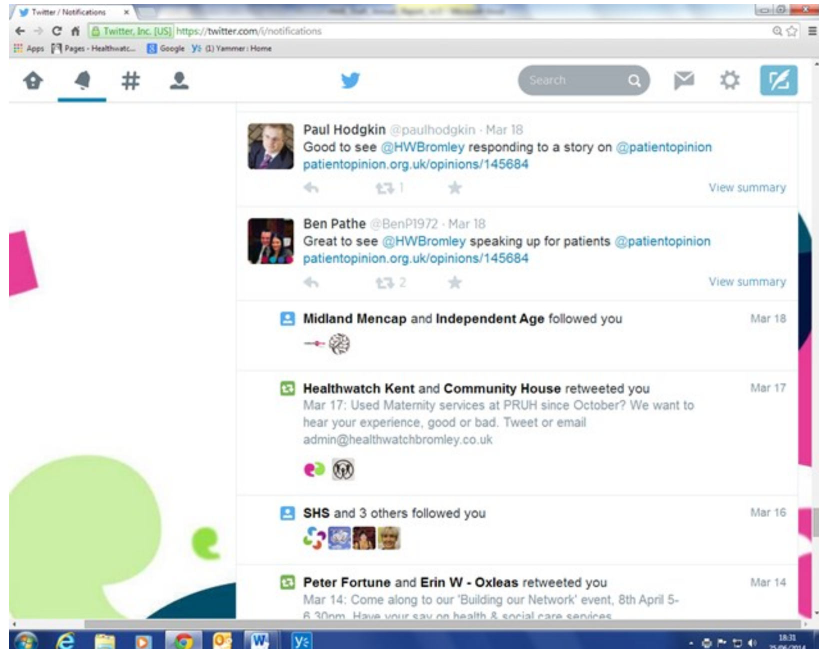
Engaging with people

During 2013/2014 Healthwatch Bromley had ongoing engagement with all sections of the Bromley community through a variety of means.

By talking to and building working relationships with organisations including: residents' associations; voluntary sector groups; and patient support groups, Healthwatch Bromley has attracted members with a wide variety of interests and areas of knowledge. Through this element of our work we have also been able to work together to support people to have their say on health and social care services.

Our participation at a variety of events across the borough has supported our face-to-face engagement with the public.

We maintain a log of all issues brought to our attention, by both individuals and groups. This is proving to be a valuable tool for identifying priorities and thematic issues.



Diversity and Seldom Heard Group Engagement

During October 2013, the Bromley Open Space on Diversity operated a market stall at the weekly market on Bromley High Street. Healthwatch Bromley used this opportunity to ask for feedback on services and to recruit volunteers.

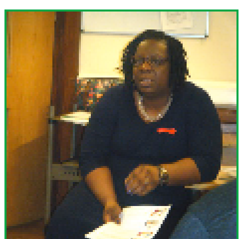
We co-hosted a meeting with Community Options to hear the views and experiences of mental health service users.

We attended a meeting on healthy lifestyles with members of Bromley Sparks and Bromley Speaking Up Group both local self-advocacy groups for people with learning difficulties.

On page 23 is how the group reported our meeting in their Winter 2013 newsletter.

healthy lifestyles group: Healthwatch

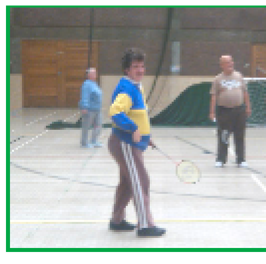
Everyone introduced themselves to Folake Segun, the lady from Healthwatch. She explained her job and what **Healthwatch** do. She goes into **hospitals**, **dentists** and **doctors** to check to see if everything is **running** ok.



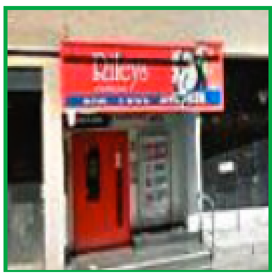
People shared their **good** and **bad stories**. There were a few stories about local dentists. One member had a **bad story**. He went to the **dentist** who did **not explain** what his **treatment** was. They asked for **money** before they did the work.
He **walked** out and went to **another** dentist. He was told by Healthwatch that he did the **right thing**.

written Geoff and Teresa

Go 4 It



We have started a **badminton** group. We play on a Saturday morning at the **Walnuts** in Orpington; just for the **winter** months when it is cold outside. It costs **£5 or less** if more members join. You can **hire a racket** for **£1** if you do not have one.



When we do not play badminton we go to a **pool club** in Croydon. It costs **£10** for **membership.** The group pay £20 for the table to play as long as we want to. In spring and summer we will play **tennis** and that is **free** because I have joined and have a **membership key** to let us into the courts.

written by Geoff

In April 2013 Healthwatch Bromley started with a network of 70 individuals who had transferred across from the Bromley Local Involvement Network (LINk). During our first year of operation, Healthwatch Bromley has reached approximately 9,000 people in the borough.

4,000

People reached at events, forums and community opportunities

1,453

Website visitors

1,131

Leaflets distributed through the Central Library and Bromley Civic Centre

670

people completed our postcard survey

604
Twitter followers

419
Network members

365
Facebook friends

392
Volunteering hours donated to Healthwatch Bromley

120
Signposting calls

63
Posters across the Borough

Information and Signposting

We have answered 120 calls during 2013/2014.

We have assisted callers who:

- Needed help to navigate their way through the complexity of the NHS
- Wanted information (non-clinical) about local health or social care services
- Wanted to provide feedback, comments or experiences of local services
- Wanted guidance or information on making a complaint
- Need signposting to another organisation
- Wanted to find out about Healthwatch Bromley.

Communication

During the year we used a range of communication channels to raise awareness of issues and opportunities for involvement and to share the outcomes and output of our work. We have been able to raise awareness, increase our membership, and build public and stakeholder trust.

Our monthly e-bulletin goes out to over 400 groups and individuals and reaches an even wider audience through the voluntary sector network of providers and statutory organisations. The e-bulletin includes information on our work, upcoming events, available opportunities for involvement, current consultations and latest news about both local and national health and social care services.

We provide paper copies for members who do not have computer access and most news items are copied to our website for wider publicity. Our analysis from Google Analytics demonstrates a higher than average open-rate for the electronic version of our e-bulletin.

During the year we have sent out over 20 local and national opportunities for members of the public to give them a voice and influence over how health and social care services are shaped.

The staff team can be contacted in a number of ways. People can get in touch by telephone and if they have internet access, by email or by leaving feedback on the Healthwatch Bromley website.

healthwatch Bromley

news

Local news from your local Healthwatch

e-bulletin August 2013

Welcome to the third edition of the Healthwatch Bromley e-bulletin.

Healthwatch Bromley gives citizens including children, young people and a
voice to influence and challenge how health and social care services are p
local Borough.

What's going on...

Appointment of Trustees

We are pleased to announce the appointment of 5 new Trustees to form th
Board. They join the Chair, Linda Gabriel to lead the strategic direction of
Healthwatch Bromley and ensure that it effectively delivers its important
new appointees are as follows: Leslie Marks, Margaret Whittington, John C
Urvashi Bhagat and Vivienne Astall.

Community Engagement

Over the coming months, Healthwatch Bromley staff and volunteers will be
attending a number of events across the borough to raise the awareness of
Healthwatch Bromley to all ages and communities and seek people's feedb
local services.

Help us publicise Healthwatch Bromley

To promote Healthwatch Bromley, we have produced a leaflet with inform
who we are, what we do and how you can get involved. As part of our soft
will be contacting residents associations, community centres, GP surgeries
request they include our promotional material on their noticeboards and i
areas. If you have any suggestions on where we can distribute our publicity
contact us.

Local News updates

Lewisham Judiciary Review result

On the 31st July 2013, the High Court Judge ruled that the decision to red
accident and emergency and maternity services at Lewisham Hospital was
"unlawful". Mr Justice Siber has ruled that the Administrator had no powe
decisions affecting Lewisham or any other hospital outside of South London

Healthwatch Bromley
Community House, South Street, Bromley, Kent, BR1 1RH.
Tel 0208 315 1916
admin@healthwatchbromley.co.uk www.healthwatchbromley.co.uk

healthwatch Bromley

news

Local news from your local Healthwatch

e-bulletin February 2014

Healthwatch Bromley gives children, young people and adults in Bromley a stronger voice to influence and challenge how health and social care services are provided within the local borough.

What's going on...

Bromley Cares Conference - Getting the Best out of Care Homes

Bromley Council, Healthwatch Bromley and Carers Bromley invite you to be part of this very important event on the 26th March 2014.

This event provides an opportunity to:

- Understand what standards of care you should expect in care homes and what to do if you have any concerns.
- Learn about the role of the Care Quality Commission, Bromley Council, Healthwatch Bromley, Carers Bromley and others in ensuring residents in the borough's care homes receive good quality care.
- Meet with local and national organisations and take away helpful and useful information.

Further details can be found under the 'Upcoming Events' section of this bulletin.

Opportunities to get involved

Patient- led assessments of the Care Environment (PLACE) audits

Healthwatch Bromley has been invited to take part in annual PLACE audits. PLACE gives the service providers a clear picture of how their environment is seen by those using it, and how they can improve it.

Assessment teams are a collaboration of staff and patient assessors. Patients must make up at least 50 per cent of the assessment team. Anyone who uses the service can be a patient assessor, including current patients, their family etc.

The role would suit people who can be objective and unbiased and have a clear commitment to quality and to viewing the hospital environment in its widest sense. There will be some pre-assessment training for patient assessors, to familiarise them with the process and their role in it.

To register your interest, contact the Healthwatch Bromley office on 0208 315 1916 or email admin@healthwatchbromley.co.uk

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Community House, South Street, Bromley, Kent, BR1 1RH.
Tel 0208 315 1916
admin@healthwatchbromley.co.uk www.healthwatchbromley.co.uk

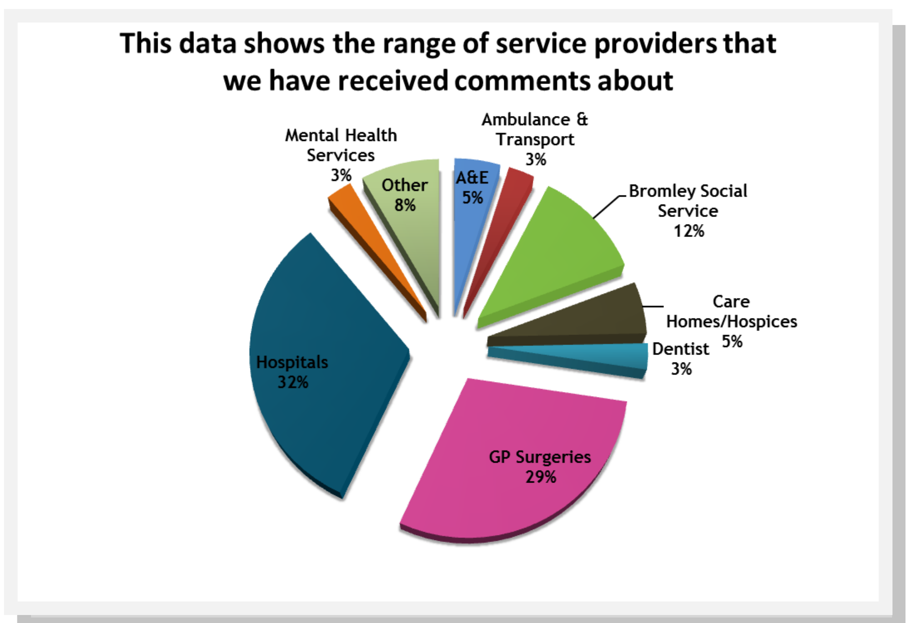
Volunteers

Volunteers are a vital part of Healthwatch Bromley's activities. Volunteers bring valuable skills and knowledge to Healthwatch Bromley that we can draw upon to make a real difference. Some people have experience of services as patients, service users or carers and some have useful knowledge of health and social care services from previous professional roles. Much of our strength is rooted in the passion of the people who choose to become involved with us and we are very much aware of this.
We have developed a range of different roles for volunteer opportunities to allow them to participate as much or as little as they would like. These roles provide a range of opportunities for involvement and offer a variety of volunteer experiences, they are: Research and Administration, Authorised Enter and View Representative, Communications and Social media role, Community Champion and a Quality Accounts Resource role.

In line with good practice in Volunteering an operational framework was devised and set up. A Volunteer Policy that described induction, support, expenses was developed and written. A Volunteer Application Pack was developed that provided information about the organisation, gave an outline of all the volunteering roles and an application form. We were able to use this to recruit from across the borough. An electronic version is available on our website.
Building on this good practice, Volunteer Induction Handbooks were also developed and are available to all new Healthwatch Bromley volunteers.

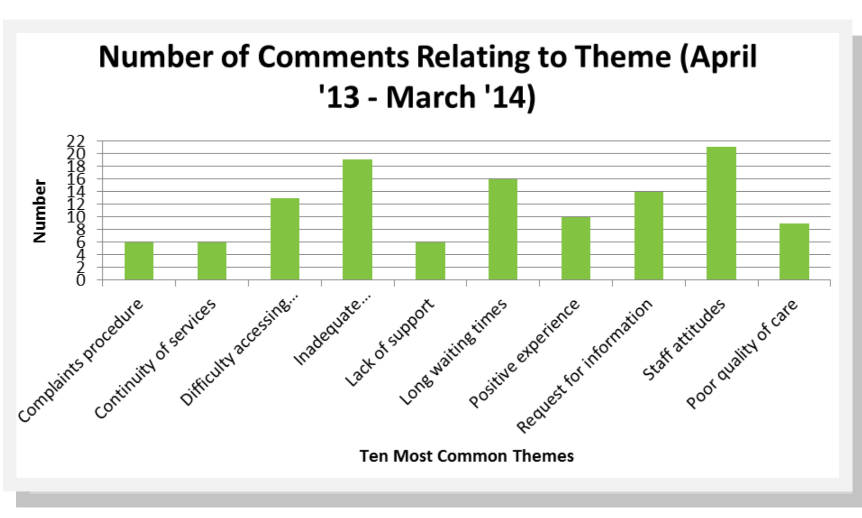
Some of our findings

Over the last year Bromley residents have contacted us about their experiences of a varied number of service providers.



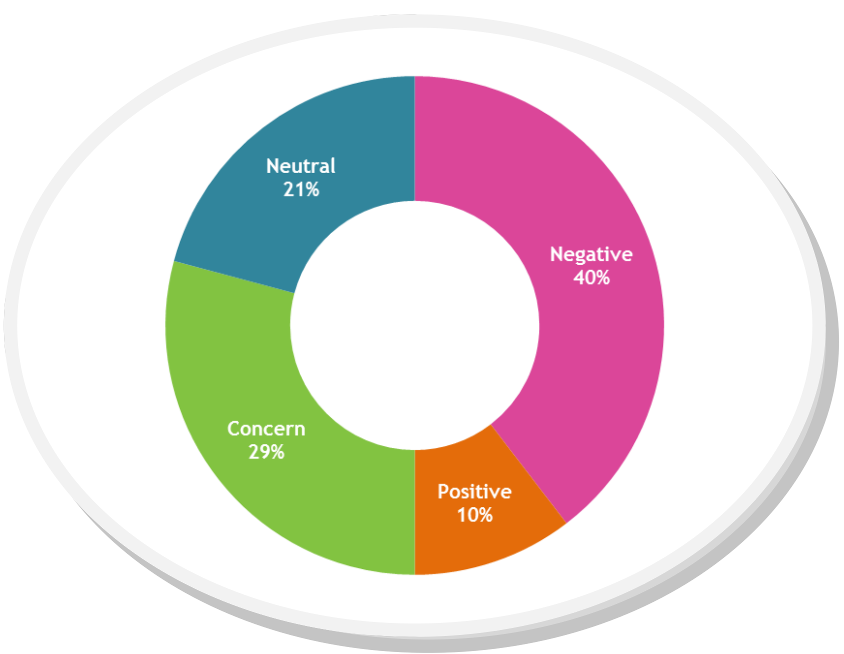
Comment areas raised by residents vary. We have grouped these comments into various themes. They are:

- Complaints processes
- Continuity of Care
- Difficulty accessing services
- GP Issues
- Hygiene
- Inadequate information
- Lost records
- Medicines management
- Patient involvement
- Poor quality of care
- Positive experiences
- Staff attitudes and waiting times.



That's over 27,000 patients every hour

The figure below shows the sentiment expressed by individuals who have contacted Healthwatch Bromley about a health or social care issue in the last year.



We have signposted people to the following providers

- Beckenham Beacon - PALS
- Bromley Council
- Bromley Healthcare
- Bromley Mind
- Bromley Social Services Direct
- CCG Bromley
- CCG Lewisham
- Citizens Advice Bureau
- Continuing Healthcare
- Croydon University Hospital - PALS
- Local Dental/Medical Council
- PRUH Estates and Facilities dept.
- General Pharmaceutical Company
- King's College Hospital - PALS
- Legal dept. at SLHT
- NHS England
- Oxleas - PALS
- Samaritans
- St. Mark's Hospital
- SLHT - PALS
- VoiceAbility

Summary of Financial Situation

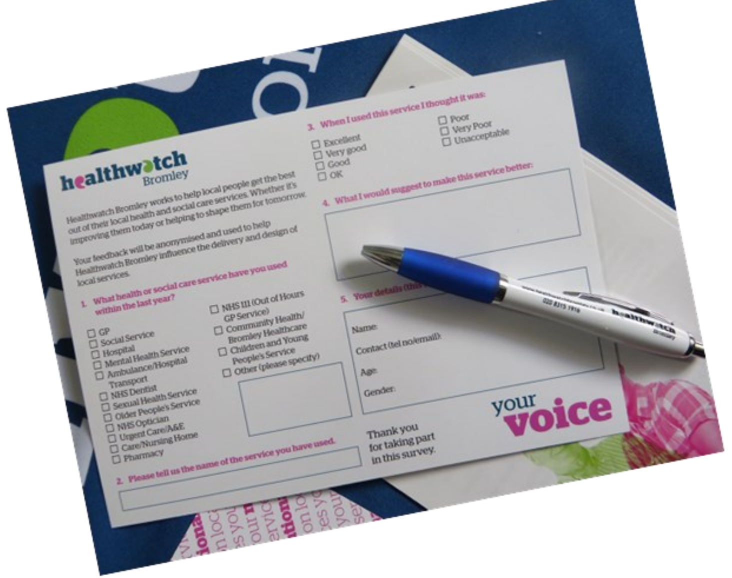
Healthwatch Bromley is delivered by Community Links Bromley which is a registered Charity. Responsibility for finance lies with Community Links Bromley. As part of the contract requirement, Community Links Bromley is setting up Healthwatch Bromley to be a Company Limited by Guarantee and a Registered Charity.

Summary of Financial Situation

	Total
Income	
London Borough of Bromley Contract	£144,169
Other Income	£1,100
Total Income	145,269
Expenditure	
Project costs	6,245
Volunteer costs	1,469
Premises	6,876
Staff costs	107,556
Contribution to CLB fixed costs	15,183
Total Expenditure	137,329
Fund balances carried forward	7,940

Healthwatch branding has been used throughout all of the essential Healthwatch Bromley documentation and all marketing and promotional activities, examples of these include:

- Board agenda and minutes
- Internal reporting
- Reports
- Promotional leaflets and posters
- Newspaper adverts
- Website
- Social media
- e-Newsletter
- Enter & View activities including reports
- Membership applications
- Recruitment applications
- Banners
- Tablecloth



Use of the branding includes logo, font recommendations, colours and graphics.

About Us

Address
Community House
South Street
Bromley
BR1 1RH

Telephone Number
020 8315 1916

Email
admin@healthwatchbromley.co.uk

Website
www.healthwatchbromley.co.uk

Board
Linda Gabriel
John Cliff
Leslie Marks
Margaret Whittington
Vivienne Astall

Staff Team:
Folake Segun, Coordinator
Heather Farrell, Community Engagement Officer
Isaac Lee, Administration and Research Volunteer

and social care services in Bromley

healthwatch
Bromley

Listening to local people

We want to know about your experiences of using local health and social care services

Influencing services

We use what local people tell us about their experiences to help local services to make changes

Providing an information and signposting service

We can give you information that will help you to make an informed choice about what health or care service you (or a family member) might access

020 8315 1916

admin@healthwatchbromley.co.uk

@HWBromley

www.facebook.com/healthwatch.bromley

www.healthwatchbromley.co.uk

Community House, South Street,
Bromley, Kent, BR1 1RH

Community Links Bromley has been commissioned by Bromley Council to deliver Healthwatch Bromley

A Charity Registered in England and Wales No. 3020127
A Company Limited by Guarantee No. 1045255

Come and talk to us

Healthwatch Bromley
Community House, South Street,
Bromley,
BR1 1RH
Tel 020 8315 1916
admin@healthwatchbromley.co.uk
www.healthwatchbromley.co.uk

Company limited by guarantee in England.
Company No. 9044348

healthwatch
Bromley
OUR YEAR - 2013/2014
Linda Gabriel, Chair
Folake Segun, Director

So what is Healthwatch?

Healthwatch Bromley is the independent consumer champion for health and social care established in April 2013 under the Health and Social Care Act 2012

We work 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.

By influencing and challenging how health and social care services are provided locally, Healthwatch Bromley supports people to get the best out of these services.

Our Vision, Mission and Values

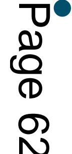
Healthwatch Bromley's vision is to work towards a society in which people's health and social care needs are *heard, understood and met*.

Our mission is to *listen* to people to understand their experiences and what matters most to them, and then *empower* them to influence services so that they better meet people's needs now and in the future.

Healthwatch Bromley's values are to be: *inclusive, influential, independent, credible and collaborative*.

Our approach …

- Promote the voice of local people
- Work in partnership with a wide range of stakeholders
- Use our statutory powers to hold commissioners and providers to account
- Provide information about and signposting to local health and social care services



Most importantly Healthwatch Bromley can …

Ask questions and expect answers

Make recommendations and expect them to be taken seriously

'Enter and View' services to have a around and talk to service users and members of staff

Offer free information and advice service

Our Network

70 people were transferred from the Bromley Local Involvement Network (LINk) and as of 31st March 2013 we had a total of **419** individuals on our database.

Many network members have taken an active part in Healthwatch by …

- Sharing experiences with us
- Taking part in surveys and consultations
- Volunteering with us

Reaching People 2013-2014

4,000
People reached at events, forums and community opportunities

1,453
Website visitors

1,131
Leaflets distributed through the Central Library and Bromley Civic Centre

670
people completed our postcard survey

302
independent comments regarding local Health and Social Care services

969
Social media contacts

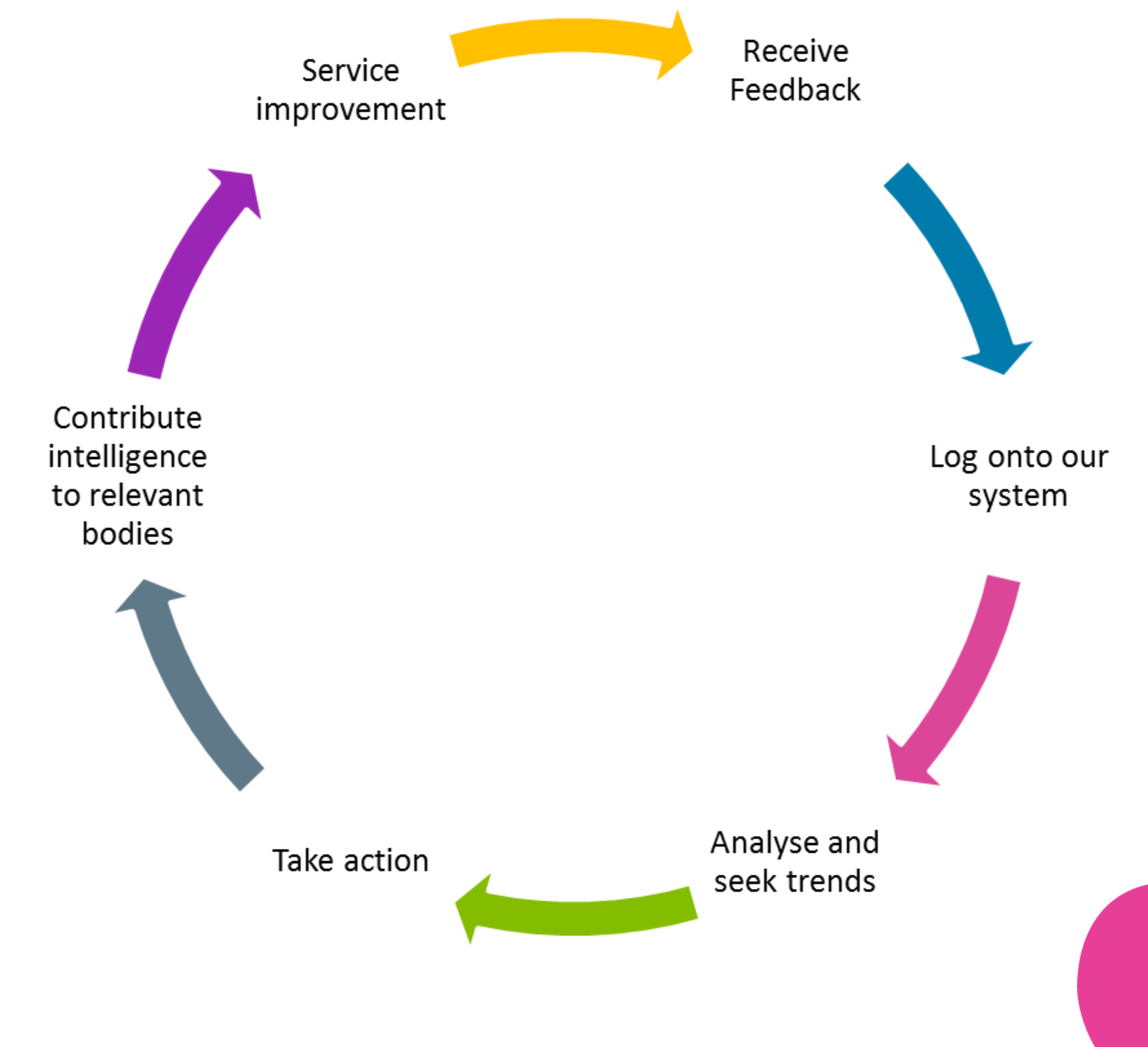
419
Network members

120
Signposting calls

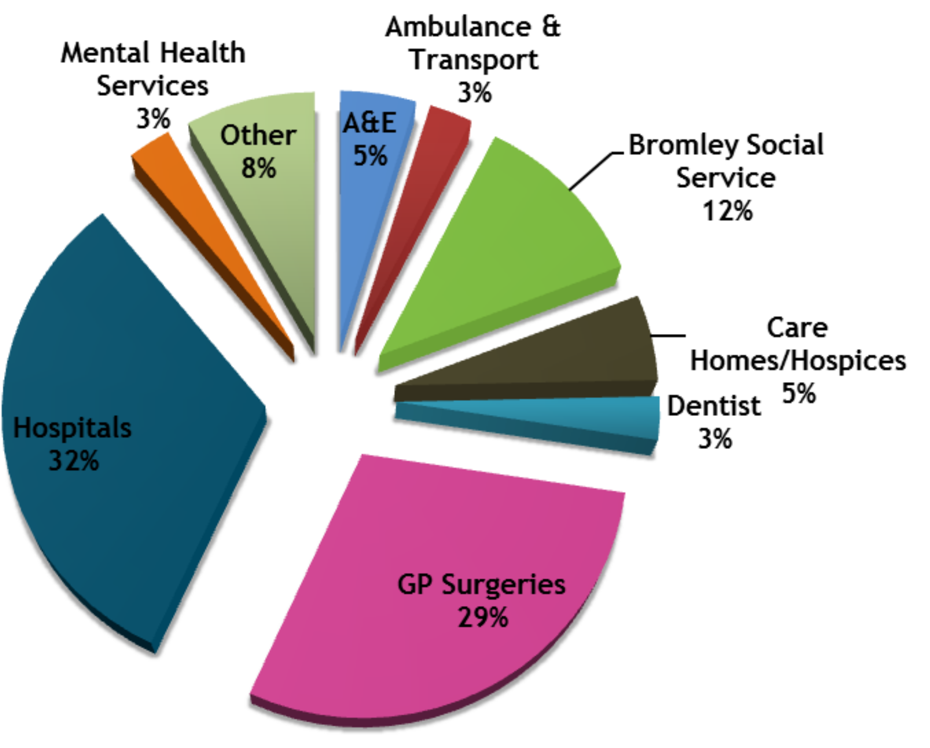
392
Volunteering hours donated to Healthwatch Bromley

63
Posters across the Borough

Our feedback system …

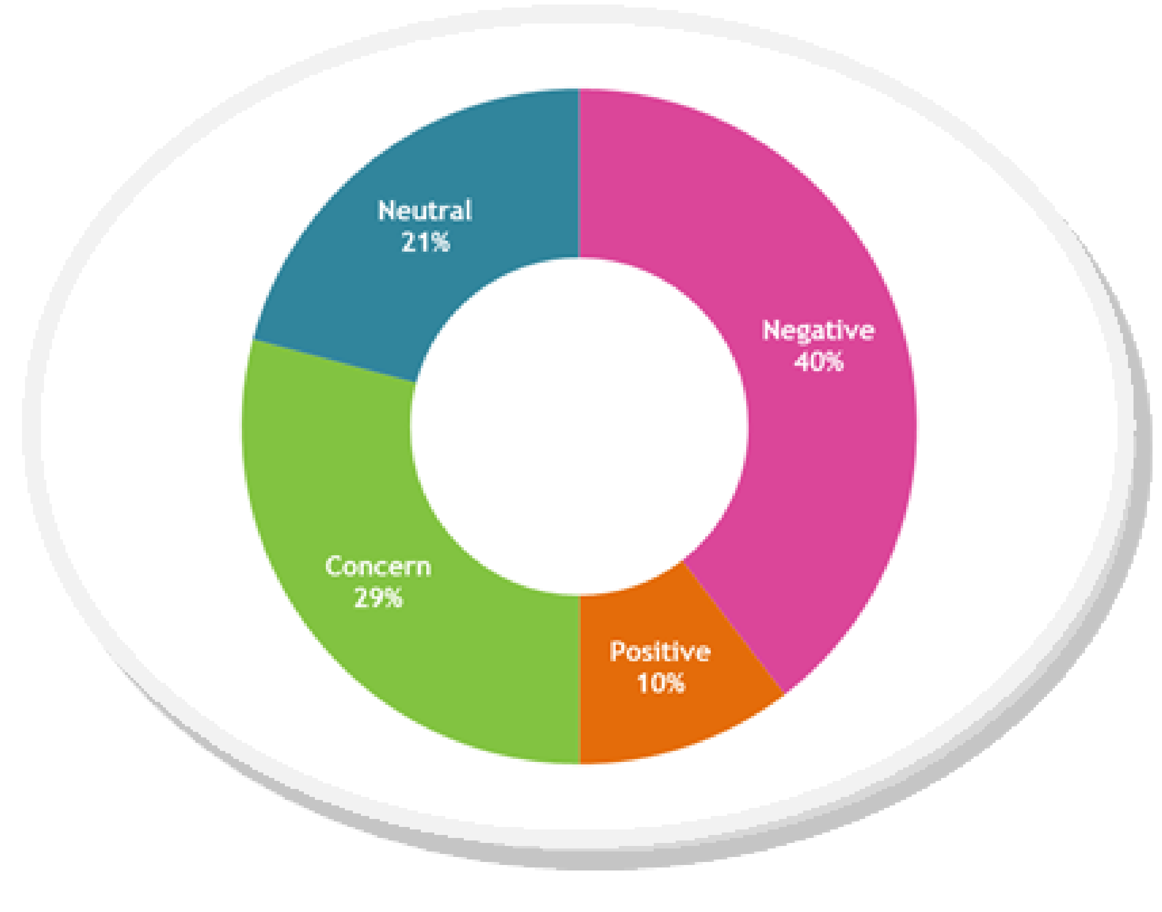


This data shows the range of service providers that we have received comments about



What are the issues?

Theme	Number
Staff Attitudes	21
Lack of Information	19
Waiting Times	16
Difficulty Accessing Services	13
Request for Information	12
Positive Experiences	10
Quality of care	9
Cleanliness & Hygiene	3
Complaints Procedure	6
Medical Costs	3
Equality for the disabled	2
Negative Experiences	4
Medicine	1
Day centres	1
Misdiagnoses	4
Out-of-hours	2
Safeguarding	1
Services Provided	5
Signposting	2
Lack of Support	6
Training	2
Other	20


Neutral
21%
Negative
40%
Concern
29%
Positive
10%

Our impact so far …

- Submitted evidence to the CQC Inspection of the PRUH
- Bromley Cares Conference
- Care. Data
- Shared the views of 375 parents who use the Children and Family Centers
- Collaborative 6 borough Enter and View programme
- Joint Enter and Views to Maternity Departments and A&E and 2 Care Homes and a borough wide programme of visits being carried out
- Information and signposting service
- Representing public and patient views on Boards and partnership groups locally and regionally
- Raised awareness of patient and carer concerns, compliments and complaints
- PLACE (patient led assessments of the Care Environment at the PRUH, Oxleas and St Christopher's Hospice
- Raised awareness of Healthwatch Bromley

We've influenced…

- Appearance of the wards in the PRUH – Maternity
- Navigation of websites
- Communication with patients
- Review of Phlebotomy services
- Beckenham Beacon Urgent Care Centre procurement
- Gluten Free Prescribing

Looking ahead …

Diabetes

GP Access

Enter and View

Changes to local hospitals

Children and Young People

South London service redesign

Mental Health

Better Care Fund

Healthwatch Connectors and Ambassadors

Care Act

Questions

healthwatch
Bromley

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Tel: 0208 315 1916
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www.healthwatchbromley.co.uk

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Report No. **London Borough of Bromley**

HEALTH AND WELLBEING BOARD

Date: **Thursday 16th October 2014**

Report Title: **Approval of the 2014 Joint Strategic Needs Assessment (JSNA)**

Report Author: Agnes Marossy, Consultant in Public Health, Education, Care & Health Services, London Borough of Bromley.
Tel: 020 8461 7531 E-mail: agnes.marossy@bromley.gov.uk

Chief Officer: 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. 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. The Health & Wellbeing Strategy (JHWS) outlines the priorities (based on the JSNA) agreed by the Health & Wellbeing Board together with the proposed actions and expected outcomes.

---

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. The Health and Wellbeing Board are asked to approve the 2014 JSNA for publication.

---

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT 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
- Environmental Services
- 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: None.
2. Ongoing costs: None.
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)

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

---

4. COMMENTARY

4.1. The 2014 JSNA has been circulated to members of the Board as an information briefing (available here), and the Board is now asked to approve the document for publication on the Bromley MyLife website.

4.2. An Easy Read version of the Executive Summary of the JSNA has been prepared (commissioned from Bromley Sparks), and is attached as an Appendix to this paper.

5. LEGAL IMPLICATIONS

5.1. Under the Health and Social Care Act 2012 it is a statutory responsibility of local authorities and clinical commissioning groups (CCGs) to prepare JSNAs and JHWSs, through the Health and Wellbeing Board.

6. COMMENT FROM THE DIRECTOR OF PUBLIC HEALTH

6.1. The JSNA is important in painting a picture of Bromley's population. As such, it will be a useful resource to all stakeholders in promoting a population approach to commissioning of all services based on identified health and social care needs.

Non-Applicable Sections:	**FINANCIAL IMPLICATIONS;** and **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)	Joint Strategic Needs Assessment (JSNA) 2014

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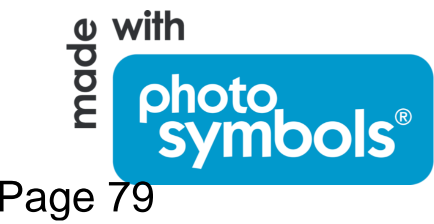
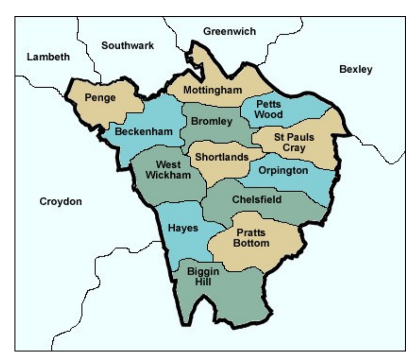
a report about health in Bromley

Greenwich
Southwark
Bexley
Petts Wood
Beckenham
St Pauls Cray
Shortlands
West Wickham
Orp
Croydon
Chelsfiel
Pratts Bottom
Biggin

Joint Strategic Needs Assessment





This report is about the **health** of people who live in the **borough** of **Bromley**.

It tells us about **health issues** in **Bromley** that might be **different** from the rest of the **country**.

This helps the **council** and **health services decide** how to **spend** their **money**.

This **report** talks about very **serious things** like **diseases** and **dying**.

The **numbers** and **facts** in this report are **not** about **you** as a person.

contents

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how long do people in Bromley **live**? 5

what **diseases** do people in Bromley get? 6

the **places** people **live in** 10

children and **young people** 11

older people 12

people with a **learning disability** 12

people with **sight** or **hearing problems** and people with **physical disabilities** 14

mental health 15

looking after people who are **dying** 16

carers 17

people using **drugs** 18

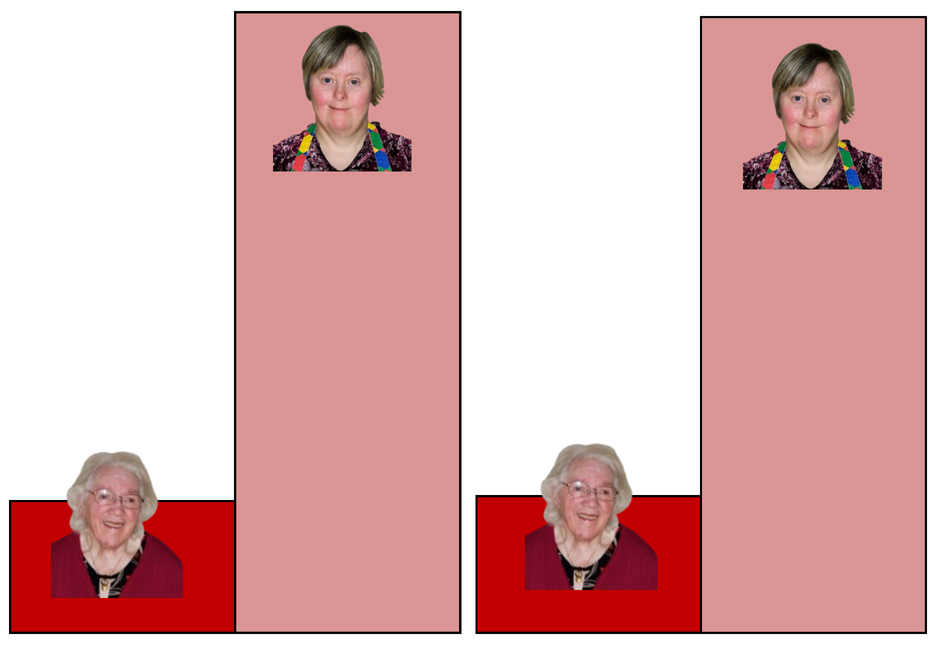
people **drinking** too much 18

going to **accident and emergency** 19

most important things to **work** on 21

who lives in Bromley?

In **2014** there are more than **320,000** people living in **Bromley**.
This number will **go up** in the next **10 years**.



A **lot** of the **people** who live in Bromley are **older**.

In 2014 17.7% of people in Bromley are over 75.

In 2024 18.3% of people in Bromley will be over 75.

2014 → 2024

The number of people in Bromley who are **not white** has **gone up**.

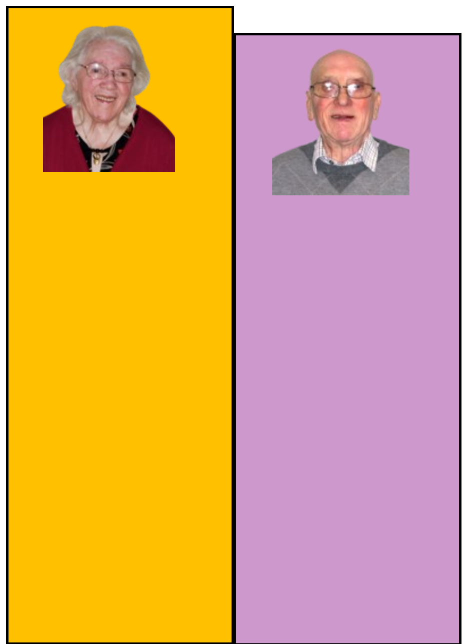
In 2001 8.45% of people in Bromley were not white.

In 2014 17.3% of people in Bromley are not white.

2001 2014

how long do people in Bromley live?

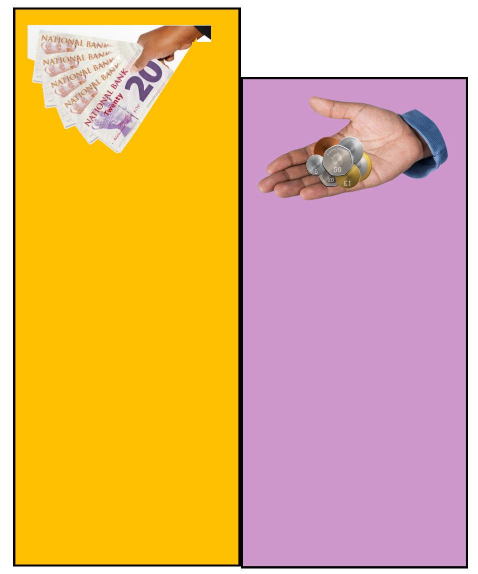
In Bromley **women** usually live about **3½ years longer** than **men**.



On average, men in Bromley live to nearly 81.

On average, women in Bromley live to 84½.

People in **rich parts** of Bromley usually **live** about **8** or **9 years longer** than people in **poor parts**.

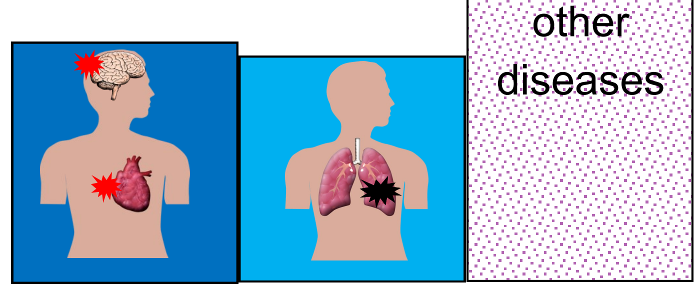


Men in rich parts of Bromley live nearly 9 years longer than men in poor parts.

Women in rich parts of Bromley live nearly 8 years longer than women in poor parts.

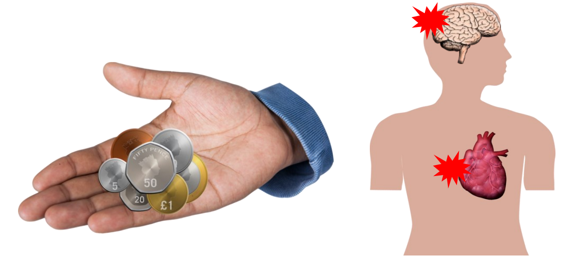
what diseases do people in Bromley get?

In Bromley the **biggest** cause of **death** is **heart disease** and **strokes**. The **second** biggest is **cancer**.

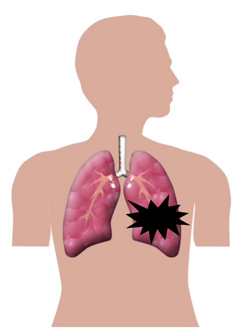


In Bromley 32% of people die of heart disease or strokes.

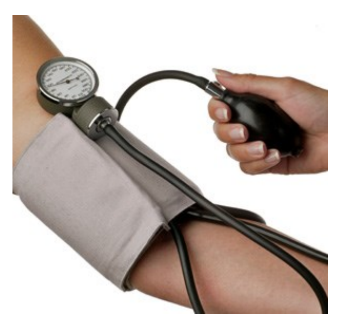
In Bromley 30% of people die of cancer.



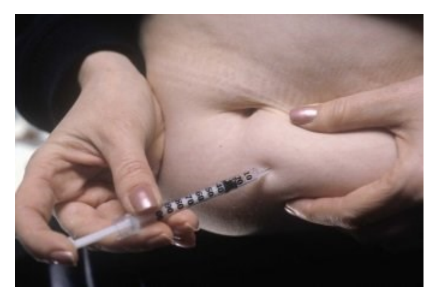
More people who live in **poor parts** of Bromley **die** of **heart disease**, **strokes** and **cancer** than people who live in **rich** parts.



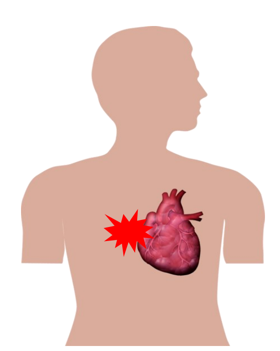
People who get **cancer** are **living longer** than they used to. But all **types** of **cancer** are **happening more** than they used to.



Lots of people in Bromley have **high blood pressure** without realising it. Other people have high blood pressure which is **not** being **looked after** properly.

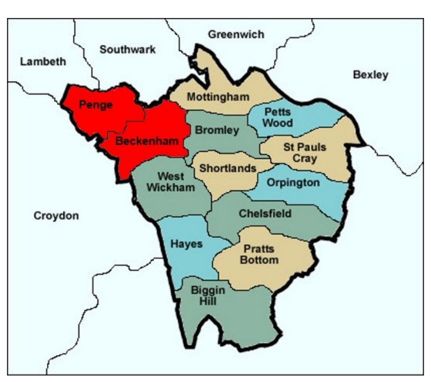


Diabetes is a **problem** in Bromley. The **number** of people with **diabetes** has **gone up** since 2002. Having diabetes makes it more **likely** that you will get other **diseases** like **heart disease**.



In Bromley the **problems** that can **cause** these **diseases** for **diabetic** people are **not looked after** as well as in most places in the **UK.**

Less people in Bromley get **sexually transmitted infections** than in most places in **London** and the **UK**.

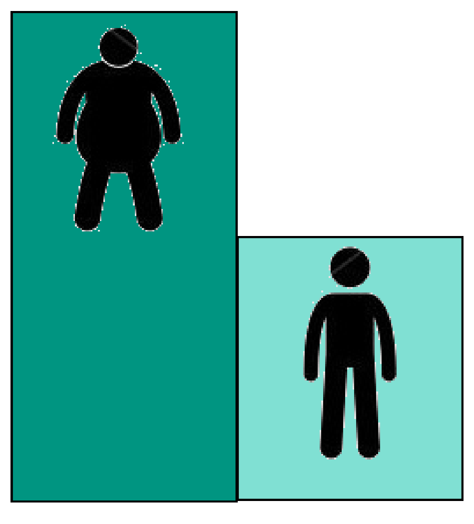


In Bromley **not** very **many** people have **HIV**. But there are **4 times** as many people with **HIV** in the **north-west** of **Bromley** than in other parts of the borough.

The number of people **smoking** in Bromley is **going up**.

More people in Bromley are smoking **illegal cigarettes** and **shisha**.

Most people who live in Bromley are **overweight**. The number of **overweight** people in Bromley is **going up**.



At the moment in Bromley 65% of people are overweight.

Bromley has **more overweight children** than most places in the **UK**. The number of **overweight 5 year olds** is **going down**, but the number of **overweight 10 year olds** is **going up**.

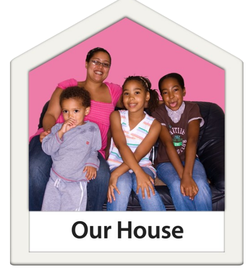
People in Bromley could do **more exercise** to get healthy.

More babies are being **born** and **growing up**. More **women** are having **babies** when they are between **25** and **39**.

Lots of **women** in their **20s** are having **abortions**. An **abortion** is when you **get rid** of a **pregnancy** that you do **not want**.

The **government** want **95%** of **babies** to be given **injections** for serious **diseases**. In **Bromley** this is **not happening**. This means that it is more **likely** that **young people** could get and spread **serious diseases** like **measles**.

the places people live in



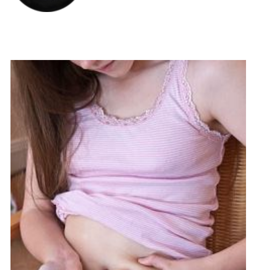
The number of **homes** in Bromley is going to **go up**. But there will be **less people** living in each **home**.

In the last **10 years** more people have started **renting** homes. The number of people who **own** their own **homes** has **gone down**. This is because people have **less money** due to the **economy**.

Lots more people and **families** are becoming **homeless**. There are **more homeless families** in **Bromley** than in most places in the **UK**.

children and young people

More **children** are going to **hospital** in an **emergency** in **Bromley** than in most places in the **UK**.
More children are **dying** in **Bromley** than in most places in the **UK**.



Less children in Bromley are getting **type 1 diabetes** than we expected.

In Bromley **lots** of **young people hurt** themselves on **purpose** because of **mental health** problems.
More young people in Bromley go to the **doctor** because they are **hurting** themselves on purpose than in most parts of **London**.

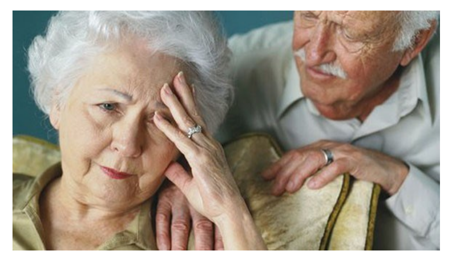
The number of **teenagers** getting **pregnant** in Bromley is **going down**.
More of the **teenagers** who get **pregnant** are having **abortions**.

The number of **children** with **disabilities** and **complex needs** has **gone up**. This means that we need more **specialist services** to **support** them.

Children in Bromley do **better** at **school** than children in most places in the **UK**. **Girls** do **better** at **school** than **boys** at every age.

Children from **poor families** do **not** do as **well** at **school** as other children in Bromley.

older people



The number of people who have **dementia** in Bromley has **gone up**.

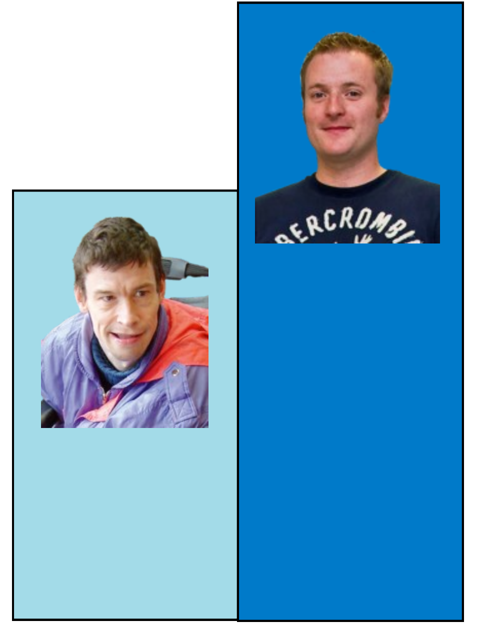
people with a learning disability

The number of people who have a **learning disability** in Bromley is **going up**.

In the next 8 years the number of people who have a learning disability in Bromley will go up by 9.2%

2014 → **2022**

People with a **learning disability** in the **UK** usually **die younger** than people **without** a **learning disability**.



In the UK people with a learning disability usually die about 24 years earlier than people without a learning disability.

GPs in Bromley still do **not know** enough of the **people** with a **learning disability** in the borough. **Not many** of the **people** they know get **health checks**.

The number of people with a **learning disability** going into **hospital** in an **emergency** is **high**. It might be because they are **not** getting regular **health checks**.

people with sight or hearing problems and people with physical disabilities

The number of people in Bromley with a **physical disability** or problems with **sight** or **hearing** is still **going up**.

Most people with **hearing problems** are **older** people.

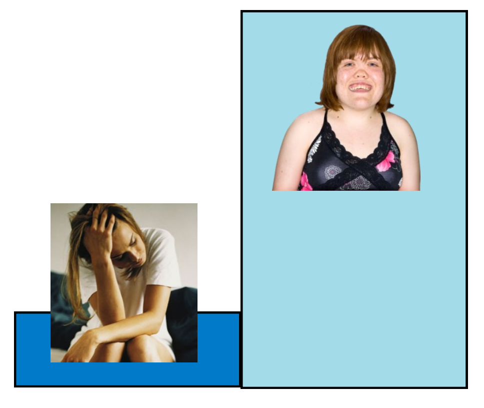
Sight problems can be caused by things like

- **smoking**
- being **overweight**
- **drinking** too much
- **high blood pressure**
- **diabetes**

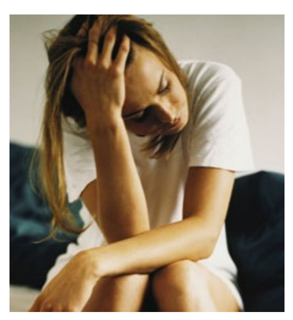
So it is **important** to make sure all these things **happen less**, and that they are **looked after** properly.

Places and **services** in Bromley are getting **easier** for people to **use** if they have a **disability**. **More work** needs to happen to make **places** and **services easy** to use.

mental health



In Bromley **1 person** in every **6** has a **mental health problem**. **1 person** in **every 4** has had a **mental health problem** at some time in their **life**.



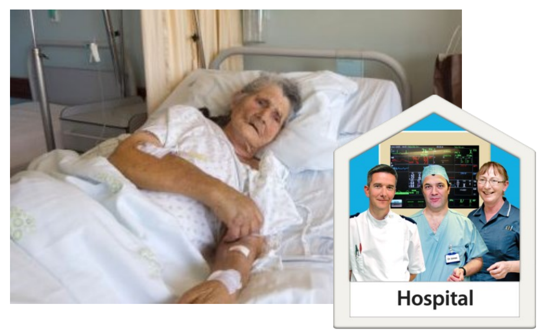
A **lot more adults** in Bromley are **depressed** than in most places in **London** and **England**.

But **less** people commit **suicide** in Bromley than in most places in **England**. In **2012 91%** of people who committed **suicide** were **men**. A **lot** of the **men** committing **suicide** were **over 45**.

Since **2004** the number of people going to **hospital** after **hurting themselves** on **purpose** has **gone up**. A **lot** of the people **hurting themselves** on **purpose** are **15 to 19** years old.

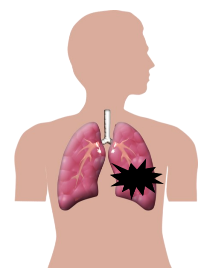
looking after people who are dying

Most people say they want to **die** at **home**.



In Bromley in **2010-2012**, more than **half** the people who **died** were in **hospital**.

But since **2006** the number of people **dying** in **hospital** has **gone down**. The number of people **dying** at **home**, in a **hospice** or in a **care home** has **gone up**.



People who **die** of **cancer** are more likely to **die where** they **want** to than people with **other diseases**. When people have **other diseases** it is **harder** to **know when** they are going to **die**.

In Bromley there will be **new people** working to **help** people **plan** how they get **looked after** when they **die**.

carers

In Bromley **1 person** in every **10** is a **carer**. This means they **look after** a **family** member or a **friend** who is **ill** or **disabled**. They do **not** get **paid** for it.

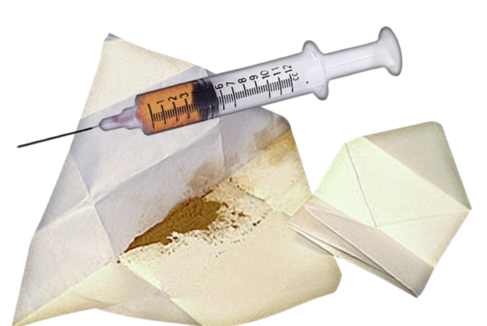
6000 people in Bromley **look after** someone who is **ill** or **disabled** for **more** than **50 hours** a **week**.

The number of **young people looking after** a **family** member who is **ill** or **disabled** has **gone up**.

Doctors and other **services** do **not know** who all these **people** and **young people** are.

people using drugs

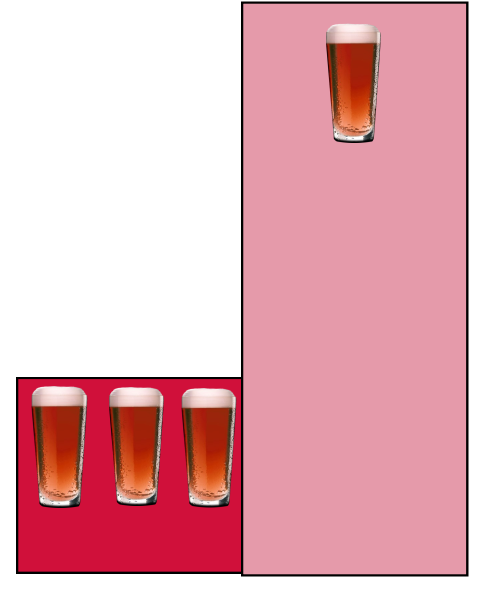
Around **15,000** people in Bromley took **drugs** in the **last year**.



Less than **3000** people took the **worst** kind of **drugs**, like **heroin** and **crack cocaine**. The number of people in Bromley taking the **worst** kind of **drugs** is **going down**. There are **less** people in Bromley taking these **drugs** than in most other places in **London** and **England**.

people drinking too much

People **drinking** too much is a **big problem** in Bromley. This is the **same** as other places in the **UK**.



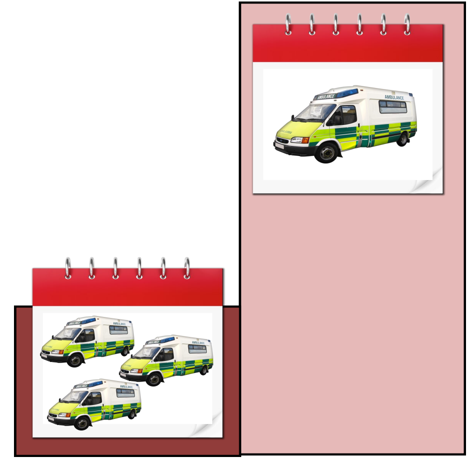
In Bromley more than 26% of people drink enough alcohol to damage their health.

In Bromley the number of **young people** going to **hospital** because of **drinking** too much is **going up**.

In Bromley **less** people are **breaking** the **law** because of **drinking** too much than in most places in the **UK**. But we do **not know** how much **domestic violence** is happening because of **drinking** too much. **Domestic violence** is when someone **hurts** their **partner** or a member of their **family**.

going to accident and emergency

In every part of the **UK** the number of people going to **accident and emergency** is **going up**. Some people go to **accident and emergency** a lot - **3 times** a **year** or **more** than that.



In Bromley in 2012-2013 nearly a quarter of the times someone went to accident and emergency, it was someone who goes a lot.

Small children are a **big part** of the people who go to **accident and emergency** a **lot**.

In Bromley in 2012-2013 17.5% of people going to accident and emergency more than 3 times were children under 5

Some of the **children** who go to **accident and emergency** a **lot** could get **help** in **other places** instead. They could get help **outside hospital** for things like

- **injections**
- **blood tests**
- problems with **feeding tubes**
- problems with **urine tubes**

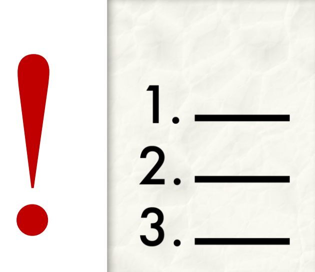
43 people in Bromley went to **accident and emergency 15 times** or **more** in **2013-2014**. Most of them were **men**. Most of them had **problems** like

- **chest pain**
- **drinking** too much
- **mental health problems**

If **health services** in the **community** get **better**, people might **not** go to **accident and emergency** so often.

We need to **find out** more about people who go to **accident and emergency** a **lot**. We need to find **better ways** of **helping** them.

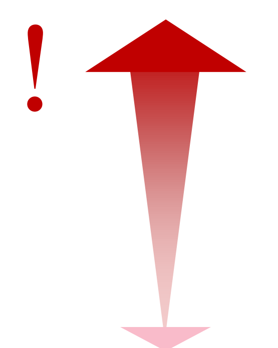
most important things to work on



We have thought about the **most important** things to **work** on.

We thought about

- what problems are **getting worse**
- what health problems are **happening to the most people**



The **arrow** on the **next page** shows the things we want to **work** on. The things at the **top** of the **arrow** are the **most important**.

diabetes
overweight
smoking
drinking too much
dementia
HIV
mental health for young people
homelessness
childhood overweight
teenage pregnancy
suicide
illegal drugs
life expectancy
heart disease and stroke
cancer
high blood pressure

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: Thursday 16th October 2014

Report Title: CARE ACT IMPACT

Report Author: *Chris Curran*
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London Borough of Bromley
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1. SUMMARY

1.1 The Care Act received Royal Assent in May 2014. Its provisions commence on 1 April 2015 and 1 April 2016 (for charging reforms). The law modernises the statutory framework for adult social care, updating and replacing many preceding statutes and bringing into primary legislation much of existing best practice. This report presents an initial financial model of the impact of the Care Act alongside the key assumptions underpinning this model.

1.2 This report has been scrutinised by the Care Services Policy Development and Scrutiny Committee (October 2014, Item 8c).

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1 It is important for the Health and Wellbeing Board to have full awareness of the impact of the Care Act and the changes it brings to adult social care.

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

3.1 The Board is requested to note and comment on the initial financial model.

3.2 The Council's Care Act Programme is leading on implementing the changes required by the Care Act.

3.3 The proposed schemes for the Better Care Fund have been designed in a way to complement delivery of the principles and the duties of the Care Act.

Health & Wellbeing Strategy

1. Related priority: Not applicable

Financial

1. Cost of proposal: £192k net cost projected in 2015/16

2. Ongoing costs: £4-5m gross costs 2016/17 to 2018/19; up to £12m gross cost in 2020/21

3. Total savings (if applicable):

4. Budget host organisation:

5. Source of funding: Central government revenue grant to the Council; the Better Care Fund

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

n/a

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4. COMMENTARY

4.1 The Care Act was passed in May 2014. The law modernises the statutory framework for adult social care, updating and replacing most preceding statutes and bringing into primary legislation much of existing best practice. This modernised adult social care system focuses on the principle of well-being for individuals with care needs and also for carers, and emphasises the prevention and delay of needs for support. Alongside these practice elements, the Act introduces a number of financial and charging reforms including the Cap on Care Costs, 'care cap'. The key changes introduced by the Care Act were outlined in the report to the Council Executive in November 2013.

4.2 Draft Regulations and Statutory Guidance were published on 6 June, with a consultation period lasting until 15 August. The Regulations and Guidance are due to be released in final form in October 2014. Consultation on regulations and guidance for the financial reforms including the care cap is due in December 2014.

4.3 The non-financial provisions will commence on 1 April 2015 and most of the financial reforms commence on 1 April 2016.

4.4 The Care Act imposes a number of changes required for compliance that have financial implications for local authorities; these form the focus of this report. But, more broadly, it also incorporates many important principles that align with Building a Better Bromley and the Health and Wellbeing Strategy, such as prevention, enabling individuals to retain as much responsibility as possible and prioritising support by an individual's family, friends and local community. These are highlighted in the general duties on local authorities, Clauses 1 to 7 in the Care Act. Officers will explore opportunities to access funding to further embed these principles in order to enhance the social care offer care locally, including, where appropriate, working jointly with Bromley Clinical Commissioning Group partners through the Better Care Fund. Doing so offers the prospect of transformational change - aligned with the Care Act - delivering demand management from long-term state-funded care to short term interventions and low-level support in the community. This report focuses on the anticipated costs arising from delivering compliance; comprehensive delivery of these principles may entail higher costs than are outlined within this paper which takes a 'de minimis' standpoint as a starting point for the Board's understanding of the financial situation.

4.5 **Funding**

4.5.1 Central Government in Spending Round 2013 pledged to fund all new costs arising from the Care Act. In 2014/15 £125k of funding was received in order to establish a programme to deliver the Care Act. Central Government has allocated funding for 2015/16 of £1.885m from formula grant and a nominal £750k has been provisionally agreed locally from Better Care Funding, subject to confirmation by NHS England. The Government, as part of the spending review 2013, announced additional national funding of £1bn from 2016/17 towards the cost of the Care Act but the Department of Health is working together with the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) and the sector to establish an accurate projection of the ongoing costs arising in order to provide sufficient funding.

4.5.2 The Council Executive has authorised £266k to fund pre- 1 April 2015 implementation costs.

4.6 **Care Act Programme**

The Council's ECHS (Education, Care and Health Services) Department set up a Care Act Programme to make the preparations required for implementation of the Act. Work has been completed over the past months to review the requirements of the Act and to understand the changes required in order for adult social services to be at least compliant. This Programme has improved the Council's understanding of the Act and previous best projections of costs that were based on preliminary national and London Councils estimations.

Financial Model

4.7 **Financial Model: Introduction**

4.7.1 As part of this Programme of work a detailed financial model of the estimated costs which are identifiable at this stage has been created by London Borough of Bromley officers and this is presented in this report.

4.7.2 As stated in 4.4, the model reflects a 'de minimis' reading of the impacts of the Care Act and comprehensive delivery of the principles enshrined in the general duties may require additional resources.

4.7.3 It is important to note that projecting the financial impact of the Care Act is a difficult task. A number of models have been produced over the summer by Surrey, Lincolnshire, Birmingham, Barnet and other councils. The number of variant models reflects the complexity of the number of elements involved. In the Bromley model there are approximately 50 assumptions made, and some of which have to be projected several years ahead. Where the Bromley model estimates volumes and behaviours this has been based on the experience of officers and on national and local data where this is available. Therefore whilst this is an informed model, it is complicated and small variances in estimations have the potential to compound to create significant variations in the overall financial projections. The assumptions will need to be tested and refined as the various elements of the Act are implemented.

4.7.4 The Bromley model identifies cost pressures arising from four main areas:

- **The Care Cap and Cared-for Assessments:** The financial reforms create a significant incentive, beginning in October 2015, for people with care needs to request and receive a care assessment.

- **Carer Assessments:** Under current legislation a carer only has a right to an assessment if they carry out a substantial caring role regularly; under the Care Act there is an unqualified right for carers to request and receive an assessment.

- **Carer Support/Services:** Carers have a right under the Care Act to receive sufficient support to offset identified unmet significant risks to well-being. Currently councils have discretion about meeting carer needs.

- **The Care Cap:** Individuals assessed by the Local Authority as having eligible needs will have a 'care account' that meters the amount that it would cost the local authority to meet those eligible care needs, excluding 'hotel costs' and 'top-ups'. An individual will no longer be required to contribute towards their eligible care and support costs once the care account reaches the 'cap', initially set at £72,000 and

rising with inflation. All accounts will start at £0 on 1 April 2016. A 'tiered cap' will be introduced for adults of working age (when an eligible care need is first identified); it is expected that a cap of £0 will exist for under 40s. Details on all these matters are due to be made public in December 2014 draft regulations and guidance.

The care cap will result in an immediate loss of client contribution income from working age adults and will, in time, create significant lost income from older adults who stay in care long enough to reach the cap.

4.7.5 The main results of the four areas above are that the Council will require additional assessment workforce, an improved service offer will be needed for an expanded number of carers, and income will be foregone as a result of the change to charging rules.

4.7.6 In addition, there are a number of smaller scale service changes that are required to deliver the modernised system of care, which include: improved access to advocacy, an IT system for care accounts, improved information (web-based) for individuals, and improved processes around support planning and personal budgets. A number of projects are in place under the Care Act Programme in order to make progress in all these areas. This also includes training provision for the Care Services workforce alongside significant revision to practice guidance, policies and procedure since it is vital to delivering compliance that adult social services staff understand the provisions of the legislation and the underlying principles.

4.7.7 Detailed projections in all areas have been made for four years, 2015/16 to 2018/19 inclusive. The Care Cap impact has been projected beyond this.

4.8 **Financial Model: Key Assumptions**

The Care Cap and Cared-for Assessments

4.8.1 There are estimated to be 858 self-funders in care homes in the borough (239 in residential and 619 in nursing). It has been assumed that 25% of these will not request an assessment despite the care cap. It is assumed that there are 1,795 self-funders in domiciliary care and other care-related support in the community, and it has been assumed that 20% of these will not request an assessment despite the care cap. The planning assumption is that ECHS will need to undertake 40% of the one-off cap assessment burden between October 2015 and March 2016, and the remaining 60% between April 2016 and September 2016. The total number of additional care assessments for self-funder service users is 719 in 2015/16 rising to slightly over 2,000 thereafter. There is no long-term services cost pressure for self-funders but it has been assumed that some of these self-funders will benefit from reablement and minor equipment which are prohibited by law from being charged for.

Carer Assessments

4.8.2 It has been assumed that the number of carers receiving assessment will rise as a ratio to the number of service users known to the Council. The model uses a figure derived from a local sample as a starting point, applying this also to carers of self-funders. Several assumptions have been made to refine this further. Firstly, it is assumed that only 75% of the effect will take place in 2015/16 following the change in the law on 1 April 2015, with 100% thereafter as culture and communication take effect. Secondly, with knowledge of the past decade, the model assumes that carer requests for assessment will depend on the charging regime, and that carers are unlikely to want to be assessed if the result is that they have to pay the full cost of any support regardless. For the reasons above it is assumed that there will be an extra 1,722 carer assessments in 2015/16 increasing to 2,159 extra in 2018/19, over current levels (1,130 per year).

Carer Support/Services

4.8.3 Estimations are made about the form that carer support might take following assessment, including discounting a small number for being ineligible or best suited to a support that has no cost to the Council. The current ratio between low-level telephone support / group access and higher level respite-equivalent support is expected to move slightly towards the higher level, recognising that the Act introduces a duty on a local authority to offset unmet risks to carer well-being and this is likely to require a higher level of intervention in a higher proportion of cases. For the same reason, it is assumed that additional funding for lower level support is required.

The Care Cap

4.8.4 Based on current Bromley rates the average time spent in a Bromley residential care home before reaching the cap (£72,000) is 4.2 years and for a Bromley nursing home is 3.5 years. Unless someone in domiciliary care is receiving a package costing more than £138 per week it will take at least 10 years to reach the care cap. The model projects the numbers reaching the cap in both care homes and the community, for those already known and those unknown.

Potential Other Costs

4.8.5 A number of service changes are referred to under 4.7.6 as being required for compliance with the Act. These elements and others have been provisionally costed as part of the model, however, further work will be required to set out rigorous cost-effective proposals in these areas. As set out under 4.4, the Board should also be mindful that delivery of the wider principles of the Act may require further improvements outside of the elements identified in this report.

4.9 **Financial Model: Net Cost Pressure**

4.9.1 The table below summarises the net financial implications to the Council in 2015/16 and the estimated impact from 2016/17. A detailed summary page of the financial model is included as Appendix 1.

		2015/16 (£'000s)	2016/17 (£'000s)	2017/18 (£'000s)	2018/19 (£'000s)
Total estimated cost		2,826	4,579	4,176	4,505
Funding	Grant	-1,885	-3,500	-3500	-3500
	Better Care Fund	-750	-750	-750	-750
NET COST*		192	329	-74	255

* Officers have identified scenarios where the actual costs could be lower but the costings identified represent the most realistic assumptions at this stage.

4.9.2 As can be seen from the summary, the model suggests that funding will not be sufficient to cover the cost impact of the Care Act in 2015/16 and that there will be a loss implication estimated at £192k. The gross costs for impacts of the Care Act are estimated to be less than £5m per year over the next four years. From 2019/20 older people in care homes reaching the cap adds a significant additional cost. This extra cost is £8m in the peak year of 2020/21, falling to slightly over £6m in years thereafter. Therefore the maximum total gross cost pressure from the Care Act is projected to be £12m in 2020/21.

4.9.3 For 2015/16 the Council will receive £1.885m in specific grant; local nominal agreement for £750k funding from the Better Care Fund is still subject to confirmation from NHS England.

4.9.4 The above model assumes continuation of funding of £750k from the Better Care Fund. In addition the model includes estimated annual funding of £3.5m in Government Grant from 2016/17 because the Government, as part of the spending review 2013, announced additional national funding of £1bn from 2016/17 towards the cost of the Care Act.

4.9.5 There is expected to be a consultation paper in the Autumn providing details of the allocation of funding for 2016/17 (the current social care formulas used to apply funding are expected to change). No allocations, even provisional, have been provided to local authorities at this stage (but £3.5m has been assumed for the purposes of the model and this report) which provides a degree of uncertainty and inherent risks. Any estimates of funding must be treated with extreme caution until final allocations are confirmed in December 2015; the report highlights broad costings and funding which must be treated with caution at this stage (see para 4.7.3.)

4.9.6 To highlight the uncertainty of costs the Care Act Regulations and Guidance are not yet finalised and both London Councils and the LGA have identified a lack of adequate Government funding which could jeopardise reforms.

4.9.7 Officers will continue to update the projections when more information is available.

4.10 **Risks**

4.10.1 The Care Act has been modelled as not having any effect on the cost of service provision to service users (except for the Cap), however, as noted in London ADASS' response to

the draft regulations and guidance consultation, testing of new eligibility wording has suggested that 15-25% more people may be found eligible. This presents initially as a major risk, although due to the low level of service cost it seems likely that the main component of cost would be from an assessment burden, and local interim estimations assess this total risk to be no more than £200k annually. However, it has not been included within the modelling and within the balance because it is a recognised issue under review by the Department of Health and ADASS and the Government have indicated that the final wording issued in October 2014 will be set at the equivalent of Fairer Access to Care Services 'Substantial' banding, meaning a zero cost impact. ECHS will monitor this risk.

4.10.2 The procedure for care accounts gives greater visibility of the price for care paid by the local authority. This creates the possibility that the disparity between the prices paid by private and public purchasers of care will reduce thereby creating risks around market sustainability and/or the costs paid by the local authority for care.

4.10.3 As recognised in this model, the Care Act introduces a significant increased assessment and care management burden for councils. The spike in demand for staffing may lead to higher staff costs or possibly a lack of workforce supply leading to recruitment problems and difficulties in delivering the new duties of the legislation.

4.10.4 Whilst the model presented in this paper represents a significant improvement in the Council's understandings of the impact of the Act, the number of assumptions made, the complexity of the projections, and the lack of rigorous evidence in some areas means that there is a risk that the modelling may not reflect the realities. Officers will ensure that the Bromley model is cross-checked with models available nationally as these continue to develop over the next few months.

4.11 **Policy summary**

4.11.1 The Care Act replaces over 60 years of piecemeal legislation in adult social care dating back to the 1948 National Assistance Act. The majority of laws passed in that time are repealed and incorporated within the single codified Care Act (2014) including the Chronically Sick and Disabled Persons Act (1970) and the NHS and Community Care Act (1990). A large number of Regulations and Statutory Guidance are also replaced, including the current foundation of eligibility, the Fairer Access to Care Services (FACS) criteria guidance. This is fulfilment of the Law Commission's review of adult social care.

4.11.2 The Care Act incorporates the key national policy themes of the last decade including personalisation and choice and control, support for carers, care markets, integration with the NHS and other partners, prevention, and improved information and advice. Some commentators have noted the significance of the switch to the 'well-being' foundation of the Act rather than the 'independence' foundation of Fairer Access to Care Services. The Government's policy intentions for the sector were set out in the White Paper, *Caring for Our Future: reforming care and support* (2012).

4.11.3 The introduction of financial reforms in the Act is a response to the Dilnot Commission on the Funding of Care and Support. The Government has recognised the catastrophic care costs faced by some individuals and the measures including the Care Cap are designed to reduce this burden on individuals.

5. FINANCIAL IMPLICATIONS

5.1 The financial implications are contained within the body of the report and in Appendix 1.

6. LEGAL IMPLICATIONS

6.1 The changes in the law have been set out under 4.11.

6.2 It should be noted that the regulations and statutory guidance are currently only in draft form. These amount to some 750 pages, setting out in considerable detail the requirements behind the duties in the primary legislation. Officers planning the preparation and implementation of changes for the Act have been working on the basis of the draft documents but until these are released in final form (due October 2014, and subject to Parliamentary scrutiny) there is still a small degree of uncertainty.

6.3 The financial processes introduced in 1 April 2016 has the potential to lead to an increased number of challenges and appeals where, for example, a self-funder disagrees with the rate set for their care account following assessment. As yet, the primary legislation only includes a placeholder clause (s.72) for appeals and it will be important to monitor this aspect as and when the Government issues and consults on its proposals in this area

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

7.1 As a leader of integrated working, the Health and Wellbeing Board should note that the Care Act sections 6 and 7 introduce a new explicit duty of co-operation in exercising duties around individuals with care and support and their carer. This is a duty on local authorities to work with other agencies, and a reciprocal duty on other agencies to co-operate with local authorities.

7.2 The Board should note that the Department of Health's publicised intention is to make no substantive change to the boundary between National Health Service responsibilities and social services responsibilities.

7.3 The Board should continue to support the Better Care Fund schemes in ensuring that outcomes and system improvements are delivered in line with the principles of the Care Act, such as the importance of person-centred ways of working and the emphasis on prevention.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The Care Act puts principles into statute that have long been a part of effective social work. Local authorities are required to carry out their care and support functions with the aim of integrating services with those provided by the NHS and any other related service (such as housing), which aligns with planned changes under the Better Care Fund. There is arguably more scope for

joined-up thinking and learning between social workers, occupational therapists and others in different service areas to encourage a whole systems approach. This, and the principle of assessments and services focused on wellbeing, means holistic consideration of individuals' situations and the creation of person-centred responses, recognising both their needs and also their abilities, preferences and personal 'circles of support' which may increase effective prevention and improved long-term health and which may also reduce state-funded intervention.

The Care Act undoubtedly will have a quantitative impact for adult social care, with larger numbers of carers and self-funders requesting assessment. This paper sets out the current assumptions that have been made based upon which further preparations for implementation will take place over the next 6 months before the Act takes effect in April 2015.

Non-Applicable Sections:	None
Background Documents: (Access via Contact Officer)	Care Act Impact - [no reference number] Care Services PDS 2 October 2014 Adult Social Care – Impact of the Care Bill and Future NHS Funding. Report CS13049 Executive 20 November 2013 Care Act, May 2014 Draft Regulations, and Draft Statutory Guidance, June 2014 Caring for Our Future: reforming care and support (2012)

Care Act Impact report – Appendix 1: Summary of results - all year

Social Care Reform Financial Impact Analysis		2015/16	2016/17	2017/18	2018/19
Financial Reforms	Residential Clients - Cap	£0	£0	£447	£9,454
	Non-Residential Clients - Cap	£0	£312,219	£477,310	£759,440
	Potential Income from deferred payments	-£10,668	-£23,072	-£33,899	-£46,219
	Potential Residential Self Funders	£0	£0	£0	£0
	Impact of extended means test (Negligible)	£0	£0	£0	£0
Cared-for Additional Assessment Cost	Early Assessments/Reviews/Light Touch Assessments	£598,106	£1,554,999	£1,252,566	£1,284,066
	Financial Assessments	£96,117	£276,776	£276,767	£285,562
Additional Carers Costs	Carers Assessments Costs	£428,049	£564,081	£539,466	£540,387
	Carer Financial Assessments	£31,723	£79,292	£92,506	£94,476
	Carers Package Costs	£721,505	£950,795	£909,305	£910,858
Existing Carers Cost	Carers Package Costs	£655,613	£655,613	£655,613	£655,613
	Carers Charging	-£397,890	-£458,522	-£460,753	-£461,332
Initial Contact and Short Term Support	Initial Contact	£30,009	£64,577	£63,772	£65,268
	Reablement	£122,031	£247,901	£92,650	£92,650
	Minor Equipment	£26,656	£54,150	£20,238	£20,238
Modelled Totals	**Financial Elements**	**-£10,668**	**£289,146**	**£444,152**	**£727,169**
	Additional Cared-for Assessment Cost	**£694,224**	**£1,831,774**	**£1,529,333**	**£1,569,629**
	Additional Net Carers Costs	**£1,439,001**	**£1,791,258**	**£1,736,136**	**£1,740,002**
	Other Costs	**£178,696**	**£366,628**	**£176,660**	**£178,156**
	Total Cost to LA	**£2,301,252**	**£4,278,806.92**	**£3,886,280**	**£4,214,956**
Provisional Items	IT System	£250,000	£20,000	£20,000	£20,000
	Advocacy	£25,000	£80,000	£100,000	£100,000
	Training	£50,000	£0	£0	£0
	Support Planning extension	£150,000	£150,000	£150,000	£150,000
	Safeguarding	£20,000	£20,000	£20,000	£20,000
	Market Shaping & Prevention	£30,000	£30,000	£0	£0
	[Sub-Total]	£525,000	£300,000	£290,000	£290,000
Sub-Total	**Total Cost to LA**	**£2,826,252**	**£4,578,807**	**£4,176,280**	**£4,504,956**
Funding	Formula Grant: New ASC Burdens*	£1,884,552	£3,500,000	£3,500,000	£3,500,000
	Better Care Fund*	£750,000	£750,000	£750,000	£750,000

* 2016/17, 17/18 and 18/19 are shown with presumed levels of funding which are highly uncertain at this stage

GRAND TOTAL	BALANCE	£191,700	£328,807	-£73,720	£254,956

Risk	Service user eligibility wording	£188,716	£188,716	£188,716	£188,716
	Care Home Market Rate Equalisation	Uncosted	Uncosted	Uncosted	Uncosted
	Assessor capacity/price - market forces	Uncosted	Uncosted	Uncosted	Uncosted
	Accuracy of Financial Model	Uncosted	Uncosted	Uncosted	Uncosted

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London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date:	**Thursday 16th October 2014**
Report Title:	**Progress on the Pharmaceutical Needs Assessment 2015-18**
Report Author:	Agnes Marossy, Consultant in Public Health, Education, Care & Health Services, London Borough of Bromley. Tel: 020 8461 7531 E-mail: agnes.marossy@bromley.gov.uk
Chief Officer:	Nada Lemic, Director of Public Health.

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1. SUMMARY

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

1.2. The Health and Social Care Act 2012 gave the Health and Wellbeing Board (HWB) the statutory duty to develop and publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015. Requirements for a PNA are set out in the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. These regulations cover the minimum information to be included in a PNA, the matters which must be considered, and the process to be followed. This process includes formal consultation with specific stakeholders for a minimum of 60 days.

1.3. In preparation for consultation a draft of the PNA has been prepared.

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2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. The HWB are asked to approve the draft PNA for statutory consultation, which will run from 17th October to 22nd December.

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

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

- Local Pharmaceutical Committee

- Local Medical Committee
- CCG
- Healthwatch Bromley
- Voluntary Sector Strategic Network
- Communications, LBB
- NHS England

Health & Wellbeing Strategy

Financial

1. Cost of proposal: £41K

2. Ongoing costs: There will be an ongoing maintenance cost, bids were sought as part of the main tender process. The maintenance cost will be up to £5,000 pa.

3. Total savings (if applicable): Not applicable

4. Budget host organisation: London Borough of Bromley

5. Source of funding: Public Health Grant

6. Beneficiary/beneficiaries of any savings: Not applicable.

Supporting Public Health Outcome Indicator(s)

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4. COMMENTARY

Introduction

4.1. The Health and Social Care Act 2012 gave the Health and Wellbeing Board (HWB) the statutory duty to develop and publish a Pharmaceutical Needs Assessment (PNA) by 1st April 2015. Requirements for a PNA are set out in the National Health Service (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013. These regulations cover the minimum information to be included in a PNA, the matters which must be considered, and the process to be followed. This process includes formal consultation with specific stakeholders for a minimum of 60 days. The PNA lasts three years, but must be kept up to date and supplementary statements published. If there is a change in circumstances that cannot be addressed through a supplementary statement, a new PNA must be written.

4.2. A PNA is a key commissioning tool to ensure that local areas have high quality pharmaceutical services that meet needs. A PNA sets out the community pharmaceutical services that are currently provided and gives recommendations to address any identified gaps, taking into account future needs. A PNA supports the commissioning intentions for pharmaceutical services and other services that could be delivered by community pharmacies and other providers.

4.3. The completed PNA will inform commissioning decisions by NHS England (Area Teams) on certain pharmaceutical services and may inform the Local Authority, and potentially the Clinical Commissioning Group (CCG), on services not legally termed 'pharmaceutical services' that may be commissioned from pharmacies.

4.4. The Health & Wellbeing Board needs a thorough and robust PNA that complies with the regulations and follows due process. This will ensure that community pharmacy services are provided in the right place and that commissioned services meet the needs of local communities.

Current position

4.5. The PNA Steering Group, together with the commissioned provider (PCC – Primary Care Commissioning) has prepared a draft PNA ready for statutory the consultation which is scheduled to run for 60 days between 20th October and 22nd December 2014. The draft PNA has been circulated to members of the Board as an Information briefing.

Consultation

4.6. Formal consultation on the PNA is a statutory requirement. The regulations state that certain persons (listed in the regulations) must be consulted at least once whilst producing the PNA. Those listed include the Local Pharmaceutical Committee (LPC), the Local Medical Committee (LMC), Local Pharmacy services Contractors, Healthwatch, other patient groups, Acute Trusts, NHS England Area Team, neighbouring Health & Wellbeing Boards. There must be at least 60 days given for responses. It is planned to run this consultation between 17th October and 22nd December.

4.7. The draft PNA for consultation will be published on the My Life website.

Risks

4.8. The Health & Wellbeing Board have a statutory duty to publish the PNA by 1st April 2015, and we are on course to deliver this responsibility.

4.9. The PNA will be included on the Corporate Risk Register as there is a potential for legal challenge if the PNA is considered not to be compliant with regulations or not to have followed due process and not be sufficiently robust to allow for reasonable commissioning decisions to be made. The risk is being mitigated by the processes being followed.

Health & Wellbeing Board Decisions

4.10. The Health and Wellbeing Board are asked to agree the draft PNA prior to the formal consultation at this meeting, and to agree the final version of the PNA at the meeting on 29th January 2015 prior to publication.

5. FINANCIAL IMPLICATIONS

5.1. The cost of the PCC contract to deliver the PNA is £41,000. There is an ongoing maintenance cost of up to £5,000 pa.

6. LEGAL IMPLICATIONS

6.1. The Health & Wellbeing Board have a statutory duty to publish the PNA by 1st April 2015, and we are on course to deliver this responsibility.

6.2. There is a potential for legal challenge if the PNA is considered not to be compliant with regulations or not to have followed due process and not be sufficiently robust to allow for reasonable commissioning decisions to be made.

Non-Applicable Sections:	**IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM;** and **COMMENT FROM THE DIRECTOR OF PUBLIC HEALTH**
Background Documents: (Access via Contact Officer)	Update on the Pharmaceutical Needs Assessment, 20th March 2014 Progress on the Pharmaceutical Needs Assessment 2015-18, 24th July 2014

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date:	**Thursday 16th October 2014**
Report Title:	**BETTER CARE FUND & WORK PROGRAMME**
Report Author:	Clive Uren, Interim Director of Commissioning, Bromley Clinical Commissioning Group Tel: 01689 866168 E-mail: clive.uren@bromleyccg.nhs.uk
Chief Officer:	Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group.

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1. SUMMARY

1.1. This report provides an update on the Better Care Fund (BCF) submission which was made on 19th September following sign off by the Chairman of the Health and Wellbeing Board. The BCF submission was developed in partnership between Bromley's Clinical Commissioning Group (CCG) and the London Borough of Bromley (LBB) with involvement of local partners.

1.2. The new submission requires a commitment to reduce emergency admissions during 2015/16 through the development of a set of community based schemes. These schemes should a ensure the delivery of national conditions which include greater integration of services, development of additional capacity out of hospital, protection of Social Care and improved data sharing.

1.3. Bromley's Local Plan commit a spend of £20.837m in 2015/16. The Plan is currently being assessed by NHS England prior to a decision by Ministers later in October.

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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 report also summarises the eight agreed schemes for delivery and how they link directly with the health & wellbeing priorities currently agreed for Bromley along with governance arrangements, identified risks and how the Plan continues to promote integration.

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

3.1 The Board is asked to endorse the Chairman's action in approving the Bromley BCF Plan and note that further reports will be brought back to the Board in future to ensure that the Plan is developed and implemented to deliver the agreed aims and objectives.

3.2 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.

Health & Wellbeing Strategy

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

Financial

1. Cost of proposal: £8.760m in 2014/5 (BCF Planning Year) and £20.837m in 2015/16

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.

4. Budget host organisation: NHS England have not yet confirmed how the full pooled budget for 2015/16 will be administered

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 saving it is supposed to maximise outcomes of existing budgets through realignment

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Supporting Public Health Outcome Indicator(s)

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4. COMMENTARY

Introduction

4.1. In July 2014 new Guidance was issued regarding proposals for the Better Care Fund together with a requirement to resubmit plans by September 19th. In addition to ensuring better integration of services and the delivery of improved quality and outcomes local plans had to demonstrate that resources for Social Care were protected and that emergency admissions were reduced by circa 3.5%. Revised templates were produced which required each plan to outline the Vision for local Health and Care Services, a Case for Change plus detailed service development proposals with associated financial and activity implications plus an analysis of risks and governance arrangements.

4.2. In Bromley it was decided that we should build on the existing opportunities for integration which are offered in the CCG's ProMISE initiative and the associated "House of Care". As a result of this and with the need to support Social Care and ensure delivery of the Care Act eight specific schemes were developed with partners to target central requirements and local needs. Three of these schemes namely a scheme to enhance step up and step down service, a scheme to improve support to care homes and a scheme to extend the ProMISE initiative will help reduce emergency admissions by 2.8% in 2015/16. The other five schemes, which will develop local services and capacity for dementia, self-management, carers support, the integrated care record and a continuation of some of the winter resilience schemes including fast track access to equipment, will have a less immediate impact on emergency admissions but will act as enablers targeting key health needs, improve the quality of local services and enhance the integration of health and care services.

4.3. The schemes 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. 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.

4.4. In view of the very tight timetable involved in the production of the BCF Plan it was approved by Councillor Fortune on behalf of the Board (as delegated by the July Board meeting) following sign off by Angela Bhan, Chief Officer and Terry Parkin, Executive Director ECHS on behalf of their respective organisations. The activity assumptions in the Plan were also endorsed by the Chief Executive of Kings College Hospital Foundation Trust which is the main provider of acute hospital services for Bromley.

4.5. The Bromley Plan is currently being assessed by the Better Care Fund Programme team at NHS England and a decision is expected later in October. While plans can be assessed at four levels which range from outright approval, through approval with support, approval with conditions to non-approval, early feedback on the Bromley Plan has been reasonably positive and we anticipate that our proposals will be approved with support.

4.6. The full Bromley Plan was shared with Board Members via the information briefing sent on Friday 3rd October. This briefing can be accessed here.

Work Programme

The Bromley Plan has eight high level schemes, three that will directly reduce the number of hospital admissions, and a further five which are classed as enablers, contributing less directly to this aim but are vital developments to help deliver and sustain reductions in secondary care

activity, address prioritised health and care needs and help realise the Bromley "House of Care". 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) **Extension of Integrated Care (ProMISE)**
- Increase palliative care service caseload
- Community based falls prevention and treatment
- Increased Community Matron & therapist capacity
- Developing the wider integrated care team
- Enhanced primary care diabetes service.

4) **Dementia** (enabler)
- 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.

5) **Self-management** (enabler)
- 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.

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

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

8) **Integrated Care record** (enabler)
- 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 will be overseen by the Bromley Health and Wellbeing Board and managed through the Joint Integrated Commissioning Executive (JICE), whose membership includes the Chief Officer, Chief Finance Officer and Director of Commissioning at the CCG; and the Executive Director, Education, Health and Care Services and the Assistant Director of Commissioning, Education, Care and Health from LBB; with programme leads (management and clinical) in attendance.

4.8. 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 programmes;
- ensure that detailed and fully costed project plans are developed and delivered for the proposed 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.

4.9. The recently proposed new structure of health and wellbeing 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.

Risk

4.10. 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.

4.11. The financial risk of underachievement of planned activity reductions falls mainly on the CCG as commissioner - if the reduction in emergency admissions is not achieved, it will bear the cost of these admissions. Consequently, it is considered impracticable to withhold or ‘claw back’ funds committed under the BCF if the anticipated result is not achieved in the first year. Therefore the financial risk will sit initially with the CCG and be managed via a Quality, Innovation, Productivity and Prevention (QIPP) programme that treats BCF as a cost pressure and puts in place a range of initiatives to achieve efficiencies to match. The CCG has established a range of internal mitigations to support this approach.

Promoting integration of services

4.12. The BCF is part of the Governments overall push for much greater levels health and social care integration, which has been developing steadily over recent years and set out in the Health and Care Act 2012 and the Care Act 2014. Locally this Plan aligns to the national policy direction for health and care. It builds on previous work including the ProMISE scheme; the approach to reablement, unplanned care and mental health services programmes; and the development of other joint commissioning initiatives like the recent resilience plan to help combat winter pressures.

4.13. The BCF focuses on developing new forms of joined up care where social care is embedded into core health pathways, providing a joined up health and care service to the local community. For example, there is funding set aside in the integrated care record scheme specifically to look to link in the social care system, Care First, with the core health system in Bromley.

4.14. The Plan and associated schemes also link closely with the King's recovery plan to ensure the successful delivery of the 4 hour maximum wait in their Emergency Department. King's plan includes new pathways and processes that ensure patients flow more smoothly through the hospital and are discharged when they are medically stable and fit for discharge. There is an expectation that acute beds will be released as a result of more timely transfers of care from hospital to the community.

4.15. The new schemes only make up around £9m of the fund and the CCG have worked with LBB to make available important funds to protect social care and provide important funding in order to roll out preparations for the new legislation surrounding the Care Act.

5. COMMENT FROM THE CHIEF OFFICER, BROMLEY CCG

5.1. 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 but both LBB and the CCG are confident that any obstacles can be overcome.

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)	

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 16th October 2014**

Report Title: **Winterbourne View Performance Position Statement**

Report Author: Peter Davis, Joint Team Manager, Community Learning Disability Team
Education, Care & Health Services
Tel: 020 8464 3333 Email: Peter.davis@bromley.gov.uk

1. SUMMARY

1.1. To provide an update on local actions in response to the Serious Case Review undertaken by South Gloucestershire in relation to Winterbourne View Hospital (Castlebeck).

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. To provide an update and position statement concerning people with learning disabilities presently admitted to Assessment and Treatment Units (ATU). To give assurance that people with learning disabilities are safeguarded in the context of issues arising from the Serious Case Review of Winterbourne View Hospital in 2012.

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

3.1. To review this briefing/update with a view to agreeing that all necessary measures are in place to safeguard adults with Learning Disabilities (LD) in Assessment and Treatment Units.

Health & Wellbeing Strategy

1. Related priority: Not applicable

Financial

1. Cost of proposal: None
2. Ongoing costs: Funded by Bromley CCG
3. Total savings (if applicable): Not applicable
4. Budget host organisation: Bromley CCG
5. Source of funding:
6. Beneficiary/beneficiaries of any savings: N/A

Supporting Public Health Outcome Indicator(s)

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4. COMMENTARY

4.1. There are currently 8 Bromley residents accommodated within Hospital settings. Of these 2 are presently accommodated in step-down facilities. An additional patient was discharged on 2nd October 2014 to a community based residential home. Of the 8 in-patients, all have been admitted under Sections 2 & 3 of the Mental Health Act. This is in stark contrast to the situation at Winterbourne House in which a significant minority of patients were not detained under the provisions of the Mental Health Act 1983. Admission under section ensures a statutory framework for review with a minimum frequency of 12 monthly reviews. All of the patients concerned have named allocated care managers and named local clinicians, and have received annual Care Management reviews in addition to their Care Programme Approach Reviews. Copies of the reviews have been supplied to CCG commissioners who have reported satisfaction with the quality of the reviews.

4.2. In recognition of the need to monitor outcomes for people with LDs in ATUs, all qualified care managers in the Community Learning Disability Team (CLDT) have been trained in the use of the Health of the Nation Outcome Scales (HoNOS-LD) to evaluate clinical outcomes across a range of scales. The tool can not only measure improvement following treatment but also identify areas of deterioration which can be investigated further as they may be indicators of safeguarding concerns.

4.3. There is a joint group comprised of Bromley CCG & LBB Commissioners with the CLDT Joint Team Manager looking at the requirement of the Winterbourne View programme and to ensure we deliver to targets. The group is supported by the Winterbourne View Joint Improvement Plan Steering Group and submitted a Joint Improvement Plan Update in May 2014. Following that submission it was proposed that a more detailed improvement plan for Bromley is not required at this time.

4.4. LBB and CCG Commissioners are working jointly to ensure there is adequate planning for service users in ATUs who wish to return to the borough following discharge, whilst recognising that some people in out of borough ATUs are already settled in the locality where they have been admitted.

4.5. Accountabilities to local, regional and national bodies is clear in both organisations.

4.6. Reports have been presented to the LBB Safeguarding Board. The CCG Programme Groups for Adults & Children have governance oversight from a CCG perspective with LBB oversight from the Senior Management Team & elected Members.

4.7. The local CLDT has a multi-professional functional team, including nurse prescribers specialising in supporting people with LDs who have mental health problems. The team works to support people in the community, prevent admissions, undertake CPA reviews and support decision-making concerning discharge at Atlas House.

4.8. Advocacy services local to the person in the ATU are engaged to ensure that patient views are heard.

4.9. The opening of a private ATU at the London Autistic Centre by Glencare has resulted in multiple safeguarding alerts resulting in close scrutiny by LBB, the CCG, NHS London and NHS England. Neither LBB nor Bromley CCG have any patients placed within the service, nor have any placements ever been made there. The primary provision for local patients remains Atlas House run by Oxleas Foundation Trust.

4.10. The Anti-Social Behaviour Unit operates a multi-agency panel including registered social landlords, adult social care and the police to monitor vulnerable adults including those with LDs and mental health problems to monitor risks associated with anti-social behaviour. CLDT representation on the panel ensures timely information sharing contributing to admissions prevention.

5. LEGAL IMPLICATIONS

5.1. The position statement indicates that the local authority and CCG are fully compliant with relevant statutory guidelines.

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 AUTHOR ORGANISATION
Background Documents: (Access via Contact Officer)	None.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date:	**Thursday 16th October 2014**
Report Title:	**HEALTH & WELLBEING PRIORITIES AND WORKING GROUPS**
Report Author:	Steven Heeley, Education, Care & Health Services, London Borough of Bromley Tel: 0208 461 7472 Email: steven.heeley@bromley.gov.uk
Chief Officer:	Terry Parkin, Executive Director, Education, Care & Health Services Dr Nada Lemic, Director of Public Health.

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1. SUMMARY

1.1. Following the annual refresh of the Health & Wellbeing Strategy as set out in a report to the Health & Wellbeing Board (HWB) in January and the recently updated 2014 Joint Strategic Needs Assessment (JSNA), the Board agreed in July to four key priorities being selected for the remainder of the current municipal year, namely dementia, diabetes, obesity and the emotional wellbeing of young people.

1.2. This report updates the Board on the arrangements to date with establishing “Task & Finish Groups” for the four key priorities.

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2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1. The Bromley Health & Wellbeing Strategy 2012–15 is a key responsibility of the HWB, setting out how it will meet the needs identified within the JSNA through a number of locally determined priorities. Nine priorities formed part of the initial Strategy agreed in 2012.

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

3.1. The Board is asked to endorse the proposed approach to managing the four key health and wellbeing priorities through to May 2015 and agree the draft Terms of Reference for “Task & Finish” working groups.

Health & Wellbeing Strategy

1. Related priorities: Diabetes, Hypertension, Obesity, Dementia.

Financial

1. Cost of proposal: Within existing budgets.
2. Ongoing costs: Within existing budgets.
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 Health & Social Care Act 2012 places a duty on Health & Wellbeing Boards to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health & Wellbeing Strategy (JHWS). Bromley's existing Strategy was agreed in 2012 with a commitment to annually review and refresh it in order for it to remain relevant and in accordance with emerging needs identified in the annual JSNA.

4.2. The Strategy identifies six important principles:

- Setting out the vision of what we want to achieve for health and wellbeing across the Borough;
- Identifying key priorities for improving health and wellbeing;
- Driving and influencing the delivery of health care in the borough;
- Providing an inclusive, overarching and co-ordinating framework which integrates with other local strategies;
- Improving the quality of life, increase life expectancy, reduce health inequalities and promote mental and physical wellbeing for our residents; and,
- Engaging with local partners and communities to ensure local needs are being met.

4.3. The current Strategy has nine agreed priorities as follows:

- Diabetes
- Obesity
- Hypertension
- Anxiety and Depression
- Dementia
- Support for Carers
- Children with Mental & Emotional Health Problems
- Children Referred to Social Care
- Children with Complex Needs and Disabilities

4.4. A range of activities and groups were established to improve outcomes in these areas. A report to the HWB in January 2014 [Report HWB14003] set out the progress against agreed 2013/14 actions and also set out the 2014/15 actions.

The four key priorities and associated working groups

4.5. At the July 2014 Board meeting, it was agreed that four priorities – Dementia, Diabetes, Obesity, and Emotional Wellbeing of Young People – were given a greater focus in order to bring together those working in the respective areas to ensure the best possible use of the expertise, knowledge and resources available to the borough.

4.6. The Board agreed to a governance structure in order to drive integration of services and to provide the necessary greater focus to the above priorities. This governance will be provided through the Joint Integrated Commissioning Executive (JICE) with regular updates to the Board. The establishment of "Task & Finish" working groups from the JICE is further proposed to take each of the four above key priorities. The working groups will be chaired by elected members sitting on the HWB, with other board members also represented on each of the working groups along with appropriate commissioning and clinical leads from Bromley CCG and the Local Authority.

4.7. The "Task and Finish" Groups will be required to initially review the present activity underway or proposed for the respective priority along with reviewing the agreed outcomes using the available commissioning resources in order to build a detailed SWOT analysis. This will then

require to be translated into an appropriate gap analysis before the working group agrees upon an ambitious but realistic action plan which would include stretch targets to ensure the most is made of the opportunities presented through the partnership working catalysed by the Health and Wellbeing Board.

4.8. Each of the working groups will be provided with a review of present activity and outcomes and will include a review of recent reports and strategies, the 2014 JSNA on the latest evidence regarding the specific priority, commissioning plans, details of national campaigns and action, and any links to observatory information.

4.9. A draft Terms of Reference for each of the four working groups is presented in **Appendix 1** with a draft structure and appointments made to date set out in **Appendix 2**.

4.10. The Chairman of the Health & Wellbeing Board notes the importance of active involvement from Board Members on their respective working groups and therefore proposes to reduce the frequency of Board meetings through to the end of May 2015 in order to account for the increased Member workload to attend and participate in these groups.

5. FINANCIAL IMPLICATIONS

5.1. We would expect the work to be undertaken through existing budgets but with better targeting of resources to see reductions in system costs, for example, through fewer emergency admissions, or reduced numbers of placements in nursing or other residential settings. These cannot be quantified at the outset of this work programme but will be developed across the year.

5.2. Pre-determined funding for schemes within the Better Care Fund would also potentially contribute to the delivery of specific actions agreed on by the working groups, where relevant such as dementia.

6. LEGAL IMPLICATIONS

6.1. Under the Health and Social Care Act 2012 it is a statutory responsibility of local authorities and clinical commissioning groups (CCGs) to prepare JSNAs and JHWSs, through the Health and Wellbeing Board.

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

7.1. The Health & Wellbeing priorities, integration of service delivery and the proposed model of governance requires the full agreement and support from the London Borough of Bromley, Bromley's Clinical Commissioning Group and all other partners of the Health & Wellbeing Board.

Non-Applicable Sections:	**COMMENT FROM THE DIRECTOR OF AUTHORING ORGANISATION**
Background Documents: (Access via Contact Officer)	None.

APPENDIX 1

Terms of Reference of Health & Wellbeing Board Task and Finish Groups

The Health and Wellbeing Board (HWB) has the authority to establish from time to time, task and finish groups to ensure that priority areas of action are appropriately addressed.

These groups will:

1. Be Chaired by an elected Councillor from the London Borough of Bromley
2. Have an initial membership agreed with the Chairman of the HWB, but subject to variation through Chairman's action once the group is established and its expertise and representation is reviewed in the light of the task under consideration
3. Be time limited as agreed with the Chairman of the HWB (this would be for a maximum of one year unless otherwise agreed)
4. Agree with the Chairman of the HWB a series of appropriate actions to understand, analyse and address the issue under investigation
5. Publish a project plan for approval by the HWB including actions, timelines, and outcomes.
6. Report back regularly to the HWB, as agreed, on progress against this plan as well as undertaking professional seminars on their specific area to brief members of the Board and other elected councillors.
7. Where existing groups exist, within a partner organisation, for example, task and finish groups might be built around these rather than establishing new groups that might otherwise duplicate work underway elsewhere.

It is proposed for 2014-15, that four such groups are established, each taking one of the priority areas given above (reference to H&WS):

1. Children and adolescent mental health (p28)
2. Diabetes (p15)
3. Dementia (p34)
4. Obesity (p19)

The starting point will be the respective section in the Health and Wellbeing Strategy 2012-15. These will be assessed for progress against objectives, the precise strategy reviewed and a revised action plan agreed.

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APPENDIX 2

Task & Finish Group – Proposed Structure

LBB Council Executive

Health & Wellbeing Board
Chairman: **Cllr Peter Fortune**
Vice-chairman: **Cllrs Diane Smith & David Jefferys**

Bromley CCG Governing Body

Joint Integrated Commissioning Executive
Membership:
Dr Angela Bhan, Chief Officer of Bromley CCG
Clive Uren, Director of Commissioning Bromley CCG
Mark Cheung, Finance lead for Bromley CCG
Terry Parkin, Executive Director of ECHS, LBB
Lorna Blackwood, Assistant Director of ECHS, LBB
Pete Turner, Finance lead for LBB
GP serving from the CCG Board

Task & Finish Group 1	Task & Finish Group 2	Task & Finish Group 3	Task & Finish Group 4
OBESITY	**CHILD AND ADOLES' MENTAL HEALTH**	**DIABETES**	**DEMENTIA**
Chairman: **Cllr Angela Page**	Chairman: **Cllr Judi Ellis**	Chairman: **Cllr Ruth Bennett**	Chairman: **Cllr William Huntington-Thresher**
1x elected member of the Board	1x elected member of the Board	1x elected member of the Board	1x elected member of the Board
At least 1x other member of Board	**Helen Davies** Chair of Safeguarding Boards	**Dr Andrew Parsons** Bromley CCG Chairman	At least 1x other member of Board
Clinical Lead(s)	At least 1x other member of Board	At least 1x other member of Board	LBB Commissioner
Public Health Lead	LBB Commissioner	LBB Commissioner	CCG Commissioner
	CCG Commissioner	CCG Commissioner	Clinical Lead(s)
	CCG Children's Clinical Lead	Clinical Lead(s)	
	Public Health Lead	Public Health Lead	
	Vice Chair Bromley Youth Council		

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London Borough of Bromley
PART ONE - PUBLIC

Decision Maker:	**HEALTH AND WELL BEING BOARD**		
Date:	**16th October 2014**		
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		

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1. Reason for report

1.1 Board Members are asked to review the Health and Wellbeing Board's work programme for 2014/15 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 it's Work Programme and progress on matters arising from previous meetings.

2.2 The Board is also asked to note the revised procedure for dealing with public questions and the reduced number of meeting dates this municipal year.

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: None

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 2014/15 Work Programme is attached as **Appendix 2.** The Work Programme is fluid and evolving.

3.3 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 The relevance and appropriateness of questions to previous board meetings have been reviewed. In the majority of instances, the Chairman felt submitted questions were more relevant for other Council PDS Committees rather than the Health & Wellbeing Board and would ultimately receive a quicker response going via the PDS. He has therefore decided that from this meeting onwards, all questions received by the Board will be reviewed and referred directly to the relevant PDS Committee, or other meetings where appropriate, at the next available opportunity for answering unless the question is directly relevant to the Health & Wellbeing Board. All questions and respective answers will continue to be recorded in the minutes of the Board meeting in the usual way.

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.

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APPENDIX 1

Health and Wellbeing Board

Matters Arising/Action List – 16/10/2014

Agenda Item	Action	Officer	Notes	Complete
JSNA	Voluntary Sector requested an easy to read executive summary. Consideration of whether to include FGM.	**Nada Lemic/ Angela Bhan** **HWB**	**Provided for July 24th 2014 Meeting.** **Board could push for this to be incorporated if required.**	**24/07/14** **TBC**
Questions	Review of nature of questions coming to the Board	**Chairman**	**Questions will be referred to more appropriate meetings unless they relate directly to the work of the Board.**	**31/07/14**
Health Care Facilities in Bromley. (20/03/14)	Recommendation to be made to NHS England for an additional GP Practice. NHS England to be invited to a future meeting. NHS London to be asked for a statement on the shortage of GP provision in Bromley Town Centre	**Steve Heeley**	**NHS England proposed to be co-opted in a non-voting right to the Board.** **They will then be asked to comment more widely on GP provision.**	**Ongoing**
PNA	Details of "Localities" to be provided	**Dr Agnes Marossy**	**Provided by Dr Marossy on 25th July 2014, and distributed by email.**	**25/07/14**
Glossary	"DAC" to be added	**Steve Heeley**	**Other abbreviations added following meeting.**	**25/07/14**
AOB-New Co-opted Members	Board to move forward with the appointment of New Co-opted Members.	**Steve Heeley**	**Report to the October Board meeting.**	**Ongoing**
AOB **BCF Timetable**	Plan to be drafted in time for next Executive.	**Richard Hills**	**Special Executive meeting held on 19/09/14 to discuss.**	**BCF proposals approved by Executive**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2013/14

Title	Notes
Health and Wellbeing Board—16th October 2014	
JSNA sign-off	
PNA draft for consultation	
Better Care Fund Submission	
Bromley Healthwatch – Annual Report	
Winterbourne View Recommendations Update	Every other meeting
HWB Strategy 2014/15 Exception Reporting	
Work Programme and Matters Arising	
Health and Wellbeing Board—29th January 2015	
PNA sign off	
Child Deaths report	
H&W Priorities – Task & Finish Group updates	
HWB Strategy 2014/15 Exception Reporting Work Programme and Matters Arising	
Health and Wellbeing Board—26th March 2015	
HWB Strategy 2014/15 Exception Reporting	
Work Programme and Matters Arising	

Outstanding items to be scheduled
Proposal for how paediatric Diabetes could be addressed jointly between the Local Authority and Bromley CCG focussing on a preventative approach.
The issue of NHS England being invited to speak has not been resolved.

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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
16th October 2014	7th October 2014	8th October 2014
29th January 2015	20th January 2015	21st January 2015
26th March 2015	17th March 2015	18th March 2015
21st May 2015	12th May 2015	13th May 2015

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.

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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.

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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)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
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)
Long Acting Reversible Contraception	(LARC)
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)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
Nucleic acid amplification tests	(NATTS)
Patient Liaison Officer	(PLO)
People living with HIV	(PLHIV)
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, Innovation, Productivity and Prevention programme	(QIPP)
Queen Mary's, Sidcup	(QMS)
Secure Treatment Unit	(STU)
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)