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DATE: 30th June 2015

To: Members of the
HEALTH AND WELLBEING BOARD

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

London Borough of Bromley Officers:

Dr Nada Lemic	Director of Public Health

Clinical Commissioning Group:

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

NHS England:

Mark Edginton	Head of Assurance - NHS England

Bromley Safeguarding Children Board:

Annie Callanan	Independent Chair - Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Ian Dallaway	Chairman, Community Links Bromley
Linda Gabriel	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 9 JULY 2015 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE MEETING HELD ON 26TH MARCH 2015 (Pages 1 - 12)

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

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on 3rd July 2015.

5 IMPOWER--UPDATE ON THE TRANSFORMATION PROJECT FOR THE HEALTH AND SOCIAL CARE SYSTEM (Pages 13 - 18)

A presentation will be given by iMPOWER Consulting Limited.

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

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

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

9 HEALTH AND WELLBEING CENTRE--ORPINGTON (Pages 19 - 26)

10 QUALITY PREMIUM INDICATORS (Pages 27 - 36)

An A3 copy of Appendix 1 will be tabled at the meeting.

11 UPDATES FROM TASK AND FINISH WORKING GROUPS

a DEMENTIA WORKING GROUP UPDATE

b OBESITY WORKING GROUP UPDATE (Pages 37 - 68)

12 DIABETES WORKING GROUP UPDATE

13 CHILDREN'S MENTAL HEALTH WORKING GROUP UPDATE

14 WORK PROGRAMME AND MATTERS ARISING (Pages 69 - 80)

15 ANY OTHER BUSINESS

16 DATE OF NEXT MEETING

The next meeting is scheduled for 8th October 2015.

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 26 March 2015

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Mary Cooke, Ian Dunn, Judi Ellis, Robert Evans and William Huntington-Thresher

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Dr Andrew Parson, Clinical Chairman

Linda Gabriel, Healthwatch Bromley
Janet Tibbalds, Community Links Bromley

Also Present:

Colin Maclean (Community Links Bromley), Dr Agnes Marossy (Bromley Health Authority), Paula Morrison (Public Health Authority) and Councillor Pauline Tunnicliffe

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Helen Davies, Cllr Angela Page and Cllr Terence Nathan. Apologies were also received from Dr Nada Lemic, and Agnes Marossy acted as her substitute. Apologies were received from Terry Parkin, and Stephen John acted as substitute.

Apologies were also received from Cllr Ruth Bennett. Apologies were also received from Ian Dallaway from Community Links Bromley, and Janet Tibbalds attended as substitute.

2 DECLARATIONS OF INTEREST

Dr Andrew Parson declared an interest in his capacity as a GP.

3 MINUTES OF LAST MEETING

The minutes of the previous meeting of the Health and Wellbeing Board that was held on the 29th January 2015 were agreed.

It was noted that Cllr Mary Cooke had sent apologies for absence that had not been recorded.

The paper and online minutes had since been amended to record this.

4 CHAIRMAN'S UPDATE

The Chairman referred to the recent "Monitor" report that highlighted concerns about the financial position of the Princess Royal University Hospital.

The Chairman of the Health Scrutiny Committee stated that LBB had acted swiftly as soon as the details of the report were known. LBB had made immediate contact with Roland Sinclair (CEO King's), and with Mike Turner from Monitor. The matter would be scrutinised by the HSC on the 15th April 2015, and the HSC would report back to the HWB.

RESOLVED that the Health Scrutiny Committee report back to the HWB concerning Monitor's report on the PRU, subsequent to the meeting of the HSC on the 15th April 2015.

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

A question was received by Mrs Sue Sulis, but it was decided that the question was more appropriate to the Care Services PDS Committee and was referred accordingly.

6 VERBAL UPDATE ON COMMUNITY SERVICES INTEGRATION

A verbal update on Community Services Integration was provided by Dr Angela Bhan from Bromley CCG.

The Board were informed that progress was ongoing and that a joint specification for integration had to be formulated.

It was also noted that the CCG had agreed a one year extension to the Bromley Healthcare contract, and that this would enable the possibility of new procurement options to be looked at later.

RESOLVED that the Community Services Integration update be noted.

7 BETTER CARE FUND - GOVERNANCE & WORK PROGRAMME

The Better Care Fund—Governance and Work Programme report was drafted by the Strategic Commissioner. The purpose of the report was to provide a Better Care Fund (BCF) update, and also an update on the work of the JICE (Joint Integrated Commissioning Executive) which meets to oversee health and social care integration work. The report was also going to the HWB as Health and Wellbeing Boards have a key role in promoting the integration process.

The update on the report was provided at the meeting by Dr Angela Bhan, Chief Officer at Bromley CCG.

The Board were informed that integration work had been temporarily delayed as the CCG had to wait until the end of March 2015 for the release of funding from NHS England. It was explained to the Board how the total funding of £20.837m would be split in the 2015/16 financial year. The Board noted that BCCG were acting as lead commissioners on a joint project to model out of hospital services for Bromley, and that these services would be working in line with the original BCF plans submitted to NHS England In November 2014.

The Board were updated concerning the progress made in developing Bromley's BCF integration objectives, and were informed that the JICE had been developing plans at a high level, and had brought in additional fixed term management capacity to support development and integration.

The CCG and JICE were seeking to provide joined up services that would provide VFM, and were looking to fill service gaps. These services would operate according to sound policy and practice.

The Board noted that the Bromley BCF Plan could be broken down into seven schemes:

1. Step Up/Step Down—increase bed availability—this would provide better support for hospitals

2. Provide more support for those going into Care Homes—and also to provide improved levels of medical cover and training

3. Dementia

4. Self-Management—the aim being to reduce the number of hospital admissions

5. More support for Carers—with the aim of reducing the number of residential placements

6. Resilience—plans were being developed to more fully integrate health and social care around 7 day working

7. Establishing an integrated care record—the idea being that one set of records would be kept and regularly updated, and that this data would be shared between health and social care.

The importance of the work of the JICE was expanded upon as it would be the JICE that would develop and sign off projects, and the JICE would be responsible for reporting back to the relevant governance structures, including the Health and Wellbeing Board. It was noted the HWB's task and finish groups would also function in the role of key governance groups.

Dr Bhan reminded the Board that a number of risks had been identified, and that the financial risk of underachievement would fall to the CCG as the lead commissioner of acute service. To reduce the effect of risk, the JICE would establish an ongoing risk and issues log.

Dr Bhan concluded by stating that a high level programme would be developed, and that it was intended that leads would be established for each of the seven schemes outlined previously.

A Member referenced the BCF Plan (number 2) concerning increased medical cover in care homes, and asked how this would be achieved. The response to this question was that a new model was being developed over the next six months and that more input was required from visiting medical officers. Dr Andrew Parson pointed out that more involvement was required not just from GP's , but all relevant professionals, and that it was important to try and utilise all relevant capabilities and capacities.

A Member asked for clarification of what was meant by "compromised working relationships between the CCG and the Local Authority" and it was explained that this was a reference to possible conflicts relating to resource and capacity. It was also noted by the board that the proper use of "step up/down" beds required careful advance planning so that a proper flow of bed use could be established.

A Member raised the issue of extra pressures on local health and social care services created by the influx of retirement flats for the elderly, in most of these cases it was estimated that the average age of retirees taking up this accommodation would be 78. Dr Bhan acknowledged that more would need to be done to try and deal with these extra pressures.

A Member raised the matter of the importance of joined up transport services, so that those involved in the physical transportation process were adequately briefed about the clients that they were transporting.

The Chairman requested that BCF updates be incorporated onto future agendas as a standing item until further notice.

RESOLVED:

(1) that the Better Care Fund—Governance and Work Programme report be noted

(2) that the HWB acknowledge the key role of the JICE as the key senior officer group tasked with the oversight and delivery of the schemes outlined in the BCF

(3) that the HWB recognise that there were differing governance structures between partner bodies, and that this would necessitate the JICE taking executive decisions in the spirit of the BCF.

(4) that BCF updates be incorporated onto future agendas as a standing item until further notice.

8 VERBAL UPDATE ON WINTERBOURNE VIEW RECOMMENDATIONS

The Winterbourne View Recommendations update was provided by the Assistant Director for Adult Social Care.

The Committee heard that this update related to nine clients. Two had been moved to “step down” accommodation, one had been moved to independent accommodation in the community, and the others were regarded as currently being appropriately placed.

RESOLVED that the Winterbourne View update be noted.

9 INTEGRATED HEALTH & SOCIAL CARE FOR PEOPLE WITH DEMENTIA AND COGNITIVE IMPAIRMENT

The update on this report was provided at the meeting by Dr Angela Bhan.

The report for the integration of health and social care for people with dementia and cognitive impairment was drafted jointly by the Director of Commissioning and the Clinical Commissioning Manager from Bromley CCG.

Members were reminded that the Board had agreed to prioritise dementia, based on the needs of the local population and on the JSNA (Joint Strategic Needs Assessment). The work on improving dementia services in Bromley would be driven by the JICE, overseen by the HWB, and funded via the BCF.

The HWB were reminded of the large numbers of people in Bromley with dementia, and that numbers were projected to increase. It was estimated that by 2030 there would be 6,151 people living in Bromley with dementia.

The Board heard that in the short term it was important that:

1. Support be given to Local Care Networks

2. Consideration be given to investing in the specialist services provided by Oxleas

3. Reductions be made in the number of admissions to Care Homes and Hospitals

It was suggested to the Board that it should look at developing a specific vision for improving dementia care in line with BCF plans.

Dr Bhan outlined the proposed HWB Strategy Outcomes for dementia:

- Early intervention diagnosis for all
- Improved quality of care for people with dementia in hospital
- Strategies to enable better living at home and in care homes
- Reducing the use of anti-psychotic drugs
- Improved community personal support services

The Board were reminded that an investment plan had been agreed through the BCF for £1m per annum for the next two financial years for dementia services.

Dr Andrew Parson stated that dementia was a big challenge in Bromley due to the aging population, and stressed the importance of developing an adequate dementia register. He also expressed the importance of the need to support staff around the use of anti-psychotic drugs, and the need to boost primary care responses with good referral times and after care support.

The Committee heard that early diagnosis was beneficial as the various options in terms of treatment could be examined earlier; it was felt that a holistic approach was important, and that there should be more co-ordinated help from the voluntary sector. A Member drew the Board's attention to studies undertaken by the World Health Organisation that demonstrated the efficacy of non-medical means of intervention that had been shown to help, and these included memory training, exercise and the avoidance of unnecessary drugs.

A Member expressed the view that what was required was to examine root cause analysis, which would probably reveal that GP's do not have the time to make proper early dementia diagnoses.

Dr Bhan responded that what was required was to make more effective use of the excellent services and resources that were already in existence, e.g., Local Care Networks. She also expressed the view that work should be undertaken to examine how GP's could be enabled; it was suggested that it may be a good practical step if GP surgeries appointed a "dementia champion".

The Assistant Director for Adult Social Care informed the Board that a Dementia Stakeholder event had recently been held to identify who was doing what, and that this information was being collated and disseminated.

There was some discussion that went on concerning the secondary care provision provided by Memory Clinics, and it was noted that Bromley was under performing against the national dementia diagnosis target of 67%-- at 49.99% in London, when measured in January 2015. The Board heard that the current level of demand for assessment, diagnosis and follow up treatment was unsustainable within existing resources, and this would be more so if the target of 67% was achieved.

In view of these issues 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. The Board also heard that as part of the new service

model, it was intended that an outreach function to GP localities would be set up to assist with screening and post diagnostic support.

RESOLVED:

(1) that the Dementia and Cognitive Impairment report be noted

(2) that the HWB agree to support plans for BCF funding to be diverted to the Bromley Health and Social Care Dementia Pathway, and that this process would be overseen by the CCG Chief Officer and by the LBB Executive Director of Health and Care Services via the JICE

(3) that the Assistant Director (LBB) of Adult Social Care, update the Board when the data from the Dementia Stakeholder event was available for dissemination.

10 PROPOSALS AND PROCESS FOR THE 2015 JSNA

This report had been drafted by Dr Agnes Marossy, Consultant in Public Health.

The report was brought before the HWB as it had previously been agreed that JSNA updates reports would be presented to the HWB.

Dr Marossy explained that the JSNA would focus on 5 key areas for analysis:

- Housing and Homelessness
- Older People's Health
- People in Care Homes
- Excess Winter Deaths
- Vulnerable Young People

There was also going to be a section on Populations of Interest, and that was going to be broken down into the following areas:

- Children and Young People
- Older People
- Learning Disability, Physical Disability & Sensory Impairment
- Mental Health and Wellbeing
- End of Life Care
- Carers
- Alcohol and Substance Misuse

The new report would also incorporate updates on issued raised in the last JSNA, and it was hoped to complete the draft of this report around October/December 2015.

RESOLVED that the Proposals and Process for the 2015 JSNA report be noted.

11 HEALTHWATCH BROMLEY REPORT AND PRESENTATION - GP ACCESS IN THE LONDON BOROUGH OF BROMLEY

A report and presentation had been prepared by Healthwatch Bromley concerning GP Access in the London Borough of Bromley.

The key findings of the report were:

- Most people were very satisfied or satisfied with the opening hours of their GP surgery
- Many expressed frustration with the booking system
- Many had difficulties in obtaining appointments
- The number of actual appointments available were significantly lower than perceived
- Additional support needs were rarely catered for
- Patient participation Groups were largely unknown

The Chairman queried how the survey was conducted and it was explained that Healthwatch used the services of Focus Groups, and that in addition they went to visit GP surgeries under statutory powers, and spoke to patients, practice managers and reception staff.

The Board were informed that many patients complained of waiting for a long time in the surgery, even if attending on time for their appointment, but were happy with the service that they received when speaking to their GP.

A Member enquired if accessibility issues had been discussed. The response to this was that this was not part of the remit of the survey. Dr Parsons commented that all GP practices would have undergone a disability assessment. A Member queried the demographics of the survey and it was revealed that the patients surveyed were largely in the 40-50 age group.

A Member asked if there was any evidence of surgeries offering health checks. Dr Parsons clarified that some patients did attend for routine follow ups, and some came for screening and NHS Health Checks.

Dr Bhan thanked Healthwatch for their report, and for all of their hard work. She suggested that the CCG should have further discussions with Healthwatch to decide how best to move forward. After these discussions, an update report would be sent to the CCG, HWB and GP surgeries.

RESOLVED that

(1) the Healthwatch report on GP Access in LBB be noted

(2) the CCG meet with Healthwatch to discuss the report further

(3) an update report be drafted for the attention of the CCG, HWB, and GP surgeries.

12 UPDATE ON TASK AND FINISH GROUPS

Councillors updated the Board with respect to the ongoing work of the Task and Finish Groups as outlined later in the minutes.

13 DIABETES WORKING GROUP UPDATE

Councillor Ruth Bennett was the Lead for the Diabetes Task and Finish Group, but was not available on this occasion to provide an update.

14 OBESITY WORKING GROUP UPDATE

Councillor Angela Page was the Lead for the Obesity Task and Finish Group, but was not available on this occasion to provide an update.

15 CHILDREN'S MENTAL HEALTH WORKING GROUP UPDATE

Councillor Judi Ellis provided an update on work being undertaken by the Task and Finish Group dealing with children's mental health. Cllr Ellis explained to the Board that the Task and Finish Group was focusing on:

- Prevention
- Ongoing support
- Problems with in-patient beds

Bromley "WHY" would be published in the near future, and this would provide useful new data, and would show the relationship between data spikes.

The Task and Finish Group was looking to engage with community groups and schools, and work was ongoing to pull everything together.

RESOLVED that the update concerning the work of the Task and Finish Group for Children's Mental Health be noted.

16 DEMENTIA WORKING GROUP UPDATE

Councillor William Huntington Thresher provided an update on behalf of the Dementia Working Group. Various groups had been invited to meet with the Working Group, including the Bromley Dementia Action Alliance. The plan was that the various groups could be linked together, and then linked into LBB services. The Groups would also meet to consider aspects of dementia friendly societies, and dementia friendly communities. Another objective would be knowledge dissemination.

The Board were informed that a conference had been held on the 11th March 2015—"Living Well with Dementia". Feedback would come to the Board in due course. It was planned that there would be a dementia awareness day in May 2015.

RESOLVED that the update from the Task and Finish Group dealing with dementia be noted, and that feedback from the recent "Living Well with Dementia" conference be provided to the HWB in due course.

17 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

There were no questions on the information briefing.

18 WORK PROGRAMME AND MATTERS ARISING

The Board reviewed its Work Programme and progress made concerning matters arising from previous meetings.

RESOLVED:

(1) that the Matters Arising and Work Programme report be noted.

(2) that Better Care Fund Governance and Integration Programme updates be added as a standing item to the Work Programme until further notice.

19 ANY OTHER BUSINESS

Linda Gabriel outlined efforts that Healthwatch Bromley had undertaken to improve public awareness of their activities and role in the community. These included better outreach work with faith communities, community groups, Beckenham SPA, schools, and with Healthwatch Bromley Hubs.

RESOLVED that the Healthwatch update be noted, and that a brief update report on these activities would be emailed to Members after the meeting,

20 DATE OF NEXT MEETING

The date of the next meeting was confirmed as June 4th 2015.

The Meeting ended at 3.30 pm

Chairman

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Report No.

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: **Thursday 9th July 2015**

Report Title: **Update on the Transformation Project for Health and Social Care System**

Report Author: *Richard Hills, Commissioner*
Education, Care and Health Services
The London Borough of Bromley
Tel: 020 8313 4198
E-mail: Richard.hills@bromley.gov.uk

1. SUMMARY

1.1 There will be a presentation from iMPOWER Consulting Ltd who have been jointly commissioned to deliver a:

Out of Hospital Strategy providing an outline of the scale and ambition in Bromley and an integrated clear narrative of integrated clinical, strategic, quality and financial findings and options.

Outline Business Case identifying more detailed analysis from the findings of the programme using the mechanisms identified below and direction provided by the co-design group. This will include a high level mobilisation plan to implement the outline business case.

Commissioning Strategy providing costed analysis of what will have been collaboratively identified as working for Bromley and how that could be contracted in the future

1.2 Health and Wellbeing Boards have a critical function under the *Health and Care Act* to strengthen working relationships between health and social care and encourage the development of more integrated commissioning of services. iMPOWER want to take this opportunity to brief the HWB on their findings so far and to facilitate a conversation with the board about their priorities and ambitions for local health and care services in the community.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1 This is a brief covering report providing members of the Health and Wellbeing Board with a synopsis of the work that has been jointly commissioned by Bromley Clinical Commissioning Group and The Local Authority and is being delivered by iMPOWER between May and September 2015. It acts as background reading for the presentation to follow at the board meeting.

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

3.1 The engagement of HWB Members in the work being commissioned so as their comments, issues, observations and ambitions for integrated community care services can be included and fully represented within this programme of work.

Health & Wellbeing Strategy

1. Related priority:

iMPOWER have been utilising the JSNA and Health and Wellbeing Board Strategy as central documents to any future plans for service deliver.

Financial

1. Cost of proposal: A fixed fee had been committed for this work of £338,300

2. Ongoing costs: Any further costs would need to go through each organisation's senior decision making processes and be subject to approval

3. Total savings (if applicable): Direct focus on value for money right across the out of hospital system and outlines a commissioning approach that achieves better outcomes within existing budgetary restraints

4. Budget host organisation: Work jointly commissioned by BCCG and LBB under Better Care Fund

5. Source of funding: Better Care Fund planning year funds

6. Beneficiary/beneficiaries of any savings: Residents receiving health and care services

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Supporting Public Health Outcome Indicator(s)

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4. COMMENTARY

4.1 The HWB will be aware of a number of pressing issues for the local health and care economy to address:

- Reductions in funding (especially to the Local Authority)
- The introduction of the Health and Care Act and Care Act with increased responsibilities and an obligation to better integrate services for users
- Challenges at the local hospital
- Community care contract coming up for tender in March 2017
- The introduction of the Better Care Fund (the requirement for a pooled fund between BCCG and LBB)

4.2 As a direct response the *Joint integrated Commissioning Executive* (JICE), which is presented by Directors and senior commissioners from both BCCG and LBB have commissioned iMPOWER to undertake a programme of work to look at Bromley's out of hospital services. The objective of the programme is to develop a commissioning strategy for how community services can best be delivered for the local population post March 2017.

4.3 This is a four month piece of work that involves wide engagement with stakeholder including:

4.4 Strategic and operational boards, including

Health and Well Being Board
The Joint Integrated Commissioning Executive (JICE)
Executive Leaders Group
Urgent Care Board
Community Based Care Board
Any supporting programme operational groups (e.g. Primary Care)

4.5 Key providers;

Princess Royal University Hospitals Trust
Oxleas NHS Foundation Trust
Bromley Healthcare
Bromley Alliance
St Christopher's
General Practice
Social Care

4.6 Patient/ user/ representative engagement

Patient Advisory Group
Health watch

4.7 Inviting iMPOWER to the HWB gives them the opportunity to hear first-hand the comments from the board and to make sure these ambitions are built into their ongoing work. They will run a session to bring Members up to date with how the programme has progressed and to engage with Members on their views as key leaders of the local health and care system.

4.8 The programme is split into four phases:

4.9 Phase 1: Baseline and Best practice Review

To establish a robust baseline iMPOWER will work with individual organisations to access the right data sets and ensure consistency across the organisations, building a consistent view of historical activity and spend. From this they can build actuarial cost models that forecast the future utilisation and cost of services that are risk adjusted for Bromley's population's demographics and account for any national and local utilisation trends. A benchmarking exercise will be conducted based on the baseline data. The case for change will derive from the gap between best practice and the baseline as well as the design principles set out by working with stakeholders

iMPOWER will focus specially around the three areas (*Rehabilitation and Reabalement, Prevention and local Care Networks*) which will encompass an evaluation and assessment of information requirements/systems; thresholds; pathways; processes; best practice; contracting arrangements and; potential financial savings and prevention initiatives.

4.10 Phase 2: Domain Options Appraisal

The outputs of the baseline and best practice review will be used to work with stakeholders to identify the different ways in which the design objectives can be achieved through examination of all the important factors in the three areas. The appraisal process will enable informed transparent and consistent decisions to be taken across the system as a whole. This process will ensure that the option selected for the integrated out of hospital care will meet the desired objectives.

4.11 Phase 3: Outline Model of Care

By using the knowledge gained in the baseline and best practice review phase and the service specifications created in the Design Specification, iMPOWER will create a robust outline model. The model will provide a framework for care across the economy, highlighting areas of overlap between services to show *efficiencies gained through integration*. The model will also demonstrate the benefits of this new vision both in terms of quality, sustainability and finance. On a practical level, the solutions illustrated will be divided into '*quick wins'* – those that are immediately actionable – and '*medium term transformations'*.

4.12 Phase 4: Out of Hospital Strategy and Outline Business Case

The approach to developing the OOH strategy and outline business case will use the outputs of the previous phases and the direction provided from the co-design group to produce the information required to *enable the implementation* of a jointly commissioned model for community services.

iMPOWER will produce a *costed analysis* of what we have collaboratively identified will work for Bromley, setting out sufficient detail and analysis, such as resource requirements and delivery timeframes, in order to allow the executive leaders to make informed on future commissioning.

5. FINANCIAL IMPLICATIONS

5.1 Too early at this stage to clearly state the financial implications. These will be as a result of the iMPOWER products once they are finalised and brought back to the HWB (probably in September) for further consideration.

5.2 There is however a clear expectation and understanding that there is no new money within the system and that budgets are likely to be further reduced by central government.

6. LEGAL IMPLICATIONS

6.1 Too early at this stage to clearly state the legal implications. However, likely outcomes of the project will see implications for how we contract community services in the future and so ongoing procurement and legal advice will be required at a later stage.

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

7.1 Both organisations' Executives will be presented with the final iMPOWER products and these will then be taken forward through wider consultation and engagement.

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

8.1 I am pleased that this work has been jointly commissioned by BCCG and LB. It allows us the opportunity to take a holistic look across the health and care system to co-design future out of hospital services.

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

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Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: 9th July, 2015

Report Title: ***"Orpington Health and Wellbeing Centre Project: Update and Progress Report"***

Report Author: Mark Cheung, Chief Financial Officer, NHS Bromley CCG and Project Senior Responsible Officer

1. SUMMARY

1.1 This report provides an update on the most recent developments in the planning and approval of this key strategic project, and the main activities and milestones leading to services commencement from the Centre in 2017.

1.2 It also briefly highlights the current plans to identify and commission a range of preventative and wellbeing services to be delivered from the Centre, aligned to the Board's strategic priorities.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1 To brief members on the current status of the project and highlight the main activities and timeline for its completion.

2.2 To highlight its close alignment to the Board's strategic priorities and programmes.

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

The board is asked to note this report and agree that a further report should be submitted in early to mid 2016, when the plans for the procurement of the Services Provider(s) who will operate from the Centre are being formulated.

Health & Wellbeing Strategy

1. Related priority: Include Diabetes, Hypertension, Obesity, Anxiety & Depression, Dementia, Supporting Carers

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Financial

1. Cost of proposal: £8.840m (NHS Capital)

2. Ongoing costs: £6.485m pa (CCG commissioned clinical services)

3. Total savings: £330K pa

4. Budget host organisation: NHS Bromley CCG

5. Source of funding: NHS Capital; S106 Funding (£168K contribution to capital costs)

6. Beneficiary/beneficiaries of any savings: Local Health Economy as a contribution to the NHS Bromley CCG QIPP Programme

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Supporting Public Health Outcome Indicator(s)

The Bromley Joint Strategic Needs Assessment published in 2011 ("JSNA") concluded that the key issues requiring further action were those which affected a large proportion of the population and where the situation appeared to be worsening. These included:-

- Diabetes
- High blood pressure
- Adult obesity
- Childhood obesity
- Anxiety/depression
- Dementia
- Support for carers

and a number of services issues relating to children and young people.

The "*Orpington Health Needs Assessment",* which was undertaken by the Public Health Department in 2011 and revalidated in 2013/14, built on the findings of the JSNA and focused on the health needs of the population in the east of the borough. It found that the area comprising Cray Valley East, Cray Valley West and Orpington had the highest level of deprivation, with the highest levels of unemployment, overcrowded and social housing, lone parent and lone pensioner households, with the lowest level of educational attainment. This zone had the highest proportion of children and young people (both under 5s and under 19s), as well as housing Bromley's large Gypsy Traveller population.

This area has the lowest life expectancy for males and females of the three areas studied, and this is below the Bromley average. This is matched by the highest circulatory disease and cancer mortality rates, again above the Bromley average. This reflects the highest disease burden in under 75s for most chronic conditions.

The prevalence of asthma, atrial fibrillation, chronic kidney disease, coronary heart disease, COPD, diabetes, heart failure, hypertension and obesity are all greater than the Bromley average in this zone. This high disease burden is reflected in high emergency admission rates across all the recorded specialties except gynaecology.

The study made a number of detailed recommendations for the future provision of services to this population, based on the analysis and findings; ***this included the provision of a number of key services which will impact on the areas of greatest need and deprivation in a strategically located site: an Orpington H+WBC readily accessible to the most deprived population, located in the centre of Orpington.***

The *Bromley Health and Wellbeing Board's Strategy 2012-2015* builds on the 2011 Joint Strategic Needs Assessment analysis and sets out a number of key themes and priorities to improving health in Bromley. This process has highlighted areas that need to be addressed in order to make progress in tackling some of the most pressing issues facing residents today.
The Orpington H+WBC is closely aligned to the Board's strategic priorities and will make a significant impact in addressing a number of them.

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4. COMMENTARY

4.1 Portfolio of Services

In addition to facilitating the Strategic Goals of local Commissioners and the health economy-wide clinical case for change, the centre aligns particularly with national health policy goals around strengthening primary care, reducing over reliance on hospital care and improving the care of patients with long term conditions, enabling them to remain in the community.

4.1.1 High Level Service Model

In this context, the Centre will deliver the following for the local population:-
• Services to meet specific needs of the local population
• A health infrastructure to support people living longer, healthier lives
• Improved access to services in the community and closer to home
• Better quality and more accessible Primary Care premises
• Collaborative working to develop partnerships
• Improved quality and fit for purpose care pathways
• Maximised value of available resources

• High quality integrated care
• Improved health outcomes for the local population
• Earlier identification and better management of long term conditions
• Improved patient choice and independence around health and wellbeing

4.1.2 Range of Services

The H+WBC will provide the following services:-

Primary Medical Care services

• The Knoll Medical Practice
• Tubbenden Lane branch surgery

Community Health

• Diabetes
• Podiatry
• Dietetics
• Speech and language therapy
• COPD
• Falls (nurse-led)
• Dermatology
• Gynaecology
• Leg ulcer clinics
• Contraceptive advice

Secondary care outpatients, therapy and diagnostics

• Colposcopy
• Elderly care
• Falls (consultant led)
• Physiotherapy
• Phlebotomy
• Diagnostic imaging (plain film, ultrasound)
• Echocardiography
• ECG
• Pathology -near patient testing

Mental health

• Bromley Healthcare IAPT (Improving access to psychological therapies)
• Oxleas NHSFT mental health services

Preventative

The Centre **may** offer a range of Preventative and wellbeing services, possibly including:-

• Smoking cessation
• Weight management
• Sexual health
• Counselling

In addition it is anticipated that the Centre will be the focus for a wide range of health and wellbeing activities in association with the local voluntary sector and the zoning of accommodation should facilitate such use including outside normal operational hours.

4.2 Project Development Highlights

The most significant recent and planned activities in the development and approval of the Orpington Health and Wellbeing Centre are as follows:-

- **Planning Consent: former Orpington Police Station Site Redevelopment**
- **Commercial Arrangements**
- **Business Case development and external Approval**
- **Building, Commissioning and services commencement**

4.2.1 Planning Consent: former Orpington Police Station Site Redevelopment

Berkeley Homes, who purchased the site in February 2014, following an open market tendering exercise, submitted their full Planning Application to the London Borough of Bromley on the 27th August, 2014. This included the proposal to incorporate the Orpington Health and Wellbeing Centre in the ground and first floors of the new development.
The Application was approved by the Planning Committee on the 24th March, 2015 and Planning Consent has been granted. The associated Section 106 Agreement has also been confirmed and issued.

4.2.2 Commercial Arrangements

NHS Property Services, which is the NHS "Landlord" organisation for all NHS Land and Property which is not owned by NHS Foundation Trusts, will hold the head lease for the H+WBC. It has now agreed "***Heads of Terms"*** with Berkeley Homes, which in summary cover:-

- A full repairing and insuring lease for 125 years
- A capital premium payment together with a peppercorn rent payable at practical completion
- Service charge for common parts

Negotiations are progressing to translate the Heads of Terms into a full Lease Agreement, which will be subject to approval by the Boards of both parties, as well as by NHS England as a key component of the overall Business Case approvals process.
NHS Property Services will grant under-leases to the Clinical and other Service providers who will be delivering services form the H+WBC. This will include the two transferring GP Practices, Knoll Medical Practice and Tubbenden Lane Branch Surgery of the Highland Medical Practice, Bromley. The other clinical and Facilities Management providers will be selected following competitive tendering which will be undertaken by NHS Bromley CCG in 2016.

4.2.3 Business Case Development and external approval

The ***Outline Business Case*** was completed and submitted for initial appraisal to the NHSE Projects Appraisal Unit ("PAU") on the 27th March, 2015.
It was subsequently endorsed formally by the CCG Governing Body on the 21st May, 2015 and has now been approved by the NHS Executive and signed off by the NHSE Chief Financial Officer.
It has also been approved by the National Assets and Investment Committee of NHS Property Services.
Work on the preparation of the ***Full Business Case*** had already commenced prior to the formal approval of the OBC and this is now continuing, with a provisional target for completion and submission to the NHS Executive of the end of July 2015. The FBC requires the revalidation and confirmation of the main financial and other elements included in the OBC together with, in particular:-

- Completed Full Commercial Agreement between Berkeley Homes and NHSPS
- Agreed Leases between NHSPS, the transferring GP Practices and NHS Bromley CCG
- Detailed Design of the H+WBC

The completed FBC will again be subject to detailed initial appraisal by the PAU and subsequent formal approval via the NHSE Capital Projects Governance structure. It is hoped that the approval process will be completed by the end of October, 2015, with Financial Close for the Project being in November, 2015.

4.2.4 Building, Commissioning and Services Commencement

Berkeley Homes will shortly be undertaking the demolition of the existing Police Station building followed by Site works and then the construction of the new development which comprises:-

- 83 homes
- Retail unit
- c2,000m2 for the Health and Wellbeing Centre on the ground and first floors
- A secure basement car park for residents with 45 vehicle spaces

- 83 cycle spaces and additional cycle spaces for the Centre

The site is situated on Homefield Rise in Orpington town centre adjacent to Sainsbury's Supermarket, Bromley College (Orpington Campus) and the Walnuts Shopping Centre.

The current plan is for Berkeley Homes to hand over to NHSPS the “Shell and Core” area for the H+WBC on the Ground and First Floors of the new development in September, 2016. NHSPS will have appointed a Prime Contractor who will be responsible for the Fit Out of the Shell and Core area to create the H+WBC in accordance with the Planning Consent and Detailed Designs. This is expected to be completed by May, 2017.

A three month Commissioning Programme is envisaged which will enable services from the new Centre to commence from July, 2017.

5. FINANCIAL IMPLICATIONS

5.1 The Centre will be funded via NHS capital funds which will be approved by the NHS Executive for NHS Property Services.
5.2 The revenue implications have been assessed in detail by the CCG Project Team and are included in the approved Outline Business Case. Overall, the development is expected to deliver a £330k recurring revenue saving to the health economy as a contribution to the 2017/18 QIPP programme.
5.3 The CCG is also making provision for the non-recurring costs of the scheme’s development, which include Project Management, Clinical services and equipment procurements, commissioning, premises double running and Primary Care transition costs.

6. LEGAL IMPLICATIONS

6.1 Legal advice on key aspects of the developing Project have been sought by the SRO at appropriate times. It is anticipated that there will be a need for formal legal advice to be sought on the proposed lease and licensing structure, in so far as it will impact on the CCG’s responsibilities.

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

7.1 As briefly discussed above, the Orpington H+WBC Project derived originally primarily from the findings and priorities identified in the 2011 Joint Strategic Needs Assessment; the service focus and priorities were then heavily influenced by the findings of the Orpington Health Needs Assessment and have been further refined as a result of the development of the NHS Bromley CCG Strategic Plans, the NHS South East London Strategy and the Bromley Health and Wellbeing Board’s own Strategy.
7.2 The need to improve the quality of Primary Care premises and facilities was also driven by the former Bromley PCT’s estates review of GP Practice premises across Bromley with the priority identified to relocate the worst provided practices into a purpose designed and central location, co-located with other relevant services in an H+WBC.
7.3 From the outset it was planned that the Centre would bring together under one roof, in a highly accessible town centre location, a range of services including:-

- Primary Care
- Community
- Out-Patients
- Diagnostics, including X-Ray and Ultrasound
- Wellbeing services

7.4 These are detailed in full in the Outline Business Case, including forecast activity levels and the resultant space and facilities requirements which have in turn driven the detailed designs for the Centre.
7.5 The development of the Centre, in its priority town centre location, has been actively and consistently supported by the London Borough of Bromley and Jo Johnson MP

7.6 There has been considerable engagement with a wide range of relevant Voluntary Sector organisations, as well as the London Borough of Bromley, including Public Health, to establish the role which the Centre can play in hosting a range of preventative and wellbeing services, including self management and information and advice. This work is being progressed as part of the jointly commissioned Transformation Programme (which is being discussed elsewhere on this agenda)..

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The Orpington Health and Wellbeing Centre will help deliver important improvements to the health of the local population. The approach of prevention, early detection and good management in determining both the types of services to be provided but also the environment created to connect with the local population sits well with the priorities set out in the key strategic plans for health care in Bromley.
The Bromley Health & Wellbeing Board Strategy and that of Bromley CCG require health services to be responsive to the needs of its population and both the "NHS Five Year Forward View" and the models of care described in "Our Healthier South East London" emphasise the principles adopted in the planning for this health and wellbeing centre. We can enable therefore, through excellent general practice, partnered with community and specialist care, patients being better supported in the management of their long term conditions such as Diabetes and Heart Disease or directed earlier to the diagnostics that identify problems such as Cancer or Dementia and to the treatments needed for other serious illnesses. In addition we have the opportunity to keep the public informed in how they can best take advantage of the many opportunities to prevent illness, be it through screening for cancer, immunisation against serious disease or living a healthy and active lifestyle.
Dr Andrew Parson, Clinical Chair, Bromley CCG

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	***"Orpington Health and Wellbeing Centre: Outline Business Case, May 2015"*** The approved Outline Business Case for the Centre is accessible via a link on the NHS Bromley CCG website

9. LIST OF ABBREVIATIONS

QIPP: Quality, Innovation, Productivity and Prevention (a national NHS Programme)
JSNA: Joint Strategic Needs Assessment
COPD: Chronic Obstructive Pulmonary Disease
H+WBC: Orpington Health and Wellbeing Centre
NHS FT: NHS Foundation Trust
PAU: NHS Executive Projects Appraisal Unit
NHSE: NHS Executive
NHSPS: NHS Property Services
OBC: Outline Business Case
FBC: Full Business Case
SRO: Senior Responsible Officer

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Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **9 July 2015**

Report Title: Quality Premium Indicators 2015/16

Report Author: Sonia Colwill, Director of Quality and Governance, Bromley CCG

a) SUMMARY

Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities. This is known as a Quality Premium.

The potential value of the Quality Premium for Bromley CCG is £1.6m payable, non-recurrently, in Q3 2016/17.

b) REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

The CCG should, in conjunction with the Health and Wellbeing Board, agree the proposed quality premium indicators from the CCG outcomes indicator set with NHS England (NHSE). Indicators must be sufficiently challenging to be agreed by NHSE.

c) SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

The board is asked to:

1. Note the analysis of potential quality indicators which has been undertaken by the CCG with support from public health.
2. Note that the indicators are recommended for approval by the Health and Wellbeing Board by the CCG's Clinical Executive.
3. Agree the two local measures proposed (see summary table section 18)
4. Agree the proposed weightings for the two composite indicators;
    i. Urgent and Emergency Care
    ii. Mental Health

Health & Wellbeing Strategy

1. Related priority: Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Dementia,

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Financial N/A

1. Cost of proposal:

2. Ongoing costs:

3. Total savings (if applicable):

4. Budget host organisation:

5. Source of funding:

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

The Quality Premium indicators are complementary to the Public Health Outcomes Framework with particular overlap around years of life lost and dementia.

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d) COMMENTARY

National guidance on 2015/16 Quality Premium Indicators was issued to CCGs on 27th April 2015. NHS England (London) required an agreed set of indicators to be proposed in the May submission of the operating plan.

The CCG Clinical Executive agreed a proposed set of indicators following analysis of the CCG outcomes indicator set by the performance team and with input from LBB Public Health. The analysis was effectively a feasibility study of which outcomes had measurable and timely datasets and which linked in with the strategic outcomes in the CCG's Operating Plan and the Bromley Health and Wellbeing Strategy.

e) FINANCIAL IMPLICATIONS

NHS Regulations set out that any quality premium payments should be used in ways that improve quality of care or health outcomes and/or reduce health inequalities.

f) LEGAL IMPLICATIONS

Insert text here

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

Quality Premium indicators need to be agreed by NHSE (London) with the CCG. Health and Wellbeing Board engagement is part of this process.

h) COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The Quality Premium is a payment to CCGs based on improvements in the quality of services commissioned and associated improvements in health outcomes and reduction in health inequalities. NHS guidance requires that Health and Wellbeing Boards are involved in the process of identifying key indicators for the year. Guidance was issued on 27th April to the CCG with an Operating Plan submission required in May. Although public health and the CCG Clinical Executive have been involved in consideration of the possible indicators, formal ratification of the indicators has not been possible until now.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	Quality Premium 2015/16: Guidance for CCGs http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf

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NHS Quality Premium 2015/16

Introduction

1. Under the National Health Service Act 2006 (as amended by the Health and Social Act 2012), NHS England has the power to make payments to CCGs to reflect the quality of services that they commission, the associated health outcomes and reductions in inequalities.

2. The Quality Premium is a payment to CCGs and is intended to reward CCGs for improvements in the quality of services commissioned and associated improvements in health outcomes and reduction in health inequalities. Should a CCG qualify for the Quality Premium, the payment is made in the following financial year and is non-recurrent. The Quality Premium is one of the enablers within the standard NHS contract to improve quality.

3. The quality premium paid to Bromley CCG in 2016/17 will be a reward for improved outcomes from the services commissioned against the main objectives of the NHS Outcomes Framework and the CCG Outcomes Indicator Set, i.e. reducing premature mortality, enhancing quality of life for people with long-term conditions, helping recovery after acute illness or injury, improving patient experience, and ensuring patient safety;

4. The maximum quality premium payment for a CCG will be expressed as £5 per head of population, calculated using the same methodology as for CCG running costs. If the CCG qualifies, the total the quality premium is worth approximately £1.6m and will be advised in Q3 2016/17. The payment can only be used according to regulations to improve quality of care or health outcomes and/or reduce health inequalities and an explanation of how it was spent published.

5. This paper and the proposed indicators have been agreed for presentation to the Health and Wellbeing Board by the CCG's Clinical Executive.

Indicators

6. National guidance on quality premiums was issued on 27th April 2015 by NHS England.

Quality Premium indicators must be chosen from the CCG outcomes indicator set (Appendix 1) against the following headings, all of which are mandatory apart from two local indicators.

Measure	Premium	Maximum value
Reducing Premature Mortality Reducing Potential Years of Life Lost	10%	£160K
Urgent & Emergency Care Menu: • Achieving a reduction in avoidable admissions		£480K

• An increase in level of discharges at weekends and bank holidays • Reducing NHS responsible delayed transfers of care	Composite indicator worth a total of 30% across the 3 measures	
Mental Health Menu: • Reduction in the number of patients with A&E 4 hour breaches who have attended with a mental health need together with a defined improvement in coding of patients attending A&E • Improvement in the health-related quality of life for people living with a long-term mental health condition • Reduction in the number of people with severe mental illness who are smokers • Increase the proportion of adults with secondary mental health condition who are in paid employment	Composite indicator worth a total of 30% across the four measures	£480K
Patient Safety Improving Antibiotic Prescribing	10%	£160K
Local Measure 1: •	10%	£160K
Local Measure 2: •	10%	£160K

7. The weighting assigned to each of the two composite measures is for local decision. Each measure should have a local improvement plan to support it which may include an equality and a health inequality analysis.

8. In order to receive the Quality Premium, a CCG must also meet certain criteria (financial and quality gateways) as well as the actual indicators. These include:

a) Good financial management,
b) Not incurring a qualified audit report in respect of 2015/16,
c) NHS England may not award a payment where there is a serious quality failure in 2015/16 (this includes a local provider subject to enforcement action by the CQC, or flagged as a quality compliance risk by Monitor or subject to quality based enforcement action by the Trust Development Agency,
d) In addition to c), the CCG must demonstrate a robust and proportionate response with its partners to resolve a quality failure,
e) The payment will be reduced if the CCG's providers do not meet certain NHS Constitution rights or pledges (18 week Referral to Treatment Time, A&E 4 hr wait, 2 week cancer wait, 8 minute Category A ambulance response calls.

Local Analysis

9. Initial analysis of the indicators was then undertaken by Bromley CCG's performance team in conjunction with public health to produce this set of recommendations for 2015/16. The indicators were also discussed by the CCG's Clinical Executive where it was noted that monitoring against the indicators in year is challenging as the data are often only produced on an annual basis (published the quarter following year end).

National Priorities

10. All CCGs are subject to monitoring for both '**Potential Years of Lives Lost (PYLL)**' and '**Improving Antibiotic Prescribing'**.

11. For Urgent & Emergency Care and Mental Health, CCGs may vary the weightings within the indicator of one of more measures in conjunction with the local Health and Wellbeing Board.

11.1 For the Urgent and Emergency Care indicators, the CCG wishes to give a higher weighting to **increasing the level of discharges at weekends and bank holidays.** This fits in with our overall strategy of ensuring patients leave hospital, with the necessary support (if required), when they are fit to do so. It also complements the seven day working arrangements agreed with King's College Hospital.

11.2 **For the Mental Health indicator**, the CCG wishes to allocate a higher weighting to the following two priorities:

- Improvement in the health-related quality of life for people with a long-term mental health condition
- Increase the proportion of adults with secondary mental health conditions who are in paid employment

12. The CCG feels that by delivering against these two measures a positive improvement in the quality of life for people living with mental health condition would be demonstrable.

Local Priorities

13. In addition, the CCG has to choose <u>two local measures</u> from the CCG Outcomes Indicator Set (72 indicators across five domains) again in conjunction with the Health and Wellbeing Board and NHS England local team.

14. The CCG has made an assessment on CCG performance to date against all of the indicators (Appendix 1). It became apparent during this assessment that no baseline or performance data was available for over half of the measures, as the indicators were 'In development' or 'Not yet assured'. In addition some measures were deemed 'Live' and 'Assured' but the first data collection had not yet occurred.

15. Those measures with no data were therefore excluded from consideration. The list was then reduced further by removing indicators where performance was based on data prior to 2013/14 or where the CCG's performance was shown on the Outcomes Tool as 'Better Outcomes' i.e. already at a satisfactory or good level.

16. The following measures remained, where data was more up to date and performance was either red or amber rated and an improvement would therefore lead to improvements in quality of service or outcomes. These measures were assessed to determine their strategic fit Bromley's strategic aims.

See table below: Options for local priority quality premium indicators

Measure	Tool Outcome	CCG Value	England Value	Cluster Value	Date Covered
Enhancing quality of life for people with long-term conditions - 18 and over feeling supported	Interquartile range	65.1	64.3	52.4	2013/14
Improving the quality of life for people with dementia - Estimated diagnosis rate for people with dementia	Worse outcomes	57.56%	60.78%	65.79%	Monthly - DPC
Health related quality of life for carers	Interquartile range	0.82	0.8	0.82	2013/14
Ensuring that people have a positive experience of care - Patient experience of GP out of hours services	Worse outcomes	60.9	66.2	63.8	2013/14
Ensuring that people have a positive experience of care - Patient experience	Worse outcomes	72.1	76.5	75.9	2013/14
Improvements in hospital' responsiveness to personal needs - Responsiveness to inpatients' personal needs	Worse outcomes	63.2	68.4	67.4	2013/14
Reducing the incidence of avoidable harm (Infections) - Incidence of healthcare associated infection - MRSA	Interquartile range	1.53	1.6	1.6	2013/14

17. Following analysis the two local measures PROPOSED ARE;

i. **Dementia Diagnosis Rate** - this ties in with the Better Care Fund investment plans and also to provider CQUINs or Local Incentive Schemes - data is readily available and the CCG will be able to positively influence delivery

ii. Ensuring that **people have a positive experience of care** – although not directly under the control of the CCG, the CCG recognises that improving patient experience of hospital care is a priority locally and is keen to work with our providers to secure improvement for our patients

18. The two measures were chosen because it was felt that they would have the most significant impact on quality for the people of Bromley. Patient experience of hospital care has been in the worst quartile for a number of years and it is hoped that if this can be improved a positive effect will be seen against a number of other indicators. In addition to dementia tying in with the Bromley Better Care Fund plans the CCG recognises that this is an area that requires significant improvement in order to meet the needs of our ageing population.

Summary

19. The following quality premium indicators are proposed for 2015/16. The CCG has advised NHSE London of our intended quality premium indicators with the caveat that there has not been a Health and Well Being Board since the national guidance was issued in April and thus they may be subject to change.

Measure	Premium weighting
Reducing Premature Mortality Reducing Potential Years of Life Lost	10%
Urgent & Emergency Care Menu: • Achieving a reduction in avoidable admissions • An increase in level of discharges at weekends and bank holidays • Reducing NHS responsible delayed transfers of care	*(can be varied)* 5% 20% 5%
Mental Health Menu: • Reduction in the number of patients with A&E 4 hour breaches who have attended with a mental health need together with a defined improvement in coding of patients attending A&E • Improvement in the health-related quality of life for people living with a long-term mental health condition • Reduction in the number of people with severe mental illness who are smokers • Increase the proportion of adults with secondary mental health condition who are in paid employment	*(can be varied)* 5% 10% 5% 10%
Patient Safety Improving Antibiotic Prescribing	10%
Local Measure 1: • Estimated Diagnosis Rate for People with Dementia	10%
Local Measure 2: • Patient Experience of Hospital Care	10%

The table below sets out the potential reduction to any quality premium earned if the providers from who the CCG commissions services do not meet the NHS Constitution requirements for the selected patient rights or pledges.

NHS Constitution Requirement	Reduction to Quality Premium
Maximum 18 weeks from Referral to Treatment • 90% Completed Admitted standard • 95% Completed Non Admitted standard • 92% Incomplete standard	 10% 10% 10%
Maximum four hour wait in A&E Departments – 95% standard	30%
Maximum 14 day wait from an urgent GP referral for suspected Cancer – 93% standard	20%
Maximum 8 minutes responses for Category A (Red 1) ambulance calls – 75% standard	20%

Appendix 1

CCG Outcomes Indicator Tool - Reported Performance - Bromley CCG

		Tool Outcome	CCG Value	England	Cluster	Date
Domain One - Preventing people from dying prematurely						
C1.1	Reduction in potential years of life lost (PYLL) from causes amenable to healthcare - Female	Better outcomes	1369	1845	1646	2013
C1.1	Reduction in potential years of life lost (PYLL) from causes amenable to healthcare - Male	Better outcomes	1546	2215	1860	2013
C1.2	Reducing premature mortality from the major causes of death: Cardiovascular disease - Under 75 years mortality rate	Better outcomes	51.0	64.9	54.3	2013
C1.3	Reducing premature mortality from the major causes of death: Cardiovascular disease - Cardiac rehabilitation completion	No Data				Available December 2016
C1.4	Reducing premature mortality from the major causes of death: Cardiovascular disease - Myocardial infection, stroke and stage 5 chronic kidney disease in	Interquartile range	1.7	1.98	1.85	2011/12
C1.5	Reducing premature mortality from the major causes of death: Cardiovascular disease - Mortality within 30 days of hospital admission for stroke.	No Data				Available December 2015
C1.6	Reducing premature mortality from the major causes of death: Respiratory disease - Under 75 years mortality rate	Better outcomes	21.0	28.1	22.8	2013
C1.7	Reducing premature mortality from the major causes of death: Liver disease - Under 75 years mortality rate	Better outcomes	7.83	15.5	12.99	2013
C1.8	Reducing premature mortality from the major causes of death: Liver disease - Emergency admissions for alcohol-related disease	Better outcomes	12.5	24.1	15.96	2013/14
C1.9	Reducing premature mortality from the major causes of death: Cancer - Under 75 mortality rate	Better outcomes	96.8	122.1	111.7	2013
C1.10	Reduced years of life lost from Cancer - One year survival from all Cancers	Interquartile range	68.5	67.8	68.2	Diagnosed 2011
C1.11	Reduced years of life lost from Cancer - One year survival from breast, lung and colorectal Cancers	Interquartile range	69.3	69.3	69.6	2011
C1.12	Reducing premature death in people with severe mental illness	No Data				Available June 2015
C1.13	Reducing deaths in babies and young children - Antenatal assessments <13 weeks	No Data	224			**TBC**
C1.14	Reducing deaths in babies and young children - Maternal smoking at delivery	No Data	0.05870021			**TBC**
C1.15	Reducing deaths in babies and young children - Breast feeding prevalence at 6-8 weeks	No Data	0.60431218			**TBC**
C1.16	Reducing premature mortality from the major causes of death: Cancer - Cancer diagnosis via emergency routes	No Data				Available June 2015
C1.17	Reducing premature mortality from the major causes of death: Cancer - record stage at diagnosis	Worse outcomes	48.3	59.4	51.5	2012
C1.18	Reducing premature mortality from the major causes of death: Cancer - early detection	No Data				Available June 2015
C1.19	Reducing premature mortality from the major causes of death: Cancer - Lung Cancer record of stage at diagnosis	No Data				Available March 2016
C1.20	Reducing premature mortality from the major causes of death: Cancer - Breast Cancer - Mortality	No Data				Available June 2015
C1.21	Reducing premature mortality from the major causes of death: Cardiovascular disease - Heart Failure 12 month all cause mortality	No Data				**TBC**
C1.22	Reducing premature death from fragility fractures - Hip fracture - incidence	No Data				Available December 2015
C1.23	Reducing premature death in people with severe mental illness - Server metal illness smoking rates	No Data				Available June 2015
Domain Two - Enhancing the quality of life of people with long-term conditions						
C2.1	Enhancing quality of life for people with long-term conditions	Better outcomes	0.79	0.74	0.77	2013/14
C2.2	Enhancing quality of life for people with long-term conditions - 18 and over feeling supported	Interquartile range/ Worse outcome	65.1	64.3	52.4	2013/14
C2.3	Improving functional ability for people with long term conditions - COPD and MRC Dyspnoea Scale >3 referred to a pulmonary rehabilitation programme	No Data				Available June 2015
C2.4	Improving functional ability for people with long term conditions - Diabetes who have received all nine care processes	No Data				Available March 2016
C2.5	Improving functional ability for people with long term conditions - Diabetes diagnosed less than a year who are referred to structured education	No Data				Available March 2016
C2.6	Reducing time spent in hospital for people with long-term conditions - Unplanned hospitalisation for ACS conditions - Adults	Better outcomes	376	781	597	2013/14
C2.7	Reducing time spent in hospital for young people with specific long-term conditions that should be managed outside - Unplanned hospitalisation for asthn	Better outcomes	136.7	306.9	230.3	2013/14
C2.8	Reducing time spent in hospital for people with long term conditions - complications associated with diabetes, inc emergency admission for diabetic ketoa	No Data				Available March 2016
C2.9	Enhancing the quality of life for people with severe mental illness - community health services by people from BME groups	No Data				Available December 2015
C2.10	Enhancing the quality of life for people with severe mental illness - Access to psychological therapy services by people from BME groups	No Data				Available December 2015
C2.11	Enhancing the quality of life for people with severe mental illness - Recovery following talking therapies for people of all ages	No Data				**TBC**
C2.12	Enhancing the quality of life for people with severe mental illness - Recovery following talking therapies for people older than 65	No Data				**TBC**
C2.13	Improving the quality of life for people with dementia - Estimated diagnosis rate for people with dementia	Worse outcomes	57.56%	60.78%	65.79%	Monthly - DPC
C2.14	Improving the quality of life for people with dementia - People with dementia prescribed anti-psychotic medication	No Data				Available September 2015
C2.15	Health related quality of life for carers	Interquartile range	0.82	0.8	0.82	2013/14
C2.16	Health related quality of life for people with a long-term mental health condition	No Data				Available September 2015
Domain Three - helping people to recover from ill health or following injury						
C3.1	Helping people to recover from episodes of ill health or following injury - Emergency admissions for acute conditions that should not usually require hosp	Better outcomes	477	1164	959	2013/14
C3.2	Helping people to recover from episodes of ill health or following injury - Emergency readmissions within 30 days of discharge from hospital	Interquartile range	12.22	11.76	11.41	2010
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - hip replacement	Worse outcomes	0.41	0.41	0.42	2012/13
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - knee replacement	Worse outcomes	0.31	0.31	0.31	2012/13
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - groin hernia	Worse outcomes	0.07	0.07	0.08	2012/13
C3.3	Improving outcomes from planned treatments - total health gain as assessed by patients for elective procedures - varicose veins	Worse outcomes	0.12	0.10	0.09	2012/13
C3.4	Preventing lower respiratory tract infections in children from becoming serious - emergency admissions for children with lower respiratory tract infection	Better outcomes	185	367.7	330.6	2013/14
C3.5	Improving recovery from stroke - people who have had a stroke who are admitted to an acute stroke unit within 4 hours of arrival to hospital	No Data				Available December 2015
C3.6	Improving recovery from stroke - people who have had a stroke who receive thrombolysis following and acute stroke	No Data				Available December 2015
C3.7	Improving recovery from stroke - People who have had a stroke who are discharged from hospital with a joint health and social care plan	No Data				Available December 2015
C3.8	Improving recovery from stroke - People who have had a stroke who receive a follow up assessment between 4-8 months after initial admission	No Data				Available December 2015
C3.9	Improving recovery from stroke - People who have had a stroke who spend 90% or more their stay on a stroke unit	No Data				Available December 2015
C3.10	Improving recovery from fragility fractures - Proportion of patients recovering to their previous level of mobility or walking ability	No Data				Available December 2015
C3.11	Improving recovery from fragility fractures - Hip fracture: formal hip fracture programme	No Data				Available December 2015
C3.12	Improving recovery from fragility fractures - Hip fracture: timely surgery	No Data				Available December 2016
C3.13	Improving recovery from fragility fractures - Hip fracture: multifactorial risk assessment	No Data				Available December 2015
C3.14	Improving recovery from mental health conditions - Alcohol admissions	No Data				**TBC**
C3.15	Improving recovery from mental health conditions - Alcohol readmissions	No Data				**TBC**
C3.16	Improving recovery from mental health conditions - Readmissions to mental health within 30 days of discharge	No Data				**TBC**
C3.17	Improving recovery from mental health conditions - proportion of adult in contact with secondary mental health services in paid employment	No Data				**TBC**
Domain Four - Ensuring that people have a positive experience of care						
C4.1	Ensuring that people have a positive experience of care - Patient experience of GP out of hours services	Worse outcomes	60.9	66.2	63.8	2013/14
C4.2	Ensuring that people have a positive experience of care - Patient experience of hospital care	Worse outcomes	72.1	76.5	75.9	2013/14
C4.3	Ensuring that people have a positive experience of care - Friends and family test	No Data				**TBC**
C4.4	Ensuring that people have a positive experience of care - patients experience of outpatient services	No Data				**TBC**
C4.5	Improvements in hospital' responsiveness to personal needs - Responsiveness to inpatients' personal needs	Worse outcomes	63.2	68.4	67.4	2013/14
C4.6	Improvements in patient's experience of accident and emergency departments	No Data				**TBC**
C4.7	Improving women's and their families experience of maternity services	No Data				**TBC**
C4.8	Improvement in the experience of healthcare for adults (18 years and above) with a mental illness	No Data				**TBC**
C4.9	Improving the experience of care for people at the end of their lives - Bereaved carers' views on the quality of care in the last three months of life	No Data				**TBC**
Domain Five - Treating and caring for people in a safe environment and protecting them from harm						
C5.1	Patient safety incidents reported	No Data				
C5.3	Reducing the incidence of avoidable harm (Infections) - Incidence of healthcare associated infection - MRSA	Interquartile range	1.53	1.6	1.6	2013/14
C5.4	Reducing the incidence of avoidable harm (Infections) - Incidence of healthcare associated infection - Clostridium Difficult (C.difficile)	Better outcomes	16.8	24.01	20.23	2013/14

Data source :- http://ccgtools.england.nhs.uk/ccgoutcomes/flash/atlas.html

Obesity Subgroup - Health and Wellbeing Board Report. June 2015.

The H&W board obesity subgroup met in November 2014 and established 4 short term goals.

1. Establish a clear action plan for the obesity work stream following an asset mapping review of current resources and services and an updated gap analysis.
2. Develop a Healthy Weight Forum to conduct this work.
3. Develop a Healthy Weight Pathway.
4. Review progress on establishing a Tier 3 Adult Weight Management Service.

The Obesity subgroup has established a Healthy Weight Forum (HWF) an operational subgroup which has met twice. The HWF forum consists of 18 key partners from lead organisations that contribute to achieving a healthy weight pathway in Bromley. Ranging from the CCG to GPs, Physical Activity organisations to Planning and Environmental Services. The HWF has undertaken an asset mapping exercise across the LA, the CCG and other agencies/bodies to establish the current resources, services and gaps in the borough that impact a healthy weight. The HWF are now establishing a Healthy Weight Pathway from the intelligence gathered and working on 4 priority gaps the partnership identified.

1. Develop a Healthy Weight Pathway – from Healthy Weight to Morbidly Obese (Tier 1 to Tier 4).
2. Communications: Develop and deliver a communications plan to raise the profile of obesity and services available. Create a healthy lifestyle information pack.
3. Provide evidence based recommendations to support the development of sound local planning policy to promote health and wellbeing in the borough.

Next steps;
H&W board note the attached H&W board Obesity report.

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Healthy Weight Forum Report

One size doesn't fit all

Report from the Healthy Weight Forum - The Healthy Weight Forum is a working group established by the Bromley Health and Wellbeing Board Obesity Sub-Group.

Background

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

The Bromley Health and Wellbeing Board established an Obesity Sub-Group to identify and investigate the impact of Obesity in Bromley. The purpose of the Healthy Weight Forum is to: explore and implement interventions to address obesity in Bromley which need multiple stakeholder action.

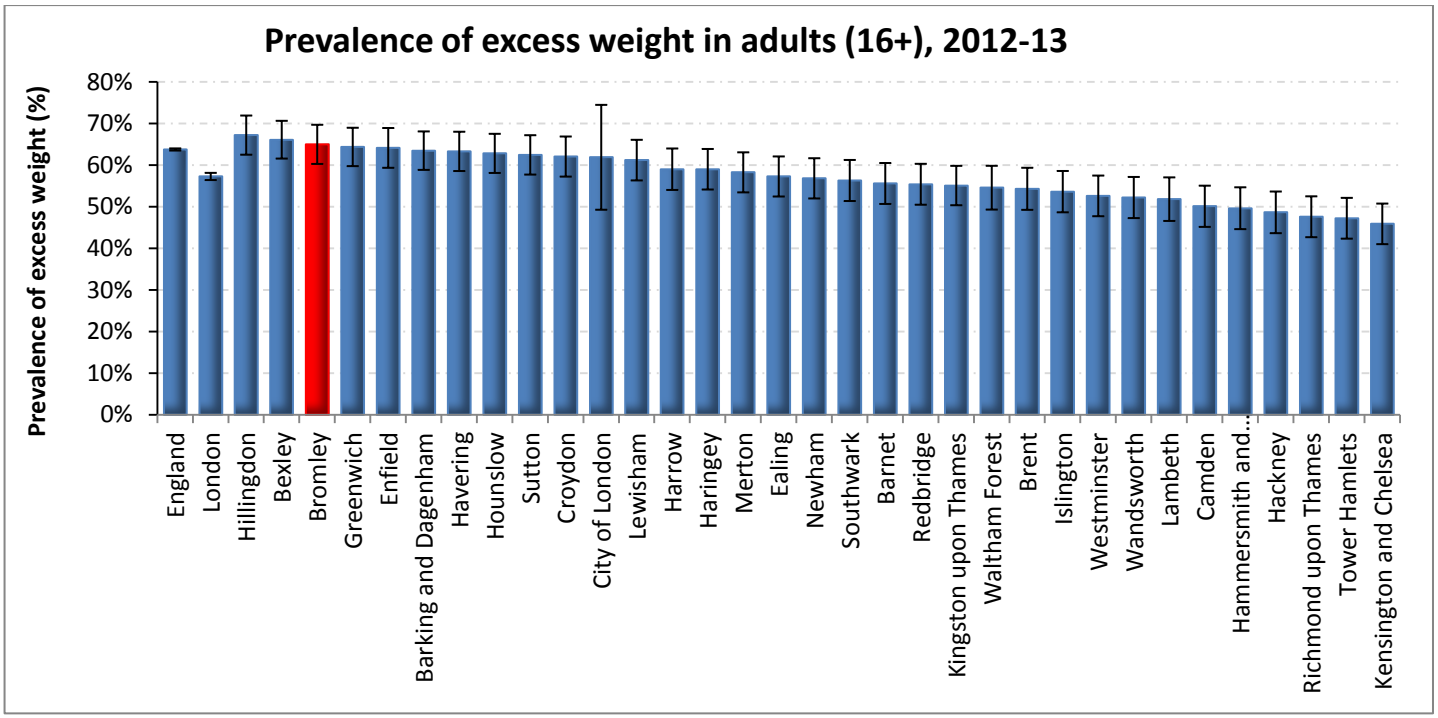
What is the problem in Bromley?

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

The current burden of obesity in Bromley

- Bromley has the third highest prevalence of excess weight in London.
- 65% of Bromley's population are either overweight (>25 BMI) or obese (>30 BMI), which represents approximately 205,820 adults (Public Health Outcomes Framework, 2013).
- This is higher than the England average (61.9%) and higher than populations with similar demographic such as Richmond upon Thames and Kensington and Chelsea who feature as the third lowest and lowest respectively.
- In Bromley, the estimated prevalence of obesity is 21.8% (2013 Health Profile), which represents 54,163 adults.
  21.3% of children in Bromley aged 4-5years old (Reception class in school) are either overweight or obese increasing to 32% of children aged 10-11years old (Yr 6 class in school). Around 8% and 16%, respectively, are obese.
- 25.6% of Bromley's population do less than 30 minutes of activity per week (2014) increasing from 24.1% in 2013, indicating increasingly sedentary lifestyles.

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



Source: Public Health Outcomes Framework

Why is obesity important?

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

Annual Cost of Obesity:

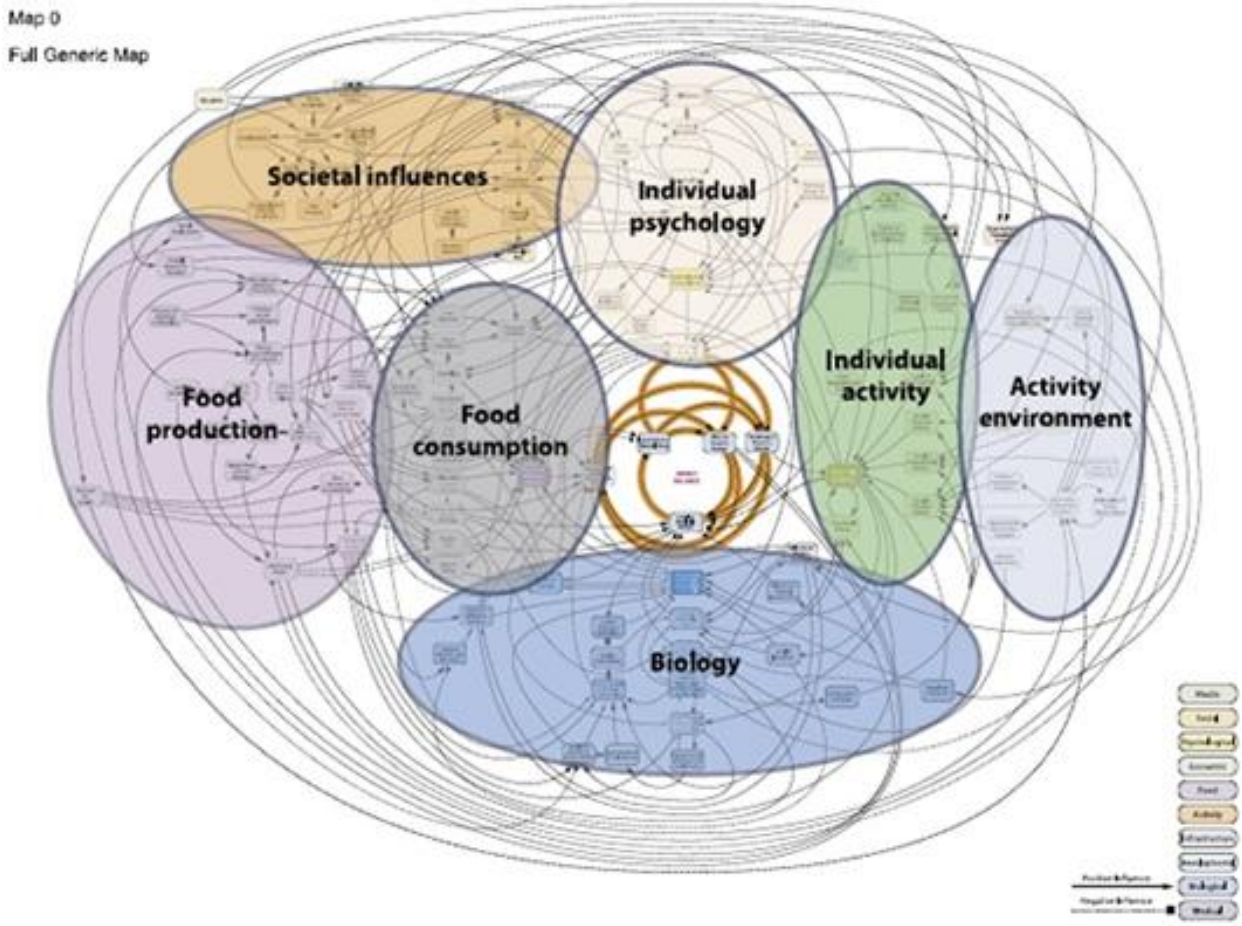
- Cost to the wider economy = £27billion
- Cost to NHS = £5.1billion
- Cost to Social Care = £352million
- Obesity attributed sick days = £16million
- Obesity medication = £13.3million
- Societal costs of stigma and mental health issues

Source: Public Health England, February 2015.

What is recommended to reduce obesity?

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

Figure 2: Obesity Map



Source: Foresight, 2007[ii].

Partnership approach – The Healthy Weight Forum

The initial Healthy Weight Forum workshop, sought to answer a series of questions including:

- What effective interventions are in place?
- What are the gaps in service provision?
- How can Bromley residents be encouraged to live healthy lifestyles?
- What role can the Healthy Weight Forum have in promoting a healthy weight pathway?

Summary of Intervention Recommendations

The tables following detail the existing interventions and gaps highlighted in the workshop for each area where there is an evidence base for effective interventions. Interventions / gaps can be classified as follows:

1. Interventions already being delivered adequately or can be delivered by a stakeholder in Bromley.
2. Interventions already being delivered by a stakeholder but would benefit from collaboration with another Healthy Weight Forum stakeholder to increase scope and efficiency.
3. Identified gap which can be filled by an intervention from a single stakeholder.
4. Identified gap which needs collaborative working by a number of stakeholders in the Healthy Weight Forum to be filled effectively.

Priorities for the Healthy Weight Forum will focus on group 4 and to a lesser extent group 2. In addition, one of the key roles for the Healthy Weight Forum was seen as collating and sharing information on interventions and then disseminating it. Therefore the Healthy Weight Forum will seek to share information about groups 1 and 3.

They are listed in order of importance due to the potential to have the biggest impact on obesity then RAG rated based on ease of delivery, in terms of political will, resources and availability in Bromley. Red (potentially difficult to deliver), Amber (moderately difficult to deliver), Green (relatively easy to deliver).

Priority Recommendations to Deliver in Year 1.

1. Develop a Healthy Weight Pathway – from Healthy Weight to Morbidly Obese. Map current weight management activities and facilities including leisure centres, sports clubs / athletics track etc available
2. Communications: Develop and deliver a communications plan to raise the profile of obesity and services available. Create a healthy lifestyle information pack. Improve LBB website health information and access / Improve usage of social media to disseminate information.
3. Provide evidence based recommendations to support the development of sound local planning policy to promote health and wellbeing in the borough.
4. Implement shop well interventions. Look at Mytime model of Shop Well and Sainsbury's model of Type 2 Diabetics shopping sessions.

Summary of the intervention recommendations

Interventions	
GROUP 4	**GROUP 2**
Develop a Healthy Weight Pathway – from Healthy Weight to Morbidly Obese. Map current weight management activities and facilities including leisure centres, sports clubs / athletics track etc available.	Provide evidence based recommendations to promote a restrictive planning policy to control fast food/take aways in the borough
Communications: Develop and deliver a communications plan to raise the profile of obesity and services available. Create a healthy lifestyle information pack. Improve LBB website health information and access / Improve usage of social media to disseminate information.	Support planning applications for sporting facilities - Support the development of an all-weather pitch at Kemnal school
Implement shop well interventions. Look at Mytime model of Shop Well and Sainsbury's model of Type 2 Diabetics shopping sessions. Host 'How to cook' road-shows – in shopping/community centres using cheap basic foods.	LBB Cycling team to expand discounted bike scheme, cycle parking facilities and cycle training.
Better integration of the Community Health Trainer Programme and voluntary support. Investigate Health Champion Programme expanding to incorporate patient participation groups within GP practices.	Signpost clubs / community groups and schools to the Pro-Active Bromley's network to utilise Sport England Funding focused on increasing physical activity.
	Introduce the NHS Health Check Discount card – encouraging healthy food and activities
	Expand Growtime programme particularly within schools
GROUP 3	**GROUP 1**
Develop a Tier 3 service – Intensive lifestyle support (pre-bariatric surgery)	Promote physical activity training within Primary Care and Pharmacy - My Best Move Education Programme
Targeted Tier 2 weight management intervention within at risk groups	Health Checks outreach team to undertake Health Checks in workplaces at risk of health inequalities.
	Map school profiles - Trends of childhood obesity by school / ward.

Feedback from the Healthy Weight Forum:

Existing Interventions, Gaps and Partnership Actions to promote a healthy weight.

Workplace

Obesity presents a threat to both the wellbeing of local people and the vitality of the local economy. Obesity related health problems lead to sickness, work absenteeism and therefore decreased productivity and economic wellbeing.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Workplace policy / Information on Healthy Lifestyles	Health workplace policies. Flexi working.	Physical infrastructure improvements such as a supportive physical environment, e.g. improvements to stairwells, providing showers and secure cycle parking. Make health information available to people through their place of work. Working = captive audience. Conduct Health Checks.	Promote flexible working hours to promote recreational opportunities, such as supporting out-of-hours social activities, lunchtime walks and use of local leisure facilities within the working day. Promote infrastructure improvements. Create a workplace healthy lifestyle information pack. Look at Health Checks outreach team undertaking Health Checks in at risk workplaces.
Healthy meals		Introduce nutritional labelling in canteens. Reduced unhealthy portion sizes in canteens.	Influence catering contracts in Bromley.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Ban vending machines		Have healthier options of snacks available.	Influence snack providers within the Local Authority.
Team physical activity challenges	Workplace travel plans including; Mapping routes, advice on Cycle storage and cycling facilities	Offer more corporate memberships / Reduce cost of gym fees. Discounted / corporate tax subsidised bike scheme. Increase cycle parking provision within; 1. Workplaces 2. Residential 3. On-street 4. Key locations e.g. parks Sport England Workplace challenge, scheme trains workplace physical activity champions to co-ordinate team physical activity challenges and advocate for increased activity within the workplace	Mytime to expand corporate gym memberships. LBB Cycling team to expand discounted bike scheme. Increase cycle parking within new cycling strategy. Partners to raise awareness of gym / bike schemes. Raise awareness of and offer workplaces the opportunity to take in the Workplace Challenge.

Recommendations

1. Map local activities available for businesses and referral routes. Create a workplace healthy lifestyle information pack.
2. Mytime to expand corporate gym memberships to more workplaces
3. LBB Cycling team to expand discounted bike scheme to new workplaces
4. Advise workplaces on how best to incorporate cycle parking facilities within new cycling strategy
5. Investigate the opportunity for the Health Checks outreach team to undertake Health Checks in workplaces at risk of health inequalities

Education

The question was posed in the Healthy Weight Forum on whether education and an obesity action plan should focus on children and adults separately or have a focus on the whole family.

Childhood Obesity

Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Overweight and obese children are more likely to become obese adults, and have a higher risk of morbidity, disability and premature mortality in adulthood. Some obesity-related conditions can develop during childhood. Type 2 diabetes, previously considered an adult disease, has increased dramatically in overweight children as young as five. Partners needed in a healthy weight pathway for children are very different from an adult pathway e.g. schools, nurseries, children's centres.

Adult Obesity

Obesity occurs when people take in far more energy in food than they expend through physical activity, increasing obesity is due to people eating more energy dense and processed food whilst undertaking less physical activity. Leading to an increase in long-term health conditions and increased reliance on adult social care provision. Severely obese people are 3 times more likely to need social care than those who are a healthy weight.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Nutrition and physical activity education programmes.	Children: Since September 2014, practical cookery and food education has been compulsory in the new national curriculum for pupils up to the end of Key Stage 3 Nutrition sessions within GCSE PE curriculum. HENRY programme (Healthy Eating and Nutrition for the Really Young) – It is a tier 1 healthy weight programme offered through Children & Family Centres across the borough. 1. HENRY – teaches staff to talk about healthy lifestyles and effectively prevent obesity 2. The Let's Get Healthy with HENRY group programme is an 8 week course for parents and carers of children up to the age of 5 years. MEND (Mind, Exercise, Nutrition, Do it) weight management programmes. For children aged 7+. School Sport Co-ordinators are promoting a co-ordinated sports programme in primary and secondary schools to improve school fitness levels. Adults / Families: A Healthy Community Officer works across the council offering educational programmes	Education needed in; Breastfeeding support Reduce screen time Reduce portion sizes Impact of alcohol and binge drinking in weight gain. School profiles - Amount of green space per school, are there playgrounds on route to schools, can residents walk / cycle safely to school? Teach people how to shop and cook Co-ordinate with schools. Teach Teachers what's available in the area and healthy lifestyles information – more communication.	Community links manage the Community Health Trainer Programme = voluntary support – Health champions spread health information within the community. Community Links / PH to co-ordinate Bromley's large voluntary sector to offer 1:1 and group health education sessions, volunteer at events. PH - Map school profiles. Trends of childhood obesity by school / ward. LBB Cook and Eat sessions offered – Crays / Mottingham and Cottmandene increase access to those session. Increase sessions available in the borough. See Industry section. Expand Growtime programme.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
	such as growtime - fruit and vegetable growing schemes. Community Links Bromley contracted by CCG to facilitate health awareness days for the disabled, including; 3. Members of Bromley Sparks (self-advocacy group for people with a learning difficulties) to deliver health awareness days highlighting the importance of keeping fit and eating healthily 4. Mottingham Healthy Eating Awareness Workshop 5. Penge Diabetes awareness and education course		Adult and families Cycling team promote discounted / subsidised bikes scheme. Promote safer cycling initiatives.
Healthy Meals	Children: Early years nursery food standards Breakfast clubs Schools / Community – food growing programmes. Free school meals (meeting nutritional guidelines) to all primary school children aged 4-7 years. School Food Plan (SFP) - designed to increase the quality and take up of school meals. Healthy Schools Programme – Focus on health and wellbeing to increase attainment, achievement, happiness and physical wellbeing for all; pupils, staff and the	Planning around schools: See Urban Redesign	

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
	wider school community. Includes healthy eating, grow, cook & eat sessions, understanding food labels. Increased availability of a wider variety of healthy options. Adults: See Industry section		
Ban vending machines	School Food Plan states there can't be drinks with added sugar, crisps, chocolate or sweets in school meals & vending machines	Planning around schools: See Urban Redesign	
Increase physical activity	Children: Pro-Active Bromley strategic lead for Children and Young People - Created new sports strategy. 'Walk on Wednesday' Schools initiative School travel plans and related active travel initiatives Schools Games Organisers (SGOs) on-going support to schools to participate in School Games competitions, run satellite clubs, offer school clubs or improve PE provision and run CPD courses School PE&Sport Premium funding to encourage more children to get active. Ten schools being offered support to develop physical activity action plans. Adults / families Cycle training – adults – children – and families	Add family Cycle Sundays. Increase number and awareness of family / children's programmes at local gyms We need a borough wide survey of fitness/activity levels	Children: Introduce Junior Park Run Utilise Sport England Funding to promote increased physical activity in local sports clubs through Pro-Active Bromley's network Increase number of Playgrounds: Voluntary groups raising money In order to achieve Silver Healthy Schools status, a number of schools have chosen increasing physical activity as their priority.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
	Cycle maintenance classes Community gardens including Green gyms		

Recommendations to take forward in year 1

6. PH - Map school profiles. Trends of childhood obesity by school / ward.
7. Better integration of the Community Health Trainer Programme and voluntary support. Use the Health champions to spread health information within the community at partner events.
8. Expand Growtime programme particularly within schools
9. Introduce Junior Park Run
10. Signpost clubs / community groups and schools to the Pro-Active Bromley's network to utilise Sport England Funding focused on increasing physical activity

Healthcare

Excess weight can have a significant impact on health. Obesity is associated with a reduced life expectancy of approximately nine years and this is mainly due to the increased risk of heart disease[iii].

Obesity is a key risk factor for circulatory disease and cancer, which were accountable for 62.3% of the deaths in Bromley in 2012. Obesity has an attributable risk for Type 2 diabetes of 24%. In tandem with the rising levels of obesity in Bromley, there has been a significant increase in the prevalence of diabetes, with 13,681 cases on the GP registers in 2012/13, as compared to 4,846 in 2002.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Bariatric Surgery / Weight Loss Drugs	Drugs - Via GP only and restriction on prescribing	CCG responsible for commissioning Bariatric surgery from April 2016 (2015 shadow year taking over from NHS England). Currently no programme for weight loss drugs in Bromley.	CCG: Identify usage of Bariatric surgery in Bromley Create a coherent weight management pathway from tier 1 to tier 4
Individual / Group Counselling	Lifestyle management by Pharmacists, GP's, Practice Nurses IAPT help overweight and/or obese patients if depression/anxiety is a contributing factor to their weight gain	Role for the community to lead on obesity? Public engagement – give people/patients a voice	Meena Kharade To look at healthy lifestyle trainers within the practice. 46 practices in Bromley with their own patient participation groups
Physical Activity on Prescription	Freshstart – Exercise Referral for patients with Long Term Conditions	Restrictive inclusion criteria Consistent and accurate physical activity prescription	Maintain / increase inclusion criteria to Freshstart

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
	Heart Smart – Rehabilitation through exercise for cardiac patients Exercise Referral Hub - Promoting active lifestyles in the borough Cycling on Prescription Health Walks Primetime Age UK Bromley and Greenwich fitness sessions Walking Away from Diabetes Primary Care signposting to outdoor gyms/green gyms Bromley Healthcare – signposting to physical activity programs Programme to recruit 300 new cyclists Park runs / introduction to beginners groups NHS Choices - Couch to 5k		Promote physical activity training within Primary Care and Pharmacy - My Best Move Education Programme
Commissioning commercial weight management programmes	Public Health Commissioned Weight Management Programmes: Adult: Tier 2 Weight Management GP referral scheme: Slimming World and Weight Watchers. Weight Watchers Diabetes	Does not cater for overweight/ obese (BMI >25-35), no referral pathways for those that are at risk of becoming obese. CCG - Funding is needed for programmes such as Tier 2 and 3 to support patients without resorting to tier 4	Investigate expanding the inclusion criteria to incorporate all obese patients Investigate prioritising commissioning to focus on health inequalities e.g. BME patients, Lower

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
	Prevention Programme. Children: Mind Exercise Nutrition Do it! (MEND) is a multi-component weight management support for the families of children aged 4-13 years identified through NCMP as being overweight and obese. It will be available to Bromley families (Starts April 2015)	surgical care Extension of the Mend programme needed to be commissioned in Bromley – teenage and family weight management. Boost child/teenage exercise and weight management	SES, Target people at times when they may gain weight (such as when giving up smoking, during and after pregnancy and at the menopause). Investigate commissioning Tier 2 for 13+ year olds
Tier 3 intensive lifestyle interventions.		No Tier 3 service, needs to be commissioned. Patients who are very obese but could avoid surgery by Tier 3 are missed. Gaps in Healthy Weight Pathway: Need to fill gaps, Tier 1 – could be better join up partnership actions Tier 2 – Protect Tier 2 services. Tier 3 – Pilot programme for Tier 3 service. Tier 4 - Work with Kings to establish the weight management pathway from Brief Advice to Bariatric surgery. Need to co-ordinate / connect tiers better	Need to develop a Healthy Weight Pathway CCG: Liaise with rest of CCG/organise a meeting to get work started on tier 3 care i.e. write mandate for Tier 3 obesity services.

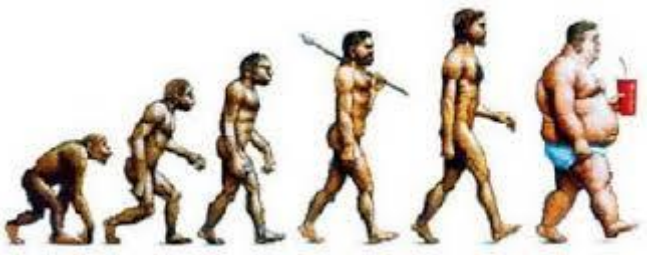
Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Prevention Screening Programmes	NHS health checks. Diagnostic blood tests and clinical assessments National Childhood Measurement Programme (NCMP) measures weight / height of children in reception class and year 6. Kings Health prevention CQUIN Making Every Contact Count promoting activity.	Gaps in Primary Care - More lifestyle advisers in Primary Care. More help identifying at risk groups.	Nurse: Promote current services to primary care partners. Bromley Healthcare – Outreach health risk assessments in targeting populations (Health MOT's) Support GPs to deliver health checks

Recommendations to take forward in year 1

11. Creation and delivery of an Obesity strategy to tackle obesity and the factors that cause it. Small changes or developments to existing services may lead to significant differences when brought under an overarching strategy The strategy should 'join-up' the work of different services and organisations so that resources are maximised to their full potential. Ensure co-ordinated commissioning
12. Develop a Healthy Weight Pathway which includes all obesity tiers
13. CCG: Identify usage of Bariatric surgery in Bromley
14. CCG: Liaise with rest of CCG/organise a meeting regarding Tier 3 care
15. Promote current services to primary care partners via the new Lifestyles for life resource pack
16. Tier 2 services: Adults: Investigate expanding the inclusion criteria to incorporate all obese patients (BMI>30). Investigate prioritising commissioning to focus on health inequalities. Children: Investigate commissioning Tier 2 for 13+ year olds
17. Maintain / increase inclusion criteria to Freshstart
18. Bromley Healthcare – Outreach health risk assessments in targeting populations (Health MOT's)
19. Promote physical activity training within Primary Care and Pharmacy - My Best Move Education Programme
20. Investigate Health Champion Programme expanding to incorporate patient participation groups to create healthy lifestyle trainers within the practice.

Industry

Tackling obesity involves people eating fewer calories whilst undertaking more exercise and lessening time being sedentary. The Healthy Weight Forum does not advocate interfering in people's lives and telling people what they can or cannot eat. However, we suggest that the dramatic rise in obesity demonstrates that the problem will not be resolved by individual action alone. The significant impact of obesity on the nation's health dictates that a collective approach through industry, government and individual action is needed.



Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Industry: Supermarket layouts to increase prominence of healthy products		Lack of representation from Town Centre Planning on Healthy Weight Forum. Shop well – partnership with supermarkets and other shops / bodies. That teaches people how to shop, what to look for / food labelling and how to cook. Healthy food shopping on a budget sessions Host a 'How to cook' road-show – in shopping/community centres using cheap basic foods – need to consider a variety of styles i.e. healthier Indian & Caribbean cooking as well as English.	Look at Mytime model of Shop Well and Sainsbury's model of Type 2 Diabetics shopping sessions. Investigate implementation in Bromley. Promote Tier 2 weight management service in the May half term 2015 Intu shopping Centre health roadshow.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Reduce number of price promotions of high calorie foods/drinks		Introduce the NHS Health Check Discount card	
Nutritional labelling of packaged foods, restaurant and fast food outlet foods		Support Governments Responsibility Deal - good food labelling in Bromley	
Reduced portion sizes of food, high calorie drinks, packaged food, restaurants and fast food outlets.		Support Governments Sugar Reduction Policy – Decrease amount of energy dense foods readily available	
Reformulation of foods and drinks e.g. reduced sugar.		Provide support and guidance to retailers / caterers / restaurants on healthy ingredients – types of cooking oils, volume of salt, saturated fat and sugar in products	
Government: Public Health campaigns	GLAs Food programme Health Guidelines on food – RDAs on fat and salt. Change4Life campaigns aim to help families introduce healthy changes to their routines, facilitated by Public Health England and promoted at the local level though healthy lifestyle programmes.	Encourage Active Transport Increase number of NHS Health Checks Standardise use of change for life logo in Bromley	

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Tax on certain types of food		Add tax on 'unhealthy' foods	
Obesity Champions	Health and Wellbeing Board Obesity Sub-Group – Chair and Vice Chair are champions GP obesity champion	Senior political support for this coordinated approach is needed to ensure any potential divisions and gaps between services and organisations are overcome. A political 'champion' is needed to tackling the problem and ensure commitment and progress is made.	Obesity Subgroup and will feedback progress to the Health and Wellbeing board. Raise confidence in community to get people out and active Health champions gives the public a voice / public engagement
Media: Restrict advertising of high-calorie foods			
Advertising / Promotion		Communication is a key issue. No social media use by Council to disseminate information Information for the public - need to get better at disseminating information. Need to review LBB web-site as it is not easy to access information / incorrect information hosted currently.	Councillor Angela Page - To investigate the accessibility of information available. PH Vascular Nurse Improve LBB website health information and access. Healthwatch to communicate outcomes of the Health Weight Forum and any associated pathways to the public.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
		Need a strategic plan/communication plan to raise the profile. Produce a reference guide/directory of local services to advice patients and direct them for further support. More awareness of programmes at local gyms. Raise confidence in community to get people out and active. Promote services / programmes / sports clubs / groups at community events such as the Cray day.	Signposting to healthy options/activities. Diabetes Support Group – Communicate to members activities taking place around healthy weight management. Friends groups / buddy system to new activities. Better integration of the Community Health Trainer Programme and voluntary support. Use the Health champions to spread health information within the community at partner events.

Recommendations to take forward in year 1

21. Look at Mytime model of Shop Well and Sainsbury's model of Type 2 Diabetics shopping sessions. Investigate implementation in Bromley.
22. Introduce the NHS Health Check Discount card
23. Host a 'How to cook' road-show – in shopping/community centres using cheap basic foods
24. Improve LBB website health information and access.
25. Improve usage of social media to disseminate information
26. Need a strategic communications plan to raise the profile

Urban Redesign

We now live in an ‘obesogenic environment’ that leads to ‘passive obesity’. Our environment makes healthy living difficult and many unhealthy behaviours are common because they are the ‘easy’ option. For example, many parents drive their children to school for this is perceived as a preferable (and often easier) option than allowing children to walk or cycle once factors such as safety and bike storage are factored in. However, the healthy choice should be the default choice.

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Active transport, cycling / walking	Mytime – Mytime Exercise Referral Hub informs people of healthy physical activity programmes e.g. health walks, cycling on prescription LBB Cycling – Discounted / Subsidised bicycles	Designing streets and roads to encourage more walking and cycling Increase cycle parking provision in • Workplaces • Residential • On-street • Key locations e.g. parks Cycle hire scheme at stations	LBB cycling team - to agree cycling strategy including increased cycle storage and cycle hire and implement. Affinity Sutton - Work with Mytime and LBB Cycling team to increase young people riding bikes, undertaking bike maintenance courses and increasing bike storage.
Increase community sports facilities / activities	Mytime - Smalls pots of funding for groups to increase activity – Community Fund (next round September 2015) Sports facilities – Leisure centres /sports halls, Golf courses, sports clubs. Green Gyms. Outdoor Gyms.	Volunteer groups to lead community run programmes/groups to promote physical activity/healthy eating – church halls etc.	Map current facilities including leisure centres, sports clubs / athletics track etc and sporting activities available. Pro-Active Bromley - To ensure that the 2016-21 strategy for Pro-Active Bromley includes specific recommendations for tacking obesity issues within Bromley, particularly raising awareness

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
	Planning - 'Proud Place / the Big Local' work in Mottingham.		of the need to promote healthy living within the education sector.
Parks and Green Spaces	Mytime - Door step partnership activities – engaging 16-25 years old in sport. Men in sheds Age UK Bromley & Greenwich project. Park Run. Grow time in the Cray's - 52 allotments. Wide ranging calendar of events and activities in Parks. Deficiency Map protection of existing parks and open spaces.	Evidence required for play space amenity. PH need for play spaces and new facilities – priority locations in borough. Highlight the value of accessible open spaces and the cost of economic inactivity. Increase PHOF 1.16 utilisation of outdoor space for exercise/health reasons.	LBB parks - Map all of the opportunities going on in parks and greenspaces and provide contact details for each activity. LBB Planning - Continue to protect local parks / and publically accessible open spaces. Conduct facility mapping against health need - Prioritise locations for new facilities such as playgrounds, green gyms, outdoor gyms, etc. PH evidence cost of economic inactivity – PHE return on investment tools.
Planning and Infrastructure	Access to open space – new developments – protecting existing Renewal Areas (planning) Crystal Palace Penge Anerley Mottingham	Address areas with higher levels of child obesity and adult and link with proximity of fast food/takeaways - need evidence (KFC planning application West Wickham). Outlets situated close to schools and youth facilities	LBB Planning / PH - Planning policy control fast food/take away in the borough. LBB Planning - Begin drafting planning's (summer 2015) local planning policy and guidance relating to hot food takeaways with public health colleagues to

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
	Cray Valley Bromley Common Current cycle parking provision – workplaces – residential – on street – identified priority locations. LBB Cycling - Bike recovery service. Outdoor gyms. LBB Cycling - New safer cycle routes and other cycling infrastructure.	undermine schools' healthy eating policies and wider efforts to tackle childhood obesity. Work with takeaway businesses to implement recommendations set out in the 'Takeaways Toolkit' (published by GLA). Support the planning applications for extra sporting facilities in the borough. Designing streets and roads to encourage more walking and cycling. Outdoor gyms - 2 in borough at moment – maybe plans for more. Public transport accessibility – (encourage non – car movement).	provide the evidence base; health/weight evidence. Obesity prevalence / schools proximity data. Investigate options to limit locations, restrict opening times, types of catering. Councillor Terrance Nathan - To prepare a report as to why the all-weather pitch at Kemnal should be permitted, at the planning committee meeting on 2nd April. AWP encourages activities such as walking football - This will be an asset to the community and encourage better health and wellbeing. Support planning applications for sporting facilities. Community Links - Help facilitate/act as conduit between the Healthy Weight Forum and the new Orpington Health and Wellbeing Centre partnership initiative (Proposed).

Interventions to Reduce Obesity	Partner examples in Bromley	Gaps in Provision	Partner actions
Housing Environment	Affinity Sutton: Neighbourhood investment officer & Mytime – emphasises young people bike riding. Introduced bike sheds. New cycle path through a housing estate. Community – level neighbourhood interventions e.g. big local – Mottingham	Lack of awareness of services.	Affinity Sutton – Join up Healthy Weight Forums prioritises and services with the Affinity Sutton Priority Neighbourhood agenda for residents.

Recommendations to take forward in year 1

27. LBB Planning / PH - Provide evidence based recommendations to promote a restrictive planning policy to control fast food/take aways in the borough
28. Councillor Terrance Nathan – Support the development of an all-weather pitch at Kemnal
29. Map current facilities including leisure centres, sports clubs / athletics track etc and sporting activities available.
30. Pro-Active Bromley - To ensure that the 2016-21 strategy for Pro-Active Bromley includes specific recommendations for tacking obesity issues within Bromley, particularly raising awareness of the need to promote healthy living within the education sector
31. Submit outdoor gym evaluation report
32. Mytime Active - Work with partners to increase usage of leisure facilities and sports halls
33. Conduct facility mapping against health need - Prioritise locations for new facilities such as playgrounds, green gyms, outdoor gyms, etc
34. PH evidence cost of economic inactivity – PHE return on investment tools
35. Support planning applications for sporting facilities
36. Join up provider services with Affinity Sutton residents and community initiatives such as the Big Local Funding
37. Affinity Sutton - Work with Mytime and LBB Cycling team to increase young people riding bikes, undertaking bike maintenance courses and increasing bike storage

Role of the Healthy Weight Forum

- Raise the profile of tackling obesity
- Map the current activity from different organisations that tackle obesity
- ‘Join-up’ the work of different services and organisations so that resources are maximised to their full potential through coordinated approaches
- Co-ordinate effective communication of information and services related to obesity prevention
- Lead cross cutting obesity programmes that need a partnership approach to be delivered e.g. planning and active environments
- Actively promote healthier choices and promote health education

Appendix 1 - Partners that attended the Healthy Weight Forum.

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

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

Appendix 2 - Healthy Weight indicators mapping by ward.

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

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

Source: Joint Strategic Needs Assessment

REFERENCES

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

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**9th July 2015.**
Decision Type:	Non Urgent Non-Executive Non-Key
Title:	**Health and Wellbeing Board Matters Arising and Work Programme**
Contact Officer:	Stephen Wood, Democratic Services Officer Tel: 0208 313 4316 E-mail Stephen.wood@bromley.gov.uk
Chief Officer:	Mark Bowen, Director of Corporate Services
Ward:	N/A

1. Reason for report

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

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

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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.

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 –4th June 2015.

Agenda Item	Action	Officer	Notes	Status
10 BCF Updates. (16/10/14)	BCF and Integration progress updates to be provided to the Board as a regular item.	**Richard Hills**	It was proposed at the meeting on 16/10/14 that from time to time, BCF progress updates would be provided to the Board. This was raised again at the meeting on 29/01/15, and 26/03/2015. A standing item will now remain on the HWB agenda for the overall integration programme including BCF.	**Ongoing**
9 Primary Care Developments. (29/01/15)	The HWB should be updated as appropriate concerning progress on the development of primary care co-commissioning.	**Angela Bhan.**	It was requested at the HWB meeting on the 29/01/15 that the HWB should be updated as appropriate concerning progress on primary care co-commissioning.	**Ongoing**
7 Better Care Fund – Governance & Work Programme. (26/03/2015)	JICE will be accountable for reporting on progress back into the Health and Wellbeing Board and propose that the integrated care programme be a standing item on the HWB agenda.	**Richard Hills**	Basically the same point as made in the preceding action concerning BCF Updates, but in a different context. BCF and Integration updates will be a standing item for the foreseeable future.	**Ongoing**
3 Minutes of the Meeting-29/01/15— Community Services Integration.	Members were informed that LBB, along with BHC and the BCCG would be seeking to tender a bid into a new NHS investment fund that had been set up to support integration"	**Angela Bhan Nada Lemic**	The HWB is awaiting an update on the bid to the new NHS investment fund.	**New**
3 Minutes of the Meeting-29/01/15— Overview of Primary Care	It was noted that G.P.'s were a provider group in the strategic plan, as well as being involved in commissioning. The Board acknowledged a potential conflict of interest, but at the same time noted	**HWB**		

Developments.	that it was difficult to proceed with a commissioning process without clinical and GP input. The Board agreed that this was an issue that would require proper governance and scrutiny**.**	**HWB**	The HWB awaits clarification of the governance and scrutiny process.	**New**
3 Dementia Working Group Update- 29/01/15	The DWG had forged links with an important group known as the "Dementia Alliance", and this was a promising relationship. The DWG would be meeting shortly with two leading officers from the Dementia Alliance to see how the two parties could work together.	**Dementia Working Group**	Update to the Board required concerning the meeting of the DWG (Dementia Working Group) and the "Dementia Alliance"	**New**
Minutes-29/03/15 **Chairman's Update**	It was resolved that the Health Scrutiny Committee report back to the HWB concerning Monitor's report on the PRU, subsequent to the meeting of the HSC on the 15th April 2015. (PRU=Princess Royal University Hospital)	**Representative of Health Services Committee or ImPOWER.**	Awaiting update from the Health Scrutiny Sub Committee.	**New**
Minutes-29/03/15 **Update on Dementia and Cognitive Development:**	It was suggested to the Board that it should look at developing a specific vision for improving dementia care in line with BCF plans.	**HWB**	HWB to consider how to develop the vision to improve dementia care in line with BCF plans.	**New**
Minutes-29/03/15 **Update on Dementia and Cognitive Development:**	The Assistant Director for Adult Social Care informed the Board that a Dementia Stakeholder event had recently been held to identify who was doing what, and that this information was being collated and disseminated.	**Stephen John**	Update to be provided on the Dementia Stakeholder Event.	**New**
Minutes-29/03/15 **Update on Dementia and**	It was proposed that Oxleas would reconfigure current staff and services to integrate with the re-introduction of a		Update to the Board required concerning the reconfiguration of Oxleas staff and services to integrate with the NICE	**New**

Cognitive Development:	NICE compliant post diagnostic pathway, which would include cognitive stimulation and other prescribed interventions**.**		compliant post dementia diagnostic pathway.	
Minutes-29/03/15 **Bromley Healthwatch Report**	Resolved that the CCG meet with Healthwatch to discuss the report further**.**	**Linda Gabriel/ Angela Bhan**	Has the meeting taken place between Healthwatch and the CCG.	**New**
Minutes-29/03/15 **Dementia Working Group Update**	The Board were informed that a conference had been held on the 11th March 2015—"Living Well with Dementia". Feedback would come to the Board in due course. It was planned that there would be a dementia awareness day in May 2015.	**Councillor William Huntington Thresher**	Feedback to the HWB required on the "Living Well with Dementia" conference and the Dementia Awareness Day.	**New**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2015/16

Title	Notes
Health and Wellbeing Board—July 9th 2015.	
Work Programme and Matters Arising	Steve Wood
Primary Care Co-Commissioning Update	CCG
2015 – 18 Health & Wellbeing Strategy – Outline	Nada Lemic
Integration Programme	Richard Hills
Health and Wellbeing Centre-Orpington	CCG
Quality Premium Indicators	CCG
Update on PRU Monitor Report	ImPOWER
Update on Task and Finish Working Groups	Group Leads
Health and Wellbeing Board—October 8th 2015	
Work Programme and Matters Arising	Steve Wood
Integration Programme	CCG
JSNA Update	Agnes Marossy
2015 – 18 Health & Wellbeing Strategy – sign off	Nada Lemic
Bromley Safeguarding Children Board Annual Report and Business Plan	Bromley Safeguarding Children Board
Winterbourne View Recommendations Update	Stephen John/Peter Davis
Health and Wellbeing Board—February 11th 2016	
Work Programme and Matters Arising	Steve Wood
Integration Programme	CCG
Health and Wellbeing Board—21st April 2016	
Work Programme and Matters Arising	Steve Wood
Integration Programme	CCG
Winterbourne View Recommendations Update	Stephen John/Peter Davies

Outstanding items to be scheduled
Care Act Progress Updates.
Shortage of GP Provision in Bromley Town Centre.
Co-Commissioning Updates.
Update on meeting between Healthwatch and CCG.
An update on the bid made to the New NHS Investment Fund
Commissioning of Primary Care--update on Governance and Scrutiny Protocols.
Update to the Board required concerning the reconfiguration of Oxleas staff and services to integrate with the NICE compliant post dementia diagnostic pathway.
The Board to consider how to develop the vision to improve dementia care in line with BCF plans
Update to the Board concerning the reconfiguration of Oxleas staff and services to integrate with the NICE compliant post diagnostic pathway.

Appendix 3

Dates of Meetings and Report Deadline Dates

The Agenda for meetings MUST be published five clear days before the meeting. Agendas are only dispatched on a Tuesday.

Report Deadlines are the final date by which the report can be submitted to Democratic Services. Report Authors will need to ensure that their report has been signed off by the relevant chief officers before submission.

Date of Meeting	Report Deadline	Agenda Published
8th October 2015	29th September	30th September 2015
11th February 2016	2nd February 2016	3rd February 2016
21st April 2016	18th March 2016	21st March 2016

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

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

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

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

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

London Borough of Bromley

Constitution

Health & Wellbeing Board

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 5

GLOSSARY:

Glossary of Abbreviations – Health & Wellbeing Board

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

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

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