BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 1 October 2015

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor David Jefferys (Chairman)
Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn, Robert Evans, William Huntington-Thresher, Terence Nathan, Angela Page and Pauline Tunnicliffe

London Borough of Bromley Officers:

Dr Nada Lemic	Director of Public Health

Clinical Commissioning Group:

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

NHS England:

Mark Edginton	Head of Assurance - NHS England

Bromley Safeguarding Children Board:

Annie Callanan	Independent Chair - Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Ian Dallaway	Chairman, Community Links Bromley
Linda Gabriel	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 8 OCTOBER 2015 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE MEETING HELD ON 9TH JULY 2015 (Pages 1 - 14)

4 QUESTIONS FROM COUNCILLORS OR MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on October 2nd 2015.

5 WINTERBOURNE VIEW RECOMMENDATIONS UPDATE

6 PRIMARY CARE CO COMMISSIONING VERBAL UPDATE

7 INTEGRATION UPDATE--THE BROMLEY OUT OF HOSPITAL TRANSFORMATION PROGRAMME (Pages 15 - 30)

8 HEALTHWATCH BROMLEY ANNUAL REPORT (Pages 31 - 48)

9 BROMLEY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT AND BUSINESS PLAN--VERBAL UPDATE

This will be a verbal update, and the full report will be presented to the Board at the meeting in February 2016.

10 JSNA UPDATE REPORT 2015 (Pages 49 - 52)

11 HEALTH AND WELLBEING BOARD STRATEGY REVIEW--VERBAL UPDATE

12 SHORTAGE OF GP PROVISION IN BROMLEY TOWN CENTRE--VERBAL UPDATE

13 QUESTIONS ON THE INFORMATION BRIEFINGS

The briefing comprises:

- TB in Bromley
- PHE response to the London Assembly Health Committee Investigation into TB in London
- Update on the Living well with Dementia Conference
- Phlebotomy Review

Members have been provided with advance copies of the briefings via email.

The briefings are available via the following link:

http://cds.bromley.gov.uk/ieListDocuments.aspx?CId=559&MId=5536&Ver=4

The briefings are for information purposes only and will not be discussed at the meeting unless there are any questions.

Please notify the Clerk to the Committee in advance if you have any questions on any

of the information briefings.

Stephen.wood@bromlely.gov.uk

0208 313 4316

14 UPDATES FROM THE HWB WORKING GROUPS

a OBESITY SUB GROUP UPDATE (Pages 53 - 64)

b DIABETES SUB GROUP UPDATE

c DEMENTIA SUB GROUP UPDATE

d CHILDREN AND ADOLESCENT MENTAL HEALTH SUB GROUP UPDATE

15 DEVELOPMENT OF THE HEALTHY WEIGHT FORUM FINDINGS

16 WORK PROGRAMME AND MATTERS ARISING (Pages 65 - 76)

17 ITEMS FOR THE NEXT AGENDA

Board Members are encouraged to consider what items should be incorporated onto the next agenda.

18 ANY OTHER BUSINESS

19 CONFIRMATION OF NEXT MEETING

The next meeting of the HWB is not scheduled until February 11th 2016.

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 9 July 2015

Present:

Councillor David Jefferys (Chairman)
Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Robert Evans, William Huntington-Thresher, Angela Page and Pauline Tunnicliffe

Dr Nada Lemic, Director of Public Health

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member
Dr Andrew Parson, Clinical Chairman
Annie Callanan, Independent Chair - Bromley Safeguarding Children Board
Linda Gabriel, Healthwatch Bromley

Also Present:

Councillor Judi Ellis, Jackie Goad (Chief Executive's Department), Denise Mantell (Education, Care & Health Services) and Dr Agnes Marossy (Bromley Health Authority), Michael Whitmore and Vanessa Reeves (IMPOWER Consulting), Mark Cheung (Chief Financial Officer-Bromley CCG), Phil Chubb (Project Lead for Orpington Health and Wellbeing Centre)

1 APOLOGIES FOR ABSENCE

Apologies were received from Mr Ian Dallaway and from Cllr Ian Dunn.

Janet Tibbalds attended as a substitute for Ian Dallaway.

Apologies were also received from Cllr Terence Nathan.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE MEETING HELD ON 26th MARCH 2015

The minutes of the meeting held on the 26th March 2015 were agreed.

4 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

A question was received from Ms Zoe Telford for oral response.

The question and answer is appended to the minutes.

The question will be forwarded to the Environment PDS Committee and the Environment Portfolio Holder for further consideration.

5 iMPOWER--UPDATE ON THE TRANSFORMATION PROJECT FOR THE HEALTH AND SOCIAL CARE SYSTEM

A presentation on the transformation project for the Health and Social Care system was delivered jointly by Michael Whitmore and Vanessa Reeves on behalf of IMPOWER Consulting Ltd. The presentation was entitled, "The Bromley Transformation Programme—Out of Hospital." The aim of the presentation was to provide an overview of the Out of Hospital Transformation Programme Strategy, and to show how this strategy was being developed. It was also intended to update the Board on Emerging Care Networks.

The Board were informed that the general population of Bromley had been steadily increasing, and would continue to do so. Linked to this was the fact that the elderly population of Bromley was increasing, and this trend was expected to continue. It was noted that the main cause of death in Bromley was circulatory disease, respiratory disease and cancer.

IMPOWER presented data to the Board that indicated that if no changes or improvements were made, then by 2019/20 there would be a Health and Social Care funding gap in Bromley of £61m. The components of the Out of Hospital Strategy were then outlined and it was explained that the basis of the strategy was to work out how community services could best be delivered post March 2017.

It was explained to the Board that the strategy would be developed using "Co Design Workshops" and "Deep Dive Huddles". "Deep Dive Huddles" were subdivided into "Care Networks", and IMPOWER sought to explain how the Care Networks could be comprised and developed. A key element of the Out of Hospital strategy was to focus on Prevention, and IMPOWER expanded on a slide that sought to highlight areas of the population where a preventative strategy should be focused. IMPOWER then went on to outline the various ways that preventative care could be delivered.

The Board were then presented with a slide that explained the current delivery model for intermediate care, and it showed that demand was heavily driven by the acute rather than by proactive and preventative measures. The main themes that had emerged from the Huddles were that out of hospital care should be networked, proactive, accessible and co-ordinated.

IMPOWER went on to discuss "Emerging Care Networks", and explained their main attributes and characteristics. It was noted that Networks should be

responsible for health outcomes by supporting populations, having responsibility for outcomes, and should be organised around patient lists. Detailed slides were then presented concerning illustrative models of care.

At the conclusion of the presentation, questions were put to the Board for their consideration and discussion, these were:

1) To what extent do we have champions for integration? How can we build on this?

2) What do you see as the challenges to Bromley in providing joined up out of hospital care?

3) What are the priorities for you in an integrated out of hospital system?

4) What does success look like in 2020?

Dr Bhan made the observation that IMPOWER had been commissioned by Health and Social Care and that this was a good example of joint commissioning. She stated that we needed to do things differently, so that we could get the best value from our current resources, and that all stakeholders involved in health and social care should develop their approach to joint working, so that they could properly develop the Out of Hospital Health and Social Care Strategy. She felt that a strategy should be developed that:

- Was better at Prevention
- Modified personal behaviour
- Promoted Independence
- Reduced Care Home admissions

Dr Bhan cautioned the Board that any financials referred to in the presentation were estimates.

Dr Andrew Parson stated that a better and more sustainable system was required that would slow down the slide on the “elevator of need”.

Mr Harvey Guntrip enquired if there was an opportunity for pilot testing to be initiated before the Out of Hospital Strategy as outlined went mainstream. The Chairman commented that it would be good to examine what lessons could be learned from current pilot projects, and that the general concept of piloting was a good one. This was the view also of IMPOWER who recommended the use of pilot rollouts that could build on best practice from existing projects. Everything was still in formative stages, and it would be a good discipline to look at where projects should be piloted.

Annie Callanan expressed the view that it was imperative that managers had a good knowledge of their services and the work of their colleagues, so that in this way they would have an understanding of how their decisions impacted on others. IMPOWER noted that trust building would be key, and that perceptions and trust were important.

The Chairman asked how the Board felt that practitioners and citizens be engaged. Linda Gabriel responded that the process should not be one of simply informing. Practioners and the public should be asked, “What do you want?” People needed to buy in, and so we had to go out and ask them, people needed to feel that they were involved and had stake in what was going on.

Janet Tibbalds declared that the voluntary sector could have a pivotal role in this regard, in terms of collating data and information.

The Vice Chairman expressed strong views that one point of information and access to services was imperative, as the Health and Social Care system was complex and often confusing to the public. She advocated a single access point/hub, from which the public could be signposted as appropriate.

Cllr Robert Evans referred to shared BCF funding and shared budgets. He made the point that it was difficult to properly integrate when there were separate budgets and separate financial regimes. He pointed out that Manchester had a fully integrated system. Dr Bhan agreed that more financial integration was required, this was not easy, but all parties needed to move forward together.

Dr Nada Lemic stated that her priority issue was Prevention, and that it was important to distinguish between primary and secondary prevention—a total pathway was required. She expressed concern that Prevention was an area that may get neglected, and that this may not affect need initially.

Dr Andrew Parson felt that what was required was the development of mini systems that would need joining up. It was important to make a rational use of pooled resources, and to understand what these consisted of.

Cllr Ruth Bennett commented that what had occurred in Manchester may be the way that things would develop nationally. She enquired if the Board felt that the Manchester model was a good one. She felt that it would be prudent to keep an eye on developments in Manchester to observe if the model was successful, and what lessons could be learned.

Mr Whitmore from IMPOWER consulting thanked Board Members for their eloquent feedback, and noted that there was a need for ownership and trust. The comments pertaining to Manchester were noted, and indeed it was the case that IMPOWER were in contact with partners in Manchester and that more information concerning Manchester would be fed back to the Board in due course.

Cllr Pauline Tunnicliffe questioned the importance and emphasis that was being placed on “Prevention”. She requested that more data be furnished from the Task and Finish Groups to show if “Prevention” actually worked in practice. She expressed concern that previous work in the field of “Prevention” had failed, and that it may in fact be a waste of resources.

The presentation concluded with Members noting that IMPOWER would present their final report to the JICE (Joint Integrated Commissioning Executive), and that

the report would then go to the Executive Committee, but there would be an opportunity for HWB members to offer further comments on the draft report on either the 27th or 28th July 2015—post meeting note-this session was held on Monday 27th July 2015.

6 PRIMARY CARE CO-COMMISSIONING. VERBAL UPDATE FROM DR ANGELA BHAN

A verbal update on primary care co-commissioning was given by Dr Angela Bhan.

Dr Bhan stated that GP's generally speaking were in favour of the co-commissioning process, and that this had already started in partnership with NHS England.

It had been acknowledged at a previous meeting of the HWB, that there were perceived conflicts of interest in the primary care co-commissioning process that needed to be addressed. The Board were updated that a joint meetings had been held with six CCG's and Primary Care Boards to progress the commissioning process and to try and address the concerns around conflicts of interest. The potential conflict of interest revolves around the fact that the commissioning process would-be controlled by CCG's (in conjunction with NHS England), and that GP's are also members of the CCG's.

The Board heard that the question to be answered was how primary care co-commissioning could be used to improve local services and networks. It was felt that the joint forum of CCG's and Primary Care Boards would help to resolve this. An initial meeting had already been held, this was well attended, and the main topic for discussion was Governance. It was hoped soon to move in to looking at the more substantial issue of commissioning GP services.

There were three issues that arose after the meeting between the CCG's and the Primary Care Boards:

- All parties expressed a desire to be better sighted on GP spend on primary care
- A strategy was required for the delivery of BCF targets
- A strategy was also required to provide out of hospital services close to people's homes

Another meeting was due later in the Summer.

A Member enquired if the local authority authority could take over GP commissioning. Dr Bhan responded that it was envisioned that there would be greater involvement from the local authority going forward.

RESOLVED that Primary Care Co-Commissioning updates be kept as a standing item for the foreseeable future.

7 VERBAL UPDATE ON PRUH MONITOR REPORT AND MCKINSEY'S REPORT--DR ANGELA BHAN

This verbal update was provided by Dr Angela Bhan. It was noted that the original Monitor report was written in March 2015. The Monitor report on the PRUH was scrutinised by the Health Services Sub Committee on the 15th April 2015. The report highlighted failures in governance and in financial management standards.

Kings had prepared financial recovery plans for 1, 2 and 5 years. The first plan had been completed for scrutiny three weeks previously, and Dr Bhan felt that good progress was being made in resolving governance issues. It was also the case that a significant cost improvement plan had been put forward. Kings had also set up an internal committee to look at cost improvements.

Dr Bhan informed the Board that:

a) Kings had provided assurances that plans would not affect primary care

b) Kings were committed to reducing agency costs

c) Rental costs would be reduced

d) Kings were meeting with Monitor every six weeks

Dr Bhan updated the Committee concerning the McKinsey recommendations which were now in phase 2. Plans were being drawn up to draw together all relevant parties from the health sector and the local authority, and to build up relationships.

The McKinsey recommendations were particularly focused around developing efficiencies in the PRUH accident and emergency department and connected departments. It was anticipated that all agencies be involved in the setting up and running of a “Transfer of Care Hub”, and that this Hub would be developed to better help individuals with serious and complex needs. An Out of Hospital system would be developed to take over care; GP practices would be included and there would be some spare money moving into the community.

Dr Bhan pointed out that the Transfer of Care Hub would need strong medical and strategic leadership. A Vanguard bid was being submitted for money and for recognition. She felt the Hub would work best as a joint venture led by the CCG, and that Lorna Blackwood and Mark Needham were leading.

RESOLVED that the Board be kept updated with developments concerning the PRUH improvement plan, and the implementation of the Mckinsey recommendations.

8 VERBAL UPDATE ON 2015-2018 HEALTH AND WELLBEING STRATEGY--DR NADA LEMIC

Dr Nada Lemic stated that the HWB Strategy needed to be looked at to see what may require changing or refreshing. She reminded the Board that the current priorities were Obesity, Diabetes, Dementia and Children's Mental Health, and this was why the Working Groups had been established. It was anticipated that at the October meeting there would be an in depth review of the current priorities to see if they should be maintained or changed, and how the HWB Strategy should develop going forward.

9 HEALTH AND WELLBEING CENTRE--ORPINGTON

Mark Cheung, Chief Finance Officer (Bromley CCG) and Phil Chubb, Project Lead, attended the meeting to cover the Orpington Health & Wellbeing Centre item.

The Board were first updated concerning some key financial data and were informed that the cost of the proposal in total was £8.840m. The ongoing costs were estimated at £6.485m, with estimated annual savings of £330k. It was intended that the Orpington Health & Wellbeing Centre would address key priorities from the JSNA report, the Orpington Health Needs Assessment Study, and the Health and Wellbeing Board Strategy.

There were five main areas of service that the centre would look to cover and these would be Primary Care, Community Health, Secondary Care, Mental Health, and the areas of Prevention and Wellbeing.

The Board heard that the aims of the Centre would be to deliver results in the following areas:

1) More accessible services meeting the needs of the local population
2) Better quality and more accessible primary care premises
3) Earlier identification and better management of long term conditions
4) Improved health outcomes for the local population
5) Collaborative working to create successful partnerships
6) Improved patient choice and independence

The Board were updated that planning consent had been granted, and were also updated concerning commercial arrangements. It was the case that the Full Business Case had been approved by NHS England, and that the financial close target date was November 2015. It was planned that the building works would be completed by May 2017, this would then be followed by a three-month commission programme led by the CCG, and it was anticipated that the delivery of services would commence from July 2017. The Centre would be based on the former Orpington Police Station Site.

RESOLVED that the update on the Orpington Health & Wellbeing Centre be noted.

10 QUALITY PREMIUM INDICATORS

A report on Quality Premium Indicators (QPI) was presented for the Board's attention. The report author was Sonia Colwill, Director of Quality and Governance, Bromley CCG, and the verbal update on the report was provided by Dr Angela Bhan.

It was explained that a QPI was a possible payment made by NHS England to Bromley CCG as a reward to reflect the quality of the services that they commission. The potential value of the QPI for Bromley CCG was £1.6m, payable non recurrently, in Q3 2016/17. The report was presented to the HWB as the Board had to agree the proposed QPI's in conjunction with the CCG. The indicators had to be sufficiently challenging to be agreed by NHS England.

Dr Bhan directed Members attention to the summary section of the report (section 19). The QPI's were divided into national and local initiatives.

National Priorities:

1) Reducing Premature Mortality

2) Improvements in Urgent and Emergency Care

- Achieving reductions in avoidable admissions
- Increasing the level of discharges at weekends and Bank Holidays
- Reducing NHS responsible delayed transfers of care

3) Improvements in Mental Health Care

- Reduction in the number of patients with A&E 4 hour breaches who have mental health needs
- Improvements in the health related quality of life for people with mental health needs
- Reduction in the number of people with mental health needs who are smokers
- Increase the number of adults with secondary mental health needs who are in paid employment

4) Patient Safety to be enhanced by improving antibiotic prescribing

Dr Bhan informed Members that the national priorities had been agreed.

Dr Bhan next highlighted the two local measures that had been suggested, and asked if the HWB agreed to the suggested local priorities. These were to improve the diagnosis rate for those suffering with dementia, and to enhance patients' experience of hospital care.

The Vice Chairman enquired if dementia support pathways were in place. Dr Bhan answered that £1m had been earmarked to improve Memory Clinics and other support measures. This had been jointly agreed between the CCG and LBB. A Member stated that it would be important to utilise the resources of the voluntary sector. Another Member commented that the rate of dementia diagnosis was good, but that increasing numbers of referrals were creating pressures.

A Member queried why there was a reference to mental health and smoking. Dr Parson responded that there was a high correlation between smoking and those with mental health issues; this in turn would lead to the development of other diseases.

The Board were also reminded that due to the problems of antibiotic resistance, the prescribing of antibiotics had to be appropriate.

RESOLVED:

1) that the report on Quality Premium Indicators 2015/16 be noted

2) the National QPI's were agreed by the Health and Wellbeing Board

3) the two local measures were also agreed by the Health and Wellbeing Board

4) the Health and Wellbeing Board agreed the proposed weightings for the two composite indicators of Urgent and Emergency Care and Mental Health

11 UPDATES FROM TASK AND FINISH WORKING GROUPS

12 DEMENTIA WORKING GROUP UPDATE

The Dementia Working Group update was provided by the lead of the Group, Cllr William Huntington Thresher.

He gave an overview of the key achievements of the Group, as well as priorities for future action. He highlighted the importance of partnership working and recommended that LBB join (not lead) with the Bromley Dementia Action Alliance. He also recommended that LBB should promote the Dementia section on the Bromley "My Life" website. He further recommended that LBB should promote the recommendations outlined in the 'Prime Minister's Challenge on Dementia 2020".

RESOLVED that LBB join the Bromley Dementia Action Alliance.

13 OBESITY WORKING GROUP UPDATE

The Obesity update was presented by the Group Lead, Cllr Angela Page. The Board heard that Bromley had the third highest prevalence in London of people over weight, this stood at 65% compared with 61.9% for the rest of England. It was explained that Obesity was an important issue in terms of the financial cost for the

economy, the NHS and for Social Care. Cllr Page informed the Board that the cost to the wider economy was £27billion, the cost to the NHS was £5.1billion, and the cost to Social Care was £352million. These figures were outlined in the report presented to the Board by the Healthy Weight Forum, which was an 18 member sub group of the Obesity Task and Finish Group. The Healthy Wight Forum report was comprehensive and very informative and was well received by the Board. Cllr Page expressed her thanks in particular to Mr Steve Heeley, Carolyn Piper and Dr Agnes Marossy for their work in compiling the Heathy Weight Forum report.

The issue of signposting was raised by the Vice Chairman who commented that it was important that correct signposting was in place so that people knew where to go for help and advice. Mr Harvey Guntrip felt that it was important that LBB consider the wisdom in granting planning applications for places like chip shops and burger bars. Cllr Ruth Bennett felt that it was relevant to offer classes in cooking and budgeting. Dr Marossy pointed out that members of the Planning Team were represented on the Healthy Weight Forum.

Dr Andrew Parson commented that the report was a very useful document, and would be a good one to share. He particularly referenced the colour document appended to the report as Appendix 2, which was entitled, “Healthy Weight Indicators Mapping by Ward”. This document clearly showed the correlation between areas of deprivation and obesity. This revealed areas of concern in Cray Valley East, Cray Valley West, Crystal Palace, Mottingham and Chislehurst North and Penge/Cator.

The Chairman considered if it would be useful to share this report with PDS Committees. He stated that he would reflect on this, and that consideration would be given as to how to take things forward at the meeting in October 2015. Dr Lemic reminded the Board that there would be a full consideration of HWB strategy at the October meeting. Mr Guntrip suggested that the report could be provided to schools, and discussed with the Education Portfolio Holder.

RESOLVED:

1) At the October meeting, further consideration be applied as to how the findings of the Healthy Weight Forum be developed

2) A full consideration of HWB strategy be reviewed at the October meeting

14 DIABETES WORKING GROUP UPDATE

This update was provided by the Group Lead, Cllr Ruth Bennett.
Cllr Bennett highlighted the importance of education and of reaching out, especially to ethnic minorities and to middle aged men. The overlap with diabetes was noted, as obesity could in some cases lead to diabetes.

15 CHILDREN'S MENTAL HEALTH WORKING GROUP UPDATE

Cllr Judith Ellis attended the meeting to give a brief update concerning the work of the Working Group dealing with the mental health of children and adolescents. It

was noted that Cllr Ellis was no longer a Member of the HWB, and so her attendance at the meeting to provide an update was appreciated.

Cllr Ellis commenced by stating that the work of the group had so far centred on three main areas, Prevention, Referrals and Inpatients.

It was noted that clarity was needed concerning who was going to take the Group forward, and that two new members were required. It was decided that Cllr Ellis would make a final report at the October meeting, supported by the CCG as required.

RESOLVED:

1) that Cllr Judith Ellis make a final report to the HWB at the October meeting

2) consideration be applied to appointing new members to the Children's Mental Health Working Group, and concerning how the Working Group will develop in the future

16 WORK PROGRAMME AND MATTERS ARISING

Members noted the current Work Programme, and matters arising from previous meetings.

17 ANY OTHER BUSINESS

18 DATE OF NEXT MEETING

Appendix A

Chairman

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Question to the Health and Wellbeing Board from Zoe Telford--9th July 2015.

Given the weight of evidence that a default speed of 20mph is presently the most effective and economical measure to reduce road casualties whilst contributing to wider health benefits, will Bromley Health & Wellbeing Board include 20mph across residential streets Penge and Cator in the next Joint Strategic Needs Assessment?

Answer:

This Council's priority, in line with our Local Implementation Plan is to reduce killed and serious injury collisions (KSIs) by directing scarce money at road improvements where accidents are actually happening regularly, rather than where they might possibly happen in the future.

This policy has proved to be outstandingly successful over a long period of time in reducing casualty statistics across the Borough, to the extent that in 2013 the number of KSIs and total casualties recorded by each London Borough against their total road length, saw Bromley recording the fourth lowest rate of KSIs and the second lowest number for all casualty categories.

Bromley has historically implemented 20 mph in residential roads as part of its overall strategy, but only where problems are seen to exist, and accident statistics have supported it, such as Marlow Road in Clock House Ward, Selby Road in Crystal Palace and Maple Road in Penge.

It remains the case that 20mph signs do not work without enforcement as the complaints which are regularly received about speeding vehicles continue to attest. It is also the case that only a small percentage of KSI (Killed and Seriously Injured) accidents occur on 'residential roads', the vast majority occurring on distributor and main roads, almost every single one of which also hosts multiple 'residences' along their length. The Department for Transport have commissioned a 3 year study which is due to report in 2017 as to the impacts of the 20mph speed limit and the Council will be interested in its findings.

In conjunction with our policies concerning cars on our roads Bromley is also very keen to support cycling and walking. The Council looks for every opportunity to offer appropriate training and to invest in improved cycle routes and pedestrian facilities, to reduce severance and to encourage walking and cycling. This helps reduce traffic congestion, encourages the health benefits of active travel which are well evidenced, and also reduces the number of people hurt on the roads. Every intervention is carefully considered, such that it offers good value for money at a time of constrained budgets, and at present the case for widespread 20mph limits in residential roads is not proven as the best way to achieve Bromley's aims.

The purpose of the Joint Strategic Needs Assessment (JSNA) is to accurately describe the health needs of Bromley's population to better inform and provide the evidence for our commissioning strategies. Its purpose is not to make policy recommendations which in this particular case come from our transport strategy team.

Supplementary Question:

"What evidence does the Council have that the investment in cycling training, and investment in improved cycle routes and pedestrian facilities has encouraged walking and cycling in the last five years?"

The Supplementary Question has been referred to the Environment PDS Committee and the Portfolio Holder for Environment.

The Bromley Out of Hospital Transformation Programme

1. Strategy Summary

NHS Bromley Clinical Commissioning Group

Bromley THE LONDON BOROUGH

iMPOWER

2. Core narrative

3. BROMLEY'S HEALTH AND CARE ECONOMY IS UNBALANCED AND REQUIRES REFORM

Largely for historical reasons Bromley is a challenged health and care economy which contains imbalances in the pattern of care provided. Amongst other challenges it faces;

- A low level of integration
- Patchy secondary and tertiary prevention
- Rising healthcare demand that is unaffordable, leading to a projected £72.3 million gap by 2020
- Being overwhelmed by short term performance issues, which deflects focus away from preventative and proactive models of care

BROMLEY NEEDS TO '**BREAK THE LOCK'** THAT HISTORICAL ISSUES HAVE HELD ON THE HEALTH AND CARE SYSTEM TO MEET THE FUTURE AFFORDABILITY AND DEMAND CHALLENGE

BREAKING THE LOCK REQUIRES A NEW MODEL OF CARE – THIS IS EASY TO SAY BUT HARD TO DELIVER

NHS Bromley Clinical Commissioning Group

Bromley THE LONDON BOROUGH

iMPOWER

4. THE LOCK ON TRANSFORMATION MUST BE BROKEN

A number of factors have combined to create a cycle of adverse pressure in the Bromley health and care system. These include;

DIABETES IS THE MOST PREVALENT CHRONIC DISEASE IN BROMLEY	•13,681 local residents are on the diabetes register (2012/13) •This represents 5.2% of the local population •Prevalence is rising, doubling from 1.7% in the decade to 2013
OTHER PREVALENT CHRONIC DISEASE WITHIN THE BROMLEY WARD PROFILE INCLUDE:	•Asthma (5.3% prevalence) •Hypertension (14% prevalence) •Coronary heart disease (3.1% prevalence)
IN PEOPLE AGED OVER 65, LIMITING LIFE-LONG ILLNESS IS PRESENT IN 23,612 LOCAL RESIDENTS	•This represents 42% of people aged over 65 •Overall, this accounts for 7.5% of the local population •An additional 10,704 of people aged >65 have mobility issues
THERE ARE 19,590 PEOPLE WITH A MODERATE OR SEVERE PHYSICAL DISABILITY	•This represents 6.2% of the local population •Of the local population, 1.4% have a severe physical disability •Of those with a moderate/severe physical disability, 9136 require personal care
THERE ARE 5,891 ADULTS IN THE BOROUGH WITH A LEARNING DISABILITY	•This represents 1.9% of the local population •Of these, 4727 are aged 18-64 and 1,164 are aged >65 •Of these adults, 21% have a moderate/severe learning disability

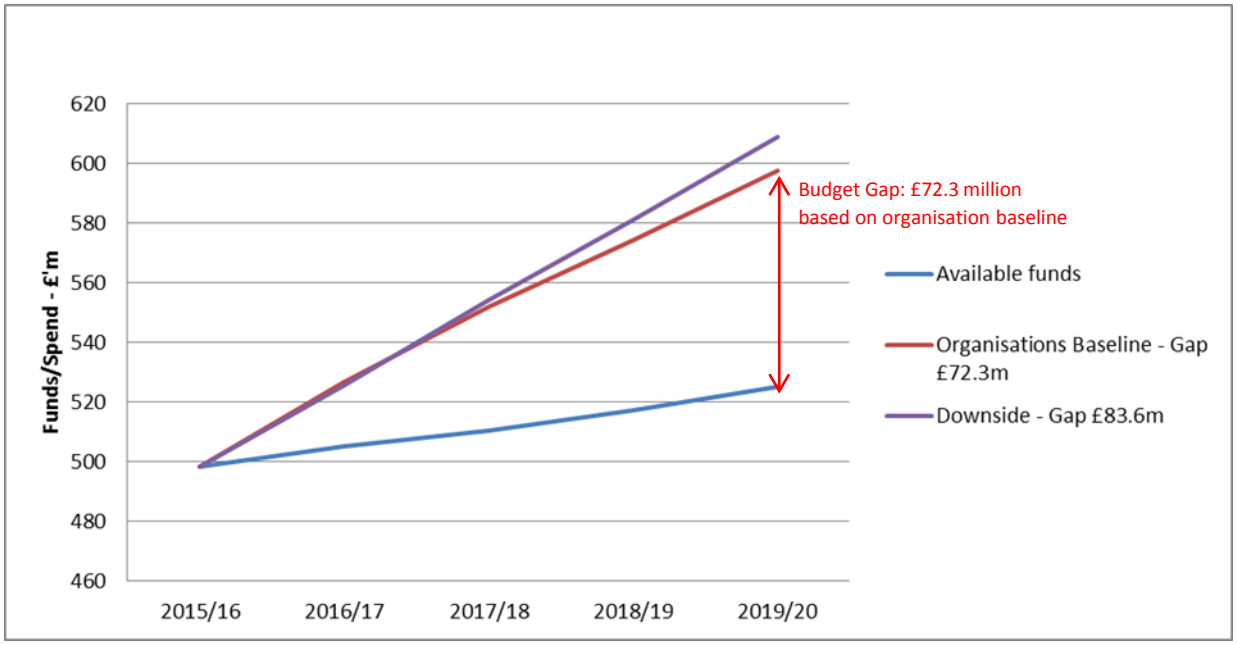
- Long term conditions are increasing, against a backdrop of a growing older population, which is creating increasing demand for the local health and social care economy.
- There is growing gap between demand and affordability which requires transformative action to resolve.
- Integrated delivery of health and social care can address this gap, but currently providers in Bromley are not designed, staffed or incentivised to deliver this appropriately.
- As a result, levels of out-of-hospital integration are very low, with relatively little multi-disciplinary team working. The situation is further exacerbated by performance challenges at an acute care level, which leads to increased pressures and demand in the system as a whole.
- Taken together these factors create a cycle of urgency and fire-fighting in which the health and social care system is less able to invest in transformation for the medium term.

Change characterised by building on good practices, developing small scale trials, and continuous improvement is an inappropriate change model for Bromley. Rather, the overall model of care requires transformation to break what is an increasingly dysfunctional cycle.

5. FUTURE DEMAND IS UNAFFORDABLE, SOON

At a local level, consolidation of the health and social care five-year forecasts provided by Bromley CCG and LBB show an unaffordable funding gap by 2019/20.

In a 'do nothing' scenario, where no productivity and efficiency savings are made after 2015/16, and no action is taken to address the growing demand for services, the financial challenge to the economy (excluding Primary care) would be £72.3 million. This represents the difference between the available funding, forecast at £525 million, and projected costs of £597 million. It is likely that the gap may be larger should a reasonable growth assumption for primary care be factored in.



New models of whole-system working must be implemented in order to deliver the required productivity and efficiencies in health and social care delivery

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6. ICN co-design key conclusions

7. BROMLEY RECOGNISES THE NEED FOR CHANGE

Through the stakeholder engagement sessions it was identified that Bromley is facing the following issues and solutions in the current model of delivering health and social care to its population.

1. Need to improve joined up working	• Multi-skilled workforce with task sharing • Community services to participate in GP practice meetings • Better care planning and communication within the community care system • Standardise assessments across community teams
2. Need to improve access to care	• Provide single point of access to care, or reduce number of access points • Map of available services for all staff to be aware of • Allow patients more direct access to services • Facilitate cross-organisation appointments
3. Need to improve care coordination	• Create a care cordinator role • Co-location of different community teams and services • Electronic shared integrated care records • Facilitate staff using shared care plans
4. Need to improve resource use	• Train patients to be more responsible for their own care • Train healthcare workers and district nurses to take on wider a wider range of functions • Create a central volunter 'hub' to improve awareness and access to local voluntary services • Better community 'signposting', directing patients to suitable care
5. Need to deliver proactive care	• Allow patients more direct access to services • More advance care planning • Greater staff focus on wellbeing and lifestyle • Provide a directory of services for patients
6. Need to improve care capacity	• Expand the rapid response service • Consider emergency placements in nursing homes • Improve community patient transport services • Improve support for carers • Commmunity pharmacies need to open longer, e.g on a rota • Improve response times, particularly for mental health

You have told us that there are specific improvement ambitions that centre on the need to reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, and increasing the proportion of older people living independently at home following discharge from hospital.

Evidence from patients, stakeholders, activity analysis, performance analysis, demographic analysis suggests strongly that a far reaching change in the out of hospital model is required.

In summary, you have told us that the system needs to address the following transformable mechanisms;

- Making the system more **proactive**
- Making the system more **co-ordinated** for people and professionals
- Making the right bits of the system more **accessible**

A system-wide OOH transformation would realise patient – related benefits through integration and efficient and productive delivery of care

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8. STAKEHOLDERS WERE BROADLY UNITED ABOUT FOUNDING PRINCIPLES FOR ICNs

The current model of care for OOH services in Bromley is a traditional model based around confined purpose organisations providing services on a needs basis. Commissioners and providers recognise the need for a shift to a new model of care to create balance and sustainability in the system.

In developing the strategy a set of design principles were drawn up and tested with the key stakeholders through the co-design process. The aim of these principles was to provide overarching structure and design to the design of the proposed model for OOH care.

CARE FUNCTIONS

The networks will form three functions:

- CO-ORDINATED CARE – (Providing patient centred, co-ordinated care and GP – patient continuity)
- PROACTIVE CARE – (Supporting and improving the health and wellbeing of the population)
- ACCESSIBLE CARE – (Providing a personalised, responsive, timely, flexible and accessible service)

OUTCOMES

The networks are responsible for providing consistent health and care outcomes for people across the population:-

- Quality
- Safety
- Value for money
- Performance / system usage

RESOURCES

Resources are aligned to need and location within the networks and this may include redistribution or refocus of resources – the structure will need to adapt to changing needs of the population

INCENTIVES

Providers will be incentivised individually and as part of a network, and will have accountability to deliver their contribution to the networks as a whole – this will change relationships between care providers.

CULTURE

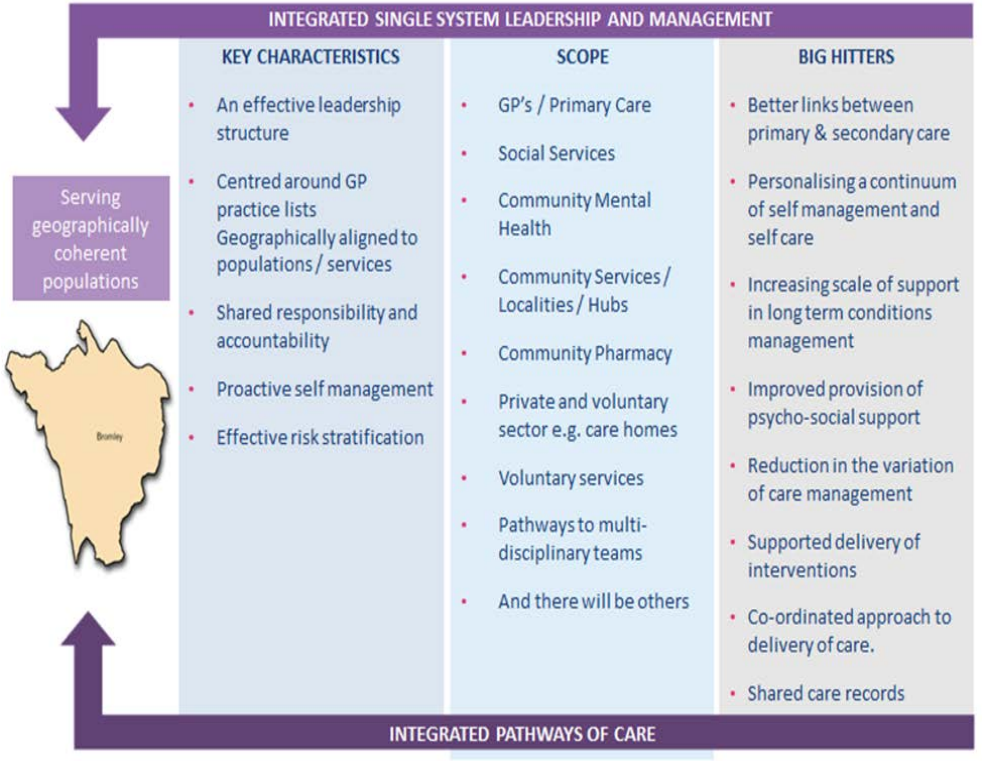
The responsibility and accountability of providers and commissioners is necessary to instil central and distributed leadership; There will be a commitment to shared values and behaviours around a customer focused culture - and an agreement to be measured and performance managed against these

9. INTEGRATED CARE NETWORKS REPRESENT A MECHANISM FOR TRANSFORMATION

It is envisaged that the proposed model of Integrated Care Networks should aim to make the system sustainable, easier for both professionals and people to use, encourage innovation and evolution and create a proactive culture of care for the population and health and social care providers.

Through the co-design process it was agreed that ICNs need to be credible to both the health and care professionals and the population they are serving, and as a result the ICN model:

- Will be centred around GP lists, as GPs practices hold the patient lists and are the clinical decision makers who take the ultimate responsibility for the health and wellbeing of the population.
- Contain, where appropriate, components of the secondary offer as well as other OOH providers.
- Need to support GPs practices, rather than the GP practices being the key coordinator of everything.
- Are not starting from nothing, as most parts of the system are there, albeit acting in silos.
- Will support the delivery of interventions and will share best practice.
- Will provide better links between primary and secondary care, i.e. geriatricians linked to GP practices in that community, and linking up with care homes.
- Will be geographically aligned to populations / services.



A new model of ICNs could transform the Bromley health and social care system; what Bromley requires is <u>not</u> a system of well-intentioned pilots and small nudges, but a significant re-gearing of focus and financial incentives towards implementing a new model of care.

10. THE PROPOSED MODEL OF CARE CAN TRANSFORM THE HEALTH AND CARE SYSTEM

The following table compares the key facets of the current model of care to those in the proposed new model of care.

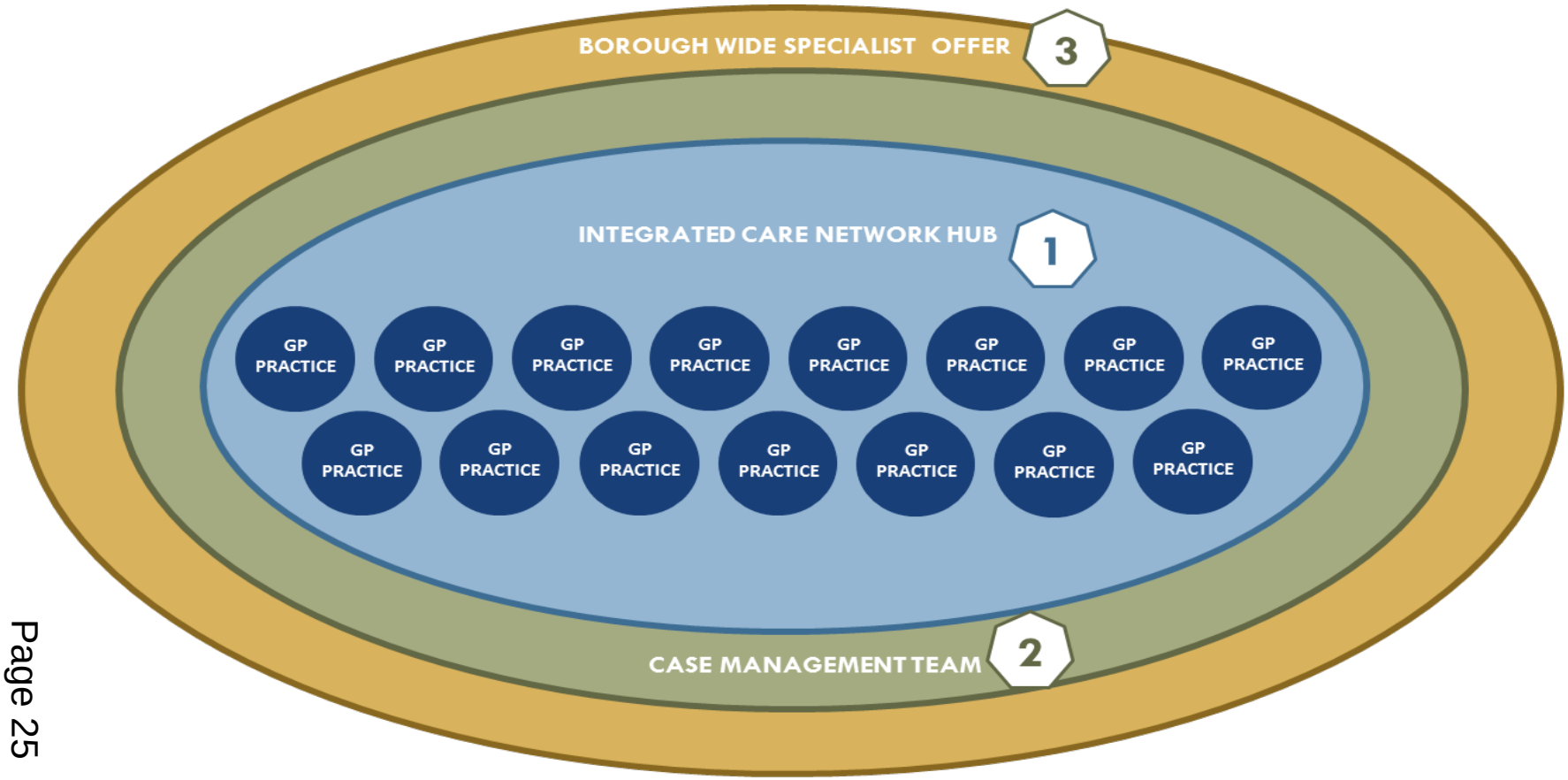
CURRENT MODEL OF CARE	PROPOSED NEW MODEL OF CARE
Provider territory	Based on local networks of professionals and patients
Points of care based	Population based
Silo / pillar working	Integrated, person-centred care
Multiple access points	Single access points
Confined competency	Broader competency and task sharing
High variations in the provision of care provided	Standardised care model
Duplication of care activities	Streamlined working across boundaries
Condition management based on single morbidities	Case management based on the individual and their morbidities / risks
Pillar contracts for blocks of service activity	Block activity blended with risk and reward incentivised outcomes
Service based commissioning	Integrated commissioning
Provider risk management (incentivised to protect professional territory)	Provider risk sharing (incentivised to achieve population outcomes)
Acute demand centricity	Preventative care models
Short term	Medium to long term
Basic or absent care planning	Superior care planning
Reactive care	Primary and secondary prevention
Reablement limited to budget	Reablement on demand / need

The proposed new model of care derives from a need to move away from the current model of care in order to:

- **BENEFIT FROM ECONOMIES OF SCALE**: It may be possible to begin employing consultants or take them on as partners, bringing in senior nurses, consultant physicians, geriatricians, paediatricians and psychiatrists to work alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff.
- **MOVE THE PROVISION OF CARE INTO AN OUT OF HOSPITAL SETTING**: Over time here could be a shift of the majority of outpatient consultations and ambulatory care to out of hospital settings.
- **TAKE ON DELEGATED RESPONSIBILITY FOR MANAGING THE BUDGET FOR REGISTERED PATIENTS**. Where funding is pooled with local authorities, a combined health and social care budget could be delegated to ICNs.
- **UTILISE RESOURCES TO CHANGE BEHAVIOURS:** The ICNs would also draw on the 'renewable energy' of carers, volunteers and patients themselves, accessing hard-to-reach groups and taking new approaches to changing health behaviours.

11. ICNs WILL OPERATE AT THREE LEVELS

The ICN model in Bromley will be delivered through a borough wide specialist offer and through the provision of ICN hubs. The following diagram provides illustration of how the ICN model will work in practice.



1 The **INTEGRATED CARE NETWORK HUBS** each serve a third of Bromley's population, with each hub comprising of a group of circa 15 GP practices covering a population of approximately 100,000 people., who are willing to work together, with 'dedicated' and 'specialist' networked support provided by the rest of the system.

2 The **CASE MANAGEMENT TEAM** within each hub consists of clinical care coordinators, clerical care navigators and a social prescribing advocate, who will work together and with the wider hub workforce to actively identify the target patient groups and their relevant needs; develop care plans to address their needs; case manage the delivery of the agreed care plans; and help both professionals and the public navigate the system in order to access the most appropriate care.

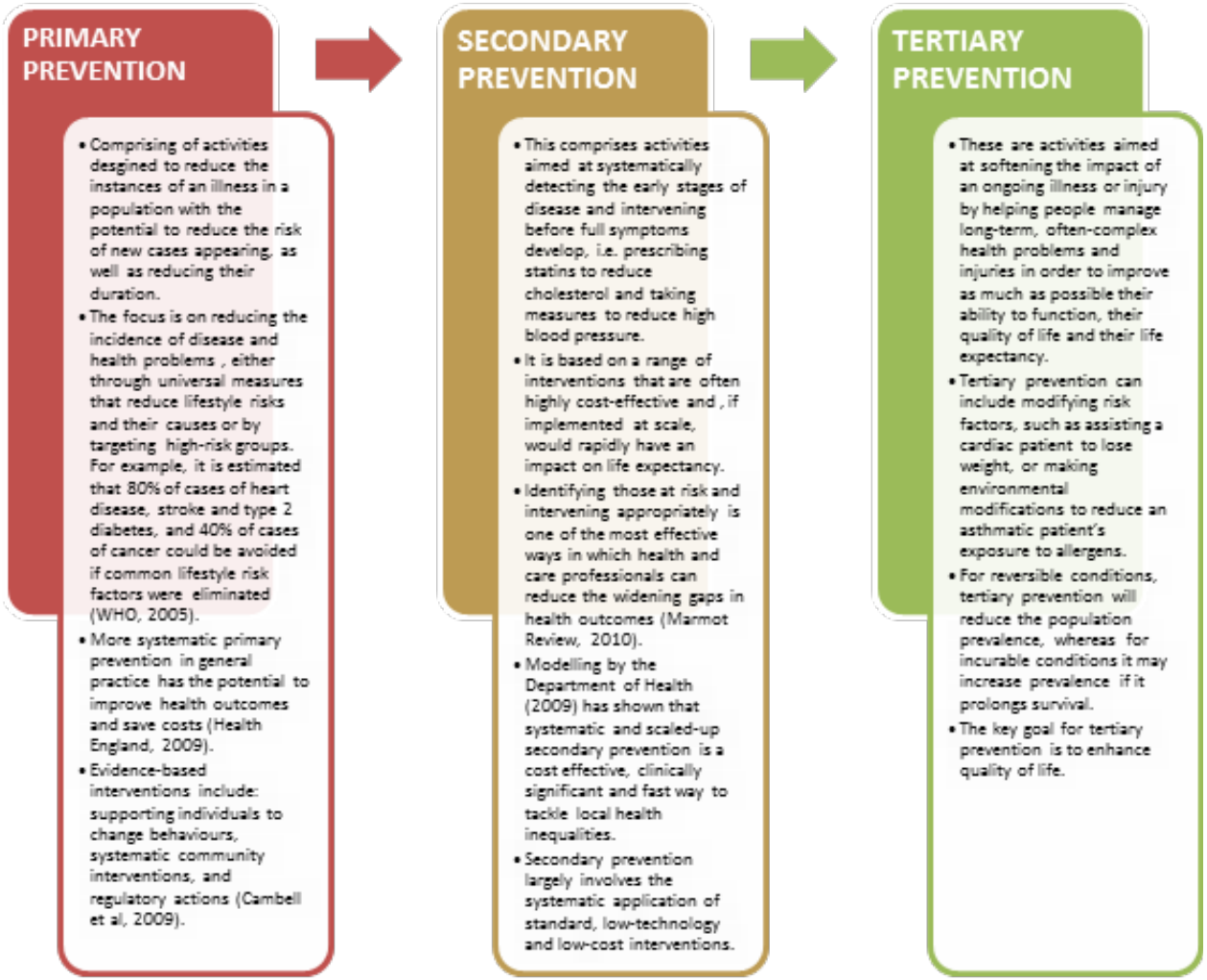
3 The **BOROUGH WIDE SPECIALIST OFFER** provides specialist and enabling services on a borough wide basis and will have a significant effect on access, coordination and proactivity. A key part of the integrated care networks is the interaction with acute consultants as well as the provision of care from other specialist health and care teams, such as the COPD team, direct reablement team and St Christopher's.

12. ICNs MUST HAVE A PREVENTATIVE CULTURE AND APPROACH

ICNs in Bromley will need to be proactive and ambitious in preventing ill health and escalation of demand. ICNs can play a significant role in ill-health prevention and public health, while at the same time improving continuity of care and reducing avoidable system usage. The proposed Hub based approach is therefore essential in developing efficient and cost effective preventative approaches.

ICNs will also play a key role in secondary prevention, whilst linking strongly to other capabilities (for example in public health and the PRUH) to support primary and tertiary prevention.

The following diagram outlines the three types of prevention the ICN model will need to consider

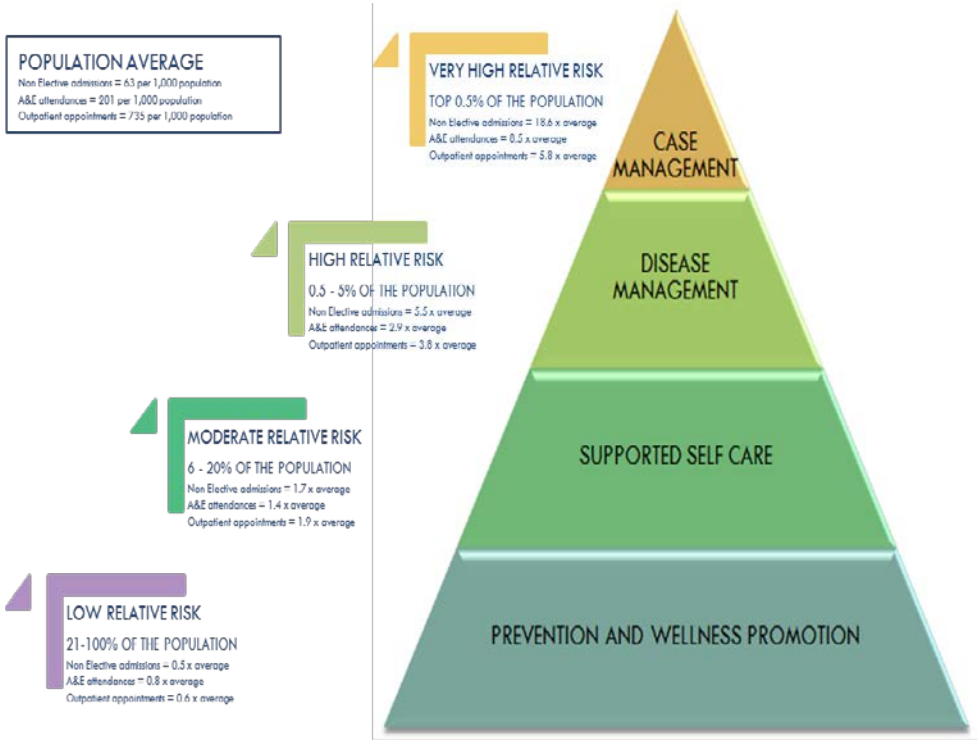


13. ICN'S WILL ENABLE HEALTH AND SOCIAL CARE TO SEGMENT AND TARGET THE POPULATION NEEDS

Non elective acute care has been increasing steadily and is now deemed unsustainable. The lack of consistent joined up care in the community has rendered patients with LTCs, particularly the frail elderly, vulnerable to exacerbations resulting in a higher numbers of admissions, length of stay and delayed discharges.

The commissioners in Bromley need to take urgent and sustained action to make integrated care and support happen over the next few years. Person-centred coordinated care and support is key to improving outcomes for individuals in Bromley who use health and social care services.

A risk stratification approach to the ICNs will provide an understanding of population need and service utilisation more effectively from a whole systems perspective, moving away from silo approaches that are disease or programme based.



The ICNs will enable the health and social care professionals in Bromley to introduce different initiatives around each of the risk categories in the pyramid to prevent people from moving up the pyramid and potentially requiring a greater level of support. By multidisciplinary team working and anticipatory care planning, integrated teams can align all necessary preventative interventions efficiently and economically as early as possible to prevent the 'crisis' from happening.

Multi-disciplinary working through ICN's will wrap around the hubs, operate virtually and be at a scale that creates benefits and allows the system to offer more dedicated support.

Targeting people with long term conditions will be a priority and through enabling the co-design of a specialist network with secondary and other specialist, that provide specialist and enabling services on a borough wide basis.

14 CASE MANAGEMENT AND CARE CO-ORDINATION WILL PROVIDE COLLABORATIVE AND CONSISTENT APPROACHES TO CARE PLANNING

It is envisaged that ICN's will be comprise of some of the following components;

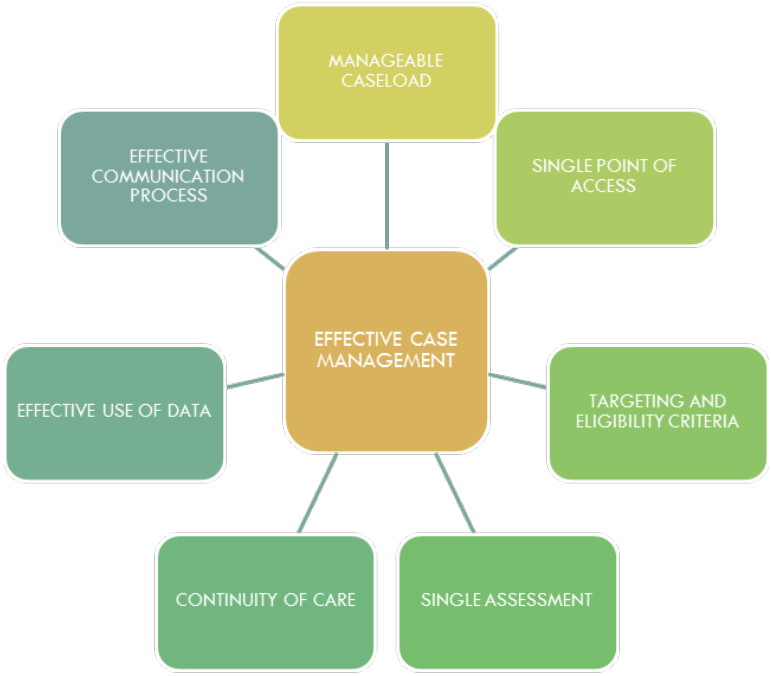
SINGLE POINT OF ACCESS

The SPoA will enable a better entry into the Bromley health and care services, as well as better access to services, driving up standards of quality care, and a total commitment to improving the patient experience. This SPoA will also potentially be a direct link to the transfer of care bureau whereby discharge summaries will be sent to each ICN where they will be screened for keywords such as 'respiratory' or medicine names that are in line with relevant condition and then channeled through the relevant pathway.

THE CASE MANAGEMENT TEAM

Case management is the process of planning, coordinating and reviewing the care of an individual and can be used to co-ordinate patient care. It usually involves a combination of core elements including assessment, planning, linkage, monitoring, advocacy and outreach. The Case Management Team would comprise of;

- **Clinical care coordinator** - A newly formed role within each ICN that builds upon the current community matron role and promotes a more holistic and targeted function.
- **Clerical care navigator** – A newly formed role cited in best practice as a fundamental resource that overcomes barriers and improves access for individuals in the health and care system in Bromley.
- **Social prescribing advocate** - A newly formed role within the ICN that operates closely with GP practices and the case management team to identify and target individuals who would benefit from a form of social prescribing



AN INTEGRATED CARE NETWORK WORKFORCE

The OOH strategy will be delivered in the main through the ICNs which will integrate the current Bromley Healthcare, Oxleas and LBB teams, expanding and enhancing the current services to become more streamlined and effective.

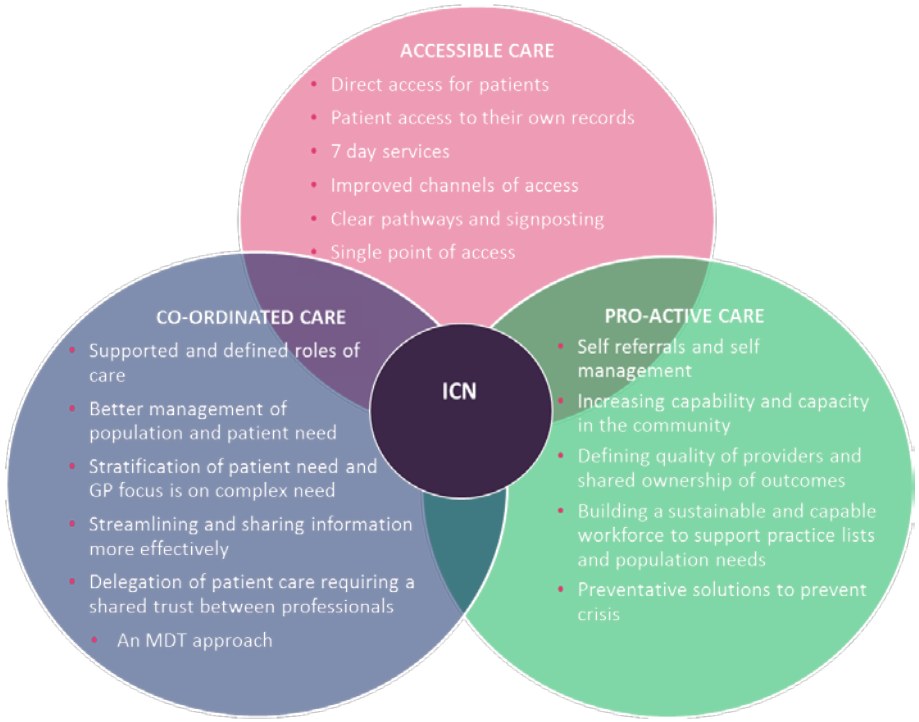
Each ICN will have a constant named workforce based on the existing teams who currently provide the health and social care provision in Bromley:

15 VOLUNTARY AND COMMUNITY SERVICES ARE FUNDAMENTAL IN THE DELIVERY OF PROACTIVE, ACCESSIBLE AND CO-ORDINATED CARE WITHIN THE ICN MODEL

VOLUNTARY AND COMMUNITY SECTOR

It is understood from discussions with the VCS providers that there is already a clear commitment to forming a consortium / formal partnership of major local VCS providers to deliver the strategy, which will provide the following additional benefits to the delivery of the ICNs:

- Having a **single contract** for all the VCS activity commissioned as part of the new ICN model.
- A single representative from the VCS on the appropriate Board for each ICN, taking shared responsibility for delivery of collective outcomes on behalf of the VCS.
- Quality and value for money benefits from having the VCS making a direct contribution to a whole system model of healthcare.
- Encompassing the 'patient voice' and helping people connect about health and wellbeing issues that are important to them, their family and their community.
- True integration with all key providers from the third / voluntary sector.



COMMUNITY PHARMACISTS

It is envisaged that as part of the introduction of the ICN model in Bromley, the CCG and the council will commission community pharmacists to provide the wider ranging services detailed above in order to make services more accessible for the population, reduce pressure on the urgent care system, and free up capacity for other health and social care professionals.

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healthwatch Bromley

Annual Report 2014/15

Contents

Note from the Chair

Healthwatch Bromley is the independent consumer champion for people using health and social care services in the London Borough of Bromley

2014-2015 has been a year of significant developments for Healthwatch Bromley. During the year the Board has overseen a range of projects, reports and surveys that have shaped and informed local health and social care service provision.

In May 2014 Healthwatch Bromley registered as a Company Limited by Guarantee. This was followed by our Charity registration in December 2014. We expect that in April 2015 our Charity will take full responsibility for running Healthwatch Bromley with a contract from the London Borough of Bromley.

This year has seen a range of changes to health and social care policy and provision. I have had the privilege to speak up for local people on the Health and Wellbeing Board, the Care Services Policy Development Scrutiny, the Health Scrutiny Sub-committee and at the Bromley Clinical Commissioning Group Board meetings.

I am grateful to my fellow Trustees for their work on behalf of Healthwatch Bromley in ensuring that local voices are heard at meetings and on working groups across the borough.

During this year roles dedicated to children and young people, community engagement and signposting and information were created. We also welcomed new office volunteers and broadened our pool of Authorised Enter & View Representatives. 14 Enter and Views were carried out and more than 400 people shared their views with us about access to GP's in the borough.

Our outreach and engagement has taken us to events all over Bromley where we spoke to a wide range of people in our communities who shared their main concerns with us. We have shared these with commissioners and providers.

Our collaborative working with our five neighbouring local Healthwatch has been recognised with an award for Outstanding Collaborative Project at the national Healthwatch Awards 2014.

Thank you to all the service users, carers and members of the public who have shared stories with us, participated in focus groups or taken part in surveys this year. The importance of these contributions cannot be understated. I would also like to thank all our volunteers, who have worked so hard for us, putting their time, energy and expertise into making this a hugely successful year for Healthwatch Bromley.

Finally, Healthwatch Bromley is here to raise the issues that matter most to local people. If you have concerns, questions or compliments about local services, get in touch.

Linda Gabriel

Chair, Healthwatch Bromley

About Healthwatch Bromley

Healthwatch Bromley is here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around people's needs and experiences.

Our work is informed by our connections to local people and our evidence is grounded in their experience. We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed within a network that has a local Healthwatch in every local authority area in England.

As a statutory watchdog our role is to ensure that local health and social care services, and the local decision makers, put the experiences of people at the heart of their care.

Our vision and mission

Healthwatch Bromley will work with service users and providers towards making Bromley's health and social care services suitable for the people of Bromley.

Our mission is to enable individuals and community groups to have a say in the planning, provision and delivery of all local health and social care services.

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.

During 2014/2015 our priorities have been:

- To understand local people's views of access to GP practices
- To undertake meaningful enquires into issues identified
- To gather views of children and young people on services in the borough
- To inform the local community of current issues

Our statutory functions

Healthwatch Bromley delivers eight statutory functions:

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.

2. Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;

3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;

4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;

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

6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;

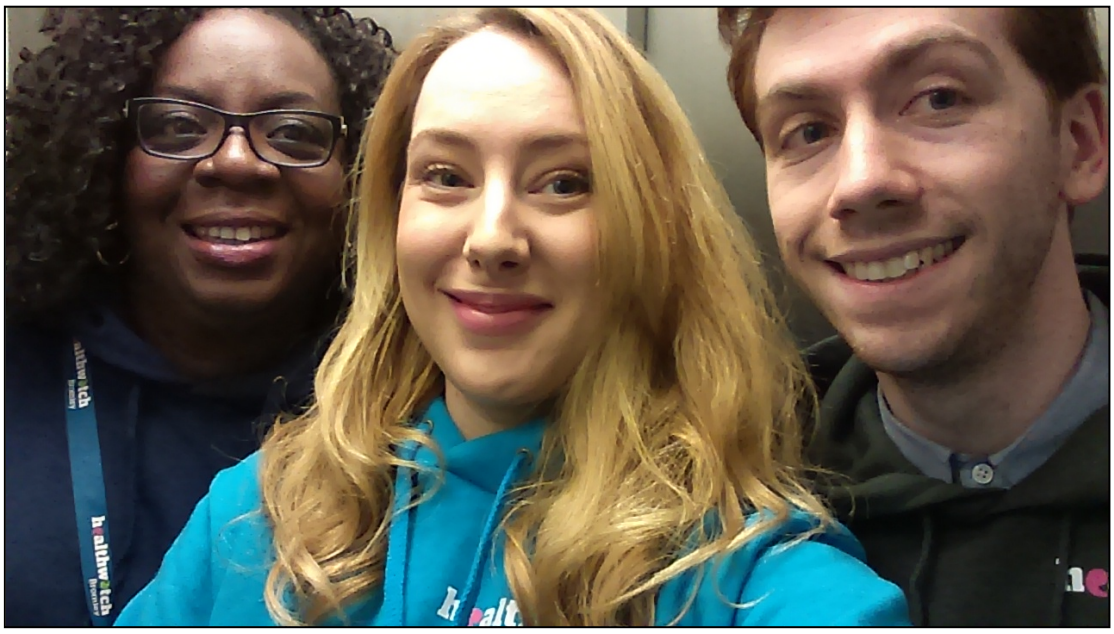
7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

The Healthwatch Bromley network has grown throughout the year: we now have over 350 subscribers to our weekly e-bulletin, nearly 1,000 Twitter followers and we are getting out into the community and engaging with more people than ever before. Our relationships with local community groups and our statutory partners remain strong. Our approach is to encourage broad public involvement and to inform, influence and help shape future commissioning and provision.

Our staff team in 2014-2015 were:

- Folake Segun (Director)
- Stephanie Wood, Community Engagement Officer (from October 2014)
- Rosie Fox, Community Engagement Officer (July – September 2014)
- Toni Rushton, Community Engagement Officer (October 2014 – March 2015)
- Isaac Lee, Information, Signposting and Administration Officer (from July 2014)



Engaging with people who use health and social care services

Understanding people's experiences

During 2014-2015 Healthwatch Bromley has used a wide range of engagement and outreach strategies that has allowed us to reach out across the borough and find out what people think.

We have a number of ways of finding out what people think:

- People phone, email, write, use the feedback centre on our website
- We go to local groups and organisations to tell people about Healthwatch Bromley and find out about people's experiences.
- We use social media (Twitter and Facebook) to find out what people are saying about the issues that matter to them.
- Our team has talked to people at libraries, community venues, supermarkets and Bromley South Station to find out about their experiences.
- We carry out paper and online surveys.
- Our volunteers regularly visited local care homes. We did this because we recognise that this group of elderly people are vulnerable and seldom heard.
- We hold focus groups and workshops
- We use the network of organisations in Bromley to help access the views of local people.

Our 'Building Our Network' event provided the opportunity for people to help shape a key national programme, Care.Data, as well as become informed about the Step Up and Step Down services provided in the borough.

Our engagement with children and young people allowed us to understand their experiences of health and social care. We met with children and young people at the Bromley Youth Support Programme's 'Park Days', Junior Citizen's Week, Toddler time in the Central Library, Children's Centres and the Beckenham Brownie Troop.

Service users were able to influence Bromley CCG's revised Urology plan through comments we got from focus groups and a survey.

In order to get a broad and diverse range of views throught the year we also engaged with BAME groups and disability groups.

Two separate focus groups were held in March 2014, engaging local people on specific areas of interest or concern regarding Kings College Hospital NHS Foundation Trust. Topics discussed included A&E, internal communication, discharge and the resolution of complaints. Healthwatch Bromley also invited comments from the local population via twitter and email. The findings and final recommendations were sent to the CQC prior to their inspections of the trust the following month.

We are members of the Voluntary Sector Strategic Network and Chair the Bromley Engagement and Communication Network

Enter & View

Healthwatch Bromley has the statutory power to Enter and View any health or social care services to access people who receive care under that service.

When we conduct an Enter and View visit, we ask people what their views are on the services they are receiving.

All of our Enter and View Reports are submitted to the relevant providers, published on the Healthwatch Bromley website (www.healthwatchbromley.co.uk) and shared with commissioners at Bromley Council, the Bromley Clinical Commissioning Group, Overview and Scrutiny and the Care Quality Commission (CQC).

During 2014-2015 we conducted Enter and View visits to

- Archers Point Residential Home
- Ashglade Retirement Home
- Bromley Park Dementia Nursing Home
- Burrows House Care Home
- Elmwood Nursing Home
- Fairmount Residential Care Home
- Foxbridge House Care Home
- Jansondean Nursing Home
- Sundridge Court Nursing Home

Our Enter and View Authorised Representatives this year were:

- Gerda Loosemore-Reppen
- Paul Brown
- Sue Brown
- Nicola Haughey
- Leslie Marks
- Peter Moore
- Anne Taylor
- Manijeh Wishart

Our Enter and View approach was recognised by Healthwatch England. We won, along with our neighbouring local Healthwatch in South East London the award for Outstanding Collaborative Project at the national Healthwatch Network Awards of Achievement 2014.

Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

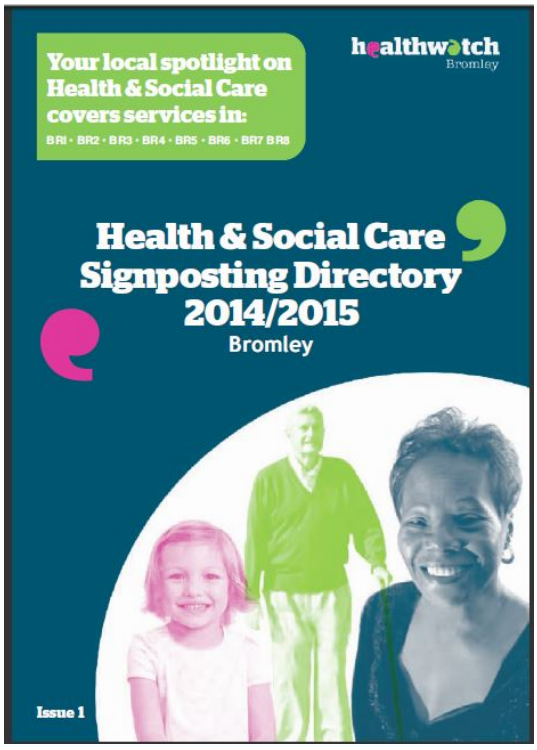
The Healthwatch Bromley information and signposting service has helped people find and access local services and to take more control of their own health and social care.

Our signposting and information service can be accessed by:

- Contacting the Healthwatch Bromley office on 020 8315 1916
- Through the online contact form which can be accessed through www.healthwatchbromley.co.uk
- Through the Healthwatch Bromley Twitter and Facebook accounts.

Our signposting and information service allows people to make informed choices about their care. For example, a resident who was over 80 years old telephoned to ask for a referral to Bromley Social Services for a home nail clipping services. We explained that she could access this type of service with a referral from her GP. We also provided her with the phone number and charges for the Nail Clipping Service provided by Bromley and Greenwich Age UK.

Because we want information and signposting to be as accessible as possible and to reach as many people as possible we published a Health and Social Care Signposting Directory and distributed it throughout the borough.



Over the last 12 months Healthwatch Bromley signposted 260 people to the health or social care services that matched their requirements.

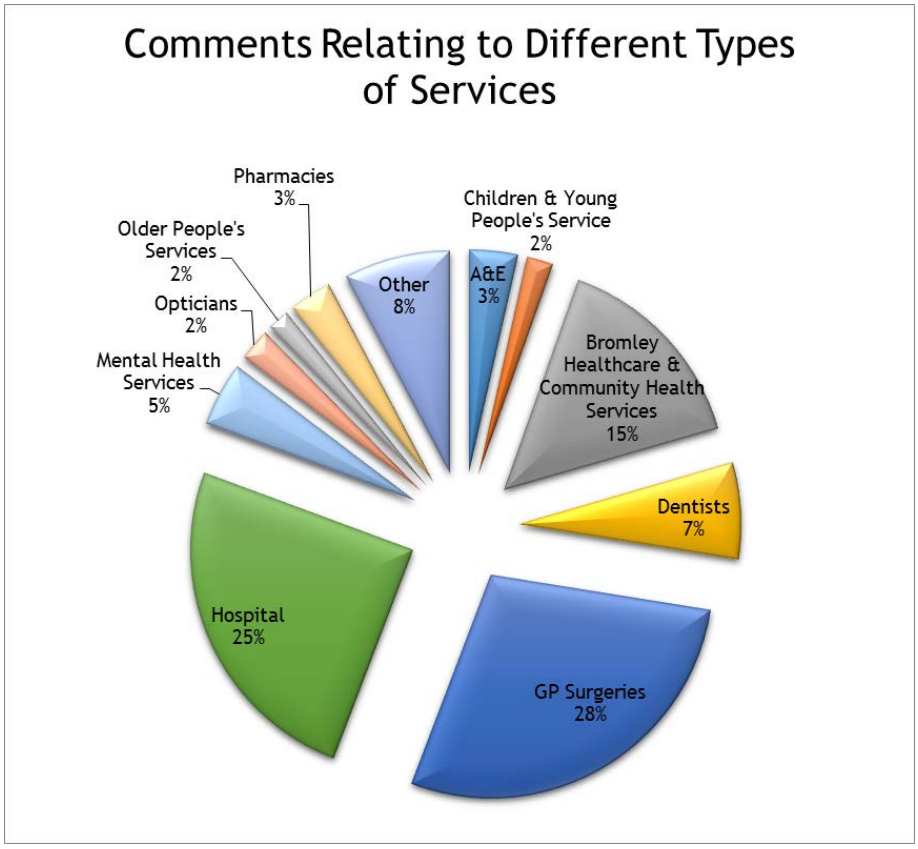
The largest proportion of comments and/or queries that we received was about hospitals (28%).

25% of comments/queries were about GP services in the borough. The figure below shows the different service categories and their percentages.

The information is used to identify trends either in service areas or in relation to specific providers. This is information is regularly fed back to service providers

"Thank you for listening to us. The information you provided was very helpful."

Anonymous, January 2015



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

A vital part of the process of influencing decision makers is making sure that the stories and views we gather are heard by those in charge of health and social care services, and that they are used to continually improve services.

> *"Having an excellent working relationship with Healthwatch has ensured that the patient voice is central to our commission decisions with the CCG"*
>
> Paulette Coogan, Head of Organisational Development, Bromley Clinical Commissioning Group

The reports that we produce are submitted to the relevant providers and commissioners. All reports are also copied to the following stakeholders:

- Bromley Health and Wellbeing Board
- Care Services PDS
- Health Scrutiny Sub-Committee
- Public Health, London Borough of Bromley
- Care Quality Commission
- NHS Bromley Clinical Commissioning Group
- Healthwatch England
- NHS England (where relevant)

Our reports are available on the Healthwatch Bromley website. Hard copies can be obtained by contacting the Healthwatch Bromley office.

Our 2 reports capturing children's views on health services in the borough have been used by the CCG to inform their Young People's Strategy.

Reporting is just one of the ways that we ensure the patient voice and experience is at the heart of service design and implementation. Through wide representation on a variety of boards, committees and steering groups we are always speaking out on behalf of the public in Bromley.

Healthwatch Bromley has actively contributed to a variety of patient and public involvement initiatives and provided constructive views and feedback at a number of partnership and Board meetings.

We have supported our representative on the Health and Wellbeing Board and are looking to strengthen our role on the Board in 2015-2016.

During 2014-15 all providers and commissioners responded to our requests for information. We made no recommendations to the Care Quality Commission (CQC) and have shared reports and issues with Healthwatch England.

Impact Stories

GP Access

Healthwatch Bromley carried out a research project to find out how easy it was to access appointments and services in GP surgeries within the borough. Comments about GPs, access to their services and waiting times for appointments are the issues frequently mentioned to us by people in Bromley.

Our aim was to get a more detailed picture of people's experiences and to be able to reflect this back to the surgeries.

Using a standardised questionnaire and through semi-structured conversations with service users we visited all 47 GP Practices. We also liaised with Practice Managers and reception teams at each GP surgery.

We asked for feedback on a range of issues, including opening hours, appointment availability and access issues. An online version of the questionnaire was also made available on the Healthwatch Bromley website.

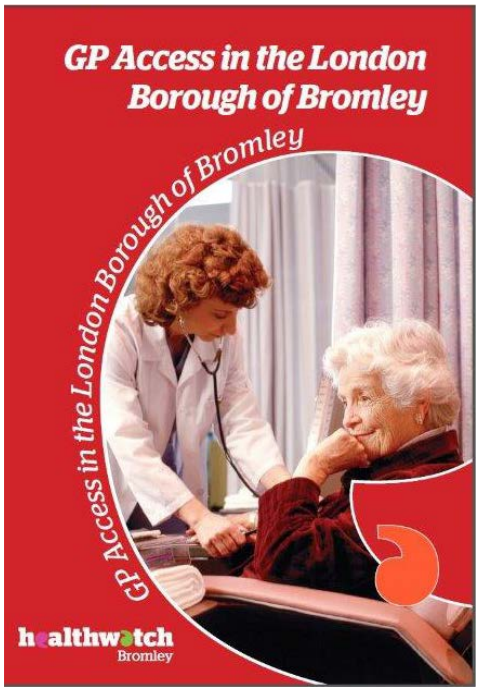
Further targeted research was carried out with Bromley College of Further and Higher Education, Bromley Sparks and Deaf Access Bromley. This work included more interactive sessions, asking service users to identify any particular barriers they faced when accessing health services.

489 service users were engaged.

> "Once the hurdle of getting an appointment has been got over, the care, consideration and kindness of the doctor or nurse seen has been exemplary." *Anonymous patient*

The report and its recommendations have been well received by the surgeries, the CCG and was presented to the Health and Wellbeing Board.

We are planning further discussions with the new Bromley GP Alliance and with the Bromley Local Medical Council (LMC).



Care Home Visits

Through our engagement activities and information and signposting service we received a number of comments relating to the care provided and the discharge or residents back to care homes in Bromley.

As a result of this Healthwatch Bromley conducted Enter and View visits to nine care homes within the borough. During our visits we spoke to 80 residents.

The resulting reports highlighted a general satisfaction with the level of care provided within these homes. The key findings of which are summarised below:

Activities

Activities in the majority of homes were of a relatively good standard but in some cases a wider variety of activites to cater for a broader array of interests would significantly improve the residential experience. One activity a day is insufficient and often leaves residents isolated and without stimulation for long periods of time. We noted that one home had a dedicated activities coordinator, which helped to ensure residents were active and engaged, preventing concerns around social isolation and a lack of stimulation.

Technology

In some of the homes visited there were excellent technological facilities, with Skype, Internet access and private telephone lines available for residents. Healthwatch Bromley recommends that where this does not exist similar provision (should) be made.

Feedback

Regular engagement with residents about their care and the home was only evident in one home out of the nine visited by Healthwatch Bromley Authorised Enter and View Representatives. We recommended that it would be helpful for homes to make opportunities available to receive regular feedback from their service users, their families, carers and friends.

Discharge

Across the care homes visited we identified discharge procedures back to the homes and protocols relating to this as areas for improvement. Residents and staff told us that it was a difficult process for all involved.

Next Steps

Concerns around discharge will be followed up with commissioners and have already been fed into a Bromley CCG

review of local care homes.

Signposting Case Study

Healthwatch Bromley gathers feedback from service users, local residents and patients. This can be either good or bad. We encourage people to talk to us about their experiences.

Healthwatch Bromley works with commissioners and providers to improve services and patient experiences.

JD's Story

JD contacted Healthwatch Bromley to find out where a person with complex physical disabilities, involving the inability to produce speech, should go in order to be assessed for and provided with a specialised speech device.

We made enquiries and identified Bromley Healthcare's Adult Speech and Language Therapy Service as the appropriate service. We contacted the service to confirm this and, as we had permission, passed on JD's contact details. We went back JD with details of the service. A member of the Adult Speech and Language Therapy Service contacted JD and arranged an appointment with her.

Our plans for 2015/16

Opportunities and challenges for the future

Looking into 2015/16, one change presents itself before all others as both an opportunity and a challenge: having placed a winning bid, Healthwatch Bromley will be delivering Healthwatch for the London Borough of Lewisham from 1st April 2015. This presents an exciting opportunity to work across the two boroughs, and represent an even bigger patient voice with regards to health and social care.

Each borough has of course its own concerns and priorities and we are keen to reflect the diversity of both in our engagement work. At the same time we hope to ensure we represent a unified patient voice that accurately reflects the concerns of the two boroughs and identifies key areas for improvement. Our joint work across the two boroughs is reflective of the current climate in health and social care and the gradual move towards co-commissioning within the sector.

The increasing movement of residents and service users across borough boundaries also means that services are becoming more connected than ever, meaning it is no longer sufficient or beneficial to simply observe or improve services in an isolated manner or within a single locality.

Healthwatch Bromley & Lewisham will continue to build on its successes so far, including its work around Enter & View visits, primary care research and inquiry into unsafe discharge processes. The NHS Our Healthier Southeast London programme will be of particular importance over the coming months, as our Community Engagement Officers will be working with a variety of different communities to make sure they have input into this.

We are confident that Healthwatch Bromley and Lewisham will be a strong consumer champion for both boroughs and look forward to the exciting opportunities ahead.

Our governance and decision-making

The Healthwatch Bromley Board

Linda Gabriel (Chair)

John Cliff (Vice Chair)

Leslie Marks

Margaret Whittington

Vivienne Astall

Our Board directs the work of the organisation by setting our strategy, ensuring that we achieve our aims and objectives and making sure that the Director and the staff team deliver the strategy and work programme effectively.

Board members abide by a clear set of policies and procedures including guidelines on conflicts of interest, equality and diversity and a code of conduct.

How we involve lay people and volunteers

All of our Trustees are volunteers, all of whom regularly attend groups and meetings on our behalf. Their invaluable input guides all of our work.

As well as being vital to our governance, volunteers play an important part in the preparation and implementation of our work. We try, wherever possible, to consult our office volunteers at every stage of a project to gain a lay perspective on our aims, our approach, the way we analyse data and how we present that information.

All volunteers go through an induction process to ensure that they are clear about the role of Healthwatch Bromley, their individual roles and how their roles fit into the organisation and our work.

We want our volunteers to know that we value their experience and abilities. When recruiting volunteers we always hold a preliminary meeting to include them in a process of tailoring a role that will allow them to develop existing skills and introduce them to new areas while helping us to work towards our aims.

Financial information

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	144,302.34
Additional income	8,806.68
Total income	153,109.02

EXPENDITURE	
Office costs	17,981.19
Staffing costs	99,145.73
Project costs	26,048.00
Total expenditure	143,174.92

Contact us

Get in touch

Community House

South Street

Bromley

BR1 1RH

Phone number: 0208 315 1916

Email: admin@healthwatchbromley.co.uk

Website: www.healthwatchbromley.co.uk

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Bromley and Clinical Commissioning Groups, Overview and Scrutiny Committees, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **Thursday 8th October 2015**

Report Title: **Progress on the 2015 JSNA**

Report Author: Dr Agnes Marossy, Consultant in Public Health, ECHS
Tel: 020 8461 7531 E-mail: agnes.marossy@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

1. SUMMARY

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

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

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

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

At previous meetings the Health and Wellbeing Board (HWB) agreed that it would receive regular updates on the progress in completing the annual JSNA to increase knowledge which will assist in informing the HWB priorities. This report therefore describes the progress on the 2015 JSNA, and asks the Health & Wellbeing Board members to consider the process for agreeing in depth areas in the future.

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

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

- Education & Care Services

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

Health & Wellbeing Strategy

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

Financial

1. Cost of proposal:
2. Ongoing costs:
3. Total savings (if applicable):
4. Budget host organisation:
5. Source of funding:
6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

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

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4. COMMENTARY

4.1 Progress on the 2015 JSNA

Key milestones for the JSNA were agreed at the Health & Wellbeing Board meeting in March 2015, as follows:

Key Milestones

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

Progress is up to date with drafts of sections completed.
The final draft will be circulated to members of the Health & Wellbeing Board during the interval before the next meeting, so that final approval can be agreed at that meeting.
The final document and Executive Summary will be published on the My Life website.

4.2 Agreeing In Depth Areas for the Next JSNA

This year, in depth areas were selected in a number of ways:

- Areas for which Bromley was an outlier on the Public Health Outcomes Framework e.g. excess winter deaths, statutory homelessness.
- Areas of concern for the CCG (population in care homes)
- Populations of importance to Bromley, which had not been considered in depth before (older people's health)
- Areas of concern to LA commissioners (vulnerable young people).

Members of the Health and Wellbeing Board are asked to consider whether this approach is acceptable as a way forward, or whether some other approach be instituted.

5. FINANCIAL IMPLICATIONS

6. LEGAL IMPLICATIONS

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

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

8. COMMENT FROM THE DIRECTOR OF PUBLIC HEALTH

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

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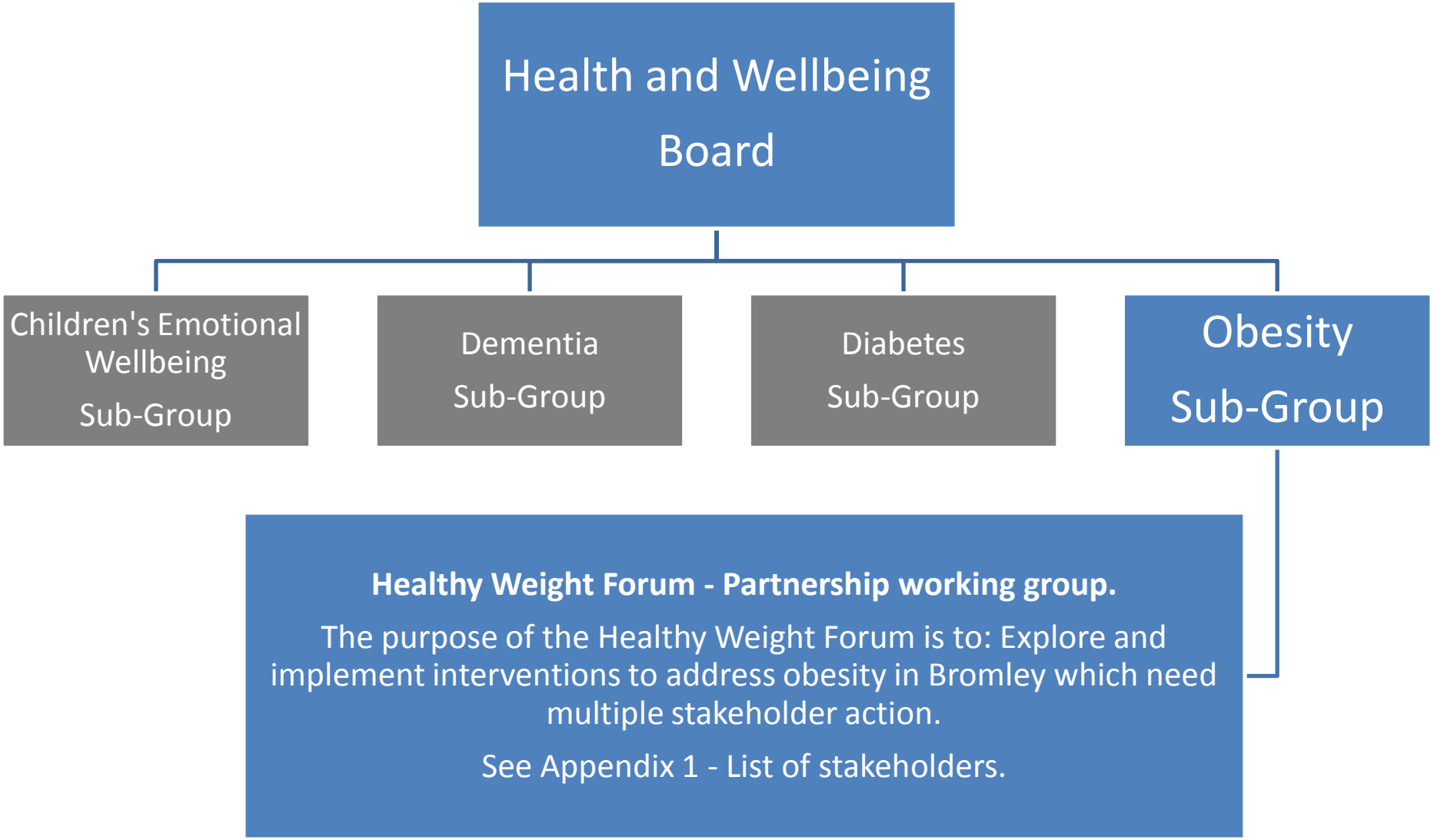
Obesity Sub-Group Action Plan 2015/16

One size doesn't fit all

Organisational Structure for the Health and Wellbeing Board Obesity Sub-Group.



Background

Risk factors and causes of obesity are complex. Behavioural, genetic, environmental and social elements all contribute to weight gain and impact health equality in the borough. Given this complexity, obesity cannot be solved by a single service, department or organisation; any approach to address the issue must involve a range of coordinated initiatives that 'cross-cut' or span different organisations.

The Bromley Health and Wellbeing Board declared obesity as one of four Health & Wellbeing Strategy priorities in 2015 and established an Obesity Sub-Group to identify and investigate the impact of Obesity in Bromley. This sub-group has proposed 4 priority actions to take forward in 2015/16. This action plan will detail the requirements on the 4 priorities and will explore and implement actions through the newly established Healthy Weight Forum, the multiple stakeholder working group. Progress on these actions will be reported to the Health and Wellbeing Board.

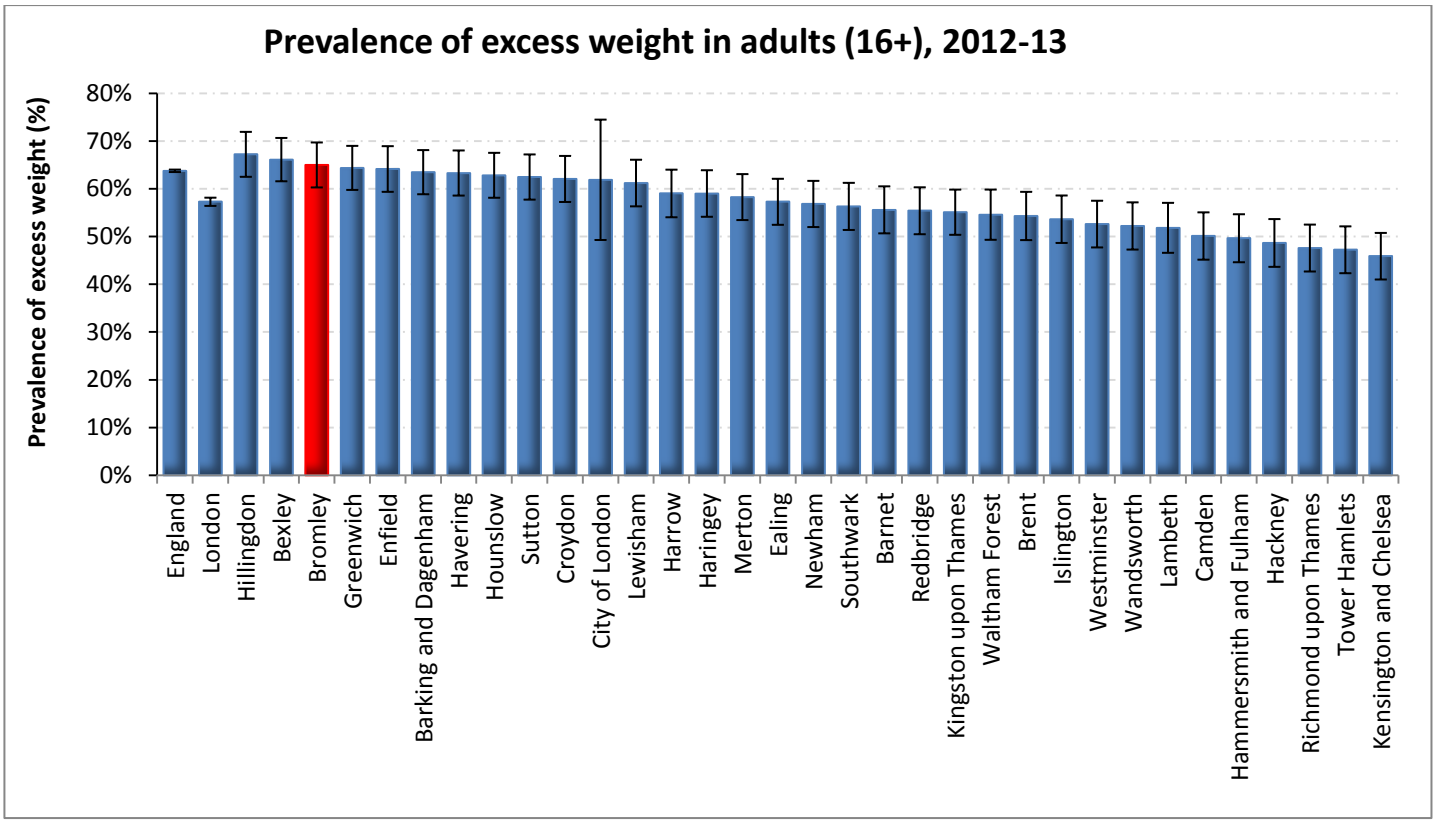
Obesity in Bromley

In England 61.9% of adults and 28% of children aged between 2 and 15 years are either, overweight or obese. 70% of adults are expected to be overweight or obese by 2034. Today's generation of children may well be the first for over a century for whom life expectancy falls.

The current burden of obesity in Bromley

- Bromley has the third highest prevalence of excess weight in London.
- 65% of Bromley's population are either overweight (>25 BMI) or obese (>30 BMI), which represents approximately 205,820 adults (Public Health Outcomes Framework, 2013).
- This is higher than the England average (61.9%) and higher than the populations of all but one (Bexley) of our closest statistical neighbours (Havering, Sutton, Barnet and Richmond upon Thames).
- In Bromley, the estimated prevalence of obesity is 21.8% (2013 Health Profile), which represents 54,163 adults.
  21.3% of children in Bromley aged 4-5years old (Reception class in school) are either overweight or obese increasing to 32% of children aged 10-11years old (Yr 6 class in school). Around 8% and 16%, respectively, are obese.
- 25.6% of Bromley's population do less than 30 minutes of activity per week (2014) increasing from 24.1% in 2013, indicating increasingly sedentary lifestyles.
- Excess weight can have a significant impact on health. Obesity is associated with a reduced life expectancy of approximately nine years and this is mainly due to the increased risk of heart disease[i].
- Obesity is a key risk factor for circulatory disease and cancer, which were accountable for over 60% of the deaths in Bromley between 2010 and 2014. Obesity has an attributable risk for Type 2 diabetes of 24%. In tandem with the rising levels of obesity in Bromley, there has been a significant increase in the prevalence of diabetes, with 14,013 cases on the GP registers in 2013/14, as compared to 4,846 in 2002.

Figure 1: Prevalence of Excess Weight across London 2012-13



Source: Public Health Outcomes Framework

Why is obesity important?

Increasing rates of obesity present a major challenge to the health of local people and failure to tackle this will have a significant impact on the Council, NHS and other public service providers.

Annual Cost of Obesity:

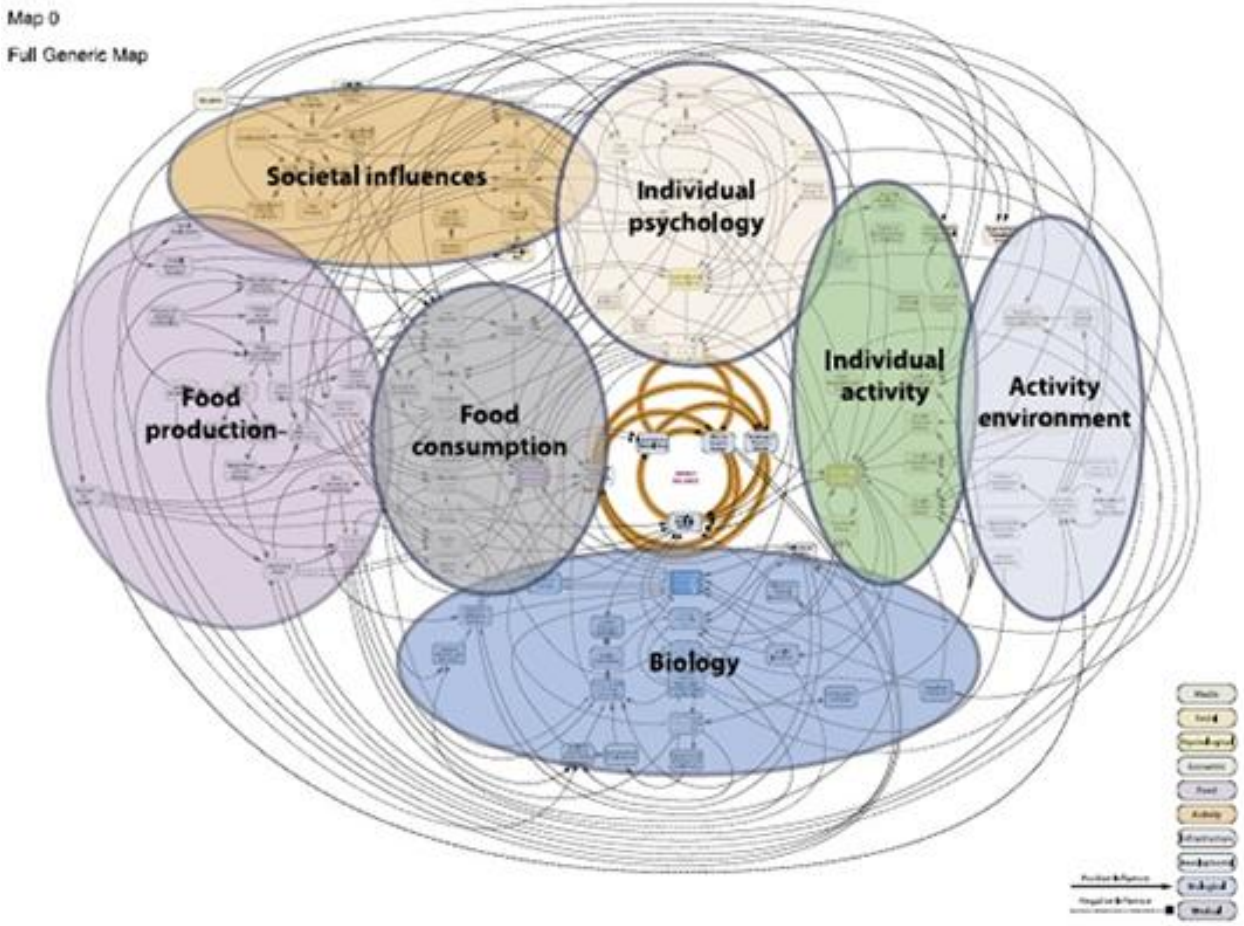
- Cost to the wider economy = £27 billion
- Cost to NHS = £5.1 billion
- Cost to Social Care = £352 million
- Obesity attributed sick days = £16 million
- Obesity medication = £13.3 million
- Societal costs of stigma and mental health issues

Source: Public Health England, February 2015.

What is recommended to reduce obesity?

Obesity is a complex, systemic issue with no single or simple solution. Only a comprehensive, systemic programme of multiple interventions is likely to be effective[ii]. Therefore the role of the forum is to bring together those current interventions and see where partnership working can add the greatest value and to tackle those issues where only a collaborative multiagency approach will work.

Figure 2: Obesity Map



Source: Foresight, 2007[iii].

How is the Health and Wellbeing Board Obesity Sub-Group going to tackle obesity in Bromley?

The Health and Wellbeing Board Obesity Sub-Group recommend the following action plan to reduce obesity in Bromley. The recommendations are a result of the suggestions made by the Healthy Weight Forum. The Healthy Weight Forum is a local group of key stakeholders established by the obesity subgroup to map existing interventions and identify local gaps in provision, look at the evidence base for effective interventions and decide collectively actions this working group will deliver. Actions were prioritised based on their potential to have the biggest impact on obesity in Bromley and resources available.

Obesity Sub-Group Action Plan

Start Date: **Expected completion date:**

Objective	Action/s	Outcome / Impact	Lead by	Due date	Progress
1. Map a Healthy Weight Pathway – from Healthy Weight to Morbidly Obese.	Map current weight management activities from Tier 1 (population wide basic intervention & prevention e.g. environmental impacts) to Tier 4 (Specialist Interventions e.g. surgery) 1. Map current local services available and gaps for each step on the Healthy Weight Pathway.	Outcome: 1. Identify signposting opportunities. 2. Optimise referrals to services. 3. Increase awareness of evidenced based provision. 4. Identify gaps in provision. Impact: 5. Reduce weight in referred individuals. 6. Improve Health outcomes for those individuals.	Healthy Weight Forum partners. Lead Role; LBB Public Health. CCG.	31.3.2016	

2. Support the development of local planning policy to consider healthy weight environments.	Provide evidence based recommendations to support the development of sound local planning policy to promote health and wellbeing in the borough. Provide evidence based recommendations for restriction of fast food outlets and access to open space.	Outcome: 1. Provide evidence on health and wellbeing to underpin the Local Plan. 2. Provide evidence regarding access to open space and leisure facilities on health and wellbeing outcomes to underpin the Local Plan. 3. Refresh the mapping of Local Fast Food Outlets. Compare availability and planning policy against the food flagships GLA modelling to inform the Local Plan. Impact: 4. Positive impact on the obesogenic environment.	LBB Planning Team. LBB Public Health.	31.3.2016	

3. Communications: Develop and deliver a Healthy Weight communications plan.	Communications plan to raise the profile of obesity and services available. Improve LBB website health information and access / Improve usage of social media to disseminate information. Healthy weight forum members to collate and share information on interventions and disseminate appropriately	Outcomes: 1. Increase resident / provider and organisational awareness of existing schemes that effectively combat obesity. 2. Improve access to that information. 3. Raise awareness of the prevalence of obesity and support mechanisms available. Impact: 4. Increased awareness and referrals. Halt progression of obesity.	Healthy Weight Forum partners. LBB Communications team. LBB Public Health.	31.3.2016	
4. Explore local options to deliver / influence the delivery of healthy foods education and cooking sessions.	Look at examples of evidenced based best practice for raising the awareness of healthy food. Examples include; Mytime model of Shop Well, Sainsbury's model of Type 2 Diabetics shopping sessions, cook and eat sessions or healthy discount card interventions.	Outcome: 1. Review the evidence base for promoting healthy food availability and acceptability. 2. Work with local partners to investigate what works / could work locally. 3. Influence commercial enterprises to promote healthy food / education. Impact: 4. Increased awareness, availability, acceptability and consumption of healthy food.	Healthy Weight Forum partners. Mytime Active BHC	31.3.2016	

Appendix 1 - Partners that attended the Healthy Weight Forum.

Healthy Weight Forum partners	Department / organisation	Partner	Responsibility	Contact Details
Cllr Angela Page	Councillor	Health & Wellbeing Board	Obesity Subgroup Chair	Angela.page@bromley.gov.uk
Cllr Terence Nathan	Councillor	Health & Wellbeing Board	Obesity Subgroup Vice Chair	Terence.nathan@bromley.gov.uk
Dr Agnes Marossy	Public Health	Consultant in Public Health – Adult obesity	Chair Healthy Weight Forum	020 8461 7531 Agnes.marossy@bromley.gov.uk
Carolyn Piper	Public Health	Public Health Programme Manager - Adults	Vice Chair Healthy Weight Forum	020 8461 7775 Carolyn.piper@bromley.gov.uk
Alison Navarro / Rosanna Ottewell / Colin Maclean	Community Links	Community Links	Resident engagement	020 8315 1900 Alisonn@communitylinksbromley.org.uk rosannao@communitylinksbromley.org.uk colinm@communitylinksbromley.org.uk
Amanda Day / Local Press	PR department	Communications Lead	Comms	020 8313 4390 Amanda.day@bromley.gov.uk
Charles Obazuaye	Human Resources	LBB Occupational Health and/or HR	Staff / workplace engagement.	020 8313 4381 Charles.obazuaye@bromley.gov.uk
Marlon Brown / Warren Galstin	Clinical Commissioning Group	CCG rep	Part of the Healthy Weight Pathway, Tier 3&4 services.	01689 866544 marlon.brown@nhs.net warren.galstin@nhs.net
David Pickup	Pro-Active Bromley Chair	Pro-Active Bromley Chair	Represent Sports Clubs, Sports Networks and Leisure organisations	No email address contact via Carolyn.piper@bromley.gov.uk
Dr Meena Kharade	GP	GP Obesity Champion	GP lead – primary care representative	Meena.kharade@nhs.net

Finola O'Driscoll	Public Health	Public Health Programme Manager - Children	Children's obesity lead	020 8461 7772 Finola.O'Driscoll@bromley.gov.uk
Folake Segun	Healthwatch	Healthwatch	User Voice.	020 8315 1917 folakes@healthwatchbromley.co.uk
Gill Slater	Planning	Head of Planning Strategy / Development Planner	Planning and Environment lead.	020 8313 4492 Gill.slater@bromley.gov.uk
Judie Obeya / Judy Ferguson	Affinity Sutton Housing	Affinity Sutton Housing	Housing Department – residents and funding initiatives.	0300 100 0303 Judie.obeya@affinitysutton.com Judy.ferguson@affinitysutton.com
Louise Simpson / Carol Long	Environmental Services	Environmental Services - LBB Street Scene & Green Space Growtime	Parks and green spaces contribution to an active environment. Health eating / growing campaigns.	020 8461 7846 Lsimpson@thelandscapegroup.co.uk 020 8461 3038 clong@thelandscapegroup.co.uk
Mark Clune	Bromley Healthcare	Head of Healthy Lifestyles	Deliver commissioning services	020 8315 8880 Mark.clune@bromleyhealthcare-cic.nhs.uk
Mike Evans - Director of Health	Mytime Active	Mytime Active Leisure Provider	Facilities and programmes	mike.evans@mytimeactive.co.uk
Caroline Dubarbier	Transport	Transport Planning Manager	Transport planning - active transport lead	020 8461 7641 Caroline.Dubarbier@bromley.gov.uk
Tracy Ennis	Public Health	Public Health Cardiovascular Nurse	Primary Care obesity pathway.	020 8461 7660 Tracy.ennis@bromley.gov.uk
Tricia Wennell (PA - Nicola Bush)	Social Care	Head of Adult Social Care	Represent complex care leads.	020 8461 7495 Tricia.wennell@bromley.gov.uk 020 8313 4476 Nicola.bush@bromley.gov.uk
Vicky Power	Weight Watchers	Weight Watchers	Tier 2 services.	VPower@Weight-Watchers.co.uk

Appendix 2 - Healthy Weight indicators mapping by ward.

Ward	% of Obese Childr en in 4-5 yr olds	% of Obese Children in 10-11yr olds	Obesity estimat es (16+)	Healthy eating estimates	Binge Drinking Estimate s (16+)	% Recorded Diabetes (16+) (2012/13)	% Recorded Hypertensi on (2012/13)	Deprivation, IMD (Mean) (2010)
Bickley	4.7	12.2	19.3	40.1	12.4	4.39	14.21	8.56
Biggin Hill	8.2	15.1	26.7	32.8	14.2	3.94	14.18	8.93
Bromley common and Keston	9.5	15	22.6	34.1	13.1	4.01	12.95	15.68
Bromley Town	4.5	16.8	18.5	39.7	15.5	4.66	15.05	12.91
Chelsfield and Pratts Bottom	6.4	16.9	22.1	35.7	11.7	4.09	15.93	5.99
Chislehurst Ward	6.3	16	20	39.2	11.5	3.82	13.9	11.04
Clock house Ward	6.9	18.2	22.2	34.1	17	3.3	9.89	14.07
Copers Cope Ward	7.5	12	17.1	42.3	17	2.99	11.08	11.92
Cray Valley East	9.9	22.4	26.4	30.4	12.4	5.02	14.49	27.04
Cray Valley West	8.7	21.6	25.3	29.9	13.2	4.79	13.79	29.24
Crystal Palace	12.4	23.2	22.7	34.3	18.9	2.17	5.83	32.54
Darwin	8.7	15.9	24.2	34.6	11.6	4.9	19.9	14.73
Farnborou gh and Crofton	4.8	11.5	21.3	37.4	11.4	4.67	17.1	7.95
Hayes and Coney ward	6.4	12	21.7	36.4	13.8	3.98	14.9	6.97
Kelsey and Eden Park	7.8	15.2	21.5	35.8	13.8	4.48	15.36	11.73
Mottingha m and Chislehurst North	12.4	22.3	25.8	28.9	14.5	2.24	7.14	29.06
Orpington	7.5	19.2	23.2	33.9	11.3	7.02	24.05	18.4
Penge and Cator	9.9	21.7	23.6	33.4	15.4	2.95	8.14	25.75
Petts Wood and Knoll	5.7	12.3	20.6	39.4	11.9	4.4	15.22	4.9

Plaistow and Sundridge	9.7	17.3	20.5	36	15.4	3.32	10.75	17.37
Shortlands	5.4	11.8	17.8	42.4	13.2	3.81	12.56	6.58
West Wickham	6.1	12.2	20.7	38.6	12.8	4.25	2.46	6.6

Source: Joint Strategic Needs Assessment

REFERENCES

[i] PHE slideset (2015). Why invest in obesity.
[ii] McKinsey Global Institute (2014), *Overcoming Obesity: An initial economic analysis*.
[iii] Government Office for Science (2007), Tackling Obesities: Future Choices – Project Report, Foresight.
http://www.foresight.gov.uk/Obesity/Obesity_final/Index.html

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**8th October 2015**
Decision Type:	Non Urgent Non-Executive Non-Key
Title:	**Health and Wellbeing Board Matters Arising and Work Programme**
Contact Officer:	Stephen Wood, Democratic Services Officer Tel: 0208 313 4316 E-mail Stephen.wood@bromley.gov.uk
Chief Officer:	Mark Bowen, Director of Corporate Services
Ward:	N/A

1. Reason for report

1.1 Board Members are asked to review the Health and Wellbeing Board's current Work Programme and to consider progress on matters arising from previous meetings of the Board.

1.2 The Action List (Matters Arising) and Glossary of Terms are attached.

---

2. RECOMMENDATION

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

2.2 The Board is asked to consider what items (if any) need to be removed from "Outstanding Items to be scheduled.

2.3 The Board is asked to suggest new items for the Work Programme and the next agenda

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: **£326,980.**

5. Source of funding: 2015/16 revenue budget

Staff

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

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

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Legal

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

2. Call-in: Not Applicable

Customer Impact

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

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No

2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

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

3.2 The current Work Programme is attached as **Appendix 2.** The Work Programme is fluid and evolving. Meetings are scheduled so that generally speaking they will be held approximately two weeks after CCG Board meetings which will facilitate more current feedback from the CCG to the HWB.

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

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

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

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

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

APPENDIX 1

Health and Wellbeing Board

Matters Arising/Action List –8th October 2015.

Agenda Item	Action	Officer	Notes	Status
10 BCF Updates. (16/10/14)	BCF and Integration progress updates to be provided to the Board as a regular item.	**Richard Hills**	It was proposed at the meeting on 16/10/14 that from time to time, BCF progress updates would be provided to the Board. This was raised again at the meeting on 29/01/15, and 26/03/2015. A standing item will now remain on the HWB agenda for the overall integration programme including BCF.	**Ongoing**
9 Primary Care Developments. (29/01/15)	The HWB should be updated as appropriate concerning progress on the development of primary care co-commissioning.	**Angela Bhan.**	It was requested at the HWB meeting on the 29/01/15 that the HWB should be updated as appropriate concerning progress on primary care co-commissioning.	**Ongoing**
3 Minutes of the Meeting-29/01/15— Community Services Integration.	Members were informed that LBB, along with BHC and the BCCG would be seeking to tender a bid into a new NHS investment fund that had been set up to support integration"	**Angela Bhan Nada Lemic**	The HWB is awaiting an update on the bid to the new NHS investment fund.	**Awaiting an update.**
3 Minutes of the Meeting-29/01/15— Overview of Primary Care Developments.	It was noted that G.P.'s were a provider group in the strategic plan, as well as being involved in commissioning. The Board acknowledged a potential conflict of interest, but at the same time noted that it was difficult to proceed with a commissioning process without clinical and GP input. The Board agreed that this was an issue that would require proper governance and scrutiny**.**	**HWB** **HWB**	The HWB awaits clarification of the governance and scrutiny process.	**Ongoing**

3 Dementia Working Group Update-29/01/15	The DWG had forged links with an important group known as the "Dementia Alliance", and this was a promising relationship. The DWG would be meeting shortly with two leading officers from the Dementia Alliance to see how the two parties could work together.	**Dementia Working Group**	Update to the Board required concerning the meeting of the DWG (Dementia Working Group) and the "Dementia Alliance"	**Update to the HWB to be provided by Cllr William Huntington Thresher**
Minutes-29/03/15 Update on Dementia and Cognitive Development:	It was suggested to the Board that it should look at developing a specific vision for improving dementia care in line with BCF plans.	**HWB**	HWB to consider how to develop the vision to improve dementia care in line with BCF plans.	**Ongoing**
Minutes-29/03/15 Update on Dementia and Cognitive Development:	It was proposed that Oxleas would reconfigure current staff and services to integrate with the re-introduction of a NICE compliant post diagnostic pathway, which would include cognitive stimulation and other prescribed interventions**.**	**TBC**	Update to the Board required concerning the reconfiguration of Oxleas staff and services to integrate with the NICE compliant post dementia diagnostic pathway.	**Ongoing**
Minutes-29/03/15 Bromley Healthwatch Report	Resolved that the CCG meet with Healthwatch to discuss the report submitted by Healthwatch to the HWB	**Linda Gabriel/ Angela Bhan**	Waiting Clarification.	**Ongoing**
Minutes-29/03/15 Dementia Working Group Update	The Board were informed that a conference had been held on the 11th March 2015—"Living Well with Dementia". Feedback would come to the Board in due course. It was planned that there would be a dementia awareness day in May 2015.	**Councillor William Huntington Thresher**	Feedback to the HWB required on the "Living Well with Dementia" conference and the Dementia Awareness Day. Published as an Information Briefing	**Information Briefing published on 28/09/60**
Minutes-09/07/15 Update on PRUH Monitor Report and Mckinsey's Recommendations	It was resolved that the Board be kept updated with developments concerning the PRUH Improvement Plan, and the implementation of the Mckinsey recommendations.	**Dr Angela Bhan**	The Board will be updated in due course.	**NEW**

Minutes-09/07/15 **Verbal Update on HWB Strategy.**	It was noted that at the October 2015 meeting, there should be an in depth review of HWB priorities.	**Dr Nada Lemic**	A verbal update will be provided by Dr Lemic at the October meeting.	**NEW**
Minutes-09/07/15 **Dementia Sub Group Update**	It was recommended that LBB join (not lead) with the Bromley Dementia Action Alliance. It was recommended that LBB should promote the recommendations outlined in the Prime Minister's "Challenge on Dementia 2020".	**Cllr William Huntington Thresher.**	Update to be provided by Cllr William Huntington Thresher at the October meeting.	**NEW**
Minutes-09/07/15 **Children's Mental Health Working Group Update**	It was recommended that consideration be applied to appointing new members to the Children's Mental Health Working Group, and concerning how the Working Group will develop in the future.		Board Members will be updated at the October meeting.	**NEW**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2015/16

Title	Notes
Health and Wellbeing Board—October 8th 2015	
Work Programme and Matters Arising	Steve Wood
Integration Programme/IMPOWER Update	IMPOWER
JSNA Update	Agnes Marossy
Primary Care Co Commissioning Verbal Update	Dr Bhan
2015 – 18 Health & Wellbeing Strategy – sign off	Dr Lemic
Bromley Safeguarding Children Board Annual Report and Business Plan-Verbal Update	Bromley Safeguarding Children Board
Winterbourne View Recommendations Update	Stephen John/Peter Davis
Healthwatch Annual Report Presentation	Linda Gabriel Presenting
Development of the Healthy Weight Forum Findings	HWB
Dementia Conference Feedback Report	Information Item
Shortage of GP Provision In Bromley Town Centre	Information Item
TB Update Reports	Information Item
Health and Wellbeing Board—February 11th 2016	
Work Programme and Matters Arising	Steve Wood
Integration Programme	CCG
Bromley Working for Wellbeing Service-Presentation by MIND.	Bromley and Lewisham MIND. (TBC)
Bromley Safeguarding Children Board Annual Report and Business Plan.	Annie Callanan.
Primary Care Co Commissioning Update	Dr Bhan
Health and Wellbeing Board—21st April 2016	
Work Programme and Matters Arising	Steve Wood
Integration Programme	CCG
Winterbourne View Recommendations Update	Stephen John/Peter Davies

Outstanding items to be scheduled
Care Act Progress Updates.
Co-Commissioning Updates-General.
BCF Updates as required.
Update on meeting between Healthwatch and CCG.
An update on the bid made to the New NHS Investment Fund
Commissioning of Primary Care--update on Governance and Scrutiny Protocols.
Update to the Board required concerning the reconfiguration of Oxleas staff and services to integrate with the NICE compliant post dementia diagnostic pathway.
The Board to consider how to develop the vision to improve dementia care in line with BCF plans
IMPOWER to feed back to the Board concerning Health and Social Care Integration in Manchester
Updates concerning the PRUH Improvement Plan and the implementation of the McKinsey recommendations.
Promoting the objectives of the Prime Minister's "Challenge on Dementia 2020"

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
8th October 2015	29th September	30th September 2015
11th February 2016	2nd February 2016	3rd February 2016
21st April 2016	18th March 2016	21st March 2016

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

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

A list of the questions and answers will be appended to the corresponding minutes.

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

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

London Borough of Bromley

Constitution

Health & Wellbeing Board

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 5

GLOSSARY:

Glossary of Abbreviations – Health & Wellbeing Board

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

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

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