

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 21 April 2016

Present:

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

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

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member-Bromley CCG
Dr Andrew Parson, Clinical Chairman CCG
Annie Callanan, Independent Chair - Bromley Safeguarding Children Board
Ian Dallaway, Chairman, Community Links Bromley

Also Present:

Richard Hills (Education, Care & Health Services) and Dr Jenny Selway (Bromley Health Authority) Folake Segun (Healthwatch)

39 APOLOGIES FOR ABSENCE

Apologies were received from Cllrs Pauline Tunnicliffe, Terence Nathan and Ruth Bennett.

Apologies were also received from Linda Gabriel, and Folake Segun attended as substitute.

40 DECLARATIONS OF INTEREST

There were no new declarations of interest.

41 MINUTES OF THE PREVIOUS MEETING HELD ON 11TH FEBRUARY 2016

The minutes were agreed subject to the following inclusion:

Minute 35:

"the VSSN is a forum composed of the larger health related charities, Age UK, Mind, Mencap, Carers, and CAB."....

RESOLVED that the minutes of the meeting held on the 11th February 2016 be signed and agreed as a correct record.

42 QUESTIONS FROM COUNCILLORS AND FROM MEMBERS OF THE PUBLIC

No questions were received.

43 WORK PROGRAMME AND MATTERS ARISING

CSD16063

The report was presented to the Board so that members could review the Work Programme and the progress that had been made on matters arising from previous meetings. The Board were requested to consider what items (if any) should be removed from the list of outstanding items to be scheduled. The Board were encouraged to suggest new items for the Work Programme going forward.

Concerning the update on dementia and cognitive development, it was felt that due to the development of the Integrated Care Network (ICN) programme, and the development of the Dementia Hub, this action could now be regarded as completed. The PRUH update had been completed, along with the feedback from the CCG to Healthwatch concerning their Annual Report; both these actions could therefore be regarded as completed.

It was noted that enquiries had been made to LBB Communications around the possibility of providing a link on the LBB website to the Working for Wellbeing Partnership. Action was being undertaken concerning this, and so it was agreed that this action point could be closed. The matter concerning the Mental Health Sub Group was discussed under the agenda item concerning the Mental Health Champion. The Board noted that a programme plan document concerning out of hospital care in Bromley had been supplied as requested, and that this had been incorporated onto the agenda. This action could therefore be regarded as completed.

The Board noted that minute 24 of the previous meeting (concerning the Work Programme) stated that Dr Jenny Selway would attend the April 2016 meeting to provide a report concerning the mental health of young people and adolescents in Bromley. This was going ahead, and was item 16 on the agenda. The report was marked as a part 2 item as some of the information in the report was of a sensitive nature. This would be expanded upon in the part 2 minutes. This action was therefore regarded as completed.

It was noted at the previous meeting that the development of the HWB strategic priorities would be discussed further at the April meeting; this was item 10 on the agenda. It was noted at the meeting that further consideration of the Strategic Priorities would be given at the next meeting, subsequent to data input received from the updated JSNA.

It was confirmed that the date of the next meeting was June 2nd 2016, and that for the moment the date should still stand. If key reports were not ready in time, then the meeting would be cancelled, and the Board would meet again on July 28th 2016.

RESOLVED that the Work Programme and Matters Arising report be noted, and that the Work Programme be amended as outlined above.

44 TRANSFORMIMG SOCIAL CARE PROGRAMME TIMETABLE

At the previous meeting of the HWB on 11th February 2016, the Board noted a briefing paper that had been drafted by Mary Currie, the Interim Director of Transformation at Bromley CCG. The purpose of the report was to provide an update on the proposed direction of travel for the plans concerning out of hospital care in Bromley. The Chairman had requested that a Gantt chart be provided so that members of the Board would get a clearer understanding of the project schedule.

The High Level Programme Plan was therefore added to the agenda as item 6. The Board noted that the implementation date for Integrated Care Networks (ICN) was 1st October 2016. The Board were informed that as part of a cohesive strategy, all three ICN hubs would be activated simultaneously. Dr Bhan informed the Board that Kings, Bromley Health Care, Oxleas, and St. Christopher's were all happy to sign a memorandum of understanding; this should be completed by the end of April or the beginning of May 2016.

Dr Bhan informed the Board that it was anticipated that six or seven key voluntary organisations were likely to be involved. It was also the case that a presentation had been made to the LBB Cabinet on the same day as the meeting of the HWB, and this was to update them on progress with the ICN programme. Dr Bhan continued that plans were being developed to integrate geriatric services and case management, and also to increase the capacity of mental health crisis support centres. A frailty pathway was being developed, and data sharing agreements were in place. GP contracts were being developed and aligned, and plans were being developed to increase the roles of pharmaceutical services.

Ian Dallaway emphasised the role of the voluntary sector in the integration process. Councillor William Huntington Thresher hoped that there would be a development of the role of Community Pharmacy Services. Dr Bhan mentioned that it was important that the public understood how to correctly administer medication to themselves. A high percentage of admissions to Accident and Emergency were related to patients not taking medication correctly.

RESOLVED that the High Level Programme Plan be noted.

45 PRIMARY CARE CO-COMMISSIONING UPDATE

The Primary Care Co-Commissioning update was given by Dr Angela Bhan.

Dr Bhan reminded the Board that with respect to the CCG Co-Commissioning Process, there were three stages:

- Level 1—the CCG has a limited input
- Level 2—The CCG would co-commission with NHS England
- Level 3—The CCG would commission independently

Dr Bhan stated that although Bromley CCG was technically still at level 2, it was the case that in reality they were operating at level 3 in shadow form.

The Board were reminded that progress concerning GP contracts had been looked at in depth during the previous meeting. Dr Bhan informed the Board that the London Wide LMC (Local Medical Committee) had requested a pause in negotiations, and that this had been the case until the end of March. Negotiations had resumed, and it was hoped that these would be completed by the end of May. It was anticipated that all of the negotiations around the contracts and the equalisation process, would be completed by the end of May.

Resolved that the Primary Care Co-Commissioning update be noted.

46 HEALTH AND SOCIAL CARE INTEGRATION UPDATE

The Health and Social Care Integration Update was provided by Dr Angela Bhan.

Dr Bhan explained to the Board that discussions around Integration were ongoing between the CCG and LBB, and that much good work had already been accomplished. There was a requirement for a more robust governance structure. It was a requirement of the Government and NHS England that an Integration Plan be finalised by 2017.

47 BCF LOCAL PLAN 2016-2017

The BCF Local Plan 2016/17 was presented as a joint paper on behalf of Chief Officers from LBB and BCCG. Dr Bhan thanked Richard Hills for his hard work in drafting the Plan. The Board heard that BCF funding would continue for the 2016/17 financial year, and that the minimum amount required for Bromley as set out by NHS England was £21, 611,000. This had been created mainly from CCG baselines, and so was not new money. The aim was that LBB and BCCG would provide a whole system integration plan for 2017. It was imperative that the joint integration work be properly funded. The BCF Local Plan report was required to be approved by the Health and Wellbeing Board.

The Board were informed that after the final plan was signed off by the HWB, the plan would be submitted to NHS England by 3rd May 2016. The Board were briefed on the national conditions that the Bromley Plan would be required to meet. Local areas would subsequently be required to demonstrate how the local plans would be pooled together to meet these requirements. The local plan would have to demonstrate how services would be integrated to benefit residents.

The Board were briefed concerning a local example of pooled BCF commissioning which was Bromley's new Dementia Hub that was scheduled to launch in July. The Dementia Hub had been developed to address needs that had been identified by the JSNA. In this regard, the key metric for 2016/17 was to provide adequate support for post diagnosed dementia.

Section 6.3 of the report highlighted the expenditure assumptions for 2016/17. An update to these assumptions had been emailed to members of the Board during the week before the meeting. The Board were advised that the legislative basis for the Better Care Fund derived from an amended version of the NHS Act 2006—amended by the Care Act 2014. This allowed NHS England to include specific requirements for the establishment and use of an integration fund.

The Board were briefed concerning the conditions that would have to be met in Bromley to access the BCF Funding:

- A requirement that the Better Care Fund be transferred into one or more pooled funds, established under section 75 of the NHS Act 2006
- A requirement that the HWB agree how local monies should be spent, with the plans signed off by both LBB and Bromley CCG
- A requirement that the plans be approved by NHS England in consultation with the Department for Heath, and the Department for Communities and Local Government.
- A requirement that a proportion of the areas allocation will be subject to new conditions which may include a wide range of services, including social care

The Board heard that a need for change had been identified in six key areas:

1. A need to improve joined up working
2. A need to improve access to care
3. A need to improve care coordination
4. A need to improve the use of resources
5. A need to deliver proactive care
6. A need to improve care capacity and capability

Section 7.4 of the BCF Local Plan document identified 10 key areas of focus for the BCF Integration Programme:

1- Risk Stratification—it was important to identify patients that were lower down on the risk pyramid, to try and stop them from moving up

2- Care Plans—it was vital that all partners input into care plans, and that these plans be easily accessible

3- Single Point of Access—it was imperative that patients were aware of a single access point for services

4- Shared Patient Records—accessible by all

5- Named Point of Contact—it was key that both patients and professionals benefit from a named point of contact

6- Accountability—issues around legal and medical accountability needed to be clarified

7- Simple Referrals—the referral process should be simple, with all health care professionals empowered to make referrals, and not just GP's

8- Care Co-ordinator Role—it was essential that this role would be able to work across organisational boundaries

9- Integrated Teams—these were regarded by GP's as being of significant value

10- Clear Role Definitions—this would be required for every role in the new system

Cllr Evans expressed concern regarding the issue of “simple referrals”. He agreed with the principle of improving gateways to care, but was worried that in this case the gateways may be too easily opened. Dr Bhan reassured Cllr Evans that this would not be the case. Although the plan was to make referrals simpler, the gateway path would still be robust.

Cllr Evans asked for clarification as to what was meant by “social prescribing”. Dr Bhan answered that this was a reference to providing an intervention to provide a service that was not necessarily a clinical service or drug. It could include the provision of support for a luncheon club, and would be likely to involve the voluntary sector. Such interventions would also hopefully have positive mental health outcomes.

The BCF Plan was seen as the initial stage in moving towards a provider led system where providers would work together to achieve outcomes and were incentivised to do so, this was in line with the general direction of travel that had been outlined in the NHS 5 year Forward View. Also in line with the Forward View was the drawing in of the third sector as a core provider. It was hoped that with support, the third sector would be able to bid directly for delivery elements of the new model where non-clinical solutions were required.

The Board were briefed on the 8 National Conditions that had been laid down by NHS England to receive BCF Funding, these were:

1-Health and Social Care Plans were to be jointly agreed between LBB and the CCG

2- Social Care Services were to be maintained

3- Agreement for the delivery of 7 day services across Health and Social Care

4- Better data sharing between Health and Social Care, based on the NHS Number

5- Ensuring a joint approach to assessment and care planning, and that there would be an accountable professional

6- Agreement on the consequential impact of the changes on the providers that were predicted to be substantially affected by the plans

7- Agreement to invest in NHS commissioned out of hospital services

8- Agreement on a local target for Delayed Transfer of Care (DTOC) and the development of a joint action plan

Cllr Evans wondered if the agreement for 7 day services across health and social care was realistic. Dr Bhan responded that 7 day packages were expected, and in many cases already existed. Care packages could be set up on the weekend. Stephen John informed the Board that there was Social Worker availability in hospitals on the weekend.

Cllr Evans asked what issues currently existed around information sharing. Dr Bhan responded that she was conscious of the issues that existed around information sharing, and that it was important to avoid duplication. The Chairman enquired if the stage had now been reached where data could be properly shared and integrated. Stephen John informed the Board that Information Sharing Agreements had been signed off. The sharing of IT systems was a problematic issue, as organisations used different systems; work was ongoing to simplify this.

Cllr William Huntington Thresher asked if information and data linked to end of life care was available to the emergency services. Dr Andrew Parson stated that work to coordinate this was in progress. The Board was in general agreement that the integration process should make this easier. Harvey Guntrip asked how the issue of data sharing was linked to private carers. Dr Bhan responded that GPs took care of this. Dr Parson stated that a document signed by health professionals would be available to out of hours services.

Cllr Evans referred to section 10.3 of the report where it was stated that Bromley had an “unrealistically” low level of admissions to residential/care homes. He queried what was meant by the term “unrealistic” in this context. It was agreed that the term “unrealistic” was misleading in this context, and would be omitted from the final draft of the document.

Ian Dallaway referred to section 12.1 of the report that referenced the BCF planning template. There was some confusion as to where this template was located. It was clarified that the template was a reference to the table located on page 34 of the report—section 6.3—BCF expenditure assumptions. Mr Dallaway directed the attention of the Board to section 9.37 (Condition 8) of the report where there was a reference to the Delayed Transfer of Care Plan (DTOC) and enquired when this plan would be finalised. Dr Bhan confirmed that the DTOC plans had not been finalised at this stage. This was an issue that would be required to be brought back to the Board for an update.

A Member alluded to section 10.2 of the report, which noted a rise in emergency admissions at the local acute hospital. Dr Bhan explained that when an individual was admitted to one of the units with chest pains, he/she would be assessed, and then re-assessed 4 hours later. Whilst waiting for the second assessment, the patient would be placed in a holding ward. The second assessments were being counted as "re-admissions", and this had increased the overall admission figures.

In conclusion, the Board were reminded of the announcement that was made at the Comprehensive Spending Review in 2015. The announcement made it clear that BCF was the just the first phase on the road to health and care integration:

"The Better Care Fund has set the foundation, but the Government wants to further, faster deliver joined up care. The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country,. Every part of the country must have a plan for this in 2017, implemented in 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the Government's key criteria for devolution."

The Board noted that the Plan was an ongoing challenge with respect to aligning the priorities of both organisations, but that significant progress had been made in the development of an integration plan for 2017.

RESOLVED that the BCF Local Plan for 2016/17 be noted, and agreement and consent be given by the Board for the plan to be submitted to NHS England.

48 HEALTH AND WELLBEING BOARD STRATEGY

Dr Nada Lemic opened the discussion around the development of the Health and Wellbeing Board Strategy. It was noted that areas of high and low burden, together with areas that were improving and worsening had been outlined at the previous meeting. The Chairman had expressed the view that alcohol mis-use and issues around Carers could be considered as possible future priorities. Others had expressed concern around the issues of homelessness and the mental health of young people.

Dr Lemic stated that she was waiting for new data from the updated JSNA, so the HWB Strategy would for the time being continue to be based around existing priorities. It was possible that the HWB may decide to adopt homelessness and alcohol mis-use as new priorities. New data around homelessness would be available from the next JSNA. The matter would be revisited in the meeting in June 2016.

RESOLVED that the HWB strategic priorities update be noted, and that the issue be discussed at the next meeting subsequent to new data being available from the JSNA

49 PHLEBOTOMY UPDATE

Dr Bhan informed the Board that the walk in services at Kings, the Beacon and the PRUH would be retained. In some cases there were problems with waiting times. The CCG were looking to commission a booked approach in addition to the retention of walk in services. It was noted that patients liked the phlebotomy services provided by GP surgeries. The plan of the CCG was to commission a mixed economy of services, and that all procurement issues would be finalised in June 2016. It was envisaged that new services would be in place by the commencement of 2017.

RESOLVED that the phlebotomy update be noted, and that regular updates be provided to the Board.

50 NOMINATION OF MENTAL HEALTH CHAMPION

At the previous meeting, there had been a brief discussion concerning whether or not it was appropriate to appoint a Mental Health Champion (MHC). It had been resolved that the role of the Mental Health Champion be clarified, and the matter be revisited at the next meeting in April 2016.

The Chairman opened the discussion by suggesting that the role of the mental health champion might be a collective one, to reflect the points raised at the previous meeting and in follow up bilateral conversations. Cllr Evans explained that the original idea for a mental health champion had been raised by Cllr Kathy Bance at Full Council. He noted that other boroughs had mental health champions. Previously, LBB had appointed champions for Design and Heritage, and that Cllr Tunnicliffe had been appointed as the Champion for Young People; a precedent therefore existed. He suggested that Cllr Kathy Bance be considered for the role of MHC, as this was an area in which she had a keen interest.

Mr Dallaway stated that Mencap and Mind would have an interest in the matter, and so it may be prudent to approach them to see if they were interested in appointing a representative. Cllr Ian Dunn stated that if a committee were formed to take on the role of MHC, this may be counterproductive as decision making could be hindered as no one may take overall responsibility.

Cllr Diane Smith suggested that it may be appropriate to set up a mental health sub group/task and finish group. Stephen John agreed with Cllr Evans and Cllr Dunn in that he was also of the view that the role would be diluted by a committee; he felt that this was a high profile role that should be allocated to a Councillor. Folake Segun similarly felt that this was a high profile role that should be allocated to a Councillor, and that it may be prudent to consult with other boroughs to see what they were doing in this regard.

Harvey Guntrip favoured a hands on and proactive approach and suggested enrolling staff onto a "mental health first aid" course that would have practical and tangible benefits. The Chairman suggested that both courses of action could be actioned in parallel as they were not mutually exclusive. He asked Mr Guntrip if he would like to chair a newly formed Task and Finish Group, and Mr Guntrip

accepted. Cllr Evans proposed that Cllr Bance be co-opted as a member of the new working group. Cllr Diane Smith and Folake Segun both expressed an interest in being appointed to the group. Dr Bhan added that she may be able to facilitate the appointment of a mental health commissioner, and possibly a GP. Cllr Dunn also expressed an interest in joining the working group.

RESOLVED that a mental health task and finish group be set up, and that this be chaired by Mr Harvey Guntrip.

51 REPORTS FROM SUB GROUPS

52 Obesity Sub Group

Cllr Angela Page stated that she had no more to add to the briefing incorporated onto the agenda. There was going to be a meeting of the sub group on the 12th May 2016, and members of the HWB were welcome to attend.

RESOLVED that the Obesity Sub Group update be noted.

53 Dementia Sub Group

At the previous meeting it had been resolved that the Dementia Sub Group be retained for the present time.

Councillor William Huntington Thresher felt that the aims and objectives of the Dementia Sub Group had been achieved, and that all that was now required was for some “tidying up” to take place

RESOLVED that the Dementia Sub Group be paused for a year.

54 ITEMS FOR THE NEXT MEETING AND THE WORK PROGRAMME

Annie Callanan referred to the working agreement between the Bromley Safeguarding Children's Board (BSCB) and the Bromley Health and Wellbeing Board. The document had been signed off by the Bromley Directors of Children's Services and Ms Callanan as Independent Chair of the BSCB.

Ms Callanan asked if she could bring the signed MoU/working agreement to the next HWBB for agreement and ratification. The Chairman agreed that it could come to the next Health and Wellbeing Board as an agenda item for agreement and, if agreed, for ratification.

RESOLVED that the working agreement document pertaining to the BSCB and the HWB be brought to the next meeting of the HWB, so that agreement and ratification could be sought.

55 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000

56 SUPPORT FOR ADOLESCENT MENTAL HEALTH ISSUES

This report was drafted by Dr Jenny Selway—Consultant in Public Health Medicine. The report described the approach in Bromley to address local adolescent mental health issues and the emerging picture across South East London. Work in Bromley had initially concentrated on the management of self-harm, but had now broadened to address general mental health issues in children and young people in Bromley.

The full minutes are detailed in the part 2 minutes.

RESOLVED

- (1) that Dr Jenny Selway be appointed as a member of the newly formed Mental Health Task and Finish Group**
- (2) that Dr Selway report back to the HWB in six months' time**

57 DATE OF THE NEXT MEETING

The Meeting ended at 3.37 pm

Chairman