

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 2 June 2016

Present:

Councillor David Jefferys (Chairman)

Councillors Ruth Bennett, Kim Botting and Stephen Carr

Stephen John, Assistant Director: Adult Social Care

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

Linda Gabriel, Healthwatch Bromley
Janet Tibbalds, Community Links

Also Present:

Dr Agnes Marossy, Consultant in Public Health

58 APOLOGIES FOR ABSENCE

Apologies were received from Cllr Robert Evans, Cllr Diane Smith, Cllr Colin Smith, Cllr Ian Dunn, Cllr William Huntington Thresher and from Cllr Pauline Tunnicliffe. Cllr Kim Botting attended as the Alternate for Cllr Tunnicliffe.

Apologies were also received from Ian Dallaway from Community Links, and Janet Tibbalds attended as Alternate.

Further apologies were received from Annie Callanan, Kay Weiss and Dr Nada Lemic.

59 DECLARATIONS OF INTEREST

There were no new declarations of interest.

60 MINUTES OF THE PREVIOUS MEETING HELD ON 21st APRIL 2016

The minutes of the previous meeting held on 21st April 2016 were agreed.

61 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC

No questions were received.

62 HEALTH AND SOCIAL CARE INTEGRATION UPDATE

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

Dr Bhan commenced by stating that the Health and Social Care Integration Board chaired by Cllr Carr was continuing to meet.

Department of Health (DoH) and Department for Communities and Local Government (DCLG) representatives met with Lorna Blackwood and Jackie Goad from LBB and Mark Cheung and Dr Bhan from the CCG the previous week. This was not a formal meeting, but was convened to touch base and to discuss progress made to date. There was also discussion around the new guidance that was expected for health and social care integration. The representatives from the DoH and the DCLG were impressed by the quality of work that had been undertaken to date in Bromley at an operational level. It had been agreed that all concerned would stay in close contact.

Cllr Stephen Carr stated that discussions around the integration of Health and Social Care were ongoing and still at an early stage. A further exploration of issues was required. Agreement was still needed in certain areas, but he was pleased with the progress made to date. He recognised the need for the welfare of local residents to be a priority in all of the negotiations taking place around health and social care integration. Cllr Carr stated that it was important that the integration process be effective, and that high quality services be put in place. He noted the importance of effective prevention, and stated that all of these factors were especially important for the social care and acute services sectors.

Mr Stephen John informed the Board that LBB and the CCG were involved with various working groups that had been established to develop care pathways; no definite agreement existed currently, and discussions were ongoing.

The Board were briefed that LBB and the CCG were still on track in terms of developing the overall integration plans, and that an important area of work being analysed for the development of Integrated Care Networks (ICNs), was sorting out finances and budgets.

Dr Bhan informed the Board that in line with the development of a “frailty pathway”, a new Frailty Unit was being planned. She also informed the Board that an away day had been arranged the following week to discuss the Transfer of Care Bureau (TOCB). The plan for the TOCB was to gather together all the various providers into single units at each hospital. It was hoped that this would then reduce the length of time that people had to remain in hospital. Dr Bhan stated that extra care packages had been purchased, but it remained to be seen if this would be sustainable.

The Chairman suggested that developments concerning the new Frailty Unit and TOCB be added to the HWB Work Programme. Dr Bhan pointed out that all providers had signed up to a memorandum of understanding concerning metrics, which included the incentive pilot.

RESOLVED that updates concerning the development of the Frailty Pathway and the TOCB be added to the HWB work programme.

63 TRADING STANDARDS CONTRIBUTION TO HEALTH AND WELLBEING

Rob Vale, (Head of Trading Standards & Community Safety) attended the meeting to answer any questions that may have arisen around his written report on the contribution made by Trading Standards to the health and wellbeing of Bromley residents. He also attended to deliver a PowerPoint presentation entitled, "Fix You," which was a presentation that showed how Trading Standards was working to protect vulnerable Bromley residents.

The report outlined the key work areas which contributed to the Health and Wellbeing Agenda priorities of the Service.

The Board heard that Trading Standards enforced a wide range of legislation that tackled criminal activity (such as doorstep crime), and misleading trading that adversely effected consumers, especially those who were older or otherwise vulnerable.

Training and awareness raising events were provided by Trading Standards to all their partners, both statutory and voluntary, these included bank staff, fire officers, care workers and postal workers. Information packs were provided to older and vulnerable residents. The Board were informed that a Rapid Response number was available for the public to use to report any incident where a suspected crime was taking place. Trading Standards benefited from the services of a financial investigator that sat within the team.

The Board were informed that another important area of work undertaken by Trading Standards was tackling the supply of illegal tobacco and alcohol. This was a problem, as illegal and cheap tobacco increased the supply of this substance on the market, with the consequent detrimental effects on public health. Counterfeit tobacco had been shown to contain higher levels of nicotine and more harmful carbon monoxide than standard tobacco products.

With respect to alcohol, the Board were concerned to hear that vodka was the most counterfeited spirit, and could include fake versions of well-known brands as well as brand names not commonly known. Ingredients could include ant-freeze, screen wash or nail polish remover which could cause blindness, or in the worst cases, death. There had been recent seizures of non-duty paid tobacco which had failed to comply with UK packaging.

Mr Vale explained to the Board that another very important part of the work of trading standards, was to tackle the supply of age restricted goods, particularly alcohol. This was undertaken by enforcing the "Challenge 25" verification system. Work had also been undertaken to reduce the supply of dangerous and counterfeit products, and psychoactive substances.

After outlining the main points of the report, Mr Vale proceeded with his PowerPoint presentation, the summary of which is outlined below:

- Victims were persuaded to part with money as a result of postal, telephone or electronic communications received at home
- Victims were persuaded to part with money as a result of door step scams
- The average age of victims of scams and door step crime was 74
- Old and lonely people were more likely to be scammed, and the problem of loneliness was linked to cognitive decline
- Financial scamming often had very serious consequences for individuals and for society, and in many cases could constitute a life changing event
- The effects of being defrauded in your own home could be very serious, including a loss of confidence, greater susceptibility to repeat crime and 2.5 times more likely to either need care or to die in the next 5 years
- Other consequences of being a victim of fraud in your own home included depression, and a withdrawal and isolation from family and friends
- Mr Vale outlined the data concerning the current and predicted figures around the elderly population in Bromley, combined with the increase in individuals suffering from dementia. This meant that the problem in Bromley would probably worsen
- It was the case that the reporting of scams and doorstep crime could be as little as 5%
- Work was being undertaken to disseminate information to partners, and to potential victims
- Calls to the Trading Standards emergency helpline had been increasing—the emergency helpline number was 07903 852 090
- It was estimated that £2.5m had been saved by Trading Standards interventions and disruption since 2006
- The presentation included quotes from victim impact statements

Cllr Carr asked Mr Vale if it was possible to ascertain how successful the work had been. Mr Vale responded that this was difficult to empirically qualify, and that the main aim of the work was to raise awareness and reporting. He stated that surveys had shown that cold callers were not welcomed. Trading Standards provided stickers that people could display to deter cold callers, but nevertheless, cold calling was not unlawful. It was agreed that although the work of Trading Standards could not prevent cold callers, it was successful in raising awareness,

reporting and in the dissemination of knowledge.

Dr Andrew Parson commented that he had seen patients in his practice that had suffered from these scams, and that the impact on their mental health was significant. He suggested that it would be helpful to disseminate information concerning cold calling and scammers via primary care agents such as Community Matrons. Dr Parsons felt that it may be good to show the presentation to GP Practice Managers.

Mr Vale highlighted a case to the Board of an 89 year old individual that had recently lost £39k life savings, and the impact that this had had not only on the individual concerned, but also on the rest of the family. In these cases there would also be a corresponding knock on effect that would impact on services.

The Chairman wondered if elected ward councillors could also play a role in the promotion and dissemination of appropriate information. Mr Vale stated that he appreciated the current support shown by Members, and that he was also planning to take his presentation to Resident's Associations.

Linda Gabriel stated that she would encourage the dissemination of information via Healthwatch and Mind. Mr Vale responded that he had already presented to Mind, and that he was presenting to the Royal Voluntary Service in Bromley the following week. Indeed it was the case that Trading Standards was planning to focus on engagement with the voluntary sector much more.

Cllr Ruth Bennett, felt that it was imperative to get families involved, and to use services like ex-directory, and the call preference scheme. It may also be wise to set up a separate bank account that the elderly or vulnerable person did not have access to, and grant power of attorney to a trusted family member. This would mean that if a scammer or cold caller got hold of the original account which would contain limited funds, the resultant financial loss would be greatly diminished.

It was noted that the presentation had been shown previously to the Public Protection and Safety PDS Committee, and that it may be shown at a future date to the Safer Bromley Partnership Strategic Group. It was also suggested that Mr Vale present to the Women's Institute, and Mr Vale confirmed that he would be happy to do this.

The Chairman thanked Mr Vale for his excellent and informative presentation, and for all of the excellent work being undertaken by Trading Standards, which contributed positively to the health and wellbeing of Bromley residents , and also to the aims and objectives of the Council.

RESOLVED that the Health and Wellbeing Board note the report and presentation from Bromley Trading Standards.

64 JSNA UPDATE

The Joint Strategic Needs Assessment (JSNA) update was provided by Dr Agnes Marossy.

The JSNA Steering Group had agreed the content for the JSNA over the next two year period and this was detailed in Appendix A. The Integrated Care Network format would appear in Year 2, as the data was not yet available in the appropriate format.

In year one, there would be an in depth analysis of homelessness and domestic abuse. In year two, the emphasis would be on Learning Disability and Carers.

The success of compiling the information required for the JSNA was dependant on the outcome of a big data search across GP practices.

Dr Marossy and the Chairman referred the Board to the letter from Action on Smoking and Health that had been tabled. The letter referred to a report entitled, "The Stolen Years: The Mental Health and Smoking Action Report". The report contained specific recommendations for action to be taken by Health and Wellbeing Boards.

RESOLVED that the JSNA updated be noted, and that a revised update be brought to the Board when the relevant data is available.

65 HWB STRATEGY UPDATE

The HWB strategy update was given by Dr Agnes Marossy.

Dr Marossy stated that the current plan was to adhere to the existing HWB strategy until more JSNA data was available. The Chairman felt that the matter of falls deserved consideration as a possible HWB priority, and that this should be discussed at a future meeting of the Board. The Chairman also raised the matter of developing digital connectivity, and health Apps, and wondered if there was anything that LBB or the CCG could do to develop this area.

Dr Bhan referred the Board to the London Digital Roadmap that was currently being developed. It was hoped that the 111 service would be developed so that it had greater connectivity with other health services. It was hoped that development of the Health Help App would progress so that it could be used to identify local health services. The evaluation of the App was good, and 70% of users stated that they would use the service again. This was part of the ever growing digitalisation and connectivity of health related services.

Cllr Botting referenced the "Sugar App" that she felt was very good, and very popular with young people. Dr Marossy confirmed that this was Public Health England product.

The Chairman concluded by stating that it may be a useful exercise to try and quantify the impact and gains of digitalisation in the health sector.

RESOLVED:

- (1) that the matter of falls be discussed at a future meeting**
- (2) that the existing HWB Strategy be maintained for the present time**
- (3) that the Strategy be reviewed after fresh JSNA data became available**

66 MENTAL HEALTH TASK AND FINISH GROUP UPDATE

There was no update from the Mental Health Task and Finish Group as the initial meeting of the Group (scheduled for the same morning) had been cancelled due to the illness of the Group's Chairman.

A new meeting would be rescheduled in the near future, and all members of the Group and the HWB would be notified.

67 ELECTIVE ORTHOPAEDIC CENTRES

Dr Bhan informed the Board that a presentation had been given recently concerning Elective Orthopaedic Centres to the Joint Health Oversight Committee.

Currently, elective orthopaedic centres in the south east were located at eight centres, run by four Trusts. The difficulty now facing the NHS and the CCG was how to manage inpatient elective orthopaedic care in the future, when faced with the dual pressures imposed on the service by increased demand, and financial constraints. As part of the Healthier South East London Plan, it was proposed to potentially centralise inpatient elective orthopaedic surgery at two of the eight existing centres. It was hoped that this would provide a better overall standard of care, and eradicate the current inequalities that existed in south east London.

Dr Bhan mentioned that the strategy had evolved from the work done by Professor Tim WR Briggs (Consultant Orthopaedic Surgeon-Royal National Orthopaedic Hospital) who had written a report entitled, "Getting it Right First Time". It was expected that the two new centres would benefit from economies of scale, and it was likely that one centre would be set up in inner London, and one in outer London. Dr Bhan informed the Board a confirmed model already existed, and that the proposals would be brought before the Joint Committee of CCGs as part of the consultation process. To date, the proposals were supported by clinicians and evaluation groups.

The Chairman asked who was likely to be the provider. Dr Bhan informed the Board who the current providers were, and stated that the new providers had not been decided. Cllr Carr asked why the private sector had not been considered to be a provider. He felt that this could provide welcome competition and efficiencies. Dr Bhan responded that there was an existing model and pathway in the NHS. Cllr Carr expressed the view that this may not necessarily be the best pathway.

Dr Bhan continued by stating that issues such as post-operative complications had to be considered. Dr Parson highlighted the need for experienced surgeons with the requisite skills and experience, and that in most cases post-surgery, the NHS would be integral in putting in place relevant care and support packages. Individuals had to be prepared to be fit again and different sectors in the NHS would be involved in various aspects of care and support post-surgery. It was also hoped that economies of scale would result in better patient care, less cancellations, and better infection control.

The Chairman noted that what was being proposed was a profound change in the delivery of elective surgery, and was also a big change for local residents. Dr Bhan commented that current provision on the Orpington site was good, but was only provided on a small scale. She stated that if a private provider was to get involved, the provider would have to build a new centre.

Cllr Ruth Bennett felt that what was required was to sell/market the principle of the new elective orthopaedic centres correctly. The public needed assurances that the new centres would provide better outcomes. It was agreed that this was an issue that should remain as a standing item on the agenda for the foreseeable future.

RESOLVED that the matter of Elective Orthopaedic Centres remain as a standing item until further notice.

68 PHLEBOTOMY UPDATE

Dr Bhan informed the Board that the current walk in services would be retained and improved where possible.

It was noted that the public liked the phlebotomy services provided by GPs. It was acknowledged however, that GP's required more resources, and this was something that was being looked at. It was still the case that the review of phlebotomy services would be completed by the end of June 2016, and that recommendations would be implemented by the end of 2017.

Cllr Bennett commented that it may be prudent to make greater use of technology in booking phlebotomy appointments.

69 WORK PROGRAMME AND MATTERS ARISING

The Board was briefed by Mr Wood (Committee Secretary) on matters arising from the previous meeting.

It had been noted in the Matters Arising report that the BCF Local Plan had been submitted to NHS England on the 3rd May 2016. A response was due by 13th May 2016. At the time of the meeting, the response had not been received. Members of the Board would be updated when the response was available.

It was noted that the Board had requested regular updates concerning the ongoing review of the phlebotomy service, and so this would remain on the agenda for the foreseeable future.

The report noted that the Mental Health Task and Finish Group was due to give an update to the Board at the meeting. As previously mentioned, the meeting did not take place, and so an update could not be provided. Members would be provided with a revised meeting date in due course.

The report noted that it was originally intended that the working agreement document pertaining to the Bromley Safeguarding Children's Board (BSCB) and the HWB would be presented to the HWB for sign off at the June meeting. It was noted that the BSCB had deferred presenting the document until the HWB meeting on July 28th 2016.

Members noted the current Work Programme. Additionally, the Board had been supplied with copies of a letter that had been signed off collaboratively by the Royal College of Psychiatrists, Rethink Mental Illness, the Royal College of Nursing and Action on Smoking and Health (ASH). The letter drew attention to a report that had recently been written by ASH entitled, "*The Stolen Years: The Mental Health and Smoking Action Report*". The report highlighted the problem of the high prevalence of smoking amongst those in society with mental health issues, and the subsequent effect of health and morbidity. The report outlined a series of recommendations to Health and Wellbeing Boards, where action was requested.

RESOLVED that a written response to the recommendations of "The Stolen Years" be drafted for the attention of the Board at the July meeting.

70 ANY OTHER BUSINESS

No other business was discussed.

71 DATE OF THE NEXT MEETING

The Board noted that the next meeting was scheduled for 28th July 2016.

The Board discussed whether this date should be brought forward, and also whether a meeting on that date was actually needed.

It was agreed to retain the meeting date for the moment, and to monitor developments to see if the meeting in July would be required.

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

73 PART 2 MINUTES FROM THE PREVIOUS MEETING HELD ON 21st APRIL 2016

The part 2 minutes of the meeting held on 21st April 2016 were agreed as a correct record.

Health and Wellbeing Board
2 June 2016

The Meeting ended at 2.45 pm

Chairman