BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

THE LONDON BOROUGH
www.bromley.gov.uk

TELEPHONE: 020 8464 3333
CONTACT: Steve Wood
stephen.wood@bromley.gov.uk

DIRECT LINE: 020 8313 4316
FAX: 020 8290 0608

DATE: 4 February 2016

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, John, Terence Nathan, Angela Page, Pauline Tunnicliffe and Weiss

London Borough of Bromley Officers:

Dr Nada Lemic	Director of Public Health
Kay Weiss	Director of Children's Services
Stephen John	Assistant Director of Adult Social Services

Clinical Commissioning Group:

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

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 11 FEBRUARY 2016 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 8TH DECEMBER 2015 (Pages 1 - 20)

4 QUESTIONS TO THE BOARD FROM COUNCILLORS OR FROM MEMBERS OF THE PUBLIC

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 5th February 2016.

5 WINTERBOURNE VIEW RECOMMENDATIONS VERBAL UPDATE

6 BRIEFING PAPER FOR THE TRANSFORMING CARE PROGRAMME (Pages 21 - 34)

7 OUT OF HOSPITAL CARE IN BROMLEY--UPDATE REPORT (Pages 35 - 40)

This will be a Summary Paper outlining the current position.

8 PRIMARY CARE CO-COMMISSIONING REPORT (Pages 41 - 46)

9 WORK PROGRAMME AND MATTERS ARISING (Pages 47 - 64)

10 OUTLINE FOR THE CURRENT AND FUTURE HEALTH AND WELLBEING BOARD STRATEGY (Pages 65 - 68)

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

12 BROMLEY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT (TO FOLLOW)

13 JSNA VERBAL UPDATE

14 NOMINATION OF MENTAL HEALTH CHAMPION

15 UPDATES FROM SUB GROUPS

a OBESITY SUB GROUP (Pages 69 - 70)

b DIABETES SUB GROUP

c DEMENTIA SUB GROUP

d CHILDREN AND ADOLESCENTS MENTAL HEALTH SUB GROUP

16 VOLUNTARY SECTOR STRATEGIC NETWORK (ITEM FOR VERBAL DISCUSSION)

The Board will have a brief discussion concerning the VSSN (Voluntary Sector Strategic Network).

Appendix A is a letter recently received from the VSSN for consideration.

17 ANY OTHER BUSINESS

18 CONSIDERATION OF AGENDA ITEMS FOR THE MEETING IN APRIL 2016

HWB Members to suggest items for possible inclusion on the April Agenda.

19 DATE OF THE NEXT MEETING

The next meeting is scheduled for Thursday April 21st at 1.30pm.

APPENDIX A

This page is left intentionally blank

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 9.00 am on 8 December 2015

Present:

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

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

Also Present:

Philippa Gibbs (Chief Executive's Department), Jackie Goad (Chief Executive's Department), Dr Agnes Marossy (Education and Care Services) and Peter Turner (Chief Executive's Department)

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Terence Nathan, Annie Callanan, Linda Gabriel and Ian Dallaway. Colin McClean attended as substitute for Ian Dallway and Folake Segun attended as a substitute for Linda Gabriel.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE MEETING HELD ON THE 8TH OCTOBER 2015

The minutes of the meeting held on 8th October 2015 were approved, and signed as a correct record.

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

No questions were received.

5 PRIMARY CARE CO-COMMISSIONING UPDATE

Dr Angela Bhan informed the Board that the CCG had been Co-commissioning with NHS England (NHSE) for eight or nine months. There had been extensive

discussions at the meeting between the South East London CCG Boards around governance arrangements but it appeared that there was now general agreement. The Boards would be focusing on the quality of General Practice and working to get a clearer idea of the key issues. The CCG had been doing some development work with GP Practices, trying to ensure consistency in the way standards were raised.

The CCG Board would also be reviewing contracts with general practices. Currently, 60% of practices in Bromley had Personal Medical Services (PMS) contracts. PMS was a locally-agreed alternative to General Medical Service (GMS) contracts for providers of general practice. This figure was significantly lower than the average for South East London where the figure was generally above 90%. PMS contract funding would need to be reviewed before any program of services for delivery could be agreed.

Dr Bhan reported that the CCG would provide a written update on the PMS contracts to the Board in 2016.

The CCG Board would also be reviewing how the patients of the 40% of general practices operating under GMS contracts could be offered an improved service. There would be cost implications associated with this and no decisions could be taken until there was clarity surrounding the financial settlement for the CCG.

6 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

The Board considered the Joint Strategic Needs Assessment (JSNA) which was a statutory requirement of local authorities and NHS primary care trusts since 2008 and was expected to be carried out jointly by the Director of Public Health, Director of Adult Social Services and Director of Children's Services. The aim of the JSNA was 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 (five to ten years) in order to inform strategic planning commissioning services and interventions that would achieve better health and wellbeing outcomes and reduce inequalities. The final draft of the 2015 JSNA had been circulated to members of the Health and Wellbeing Board for consideration early in November.

The Health and Wellbeing Board were asked to approve the 2015 JSNA, and to consider a proposal for the structure of the 2016 JSNA.

The proposal for the 2016 JSNA noted that Bromley was moving to a system of delivering health and social care through integrated care networks and it had been suggested that that the JSNA structure reflect and support the new arrangement. This would require a collaborative approach in terms of information and data sharing to help inform commissioning arrangements.

The Director of Public Health highlighted that that the JSNA provided information on the population of the Borough as a whole. Once this information had been gathered more in depth needs assessments could be undertaken. The suggested

areas for detailed investigation were reviewed and accepted. It was recognised that introducing a more detailed analysis of all these areas for 2016 might be too burdensome for officers and therefore the new categories would be ranked in priority order and their introduction phased in over 2016 and 2017. It was noted that issues arising from the JSNA would inform a number of future policy areas.

It was agreed that regular updates on the progress of the 2016 JSNA should be provided to the Board.

RESOLVED:

(1) that the Joint Strategic Needs Assessment for 2015 be approved

2) that the Health and Wellbeing Board receive regular updates on the progress of the Joint Strategic Needs Assessment for 2016.

7 HEALTH AND WELLBEING STRATEGY UPDATE

This item was deferred to the next meeting of the Board.

8 PRESENTATION FROM MIND ON WORKING FOR WELLBEING SERVICE

Frances Westerman from Bromley Mind gave a presentation to the Board about the Bromley Working for Wellbeing Partnership (attached at **Appendix A**). The presentation outlined:

- The main contributors to the Partnership;
- The history of the service;
- What the service offered
- The nature of support available; and
- The structure of the service.

It was noted that all counsellors providing the service had participated in the therapy as part of their training.

In response to a question Ms Westerman reported that the Partnership had been working hard to engage with Job Centre Plus in order to target the service at people who were vulnerable to mental health issues as a result of work related issues and unemployment. There was an acknowledgement that the Bromley Working for Wellbeing Partnership needed to advertise the service further although the restrictions on advertising made this challenging. Further work needed to be undertaken to encourage more GPs to refer individuals who could benefit from the service. In addition to this there would be a focus on branding the service and further work would be undertaken in distributing literature about the service more widely and ensuring that it was displayed prominently.

Dr Parson reported that GPs were beginning to adjust to the changes that were being made to the way in which counselling services were being delivered across the Borough and many improvements had already been made concerning the way

in which referrals were made. Work still needed to be undertaken to address the problems with referral routes and it was important that GPs had a good knowledge of all the services that were provided by the Bromley Working for Wellbeing Partnership.

The Chairman suggested that it would be helpful to have a link to the Bromley Working for Wellbeing Partnership on the Council's website and asked Officers to investigate this.

It was suggested that the monthly Borough Officers' meeting could be a useful network for Bromley Working for Wellbeing Partnership and Ms Westerman was invited to attend a future meeting.

The Chairman thanked Ms Westerman for attending the meeting and outlining the work of the Bromley Working for Wellbeing Partnership.

9 UPDATE ON THE TRANSFORMATION PROJECT FOR HEALTH AND SOCIAL CARE

Dr Angela Bhan reported that a meeting with GPs in the Borough was planned for early in 2016 and following on from this an implementation plan would be developed and presented to the Board. A Memorandum of Understanding had been drafted in order to ensure buy-in from all key partners and an implementation strategy was being drafted, recognising that the proposals represented a big change for Bromley.

The Board noted that arrangements in Bromley were more advanced than in some other Boroughs. The Chairman suggested that it could be helpful to publicise what was happening in Bromley more widely. The Chairman also asked if it would be possible for members of the Board to be provided with a one page summary of the developments in Bromley.

In response to a question surrounding the "Care Navigator" role, Dr Bhan reported that there was an emerging workforce of Patient Liaison Officers with the right skill set currently based in GP practices. Further discussions needed to take place around whether there was an on-going need for these Officers to be located in GP practices and as part of this further thought would need to be given to how the Care Co-ordinator/Care Navigator role would evolve.

10 BROMLEY CCG TRANSFORMATION PLAN--CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

The Board considered a report providing an update on the Transformation Plan for Children and Young People's Mental Health and Wellbeing. In March 2015, NHS England (NHSE) published "Future in Mind: Promoting, Protecting and Improving our Children and Young People's Mental Health and Wellbeing", which required all local areas to develop Local Transformational Plans to take forward the key principles of the plan and improve access and quality of local services. NHSE required CCGs to submit their Transformation Plans by 16th October 2015, developed with local Health and Wellbeing Boards, and in partnership with Public

Health, Local Authorities, Youth Justice Services, and Education and Specialist Commissioning.

The Transformational Plan was submitted to NHSE by the required deadline of 16th October 2015 and had been approved by the Chairman of the Health and Wellbeing Board before submission. Following assurance and regional moderation, the plan was rated as 'successful'. NHSE confirmed that more detailed feedback on the plan would be provided in due course.

The Board noted that Bromley was one of the few CCGs across London to have submitted its plan by the deadline. Further updates of how the plan was expected to evolve, would be provided to future meetings of the Board.

RESOLVED that the Bromley CCG Transformation Plan – Children and Young People Mental Health and Wellbeing be noted, and that details of the implementation of the plan will be brought back to the Board in due course.

11 SHORTAGE OF GP PROVISION IN BROMLEY TOWN CENTRE

Further to the update provided by Dr Angela Bhan on 8th October 2015, the Board noted that no additional information was available and it was agreed to consider the item at the next meeting.

12 UPDATES FROM SUB GROUPS

A) Obesity Sub Group

The Obesity Sub-Group update was provided by Cllr Angela Page who reported that the attendance from external organisations was encouraging.

The last meeting of the sub-group had focused on two areas:

- Feeding in to the local plan and planning guidance
- Healthy Weight Pathway

A further meeting had been arranged for January 2016 and a further update would be provided to the Health and Wellbeing Board in February 2016.

B) Diabetes Sub Group

The Diabetes Sub-Group update was given by Cllr Ruth Bennett who reported that a further meeting would be held in January 2016. A great deal of progress had been made locally on diabetes prevention and Bromley would soon know whether it would be included in the national programme. The Director of Public Health suggested that it might be helpful to integrate the work of the Diabetes Network in Bromley with the work of the Sub-group.

This suggestion would be taken forward.

C) Dementia Sub Group

The Dementia Sub Group update was provided by Cllr William Huntington-Thresher who reported that the recent Dementia Conference had been well attended. It was noted that there were significant inequalities in the range of services provided across the Borough and it could be helpful to better publicise events and identify areas where more services were required.

D) Adolescent Mental Health Sub Group

A further update on Adolescent Mental Health Services would be provided at the next meeting in February 2016.

13 WORK PROGRAMME AND MATTERS ARISING

The Board considered its rolling work programme and agreed that the following additional items would be considered at the meeting on 11th February 2016:

- Update report on Primary Care Co-Commissioning
- Bromley Safeguarding Children's' Board Annual Report
- Joint strategic Needs Assessment 2016 Update
- Health and Wellbeing Strategy

RESOLVED: That the updated work programme be noted.

14 ANY OTHER BUSINESS

Update from the Director of Finance on the Spending Review 2015 (Health and Social Care)

The Director of Finance tabled a briefing note (attached at **Appendix B**) outlining the key features of the Chancellor of the Exchequer's Spending Review delivered on 25 November 2015.

There was a strong emphasis on health and social care in the Spending Review. The 2% precept dedicated to funding adult social care was a significant change and it appeared that the Government intended to streamline health and social care funding streams and a small step included expanding the Better Care Fund. A key message from the Government arising from the Spending Review was the need for change in health and social care as it was acknowledged that the current arrangements were not sustainable.

Core funding to Bromley had been cut by 56% confirming that the pressures facing the Local Authority arising from austerity would continue. The Spending Review had confirmed that the Better Care Fund would continue, and there were indications that additional funding would be allocated, although it was likely that this would be at the expense of other funding streams such as the New Homes Bonus.

The Spending Review had confirmed the intention of the Government to nationally integrate health and social care by 2020. There were no specific details for local arrangements but it was clear that local areas were expected to have a plan for this in place by 2017 with full implementation by 2020.

It appeared that there was a significant reduction in funding for Public Health.

A Member of the Board noted that there appeared to be a drive towards further devolution of funding which could present further challenges for Bromley.

15 DATE OF THE NEXT MEETING

The Board noted the next meeting was scheduled for 11th February 2016.

Appendix A
Appendix B

The Meeting ended at 11.02 am

Chairman

This page is left intentionally blank

BROMLEY WORKING FOR WELLBEING

working together for better mental health

Bromley Working for Wellbeing is a service delivered in partnership between NHS Bromley & Lewisham, mind for better mental health, Bromley Healthcare better together, BCCS Bromley Community Counselling Service, O&F CS Orpington & Farnborough Counselling Service

Who are we?

- Service offering psychological therapies (talking therapies).
- Part of Improving Access to Psychological Therapies (IAPT) initiative
- Funded by NHS, via CCG
- Delivered in partnership between Bromley and Lewisham Mind, Bromley Healthcare and Bromley Community Counselling Service.

Service History

- Commenced operation in September 2010
- Third wave IAPT site, so funding not ringfenced.
- Initially only open to GP referral.
- Expanded slowly – now include BCCS counsellors.
- No longer only open to GP referral, will take self-referral as well.

What do we offer?

- We are funded to treat patients with anxiety and depression.
- We work with patients who experience symptoms of:
- Generalised Anxiety Disorder (excessive/chronic worry)
- Obsessive Compulsive Disorder
- Panic Disorder
- Post Traumatic Stress Disorder
- Phobias (various – with a specialism in dental phobia)
- Social Anxiety
- Health Anxiety
- Depression
- Stress control
- Support to people experiencing anxiety/depression as a result of diagnosis with a long term condition eg pain, COPD, Diabetes, CHD, others.
- Post natal support
- Specialist support to people experiencing mental ill health as a consequence of unemployment/difficulty returning to work following a period of mental ill health and whose jobs may be at risk.

Nature of support

- We offer treatment in a stepped care model. This means that we will offer the least intrusive support first.
- We offer Low Intensity Cognitive Behaviour Therapy (LICBT) in the first instance
- We offer CBT for more complex patients
- We also offer CBT for couples, interpersonal therapy, as well as generic counselling
- We work across the Borough in clinics, health centres, community venues and GP surgeries.
- We work face to face, by telephone, via Skype, cCBT and in groups.

Structure of Service in 2015

- We receive approx 6,000 referrals per annum from a range of sources. Approx 25% of referrals are self referrals.
- We have waiting lists for assessment that fluctuate in time scale depending on number of referrals received.
- We employ 18 LICBT therapists/20 HICT therapists and approximately 20 counsellors as well as admin staff and 4 employment advisors.

How you can get help?

We'll work with you to explore your problems and together work out the best way to deal with them.

All we ask is that you are over 18 and are registered with a GP in the borough of Bromley. So, if you feel you need help then please speak to your GP or refer yourself by calling:

Call 0300 003 3000*

www.bromleyworkingforwellbeing.org.uk

Need urgent help?

We are not a crisis service, in an emergency call:

- Your **GP** or **111**
- **The Samaritans** on **01689 833000** or **08457 909090**
- **Bromley Crisis Line** on **0845 608 0523**

Alternatively:

- Go to your nearest **A&E**

* Calls to 0300 numbers cost no more than a national rate call to an 01 or 02 number and usually count towards any inclusive minutes in the same way as 01 and 02 calls. Please check with your telephone operator.

working together for better mental health

Tell us what you think

We want you to be happy with the service you receive from us. If you are happy with the support you are receiving, it's good to be able to thank the team and let people know they're doing a good job, so if you have a compliment or congratulation, we'd like to hear from you.

We know that every so often something might go wrong. If you're unhappy with the support you receive or an element of our service, we want to hear from you.

If we are unable to resolve your concerns or you would like to take the matter further please contact us at:

Bromley Healthcare CIC
Global House
10 Station Approach
Hayes, Kent BR2 7EH
contact@bromleyhealthcare-cic.nhs.uk
www.bromleyhealthcare.org.uk

If you're receiving guided self help or employment support please contact:

Bromley & Lewisham Mind
29 London Road
Bromley, Kent BR1 1DG
bww@blmind.org.uk
www.blmind.org.uk

BROMLEY WORKING FOR WELLBEING

working together for better mental health

Stressed? Down?

let's talk it through

Free talking therapies for adults registered with a Bromley GP

NHS Bromley & Lewisham | mind | Bromley Healthcare better together | BCCS | O&F CS

Welcome to Bromley Working for Wellbeing

At least one in four of us experience mental health problems at some stage in our lives.

Problems such as anxiety and depression can happen for many reasons. It's important to remember that there are people who can help you if things are getting too difficult for you to cope with.

If you are experiencing:

- Anxiety
- Depression
- Trauma
- Panic Attacks
- Stress
- Worry

Contact Bromley Working for Wellbeing. **We can help.**

We offer Talking Therapies

We offer a range of effective talking therapies, including Cognitive Behavioural Therapy (CBT), in a safe and non-judgemental space.

What is CBT?

CBT is a form of talking therapy which aims to help you look at the way you think, feel and behave. The diagram below helps to explain how thoughts, feelings and behaviour are linked.

Problems at work?

We have an Employment Support service, which can help if you're struggling to stay in work as a result of your problems or having trouble telling your employer about your problems.

Confidentiality

We will maintain and respect your confidentiality. All our services are confidential. You can let us know if you prefer to be contacted by phone or letter.

Where are we based?

We work in GP surgeries, community centres and libraries across the borough of Bromley. We cover all areas including Beckenham, Mottingham, Orpington, Penge and The Crays. This means we can provide you with support close to where you live.

Improving Access to Psychological Therapies (IAPT)

Bromley Working for Wellbeing is a partnership between **Bromley Healthcare** and **Bromley & Lewisham Mind** delivering Improved Access to Psychological Therapies as part of the national **IAPT** programme.

www.iapt.nhs.uk

NHS Bromley & Lewisham | mind | Bromley Healthcare better together | BCCS | O&F CS

HEALTH AND WELLBEING BOARD MEETING ON 8TH DECEMBER 2015

BRIEFING NOTE – SPENDING REVIEW 2015 (HEALTH AND SOCIAL CARE)

1. Better Care Fund

1.1 Better Care Fund Settlement will be after the Local Government Finance Settlement which is now expected on 16th December. The additional funding of £1.5bn for Better Care Fund by 2019/20 (equates to about £7.5m for Bromley) will be back–loaded and is expected to be paid direct to local authorities. Whether the £1.5bn is cumulative is yet to be confirmed.

1.2 The first year of additional funding for the Better Care Fund commences in 2017/18. The majority of funding will come from new homes bonus currently paid to local authorities (£800m out of £1.5bn and Bromley was originally expected to receive £5.5m in 2016/17) which will explain why most of the funding will be provided at the end of the spending review period.

1.3 For planning purposes, at this stage, we have to assume that the 2016/17 Better Care Fund will be at least the same as the 2015/16 funding.

1.4 However, the 2016/17 Better Care Fund may increase to take into account the additional funding to NHS (£6bn per annum in 2016/17 rising to £10bn per annum by 2019/20) This will depend on the decision made by NHS England (with CCGs) on how the money is distributed – that decision is expected a few days after Local Government Finance Settlement.

1.5 The additional funding for the NHS assumes that NHS Efficiency Savings of £22bn will be delivered by 2020 (over £1bn for South East London Health community which could impact on social care).

2. Social Care and Health Integration

2.1 The Government will integrate health and social care across the country by 2020 and requires every part of the country to have a plan in place by 2017 for full implementation by 2020.

3. Social Care Precept

3.1 There can be a council tax precept of 2% to specifically fund adult social care (a 2% increase in council tax equates to £2.6m additional income per annum). The Government recognises that the precept can also include, for example, the additional cost of the new Living Wage.

1.106 In addition, the government wants to improve links between health services and employment support, recognising timely access to health treatments can help individuals return to work quicker. **Over £115 million of funding will be provided for the Joint Work and Health Unit, including at least £40 million for a health and work innovation fund, to pilot new ways to join up across the health and employment systems.** To further integrate services and help people back into work, where it has been agreed as part of a devolution deal, local areas will co-design employment support for harder-to-help claimants. The government will also publish a White Paper in 2016 that will set out reforms to improve support for people with health conditions and disabilities, including exploring the roles of employers, to further reduce the disability employment gap and promote integration across health and employment.

Adult social care

1.107 **The Spending Review creates a social care precept to give local authorities who are responsible for social care the ability to raise new funding to spend exclusively on adult social care.** The precept will work by giving local authorities the flexibility to raise council tax in their area by up to 2% above the existing threshold. If all local authorities use this to its maximum effect it could help raise nearly £2 billion a year by 2019-20.[44] **From 2017 the Spending Review makes available social care funds for local government, rising to £1.5 billion by 2019-20, to be included in an improved Better Care Fund.**

1.108 Taken together, the new precept and additional local government Better Care Fund contribution mean local government has access to the funding it needs to increase social care spending in real terms by the end of the Parliament. This will support councils to continue to focus on core services and to increase the prices they pay for care, including to cover the costs of the National Living Wage, which is expected to benefit up to 900,000 care workers.

1.109 The government will also continue to improve care for older and disabled people and support for their carers. The Care Act reforms introduced in April focus on wellbeing, prevention and delaying the need for social care. In support of these principles, **the Spending Review includes over £500 million by 2019-20 for the Disabled Facilities Grant, which will fund around 85,000 home adaptations that year.** This is expected to prevent 8,500 people from needing to go into a care home in 2019-20.

1.110 The government remains committed to introducing the Dilnot reforms to social care, with funding provided in 2019-20 to cover the costs of local authorities preparing for these changes. The cap on reasonable care costs and extension of means tested support will then be introduced and funded from April 2020. The deferred payments scheme already means that no one will be forced to sell their home in their lifetime to pay for care.

Integrating and devolving health and social care

1.111 Locally led transformation of health and social care delivery has the potential to improve services for patients and unlock efficiencies. Spending Round 2013 established the Better Care Fund which has driven the integration of funding for health and social care and enabled services to be commissioned together for the first time. This year the NHS and local authorities in England shared £5.3 billion in pooled budgets.[45] **The Spending Review continues the government's commitment to join up health and care. The government will continue the Better Care Fund, maintaining the NHS's mandated contribution in real terms over the Parliament. From 2017 the government will make funding available to local government, worth £1.5 billion in 2019-20, to be included in the Better Care Fund.**

[44] Council Tax Levels set by Local Authorities in England 2015-16, DCLG, March 2015.
[45] Internal Department of Health data.

Public Health England

Protecting and improving the nation's health

Duncan Selbie
Chief Executive
Wellington House
133 – 155 Waterloo Road
London SE1 8UG
Tel: 020 7654 8090
www.gov.uk/phe

To: Local Authority Chief Executives
Cc: Directors of Public Health

PHE Gateway Number: 2015-502

27 November 2015

Dear everyone

Spending Review

I wanted to write to you following Wednesday's Spending Review announcement about the public health grant to share my thoughts on what this means for the next five years.

First, as anticipated, there will be a reduction. The Chancellor talked about savings in the public health grant, which will be an average real terms saving of 3.9% each year to 2020/21. This translates into a further cash reduction of 9.6% in addition to the £200 million of savings that were announced earlier this year. From the baseline of £3,461m (which includes 0-5 commissioning and takes account of the £200m savings) the savings will be phased in at 2.2% in 16/17, 2.5% in 17/18, 2.6% in each of the two following years, and flat cash in 20/21. £217K £314K £410K (further £1.2m)

Cuts are never welcome, and this is by no means the only challenge that local authorities face. However, you and your colleagues have already proved that you are capable of managing reductions on this scale. I am confident that you will find ways of continuing the very real progress of the past three years in protecting and improving the public's health and in working to reduce health inequalities.

We do not yet know the implications for individual local authorities. This will depend on decisions about the funding formula, on which the Department of Health has consulted on behalf of ACRA and the political decision on pace of change (how fast we move from historic spend to the formula based target shares). My advice to the Government throughout has been to prioritise stability and certainty for the next two years and concentrate on getting the arrangements right for the transition to full funding through business rates. I believe this reflects what your colleagues have told me on my visits to local authorities across the country.

The Spending Review made a number of further commitments including:

- a commitment to retain the public health grant for 16/17 and 17/18 in order to complete the transition of 0-5s and to work through what we will all need in a world without a ringfence.

- a clear signal that the public health grant will be replaced as we move to a model based on retained business rates. The detail of how this will work needs to be worked through and will be subject to full consultation. We will obviously be keen to ensure that any redistribution mechanism reflects health need and does not exacerbate health inequalities.

This page is left intentionally blank

Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **Thursday 11th February 2016**

Report Title: **Briefing Paper for the Transforming Care Programme**

Report Author: *Name: Sonia Colwill*
Department: Director, Quality & Governance
Organisation: Bromley Clinical Commissioning Group (Bromley CCG)
Tel: 01689 866228
E-mail: sonia.colwill@nhs.net

---

1. SUMMARY

This briefing paper has been authored to highlight to the Bromley Health & Wellbeing Board the current position in regards to those patients that fall within the remit of the Transforming Care criteria.

To provide an introduction and to contextualise to the Transforming Care programme, the following is a summarised extract from the NHS England (NHS E) Assuring Transformation technical guidance.

The Government, through leading organisations across the health and care system, are committed to transforming care for people with learning disabilities and / or autism and mental health problems or behaviour that challenges. The shared vision and commitment were set out in the Concordat signed in the wake of the events at Winterbourne View. (See attached)

The Winterbourne View hospital abuse occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire. An investigation exposed the physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the hospital. Local social services and the Care Quality Commission (CQC) had received various warnings but the mistreatment continued. The subsequent investigation led directly to a Serious Case review, as well as a national 360° review of procedure by NHS England.

NHS England have set out a clear programme of work with other national partners, in Transforming Care for people with learning disabilities, to improve services for people with learning disabilities and / or autism, who display behaviour that challenges, including those with a mental health condition. This will drive system-wide change and enable more people to live in the community, with the right support, and closer to home.

The plan builds on other transforming care work to strengthen individuals' rights; roll out care and treatment reviews across England, to reduce unnecessary hospital admissions and lengthy hospital stays; and test a new competency framework for staff, to ensure we have the right skills in the right place.

The Transforming Care programme is focusing on addressing long-standing issues to ensure sustainable change that will see:

- *more choice for people and their families, and more say in their care;*
- *providing more care in the community, with personalised support provided by multi-disciplinary health and care teams;*
- *more innovative services to give people a range of care options, with personal budgets, so that care meets individuals' needs;*
- *providing early more intensive support for those who need it, so that people can stay in the community, close to home;*
- *but for those that do need in-patient care, ensuring it is only for as long as they need it.*

The CCG has to submit a statutory return to NHS England on a monthly basis. This provides a progress report in regards to these patients.

The CCG has historically been responsible for up to three patients who have met the criteria, but is now responsible for two patients:

Patient 3 (07Q0003) – Patient was admitted to an independent hospital for adults with LD (outside of Borough) in 2010. LBB's Social Services (LBB SS) have provided a named Social Worker to support the patient and is the primary Case Manager across both Organisations for this patient.

Patient 4 (07Q0004) – Patient transitioned from a ward at an independent hospital for adolescents (outside of the Borough) to an NHS Hospital (within Borough) in 2015, as the patient turned 18.

Potential developments

There is currently a full review of patients that are on the Mental Health and / or Learning Disability register for which the CCG holds responsibility. The review is part of an annual process to ensure that best practice is followed and that the quality of care for patients is reviewed.

Additional transitional patients

Currently, NHS England Specialist Commissioning (NHS E SC) is responsible nationally for commissioning care for those patients under the age of 18 and meeting the Transforming Care criteria. The sole difference between those patients that fall within the responsibility of a CCG and those patients who fall within the remit of NHS E SC responsibility is an age-based criterion.

There is a potential patient under the age of 18, whom currently falls within the remit and responsibility of NHS England Specialist Commissioning, whom is registered with a BCCG constituent Practice and is resident in a CAMHS In-Patient facility. If this patient meets the set criteria, this patient will transition to an Adult In-Patient MH bed provision later in 2016.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

This report has been drafted to follow best practice guidance from NHS England. This report is not directly related to the Joint Strategic Needs Assessment (JSNA), however, aligns with the strategic aims to provide greater patient choice, enable more people to live in the community, with the right support, and closer to home.

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

This is a briefing paper only. The Director of Quality & Governance at the CCG is the nominated Lead Director within the CCG that holds responsibility in ensuring progress for this programme.

Health & Wellbeing Strategy

1. Related priority: Not applicable

Financial

1. Cost of proposal: N/A (out of scope for this briefing paper)

2. Ongoing costs: N/A (out of scope for this briefing paper)

3. Total savings (if applicable): N/A (out of scope for this briefing paper)

4. Budget host organisation: N/A (out of scope for this briefing paper)

5. Source of funding: N/A (out of scope for this briefing paper)

6. Beneficiary/beneficiaries of any savings: N/A (out of scope for this briefing paper)

Supporting Public Health Outcome Indicator(s)

1.06i - Adults with a learning disability who live in stable and appropriate accommodation (Persons)

---

4. COMMENTARY

Briefing paper, to provide assurance to the Bromley Health & Wellbeing Board, in line with recommended best practice.

5. FINANCIAL IMPLICATIONS

None.

6. LEGAL IMPLICATIONS

None.

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

None; there are limited implications for wider governance arrangements, limited policy impacts, and limited financial changes.

Currently, the Quality Assurance Sub-Committee of the Governing Body of NHS Bromley CCG has oversight of the Programme and through those delegated powers, ensuring that the best outcomes for patient are sought.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Non-Applicable Sections:	Section 5 (Financial), Section 6 (Legal),
Background Documents: (Access via Contact Officer)	Briefing Paper for the Assuring Transformation / Transforming Care Programme Friday 29th January 2016

Crisis Care Concordat
Mental Health

Template action plan to enable delivery of shared goals of the Mental Health Crisis Care Concordat

Localities do not need to use this template if they do not wish – it is intended as a guide.

1. Commissioning to allow earlier intervention and responsive crisis services				
No.	Action	Timescale	Led By	Outcomes
Matching local need with a suitable range of services				
1	Mapping Exercise to include all partners (Adult, Older Adult & Children's services)	April 2015	Bromley CCG	Better understanding of current system pressures, crisis services locally.
2	GAP Analysis between current provision and concordat vision to inform actions.	June 2015	Bromley CCG	Focus commissioning support programmes on area's needing improvements.
3	Local Protocol Development – Each partner agency agrees response times, roles and responsibilities.	June 2015	Bromley CCG	Increased awareness across agencies of local support available and an agreed protocol response that is followed by all parties involved.
4	Consider further the needs of people with dual diagnosis (LD and MH) to ensure they receive the most effective support and care with particular focus on information sharing and working with GPs to prioritise LD crisis and work more effectively with carers of people with LD	June 2015	LBB & Bromley CCG	Improve response for people in mental health crisis with LD

Improving mental health crisis services				
1	Community Mental Health Re-configuration / Developing improved crisis response	October 2015	Bromley CCG / Oxleas	New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives.
2	Day & Employment Services due for re-tender	September 2015	Bromley CCG (Direct Service Provider)	New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives.
3	CAMHS New Wellbeing Service – operational from 1st December 2014	December 2014	Bromley CCG / LBB / Bromley Y / Oxleas	New service model in place locally, providing improved responsiveness to individuals in crisis in line with the Crisis Care Concordat aims and objectives.
4	Service pathways and resources identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP).	March 2016 with mid-year review in Q2/3.	Oxleas	Parity of esteem access standards for EIP achieved.
5	Review referral care pathway from NHS111 and update the Directory of Services	May 2015	Bromley CCG	All CCG, Oxleas Services and third sector organisations are appropriately profiled within the NHS 111 Directory of Services and enabled to receive referrals from NHS 111 including electronic referrals where appropriate.
Ensuring the right numbers of high quality staff				
1	Reviewing impact of Winter Resilience additional funding into Liaison function across MH services.	April 2015	Bromley CCG / Oxleas	Review lessons learned from increased capacity and further reviews on options of future service structure.
2	Drafting of Recruitment and Retention Plan for AMHPs	June 2015	Oxleas & LBB	All services are appropriately staffed.
Improved partnership working in Bromley locality				
1	Set up Multi-Agency delivery group to oversee the action plan and	January 2015	Bromley CCG	Transformation of local services and multi-agency approach to delivery of Crisis Services.

	outcomes.			
2	Clinical Leads Group to discuss operational issues.	February 2015	Oxleas	Identification of operational issues and resolution.
3	Development & Learning Opportunities through joint serious incidents and safeguarding reviews.	September 2015	Bromley CCG	Shared learning from SI's to inform future best practice and service development/commissioning.
4	Agree outcome 'data measures'.	March 2015	Bromley CCG	Clearer evidence on service outcomes and local need.

2. Access to support before crisis point				
No.	Action	Timescale	Led By	Outcomes
Improve access to support via primary care				
1	Community Mental Health Re-configuration with a focus on increased support to Primary Care	October 2015	Bromley CCG / Oxleas	New service model in place locally, providing improved responsiveness to Primary Care.
2	Reviewing IAPT service model to ensure appropriate support into primary care.	May 2015	Bromley CCG / Bromley IAPT	Increased support available within Primary Care and self-referral into services at point of crisis.
3	The role of the mental health link worker is to be reviewed and clarified in SDIP	March 2016	Oxleas and Bromley CCG	Part of Service Development and Improvement Plan
Improve access to and experience of mental health services				
1	Extend CPN pilot into integrated physical healthcare teams.	April 2015	Bromley CCG	Mental health Workers embedded into physical healthcare integrated teams. Early identification of mental health issues in individuals with physical health needs (parity of esteem).
2	Enhance awareness of family interventions amongst all clinical staff in both EIP and Home Treatment Teams (HTT)	June 2015	Oxleas	• Increased number of staff trained in FI • More families and carers supported and included in care plans
3	Develop an information pack for carers and families of people with psychosis	June 2015	Oxleas	Family and Carers support and information package for EIP and HHT carers.
4	Develop a communications plan for crisis concordat work with input from MH sub group , carers and	July 2015	NELFT	Ensure effective messages around crisis line and expectations. As part of this ensure that BME and faith groups involved and engaged in this plan.

	service users to ensure most effective messages around the accessing of crisis services			
3. Urgent and emergency access to crisis care				
No.	Action	Timescale	Led By	Outcomes
Improve NHS emergency response to mental health crisis				
1	Ensure that there is an adequate liaison and psychiatry service available in Accident & Emergency departments.	April 2015	Bromley CCG / Oxleas	Improved access to services from people who experience Mental Health crisis.
2	Review out of hour's access for the range of mental health services in locality.	June 2015	Bromley CCG	Improved access to services from people who experience Mental Health crisis.
3	Commissioners to work with Oxleas and other providers to ensure that patients with mental health crisis who access services through the urgent care system (ED, UCC, WIC) are able to be seen in appropriate settings. This will involve reviewing access through UCC and WIC, making best use of Enhanced Psychiatric Liaison and the s136 suites.	July 2015	Bromley CCG	Systematic approach to ensuring patients in mental health crisis receive the care they need delivered in the most appropriate environment no matter where they access services. Part of this action will be to review opportunities for appropriate areas outside of ED and Police Station.
4	Review the environment for mental health	October 2015	PRUH, Kings College Hospital,	Dedicated areas designed to facilitate a calm environment while also meeting the standards for the safe delivery of care. Resources will

	assessments in ED to ensure, where possible, it is calm and safe		Royal Bethlem etc	also be in place to ensure that people experiencing a mental health crisis can be continuously observed in emergency departments when appropriate.

Improved information and advice available to front line staff to enable better response to individuals				
1	Ensure locally agreed pathways and protocols are rolled out to all staff in services to improve responsiveness.	September 2015	Bromley CCG	Individuals receiving appropriate response according to their needs at the right point in the care pathway.
2	Multi Agency engagement and training event for staff.	October 2015	All Agencies	Improving staff awareness and knowledge of local crisis issues, services and policy.
Improved training and guidance for police officers				
1	Deliver training to key staff groups on the agreed local mental health crisis response.	September 2015 - onwards	All agencies	Improved responsiveness in a crisis.

4. Quality of treatment and care when in crisis				
No.	Action	Timescale	Led By	Outcomes
Review police use of places of safety under the Mental Health Act 1983 and results of local monitoring				
1	**136 Protocols** 136 protocols to be regularly monitored and reviewed.	Ongoing	Met Police / Oxleas NHS FT	This is to ensure that the use of police stations as a place of safety in the borough at a time of crisis does not happen by regularly looking at the protocols in place and continued monitoring. Section 136 protocols currently implemented in Bromley are in line with national standards and managed appropriately on the ground.
Service User/Patient safety and safeguarding				
1	Review pathways in place for frequent attenders with mental health at Emergency Department	From April 2015	Oxleas NHS FT	1. Ensure effective psychiatric liaison service covers all MH age groups and presentations to maximise community services response and identifies frequent attendees 2. Referrals to community services promptly will reduce risk of re-attendance 3. Understanding patient's patterns will help development of pathway plans for better management to prevent attendance
2	Thorough routine review of incidents, accidents and complaints through CQRG to identify and reduce patterns / areas of prevalence	From April 2015	CCG Oxleas NHS FT All Providers	1. Reduction in the number of incidents, SUI's and reportable events across all providers 2. Improvement in service quality will lead to reduced vulnerability of patients and more effective interventions 3. Better use of advocacy services by patients and carers will hel inform service improvement
Staff safety				
1	Thorough routine review of incidents, accidents and complaints through Contract Management Board to identify and reduce patterns / areas of prevalence	From April 2015	CCG Oxleas NHS FT All Providers	1. Reduction in the number of incidents, SUI's and reportable events across all providers 2. Improvement in service quality will lead to reduced vulnerability of staff and more effective interventions

5. Recovery and staying well / preventing future crisis				
No.	Action	Timescale	Led By	Outcomes
Joint planning for prevention of crises				
1	Robust integrated care planning through the provision of sound crisis care/contingency planning	Ongoing	Crisis Care Task Group / CCG / Oxleas NHS FT	1. Patients who are discharged back to primary care can expect a detailed summary of how to access services when they feel at risk of relapse and this will have been shared with the patients GP prior to discharge 2. Patients who have been discharged from secondary care services should be made aware of what alternatives to secondary care services are available within the patient pathway. In the event that relapse occurs information should include an awareness of how access preventative services
2	Promote and extend the use of Advance Care Plans, Crisis Plans Decisions and Advance Decisions for mental health patients including Children and Young People and people with dementia	From April 2015	CCG / LBB / Oxleas NHS FT / Voluntary Providers	1. All known service users will have a future crisis plan that lessens the likelihood of a repeat crisis and ensures the wishes of the service user are taken into consideration 2. Evidence that these plans are routinely part of the CPA process 3. Clinical audit programme evidence that the plans exist are accessible 24/7 and that they are acted upon
3	Ensure that development of local services have fully integrated with mental/physical health/social care services	Ongoing	CCG / LBB / Oxleas NHS FT / Voluntary Providers	1. Joint multi-agency work and evidence of multi-agency working in services to address health as well as socio-economic factors.
4	Crisis care planning for those who regularly present at ED.	March 2016 with mid-year review in Q2/3.	Oxleas FT	Frequent attender reports and multi-agency plans reviewed and updated, and made accessible to ED staff
5	Increase the awareness and use of personal	March 2016 with mid-year review	Oxleas FT and LBB	Increased awareness of the use of personal health budgets amongst people with long term mental health needs and providing them with

	health budgets for those with long term mental health needs	in Q2/3.		greater choice and control over the support they access to manage their mental health.
6	Encourage routine discharge planning meetings in community recovery services	March 2016 with mid-year review in Q2/3.	Oxleas FT	Discharge plans are regularly reviewed to ensure plans are effective and facilitates the recovery and wellbeing of service users and carers.

Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **Thursday 11th February 2016**

Report Title: **Out of Hospital Care in Bromley – update report**

Report Author: *Name: Mary Currie*
Department: Interim Director of Transformation
Organisation: Bromley CCG
Tel: 01689 866544
E-mail: mary.currie3@nhs.net

---

1. SUMMARY

This report provides an update on the proposed direction of travel for Out of Hospital Care in Bromley. In 2015 the CCG and Local Authority commissioned 'iMPOWER' to work with the CCG to develop a strategic direction for Out of Hospital Care. As General Practice is at the heart of the health services, engagement and contributions were brought together from GPs, other providers and patients to inform the 'Out of Hospital Transformation' strategy document which was brought to the Health & Wellbeing Board in September 2015.

The aim of the Bromley Out of Hospital strategy is to provide coordinated care for patients via integrated services and the establishment of three Integrated Care Networks (ICNs), each serving a third of the local population. This will enable services to be more responsive to patients' needs, while ensuring the best possible use of resources, avoiding fragmentation of services and reducing the complexity of the patient journey.

The overarching vision for the programme of work is:

Building a Better Bromley by developing community, social, primary and secondary care to help the people of Bromley live longer, healthier, happier lives.

Following the production of the Out of Hospital Strategy document. The CCG has been engaging further with key stakeholders including local providers to 'fine tune' a draft Programme Implementation Plan (PIP) that will provide the platform to develop a more consistent integrated quality of care for Bromley residents.

A GP provider event on 19th January 2016, with an agenda co-developed with the Local Medical Committee (LMC), further engaged GPs and other providers in order to co design and prioritise key elements of work together. The expectation is that the outputs will assist with finalising the Programme Implementation Plan for the Out of Hospital strategy (draft PIP, *appendix a*).

An extra-ordinary meeting of the CCG Membership Body is being planned for February 2016, to further engage with the membership, prior to final PIP approval being sought at the March 2016 CCG GB meeting.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

This is a joint programme between the CCG and Local Authority and vital for the development of integrated care (Section 6 of Health & Wellbeing strategy)

---

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

The Health & Wellbeing Board is asked to note this report, the proposed direction of travel and the governance arrangements to support the programme.

Mary Currie, Bromley CCG's Interim Director of Transformation, is the lead officer. The draft Programme Implementation Plan (Appendix a) shows the designated individuals, from both CCG and LBB, who are involved in the work.

Health & Wellbeing Strategy

The programme relates to all the priorities in the Health & Wellbeing strategy: Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers

---

4. COMMENTARY

In 2015 the CCG and Local Authority commissioned 'iMPOWER' to work with the CCG to develop a strategic direction for Out of Hospital care. As General Practice is at the heart of the health services, engagement and contributions were brought together from GPs, other providers and patients to inform the 'Out of Hospital Transformation' strategy document published in September 2015.

The key findings of the report showed that Bromley currently has some inconsistency in care provision, along with challenges related to low levels of integration, rising healthcare demand that is unaffordable, alongside being overwhelmed by short term performance issues, which deflects focus away from preventative and proactive models.

The key aims were to deliver a strategy that would ensure the sustainability of services to the population of Bromley, with an enhanced focus on prevention and the proactive management of patients**.**

There has been a range of engagement events with key providers including GPs, community, mental health, acute, voluntary sector providers (the list not exhaustive) and involvement of patient groups. The 'Out Of Hospital strategy', brought to this Board in September 2015, reflected the outcomes of

these engagement sessions and ensured alignment with other national and local priorities, including the Our Healthier South East London (OHSEL) strategy.

Since September 2015, the CCG has continued to engage with providers to listen, take account and develop a draft programme plan to address and prioritise the recommendations of the report.

Summary of issues

- Although there are examples of good practice in Bromley, these have not yet been adopted consistently, or at scale.
- It is evident that a continuous improvement approach is unlikely to be effective in an unbalanced system.
- Bromley needs a major transformative change to rebalance the system and create performance sustainability

There is a risk that the CCG will not be able to meet the increasing health needs of the population within its current financial allocation and at appropriate levels of service quality, potentially leading to unmet needs for the population and poorer health outcomes. To mitigate this risk the CCG needs to move forward with introducing an integrated care network model, which requires more integrated working of health professionals and services more tailored to the needs of the patient population.

Failure to support and implement the recommendations from the Out of Hospital strategy may lead to an inability in the local system to proactively respond and meet the rising needs of the local population. In addition, failing to redesign and transform Out of Hospital care will lead to further rising demand for acute hospital care, preventing the health and care economy from meeting the growing health needs of the local population, especially in relation to long term condition prevention and management, and improving consistency of care for patients with frailty and co morbidities.

Following the production of the strategy, that recommended the direction of travel for Out of Hospital care, we now need to move forward to co design a more integrated model of care that is more focused on prevention and proactive management of patients with growing health needs. Whilst we have started work on translating this strategy into a draft PIP, the aim is to further redefine and prioritise the plan as follows:

- Take account of outputs from a combined GP/ Provider event held on 19th January 2016.
- Include outputs arising from cross provider workshops planned to take place before the end of March 2015.
- Define and propose the geographies and governance for the ICNs
- Present the draft PIP to the CCG GP membership at an extra-ordinary meeting during February 2016.
- Present an updated paper containing the final PIP to the March 2016 CCG GB meeting, to include confirmation of the three Integrated Care Network geographies.

Appendices -

a) Draft Programme Implementation Plan (PIP) - appendix a
b) Governance structure for Out of Hospital Programme of work - appendix b

5. FINANCIAL IMPLICATIONS

Whilst there are no costs associated with this paper, it is recognised by the CCG that investment will be needed to support the development of ICNs especially in Year 1, along with investment in expertise and capacity to support the successful implementation of the programme. The detail of this

will be part of finance planning for 2016/17 and beyond, as necessary. It is also likely that investment in community and primary care may release savings in other parts of the system which can then be considered for re-investment in community/primary based service models.

6. LEGAL IMPLICATIONS

As part of preparing a system to work together to support the implementation of ICNs a Memorandum of Understanding (MOU) is being developed that pillar providers will be asked to sign, over and above their individual contracts for 2016/17. This is currently in development and any legal considerations are being considered as part of this work.

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

The programme is subject to the existing governance and decision making structures of the CCG and LBB.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

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

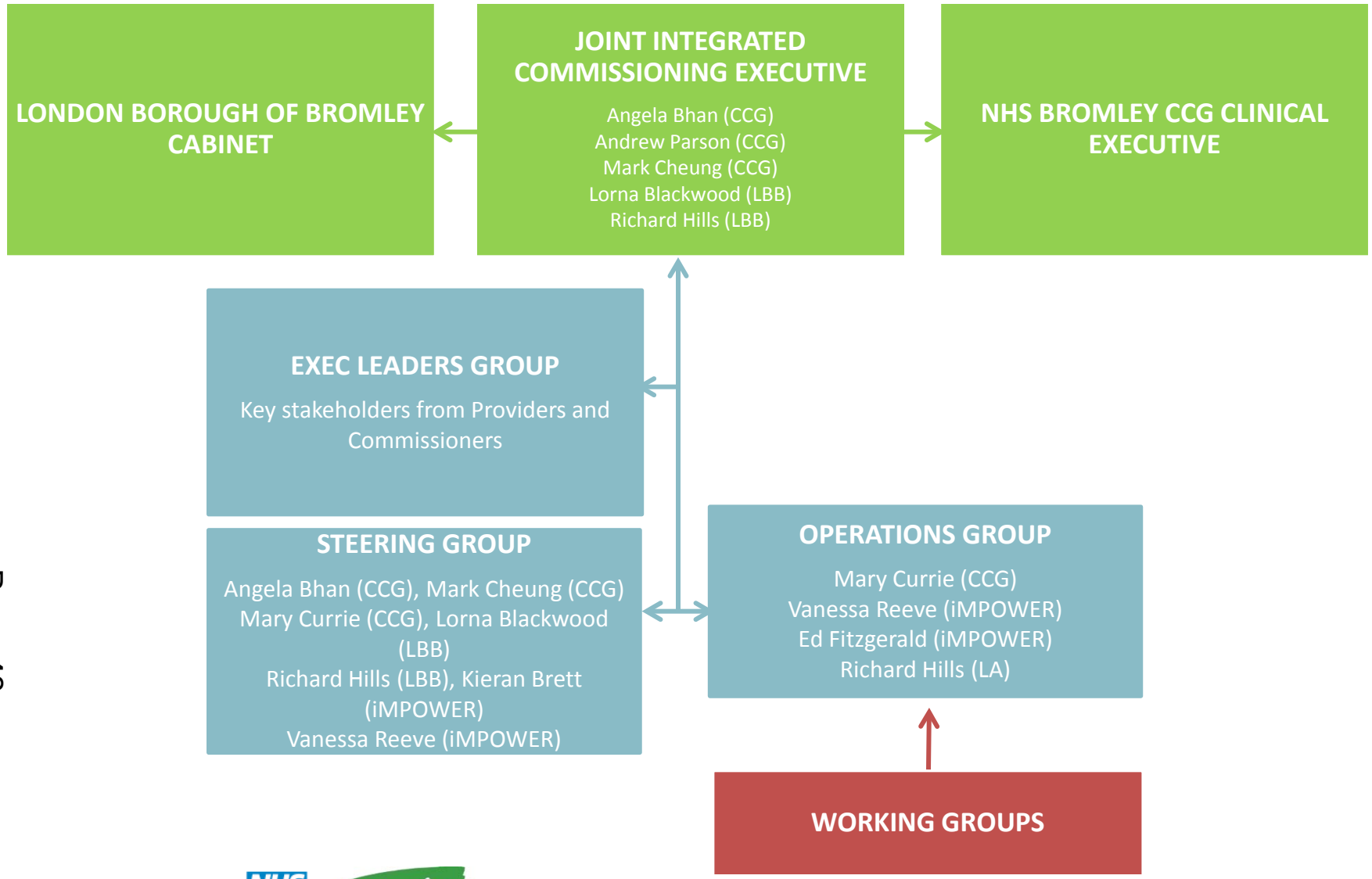
BCCG ICN – **DRAFT** PROGRAMME IMPLEMENTATION PLAN(PIP) (Year 1: 2016/17)

	WHAT WE NEED TO DO	COMPLETION DUE	LEAD	GOAL / VISION
GOVERNANCE	• MOU with all pillar providers • ICN governance defined • Commissioning Levers- contract £ / activity / CQUIN • Defining outcomes / metrics / KPIs	• 1 April 2016	• **MCheung** / iMPOWER / JA / PL / CSU / MCu (plus discussions with providers)	**BUILDING A BETTER BROMLEY BY DEVELOPING COMMUNITY, SOCIAL, PRIMARY & SECONDARY CARE TO HELP THE PEOPLE OF BROMLEY LIVE LONGER, HEALTHIER, HAPPIER LIVES**
SYSTEM READINESS / ENABLERS	• Provider development (+/- call off support) • System / clinical leaders development • Defining ICN geographies • IT / Record sharing i.e. Bromley portal • Estates strategy • Workforce development strategy • Carers strategy	• Jan – Mar '16 • March '16 • Mid Jan '16 • 2016/17 • March '16 • March '16 • March '16	• **iMPOWER** / MCu • **ABhan** / PCoogan • **JArnold** / GPs • **MCheung** / SBuck / Providers • **MCheung** / TBC? • **PCoogan** / TBC? • **LMcCulloch**	
SERVICE REDESIGN- (confirm year 1 priority areas)	• Community Provider Redesign (Adult nursing/ therapists etc.) • Integration of Social Care Services (Care Managers) • Integration of MH services (Primary Care Plus) • Acute service redesign to support ICN e.g. MRT+; discharge hub • VCS integration with H and SC services • Reablement expansion (e.g. admissions avoidance) • Care homes/ Extra Care Housing /supporting 7 day working	• 2016/17 • 2016/17 • 2016/17 • 2016/17 • 2016/17 • 2016/17 • 2016/17	• **PLewis** /BHC/ iMP • **SJohn** • TBC / Oxleas • **ABhan /** RLB / LBlackwood • BHC / VCS / TBC? • **TWennell?** • **LBB** / TBC?	

NEW SERVICE INNOVATION	• Addressing the prevalence gap (Risk Stratification)
	• Prevention / Supporting vulnerable people / Reducing variation
	  • Care coordinator and care navigator role
	  • Pharmacists role within ICNs
	  • Integrated case management (e.g. supporting LTC)
	  • Community geriatrician service-frailty
	  • Introduction of MDTs
	  • New model for carers / dementia hub
	• Supporting patients to manage their own health (Social prescribing)
	• Improved access (Single point of access / 24 hour working)
		• 2016/17
		
		• 2016/17
		• 2016/17
		• 2016/17
		• 2016/17
		• 2016/17
		• 2016/17
		• 2016/17
		• 2016/17
			• **JArnold** / GPs
			
			• **iMP**/GPs/BHC/VCS
			• KHong / GPs
			• AHamilton
			• TBC?/ KCH / BHC / GP
			• TBC?
			• LMcCulloch/ACrawford
			• LBB / TBC?
			• VCS / TBC?	

ENGAGEMENT WITH KEY STAKEHOLDERS	• Executive leaders group • Communication and engagement plan (patient / public) • CCG membership & GB engagement / LBB	• Establish '15/16 • On-going • On-going	• **ABhan**/AParson/?LBB • **PCoogan** / TBC • **AParson /** ABhan / JPeake	
CHILDREN & YP SERVICES	• Develop a programme of work for children's services to link into ICN Hubs	• 2016/17	• **CKane**/ AParson / LBB / TBC?	

APPENDIX B: OUT OF HOSPITAL STRATEGY - GOVERNANCE STRUCTURE



NHS Bromley Clinical Commissioning Group

Bromley THE LONDON BOROUGH

Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **11th February 2016**

Report Title: **Commissioning intentions for GP contracts from 2016/17**

Report Author: *Jessica Arnold, Head of Primary and Community Care*
Commissioning Directorate
NHS Bromley Clinical Commissioning Group
Tel: 01689 866 172
E-mail: Jessica.arnold1@nhs.net

1. SUMMARY

Background
This report covers the review and subsequent commissioning intentions of NHS Bromley CCG for the General Practice Personal Medical Services (PMS) contract from 2016/17, and plans for equalisation of General Medical Services (GMS) to achieve 100% population coverage by all services by 2017/18.

In Bromley, there are:

- 24 PMS practices, covering 61% of the population. These practices offer additional services to their patients on top of basic GP services, as set out in their PMS contract
- 19 GMS practices. These practices offer basic GP services as set out in the GMS contract
- 2 APMS practices. Alternative Provider Medical Services are negotiated with non-NHS bodies (e.g. voluntary sector or private) to provide additional services to patients

The current PMS contract is composed of the following services:

Mandatory ('quality guarantee')	Core opening hours
	90% immunisations of under 2s
	Patient choice to access advice
	Guaranteed same day clinical response
	Suture removal
Optional ('added value')	Additional reception hours outside core hours
	Additional nurse time outside core hours
	End of Life care
	Housebound visiting with medication reviews

In September 2015, NHS England announced a review of the PMS contract held by PMS practices throughout London. The 'London Offer' part of the PMS contract was drafted and is being consulted on by NHS England with CCGs and Local Medical Committees (LMCs). This process began in autumn 2015 and will continue up to 31st March 2016. Alongside this, the CCG has been reviewing what works well within the current contract and

what local priorities might be incorporated into the new PMS contract locally. The London Offer and local offer together form Bromley CCG's PMS commissioning intentions and will continue to be adjusted and negotiated over coming months.

Engagement

The local offer for Bromley PMS practices has been reviewed, debated and developed through a range engagement activities, including:

- Discussion with the CCG Clinical Leads, Directors and lay members at a variety of meetings
- Engagement with all GP practices through the bi-monthly cluster meetings
- Informal discussion with individual practices (although it has not yet been possible to speak individually to every GP practice)
- Informal discussions with the Bromley LMC

All of these engagement activities have been directly used to shape our PMS commissioning intentions, including keeping what works well now, aligning to our strategic aims and introducing new elements that will support transformation towards new ways of working.

Commissioning intentions

Following the engagement to date and subject to ongoing negotiations and approvals, Bromley CCG's commissioning intentions for the PMS contract are as follows:

London Offer	
KPIs	• Breast and cervical screenings • Childhood, flu and pneumococcal immunisations • Patient voice (two indicators of CCG choice)
Additional technology use	• 50% of appointments should be available and cancellable online by 1st April 2017 • Patients to be able to order repeat prescriptions online • Practices to offer electronic consultations
Local offer	
Local priorities	End of Life care planning for 0.5% of list
	Bowel screening
	Suture removal
	Housebound visiting
	Additional reception time outside of core hours
	Additional nurse time outside of core hours
Transformational priorities	Practice development investment, to include delivery of a practice development plan and appraisal support
	• Participate in the Integrated Case Management (MDTs) scheme • Participate in Integrated Care Networks (MoU sign up, service/resource/staff sharing, peer review) • Maintain a carers register and direct to carers advice and information

Rationale for these intentions are included in section 4 of this report.

Equalisation with GMS practices

Bromley CCG is committed to offering equalisation of the services on offer to GMS patients compared with PMS patients. GMS practices comprise 19 of Bromley's 45 practices and account for 35% of patients.

If the full PMS premium was offered to GMS practices, and uptake was 100%, this would create a cost pressure to the CCG of £1.5 million. Therefore, it is the intention of the CCG to offer some elements of the PMS contract to GMS practices in 2016/17 and the remainder in 2017/18. The year 1 offer is likely to comprise the KPI elements of the London Offer (screening, immunisations and patient voice) and the transformational elements to deliver Integrated Care Networks, subject to local ongoing discussions with GMS

practices and the LMC to agree which elements are priorities for year 1. Full financial modelling is currently being undertaken to clarify whether funding might be available for additional elements.

Once the PMS contract is finalised by 31st March, the CCG will ask for Expressions of Interest from GMS practices about offering the equivalent services in their practices. This will help gauge how much we can offer in year 1 without under- or overspending. If few GMS practices are willing to offer few or none of the PMS services, the CCG will look at other options to provide these services to GMS patients, e.g. through borough wide schemes, potentially provided by the GP Alliance on a 100% population coverage basis.

Next steps

- Provisional sign off of Bromley's draft PMS commissioning intentions will take place at the meeting of the South East London Primary Care Joint Committee on 11th February
- Bromley CCG will then submit final commissioning intentions by 19th February
- Negotiations between NHS England and London LMCs, and between NHS England, Bromley CCG and Bromley LMC to finalise the contract (including all definitions and service specifications) will be ongoing up to 31st March
- PMS practices will adopt the new PMS contract with effect from 1st July 2016
- Discussion with GMS practices about offering the PMS services and prioritisation within the available funding envelop will take place from 9th February up to 31st March
- Offering of new services from GMS practices will be straggered across 2016/17 and 2017/18 starting from 1st July 2016

---

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

Changes to the GP PMS contract will have an impact upon primary care and will improve the services, sustainability and integrated working of GP practices within the wider health and social care system.

---

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

The Health and Wellbeing Board is asked to note the contents of this report and give their comments on the proposed commissioning intentions of the CCG for GP contracts.

Health & Wellbeing Strategy

This is relevant to all strands of the Health and Wellbeing Strategy.

Financial

1. Cost of proposal: There are no initial or set up costs.

2. Ongoing costs: The new PMS contract will be funded using the existing monies allocated to the PMS premium with no net cost. Equalisation with GMS practices is yet to be financially modelled but may require up to £1.5 million investment over two years.

3. Total savings (if applicable): None.

4. Budget host organisation: Bromley CCG

5. Source of funding: CCG budget

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

Supporting Public Health Outcome Indicator(s)

No direct impact on Public Health, although these commissioning intentions aim to increase the uptake of immunisations and improve early detection of cancers through screening.

---

4. COMMENTARY

The rational for each of the PMS commissioning intentions is as follows:

London Offer		
KPIs	• Breast and cervical screenings • Childhood, flu and pneumococcal immunisations • Patient voice (two indicators of CCG choice)	This is a mandatory element of the London Offer for the PMS contract which the CCG supports. The selected patient voice measures will be: a) Overall, how would you describe your experience of making an appointment? b) Would you recommend your GP surgery to someone who has just moved into your local area?
Additional technology use	• 50% of appointments should be available and cancellable online by 1st April 2017 • Patients to be able to order repeat prescriptions online • Practices to offer electronic consultations	The CCG and member practices were in support of making appointments available and cancellable online, and ordering repeat prescriptions online. There was some concern that 50% of appointments being available online would disadvantage patients without internet access (who arguably have a greater need for appointments, e.g. if they are old or poor) but also acknowledgement that greater online access would free up telephone lines to improve access by telephone. Provision of electronic consultations received a mixed response from both clinical leaders and the wider GP membership. Some were doing this already and felt it was very successful; many were concerned about a range of difficulties that email consultations might present including clinical safety, governance, fairness and the time burden. Options to mitigate concerns include offering email consultations as follow ups rather than first appointments with the GP and expanding the definition to include telephone consultations. This will be scoped with practices and experts.
Local offer		
Local priorities	End of Life care planning for 0.5% of list	This is currently an optional service within the PMS contract and in Bromley, is working well towards managing care for end of life patients. Practices have supported keeping this KPI in the contract and many report that they are exceeding the 0.25% target for care plans. In recognition that at any one time, 1% of the population is at the end of life, the CCG

		felt that this KPI was not only vital for the new PMS contract, but should be extended in scope to target 0.5% of list size. This is being supported by wider End of Life projects and is in line with Bromley's strategic priorities.
	Bowel screening	This KPI aims to achieve an increase in both referrals and uptake of referrals for bowel screening and subsequently improve early and overall diagnosis rates for bowel cancer. This is a local priority for Bromley's population, where bowel cancer is higher than average and a quarter of cases are diagnosed in A&E (and therefore late diagnosis leads to worse outcomes).
	Suture removal	This is a service required from PMS practices to mitigate the risk of patients going to hospital to have sutures removed. Suture removal is not currently in the community services contract but is offered by GMS practices under a Local Incentive Scheme.
	Housebound visiting	This is an important service for a vulnerable group of patients. Practices were keen to keep housebound visiting within the PMS contract to enable them to set aside time for housebound visiting in the context of the growing pressures in the surgery.
	Additional reception time outside of core hours	This is currently an optional service within the PMS contract that patients have come to expect and that improves access to primary care. Practices felt that removing this incentive could lead to 'taking a backwards step' towards better patient access.
	Additional nurse time outside of core hours	As above. Also, additional nurse time out-of-hours can help to alleviate the pressure on GPs and walk-in centres/UCCs.
Transformational priorities	Practice development investment, to include delivery of a practice development plan and appraisal support	This specification will be asking practices to sign up to producing and implementing a practice development plan, including plans for long term sustainability of the workforce, training and education needs, improved appraisal arrangements, peer review participation, service and resource sharing and other measures to improve how the practice is adapting to meet patient needs. This comes in response to a clear message from Bromley GP practices that the biggest risk to patient care is the threatening unsustainability of primary care as it is currently operating.
	• Participate in the Integrated Case Management (MDTs) scheme • Participate in Integrated Care Networks (MoU sign up, service/resource/staff sharing, peer review) • Maintain a carers register and direct to carers advice and information	This will be linked to delivery of Integrated Care Networks in Bromley and will comprise: ➢ Participation in Integrated Case Management scheme to deliver improved care planning and support to at risk patients through multi-disciplinary team working ➢ Participation in Networks including signing up to the ICN Memorandum of Understanding and undertaking service and resource sharing and peer review across the Network ➢ Increasing identification and support to carers including maintaining a carers register, promoting carers Health Checks, distributing advice and information materials, hosting voluntary sector services for carers and developing carer participation groups individually or across the Network

5. FINANCIAL IMPLICATIONS

There will not be any financial implications for the CCG regarding the new PMS contract. Investment will be required from the CCG to achieve equalisation with GMS practices, however. The likely quantum and timing of this is currently being modelled but maximum risk is £1.5 million over two years.

6. LEGAL IMPLICATIONS

There are no legal implications of this review and renegotiation of the contract that is not being managed on a London-wide scale by NHS England.

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

The CCG's commissioning intentions will be provisionally approved by the South East London Primary Care Joint Committee on 11th February, and final commissioning intentions submitted to NHS England by 19th February. A period of negotiation will then take place through dedicated meetings up to 31st March 2016. This will not impact upon partnership arrangements or joint working with the council.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

This report is for information and discussion with Health and Wellbeing Board members. As General Practice is a crucial component of the health system, the services offered by GP practices will have a direct impact upon patient health, outcomes, choice and satisfaction. The CCG has therefore worked closely with practices and other key stakeholders to ensure that our final offer to patients through the GP contracts meets Bromley's local priorities.

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

CSD16022

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**11th February 2016**
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 in April 2016

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

---

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

---

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 –11th February 2016

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.	**Angela Bhan**	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 and so this is now a standing item.	**Ongoing**
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**	This issue was highlighted recently in an article that appeared on the front page of the Times Newspaper. The HWB awaits clarification of the governance and scrutiny process.	**Awaiting an Update**

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-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.	**Ongoing**
Minutes-08/10/15 **Healthwatch Annual Report**	The Healthwatch Annual Report had been submitted to the CCG for their consideration.	**Dr Bhan/Parson**	HWB Members to be updated subsequent to analysis of the report by the CCG	**Ongoing** **Awaiting CCG Feedback**
Minutes-08/10/15 **Integration Update**	Noted that a report was due shortly concerning the development of joint commissioning strategies between the CCG and LBB		Report to be submitted for the Board's attention in due course.	**Ongoing** **Update report to be provided at the February 2016 meeting**
Minutes-08/10/15 Bromley Safeguarding Children's Board	It was noted that the BSCB's Annual Report would be submitted at the next HWB meeting.	**Annie Callanan**	The report will now be submitted at the meeting in February 2016.	**Report coming to Feb 2016 meeting**
Minutes-08/10/15 **Children and**	It was resolved that the HWB be kept informed of the progress of the bid to		The Board will be updated on the progress of the Bid in due course.	**New**

Adolescents Mental Health Sub Group **Children and Adolescents Mental Health Sub Group**	transform CAMHS services. The Board was to consider if a new Lead for the Children and Adolescents' Mental Health Sub Group should be appointed. Consideration was also to be applied to the matter of whether or not a new constitution was required.	 **HWB** **HWB**	 To be discussed by the Board at the December meeting. To be discussed by the Board at the December meeting	 **Ongoing**
Minutes-08/10/15 **JSNA Update**	It was resolved that the draft JSNA would be made available for Members to view prior to the December meeting.	**Dr Marossy**	Report has been published online.	**Completed**
Minute 5. 08.12.15. **Primary Care Co-Commissioning Update.**	Dr Bhan reported that the CCG would provide a written update on Personal Medical Services Contracts in 2016.	**Dr Bhan**	Written update will be provided by Dr Bhan to the HWB in due course.	**New**
Minute 6. 08.12.15. **JSNA Update.**	It was resolved that regular JSNA updates be received.	**Dr Marossy**	Regular JSNA updates will now be allocated to future agendas as a standing item until the JSNA is finalised.	**New and Ongoing**
Minute 8. 08.12.15. **Presentation from MIND on the Working for Wellbeing Service.**	It was suggested by the Chairman that it would be helpful if there was a link to the Working for Wellbeing Partnership on the Bromley Council Website.	**LBB Officers**	The Chairman asked if Officers could investigate this.	**New**
Minute 9. 08.12.15. **Health and Social Care Transformation Project.**	The Chairman suggested that it would be helpful to publicise more widely what was happening in Bromley concerning the Health and Social Care Transformation Project. The Chairman asked if it would be possible for Members of the HWB to be provided with a one page summary of developments in Bromley.	**Dr Bhan/Dr Lemic/Susie Clark** **Dr Bhan/Dr Parson**	To be investigated and implemented. Awaiting summary.	**New** **New**

Minute 11. 08.12.15 **Shortage of GP provision in Bromley Town Centre.**	It was agreed to consider this at the next meeting.	**Dr Parson**	Dr Parson will update the HWB at the February 2016 meeting.	**New**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2015/16

Title	Notes
Health and Wellbeing Board—February 11th 2016	
Work Programme and Matters Arising	Steve Wood
Transformation Project for Health & Social Care System - Summary Paper outlining current position	Dr Angela Bhan
JSNA Update	Dr Agnes Marossy
Primary Care Co Commissioning Report	Dr Angela Bhan
2015 – 18 Health & Wellbeing Strategy	Dr Nada Lemic
Shortage of GP Provision In Bromley Town Centre	Dr Andrew Parson
Winterbourne View Recommendations Update	Stephen John
Winterbourne View/Transforming Care - Report	CCG
Bromley Safeguarding Childrens Board Annual Report	Annie Callanan
Updates from Sub Groups	Sub Group Leads
VSSN Discussion	
Health and Wellbeing Board—21st April 2016	
Work Programme and Matters Arising	Steve Wood
Integration Programme Update	IMPOWER or Dr Bhan
Primary Care Co Commissioning Verbal Update	Dr Angela Bhan
JSNA Update	Dr Agnes Marossy
Bromley CCG Transformation Plan—Children and Young People's Mental Health and Wellbeing. (tbc)	Dr Bhan
Updates from Sub Groups	Sub Group Leads
Presentation from VSSN	Lynn Sellwood-VSSN
Health and Wellbeing Board—To be confirmed	Awaiting next Programme of Meetings

Outstanding items for possible consideration:
Care Act Progress Updates.
Co-Commissioning and Integration Updates-General. (Standing Items)
BCF Updates as required.
Feedback from CCG after analysing Healthwatch Annual Report
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.
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"
Update on the National Diabetes Programme
Update on the funding bid to transform CAMHS Services
Report on Joint Commissioning Strategies between the CCG and LBB.
Bromley CCG Transformation Plan—Children and Young People's Mental Health and Wellbeing. Update report to come to the Board in due course.
Update on Personal Medical Services Contracts
Promoting Exercise

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
11th February 2016	1st 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 drafted as soon as possible after the meeting has finished. 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 then 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)

This page is left intentionally blank

Governance & Scrutiny process for managing potential Conflicts of Interests for GPs with Primary Care commissioning. Update provided by Bromley CCG under Matters Arising for HWB Meeting 11/2/16

Minutes of 29/1/15 meeting - Overview of Primary Care Developments: *It was noted that GPs 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.*

Update: Since its formation the CCG has had a robust governance process for managing conflicts of interests. This includes, but is not confined to, the following:

- Requirement for Governing Body members, practice members, staff, employees and other individuals working for the CCG to declare any interests
- Maintenance of a Register of Interests – of which the Governing Body members list is published on the CCG website – and regular updates.
- Declaration of interests regarding any agenda item to be made at all meetings and recorded in the minutes. This is important both for the public record and so that participants in the meeting are fully aware of any conflicts of interests. Where an interest is considered material the Chair will judge whether the individual can continue to attend – but without taking part in a final decision – or whether the individual should leave the meeting completely.
- The CCG constitution allows for the Governing Body to be quorate and able to take decisions even if all 6 GP members are excluded. The remaining members include 3 lay members, 4 senior officers, a registered nurse and secondary care doctor who can provide clinical input.
- The Lay member, Governance, oversees declarations of interests and is required, along with the Chief Officer, to attest formally to NHS England each quarter that the CCG is compliant with statutory guidance

After taking on joint commissioning of Primary Care services in 2015 the CCG reviewed its Governance structures and Conflict of Interests policy to take account of the potential increase in conflicts of interests for GPs as both commissioners and providers of Primary Care Medical Services. (see attached policy and Governance structure chart). It balances the importance of having GP and clinical advice for the commissioning of services with the need to ensure decision making is transparent and in line with statutory responsibilities.

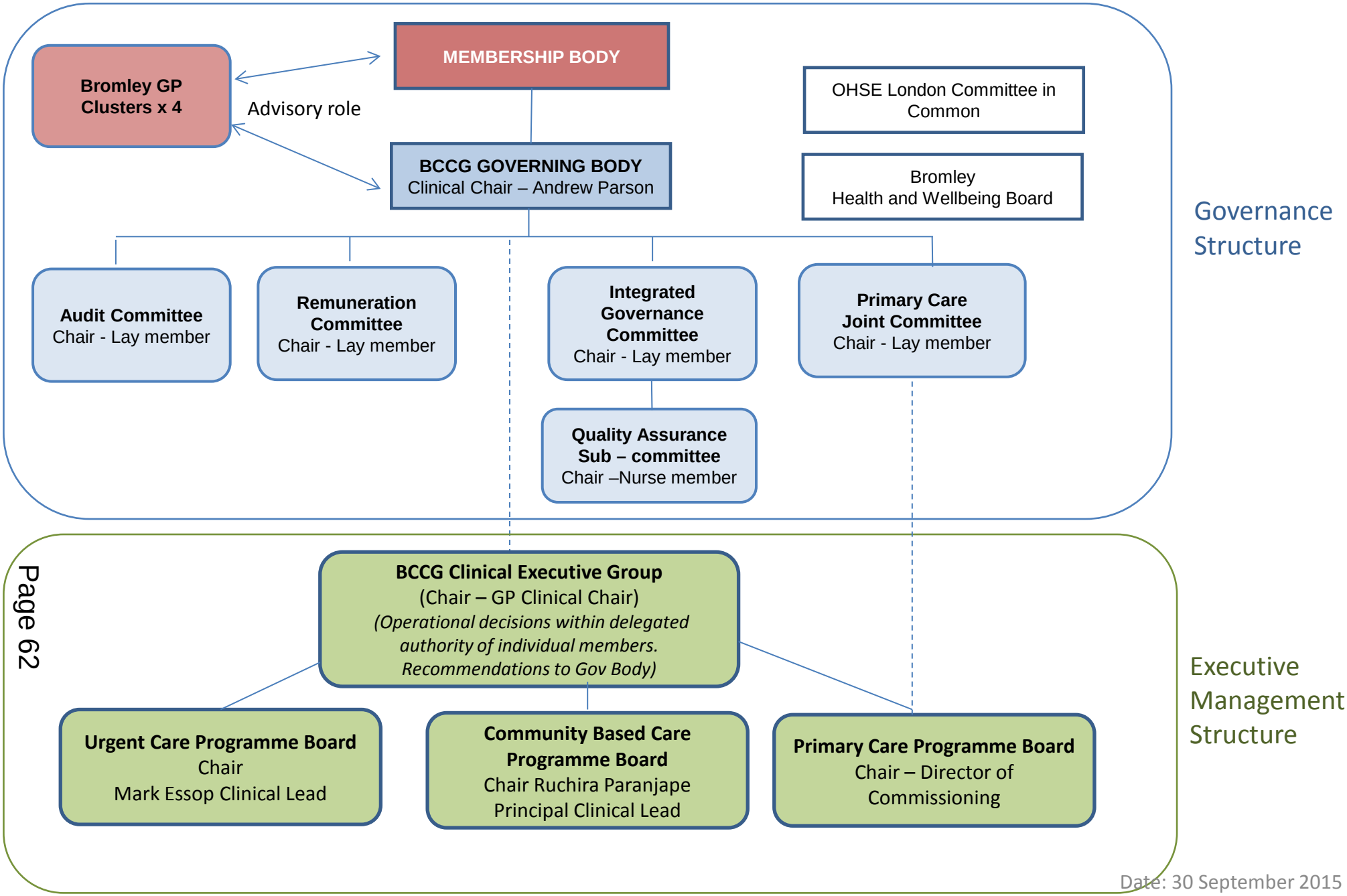
20150521 - Conflict of Interests Policy.pd

Governance Structure - updated 3

The robust processes described above remain in place and additional safeguards have been put in for managing the new CCG Primary Care Programme Board and Primary Care Joint Committee where Primary Care commissioning decisions are discussed. Both of these are accountable to the CCG Governing Body. They are chaired by an Executive Officer and a Lay Member respectively, not by a GP Lead. The membership of each allows for recommendations and decisions to be made without the GPs present if necessary. Each also has a confidential section of the agenda in which individual practice issues can be covered and for which GP leads absent themselves if they may be conflicted. The Primary Care Joint Committee meetings are held in public and the minutes are received at the CCG Governing Body meetings in public.

Author: Jackie Peake, Corporate Governance Manager, Bromley CCG January 2016

Bromley CCG Governance Structure



Date: 30 September 2015

NOTES ON THE CCG GOVERNANCE STRUCTURE

1.The Governing Body is accountable to the Membership Body for the functions of the CCG as set out in the Scheme of Delegation which forms part of the CCG Constitution. The Membership Body retains to itself high level strategic functions such as agreeing the constitution, setting the overall strategic direction of the CCG, and ratifying the election of GP Leads to the Governing Body.

2.The Governing Body delegates responsibility to its formal committees and sub committees (blue shading). It does not delegate any responsibility to the Clinical Executive Team as an organisational body. However, members of the Clinical Executive Team, which consists only of the GP Leads and executive managers, have responsibilities delegated to them as individuals, and it is in this capacity that they bring proposals to the Governing Body, of which they are also members (hence the dotted line).

3. There is a similar arrangement between the Governing Body and any joint groups and committees set up with other CCGs or organisations. The Governing Body cannot delegate decision making responsibility to joint groups and committees, but only to the individual officers representing Bromley CCG on them.

4.The Clusters do not have any delegated responsibility from the Membership Body at this stage. Their role is really only advisory, but they can receive feedback from and feed into any level of the structure, including the groups that report up to the Clinical Executive Team, and this very much increases the involvement of member practices in all aspects of the CCG's work. Individual GPs also take on roles as Clinical Leads (non Governing Body) within the executive management structure, further increasing their involvement. As the CCG evolves it is possible that some responsibilities could be devolved to the Clusters, giving them a formal place in the governance structure.

5.The Audit Committee is primarily responsible for providing assurance to the Governing Body that the organisation has in place all the appropriate and necessary systems of control, including finance, risk management, other management systems and clinical governance, and that they are functioning properly. It does this by agreeing and monitoring the annual internal and external audit plans, and overseeing the preparation of the annual accounts, including the annual governance statement (previously known as the statement of internal control) and the annual report. The three lay members of the Governing Body are its only members. The Chair and Accountable Officer are not expected to normally attend Audit Committee meetings. This gives the Audit Committee a degree of detachment and independence from the executive.

6.The Remuneration Committee also consists only of members who are not GP leads or executive managers. It advises on the pay and conditions, including pensions of the GP Leads and most senior managers of the CCG.

7.The Integrated Governance Committee is chaired by a lay member and includes GP, management and lay members. Its purpose is to provide assurance to the Governing Body on finance, performance and quality, at a greater level of detail than could practically be undertaken by the Governing Body itself. It meets monthly.

8.The Quality Assurance Sub Committee was set up to monitor at greater depth than the Integrated Governance Committee, issues of quality, patient safety and clinical governance. It is chaired by one of the professional clinical members or a lay member of the Governing Body. It underpins the CCG's commitment to quality and patient safety in the light of the Mid Staffs experience.

9. The Primary Care Joint Committee has been set up to work jointly with NHS England and the other 5 SE London CCGs for the co-commissioning of primary medical services. Each of the 6 SE London CCGs has its own Joint Committee and they normally meet together. Their remit covers planning, monitoring and co-ordinating primary care services including contracts, enhanced services and practice changes. The Joint Committee has a lay member chair and members include the Chief Officer, GP Clinical leads and Professional Nurse member.

This page is left intentionally blank

Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **Thursday 11th February 2016**

Report Title: **Outline for the Health and Wellbeing Board Strategy - current and future**

Report Author: Michaela Nuttall & Dr Agnes Marossy

Chief Officer: Dr Nada Lemic, Director of Public Health

1. SUMMARY

1.1 The Bromley Health and Wellbeing Board's (HWB) first ever strategy outlined the priorities for improving health and wellbeing of people living in Bromley. The strategic vision for the strategy is to:

"Live an independent, healthier, happier life for longer"

1.2 The priorities were identified by considering the burden, numbers of people affected, and whether the problem is improving or worsening over time. The priorities for 2012-15 were agreed as:

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

1.3 In 2013 they were then refined to those areas that were considered highest priority:

- Diabetes
- Obesity
- Dementia
- Children with Mental & Emotional Health Problems.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

At previous meetings the HWB agreed that it would receive updates on the progress of the HWB priorities. This report therefore outlines the progress on the 2012-2015 Strategy and asks the Health & Wellbeing Board members to consider the process for agreeing in priority 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 has the lead responsibility for reviewing the implementation of the HWB Strategy, each priority area has a Sub Group, reporting to the HWB, these have been in place for 2 years. These groups meet regularly to plan, review and monitor progress of the priorities. Each sub group is led by a Councillor who is a member of the Health & Wellbeing Board. Membership of the groups varies and can include:

- Public Health
- 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 Health & Wellbeing Strategy outlines the priorities (based on the Joint Strategic Needs Assessment) agreed by the Health & Wellbeing Board together with the aims 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 HWB Strategy priority areas include outcomes which are included in the Public Health Outcome Indicators.

---

4. COMMENTARY

4.1 Outline Progress on the 2012-2015 HWB Strategy

While aims were agreed for the priorities within the Strategy, more comprehensive aims were set in each Sub Group and are outlined below:

The diabetes group agreed to:

- Increase the % of the population doing physical activity
- Reduce the overall weight of the borough's population
- Keep under review progress on the diabetes prevention programme,
- Look at synergies and joint working with the obesity sub-group
- Work with South London CCGs through the sub-regional commissioning group to look at benchmarking against other local boroughs;
- Find ways of identifying and targeting hard-to-reach groups;
- Utilise different ways of approaching and engaging with community groups.

The obesity group agreed to:

- Undertake an asset mapping exercise,
- Develop a healthy weight pathway
- Develop a Tier 3 Weight Management Plan
- Look at synergies and joint working with the diabetes group

The dementia group agreed to:

- Explore becoming a Dementia Friendly Community
- Work more closely with the Bromley Dementia Action Alliance
- Hold a 'Living With Dementia' conference on 11th March 2015
- Review the proposed schemes through the Better Care Fund for dementia

The Children with Mental & Emotional Health Problems group agreed to:

- Review how better to engage with faith, uniformed and non-uniformed groups to provide better resilience in young people,
- Disseminate good practice,
- Focus on speech and language services
- Look at early prevention ideas
- Review the suicide awareness training, delivered to some secondary school staff, to look at whether it can be tailored to offer to GPs.

and acknowledged that:

- the Emotional Wellbeing Forum, set up for secondary schools in order to support teachers who deal with pastoral care in schools, was useful
- the Bromley Y service was a good offering to those with concerns and issues but was significantly overstretched

4.2 Agreeing the priorities for the next HWB Strategy

Proposal:

A workshop to discuss and agree priorities moving forward, where there will be an update from each sub group priority outlining what has been achieved from the aims in 4.1 and if there is there anything more to be achieved and whether each area should remain a priority. Also, a brief outline from areas in the amber box (worsening and low burden) to see if any of these should become a priority.

Areas for discussion to identify forward priorities:

- What were the objectives of the sub groups and were they achieved?
- Has the burden changed?
- Is the problem worsening?
- Should current priorities need to remain a priority?
- Does being in the red box mean an automatic priority?
- Criteria for the 'red box' are high burden and worsening – should there be a third criterion? E.g., would it be wrong not to have something as a priority?
- What if we are currently "doing all that could be done"?
- Challenges of delivering priorities vs what is achievable?
- Should we seek out views of the public?

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

Health and Wellbeing Strategy (HWB) has been a statutory requirement of local authorities since 1 April 2012.

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]

Obesity Subgroup - Health and Wellbeing Board Report. February 2016.

Background;
The HWB obesity subgroup was established in November 2014, and has met on 5 occasions to set and deliver the following short term goals to work towards a healthy weight for all in Bromley. The Healthy Weight Forum (HWF) consisting of key partners was set up to deliver the objectives of the obesity subgroup which has prioritised the following actions agreed by the HWB;

Objectives of the Healthy Weight Forum;

- Develop a Healthy Weight Pathway from Healthy Weight to Morbidly Obese.
- Provide evidence based recommendations to support the development of sound local planning policy to promote health and wellbeing in the borough.
- Develop and deliver a Healthy Weight communications plan to raise the profile of obesity and services available.
- Explore local options to deliver / influence the delivery of healthy foods education and cooking sessions.

Actions since last update;
The HWF have mapped current services and completed a gap analysis in Bromley. The next subgroup meeting will convert this information into a Healthy Weight Pathway tool to be distributed to Primary Care and Community Providers as a signposting mechanism for obese patients. The gaps identified will help shape future commissioning.

The HWF partners have also investigated how planning guidance influences the obesogenic environment and opportunities to influence local planning policy. The HWF are supporting the LBB Planning Department with developing the new draft Local Plan by providing;

1. evidence on health and wellbeing to underpin the Local Plan.
2. evidence regarding access to open space and leisure facilities on health and wellbeing outcomes to underpin the Local Plan.
3. an evidenced based report on fast food outlets in Bromley. Including; evidence of relationship between fast food outlet availability and obesity, updated prevalence mapping of local fast food outlets, policy approaches used in other London boroughs in managing the growth of fast food outlets and guidance on recommendations for halting the continued rise in obesity.

Next steps;
HWB to note the work of the obesity subgroup.

This page is left intentionally blank

9 Glentrammon Close
Green Street Green
Orpington
BR6 6DL

Cllr David Jefferys
Chairman
Health and Wellbeing Board
Civic Centre Stockwell Close
Bromley
BR1 3UH

23 December 2015

Dear Cllr Jefferys,

I write to introduce myself as the new Chair of the Voluntary Sector Strategic Network (VSSN). I have had the opportunity to attend my first meeting of the VSSN.

Prior to my starting, the members of the Network had an away-day in October and decided to review the representation of the VSSN in relation to the main bodies. I have been asked to take forward the request regarding to the Health and Wellbeing Board which is that the VSSN would like to have a seat in its own right. The reason for this is that the current seat only identifies Community Links Bromley (CLB) as the invitee. We believe that the combination of representatives from CLB and the VSSN will strengthen the relationships with the sector, especially at a time when the role of the voluntary, community and social enterprise (VCSE) sector in integrated health and social care will be of increasing importance in the future.

If you would like to discuss this further, I would be very pleased to meet but will not be available until after 19 February when I return from leave.

I look forward to hearing from you in due course.

Yours sincerely,

Lynn Sellwood

Lynn Sellwood
Chair, VSSN

This page is left intentionally blank