BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

THE LONDON BOROUGH
www.bromley.gov.uk

TELEPHONE: 020 8464 3333
CONTACT: Steve Wood
stephen.wood@bromley.gov.uk

DIRECT LINE: 020 8313 4316
FAX: 020 8290 0608

DATE: 24 May 2016

To: Members of the
HEALTH AND WELLBEING BOARD

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

London Borough of Bromley Officers:

Stephen John	Assistant Director: Adult Social Care
Dr Nada Lemic	Director of Public Health
Kay Weiss	Director: Children's Services

Clinical Commissioning Group:

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

NHS England:

Mark Edginton	Head of Assurance - NHS England

Bromley Safeguarding Children Board:

Annie Callanan	Independent Chair - Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Ian Dallaway	Chairman, Community Links Bromley
Linda Gabriel	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 2 JUNE 2016 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE PREVIOUS MEETING HELD ON 21ST APRIL 2016 (Pages 1 - 12)

4 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on 26th May 2016

5 HEALTH AND SOCIAL CARE INTEGRATION UPDATE

6 TRADING STANDARDS CONTRIBUTION TO HEALTH AND WELLBEING (Pages 13 - 24)

7 JSNA UPDATE (Pages 25 - 28)

8 HWB STRATEGY UPDATE

9 MENTAL HEALTH TASK AND FINISH GROUP UPDATE

10 ELECTIVE ORTHOPAEDIC CENTRES

11 PHLEBOTOMY UPDATE

12 WORK PROGRAMME AND MATTERS ARISING (Pages 29 - 40)

13 ANY OTHER BUSINESS

14 DATE OF THE NEXT MEETING

The date of the next meeting is July 28th 2016.

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

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

16 PART 2 MINUTES FROM THE PREVIOUS MEETING HELD ON 21ST APRIL 2016 (Pages 41 - 44)

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 21 April 2016

Present:

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

Stephen John, Assistant Director: Adult Social Care
Dr Nada Lemic, Director of Public Health
Kay Weiss, Director: Children's Services

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member-Bromley CCG
Dr Andrew Parson, Clinical Chairman CCG
Annie Callanan, Independent Chair - Bromley Safeguarding Children Board
Ian Dallaway, Chairman, Community Links Bromley

Also Present:

Richard Hills (Education, Care & Health Services) and Dr Jenny Selway (Bromley Health Authority) Folake Segun (Healthwatch)

39 APOLOGIES FOR ABSENCE

Apologies were received from Cllrs Pauline Tunnicliffe, Terence Nathan and Ruth Bennett.

Apologies were also received from Linda Gabriel, and Folake Segun attended as substitute.

40 DECLARATIONS OF INTEREST

There were no new declarations of interest.

41 MINUTES OF THE PREVIOUS MEETING HELD ON 11TH FEBRUARY 2016

The minutes were agreed subject to the following inclusion:

Minute 35:

"the VSSN is a forum composed of the larger health related charities, Age UK, Mind, Mencap, Carers, and CAB."….

RESOLVED that the minutes of the meeting held on the 11th February 2016 be signed and agreed as a correct record.

42 QUESTIONS FROM COUNCILLORS AND FROM MEMBERS OF THE PUBLIC

No questions were received.

43 WORK PROGRAMME AND MATTERS ARISING

CSD16063

The report was presented to the Board so that members could review the Work Programme and the progress that had been made on matters arising from previous meetings. The Board were requested to consider what items (if any) should be removed from the list of outstanding items to be scheduled. The Board were encouraged to suggest new items for the Work Programme going forward.

Concerning the update on dementia and cognitive development, it was felt that due to the development of the Integrated Care Network (ICN) programme, and the development of the Dementia Hub, this action could now be regarded as completed. The PRUH update had been completed, along with the feedback from the CCG to Healthwatch concerning their Annual Report; both these actions could therefore be regarded as completed.

It was noted that enquiries had been made to LBB Communications around the possibility of providing a link on the LBB website to the Working for Wellbeing Partnership. Action was being undertaken concerning this, and so it was agreed that this action point could be closed. The matter concerning the Mental Health Sub Group was discussed under the agenda item concerning the Mental Health Champion. The Board noted that a programme plan document concerning out of hospital care in Bromley had been supplied as requested, and that this had been incorporated onto the agenda. This action could therefore be regarded as completed.

The Board noted that minute 24 of the previous meeting (concerning the Work Programme) stated that Dr Jenny Selway would attend the April 2016 meeting to provide a report concerning the mental health of young people and adolescents in Bromley. This was going ahead, and was item 16 on the agenda. The report was marked as a part 2 item as some of the information in the report was of a sensitive nature. This would be expanded upon in the part 2 minutes. This action was therefore regarded as completed.

It was noted at the previous meeting that the development of the HWB strategic priorities would be discussed further at the April meeting; this was item 10 on the agenda. It was noted at the meeting that further consideration of the Strategic Priorities would be given at the next meeting, subsequent to data input received from the updated JSNA.

It was confirmed that the date of the next meeting was June 2nd 2016, and that for the moment the date should still stand. If key reports were not ready in time, then the meeting would be cancelled, and the Board would meet again on July 28th 2016.

RESOLVED that the Work Programme and Matters Arising report be noted, and that the Work Programme be amended as outlined above.

44 TRANSFORMIMG SOCIAL CARE PROGRAMME TIMETABLE

At the previous meeting of the HWB on 11th February 2016, the Board noted a briefing paper that had been drafted by Mary Currie, the Interim Director of Transformation at Bromley CCG. The purpose of the report was to provide an update on the proposed direction of travel for the plans concerning out of hospital care in Bromley. The Chairman had requested that a Gantt chart be provided so that members of the Board would get a clearer understanding of the project schedule.

The High Level Programme Plan was therefore added to the agenda as item 6. The Board noted that the implementation date for Integrated Care Networks (ICN) was 1st October 2016. The Board were informed that as part of a cohesive strategy, all three ICN hubs would be activated simultaneously. Dr Bhan informed the Board that Kings, Bromley Health Care, Oxleas, and St. Christopher's were all happy to sign a memorandum of understanding; this should be completed by the end of April or the beginning of May 2016.

Dr Bhan informed the Board that it was anticipated that six or seven key voluntary organisations were likely to be involved. It was also the case that a presentation had been made to the LBB Cabinet on the same day as the meeting of the HWB, and this was to update them on progress with the ICN programme. Dr Bhan continued that plans were being developed to integrate geriatric services and case management, and also to increase the capacity of mental health crisis support centres. A frailty pathway was being developed, and data sharing agreements were in place. GP contracts were being developed and aligned, and plans were being developed to increase the roles of pharmaceutical services.

Ian Dallaway emphasised the role of the voluntary sector in the integration process. Councillor William Huntington Thresher hoped that there would be a development of the role of Community Pharmacy Services. Dr Bhan mentioned that it was important that the public understood how to correctly administer medication to themselves. A high percentage of admissions to Accident and Emergency were related to patients not taking medication correctly.

RESOLVED that the High Level Programme Plan be noted.

45 PRIMARY CARE CO-COMMISSIONING UPDATE

The Primary Care Co-Commissioning update was given by Dr Angela Bhan.

Dr Bhan reminded the Board that with respect to the CCG Co-Commissioning Process, there were three stages:

- Level 1—the CCG has a limited input
- Level 2—The CCG would co-commission with NHS England
- Level 3—The CCG would commission independently

Dr Bhan stated that although Bromley CCG was technically still at level 2, it was the case that in reality they were operating at level 3 in shadow form.

The Board were reminded that progress concerning GP contracts had been looked at in depth during the previous meeting. Dr Bhan informed the Board that the London Wide LMC (Local Medical Committee) had requested a pause in negotiations, and that this had been the case until the end of March. Negotiations had resumed, and it was hoped that these would be completed by the end of May. It was anticipated that all of the negotiations around the contracts and the equalisation process, would be completed by the end of May.

Resolved that the Primary Care Co-Commissioning update be noted.

46 HEALTH AND SOCIAL CARE INTEGRATION UPDATE

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

Dr Bhan explained to the Board that discussions around Integration were ongoing between the CCG and LBB, and that much good work had already been accomplished. There was a requirement for a more robust governance structure. It was a requirement of the Government and NHS England that an Integration Plan be finalised by 2017.

47 BCF LOCAL PLAN 2016-2017

The BCF Local Plan 2016/17 was presented as a joint paper on behalf of Chief Officers from LBB and BCCG. Dr Bhan thanked Richard Hills for his hard work in drafting the Plan. The Board heard that BCF funding would continue for the 2016/17 financial year, and that the minimum amount required for Bromley as set out by NHS England was £21, 611,000. This had been created mainly from CCG baselines, and so was not new money. The aim was that LBB and BCCG would provide a whole system integration plan for 2017. It was imperative that the joint integration work be properly funded. The BCF Local Plan report was required to be approved by the Health and Wellbeing Board.

The Board were informed that after the final plan was signed off by the HWB, the plan would be submitted to NHS England by 3rd May 2016. The Board were briefed on the national conditions that the Bromley Plan would be required to meet. Local areas would subsequently be required to demonstrate how the local plans would be pooled together to meet these requirements. The local plan would have to demonstrate how services would be integrated to benefit residents.

The Board were briefed concerning a local example of pooled BCF commissioning which was Bromley's new Dementia Hub that was scheduled to launch in July. The Dementia Hub had been developed to address needs that had been identified by the JSNA. In this regard, the key metric for 2016/17 was to provide adequate support for post diagnosed dementia.

Section 6.3 of the report highlighted the expenditure assumptions for 2016/17. An update to these assumptions had been emailed to members of the Board during the week before the meeting. The Board were advised that the legislative basis for the Better Care Fund derived from an amended version of the NHS Act 2006— amended by the Care Act 2014. This allowed NHS England to include specific requirements for the establishment and use of an integration fund.

The Board were briefed concerning the conditions that would have to be met in Bromley to access the BCF Funding:

- A requirement that the Better Care Fund be transferred into one or more pooled funds, established under section 75 of the NHS Act 2006
- A requirement that the HWB agree how local monies should be spent, with the plans signed off by both LBB and Bromley CCG
- A requirement that the plans be approved by NHS England in consultation with the Department for Heath, and the Department for Communities and Local Government.
- A requirement that a proportion of the areas allocation will be subject to new conditions which may include a wide range of services, including social care

The Board heard that a need for change had been identified in six key areas:

1. A need to improve joined up working
2. A need to improve access to care
3. A need to improve care coordination
4. A need to improve the use of resources
5. A need to deliver proactive care
6. A need to improve care capacity and capability

Section 7.4 of the BCF Local Plan document identified 10 key areas of focus for the BCF Integration Programme:

1- **Risk Stratification—**it was important to identify patients that were lower down on the risk pyramid, to try and stop them from moving up

2- **Care Plans—**it was vital that all partners input into care plans, and that these plans be easily accessible

3- **Single Point of Access—**it was imperative that patients were aware of a single access point for services

4- **Shared Patient Records—**accessible by all

5- **Named Point of Contact—**it was key that both patients and professionals benefit from a named point of contact

6- **Accountability—**issues around legal and medical accountability needed to be clarified

7- **Simple Referrals—**the referral process should be simple, with all health care professionals empowered to make referrals, and not just GP's

8- **Care Co-ordinator Role—**it was essential that this role would be able to work across organisational boundaries

9- **Integrated Teams—**these were regarded by GP's as being of significant value

10- **Clear Role Definitions—**this would be required for every role in the new system

Cllr Evans expressed concern regarding the issue of "simple referrals". He agreed with the principle of improving gateways to care, but was worried that in this case the gateways may be too easily opened. Dr Bhan reassured Cllr Evans that this would not be the case. Although the plan was to make referrals simpler, the gateway path would still be robust.

Cllr Evans asked for clarification as to what was meant by "social prescribing". Dr Bhan answered that this was a reference to providing an intervention to provide a service that was not necessarily a clinical service or drug. It could include the provision of support for a luncheon club, and would be likely to involve the voluntary sector. Such interventions would also hopefully have positive mental health outcomes.

The BCF Plan was seen as the initial stage in moving towards a provider led system where providers would work together to achieve outcomes and were incentivised to do so, this was in line with the general direction of travel that had been outlined in the NHS 5 year Forward View. Also in line with the Forward View was the drawing in of the third sector as a core provider. It was hoped that with support, the third sector would be able to bid directly for delivery elements of the new model where non-clinical solutions were required.

The Board were briefed on the 8 National Conditions that had been laid down by NHS England to receive BCF Funding, these were:

1-Health and Social Care Plans were to be jointly agreed between LBB and the CCG

2- Social Care Services were to be maintained

3- Agreement for the delivery of 7 day services across Health and Social Care

4- Better data sharing between Health and Social Care, based on the NHS Number

5- Ensuring a joint approach to assessment and care planning, and that there would be an accountable professional

6- Agreement on the consequential impact of the changes on the providers that were predicted to be substantially affected by the plans

7- Agreement to invest in NHS commissioned out of hospital services

8- Agreement on a local target for Delayed Transfer of Care (DTOC) and the development of a joint action plan

Cllr Evans wondered if the agreement for 7 day services across health and social care was realistic. Dr Bhan responded that 7 day packages were expected, and in many cases already existed. Care packages could be set up on the weekend. Stephen John informed the Board that there was Social Worker availability in hospitals on the weekend.

Cllr Evans asked what issues currently existed around information sharing. Dr Bhan responded that she was conscious of the issues that existed around information sharing, and that it was important to avoid duplication. The Chairman enquired if the stage had now been reached where data could be properly shared and integrated. Stephen John informed the Board that Information Sharing Agreements had been signed off. The sharing of IT systems was a problematic issue, as organisations used different systems; work was ongoing to simplify this.

Cllr William Huntington Thresher asked if information and data linked to end of life care was available to the emergency services. Dr Andrew Parson stated that work to coordinate this was in progress. The Board was in general agreement that the integration process should make this easier. Harvey Guntrip asked how the issue of data sharing was linked to private carers. Dr Bhan responded that GPs took care of this. Dr Parson stated that a document signed by health professionals would be available to out of hours services.

Cllr Evans referred to section 10.3 of the report where it was stated that Bromley had an “unrealistically” low level of admissions to residential/care homes. He queried what was meant by the term “unrealistic” in this context. It was agreed that the term “unrealistic” was misleading in this context, and would be omitted from the final draft of the document.

Ian Dallaway referred to section 12.1 of the report that referenced the BCF planning template. There was some confusion as to where this template was located. It was clarified that the template was a reference to the table located on page 34 of the report—section 6.3—BCF expenditure assumptions. Mr Dallaway directed the attention of the Board to section 9.37 (Condition 8) of the report where there was a reference to the Delayed Transfer of Care Plan (DTOC) and enquired when this plan would be finalised. Dr Bhan confirmed that the DTOC plans had not been finalised at this stage. This was an issue that would be required to be brought back to the Board for an update.

A Member alluded to section 10.2 of the report, which noted a rise in emergency admissions at the local acute hospital. Dr Bhan explained that when an individual was admitted to one of the units with chest pains, he/she would be assessed, and then re-assessed 4 hours later. Whilst waiting for the second assessment, the patient would be placed in a holding ward. The second assessments were being counted as "re-admissions", and this had increased the overall admission figures.

In conclusion, the Board were reminded of the announcement that was made at the Comprehensive Spending Review in 2015. The announcement made it clear that BCF was the just the first phase on the road to health and care integration:

"The Better Care Fund has set the foundation, but the Government wants to further, faster deliver joined up care. The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country,. Every part of the country must have a plan for this in 2017, implemented in 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the Government's key criteria for devolution."

The Board noted that the Plan was an ongoing challenge with respect to aligning the priorities of both organisations, but that significant progress had been made in the development of an integration plan for 2017.

RESOLVED that the BCF Local Plan for 2016/17 be noted, and agreement and consent be given by the Board for the plan to be submitted to NHS England.

48 HEALTH AND WELLBEING BOARD STRATEGY

Dr Nada Lemic opened the discussion around the development of the Health and Wellbeing Board Strategy. It was noted that areas of high and low burden, together with areas that were improving and worsening had been outlined at the previous meeting. The Chairman had expressed the view that alcohol mis-use and issues around Carers could be considered as possible future priorities. Others had expressed concern around the issues of homelessness and the mental health of young people.

Dr Lemic stated that she was waiting for new data from the updated JSNA, so the HWB Strategy would for the time being continue to be based around existing priorities. It was possible that the HWB may decide to adopt homelessness and alcohol mis-use as new priorities. New data around homelessness would be available from the next JSNA. The matter would be revisited in the meeting in June 2016.

RESOLVED that the HWB strategic priorities update be noted, and that the issue be discussed at the next meeting subsequent to new data being available from the JSNA

49 PHLEBOTOMY UPDATE

Dr Bhan informed the Board that the walk in services at Kings, the Beacon and the PRUH would be retained. In some cases there were problems with waiting times. The CCG were looking to commission a booked approach in addition to the retention of walk in services. It was noted that patients liked the phlebotomy services provided by GP surgeries. The plan of the CCG was to commission a mixed economy of services, and that all procurement issues would be finalised in June 2016. It was envisaged that new services would be in place by the commencement of 2017.

RESOLVED that the phlebotomy update be noted, and that regular updates be provided to the Board.

50 NOMINATION OF MENTAL HEALTH CHAMPION

At the previous meeting, there had been a brief discussion concerning whether or not it was appropriate to appoint a Mental Health Champion (MHC). It had been resolved that the role of the Mental Health Champion be clarified, and the matter be revisited at the next meeting in April 2016.

The Chairman opened the discussion by suggesting that the role of the mental health champion might be a collective one, to reflect the points raised at the previous meeting and in follow up bilateral conversations. Cllr Evans explained that the original idea for a mental health champion had been raised by Cllr Kathy Bance at Full Council. He noted that other boroughs had mental health champions. Previously, LBB had appointed champions for Design and Heritage, and that Cllr Tunnicliffe had been appointed as the Champion for Young People; a precedent therefore existed. He suggested that Cllr Kathy Bance be considered for the role of MHC, as this was an area in which she had a keen interest.

Mr Dallaway stated that Mencap and Mind would have an interest in the matter, and so it may be prudent to approach them to see if they were interested in appointing a representative. Cllr Ian Dunn stated that if a committee were formed to take on the role of MHC, this may be counterproductive as decision making could be hindered as no one may take overall responsibility.

Cllr Diane Smith suggested that it may be appropriate to set up a mental health sub group/task and finish group. Stephen John agreed with Cllr Evans and Cllr Dunn in that he was also of the view that the role would be diluted by a committee; he felt that this was a high profile role that should be allocated to a Councillor. Folake Segun similarly felt that this was a high profile role that should be allocated to a Councillor, and that it may be prudent to consult with other boroughs to see what they were doing in this regard.

Harvey Guntrip favoured a hands on and proactive approach and suggested enrolling staff onto a “mental health first aid” course that would have practical and tangible benefits. The Chairman suggested that both courses of action could be actioned in parallel as they were not mutually exclusive. He asked Mr Guntrip if he would like to chair a newly formed Task and Finish Group, and Mr Guntrip

accepted. Cllr Evans proposed that Cllr Bance be co-opted as a member of the new working group. Cllr Diane Smith and Folake Segun both expressed an interest in being appointed to the group. Dr Bhan added that she may be able to facilitate the appointment of a mental health commissioner, and possibly a GP. Cllr Dunn also expressed an interest in joining the working group.

RESOLVED that a mental health task and finish group be set up, and that this be chaired by Mr Harvey Guntrip.

51 REPORTS FROM SUB GROUPS

52 Obesity Sub Group

Cllr Angela Page stated that she had no more to add to the briefing incorporated onto the agenda. There was going to be a meeting of the sub group on the 12th May 2016, and members of the HWB were welcome to attend.

RESOLVED that the Obesity Sub Group update be noted.

53 Dementia Sub Group

At the previous meeting it had been resolved that the Dementia Sub Group be retained for the present time.

Councillor William Huntington Thresher felt that the aims and objectives of the Dementia Sub Group had been achieved, and that all that was now required was for some “tidying up” to take place

RESOLVED that the Dementia Sub Group be paused for a year.

54 ITEMS FOR THE NEXT MEETING AND THE WORK PROGRAMME

Annie Callanan referred to the working agreement between the Bromley Safeguarding Children's Board (BSCB) and the Bromley Health and Wellbeing Board. The document had been signed off by the Bromley Directors of Children’s Services and Ms Callanan as Independent Chair of the BSCB.

Ms Callanan asked if she could bring the signed MoU/working agreement to the next HWBB for agreement and ratification. The Chairman agreed that it could come to the next Health and Wellbeing Board as an agenda item for agreement and, if agreed, for ratification.

RESOLVED that the working agreement document pertaining to the BSCB and the HWB be brought to the next meeting of the HWB, so that agreement and ratification could be sought.

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

56 SUPPORT FOR ADOLESCENT MENTAL HEALTH ISSUES

This report was drafted by Dr Jenny Selway—Consultant in Public Health Medicine. The report described the approach in Bromley to address local adolescent mental health issues and the emerging picture across South East London. Work in Bromley had initially concentrated on the management of self-harm, but had now broadened to address general mental health issues in children and young people in Bromley.

The full minutes are detailed in the part 2 minutes.

RESOLVED

(1) that Dr Jenny Selway be appointed as a member of the newly formed Mental Health Task and Finish Group

(2) that Dr Selway report back to the HWB in six months' time

57 DATE OF THE NEXT MEETING

The Meeting ended at 3.37 pm

Chairman

This page is left intentionally blank

Report No.

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **HEALTH AND WELLBEING BOARD**

Date: **Thursday 2 June 2016**

Decision Type: Non-Urgent Executive Non-Executive Key Non-Key

Title: **TRADING STANDARDS CONTRIBUTION TO HEALTH AND WELLBEING**

Contact Officer: Rob Vale, Head of Trading Standards & Community Safety
Tel: 020 8313 4785 E-mail: Rob.Vale@bromley.gov.uk

Chief Officer: Executive Director of Environment & Community Services

Ward: All

---

1. Reason for report

The purpose of this report is to keep the Health & Wellbeing Board members informed of the work areas of Trading Standards which contribute health and wellbeing and the strategic vision of “Live an Independent, healthy and happy life for longer.”

---

2. RECOMMENDATION(S)

Members of the board are asked to note the report.

Corporate Policy

1. Policy Status: Not Applicable:
2. BBB Priority: Children and Young People Excellent Council Quality Environment Safer Bromley Supporting Independence Vibrant, Thriving Town Centres:

Financial

1. Cost of proposal: Not Applicable:
2. Ongoing costs: Not Applicable:
3. Budget head/performance centre: Public Protection and Safety Portfolio
4. Total current budget for this head: £381,130
5. Source of funding: Existing Revenue Budget 2016/17

Staff

1. Number of staff (current and additional): 7.17fte plus 0.5 mgt
2. If from existing staff resources, number of staff hours: NA

Legal

1. Legal Requirement: Statutory Requirement:
2. Call-in: Applicable Not Applicable:

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All residents, businesses and visitors to the borough

---

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: NA

3. COMMENTARY

3.1 Trading Standards practitioners are key partners in local efforts to improve the health and wellbeing of the community. This service has a wide remit which has an impact on every resident and visitor to the borough on a daily basis and contributes to the Council's Building a Better Bromley Vision.

3.2 The purpose of the trading standards service is to provide a fair and safe trading environment for consumers and businesses in the borough. The aims and objectives of the service are set out in a control strategy which identifies key priorities derived from a number of data sets which include previous complaints, intelligence from Citizens Advice National database, local knowledge and findings in the Joint Strategic Needs Assessment.

3.3 The key work areas which contribute to the Health & Wellbeing Agenda priorities of the service are set out below. Appendix one details these activities and includes information on the outputs and impact of the work undertaken by the team.

3.4 <u>TACKLING ILLEGAL & CRIMINAL ACTIVITIES</u>

3.5 S.42 of the Care Act 2014 requires local authorities to make enquiries, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect in their area and to find out what, if any, action may be needed. The Act recognises the risk posed by financial abuse/crime on individuals and society. Scams and doorstep crime constitute financial abuse.

3.6 Trading Standards enforce a wide range of legislation that tackles criminal activity (such as doorstep crime) and misleading trading that adversely impact on consumers, especially those who are older or otherwise vulnerable.

3.7 We provide training and awareness raising events to all our partners, both statutory and voluntary including bank staff, fire officers, care workers and postal workers; we also give talks to community groups and volunteers who provide befriending services to older people. We provide information packs to older residents which include door stickers and advice about scams

3.8 A rapid response service is provided to any incident where a crime is taking place and there is an opportunity to disrupt, prevent or pursue. Where evidence is readily obtainable, robust enforcement action is taken against all those responsible for offences against vulnerable residents, including those who facilitate the crime by allowing their banks accounts to be used by perpetrators. A financial investigator sits within the team to support investigations where proceeds of crime can be identified.

3.9 <u>TACKLING THE SUPPLY OF ILLICIT TOBACCO & ALCOHOL</u>

3.10 The low price of illicit tobacco makes them more accessible to people, as well as children, increasing tobacco use, undermining the overall strategy to decrease smoking/alcohol consumption. Counterfeit tobacco has been shown to contain even higher levels of nicotine and more harmful carbon monoxide.

3.11 Vodka is the most counterfeited spirit and can include fake versions of well-known brands as well as brand names not commonly known. Ingredients can include ant-freeze, screen wash or nail polish remover which can cause blindness or in the worst cases, death.

3.12 Trading Standards delivers a proportionate response to these issues, acting on intelligence received and working with partners such as HMRC, police and colleagues across south east

London and using specialist tobacco detection dogs. There have been recent seizures of non-duty paid tobacco which failed to comply with UK packaging.

3.13 TACKLING THE ILLEGAL SUPPLY OF AGE RESTRICTED GOODS

3.14 In the UK, a significant proportion of children have not only experienced drinking by the time they are 18, but many have also admitted to having consumed alcohol to harmful levels by the age of 15. Evidence also indicates that alcohol plays a significant role in the amount of crime committed by people under the age of 18.

3.15 Over the past few years Trading Standards has made significant progress in tackling the problem of under age drinking in the borough. A regular and robust programme of covert test purchasing has resulted in a number of licensed premises being held to account a licensing reviews, resulting in additional conditions being applied to the premises licence, and in some cases temporary suspensions.

3.16 The Challenge 25 age verification system has been encouraged for several years, with the service providing free posters, door stickers, shelf wobblers and badges in order to support small retailers comply with their legal obligations. Accredited training is also offered to businesses who are considered to be at risk of selling alcohol and tobacco to under age people.

3.17 PRODUCT SAFETY AND COUNTERFEIT GOODS

3.18 Unlike manufacturers of the original products, counterfeiters do not usually comply with safety regulations which means fake products can be dangerous.

3.19 The sale of unsafe goods can have a major impact on the health of consumers, with potentially life threatening consequences. The recent “hover-board” craze saw the UK market flooded with cheap and dangerous imports, and Bromley Trading Standards took action to remove dangerous versions advertised by local importers.

3.20 Other issues of late include the import of cheap replica i-phone charges which are prone to catching fire when left unattended. Recent intelligence reports from the National Safety at Ports and Borders Teams resulted in the seizure of over 2000 chargers and other items which were destined for the UK market.

3.21 Trading Standards has also worked with Police to tackle the sale of psychoactive substances which can have a significant effect on the health and wellbeing of users, as well as the local community.

4. POLICY IMPLICATIONS

See body of the report

5. FINANCIAL IMPLICATIONS

The budget for Trading Standards 2016/17 is set as follows:

Staffing £381,130

Car allowances £16,570

6. LEGAL IMPLICATIONS

All legislation enforced by trading standards includes a “duty to enforce” provision.

Non-Applicable Sections:	Personnel implications
Background Documents: (Access via Contact Officer)	Financial Scamming – A Brief Guide – Bournemouth University From Rogue Traders to Organised Crime Groups: Doorstep Fraud of Older Adults – Coretta Phillips – British Journal of Criminology Feb 2016

This page is left intentionally blank

Appendix 1 Summary of Trading Standards contribution to the Health & Wellbeing Agenda

<table>
<tr><th>Activity</th><th>Aims & objectives</th><th>Partners & outputs</th></tr>
<tr><td>Tackling illegal & criminal activities through enforcement and prevention</td><td>The demographics of Bromley reflect an ageing population which is rising, and the number of people with dementia set to increase significantly over the next 30 years. Loneliness is linked with the deterioration of health which can put individuals at greater risk of cognitive decline, a factor to becoming a victim of scams and doorstep crime.

The effects of being defrauded in your own home include loss of confidence, more susceptible to repeat crime, depression and withdrawal from family and friends.

DOORSTEP CRIME (DC): Victims are persuaded to apart with money for bogus or grossly overpriced property repairs as a result of a cold call or leaflet through the door. In extreme cases, vulnerable residents have been targeted by organised crime groups and transported to their bank to make large cash withdrawals, or facilitate electronic transfers to third party accounts. In some cases they have been repeatedly targeted resulting in significant economic detriment and emotional harm. The victim profile tends to be elderly residents living in alone.

Victims often feel embarrassed and refrain from admitting their actions to friends, family and the authorities. As a result, financial scamming is under reported. It is estimated that only 1% to 10% are reported.

Our response to this financial abuse has been to provide a rapid response to any “live” reported incidents to intercept any cash/electronic transfers and seek the arrest and ultimate prosecution of those responsible. In most cases the perpetrators distance themselves from the scene of crime and, together with the often unwillingness of the victim to take matters further due to their frailty, this makes prosecutions very difficult.

Providing a reactive response to reported incidents is a key priority, but on-going preventative activity is equally critical to prevent residents from becoming victims in the first place. Trading Standards has set out to raise the profile of the crime within the community, targeting high risk groups with</td><td>Partners include Police, Fire Service, Royal Mail, Victim Support, Adult Safeguarding, Bromleyhealthcare and Banks; Age UK, other voluntary sector organisations such as Careplus, Bromley Royal Volunteer Service, Public Health, Neighbourhood Watch, Citizens Advice, national Scambuster teams, HMRC,

<u>TABLE 1: Talks, awareness raising, training</u>

<table>
<tr><th>Talk/training type</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th></tr>
<tr><td>Talk to community group</td><td>41</td><td>48</td><td>38</td><td>64</td></tr>
<tr><td>Training to partner</td><td>31</td><td>20</td><td>23</td><td>48</td></tr>
<tr><td>Number of attendees</td><td>2,150</td><td>2,328</td><td>1,937</td><td>2,896</td></tr>
</table>

<u>TABLE 2: Referrals of DC and MMF to Trading Standards from partners</u>

<table>
<tr><th>Performance Indicators</th><th>2012</th><th>2013</th><th>2014</th><th>2015</th></tr>
<tr><td>Calls to rapid response number</td><td>206</td><td>234</td><td>201</td><td>246</td></tr>
<tr><td>Referrals of DC and MMF from Banks</td><td>24</td><td>15</td><td>22</td><td>42</td></tr>
<tr><td>Referrals of DC and MMF from safeguarding partners</td><td>17</td><td>17</td><td>19</td><td>27</td></tr>
</table>
</td></tr>
</table>

advice on how to protect themselves from the tactics of cold callers and encourage neighbours to report suspicious activity in their areas. As a result, we have seen a significant increase in the level of reporting since 2010. (See table 2 Appendix 2)

MASS MARKETING FRAUD (MMF): Victims are persuaded to part with money as a result of postal, telephone or electronic communication received at home in exchange for prizes, money, good fortune etc. Once a response is made by a victim, the perpetrator will not only send more scam letters but also sell the victim's details to other organised criminals to do the same. In many cases the financial loss is severe enough to impact an individual's well being and day to day standard of living. Victims may go without food, re-mortgage their home or take out loans to fund scams and debts caused by scams.

Trading Standards has expanded our work in relation to intervening with victims of mass marketing fraud by linking with a national intelligence project led by East Sussex Trading Standards which identifies vulnerable Bromley households in receipt of unsolicited scam mail.

As a result of this partnership working we have visited more than 500 residents since 2013 to check they are not victims of mass marketing fraud and offer advice to ensure they remain resistant to such attempts.

Further work is on-going to form stronger links with voluntary partners such as Age UK, Care Plus and Victim Support in order that effective referrals can be made to provide continued safeguarding of these victims, many of whom have full capacity and are therefore deemed to have made an unwise decision, but remain vulnerable to MMF and DC as a result of social isolation, loneliness or ill health.

As with DC, significant resource is invested in raising awareness of MMF and empowering residents and community members with the knowledge to recognise their tricks of the scammers and avoid becoming victims, or repeat victims. A summary of our activity can be found in Appendix 2, together with a summary of the key work areas which contribute to the Health & Wellbeing vision.

TABLE 3: Incidents of DC reported, disruptions and financial impact

	2012	**2013**	**2014**	**2015**
Doorstep Crime incidents	105	99	128	155
Disruption and prevention visits	145	115	133	141
Money saved	£254k	£555k	£174k	£233k
Money lost	£221k	£704k	£320k	£430k

<table>
<tr>
<td>Tackling the supply of illicit tobacco & alcohol</td>
<td>Bromley Trading Standards has worked with colleagues from trading standards and public health across south east London to raise awareness of the impact of illicit tobacco through publicity and carrying out joint enforcement operations with HMRC and specialist tobacco dogs.

A survey of smokers in 2013 into the availability of illicit tobacco indicates prevalence in Bromley is low, although it estimated 16% of the tobacco market was illicit. More recent intelligence suggests the supply of non-duty paid tobacco in Bromley is sold within a closed network of businesses and customers which makes detection very difficult.

Trading Standards currently delivers a proportionate response which involves enforcement action with tobacco dogs and responding to any intelligence received.

Regular intelligence alerts of counterfeit alcohol are circulated by the food standards agency and any local complaints are investigated as a priority.

In recent years Trading Standards in Bromley have seized fake bottles of Jacobs Creek and cases of Bollinger Champagne, on sale in a local shop having been purchased from a man in a white van.</td>
<td>Police, HMRC, South East London Illicit Tobacco Network</td>
</tr>
<tr>
<td>Tackling the illegal supply of age restricted goods to children</td>
<td>Over the past few years Trading Standards has made significant progress in tackling the problem of under age drinking in the borough. A regular and robust programme of covert test purchasing has resulted in a number of licensed premises being held to account a licensing reviews, resulting in additional conditions being applied to the premises licence, and in some cases temporary suspensions.

The Challenge 25 age verification system has been encouraged for several years, with the service providing free posters, door stickers, shelf wobblers and badges in order to support small retailers comply with their legal obligations. Accredited training is also provided to businesses who are considered to be at risk of selling alcohol and tobacco to under age people.

Recent years have seen a steady decline in the numbers of businesses who have failed test purchases.</td>
<td>Key Partners are Police, Public Health, Volunteer Police Cadets

TABLE 4: % of test purchases where no sale occurred
<table>
<tr><th>% Compliant</th><th>2012/13</th><th>2013/14</th><th>2014/15</th></tr>
<tr><td>Alcohol</td><td>77%</td><td>77%</td><td>95%</td></tr>
<tr><td>Tobacco</td><td>85%</td><td>84%</td><td>90%</td></tr>
<tr><td>Fireworks</td><td>95%</td><td>84%</td><td>97%</td></tr>
</table>
</td>
</tr>
</table>

Product safety & counterfeit goods	Unlike manufacturers of the original products, counterfeiters do not usually comply with safety regulations which means fake products can be dangerous. The sale of unsafe goods can have a major impact on the health of consumers, with potentially life threatening consequences. The recent "hover-board" craze saw the UK market flooded with cheap and dangerous imports, and Bromley Trading Standards policed the removal from sale by several importers in the borough. Common issues of late include the import of cheap replica i-phone charges which are prone to catching fire when left unattended and recent intelligence report resulted in the seizure of over 2000 chargers and other items which were destined for the UK market. The supply of psychoactive substances from a shop in Orpington in 2015 had a significant effect on the health and wellbeing of the local community and the young people purchasing and using the product. Significant increases in anti-social behaviour in the area were reported, together with regular reports of young people being stopped by police and found in possession of the substance. In some cases the London Ambulance Service were called to assist users of the substances who had collapsed in the street. Joint working with local police led to a raid on the premises under warrant and a significant quantity of so called "legal highs" being seized and ultimately ordered to be forfeited by local magistrates. This action effectively closed down the business. Preventing the supply of unsafe and counterfeit consumer products, psychoactive substances, animal feeds by enforcing product safety laws and working with regional colleagues on pan London safety projects to ensure a consistent approach.	London Trading Standards, Citizens Advice, National Safety at Ports and Borders Team, Police, Association of London Environmental Health Managers

TABLE 3: Incidents of DC reported, disruptions and financial impact

	2012	2013	2014	2015	*caused by Kent based trader who targeted Bromley residents between 2012 and 2013.
Doorstep Crime incidents	105	99	128	155	
Disruption and prevention visits	145*	115	133	141	
Money saved	£254,448	£555,238	£174,307	£233,016	
Money lost	£221,904	£704,043	£320, 354	£430,913	

TABLE 4: % of test purchases where no sale occurred

% Compliant	2012/13	2013/14	2014/15	Police cadets are often used to carry out the covert test purchase, wearing covert recording equipment to provide evidence of an illegal sale. 18 year olds are also used to test the challenge 25 policy.
Alcohol	77%	77%	95%	
Tobacco	85%	84%	90%	
Fireworks	95%	84%	97%	

This page is left intentionally blank

[Type text]

Report No.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **Thursday 2nd June 2016**

Report Title: **Update on the 2016 JSNA**

Report Author: Dr Agnes Marossy, Consultant in Public Health, ECHS
Tel: 020 8461 7531 E-mail: agnes.marossy@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

1. SUMMARY

1.1 Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008. Original guidance set out an expectation that the JSNA be carried out jointly by the director of public health, director of adult social services and director of children's services.

1.2 The aim of the JSNA is 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 future (five to ten years) to inform strategic planning commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

1.3 The JSNA is an evidence based document highlighting need, as such it is distinct from the Health & Wellbeing Strategy which it informs.

1.4 At the Health & Wellbeing Board Meeting on 8th December 2015, it was agreed that the next JSNA would be developed over a two year period and would incorporate a new format to demonstrate health needs in the newly configured Integrated Care Networks.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

At previous meetings the Health and Wellbeing Board (HWB) agreed that it would receive regular updates on the progress in completing the annual JSNA to increase knowledge which will assist in informing the HWB priorities. This report is an update on progress and content for the first year of the new JSNA.

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

3.1 Whilst the Public Health Team within the LB Bromley have the lead responsibility for completing the JSNA a project steering group has been established with representatives from

- Adult Social Care
- CCG Clinical Lead
- Children's Services
- Community Links Bromley
- Healthwatch Bromley
- LA Housing
- LA Planning
- Voluntary Sector Strategic Network

Health & Wellbeing Strategy

The JSNA is an evidence based document highlighting need, as such it is distinct from the Health & Wellbeing Strategy which it informs. The Health & Wellbeing Strategy outlines the priorities (based on the JSNA) agreed by the Health & Wellbeing Board together with the proposed actions and expected outcomes.

Financial

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 JSNA will record progress against the Public Health Outcome Indicators.

---

4. COMMENTARY

4.1 2016 JSNA

The JSNA Steering Group has agreed the content for the JSNA over the two year period and this is shown in Appendix A.

The Integrated Care Network format will appear in Year 2, as the data is not yet available in the appropriate format.

5. FINANCIAL IMPLICATIONS

6. LEGAL IMPLICATIONS

Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008.

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

8. COMMENT FROM THE DIRECTOR OF PUBLIC HEALTH

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

JSNA Section		Year 1	Year 2
Demography		✓	✓
Life Expectancy & Burden of Disease		✓	✓
In Depth Areas		Homelessness	Learning Disability
		Domestic Violence	Carers
Integrated Care Network Profiles			✓
Updates on Populations of Interest	Children & Young People	✓	✓
	Older People	✓	
	Learning Disability		✓
	Physical Disability & Sensory Impairment	✓	
	Carers		✓
	Mental Health		✓
	Substance Misuse	✓	
	Alcohol	✓	
	End of Life Care	✓	
	Updates on Progress from Last Year's JSNA	✓	✓
	Useful References	✓	✓
	Executive Summary	✓	✓

CSD16074

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**2nd June 2016**
Decision Type:	Non Urgent Non-Executive Non-Key
Title:	**Health and Wellbeing Board Matters Arising and Work Programme**
Contact Officer:	Stephen Wood, Democratic Services Officer Tel: 0208 313 4316 E-mail Stephen.wood@bromley.gov.uk
Chief Officer:	Mark Bowen, Director of Corporate Services
Ward:	N/A

1. Reason for report

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

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

---

2. RECOMMENDATION

2.1 The Board is asked to review its Work Programme and progress on matters arising from previous meetings.

2.2 The Board is asked to consider what items (if any) need to be removed from "Outstanding Items to be scheduled.

2.3 The Board is encouraged to suggest new items for the Work Programme and for the next meeting.

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

Corporate Policy

1. Policy Status: Existing Policy:

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

---

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: **£335,590**

5. Source of funding: 2015/16 revenue budget

Staff

1. Number of staff (current and additional): There are 8 posts (7.27) 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

---

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 –Matters Arising from 21/04/16 and presented to HWB on 02/06/16

Agenda Item	Action	Officer	Notes	Status
Minute 43 21/04/16 **Work Programme and Matters Arising**	There should be an update on the HWB Strategic Priorities in June 2016. There would be a JSNA update in June 2016. It was confirmed that the June 2nd meeting would remain scheduled as long as the relevant reports were available.	**Dr Lemic** **Agnes Marossy**	Update to be provided based on latest JSNA data by Dr Agnes Marossy.	**New** **New**
Minute 47 21/04/16 **BCF Local Plan 2016/17**	Consent was provided by the Board, for the BCF Local Plan to be submitted to NHS England.	**Richard Hills**	BCF Local Plan submitted on 3rd May as planned. Response from NHS England due on 13th May	**Completed**
Minute 49 21/04/16 **Phlebotomy Update**	The Board requested regular phlebotomy updates.	**Dr Bhan**	The Board will be updated as required	**Ongoing**
Minute 50 21/04/16 **Nomination of Mental Health Champion**	It was resolved that a new Mental Health Task and Finish group be formed, and that Mr Harvey Guntrip be appointed as the Chairman.	**Working Group**	Group has been formed and Terms of Reference clarified. The Group will be meeting on the morning of June 2nd, and will report to the main board meeting in the afternoon.	**New**
Minute 54 21/04/16 Work Programme and Matters for next Agenda	It was agreed that the working agreement document pertaining to the BSCB and the HWB be brought to the next meeting for ratification	**Annie Callanan**	Report has been deferred to the meeting in July 2016	**New**

Minute 56 21/04/16 Support for Adolescent Mental Health	Dr Jenny Selway appointed to the new Mental Health Task and Finish Group. Dr Selway to report back to the HWB concerning Adolescent Mental Health in around 6 months' time	**Dr Selway.**	Update report would be due at the meeting scheduled for 6th October 2016.	**Ongoing**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2015/16

Title	Notes
Health and Wellbeing Board—2nd June 2016	
Work Programme and Matters Arising	Steve Wood
Integration Programme Update	Dr Bhan
Presentation from Trading Standards on Scams and Rogue Traders	Rob Vale
Phlebotomy Update	Dr Bhan
Updates from Mental Health Task and Finish Group	Harvey Guntrip
JSNA Update	Agnes Marossy
HWB Strategic Priorities	Dr Lemic
Elective Orthopaedic Centres	
Health and Wellbeing Board—July 28th 2016	
Integration Programme Update	Dr Bhan
Primary Care Co Commissioning Verbal Update	Dr Bhan
Health and Wellbeing Board—October 6th 2016	
Report on Adolescent Mental Health	Dr Jenny Selway
Health and Wellbeing Board—December 1st 2016	
Health and Wellbeing Board—February 2nd 2017	
Health and Wellbeing Board—March 30th 2017	

Outstanding items for possible consideration:
An update on the bid made to the New NHS Investment Fund
IMPOWER to feed back to the Board concerning Health and Social Care Integration in Manchester
Update on the funding bid to transform CAMHS Services
Bromley CCG Transformation Plan—Children and Young People's Mental Health and Wellbeing. Update report to come to the Board in due course.
Promoting Exercise

Appendix 3

Dates of Meetings and Report Deadline Dates

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

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

Date of Meeting	Report Deadline	Agenda Published
2nd June 2016	May 20th at 3.00pm	May 24th 2016
28th July 2016	July 19th 1.00pm	July 20th 2016
6th October 2016	September 27th 1.00pm	September 28th 2016
1st December 2016	November 22nd 1.00pm	November 23rd 2016
2nd February 2017	January 24th 1.00pm	January 25th 2017
30th March 2017	March 21st 1.00pm	March 22nd 2017

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

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

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

Minutes
The minutes are drafted as soon as possible after the meeting has finished. They are then sent to officers for checking. Once any amendments have been made, they are sent to the Chairman, and once he has cleared them, they are sent, in draft format, to Members of the board. Please note that this process can take up to two weeks.

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

London Borough of Bromley

Constitution

Health & Wellbeing Board

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

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

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

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

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

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

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

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

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

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

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

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

Appendix 5

GLOSSARY:

Glossary of Abbreviations – Health & Wellbeing Board

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Any Qualified Provider	(AQP)
Autistic Spectrum Disorders	(ASD)
Behaviour, Attitude, Skills and Knowledge	(BASK)
Better Care Fund	(BCF)
Black African	(BA)
Body Mass Index	(BMI)
British HIV Association	(BHIVA)
Bromley Clinical Commissioning Group	(BCCG)
Bromley Safeguarding Children Board	(BSCB)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Child Sexual Exploitation	(CSE)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
Common Assessment Framework	(CAF)
Community Learning Disability Team	(CLDT)
Community Psychological Services	(CPS)
Delayed Transfer of Care	(DTOC)
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)
Integrated Care Network	(ICN)
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)
Mental Health Champion	(MHC)
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)

This page is left intentionally blank

Document is Restricted

This page is left intentionally blank