

## **HEALTH AND WELLBEING BOARD**

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

### **Present:**

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

Dr Nada Lemic, Director of Public Health

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

### **Also Present:**

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

## **1 APOLOGIES FOR ABSENCE**

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

## **2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

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

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

No questions were received.

## **5 PRIMARY CARE CO-COMMISSIONING UPDATE**

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

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

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

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

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

## **6 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

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

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

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

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

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

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

**RESOLVED:**

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

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

**7 HEALTH AND WELLBEING STRATEGY UPDATE**

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

**8 PRESENTATION FROM MIND ON WORKING FOR WELLBEING SERVICE**

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

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

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

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

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

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

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

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

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

## **9 UPDATE ON THE TRANSFORMATION PROJECT FOR HEALTH AND SOCIAL CARE**

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

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

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

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

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

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

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

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

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

## **11 SHORTAGE OF GP PROVISION IN BROMLEY TOWN CENTRE**

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

## **12 UPDATES FROM SUB GROUPS**

### **A) Obesity Sub Group**

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

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

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

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

### **B) Diabetes Sub Group**

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

This suggestion would be taken forward.

### **C) Dementia Sub Group**

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

### **D) Adolescent Mental Health Sub Group**

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

## **13 WORK PROGRAMME AND MATTERS ARISING**

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

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

**RESOLVED: That the updated work programme be noted.**

## **14 ANY OTHER BUSINESS**

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

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

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

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

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

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

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

## **15            DATE OF THE NEXT MEETING**

The Board noted the next meeting was scheduled for 11<sup>th</sup> February 2016.

**Appendix A**

**Appendix B**

The Meeting ended at 11.02 am

Chairman

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# BROMLEY WORKING FOR WELLBEING

working together for better mental health

Bromley Working for Wellbeing is  
a service delivered in partnership  
between



Bromley &  
Lewisham



**Bromley  
Healthcare**  
better together



**O&F CS**  
Orpington & Farnborough Counselling Service

# Who are we?

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

# Service History

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

# What do we offer?

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

# Nature of support

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

# Structure of Service in 2015

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

## How you can get help?

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

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

**Call 0300 003 3000\***

[www.bromleyworkingforwellbeing.org.uk](http://www.bromleyworkingforwellbeing.org.uk)

### Need urgent help?

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

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

*Alternatively:*

- Go to your nearest A&E

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

## Tell us what you think

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

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

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

### **Bromley Healthcare CIC**

Global House

10 Station Approach

Hayes, Kent BR2 7EH

[contact@bromleyhealthcare-cic.nhs.uk](mailto:contact@bromleyhealthcare-cic.nhs.uk)

[www.bromleyhealthcare.org.uk](http://www.bromleyhealthcare.org.uk)

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

### **Bromley & Lewisham Mind**

29 London Road

Bromley, Kent BR1 1DG

[bmw@blmind.org.uk](mailto:bmw@blmind.org.uk)

[www.blmind.org.uk](http://www.blmind.org.uk)



## Stressed? Down?

*let's talk it through*

**Free talking therapies for adults**  
registered with a Bromley GP



## Welcome to Bromley Working for Wellbeing

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

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



If you are experiencing:

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

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

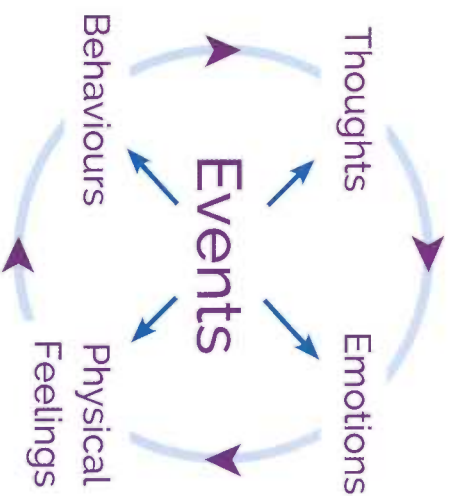


### We offer Talking Therapies

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

### What is CBT?

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



### Problems at work?

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

### Confidentiality

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

### Where are we based?

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

### Improving Access to Psychological Therapies (IAPT)

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

[www.iapt.nhs.uk](http://www.iapt.nhs.uk)

NHS

Bromley & Lewisham

Mind

Bromley Healthcare

BCCS

OFCS

Working for Wellbeing



## HEALTH AND WELLBEING BOARD MEETING ON 8<sup>TH</sup> DECEMBER 2015

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

#### 1. Better Care Fund

- 1.1 Better Care Fund Settlement will be after the Local Government Finance Settlement which is now expected on 16<sup>th</sup> December. The additional funding of £1.5bn for Better Care Fund by 2019/20 (equates to about £7.5m for Bromley) will be back-loaded and is expected to be paid direct to local authorities. Whether the £1.5bn is cumulative is yet to be confirmed.
- 1.2 The first year of additional funding for the Better Care Fund commences in 2017/18. The majority of funding will come from new homes bonus currently paid to local authorities (£800m out of £1.5bn and Bromley was originally expected to receive £5.5m in 2016/17) which will explain why most of the funding will be provided at the end of the spending review period.
- 1.3 For planning purposes, at this stage, we have to assume that the 2016/17 Better Care Fund will be at least the same as the 2015/16 funding.
- 1.4 However, the 2016/17 Better Care Fund may increase to take into account the additional funding to NHS (£6bn per annum in 2016/17 rising to £10bn per annum by 2019/20) This will depend on the decision made by NHS England (with CCGs) on how the money is distributed – that decision is expected a few days after Local Government Finance Settlement.
- 1.5 The additional funding for the NHS assumes that NHS Efficiency Savings of £22bn will be delivered by 2020 (over £1bn for South East London Health community which could impact on social care).

#### 2. Social Care and Health Integration

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

#### 3. Social Care Precept

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

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

## Adult social care

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

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

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

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

## Integrating and devolving health and social care

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

<sup>44</sup> Council Tax Levels set by Local Authorities in England 2015-16, DCLG, March 2015.

<sup>45</sup> Internal Department of Health data.



Public Health  
England

Protecting and improving the nation's health

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

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

PHE Gateway Number: 2015-502

27 November 2015

Dear everyone

### Spending Review

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

First, as anticipated, there will be a reduction. The Chancellor talked about savings in the public health grant, which will be an average real terms saving of 3.9% each year to 2020/21. This translates into a further cash reduction of 9.6% in addition to the £200 million of savings that were announced earlier this year. From the baseline of £3,461m (which includes 0-5 commissioning and takes account of the £200m savings) the savings will be phased in at 2.2% in 16/17, 2.5% in 17/18, 2.6% in each of the two following years, and flat cash in 20/21. £347k £344k £410k (further £1.2m)

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

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

The Spending Review made a number of further commitments including:

- a commitment to retain the public health grant for 16/17 and 17/18 in order to complete the transition of 0-5s and to work through what we will all need in a world without a ringfence.
- a clear signal that the public health grant will be replaced as we move to a model based on retained business rates. The detail of how this will work needs to be worked through and will be subject to full consultation. We will obviously be keen to ensure that any redistribution mechanism reflects health need and does not exacerbate health inequalities.

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