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DATE: 14 April 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, Terence Nathan, Angela Page and Pauline Tunnicliffe

London Borough of Bromley Officers:

Stephen John	Assistant Director: Adult Social Care
Dr Nada Lemic	Director of Public Health
Kay Weiss	Director: Children's 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 21 APRIL 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 PREVIOUS MEETING HELD ON 11TH FEBRUARY 2016 (Pages 1 - 14)

4 QUESTIONS FROM COUNCILLORS AND 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 Friday 15th April 2016.

5 WORK PROGRAMME AND MATTERS ARISING (Pages 15 - 26)

6 TRANSFORMIMG SOCIAL CARE PROGRAMME TIMETABLE (Pages 27 - 28)

7 PRIMARY CARE CO-COMMISSIONING UPDATE

8 HEALTH AND SOCIAL CARE INTEGRATION UPDATE

9 BCF LOCAL PLAN 2016-2017 (Pages 29 - 58)

10 HEALTH AND WELLBEING BOARD STRATEGY

11 PHLEBOTOMY UPDATE

12 NOMINATION OF MENTAL HEALTH CHAMPION

13 REPORTS FROM SUB GROUPS

a OBESITY SUB GROUP (Pages 59 - 60)

b DEMENTIA SUB GROUP

14 ITEMS FOR THE NEXT MEETING AND THE WORK PROGRAMME

Members are invited to suggest items for the next meeting and for the Work Programme.

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

The Chairman to move that the Press and public be excluded during consideration of the items of business listed below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

16 SUPPORT FOR ADOLESCENT MENTAL HEALTH ISSUES (Pages 61 - 64)

Information relating to any individual.
Information which is likely to reveal the identity of an individual.

17 DATE OF THE NEXT MEETING

The date of the next meeting is June 2nd 2016

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 11 February 2016

Present:

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

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

Ian Dallaway, Chairman, Community Links Bromley
Linda Gabriel, Healthwatch Bromley

Also Present:

Annie Callanan, Independent Chair of the Bromley Safeguarding Children Board

Dr Agnes Marossy, Consultant in Public Health

16 APOLOGIES FOR ABSENCE

Apologies were received from Cllr Terence Nathan and Cllr Robert Evans.

17 DECLARATIONS OF INTEREST

There were no new declarations of interest.

18 MINUTES OF THE MEETING HELD ON 8th DECEMBER 2015

Section 8 of the previous minutes related to the presentation from MIND on the Working for Wellbeing Service. It was noted in the minutes that a suggestion had been made that the Borough Officers' meeting could be a useful network for the service. It was noted at the meeting that this had taken place as suggested.

RESOLVED that the minutes of the meeting held on the 8th December 2015 be signed and agreed as a correct record.

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

No questions were received.

20 WINTERBOURNE VIEW RECOMMENDATIONS VERBAL UPDATE

The Winterbourne View Recommendations update was given by the Assistant Director for Adult Social Services, Mr Stephen John.

It was noted that LBB currently had responsibility for 4 individuals where the Winterbourne View recommendations would apply.

Mr John informed the Board that a joint paper (LBB and the CCG) was being developed, and the update concerning this would be provided by Dr Angela Bhan as the next item on the agenda.

21 BRIEFING PAPER FOR THE TRANSFORMING CARE PROGRAMME

The briefing paper for the Transforming Care Programme was written by Sonia Colwill, Director of Quality and Governance from Bromley CCG; the update to the Board at the meeting was provided by Dr Angela Bhan (CCG Chief Officer and Consultant in Public Health).

The aim of the report was to provide an introduction to the Transforming Care Programme that was being developed by the Government and by NHS England. The Programme had been initiated subsequent to the events at Winterbourne View, and set out in the subsequent concordat. Dr Bhan informed the Board that there were a number of patients in long term care, and consideration was being applied as to how each person could be moved into a community setting to improve their lives—as this was one of the purposes of the Programme. Dr Bhan reiterated that a joint report would be presented at the next meeting.

It was noted that the briefing paper was coming to the HWB to follow best practice guidance from NHS England. The report was not directly related to the JSNA, but was in alignment with its strategic aims.

Attached to the report was a template action plan that outlined a suggested pathway of actions to enable the delivery of the shared goals that constituted the Mental Health Crisis Care Concordat. Most of the recommended actions had been initiated from April 2015.

In April 2015, Bromley CCG led on a mapping exercise to gain a better understanding of system pressures, and then GAP analysis was undertaken to examine the disparity between current provision and the concordat vision. (GAP analysis aids in identifying the gap between a current situation and the future state that you want to reach, along with the tasks that are needed to complete to close the gap.) From this analysis, local protocols were developed and the needs of individuals with learning difficulties and mental health issues were further

considered. It was also the case that a review of the pathways in place for frequent attenders with mental health issues at A&E Departments would be initiated in April 2015.

Also in April 2015, work was undertaken by Bromley CCG and Oxleas to ensure that there was an adequate liaison and psychiatry service that was accessible in A&E departments. In June 2015, the CCG reviewed out of hour's access for the range of mental health services in the locality.

The Board heard that in December 2014, a new Child and Adolescent Mental Health Services, (CAMHS) Wellbeing Service had been set up; this was a partnership venture involving LBB, the CCG and Oxleas. It was also the case that a review had taken place in May 2015 of the IAPT (Improving Access to Psychological Therapies) service model to ensure that adequate support was being provided into primary care.

The Board heard that in June 2015, Oxleas and LBB drafted a recruitment plan to recruit Approved Mental Health Professionals; it was now the case that all services were appropriately staffed. The Board were briefed that in June 2015, a programme was initiated to enhance awareness amongst clinical staff of the benefits of family interventions in both the EIP (Early Intervention in Psychosis) programmes, and the Home Treatment Teams (HTT) programmes.

In September 2015 Bromley CCG undertook work to ensure that locally agreed pathways and protocols were rolled out to all staff in services to improve responsiveness. The Board noted that 136 Protocols were being regularly reviewed and monitored to try and ensure that appropriate places of safety were used in a time of crisis, as opposed to the use of police stations.

Similarly the Board were informed of the Community Mental Health re-configuration that had taken place in October 2015. This had resulted in a new service model being in place locally, which provided improved responsiveness to individuals in crisis; this project had been led by Bromley CCG and Oxleas.

It was anticipated that by March 2016, service pathways and resources would be clearly identified to support meeting the standard waiting time for Early Intervention in Psychosis (EIP). Also in March 2016 it was anticipated that the role of the mental health link worker would be clarified and reviewed. This would be undertaken as part of the Service Development and Improvement Plan.

RESOLVED:

(1) that the briefing paper be noted

(2) that the Joint Paper being developed by LBB and the CCG on the Transforming Care Programme be presented to the HWB in April 2016

22 OUT OF HOSPITAL CARE IN BROMLEY--UPDATE REPORT

This report was written for the Health and Wellbeing Board, by Mary Currie, the Interim Director of Transformation for Bromley CCG and was brought to the HWB to provide an update on the proposed direction of travel for the plans concerning Out of Hospital Care in Bromley. The update at the meeting was provided by Dr Bhan.

The Chairman opened the item by expressing concern that a brake had been applied to the process. Dr Bhan responded that this was not the case, and that in her view, an accelerator was being applied rather than a brake.

The Board heard that the CCG had been engaging with key stakeholders and local providers to develop a draft Programme Implementation Plan (PIP) aimed at developing a more consistent quality of care for Bromley residents. To this end, a GP provider event had been held on the 19th January 2016 which further engaged GP's and other providers with the aim of co-designing and prioritising key elements of the work. The Board were informed that an extra-ordinary meeting of the CCG Membership Body was being planned for February 2016. The aim of this was to further engage with the membership, prior to final PIP approval being sought at the March 2016 CCG Governing Body meeting. A draft PIP was attached as an appendix to the main report.

The draft PIP document focused on the following areas:

- Governance
- System Readiness
- Service Redesign
- New Service Innovation
- Engagement with Key Stakeholders
- Services for Children and Young People

The Board noted the draft PIP, and that going forward the objective was to develop a model that was more focused on prevention and the proactive management of patients with growing health needs. The report outlined a five point strategy for redefining and fine tuning the PIP. The Board noted the varied work streams on the draft PIP, and Dr Bhan assured the Board that support would be provided to all providers, including third sector organisations. The revision of GP contracts (next item on the agenda) was part of the development process.

A Carers' Strategy was being developed. There would also be an attempt to reorganise acute and community services. It was envisaged that Geriatric Teams would be located in hospitals and the wider community. The aim was to improve services around patients to enhance their Health and Social Care experience. It was also hoped to reduce hospital admissions.

The Chairman asked if a timescale was in place for the establishment of a pilot. He also asked if a single Integrated Care Network (ICN) would be set up initially. Dr Bhan responded that there was not a definite timescale. She was not in favour

of commencing with a single ICN in isolation. She felt that it would be better if all of the ICNs started working at the same time, and that this would avoid confusion and the allocation of resources to just one geographical area. Structures would be put in place during 2016/17. Dr Bhan continued that many of the various strategies took time to develop properly, and that this was a gradual process; however she also expressed the view that progress was being made quickly.

The Chairman requested that a Gantt chart be provided so that members of the HWB would get a clearer understanding of the project schedule. Dr Bhan agreed to provide the Gantt chart along with some explanatory sentences. Dr Parson commented that a layered approach was best as contracts needed revising, and that levers were required. He stated that a meeting was being convened shortly with CCG members with the aim of endorsing the improvement plan. Mr John informed the Board that LBB, the CCG and IMPOWER were all working together to think about what ICNs were going to look like. Four days of meetings had been arranged with IMPOWER in the near future to take stock of the current position, and how to move forward.

The Board noted the proposed Governance Structure for the Out of Hospital Strategy which would be headed by the LBB Executive, the Joint Integrated Commissioning Executive (JICE) and the NHS Bromley CCG Clinical Executive.

The Chairman thanked Dr Bhan for her update, and noted that much good work was in progress.

RESOLVED:

(1) that a Gantt chart be provided to members of the HWB so that members would benefit from a clearer understanding of the project schedule

(2) that the Health and Wellbeing Board note the report, the proposed direction of travel, and the proposed governance arrangements to support the programme.

23 PRIMARY CARE CO-COMMISSIONING REPORT

This report was written by Jessica Arnold, the Head of the Primary and Community Care Commissioning Directorate from the CCG. The update to the Board on the day was provided by Dr Bhan, and by Dr Andrew Parson.

The report outlined the review and commissioning intentions of NHS Bromley CCG for the GP PMS contract from 2016/17, and plans for the equalisation of the GP GMS contract.

The report was brought to the attention of the Board as changes to the GP PMS contract would have an impact on primary care and would improve services, sustainability, and the integrated working of GP practices within the wider health and social care system. The HWB were being asked to note the contents of the report and to give their comments about the proposed commissioning intentions of the CCG for GP contracts.

It was explained to the Board that the PMS contracts required the delivery of extra services for which a premium would be paid. Most contracts in south east London were PMS contracts. However, in Bromley, there was a greater mix of contracts. PMS contracts were paid £11.00 to £12.00 more per patient. Dr Bhan briefed the Board concerning the two elements of the PMS contract that were current.

Dr Bhan outlined the new offer for Bromley PMS contracts. It was noted that there was a "London Offer" and a "Local Offer" that together formed Bromley CCG's commissioning intentions. The "Local Offer" had been developed subsequent to a wide range of engagement activities.

The "London Offer" was sub divided into two sections, namely KPI's and the "Additional use of Technology". The "Local Offer" was subdivided into two main sections which were "Local Priorities" and "Transformational Priorities". Dr Bhan informed the Board that under the umbrella of the "additional use of technology", the target would be that 50% of appointments would be available and cancellable online by 1st April 2017. This was considered a reasonable target and allowed for older people not being able to access IT. Dr Bhan spoke about the possibility of GP Practices offering electronic consultations. She acknowledged that there were issues around this, not least concerns around the privacy of personal data.

The Board noted that part of the local offer was for GP's to carry out bowel screening and suture removal, both of which would reduce the number of people going into hospitals. Dr Bhan acknowledged that GP practices were under severe pressure and that they would require resources to cope so that the ICN strategy could be developed. The detail of the new contracts was being worked through, and practices would have to deliver on all aspects of the new contracts.

It was explained to the Board that roughly 40% of the contracts were GMS contracts; therefore an "equalisation" process was required.

Linda Gabriel noted the reference to KPIs and "Patient Voice" which was part of the London Offer on the new contracts. She encouraged engagement with the Voluntary Sector and with Healthwatch to develop this. Dr Bhan referenced the previous report submitted by Healthwatch to the CCG on GP access. She made the point that GP Hubs had been put in place to improve GP access, but that further joint work would be undertaken in this area between the CCG and Healthwatch.

Cllr William Huntington Thresher put forward the view that improving GP access should not just focus on developing core hours, but should also encourage the development of flexible working. Dr Bhan responded that GP's were already working flexible hours. Dr Parson made the point that any consideration of increasing core hours would need to allow for the employment of other staff members in addition to GP's at the same time—this would be staff such as receptionists and nurses. Other enabling forces would need to be factored in such as the GP Alliance; all delivery models would present challenges.

Dr Bhan referred to the Local Offer concerning bowel screening and acknowledged that not all practices may wish to take this up. In these cases, it may be the case that the GP Alliance or the Federation of GP's could assist.

The Chairman asked Dr Bhan how outcomes would be measured. Dr Bhan explained that there were a variety of ways that measurement could take place:

- More patient contact
- More vaccinations
- Reduced incidence of the late diagnosis of bowel cancer
- Reduced mortality
- A better and interactive service

Cllr Tunnicliffe asked why there was still such a high percentage of GMS contracts in Bromley compared with other London Boroughs. The answer to this was uncertain. Cllr Tunnicliffe asked why it was expected that GMS Practices would change to PMS contracts now. Dr Bhan suggested a number of reasons why GMS practices would now consider changing to the new contracts:

- Newer GP Practices were more open to change
- Some practices would have transferred over previously if able
- Practices may previously have been concerned about the workload
- Now mores resources and support were available
- A different environment and approach now existed

Dr Parson felt that what was required was the removal of variability, which was made easier by a better understanding of the challenges facing GPs. GMS Practices were now keen to deliver. He expressed the view that in many cases the reality was that there was not much difference between many PMS practices and GMS practices.

Ian Dallaway referred to the potential cost of £1.5m that would be incurred if there was a 100% take up of PMS contracts, and asked where this money was coming from. Dr Bhan responded that this was new money to the CCG from the NHS.

The HBW noted the report, and the Chairman welcomed the initiative.

RESOLVED that the report be noted, and the initiatives around the development of the new PMS contracts be endorsed.

24 WORK PROGRAMME AND MATTERS ARISING

It was noted that the first two items on the report (BCF Updates and Primary Care Developments) had been on the report for some time, and could now be removed.

The third item that had been active for some time was the problem associated with CCG commissioning, as in some cases commissioners were also providers. An update on governance had been requested, and a document had been provided to the Board at the meeting to clarify governance arrangements. It was therefore the

case that this item could be regarded as completed.

It was agreed that the Matters Arising dated 08/10/15-Integration Update could be regarded as completed, as the HWB were continually being updated on the Integration Process. Similarly, it was noted that the Matters Arising relating to the update on PMS contracts and the draft JSNA could also now be regarded as completed.

It was agreed that an item on alcohol mis-use be listed for the April 2016 meeting. It was also decided that Dr Jenny Selway be invited to address the Board in April 2016 concerning issues around the mental health of children and young people coming into Bromley from other Boroughs.

RESOLVED that the report be noted, and the adjustments cited in the narrative above, be applied to the report going to the HWB in April 2016.

25 OUTLINE FOR THE CURRENT AND FUTURE HEALTH AND WELLBEING BOARD STRATEGY

Dr Nada Lemic presented the report on the direction of travel for the HWB Strategy. It was noted that in 2013 the highest priority areas were categorised as:

- Dementia
- Diabetes
- Children with Mental and Emotional Health Problems
- Obesity

Subsequent to publication of the Joint Strategic Needs Assessment, it was now time to consider what the strategic priorities should be going forward. The Board had to decide if new priorities were emerging.

Dr Lemic tabled a document consisting of 4 large coloured squares, providing a graphic visual display of which health areas were improving, and which were getting worse. It also showed which areas were considered as low and high burdens.

The areas of high burden that were improving were:

- Life Expectancy
- Coronary Heart Disease and Stroke
- Cancer
- Smoking

The areas of high burden that were worsening were:

- Diabetes
- Adult Obesity
- Alcohol Misuse
- Dementia

The areas of low burden that were improving were:

- Teenage Pregnancy
- Suicide in Adults
- Substance Mis-Use

The areas of low burden that were worsening were:

- HIV
- Self-Harm and Emotional Wellbeing in Young People
- Homelessness

The Chairman stated that he would like to have an outline discussion on the day, with the intention of considering the issues in greater depth at the next meeting. The Chairman felt that alcohol misuse needed a closer examination. He also felt that the issue of Carers and Carers' Health was an area that should be regarded as a possible priority. Another issue that he deemed as a possible strategic priority was "falls" in the aged. The Chairman expressed the view that the Obesity Sub Group should remain, and that the Dementia Sub Group should remain for the short term. Concerning Diabetes, the Board should consider if LBB should now move forward with the Bromley Diabetes Network. Cllr Ruth Bennett was of the view that this was the best course of action, and that there was no need for a parallel group.

Cllr Bennett enquired if the term "burden" was volume related or financial; it was clarified that this was quantitative. Cllr William Huntington Thresher considered that childhood obesity should be a strategic priority, and was not keen on the idea of alcohol misuse being classified as a strategic priority. Dr Lemic considered the level of childhood obesity to be plateauing. Cllr Page and the Chairman agreed that the remit of the Obesity Sub Group be extended to include childhood obesity. Mr Ian Dallaway asked if the data concerning alcohol mis-use could be provided, and Dr Lemic stated that she would provide the data for dissemination.

The Chairman was minded to incorporate an agenda item concerning alcohol mis-use at the next HWB meeting and Annie Callanan was interested in more detail being provided around the data showing an increase in the level of self-harm committed by young people. A question was asked concerning the mental health of young people coming into Bromley from other Boroughs. It was noted that Dr Jenny Selway had undertaken some work with other boroughs concerning this, and that it would be a good idea if she could attend the April meeting to provide an update to the Board.

Linda Gabriel expressed concern over the growing problem of homelessness. Her concern was that homeless people may not be getting proper access to GP services and medical care generally, including mental health services. Cllr Thresher noted that with respect to homelessness, the Board had to be clear about what they could provide. Annie Callan stated that as far as homelessness was concerned, it was prudent to focus on prevention. She expressed the view

that this was definitely an area worth concentrating on, due to the detrimental effects of homelessness on physical and mental health.

RESOLVED:

(1) that the outline report on the Health and Wellbeing Board Strategy be noted

(2) that the HWB Strategic Priorities be further discussed at the meeting in April 2016

(3) that the matter of alcohol mis-use be added as an item for the April agenda

(4) that the remit of the Obesity Sub Group be extended to include childhood obesity

(5) that data concerning alcohol mis-use be disseminated to the Board

(6) that Dr Jenny Selway is invited to the meeting in April to update the Board concerning the mental health of young people coming into Bromley from other Boroughs

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

Dr Bhan updated the Board concerning the shortage of GP provision in Bromley Town Centre.

Discussions were ongoing with GP practices, including the Dysart Surgery. Dr Bhan expressed the view that Bromley was not understaffed in Bromley Town Centre, and that satisfaction levels were generally good. It emerged that the Dysart Surgery had taken on additional salaried doctors, but had a space problem. They had placed a bid to cover the cost of additional building works.

Dr Bhan stated that new GP Hubs had been opened across the Borough and that as a result, about 100 more appointments were being provided per day.

RESOLVED that the update be noted.

27 BROMLEY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT

The Bromley Safeguarding Children Board ‘s (BSCB) annual report for 2014-2015 was tabled at the meeting, and Annie Callanan (the Independent Chair of the Board) attended to answer any questions concerning the report. The report summarised the work undertaken by the BSCB during 2014-2015 to protect and promote the welfare of children and young people in Bromley.

Ms Callanan apologised to the Board for the late submission of the report.

Meetings had recently taken place to assess performance issues. The focus would now be on practical work. Possible synergies with the Safeguarding Adults Board were being investigated.

The Board were referred to pages 4/5 of the report were the main achievements against the BSCB Business Plan were noted:

Ms Callanan outlined the reporting and governance structure of the BSCB, and it was noted that the BSCB now submitted annual reports to the HWB and to the Care Services Policy Development Committee. It was explained to the Board that a new sub group had been established and that was a "Policy and Procedures" sub group. There was now greater engagement with the CCG and the Police, and Ms Callanan expressed the view that the BSCB was strong. She then asked if the HWB had any questions relating to the report.

Cllr Ruth Bennett asked what measures were in place to safeguard children being educated at home. Ms Callanan responded that this was being looked at jointly by Social Services and the Education Department. The Director of Children's Services stated that every child in the Borough being educated at home, would be visited at least once a year. This was a matter that had been looked at by the Children's Board.

Harvey Guntrip raised the issue of what was being done to oversee tattoo and piercing establishments now that the definition of FGM had been extended to cover piercings of the female genital organs in tattoo parlours. There was some debate about whether or not this activity did come under the remit of FGM, although it was clear that persons under the age 18 should not be tattooed.
(Post meeting note—the NHS has adopted new guidelines after the World Health Organisation designated piercings of the female genital organs as FGM. Under the guidelines this would be classed as "Type 4" FGM, the definition of which is:

Type 4 – all other harmful procedures for non- medical reasons, including pricking, piercing, incising, scraping and cauterising the genital area.)

The Board were reminded that all healthcare professionals now had a duty to report all cases of FGM; this duty extended to midwives and health visitors, and there was also a duty to report FGM that had taken place outside of the UK. It was noted that FGM was also incorporated into the PREVENT agenda.

Cllr Thresher asked if bullying had been included in the BSCB annual report. The Director of Children's Services responded that it was not possible to include everything into the report, and that there were safeguarding protocols concerning bullying that were followed by schools.

The Chairman asked Ms Callanan if there were any areas of concern for 2015/2016. Ms Callanan responded that she was concerned about statutory central government issues. There was going to be review of LSCBs, and she had recently been contacted by a Select Committee and received a Ministerial Letter, all enquiring about issues in young people's front line services. Ms Callanan stated that priorities for next year would be very vulnerable children and domestic abuse.

Cllr Tunnicliffe asked if DV Advocates were still in place, and Ms Callanan stated that she would get back to the HWB with an update.

RESOLVED that the BSCB Annual Report for 2014-2015 be noted.

28 JSNA VERBAL UPDATE

The Health and Wellbeing Board considered the emerging issues and the priority actions as outlined in the JSNA draft document. A brief verbal update was provided by Dr Agnes Marossy who informed the Board that the Steering Group had reconvened recently.

29 NOMINATION OF MENTAL HEALTH CHAMPION

The Board discussed if it was appropriate to appoint a Mental Health Champion.

The Assistant Director of Adult Social Care commented that a briefing should be drafted to set out what would be expected from a Mental Health Champion. It was important that whoever was appointed was not being set up to fail, and that the required support would be provided.

Cllr Thresher queried if this was going to be an additional voluntary role; if this was the case, then a lay person should be appointed. The role needed to be defined first.

RESOLVED that the role of Mental Health Champion should be clarified, and the matter be discussed further at a future meeting.

30 UPDATES FROM SUB GROUPS

31 Obesity Sub Group

The Board noted the update report that had been incorporated into the agenda, and that the Obesity Sub Group had met earlier in the day. It was noted that the Healthy Weight Forum was going to meet during the week following this meeting, and that more information would be provided to the Board in April 2016.

RESOLVED that an update report be provided to the HWB from the Obesity Sub Group for the meeting in April 2016.

32 Diabetes Sub Group

RESOLVED that due to the formation and ongoing work of the Bromley Diabetes Network, the Diabetes Sub Group was no longer required and should be dissolved.

33 Dementia Sub Group

RESOLVED that the Dementia Sub Group be retained for the present time, with a review at the next meeting.

34 Children and Adolescents Mental Health Sub Group

RESOLVED that the Children and Adolescents Mental Health Sub Group be retained currently, with a review of the Group to take place at the April meeting.

35 VOLUNTARY SECTOR STRATEGIC NETWORK (ITEM FOR VERBAL DISCUSSION)

The Board referred to the letter from the Voluntary Sector Strategic Network (VSSN) requesting a seat on the HWB. Cllr Bennett wondered how the VSSN fitted in with Community Links. Ian Dallaway informed the Board that the VSSN was a large health related charity, and that it would be good if the VSSN could be accommodated onto the Board; this view was supported by Healthwatch.

The application for a seat on the Board was not supported by the majority of Board Members. The consensus view of the Board was that the current balance of stakeholders (reflecting the statutory requirements set out in the Health and Social Care Act) was correct. Adding new members at this time would make the Board too large at this stage of its development. The composition of the Board would be reviewed at a later date.

RESOLVED that the application from the VSSN for a seat on the Board be refused at this time, and that a letter to VSSN be drafted to this effect.

36 ANY OTHER BUSINESS

The agenda was adopted and there was no other business to consider.

37 CONSIDERATION OF AGENDA ITEMS FOR THE MEETING IN APRIL 2016

The consideration of future items for the agenda was not considered as a separate item.

However, some discussion around this had taken place when the Board was discussing matters arising, and in particular when discussing future strategic priorities.

These have been noted and will be added to the Work Programme.

38 DATE OF THE NEXT MEETING

The next meeting of the Health and Wellbeing Board was confirmed as April 21st 2016.

The Meeting ended at 3.35 pm

Chairman

CSD16063

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**21st April 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.

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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 encouraged to suggest new items for the Work Programme and for the next meeting.

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents:	Previous matters arising reports and minutes of meetings.

Corporate Policy

1. Policy Status: Existing Policy:

2. BBB Priority: Excellent Council; Supporting our Children and Young People; Supporting Independence; Healthy Bromley

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Financial

1. Cost of proposal: No Cost for providing this report

2. Ongoing costs: N/A

3. Budget head/performance centre: Democratic Services

4. Total current budget for this head: **£326,980.**

5. Source of funding: 2015/16 revenue budget

Staff

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

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

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Legal

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

2. Call-in: Not Applicable

Customer Impact

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

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No

2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

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

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

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

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

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

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

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

APPENDIX 1

Health and Wellbeing Board

Matters Arising/Action List –21st April 2016

Agenda Item	Action	Officer	Notes	Status
Minutes-26/03/15 **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.	**Awaiting update from Barbara Godfrey**
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. Awaiting CCG update.	**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 **Children and Adolescents Mental Health Sub Group** **Children and Adolescents Mental Health Sub Group**	It was resolved that the HWB be kept informed of the progress of the bid to 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**	The Board will be updated on the progress of the Bid in due course. To be discussed by the Board at the December meeting. To be discussed by the Board at the December meeting	**New** **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 22 11.02.16 Out of Hospital Care in Bromley Update Report	The Chairman requested that a Gantt Chart be provided so the HWB members would get a clearer understanding of the project schedule.	**Dr Bhan**	A Programme Plan update will be incorporated onto the April agenda	**New**
Minute 24 11.02.16 Work Programme and Matters Arising	It was agreed that Dr Jenny Selway provide an update to the HWB in April 2016 concerning issues around the mental health of children and young people entering Bromley from other boroughs.	**Dr Jenny Selway**	Dr Selway to update in April 2016	**New**
Minute 25 11.02.16 HWB Strategic Priorities	It was resolved that the HWB Strategic Priorities be discussed further at the April 2016 meeting.	**HWB** **Dr Lemic**	Issue to be added as an agenda item for ongoing discussion at the April 2016 meeting.	**Ongoing**

Minute 33 11.02.16 Dementia Sub Group	It was resolved that the Dementia Sub Group be retained for the time being, with a review at the April 2016 meeting	**HWB**	To be reviewed at the April meeting.	**New**
Minute 34 11.02.16 Children and Adolescents Mental Health Sub Group	It was resolved that the sub group be retained for the present time-with a review to take place in April 2016	**HWB**	To be reviewed at the April meeting.	**New**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2015/16

Title	Notes
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
Bromley CCG Transformation Plan—Children and Young People's Mental Health and Wellbeing. (tbc)	Dr Bhan
Updates from Sub Groups	Sub Group Leads
Health and Wellbeing Board—June 2nd 2016	Work Programme to be decided
Phlebotomy Update	
Health and Wellbeing Board—July 28th 2016	
Health and Wellbeing Board—October 6th 2016	
Health and Wellbeing Board—December 1st 2016	
Health and Wellbeing Board—February 2nd 2017	
Health and Wellbeing Board—March 30th 2017	

Outstanding items for possible consideration:
Feedback from CCG after analysing Healthwatch Annual Report
An update on the bid made to the New NHS Investment Fund
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 funding bid to transform CAMHS Services
Bromley CCG Transformation Plan—Children and Young People's Mental Health and Wellbeing. Update report to come to the Board in due course.
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
21st April 2016	April 12th 1.00pm	April 13th 2016
2nd June 2016	May 23rd 1.00pm	May 24th 2016
28th July 2016	July 19th 1.00pm	July 20th 2016
6th October 2016	September 27th 1.00pm	September 28th 2016
1st December 2016	November 22nd 1.00pm	November 23rd 2016
2nd February 2017	January 24th 1.00pm	January 25th 2017
30th March 2017	March 21st 1.00pm	March 22nd 2017

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:

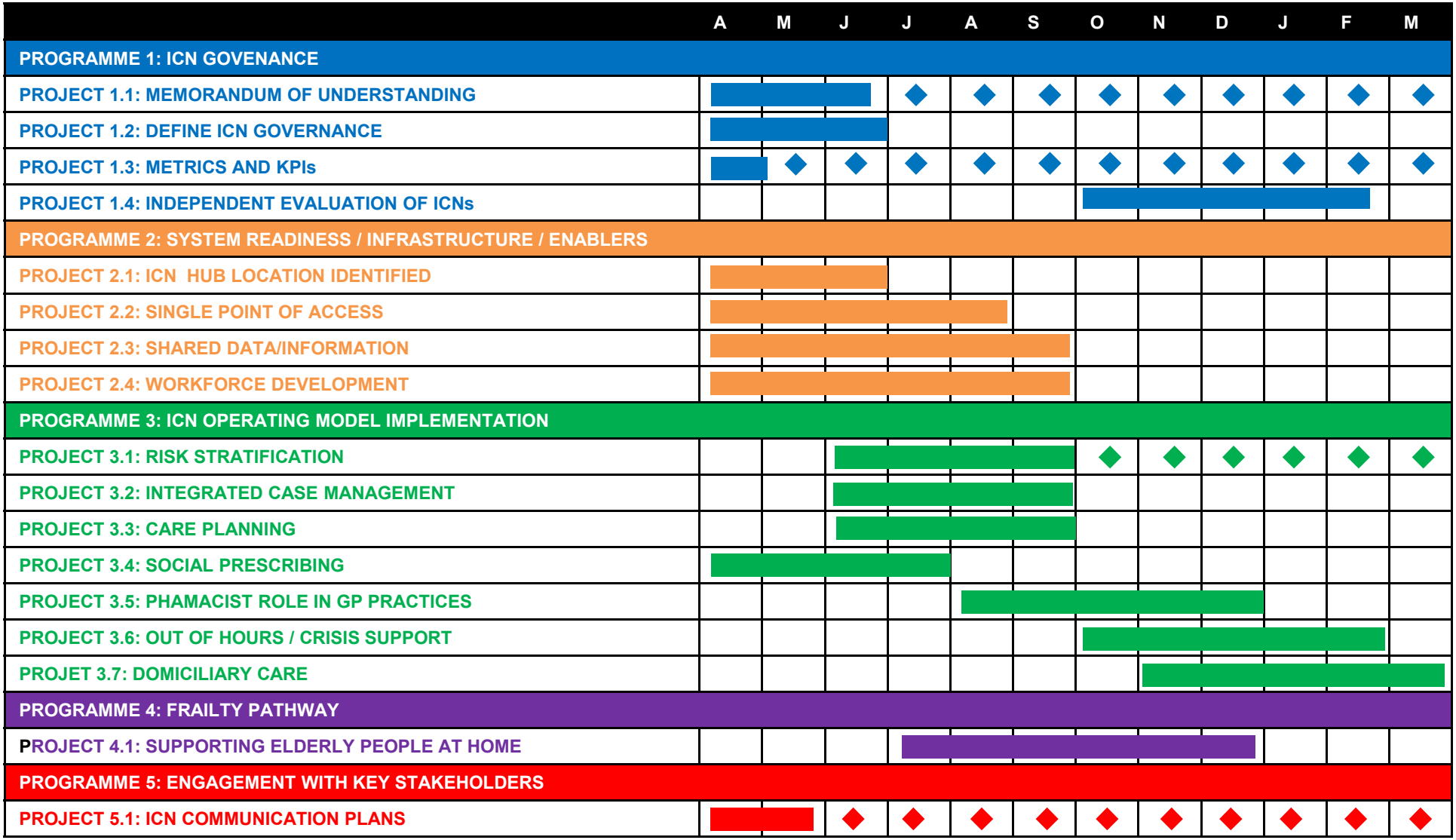
Glossary of Abbreviations – Health & Wellbeing Board

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)

HIGH LEVEL PROGRAMME PLAN



NHS
Bromley
Clinical Commissioning Group

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Report No.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 21st April 2015**

Report Title: **Better Care Fund – Local Plan 2016/17**

Report Author: Joint paper on behalf of Chief officers from LBB and BCCG

Doug Patterson
Chief Executive
The London Borough of Bromley

Angela Bhan
Chief Officer
NHS Bromley Clinical Commissioning Group

1. SUMMARY

1.1 This will be the second full year of the Better Care Fund. The Department of Health (DoH) has confirmed that funding will continue for 2016/17 and this is supported by a detailed policy framework. The minimum requirement for Bromley as set out by NHS England, is to create a pooled fund of £21,611,000. In the main, the Better Care Fund resource is not new monies, but is mainly created largely from CCG baselines

1.2 The fund puts a requirement upon Clinical Commissioning Groups (CCG) and Local Authorities (LA) to pool budgets. Commissioners are then expected to use the pooled fund to integrate and join up services for the benefits of local residents using health and care services. The guidance recommends that Local Authorities and CCGs should be mindful in developing their plans, about the linkages with NHS sustainability and transformation plans which NHS partners are required to produce in 2016, and the Government's Spending Review requirement to produce a whole system integration plan for 2017.

1.3 The Government considers the Better Care Fund to be a key tool in driving forward the agenda for integration of health and social care services and sets a number of national conditions against the fund. For this year (16/17) it has been agreed that the BCF planning and assurance process should be integrated as fully as possible with the core NHS operational planning and assurance process. It is a requirement that the annual plan for the fund be approved by the Health and Wellbeing Board.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1 All plans must be taken through and formally signed off by local Health and Wellbeing Boards before the final plan can be submitted to NHS England on 3rd May 2016.

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

3.1 Formal agreement and consent to the final plan being submitted to NHS England.

Health & Wellbeing Strategy

1. Related priority:

General overarching regard to local health and care priorities. However, special focus within the plan on Dementia and Supporting Carers as two areas where improvements in the local offer can result in a reduction of people going into crisis and requiring an unplanned admission.

Financial

1. Cost of proposal: £21,611,000

2. Ongoing costs: £21,611,000

3. Total savings (if applicable):

4. Budget host organisation: Local Authority

5. Source of funding: Top slicing of existing budgets (primarily BCCG budgets) to create the BCF in 2015/16

6. Beneficiary/beneficiaries of any savings:

---

4. COMMENTARY

4.1 The full plan for submission has been attached for Members, which sets out in detail the plans for 2016/17. The narrative plan also provides an insight into the work of BCCG and the Local Authority to transform local services and address the national conditions placed against the fund.

4.2 Timeframe for BCF Plans

4.2 The timescales for completing the plan are as follows:

1.1.	**Proposed timeline**	**Dates (all 2016)**
1.2.	Planning guidance and planning template issued	24 February
1.3. 1.4.	**Submission 1** BCF Planning Return submitted by HWB areas to NHS England regional team, and copied to the national team. This will detail the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.	**2nd March**
1.5.	**Submission 2** Full BCF plan submitted by HWBs to DCO teams, including BCF Planning Return version 2, which is to be copied to the national team for analysis	**21st March**
1.6.	Deadline for regional confirmation of draft assurance ratings for all BCF plans to the national team	6th April
1.7.	National calibration exercise carried out across regions to ensure consistency	7th–8th April
1.8.	Deadlines for feedback to local areas to confirm draft assurance status and actions required	11th April
1.9.	**Submission 3** Final plans submitted, having been formally signed off by HWBs	**3rd May**
1.10.	Deadline for regional confirmation of final assurance rating to BCST and local area	13th May
1.11.	Deadline for signed Section 75 agreements to be in place in every area	30th June

4.3 These were particularly tight as final guidance was not published until 24th February and so there was no opportunity to get this item onto an earlier Health and Wellbeing Board for discussion. However, officers have been meeting through the Joint Integrated Commissioning Executive to produce and finalise this year's plan.

4.4 National Conditions

4.5 NHS England will require that Better Care Fund plans demonstrate how Bromley will meet the following national conditions:

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

4.6 The onus is on local areas to demonstrate how they will use the pooled fund created under BCF to address these specific requirements. NHS authorisation will be on the basis of the local plan addressing each of these conditions.

5 An example of joint commissioning through BCF – The New Dementia Hub

5.1 The fund is in its infancy and this is only the second year where LAs and CCGs have been asked to pool budgets in this way. The narrative attached sets out the high level strategic ambitions for Bromley's transformation programme. However, Bromley is also starting to see the effects of the fund at a practical level with the first significant jointly commissioned service through the BCF being the Borough's new Dementia Hub which launches in July.

5.2 The new hub is a direct response from both organisations to the pressures in the borough created by the increasing numbers of residents diagnosed with dementia. The Health and Wellbeing Board's working group on dementia, along with the HWB Strategy and JSNA have highlighted the need for a more co-ordinated approach to post diagnosis support services for people with dementia as well as restating our ambitions to be a dementia friendly community. The dementia hub is designed to meet these challenges.

5.3 The joint evaluation panel were very impressed with a collegiate bid made from the 3rd Sector to deliver a dementia service which will offer a single point of access for self-referrals, General Practice and the Memory Clinic to all be able to refer residents directly for support. Residents with a diagnosis will be offered 1:1 support planning. The service will be able to signpost and co-ordinate a number of community based services as well as developing existing and support new community services where required.

5.4 The way by which this service has been jointly commissioned and procured sets an interesting precedent for further joint commissioning with the 3rd sector. The implementation of the new service will be overseen by commissioners and clinical leads from both organisations to help

make sure that the service is a success and works to maximum capacity which will mean the service holding 160 active cases at any one time.

6 FINANCIAL IMPLICATIONS

6.1 The Better Care Fund grant allocation for 2016/17 is £21,611k, made up of both revenue and capital expenditure streams. The funding is ring-fenced for the purposes of pooling budgets and integrating services between the CCG and the LA.

6.2 Monitoring of the expenditure takes place on a quarterly basis and has to be reported back to NHS England. Regular updates of the progress on expenditure will also be reported to the Board.

6.3 The BCF expenditure assumptions for 2016/17 are detailed in the table below:-

BCF HEADING	DESCRIPTION	£'000
Reablement services	Reablement capacity	838
Intermediate care services	Winter Pressures Discharge (Oxleas)	207
Intermediate care services	Winter Pressures Discharge (LBB)	1,009
Intermediate care services	Winter Pressures Discharge (BHC)	427
Assistive Technologies	Integrated care record	425
Intermediate care services	Intermediate care cost pressures	465
Assistive Technologies	Community Equipment cost pressures	415
Personalised support/ care at home	Dementia universal support service	511
Personalised support/ care at home	Dementia diagnosis	609
Improving healthcare services to care homes	Extra Care Housing cost pressures	411
Improving healthcare services to care homes	Health support into care homes	254
Improving healthcare services to care homes	Health support into extra care housing	54
Assistive Technologies	Self management and early intervention	1,029
Support for carers	Carers support - new strategy	622
Discharge Team	New integrated discharge team (Hospital)	600
Therapists	Therapists in intermediate care team	150
Integrated care teams	Risk against acute performance	1,323
Personalised support/ care at home	Protecting Social Care	4,404
Personalised support/ care at home	Disabled Facilities Grants	1,681
Support for carers	Carers Funding	518
Reablement services	Reablement Funds	935
Reablement services	Reablement Funds	309
Personalised support/ care at home	DoH Social Care grant	4,415
		21,611

7 LEGAL IMPLICATIONS

7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2016-17, the allocation is based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:

• A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
• A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
• A requirement that plans are approved by NHS England in consultation with DH and DCLG (as set out in section 3 below)
• A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

8 COMMENT FROM THE CHIEF OFFICERS FROM EACH ORGANISATION

The plan highlights the ambition for Bromley and our plans to transform local health and care services supporting our providers to deliver joined up community care that provides better outcomes for our residents. It continues to be a challenge to align both organisations priorities across this large agenda, but this plan represents significant progress and places us in good stead for the future requirements to have an integration plan in place for 2017.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	Previous Papers on the Better Care Fund since its inception in 2013/14 can be accessed through contacting Richard Hills, Strategy manager – Commissioning richard.hills@bromley.gov.uk 02083134198

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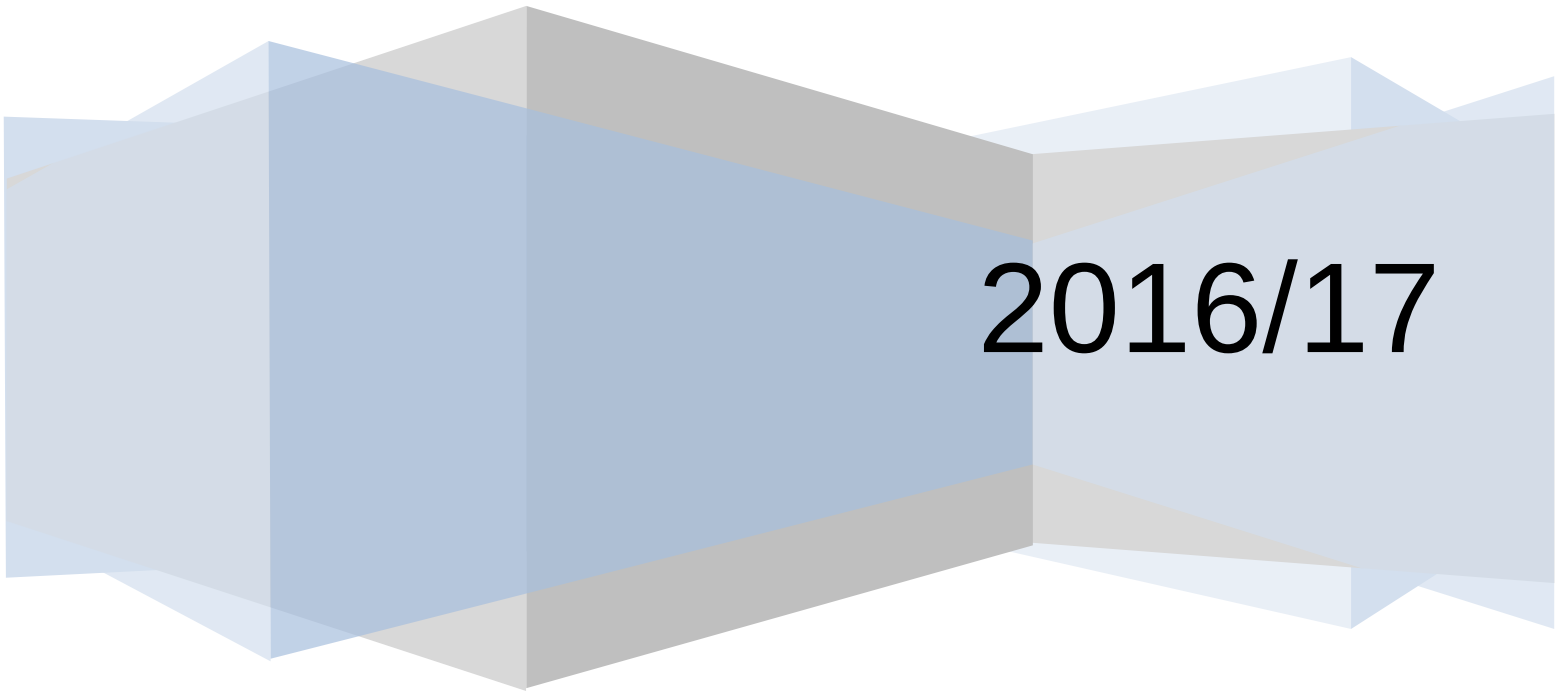
Bromley's Better Care Fund 2016/17

A Local Plan

BCCG & LBB



1 Table of Contents

1. Authorisation

Signed on behalf of Bromley Clinical Commissioning Group	
Signature	
By	Angela Bhan
Position	Chief Officer
Date	20th March 2016

Signed on behalf of the London Borough of Bromley	
Signature	
By	Doug Patterson
Position	Chief Executive
Date	20th March 2016

Signed on behalf of the Bromley Health and Wellbeing Board	
Signature	
By	Chair of Health and Wellbeing Board
Date	20th March

2. Introduction and Background

2.1. This will be the second full year of the Better Care Fund. The Department of Health (DoH) confirmed funding would continue for 2016/17.

2.2. The fund puts a requirement upon Clinical Commissioning Groups (CCG) and Local Authorities (LA) to pool budgets. Commissioners are then expected to use the pooled fund to integrate and join up services for the benefits of local residents using health and care services.

2.3. The Government considers the Better Care Fund to be a key tool in driving the integration of health and social care services. The Better Care Fund has been set up to enable local authorities, local health services and other stakeholders to come together to develop, and implement new approaches to service delivery, based on a much more integrated approach. The implementation of Better Care will support the delivery of safe and effective services in the here and now, and underpin a planning process to bring these services together over the longer term.

2.4. The total Better Care Fund will value £3.9 billion in 2016/17. This is in line with the NHS Confederation's requests that the mandatory minimum pool should stay steady, allowing local areas the freedom to increase local pools at the pace that is best for them. £3.519 billion will be taken from NHS England's allocation to CCGs to establish the fund, with a further £294 million contributed from the Disabled Facilities Grant to Local Authorities.

2.5. Whilst the policy framework remains broadly stable in 2016-17, commissioners need to make links to the NHS sustainability and transformation plans which NHS partners will be required to produce in 2016, and the Government's Spending Review requirement to produce a whole system integration plan for 2017. Both planning requirements will require a whole system approach from 2017-20.

2.6. In this Local Plan Bromley sets out a joint spending plan to be approved by NHS England as a condition of the NHS contribution to the Fund being released into pooled budgets. This plan should be read with regard to other strategic documents produced locally such as the ***Health and Wellbeing Strategy***, the ***Out of hospital strategy*** and Bromley's ***Integrated commissioning plan*** all of which are attached that the end of this plan.

3. National Timeline

3.1. The process for developing plans has been simplified from the approach used for 2015-16 plans and will be aligned to the timetable for developing CCG operational plans.

3.2.	**Proposed timeline**	**Dates (all 2016)**
3.3.	Planning guidance and planning template issued	24 February
3.4. 3.5.	**Submission 1** BCF Planning Return submitted by HWB areas to NHS England regional team, and copied to the national team. This will	**2nd March**

	detail the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.	
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3.12.	Deadline for signed Section 75 agreements to be in place in every area	30th June

4. Minimum BCF Allocation for Bromley

4.1. Local areas are encouraged to place more than the minimum requirement into the fund, but initially Bromley will, like the previous year stay with the minimum allocation. They may however decide to vary and add to the fund in year if there is a good business case to do so and will do this under an amendment to our joint Section 75 agreement. The minimum requirement for Bromley as set out by NHS England stands at £21,611,000.

4.2. This plan provides a detailed breakdown of spent in section 10. In summary though the fund will continue to be used to create a shift in demand and supply from acute settings into community based services, reducing emergency hospital admissions and moving to a more proactive rather than reactive model of care.

5. Local Vision and Evidence Base

5.1. Our vision is to reduce health inequalities and improve the health and wellbeing of people living and working in Bromley. Our Health and Wellbeing Strategy, developed with key health, local authority and community stakeholders describes its strategic vision for every resident as, "*Live an independent, healthy and happy life for longer".*

5.2. To improve the quality of life and wellbeing for the whole population of Bromley and for those with specific health needs, leading to an increased life expectancy in key targeted areas will involve working in partnership and increasingly integrated ways with cross-sector partners, commissioners and providers, including local residents, voluntary organisations and community groups. Priority areas are defined through the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy (JSNA).

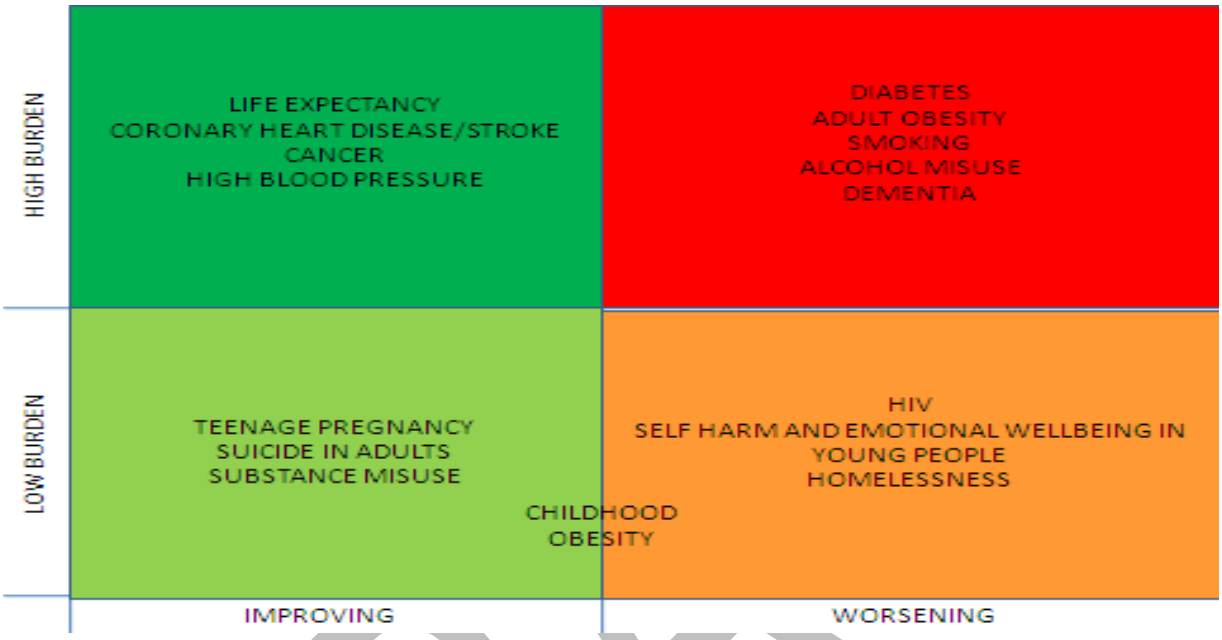
5.3. The headlines for Bromley's population of 320,000, as set out in the JSNA, are:

- Older people in Bromley will continue to increase from 17.7% of the population in 2014, to 18.3% by 2024
- Life expectancy at birth in Bromley has been rising steadily over the last 20 years, currently at 80.7 years for men and 84.5 years for women.
- There is an 8.7 year gap for men and 7.9 years for women between the highest and lowest life expectancy wards in Bromley
- Mortality in Bromley is chiefly caused by circulatory disease (32%) and cancer (30%)
- There is evidence to show that there are many people living in Bromley with undiagnosed hypertension, and a number of people with known hypertension which has not been adequately controlled
- Number of people with diabetes has continued to rise since 2002
- The number of people in Bromley with dementia continues to rise, especially in the over 85 year age group
- The number of live births is rising, reflecting the rising trends in the general fertility rates.
- There is a rising prevalence of smoking in Bromley
- Bromley has the third highest levels of overweight and obesity in London, 65% are either overweight or obese and the prevalence is rising.
- Approximately 71% of dwellings in Bromley are in owner occupation and approximately 13% are in the private rented sector, with 14% of social rented housing is supplied through Housing Associations.
- The volume of households faced with homelessness has risen dramatically during recent years
- The number of people with learning disabilities under the age of 64 years is predicted to rise by 9.2% over the next eight years.
- The number of people in Bromley with physical disability or sensory impairment continues to increase.
- In Bromley, one person in six has a mental health problem at any one time, and one in four will have a problem during their lifetime.
- Data from the 2011 census indicates that 10% of Bromley's population (approximately 31,000 people) are carers. Just over 6000 of these carers provide more than 50 hours of unpaid care per week.
- Alcohol misuse is a significant public health issue, with over 26% of the population regularly consuming quantities of alcohol sufficient to damage their health.
- In 2012-13 in Bromley, 5,362 A&E frequent attenders accounted for 22.4% of all A&E attendances. The frequency of attendances ranged from 3 to 135 times, with an average of 4 visits per year.
- there were a significant numbers of attendances relating to conditions which might be better dealt with in settings other than A&E e.g. attendance for intramuscular or intravenous injections, catheter problems, blood tests, feeding tube problems.

5.4. Analysing these findings across Bromley demographic the health and care priorities are set. A simple way of considering the relative priority of different health issues is to consider the burden in terms of the numbers of people affected, and then whether the problem is improving or worsening over time. The highest priority is allocated to the issues creating the highest burden which seem to be worsening over time.

Figure 1: JSNA Priorities.

The table below has been populated to show the relative priorities of the key issues.



6. Bromley's Transformation Programmes

6.1. Having interpreted the national conditions and the metrics within the BCF and the wider policy directives set out in the Health and Care Act 2012, Care Act 2014 and NHS Five Year Forward View Bromley has commissioned two significant change projects in 2015/16 and will continue to implementation stage in 2016/17:

'One Truth' from McKinsey's which involved applying an established methodology for reviewing work flow at the hospital to improve bed blocking and discharge from hospital into appropriate community services. This work has resulted in a single multi-professional discharge team in charge of referrals out into community services.

'Out of Hospital Strategy' working with iMPOWER to develop how services in the community can be better joined up and structured to deliver improved outcomes, especially for those patients with long term conditions. This work has resulted in the development of integrated care networks (ICNs). The CCG are planning to roll these new ICN governance structures out during 2016/17

6.2. A further major commissioning project to go out to market and to retender the existing community health services for October 2017 will be taking place throughout 2016/17. This

significant procurement will complement the work of the *out of hospital strategy* requiring a provider or set of providers to deliver community services in partnership with general practice, social care and the voluntary sector. It will be split into three lots across Children's, Adults and Intermediate care, which includes step up and step down services working closely with the acute provider and the multi professional discharge team already established this year at the hospital.

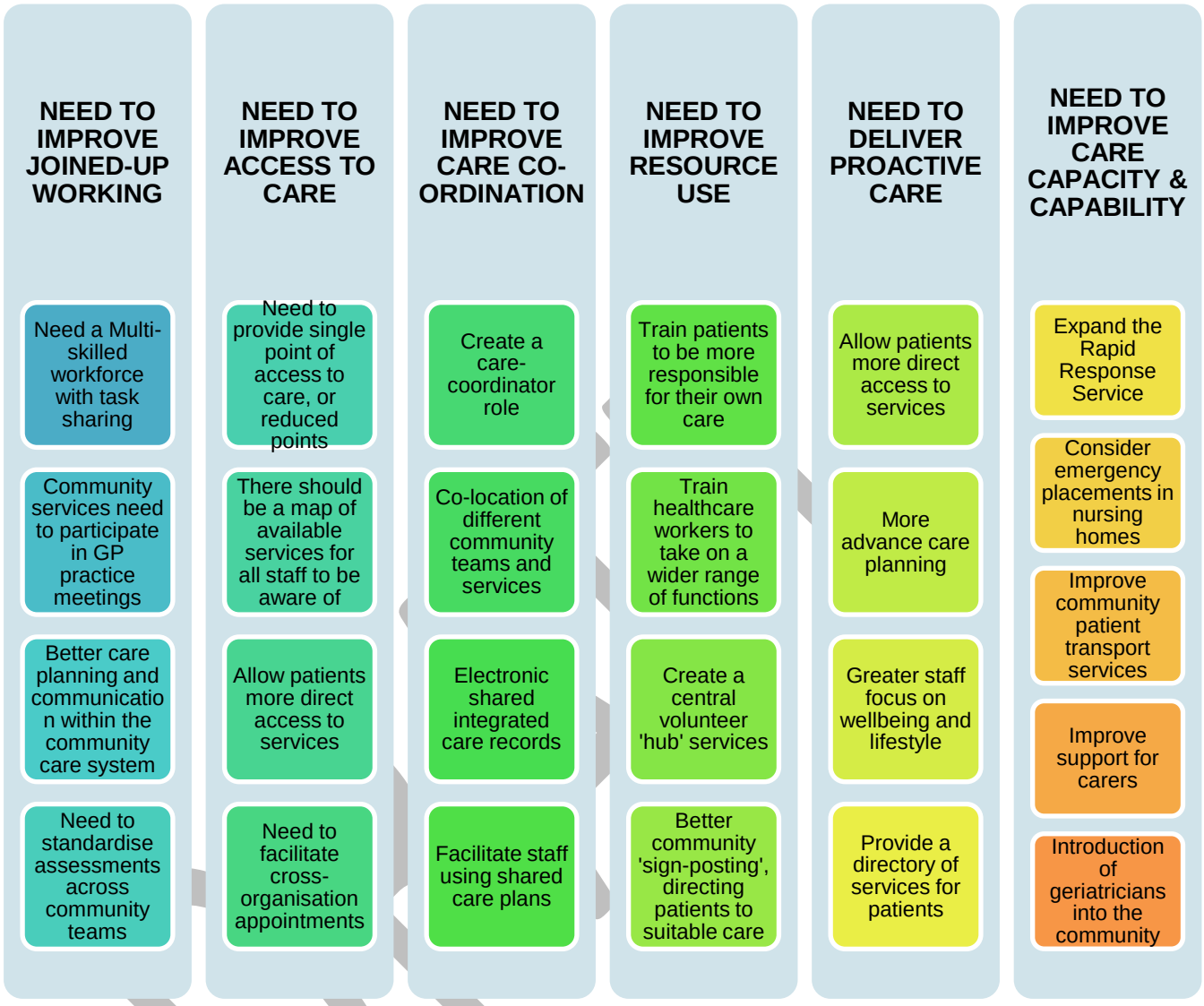
7. Integrated Care Networks

7.1. The BCF plan is being aligned with our change programmes and rather than a sequence of small impact projects, funding will be used to underpin the wider objectives to move care from an acute setting into the community. The BCF spend is all in community based services from preventative services through to supporting winter pressures through increased discharge capacity.

7.2. The way we propose to do this is through the development of Integrated Care Networks (ICNs). As set out in the strategy "*The aim is to provide coordinated care for patients via integrated services and responsiveness to patient's needs, while ensuring the best possible use of resources".* The report highlighted an estimated £72m funding gap across the Local Authority and Bromley CCG budgets by 2020. The report advised '*breaking the lock'* on historical issues and recommended a new model of care.

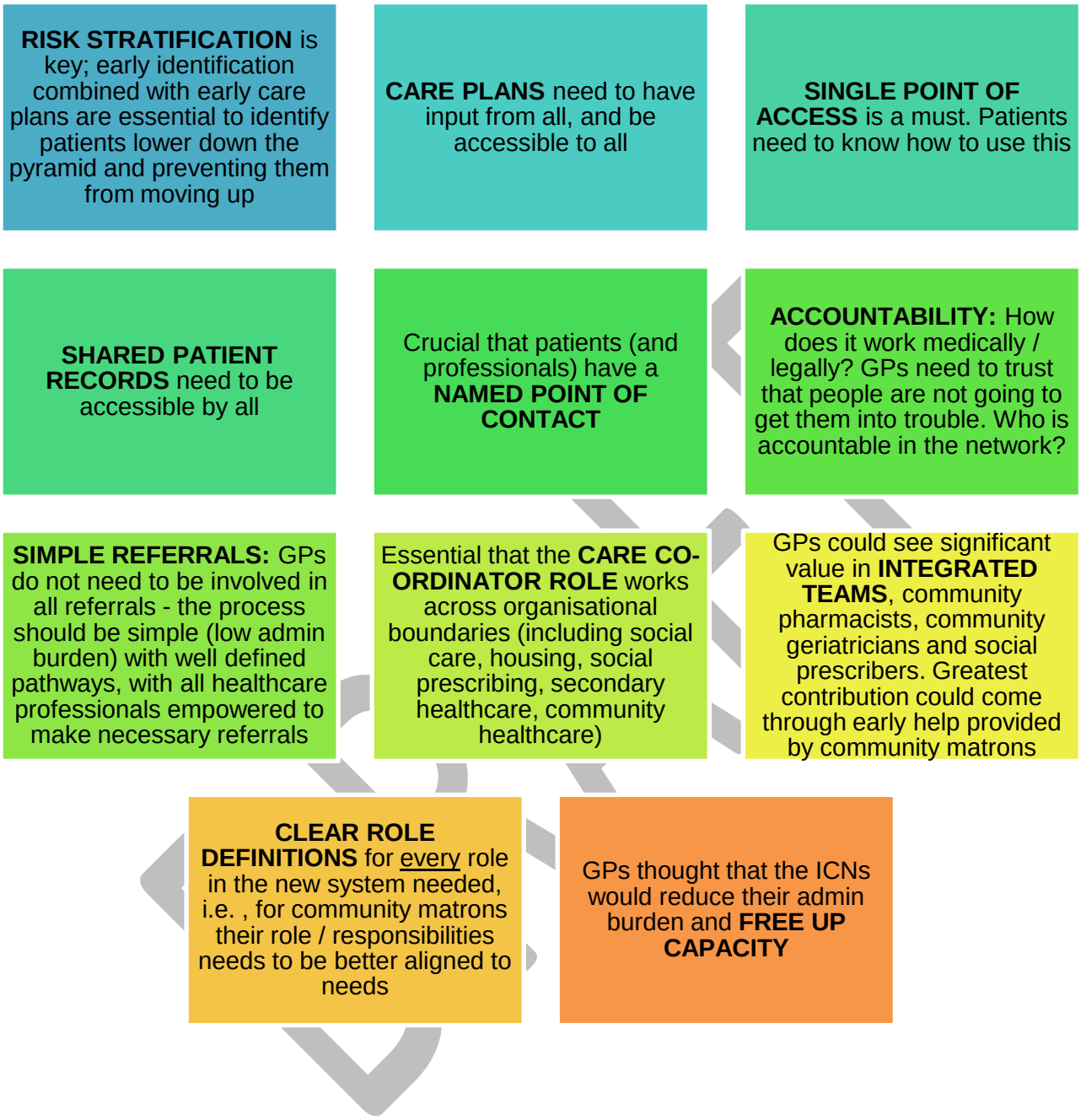
7.3. Through a sustained period on engagement and consultation with core providers we identified what needed to change and be improved within the existing system.

Figure 2: What needs to change



7.4. The next stage has been to focus on key areas that commissioners can help address in the new integrated care model

Figure 3: Key areas of focus



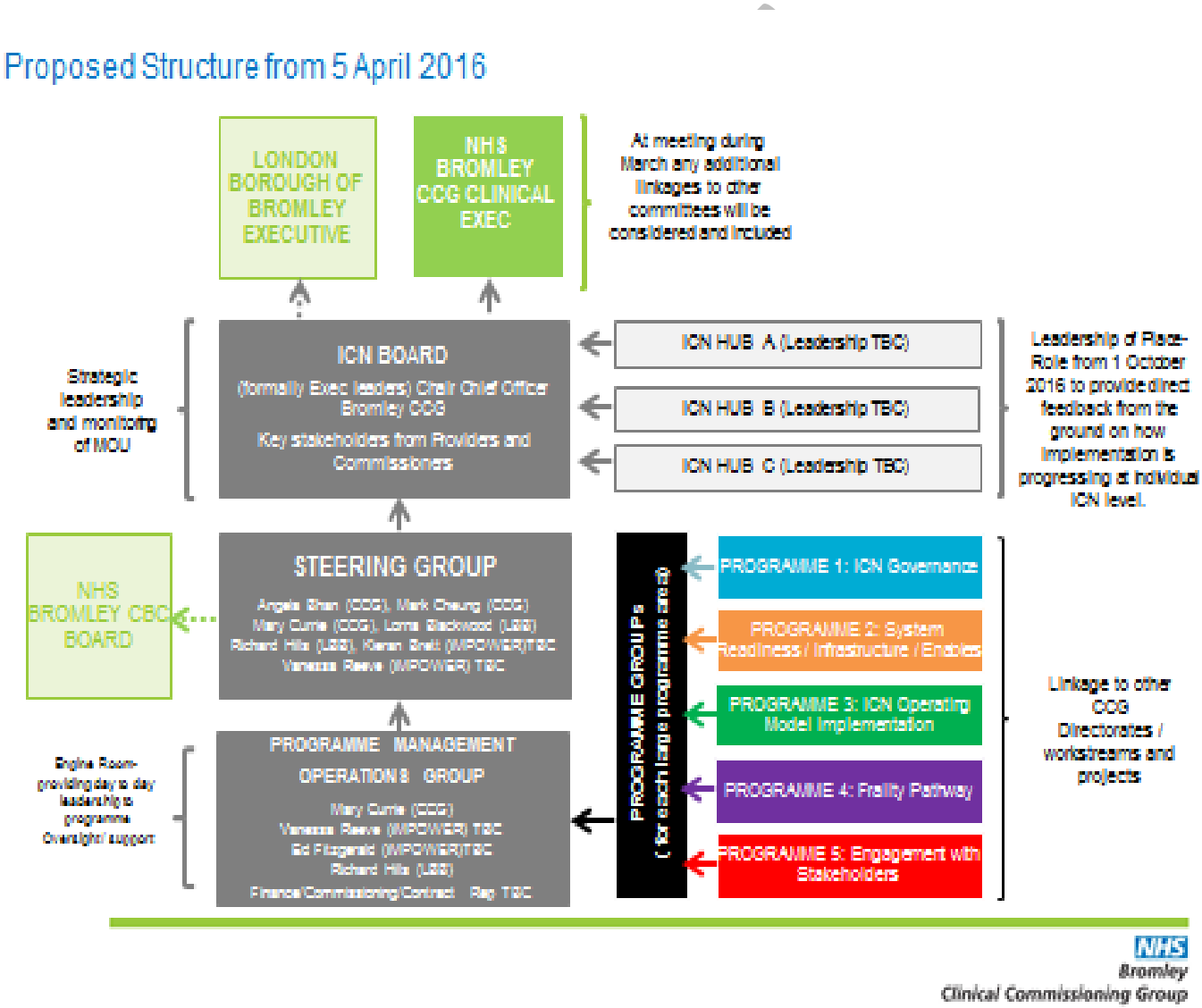
7.5. This has led to a new operational model that is still being worked up and co-produced with the main providers responsible for delivering the model on the ground. Patient engagement sessions have also been held to ascertain local patient needs and to test the high level principles of the model.

7.6. This draft operation model (attached under additional relevant information) is being shared with providers as part of a much wider draft Memorandum of Understanding that providers will be signing up to in the spring.

7.7. The MOU will be the document that underpins the next year's implementation of ICNs. It will contain some shared metrics and asks providers to jointly bid together to deliver parts of the new model of care for Bromley. There are some early financial incentives currently being

drafted which include two streams of funding. Firstly, funding aligned to delivery against the agreed performance metrics achievement, and secondly relating to bids from providers for setting up and delivering specific elements of the operational model. There are operational details still to be firmed up and commissioners are working with providers to do this as part of the signing up process over the next couple of months. This will help to confirm how funding is released and how performance against the metrics is shared. However, initial governance for decision making and rolling out ICNs has now been established for the next financial year.

Figure 4: Draft Governance Structure



8. Responding to the NHS Five Year Forward View

8.1. Responding to the direction set out under the *NHS five year forward view* this is seen as the first stage of moving towards a more provider led system where providers work together to meet outcomes and are incentivised to so. The plans to retender the community contract will also look to compliment this direction of travel requiring the market to, not only evidence quality clinical care and effective safeguarding procedures, but also to how they will work to deliver services with the ICN framework.

8.2. Also in line with the NHS five year forward view the new model of care for Bromley makes a concerted effort to bring in the third sector as a core provider, rather than an afterthought or bolt on to our traditional clinical care pathways. The newly formed 3rd Sector Enterprise has been a result of the sector coming together, with support from commissioners, to form a collegiate. The local voluntary sector now has a place on the Executive Leaders board along with all the main providers in the local system. It is hoped that with support from commissioners that the sector will be able to bid directly for delivery elements of the new model, especially at the front end where non-clinical solutions are required to assist people with managing their care and health requirements.

8.3. Utilising BCF funds as one-off investment to pump prime this work will be essential.

9. National Conditions

9.1. The national conditions and metrics drive two types of system change:

- ✓ An increase in planned community based activity
- ✓ A decrease in unplanned acute activity

An increase in planned community based activity (especially prevention and targeted interventions)	**A decrease in unplanned acute activity (and where an admission is unavoidable improved outflow back into an appropriate community services)**
Local Change Programme: Integrated Care Networks	**Local Change Programme**: Discharge team and step up/ step down service recommissioned
Outputs that require investment: ➢ Shared MOU between 'Pillar' Providers ➢ Outcome based incentives ➢ Outcome based contracts ➢ Social prescribing and prevention ➢ Self-management ➢ Single point of access/ Demand management	**Outputs that require investment:** ➢ Multi-professional discharge team ➢ One referral route ➢ New workflow for packages and budget management ➢ 7 day operation all year round ➢ Wider range of step up/ step down services ➢ Improved reablement capacity

➢ Comprehensive IAG services ➢ 3 clear ICNs co-ordinating resources ➢ Risk stratification of local population ➢ Personal health budgets	➢ Flexible innovative interventions ➢ Increase in step up services

9.2. Therefore all our shared projects within the BCF aim to reflect back to these outcomes.

9.3. Current and planned performance against metrics is provided within the BCF plan excel spreadsheet submitted alongside this narrative and in section nine, but here is narrative description of activity against each of the national conditions.

CONDITION 1: Plans to be jointly agreed.

9.4. Officers from Bromley CCG and the Local Authority meet monthly to discuss and oversee integrated working and the Better Care Fund remains a standing item on the agenda. This meeting of the *Joint Integrated Commissioning Executive* (JICE) has allowed the time and space to build relationships and discuss options for how the fund can be best used to meet competing pressures of reduced resources across the local care and health system as a whole.

9.5. Plans, considered and drafted through JICE are then presented to the *Health and Social Care Integration Board* (HSCIB) which include decision makers from both commissioning organisations. Standing members include elected Councillors, CCG board members; clinical leads and the Chief Executive from both organisations (see governance section 12). This governance structure has allowed the organisations to have mature conversations about the funding available through the BCF and to set out this jointly agreed plan for how it will be jointly commissioned to meet the other national conditions.

CONDITION 2: Maintain provision of social care services.

9.6. A considerable percentage of the fund has been set aside again in 2016/17 for the direct provision of social care.

9.7. Existing grants included in the fund that were originally from social care have been protected and are still fully accessible to social care services e.g. DoH social care Grant £4.26m

9.8. New funding has been made available for the specific provision of social care and the requirements for the delivery of the Care Act - £4.4m

9.9. Further specific funding has been made available for projects that help deliver against the conditions set out in the BCF. These include winter pressures £974k for emergency intensive domiciliary care packages responsive within 4 hours to support discharge. Also additional reablement capacity, £800k to support an ‘invest to save’ business case that makes the case for higher levels of reablement to help avoid the need for long term care packages.

9.10. In addition a further percentage has been set aside to jointly fund the work of our voluntary sector providers in their universal provision of access to information, advice and guidance for residents as well as targeted projects such as a dementia hub and direct support to carers to avoid carer breakdown.

9.11. The dementia hub that has been jointly procured and evaluated should go live in July 2016. Provided through a 3rd sector collegiate this service will hold 160 dementia cases at any one time and is modelled to support over 1500 residents with dementia each year. The service based across locations in the borough can take self-referrals as well as direct referrals from GPs and our memory clinic post a diagnosis. The service can offer one to one post diagnosis support to those with dementia who would otherwise not be eligible for a service. This service therefore meets a gap in provision as identified through the JSNA and the Health and Wellbeing Strategy.

CONDITION 3: Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

9.12. The CCG already commissions NHS 111 and out of hours access to emergency primary care (EMDOC) as well as a 7 day urgent care centre and 24/7 end of life care coordination services and these services have been in place for some time. In addition to these and over the last year:

9.13. **Hospital** The remodelling of discharge services and the creation of the new single multi-professional discharge team, the Transfer of Care Bureau, now operates 7 days a week.

9.14. The Bureau brings together discharge co-ordinators from the PRUH, Bromley Healthcare health professionals, London Borough of Bromley care managers, St Christopher's end of life staff and some voluntary sector services. This integrated team is co-located and works together to manage effective, safe, appropriate and timely discharges and the transfer of care for patients between agencies. The team operates a 7 day service.

9.15. The service is aimed at patients who have ongoing needs and are often termed 'complex discharges'. Most discharges where there are no ongoing support needs are managed through the usual pre-existing processes. Every medical ward at the PRUH has a case manager linked to the bureau who works closely with medical and nursing staff on the ward to manage discharges and transfers of care for patients who need support or ongoing care.

9.16. The acute Speech and Language Therapy service has recently transitioned to Kings and been enhanced to support seven day working, giving patients access to the service at weekends, thereby facilitating a speedier discharge where appropriate.

9.17. St Christopher's provide seven day services to palliative care patients. St Christopher's staff work alongside hospital colleagues to identify patients requiring their services and supporting transition.

9.18. The current Neuro Rehabilitation service is under review and plans are in development to transition the service to seven day working arrangements. This will form part of the home rehabilitation.

9.19. Additional psychiatric liaison capacity in A&E was funded as a winter pressure scheme. Funding has been approved to extend this initiative for 2016/17 which will provide access for patients seven days a week.

9.20. **General practice** Bromley CCG have commissioned Bromley GP Alliance to provide primary care access hubs open initially for 3 months but will be extended for at least

another 6 months before entering into a formal procurement exercise. Currently there are two sites which offer 100 appointments a day, available until 8pm on weekday evenings and 8am-12pm on Saturdays and Sundays.

9.21. The CCG commissioned this directly from the Alliance without a procurement process, to give the Alliance an opportunity to provide a significantly large scale and value service covering the whole borough. This is allowing the Alliance to gain experience of providing primary care services for the borough and embed itself as a provider organisation.

9.22. Data sharing agreements and Information Governance arrangements have been put in place to be able to access patient records and make onward referrals (thus differentiating this from a walk-in service). This pilot offers 100% population coverage. The hubs were opened on 1st December and ongoing evaluation and adjustment during this time means the hubs will also take urgent appointments via NHS 111 and out-of-hours GPs from Easter 2016, as well as routine and semi-urgent appointments via GP practices.

9.23. The CCG is also looking at options for a third hub in line with the out-of-hospital transformational plans for three Integrated Care Networks in Bromley. Average utilisation of hub appointments on Saturdays in the first five weeks of operating is 64% suggesting there is surplus capacity at the current time. As the hubs continue, we expect utilisation to increase as GP practices become more familiar with referring for Saturday appointments and NHS111 and out-of-hours GPs also start referring. The CCG will continue to monitor and adjust the scheme as patient need dictates and in line with the Strategic Commissioning Framework ambitions for Saturday morning opening

9.24. **Community** A number of community services across Bromley are now operating a seven day service. The Medical Response Team (MRT) delivers a 2 hour response to patients in crisis 7 days a week, offering short term intervention to stabilise immediate needs and prevent unnecessary hospital admissions. Bromley's District Nursing and night sitting services operate 7 days. The home based rehabilitation service has been enhanced to accept referrals directly from primary care as well as the hospital, which gives support to patients in their own home and can avoid the need for a hospital admission.

CONDITION 4: Better data sharing between health and social care, based on NHS number.

9.25. Bromley's current version of the data sharing agreement covers all our main providers including, Bromley GPs, Mental health, social care, acute, end of life and community health services. The data sharing agreement was signed off by all providers Information Governance (IG) board, with the exception of the acute provider where discussions are still ongoing. The agreement covers all relevant IG legislation and provider requirements.

9.26. The Integrated Care Record (ICR) steering group agreed that the NHS number would be used as the unique identifier and the Bromley ICR steering group is linked to the South East London digital roadmap group and the London wide Interoperability group via the shared South East London lead.

9.27. Mapping has been carried out and commissioners are seeking a web based solution to share care plans across providers using open APIs. The first of these pilots opening up social care data to our community health provider is expected to go live early in the new financial year. CCG commissioners are taking a paper through their governance structures to authorise procurement of a web based portal which can open up acute data to other providers and support discharge and intermediate care services.

CONDITION 5: Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.

9.28. In Bromley, GP practices have been risk stratifying using a predictive risk tool. They have referred patients onto community matrons who put together a care plan and include other professionals including social care. However, overall numbers under the pilot have been relatively modest and require a step change in scale to be able to have a marked impact reduction of unplanned admissions.

9.29. Therefore, the out of hospital strategy proposed a whole system move towards integrated care networks (as set out in section 7). With community based services wrapped around general practice. In Bromley this equates to three ICNs with an average population of a little over 100,000 and around 15 practices in each. The new operational model removes barriers to joint assessments with a pooled resource of professionals in each ICN acting as clinical and non-clinical care navigators. The role will perform risk stratification and signposting and referral through the community care system into:

- ✓ Step up intermediate care services
- ✓ Multi-disciplinary teams for detailed case management
- ✓ Single professional assessment by, for example and OT, District nurse or social worker
- ✓ Referral directly into the 3rd sector for training, advice, guidance and non-clinical support planning

9.30. Care navigators will administer the case and the patient will have contact details of their care navigator and lead professional. The whole model is there to support and alleviate pressures on primary care creating the wrap around community based services required to properly case manage the more complex patients.

9.31. Further details refer to the out of hospital strategy and the draft operational model attached to this plan.

CONDITION 6: Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans.

9.32. Through the Executive Leaders group all the main providers are represented and consulted with on any new plans and modelling impacting on their services.

9.33. There has been an extensive period of engagement and consultation on the out of hospital strategy and the BCCGs commissioning intentions, both of which are attached. The work of delivering and designing the ICNs has been done in partnership with core providers, who after all will be responsible for the successful delivery of the new model of care.

9.34. Each provider will have time to meet and feedback to senior CCG officers as part of the signing up to the memorandum of understanding during April 2016.

CONDITION 7: Agreement to invest in the NHS commissioned out of hospital services.

9.35. In Bromley this requirement equates to £5.66m of the total fund. As the BCF plan (excel spreadsheet) demonstrates Bromley have exceeded that target with the CCG directly responsible for commissioning £6.78m of the fund.

9.36. This BCF plan has direct investment in a number of specific NHS commissioned out of hospital services, including winter pressures funding, dementia diagnosis and support, community equipment, intermediate care, health support into care homes and the additional costs of the newly formed discharge team.

CONDITION 8: Agreement on a local target for Delayed Transfer of Care (DTOC) and develop a joint action plan.

9.37. The aim of this plan (see attached DTOC plan) is to set out Bromley's agreement on a local action plan to reduce delayed transfers of care. In 2015 Bromley Clinical Commissioning Group and Kings College Hospital NHS Trust commissioned McKinseys to review the root causes of poor performance in emergency care across the entire health economy. The purpose of the review was to establish 'One Version of the Truth' that gave a shared understanding of flow and pressure points across the system so interventions could be prioritised.

9.38. One of the issues identified related to the flow of patients, in an inability to move a patient on to the next stage in their pathway because of 'blockages' downstream.

9.39. Around 300 patients a month require a supported discharge; if their length of stay post MSfD could be reduced by 3 days on average this would free up ~30 beds a month or a quarter of the total blocked beds

9.40. In response to the issue of supported discharge the Transfer of Care Bureau was established in November 2015. The Bureau brings together discharge co-ordinators from the PRUH, Bromley Healthcare, London Borough of Bromley social care, St Christopher's and some voluntary sector services. This integrated team works together to manage effective, safe, appropriate and timely discharges and the transfer of care for patients between agencies. The service is aimed at patients who have ongoing needs and are often termed 'complex discharges'

10. Performance against the National Metrics

10.1. Bromley is responding to the national metrics within the BCF. The below table sets out the current position for 2015/16 and the planned position and improvement targets for 2016/17:

Figure 5: Table illustrating metrics for Bromley

Metric	2015/16 FOT	2016/17 Plan	% Improvement	Comments
Non-elective admissions (General and Acute)	27,083	26,258	3.05%	The plan seeks to support the reduction of 825 admissions against the 2015/16 FOT position for Bromley. The planned reduction is phased over the year to reflect the development of the Integrated Care Networks (ICN) and their associated

				enabling initiatives as they commence
Admissions to residential and care homes	217	217	0%	Further analysis of 2015/16 performance is underway to ensure accuracy of local data due to move across to SALT return from ASCOF. Once complete, an assessment will be made to ensure the steady state (no growth) planned for 2016/17 is the most robust assessment.
Effectiveness of reablement	93.6%	93.6%	0%	Further analysis of 2015/16 performance is underway to ensure accuracy of local data. Once complete, an assessment will be made to ensure the steady state (no growth) planned for 2016/17 is the most robust assessment. In 2014/15 Bromley reported the highest performance in South East London against this measure.
Delayed transfers of care*	329.7	2,65.6	19.5%	Historic performance analysis shows improvement against this metric over the last year. Bromley is planning a further reduction in the number of delayed days (rate per 100,000) in 2016/17 and plans are in place to support this across the health and social care system predominantly driven by the development of the Transfer of Care Bureau

10.2. Over the 18 months Bromley has seen a rise in emergency admissions at the local acute hospital. This is due to the Trust opening two new admitting units, the Ambulatory Care and Clinical Decision Units. Whilst this increase in activity has negatively impacted 2015/16 performance against a reduction in emergency admissions, Bromley is confident that a reduction will be achieved in 2016/17 as the Integrated Care Networks and associated work streams develop across the patch.

10.3. For admissions to residential/care homes and the effectiveness of reablement there is further work to do to fully understand historic and 2015/16 performance to ensure that ambitious but realistic targets are put in place for 2016/17. A significant level of investment is planned for 2016/17 to help keep people well in their own homes, which should positively influence performance against these targets but with an increasing aging population maintaining a steady state may be the achievable position. As mentioned in the table above an issue has been identified with published performance for the admissions to residential/care homes, which shows Bromley to have an unrealistically low level of admissions.

10.4. Bromley has recently been named as one of the top 15 performing areas for Delayed Transfers of Care (HSJ). Bromley is keen to continue to reduce the level of delayed days and is further enhancing discharge services at the local acute hospital utilising the Transfer of Care Bureau (TOC). A detailed evaluation of the TOC Bureau is commencing in March 2016. It is anticipated that any recommendations to improve the service will be incorporated into the final version of Bromley's BCF and Improving DTOC plans.

10.5. Further detail of the plan to reduce DTOCs is detailed in 'additional relevant information' section at the bottom of this plan.

10.6. Local metrics – as yet the local metrics have not been agreed by the Health and Wellbeing Board so are not included in this submission. Further analysis is required to ensure that the most appropriate and meaningful measures are proposed for approval and inclusion in the final plan.

11. Bromley's BCF Funding Principles

11.1. Bromley have set out some funding principles for administration of the pooled fund between BCCG and LBB. These have been developed over the year and shared with the health and Social care Integration Board for their approval:

- ✓ The management of grants that pre-existed BCF and are now subsumed within it, as well as the on-going commitment to protect social care is protected and administered in exactly the same way as 2015/16
- ✓ Those new additional revenue commitments that have come out of the BCF in 2015/16 are also protected for 2016/17
- ✓ Agreement that not all funds for 2015/16 will be fully committed in year due to the fact that BCF was in its first year and that commissioners wanted to wait for the recommendations from the consultancy work before finalising implementation plans and targeting the remaining BCF funds at the transformation programme.
- ✓ That any remaining uncommitted funds from 2015/16 are rolled over into the BCF for 2016/17 and used as one-off funds to 'pump prime' the system change required to deliver the local change programmes.
- ✓ If any further 'one-off' spend is required to deliver the change programmes over and beyond this then BCCG will find the additional funding.
- ✓ That due to Local Authority funding the expectation is clear that although LBB support these local change programmes the LA cannot provide any additional funds to support the programmes. However they endorse the use of part of the BCF for this purpose as long as all existing commitments within the BCF and wider shared Section 75 are maintained.

12. Funding Decisions BCF 2016/17

12.1. Refer to BCF planning template – tab 4 – HWB Expenditure Plan detailing all schemes funded for 2016/17

12.2. £1.25m has been allocated against risk share as advised in the BCF guidance to ensure adequate contingency to cover over performance in emergency admissions. This is particularly important in Bromley as the planned reduction in emergency admissions was not delivered in 2015/16.

13. Governance

13.1. The Local plan has now been agreed by both organisations executives and signed off collaboratively through the Health and Wellbeing Board.

13.2. The fund will be held by the Local Authority as in 2015/16 and the BCF will remain a standing item at the Joint Integrated Commissioning Executive (JICE) which meets monthly. Each organisation will give delegated powers to JICE to manage and oversee the day to day operations of the fund.

13.3. Increasingly the services paid for by the fund will be moved across into business as usual and subject to standard business processes and approvals, the only difference being that they continue to be funded through the BCF. The focus for JICE will be where BCF is funding new, redesigned or recommissioned services or projects under the local change programmes that are brought in to deliver against the national conditions. Where these services or projects require procurement, reports will be taken back through the usual business processes in order to meet EU regulations and each organisations authorisation requirements.

13.4. The governance structures put in place during the planning year of BCF will not be sufficient in the longer term to drive through the level of integration envisaged by the government as highlighted in the Comprehensive Spending Review 2015 and its requirement for full integration plans to be in place by 2017 and implemented by 2020. Governance will need to be more innovative and flexible if decisions are to be actioned effectively and efficiently within the timeframes envisaged by Department of Health and Department of Communities and Local Government.

13.5. Therefore the recent creation of a Health and Social Care Integration Board (HSCIB) which has representation from elected Members and the chairman of CCG along with both organisations' Chief Officers is timely. It can provide the level of seniority and leadership required to deliver the scale of change needed through clear accountability and transparency between the two organisations. As more services and funding are embedded into joint decision making processes the decision making powers of the shared board will be critical to success. Terms of Reference have now been agreed and the Board is meeting regularly. The Health and Wellbeing Board still operates as the public facing meeting for encouraging and promoting integration and better health outcomes for local residents.

14. Conclusion and Future Direction for Full Integration

14.1. This report sets out a strategic approach to administering the BCF in line with local and national drivers. It recognises the need to address the national conditions that come with Better Care Funding but also seeks to utilise the fund to make longer term systematic changes to the overall structure of the health and care economy in the borough.

14.2. The plan is put together in the context, and with an understanding, of the current limitations on the local authorities' funding position. There is also recognition that this pooled pot comes largely from a top-slicing of CCG funds that have not yet been redirected or released from acute care commitments and contractual obligations. These factors place a strain on resourcing and limit the ability of commissioners to free up enough of the BCF from existing contractual commitments to be able to successfully fund transformation programmes.

14.3. Senior officers have been cautious on spending in the first year of the fund and there will be some 2015/16 money made available to cover acute over performance and for direct investment into the wider strategic objectives for integration as set out in this plan. The funds are being targeted at pump priming and double running our jointly commissioned change programmes, such as integrated care networks, which will require upfront, one-off investment to be able to get them established.

14.4. The plan recognises the opportunity to use part of the fund to support the local change programmes in a joined up way. The out of hospital strategy has made it clear that simply carving up the BCF to keep existing services running will not address the very considerable budget gap which is developing over the next few years. Utilising BCF to unpin the transformation work required in a joined up way provides a clear way forward.

14.5. This approach also allows Bromley to target programme implementation that supports national conditions and national and local metrics which is becoming increasingly important to be able to demonstrate progress to NHS England and to 'graduate' from BCF to the Sustainability and Transformation plan and the establishment of a shared integration plan both of which allow direct access to much needed transformation funds.

14.6. The Comprehensive spending review announced late last year makes it clear that BCF is 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 to 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 by 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*.
>
> (5.3 Integrating and Devolving Health and Social Care, Spending Review and Autumn Statement 2015)

14.7. Local senior policy makers on both sides are aware that there is considerable work to be done locally to firstly achieve the outcomes set out for delivery of the BCF, to be able to move beyond this phase to the ambitions made clear for integration set out in the spending review.

15. Additional relevant information

Document or information title	Synopsis and links
Joint Strategic Needs Assessment	http://bromley.mylifeportal.co.uk/JSNA-and-Health-and-Wellbeing-Strategy-Bromley.aspx
HWB Strategy	As above
Bromley CCG Integrated Commissioning Plan 2014-2019	Bromley Integrated Plan 2014-19.pdf

Bromley's Out of Hospital Strategy 2015 – summary (full report available upon request)	The Bromley Out of Hospital Transformati
Commissioning Intentions feedback 2015	2015.10.23 Commissioning Intent
Bromley Market Position Statement	Bromley Market Position Statement_D
DTOC plan	DTOC Plan v1.docx
Draft operating model for ICNs	Draft Operating Model v0.7.pdf

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

Background;
The HWB obesity subgroup was established to work towards a healthy weight for all in Bromley. One of the actions of the sub-group was to establish a Healthy Weight Forum (HWF) consisting of key partners across the Local Authority and health economy to deliver the objectives of the HWB obesity subgroup.

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;
Since the last HWB, the HWB obesity subgroup met on 26.1.16 to plan the subsequent HWF on 19.2.16. The HWF partners agreed proposed changes to Local Authority planning guidance and local planning policy. The Local Authority planning department will include the proposed changes within the Local Plan update which will be taken to the Local Development Advisory Panel for agreement, then onto the Development Control Committee after the local elections (estimated summer 2016).

The forum also mapped current services and communication pathways available in Bromley. The next subgroup will prioritise key messages the HWF would like to distribute in Bromley and best methods of communication.

At the last HWB it was agreed that the HWB obesity subgroup would include childhood obesity in their development work. Therefore, the Public Health Programme Lead for Children who is already a member of the HWF will give a presentation at the next HWF (scheduled for 12th May) on the challenges of childhood obesity and will facilitate a discussion on how the HWF can contribute to work on this challenging priority.

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

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