

HEALTH AND WELLBEING BOARD

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

Present:

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

Dr Nada Lemic, Director of Public Health

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

Also Present:

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

1 APOLOGIES FOR ABSENCE

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

Janet Tibbalds attended as a substitute for Ian Dallaway.

Apologies were also received from Cllr Terence Nathan.

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

3 MINUTES OF THE MEETING HELD ON 26th MARCH 2015

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

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

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

The question and answer is appended to the minutes.

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

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

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

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

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

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

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

IMPOWER went on to discuss "Emerging Care Networks", and explained their

main attributes and characteristics. It was noted that Networks should be responsible for health outcomes by supporting populations, having responsibility for outcomes, and should be organised around patient lists. Detailed slides were then presented concerning illustrative models of care.

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

- 1) To what extent do we have champions for integration? How can we build on this?
- 2) What do you see as the challenges to Bromley in providing joined up out of hospital care?
- 3) What are the priorities for you in an integrated out of hospital system?
- 4) What does success look like in 2020?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Another meeting was due later in the Summer.

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

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

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

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

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

Dr Bhan informed the Board that:

- a) Kings had provided assurances that plans would not affect primary care
- b) Kings were committed to reducing agency costs
- c) Rental costs would be reduced
- d) Kings were meeting with Monitor every six weeks

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

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

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

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

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

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

9 HEALTH AND WELLBEING CENTRE--ORPINGTON

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

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

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

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

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

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

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

10 QUALITY PREMIUM INDICATORS

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

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

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

National Priorities:

1) Reducing Premature Mortality

2) Improvements in Urgent and Emergency Care

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

3) Improvements in Mental Health Care

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

4) Patient Safety to be enhanced by improving antibiotic prescribing

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

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

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

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

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

RESOLVED that:

- 1) the report on Quality Premium Indicators 2015/16 be noted**
- 2) the National QPI's be agreed by the Health and Wellbeing Board**
- 3) the two local measures be agreed by the Health and Wellbeing Board**
- 4) the Health and Wellbeing Board agree the proposed weightings for the two composite indicators of Urgent and Emergency Care and Mental Health**

11 UPDATES FROM TASK AND FINISH WORKING GROUPS

12 DEMENTIA WORKING GROUP UPDATE

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

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

RESOLVED that LBB join the Bromley Dementia Action Alliance.

13 OBESITY WORKING GROUP UPDATE

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

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

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

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

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

RESOLVED:

- 1) At the October meeting, further consideration be applied as to how the findings of the Healthy Weight Forum be developed**
- 2) A full consideration of HWB strategy be reviewed at the October meeting.**

14 DIABETES WORKING GROUP UPDATE

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

15 CHILDREN'S MENTAL HEALTH WORKING GROUP UPDATE

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

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

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

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

RESOLVED:

- 1) that Cllr Judith Ellis make a final report to the HWB at the October meeting**
- 2) consideration be applied to appointing new members to the Children's Mental Health Working Group, and concerning how the Working Group will develop in the future.**

16 WORK PROGRAMME AND MATTERS ARISING

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

17 ANY OTHER BUSINESS

There were no other items for consideration.

18 DATE OF NEXT MEETING

The date of the next meeting was confirmed as 8th October 2015

Appendix A

Chairman

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

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

Answer:

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

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

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

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

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

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

Supplementary Question:

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

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