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DATE: 29 September 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, 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	Interim 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:

Matthew Trainer	South London NHS Area Team Lead - NHS England

Bromley Safeguarding Children Board:

Annie Callanan	Independent Chair - Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Linda Gabriel	Healthwatch Bromley
Colin Maclean	Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 6 OCTOBER 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 HWB MEETING ON 2ND JUNE 2016 (Pages 1 - 10)

4 QUESTIONS FROM COUNCILLORS OR 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 30th September 2016.

5 UPDATE FROM THE CHILDREN'S SOCIAL CARE SERVICES IMPROVEMENT GOVERNANCE BOARD

6 HEALTH AND SOCIAL CARE INTEGRATION UPDATE

7 HEALTHIER SOUTH EAST LONDON PRE-CONSULTATION ENGAGEMENT FOR PLANNED ELECTIVE CARE REPORT (Pages 11 - 14)

8 STEPPING UP TO THE PLACE-INTEGRATION SELF ASSESSEMENT TOOL (Pages 15 - 30)

9 HEALTHWATCH ANNUAL REPORT (Pages 31 - 74)

10 BRIEFING ON SMOKING AND MENTAL HEALTH (Pages 75 - 78)

11 MOU BETWEEN THE HEALTH AND WELLBEING BOARD, AND THE BROMLEY CHILDREN'S SAFEGUARDING BOARD (Pages 79 - 88)

12 UPDATE FROM THE MENTAL HEALTH SUB GROUP INCLUDING CAMHS TRANSFORMATION PLANS

13 PHLEBOTOMY UPDATE

14 WORK PROGRAMME AND MATTERS ARISING (Pages 89 - 100)

15 OTHER BUSINESS

16 DATE OF NEXT MEETING

The date of the next meeting is December 1st 2016.

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 Tunicliffe. 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 Society 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 wold 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 Heath 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.

The Meeting ended at 2.45 pm

Chairman

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Report Title: Our Healthier SE London – Elective Orthopaedic Care Update – Sept 2016

Report Author: OHSEL

1. SUMMARY

Our Healthier SE London – Elective Orthopaedic Care Update – Sept 2016

We have briefed HWBs previously about proposals to consider consolidating elective adult inpatient orthopaedic surgery, creating one or two specialist elective orthopaedic centres, which all consultants in south east London would use to carry out surgery.

In this model most orthopaedic care would not change. Emergency orthopaedic surgery, day case procedures, outpatient and follow-up appointments would continue to be provided from the same sites as today.

A few patients with very complex medical needs may also receive all of their care, including surgery, at their local hospital. Complex spinal surgery would also remain at existing sites, as would children's surgery.

We are proposing considering two consolidated sites

The work we have done suggests that two would be the optimum number of elective orthopaedic centres for south east London should we move to this model. Two centres could be the most efficient model given the volume of surgery we are expecting in the future. It would also enable services to be located as conveniently as possible for patients in both the inner and outer boroughs – one site would make this much more difficult.

More than two centres would reduce the potential efficiency and quality improvements (because of lower volumes of surgery at each site). Working across a larger number of sites would make the planning of rotas and timetables for surgeons and other health professionals very difficult.

Further engagement

A second meeting of our Planned Care Reference Group (PCRG) was held in March (which includes representatives from voluntary and community groups, including the Save Lewisham Hospital campaign group and Keep Our NHS Public). We shared more detail on the clinical case for change at this meeting, and presented examples of how similar models have been tried and tested in other parts of the country. We also invited the group to give their views on draft options appraisal criteria, which was taken into account when the criteria were finalised.

We have presented these proposals to an independent panel of expert clinicians and patient representatives from across the UK, organised through the London Clinical Senate. The panel reviewed documentation and interviewed more than 40 clinicians and patient representatives.

We also presented the plans to the Joint Health Overview and Scrutiny Committee in February, April and May.

Potential hosts

An evaluation panel was established to evaluate site options for the development of elective orthopaedic centres against the criteria developed by clinical and patient groups and signed off by the CCG committee in common (CiC). The CiC asked the panel to undertake a two-stage evaluation against non-financial and financial criteria. The CiC has agreed that the preferred site configuration should, if possible, be determined by non-financial criteria, so long as the preferred option is more cost-effective than the current arrangement of services.

The panel is made up of voting members comprising of clinicians and non-clinicians from all six boroughs in south east London, and non-voting members of the public with an independent clinical expert. The panel scored by consensus.

The panel have met twice – on August 31 and September 20.

The panel examined four possible locations for the elective orthopaedic centres, put forward by NHS Trusts:

- Queen Mary's Hospital
- Orpington Hospital
- Lewisham Hospital
- Guy's Hospital

Following information provided via a joint response from Oxleas NHS Foundation Trust and Dartford and Gravesham NHS Trust, the panel recognised that the Queen Mary's site option does not meet the agreed criteria for an inpatient elective orthopaedic centre, and they will be recommending to the Committee in Common that this site is not taken forward, but instead it is developed in line with the agreed Queen Mary's Hospital strategic direction. The reason for its exclusion is that the Queen Mary's site cannot take the full range of activity for clinical and capacity reasons.

All other site options were evaluated against the non-financial criteria. As we are looking for a two-site solution options were scored as pairs.

- Option 1: Guy’s and Lewisham
- Option 2: Guy’s and Orpington
- Option 3: Orpington and Lewisham

The scores for each option against the non-financial criteria were as follows:

- Option 1: Guy’s and Lewisham 1.15
- Option 2: Guy’s and Orpington 2.15
- Option 3: Orpington and Lewisham 1.08

Options were scored against a -5 to +5 scale with 0 representing the status quo position. If an option has a positive score, therefore it is seen to have advantages over the status quo.

Our expert finance group has made a preliminary assessment against the financial criteria, and all three options appear to be financially viable and more cost-effective than the current configuration. However, there are further questions to be clarified to ensure each option has been assessed consistently. We anticipate this will be resolved in October.

Next steps

The CiC will meet on 8 November. We expect that the evaluation panel will complete its work well before then and be submitting a report to the CiC which identifies:

· which options are viable

· which option scored the highest against the evaluation criteria and should be considered, at this stage, the preferred option

· a full financial assessment of each option.

The CiC will then decide whether or not to proceed to public consultation for 14 weeks starting this autumn and running into 2017, to test the options that emerge. The CiC will not make a decision on whether to develop orthopaedic elective centres until after the results of consultation have been considered, likely to be in April 2017.

For the orthopaedic centre proposal to go forward it will have to demonstrate:

· that it does not destabilise any hospital

· that trauma services can be maintained at our A&E departments

· that it is affordable and makes a positive financial contribution.

It is important to note that the Evaluation Panel is not making any recommendation to the CiC at this point. The panel is expected to discuss these matters further once the financial options have been assessed and decide whether to recommend a preferred option. All three options will in any case be discussed by the Committee in Common, alongside additional information that the panel has requested to be made available in the weeks ahead. We are working to the following timescale:

- Sept 2016 – Evaluation of the site configurations
- Nov 2016 – Decision on options made by Committee in Common
- Nov/Dec 2016 – Potential launch of formal public consultation

Sharing the plans more widely

We have published more detailed information about the proposals, including a useful Q&A, on the programme website www.ourhealthiersel.nhs.uk, explaining where we have got to so far and inviting people to tell us what they think.

Over the last few months we have been sharing the proposals more widely through a range of communications and engagement activity. Importantly, we have targeted our conversations with those groups most impacted by the proposals to further inform our ideas and help us plan for a full public consultation later in the year.

Next steps on public engagement

Our planned care reference group (PCRG) meets again on 29 September. At this meeting we will share the outcome of the evaluation process and take comments from the group which will accompany the evaluation report when its recommendations are considered by the Committee in Common in November. At this meeting we will also discuss our plans for public consultation.

The Joint Health Overview and Scrutiny Committee will meet again on October 11, where we will share the feedback received from the PCRG and evaluation group meetings, discuss the draft consultation document, consultation plan, draft pre consultation business case, as well as provide updates on community based care.

Programme Director

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

For update

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

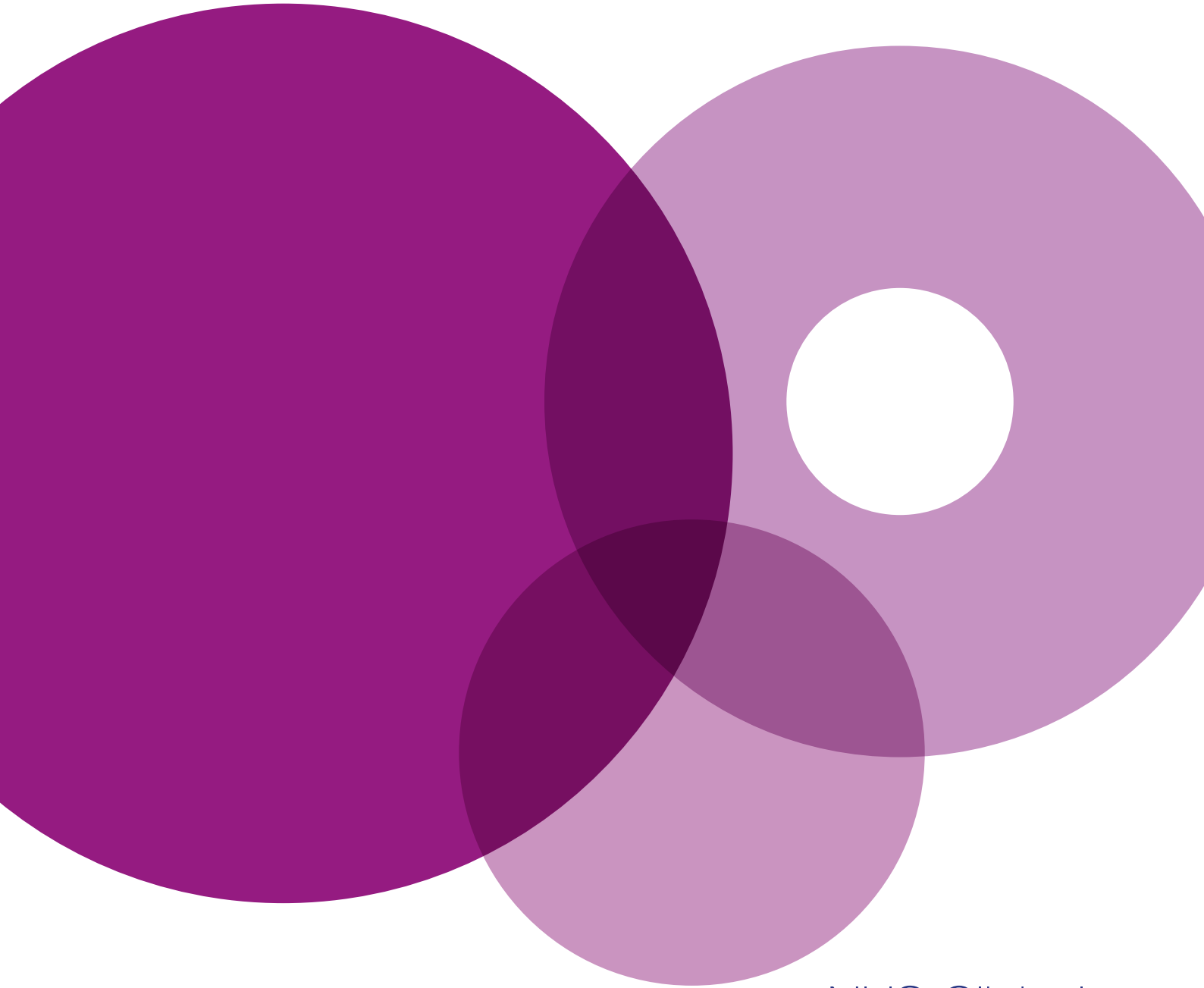
The Board is asked to note the report

Local Government Association

NHS CONFEDERATION

Stepping up to the place:

Integration self-assessment tool



directors of adass adult social services

NHS Clinical Commissioners

The independent collective voice of clinical commissioning groups

Introduction

Bringing together health and social care to provide high-quality and sustainable services to improve health and wellbeing outcomes has been a constant and dominant policy theme for the past decade. Many places around the country are already demonstrating the potential to transform health and social care services so that they are person-centered and focused on the needs of the local area.

Integration, however, is not an end in itself, or a panacea for the system's financial challenges. Its primary purpose is to shift the focus of health and care services to improving public health and meeting the holistic needs of individuals, of drawing together all services across a place for greatest benefit, and of investing in services which maximise wellbeing throughout life.

At a local level, many leaders across health and care systems are assessing their present effectiveness and making the improvements needed to be fit for the future. The evidence base shows that integrated systems can take many forms, depending on local need and circumstance. Transformation, where successful, is iterative and requires trial and error, incremental change, and sustained effort and commitment. Nevertheless, there are key elements and characteristics that need to be addressed in order to succeed.

This self-assessment tool is designed to support local health and care leaders through health and wellbeing boards (HWBs) to critically assess their ambitions, capabilities and capacities to integrate services to improve the health and wellbeing of local citizens and communities.

It focuses on the key elements and characteristics needed for successful integration, offering insight into where you are now and the right way forward for you.

Stepping up to the place:
The key to successful health and care integration

The Association of Directors of Adult Social Services (ADASS), Local Government Association (LGA), NHS Clinical Commissioners and NHS Confederation have come together to describe what a fully integrated, transformed system should look like based on what the evidence tells us.

This vision – published as 'Stepping up to the place: The key to successful health and care integration' built on our existing joint work over many years, and takes it to the next level – to call on local and national players to work together to ensure integration becomes integral to a transformed system. In short, to be seen as business as usual.

The vision, plus supporting evidence and essential questions for local and national leaders to consider are available at http://www.nhsconfed.org/~/media/Confederation/Files/Publications/Documents/Stepping%20up%20to%20the%20place_Br1413_WEB.pdf

Stepping up to the place: The key to successful health and care integration – self-assessment tool

Who is the self-assessment for?

The self-assessment tool is for HWBs and place-based local health and care systems wishing to improve their capability to integrate health and care services. Wherever a local health and care system is on its journey of integration, the tool offers an opportunity to self-assess the present state of readiness across the key elements and characteristics needed for success and to identify areas for improvement. The tool focuses on four questions:

A) Do you have the essentials for the integration journey?

B) How ready for delivering integration is your health and care system?

C) What is effective governance for delivering integration?

D) What is effective programme management for delivering integration?

How to use the integration self-assessment tool

This tool is available from the following organisations:

ADASS
LGA
NHS Clinical Commissioners
NHS Confederation

The benefit of the tool is likely to be enhanced by working through it in collaborative facilitated sessions, such as in the context of HWB meetings and events. Each of the above organisations can be contacted for advice on hosting facilitated sessions.

The Care and Health Improvement Programme (CHIP) will provide facilitation for this tool. We will work with you to understand your local system before running the workshop and aim to co-design it with you to ensure it meets your needs. Please contact caroline.bosdet@local.gov.uk

While the CHIP team is ready to arrange facilitation, we also recognise that some areas may wish to engage their own facilitator to help them with the assessment process. The tool is also designed to be used as a standalone tool for local health and wellbeing system leaders.

The tool outlines a series of questions to frame discussions locally.

The tool also includes references to the evidence base which underpins 'Stepping up to the place: The key to successful health and care integration', including signposting to available learning and best practice from leading localities.

The tool has two core modules and two optional modules and an action planning template:

Core modules
A) Do you have the essentials for the integration journey? This module considers the broad characteristics of systems capable of turning shared ambitions for integration into reality for local people.
B) How ready for delivering integration is your health and care system? This module assesses the practical arrangements required across a health and care system for securing sustainable and transformed services.

Optional modules
C) Effective governance for delivering integration This tool offers an opportunity to take a deeper look at effective system wide governance arrangements.
D) Effective programme management for delivering integration This module provides an opportunity to take a deeper look at effective programme management arrangements.

Action planning template
The template provides a simple grid to capture actions whilst working through the tool.

Core modules

Module A) Do you have the essentials for the integration journey?

This module is the starting point for the integration journey and explores the essential elements that need to be in place for integration ambitions to be achieved. It explores whether or not your system has a shared culture, and trust between individual organisations, as well as the shared commitment and agreement to redesigning the health and social care landscape together, decommissioning ineffective services as well as creating new ones. Shared culture and trust, as well as a shared purpose, are essential to create a resilient system that is able to cope with the practical challenges of transforming services.

The module also looks at whether there is a genuine sense of shared leadership across the system, with a clear understanding of where joint and individual accountability sits. And finally, this module prompts leaders to consider whether the system has the right governance and leadership to achieve its integration ambitions.

1. Shared commitment

	Comments
Is there agreement and a shared understanding on the objectives of integration and prevention, and what needs to change in order to achieve these objectives?	
Have system leaders created a shared purpose, which sets a clear vision of how to improve local people's health and wellbeing?	
Do leaders understand the benefits and challenges of integration, from both public and organisational perspectives?	
Have leaders taken responsibility for their contribution to improving health and wellbeing?	
Is there a shared and demonstrable commitment to a preventative approach, which focuses on promoting food health and wellbeing for all citizens?	
Have your system leaders gained commitment from all stakeholders to make the changes required for transformation?	
Are services and the local system designed around individuals and the outcomes important to them?	

2. Shared leadership

	Comments
Do local leaders have the right relationships, shared values and behaviours to work together for the public good?	
Do leaders have the honest conversations about challenges facing the whole system and its component parts?	
Have leaders been able to reach shared solutions?	
Is there a willingness to put the needs of the public before the needs of individual organisations?	
Is there trust between leaders and organisations?	

3. Shared accountability

	Comments
Are roles and responsibilities clear, set out in terms of reference, and do they match the decision-making authority?	
Does the health and care system have arrangements in place for organisations to be held to account for delivery?	
Is business only done in the right places?	
Are links to each other's organisations statutory decision-making responsibilities clear?	
Does the system share data?	
Are there agreed key metrics and benefits?	
Is there clear governance for accounting to partners for progress?	
Is there open communication?	
Is the right information provided to the right people to enable them to carry out their roles and responsibilities?	

4. Getting it done

	Comments
Is there the capability and capacity to deliver integration?	
Given the scale and scope of the integration, are there appropriate arrangements and transactional skills in place to deliver across the health and care system?	
Are governance arrangements able to make binding decisions, and are they at the right place and pace required?	
Have you agreed the processes to bring about change locally which will meet the tests of law for public bodies: public consultation? Procurement? Competition?	
Have leaders agreed a change model for the whole health and care system?	
Is there strong joint programme management to align resources and tasks?	

Module B) How ready for delivering integration is your health and care system?

Having taken a broad overview in Module A of the commitment to deliver integration, this module focuses on the practical working arrangements that are required to ensure that the shared commitment is translated into successful delivery.

1. Your shared vision

	Comments
Do leaders have a clear picture of future resources?	
Do leaders have a clear evidence-based assessment of future demand for services?	
Is there local variation in outcomes, service quality and standards?	
Do leaders have a clear understanding of gaps in capacity and resources?	
Have they agreed how to address gaps in capacity and resources?	
Does your local case for change reflect the national analysis of challenges?	

2. Shared decision-making

	Comments
Have you agreed the governance for local system-wide working?	
Are the right stakeholders involved and can binding decisions be taken?	
Do you recognise, engage and harness local energies to lead integration?	
Are all relevant partners – local authorities, CCGs, NHS England, providers and community and voluntary sector leaders engaged and committed to playing their part?	
Are system leaders engaging with communities and stakeholders to secure their engagement in what, why, and how change needs to happen?	
Are services and the local system developed with the people who use and provide services, and your communities?	
Are you clear that you have the right decision making footprints agreed for planning and delivering the integration improvement needed?	

3. Shared systems – models

	Comments
Have you critically assessed and agreed which modern care delivery models would best improve the outcomes you need to address locally?	
Have you appraised and agreed which organisational models may better support delivery of your modern care delivery models?	
Have you appraised and agreed how financial resources could be deployed to best effect?	
What financial models, contracting methods and risk sharing would best achieve the outcomes you wish to improve by integration?	

4. Shared systems – enablers

Are you integrating resources for:	Comments
Information and technology – at individual and population level, shared between relevant agencies and individuals?	
Workforce – across the whole system to ensure supply, adequate training and development of a multidisciplinary approach?	
Estate – are you maximising access and efficiencies?	

Optional modules

Optional Module C) Effective governance for delivering integration

Many health and care systems delivering integration may experience governance as a particular challenge to delivery. If in looking at your own system in the core modules you identified governance as a challenge, this optional module is intended to explore further governance arrangements and to identify steps to move forward.

1. Decision making authority	Comments
Do committees and groups have the appropriate legal authority to make decisions?	
Can binding decisions be secured at the right level and at the pace required?	

2. Clear roles and responsibilities	Comments
Are roles and responsibilities clear and set out in terms of reference?	
Do roles and responsibilities match the decision making authority?	

3. Engaging stakeholders	Comments
Are the right stakeholders engaged in the right places and at the right times?	
Do committees and groups include membership from all the organisations which will need to make decisions?	

4. Managing interfaces	Comments
Is business only done in the right places?	
Are links to each organisations' statutory decision making responsibilities clear?	

5. Information flow	Comments
Is the right information provided to each committee and group to enable it to carry out its role and responsibilities?	

Optional Module D) Effective programme management for delivering integration

Effective programme management for the whole system is essential to putting shared ambitions and commitments into practice. If when using the cored modules there is any uncertainty over the clarity of programme shaping and delivery arrangements, then this module is designed to look closer into identifying the requirements for effective programme management.

Setting out the shared vision	Comments
Describe the ambitions of the local health and care system	
What is the present state of the local health and care system? What sources will you use?	
What are the system challenges?	
Have you agreed what needs to be done?	
What action is needed to move the system forward?	
What changes are needed to develop shared culture and behaviour?	
How will you hold everyone to account for the changes and outcomes?	

Programme planning	Comments
Is there an appropriate programme plan to transform your local health and social care system and make it sustainable?	
When will it happen?	
Who will lead what? And who will be involved?	
When will decisions be taken?	
When will ambitions be delivered?	
Have you agreed clear milestones and checkpoints?	

Planning footprints	Comments
What are the planning footprints for the services being improved?	
Who is the population which will benefit from the plans agreed?	
Which organisations within the planning footprint will be engaged?	
How do the local delivery footprints or localities align with other existing strategic planning footprints?	

Programme interdependencies	Comments
Are the interdependent strands of the programme recognised and aligned?	

Monitoring progress	Comments
How will progress be appropriately assessed and reported?	
How will you ensure reporting is insightful into reasons for status?	
How will you ensure expectations are proactively identified and managed?	

Action planning

This action planning grid can be used to capture key actions when working through the modules of this tool which are necessary for your system to make progress on integration. Actions should be specific, with responsible stakeholders to lead on the actions, and include projected timelines, staff and financial resources and the outcome you want to achieve from the action.

10 Key actions	Who is responsible?	When will this be done?	Resources	Outcome
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

REF 1.10

Healthwatch Bromley

Annual Report 2015/16

Contents

Message from our Chair

The year 2015-2016 has been a third year of considerable growth and development for Healthwatch Bromley, building on the contribution we have made in our previous two years.

Trustees, staff and volunteers have continued to have a seat on influential local boards and committees, including the Health and Wellbeing Board, the Care Services Policy Development Scrutiny Committee, the Health Scrutiny Sub-Committee, the Adult Safeguarding Board, the JSNA Steering Group and Working Group, as well as the Governing Body of NHS Bromley Clinical Commissioning Group and other committees of the CCG.

The impact of our regular and varied engagement with local communities remains the mainstay of our work and there has been increasing involvement with both commissioners and providers in shaping the local health and social care agenda.

This year we welcomed Peter Todd as our Volunteer and Outreach Officer, Fay Russell-Clark as Community Engagement Officer for Children and Young People and Mathew Shaw as Communication and Information Officer. We have been able to welcome new volunteers as well as additional enter and view representatives. The fantastic support which our dedicated volunteers give enables our small staff team to really punch above its weight.

Our collaborative work with our five neighbouring local Healthwatch has grown increasingly important as Our Healthier South East London and other joint initiatives take place. Our joint working has enabled us to be truly effective in bringing the views of the public into this arena.

I would like to thank my fellow trustees, our wonderful staff team and all our marvellous volunteers for all their hard work, enthusiasm and dedication in making this another successful year for Healthwatch Bromley.

Finally, I would like to thank all the service users, carers and members of the public who have taken the time to talk to us, participated in focus groups or completed surveys this year. These contributions are vital to the success of our work. We are here to raise the issues that matter most to local people. If you have any concerns, questions or compliments about local services then please do get in touch.

Linda Gabriel, Chair

> **"Our local Healthwatch are the organisation that we go to when we need advice on how to reach seldom heard from groups. They have excellent links and connections and understand what true engagement is."**
>
> Bromley CCG

Message from our Director

This year we have worked hard to ensure that everything we do is for the benefit of local residents and those who use local health and social care services.

Much of our work over the year has focused on amplifying those whose voices are seldom heard, such as people with poor mental health, children and young people, people with sensory disabilities, those who are homeless and people who live in Extra Care Units.

Our ethos remains that of an organisation that participates in problem solving and supports health and social care services to make improvements based on our recommendations. We ensured that local people's views were fed into service reviews for phlebotomy, improving access to mental health services (IAPT) and podiatry to name a few.

Our community engagement officer spoke to over 400 young people in the borough to feed in their views to the transformation of services provided for them.

We engaged with over 2000 people in Bromley this year and through our information and signposting service, helped over 120 people to make informed choices about services.

During this year we also continued to play our part in regional services through the Our Healthier South East London programme and will continue to do as the plans develop.

This report describes what we have worked on over the last year and what the impact of that work has been.

My thanks to the Board, Staff and Volunteers for their hard work over the last 12 months. Their hard work and commitment has enabled us to have a very successful year and has put us on a strong footing for the coming year. None of our work could have taken place without the contribution of patients, service users, family carers and the public.

There will no doubt be challenges for us as an organisation in the coming year, but I am certain that with the skills of the staff and of our volunteers we will achieve everything we set out to accomplish.

> **"None of our work could have taken place without the contribution of patients, service users, family cares and the public"**

Folake Segun,

Director

Our year at a glance

This year we've increased our reach on social media by 23% to 1783 people

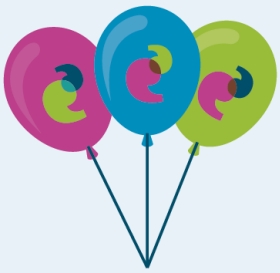
We received over 120 enquiries which required signposting

Our Volunteers have contributed over 1300 hours this year which equates to 185 working days.

We've worked with 54 local services in our role of patient champion.

Our reports have tackled issues ranging from Mental Health to Self-Care

We've met hundreds of local people at community events



Who we are

Healthwatch Bromley is one of 152 local Healthwatch organisations that were established throughout England in 2013, under the provisions of the Health and Social Care Act 2012, to be the independent champion for service users, and to hold commissioners and providers to account for how well it engages with the public.

Healthwatch Bromley expects patients and service users to receive safe, dignified and good quality Health and Social Care services. We work to ensure that adults, children and young people, be they patients, service users or carers, have a voice, and are able to influence the planning, delivery, monitoring and review of services.

Our Vision

To work with service users and providers towards making Bromley health and social care services suitable for the people of Bromley based on strong user evidence and public feedback.

Our Mission

Healthwatch Bromley will enable individuals and community groups to have a say in the planning, purchasing, provision and delivery of all local health and social care services

Our Values

Independent - Healthwatch Bromley is an independent organisation from Bromley Council, Bromley Clinical Commissioning Group, all Health and Social Care Services, Providers and Commissioners.

Caring - we are committed to serving with empathy and compassion, ensuring that we listen to people's views and experiences.

Respectful - we respect people, treat people with dignity, value diversity, are committed to equality and act with integrity.

Honest - we are committed to a culture of openness and transparency in all we say and do.

Critical friend – we will be constructive as well as challenging with service providers, ensuring that we provide evidence to support what we say and do.

Connected - we will work with others through local and regional cross sector links and partnerships to enhance Health and Social Care provision for Bromley Residents.

Inclusive -we are representative of all communities.

Integrity – we will rise above individual and single organisational interests and ensure that all that we do is for the benefit of the public and health and social care service users.

Accountable - we will be driven by the commitment of local volunteers and the passion of our Board and we will share information about the organisation widely.

Our priorities

Throughout May and June 2015 Healthwatch Bromley embarked on extensive community engagement activities to establish new priorities for our work during 2015-2016.

As a result of our engagement, three broad areas of work were identified:

- **Mental Health**
- **Children and Young People**
- **Access to Primary Care Services**

These categories were identified based on local residents and service users' opinions and conversations held with service providers.

These issues are further explored throughout this annual report.

Of course, not all our work can fit into the neat package of our reporting year. Some of what follows has begun this year but will not be concluded until next year.

Our Healthwatch Team (from left to right): Marzena Zoladz; Peter Todd; Fay Russell-Clark; Stephanie Wood; Mathew Shaw, Folake Segun.

Listening to people who use health and care services

Gathering experiences and understanding people's needs

Healthwatch Bromley uses a variety of methods to understand people's needs and experiences. General and targeted engagement through outreach activities by our staff and volunteers is key to what we do and how we make sure voices are heard.

Between 1st April 2015 and 31st March 2016 we engaged with 2286 members of the public who used health and social care services in the London Borough of Bromley.

We talked with the public at local events and collected views through the feedback centre on our website, through online and offline surveys, focus groups, workshops, social media and information received by our partners.

People generally choose to share their experiences and stories anonymously. We log these stories in our database and regularly monitor it for developing trends.

We are also contacted by organisations on behalf of individuals or groups that they serve.

We built and maintained relationships with 60 local organisations including service providers, voluntary, community and third sector groups.

Healthwatch Bromley engaged with 2286 people in the last 12 months

We publicise ourselves through our website, a bi-weekly e-bulletin, press releases, promotional materials and through posters and leaflets located throughout the borough.

Our network has continued to grow over the last 12 months with the number of subscribers to our e-bulletin increasing by over 25%.

Furthermore, our reach through social media platforms has extended with over 1750 people following us on Twitter and Facebook. These figures show that our message is being heard by more people than ever.

In order to get a broad and diverse range of views throughout the year we engaged with a range of people including seldom heard groups.

> **Just to say how interested I was to receive your latest email and reports.**
>
> **Being well over 80 myself it is so gratifying to read all you are doing to look after our interests locally.**
>
> **I, myself, have always had terrific sympathetic support from your organisation when I have needed it.**

Jean Finlay, Bromley resident

Targeted engagement

Young People

In our engagement carried out with young people in previous years, they told us that mental health was an area that gave them concern. Using drama workshops as a tool, Healthwatch Bromley engaged with 350 young people and young carers, aged between 10 and 17, in schools, youth clubs and voluntary sector organisations to build a picture of their understanding of mental health, mental wellbeing and their experience of services that support their mental health.

A group of girls acting out their mental health themed play.

In order to get a true understanding of the young people's views around mental health. We gave them a questionnaire which covered themes discussed during the mental health workshop.

The data collected suggested a mixed response when the young people were asked if they believed they had experienced poor mental health. A high volume stated that they have suffered with stress at some point in their lives.

It was also very evident that prior to the workshop many of the young people who took part were unaware of what mental health means, with over half stating they would not associate with someone who suffers with poor mental health and that such people were "crazy" or "nutters".

According to feedback given, 95% of the children were also unaware that they could help keep their mental health well and none of them had heard of the Five Ways to Wellbeing.

Despite only a small number of the people involved in the workshops having used counselling services, either formal or informal, the data suggests that the young service user's views of counselling services within the London Borough of Bromley are mixed. We found that there was a variety of positive and negative feedback towards these services.

On a large scale it appears that children need to be given information and an insight into mental health at a younger age than it appears that they are currently receiving – especially as half of all lifetime cases of mental illness begin by age 14.

> **"We know as a school we need to work on how to develop health and wellbeing in our students and this couldn't have happened at a more appropriate time."**
>
> Alan Blount, Deputy Headmaster at Newstead Wood School

Our report on this work can be found on our website:

http://www.healthwatchbromley.co.uk/

Deaf Community Engagement

Healthwatch Bromley engaged a variety of community groups around the topics of community care and urgent and emergency care.

We held a focus group in partnership with local charity Deaf Access to ask their members opinion on the care they currently receive and any improvements they would wish to see in future services.

We learnt of their concerns when accessing urgent and emergency care, with staff often unaware how to deal with those hard of hearing and a lack of awareness of their additional needs.

Deaf service users felt there was a need for improved awareness and understanding of the communication needs of their community when accessing services. Further training for frontline staff and improved communication methods would be beneficial.

As part of the engagement we recorded the views and experiences of the group. One gentleman told his story about communication barriers he has experienced. His account can be heard below.

Blind Community Engagement

In January 2016, we visited the Kent Association for the Blind (KAB) at one of their weekly service user meetings at Bromley Town Church.

We heard their concerns around local podiatry provision, waiting times between GP referrals and hospital appointments, and physiotherapy treatment.

Case Study

One lady in particular was concerned about the deteriorating vision in her eye and had already lost sight in the other. She had previously visited her GP and discussed her concerns and it was agreed she would be referred to a consultant ophthalmologist at her local hospital. However, after an almost six month wait she had not received confirmation of her appointment, so returned to her GP. Upon further investigation, it became apparent that the letter of referral had not been sent as discussed and had to be reissued. As a result, the lady was left waiting for an unnecessarily long period of time before receiving a consult. It was particularly distressing as her vision loss was progressing at an accelerating rate and as a single, older woman, loss of vision would mean losing her independence and ability to support herself. Healthwatch Bromley raised this issue with the Ophthalmology lead at Bromley CCG who liaised directly with the patient.

Robin shared his views and experiences of using local health and social care services with Healthwatch.

BAME Communities Engagement

This year, Healthwatch Bromley conducted engagement with local black residents at a community gathering in Norman Park, Bromley. There were approximately one hundred and fifty people present. We asked those in attendance questions around community based care and people's experiences of existing local health services.

The idea of a more prevention based approach to illness was appealing to the community, with an emphasis on education and awareness raising regarding illnesses and preventive behaviour suggestions.

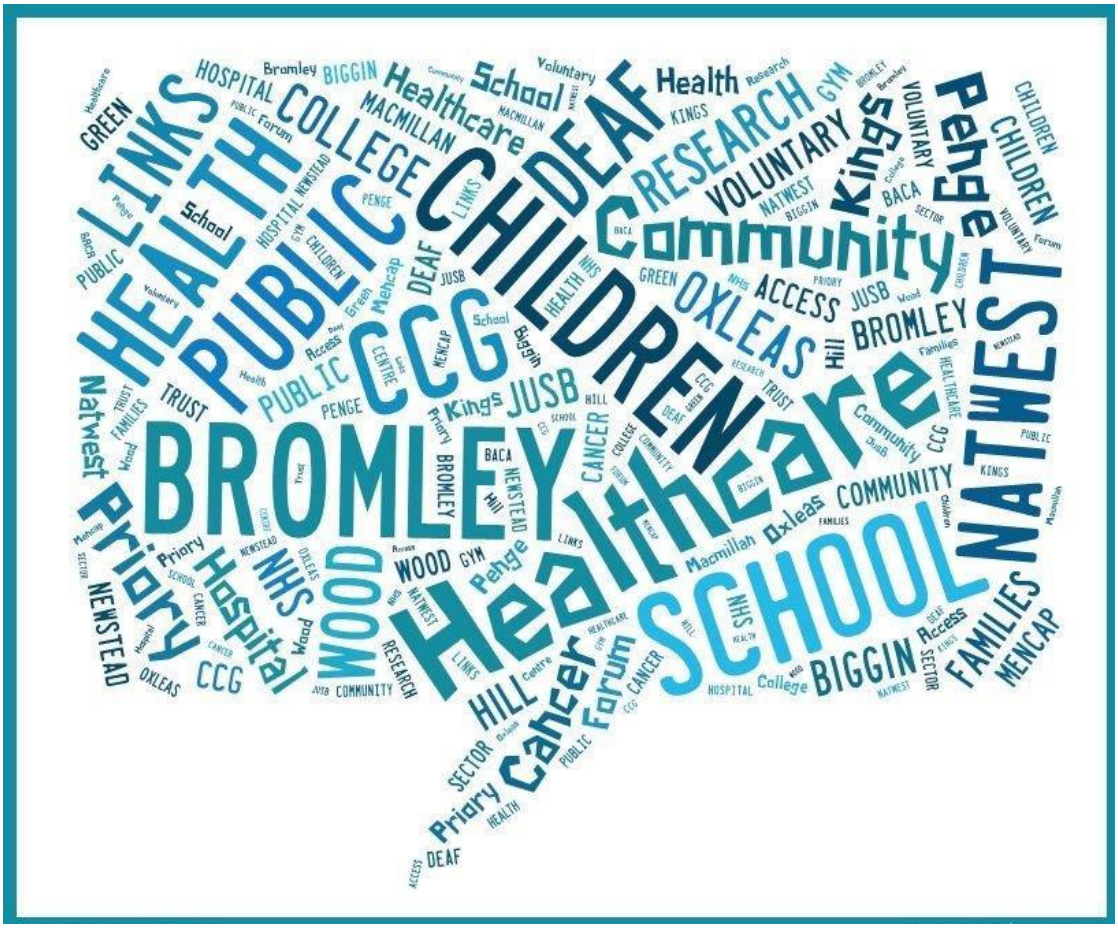
Respondents believed that targeted medical support and education on issues specific to the community would help them and their families to live healthier lives.

Outer Borough Service Users

Across South East London it is not uncommon for residents to use services in boroughs different to the one they live in in order to access specialised services.

Healthwatch Bromley is represented on the Patient Experience Committee at Kings College Hospital NHS Foundation Trust, whose hospitals operate on five sites, including the PRUH, Orpington Hospital and Denmark Hill sites, all of which are used by residents in Bromley, Lambeth and Southwark.

This representation provides us with an opportunity to understand and highlight the issues of non-borough residents who access services in Bromley.



What we've learnt from visiting services

Enter & View

Healthwatch Bromley has the statutory power to Enter and View any health or social care services to access people who receive care under that service.

Our Enter and Views are used as both a stand-along peiece of work and to add value to other Healthwatch Bromley projects.

Healthwatch Bromley conducted Enter & View visits to the six Extra Care Units in the borough during 2015/2016.

These were:

- Apsley Court
- Crown Meadow Court
- Durham House
- Norton Court
- Regency Court
- Sutherland Court

Extra Care Housing is housing designed with the needs of older people in mind and with varying levels of care and support available on site. People who live in Extra Care Housing have their own self contained homes, their own front doors and a legal right to occupy the property.

As a result of our visits we made recommendations covering issues such as greater engagement with residents, activities inside the facilities, wheelchair access, interior décor improvements, pricing policies and defined guidelines around patient need.

To present our findings effectively we have written individual reports for each Extra Care Unit, as well as an overall report which encompasses the research collated from our visits.

All of our Enter and View reports are submitted to the relevant providers and the information is shared with commissioners at Bromley Council, Bromley Clinical Commissioning Group, Overview and Scrutiny and the Care Quality Commission.

Our report can be read or downloaded on our website www.healthwatchbromley.co.uk

Our Enter and View Authorised Representatives this year were:

- Beryl Bloomfield
- Sue Fielder
- Dipti Hazra
- Gerda Loosemore-Reppen
- Leslie Marks
- Sian Stickings
- Barry Simner
- Anne Taylor
- Barbara Wall
- Susan White
- Manijeh Wishart

Giving people advice and information

Helping people get what they need from local health and care services

Healthwatch Bromley continues to provide an information and signposting service throughout the borough, for members of the public who live or access health and social care services in the borough.

We respond quickly, efficiently and effectively to any signposting queries we receive. If we are unable to answer an information request using our database of local services, we will endeavour to find a person or organisation who can bring a resolution.

People are able to access our service in a variety of ways;

- Contacting the office phone line
- Through our online contact form found on our website.
- Email
- Through our social media
- By speaking to one of our team at our regular engagement locations.

In the last 12 months, Healthwatch Bromley received and completed 121 direct enquiries from the public. These enquiries would cover a multitude of different issues ranging from GP registration requests to initial support for someone wanting to make a complaint.

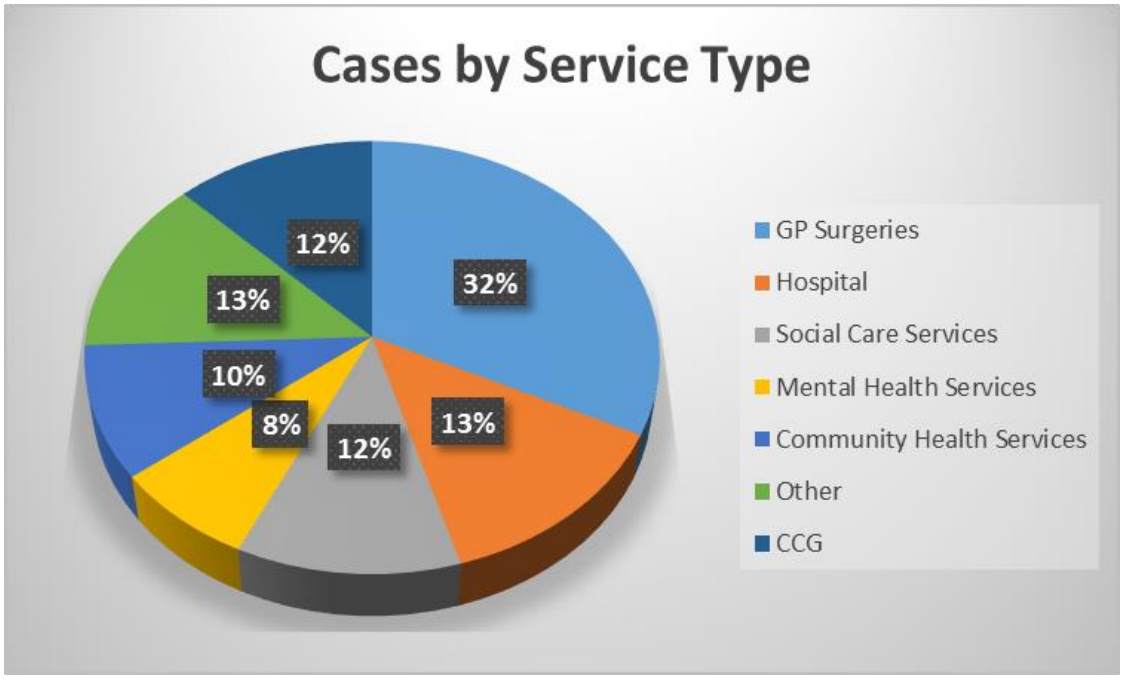
Just under a third of all signposting enquiries during the year related to GP surgeries.

13% of comments/queries involved hospital services in the borough, as well as 12% in relation to social care services.

16% of all enquires related to people wanting to make a complaint.

An unusual outlier in our signposting analysis is that 12% of all enquiries were in relation to contacting the NHS Bromley Clinical Commissioning Group (CCG) because of a short-term search engine difficulty, which the CCG resolved when informed by Healthwatch Bromley.

The figure below provides a breakdown of the cases by service type.

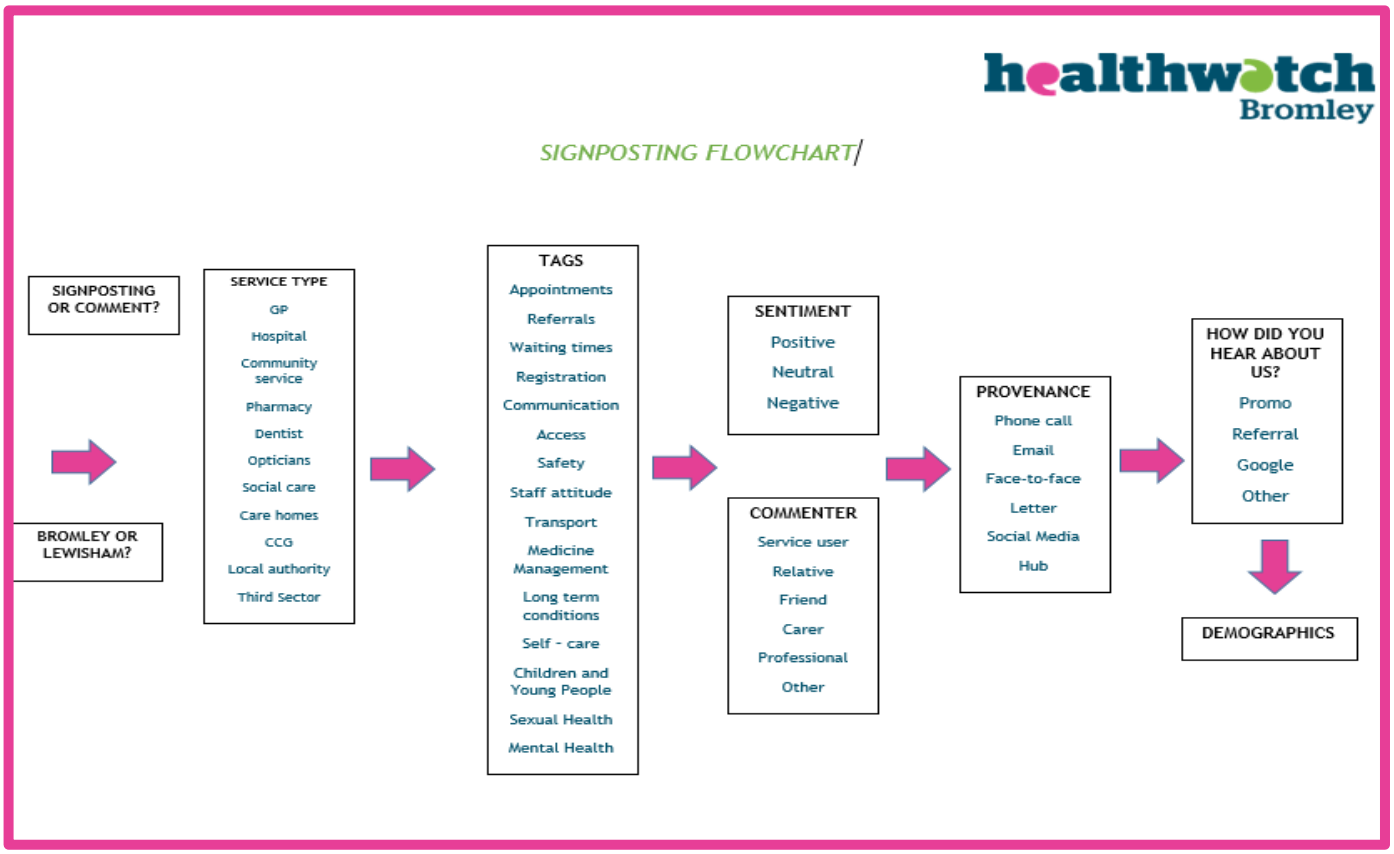


We record the nature of signposting enquiries that we received highlight where people are experiencing difficulties accessing the support and services that they needed. All information gathered by Healthwatch is used to identify trends either in service areas or in relation to specific providers. This information is regularly fed back to service providers, in addition to being used to shape our future work.

During 2014/15, to increase resident's access to information and signposting service, we published a Health and Social Care Signposting Directory. We continued to distribute the brochure throughout 2015 to reach as many of the people of Bromley as possible.

Building on this, our future plans involve: providing a quarterly intelligence report, creating a social prescribing directory to complement our signposting service; and offering a comprehensive resource of community services.

Volunteer and Involvement Officer Peter Todd providing signposting at a local event.



A flowchart which Healthwatch Bromley staff use when responding to a signposting enquiry.

Signposting Case Studies

A manager from a local care home contacted the signposting service concerned that the norovirus had broken out inside the facility. The lady wanted reassurance that she had followed the correct protocols for dealing with a suspected outbreak. Healthwatch Bromley provided her with the contact details for the Health Protection / Infection Prevention Lead at Public Health Bromley.

An elderly woman called us needing information about local nail cutting services as her feet were causing her discomfort and she was no longer able to self manage her condition. We signposted her to Age UK's 'Clip it service' and gave her a full breakdown of the price details for the service.

A woman contacted our service on behalf of her mother who was suffering with tooth problems and in desperate need of dental care but was unable to leave her home. Healthwatch Bromley provided the contact details for Bromley Healthcare Special Care Dental Service.

A gentleman seeking medical treatment abroad (within the EU) enquired about his legal entitlement to a hip replacement outside the UK. We provided NHS information regarding EU legislation and the authorisation process for seeking medical treatment abroad.

A woman raised concerns about caring for her husband. She felt the strain had become too much, despite having support from local carers. We signposted the lady to Carers Bromley who would be able to provide emotional and practical support.

'Thanks to Healthwatch Bromley I was directed to the service I required.

They were polite, professional and understanding.'

Bromley resident, aged 64.

How we have made a difference

Our reports and recommendations

An essential part of influencing decision makers is ensuring that all the views, stories and experiences we capture as part of our public engagement is heard by those in charge of health and social care services.

Our primary method to achieve this is by producing reports and submitting them to the relevant providers and commissioners.

In 2015/2016 Healthwatch Bromley published five reports which focused on our priorities of access to services, mental health and children and young people.

Healthwatch Bromley 2015/2016 Reports

. Making sense of Mental Health (Children and Young People)

. Exploring Mental Health (Adults)

. Pharmacy Services in Bromley

. 'Self Care Matters' report

. Sutherland Court Enter & View report

Our reports have been received very well over the last year and have led to changes in services which are explored later in this report.

Furthermore, our findings in 'Exploring Mental Health' and 'Pharmacy Services in Bromley' have been included in Healthwatch England's reports discussing issues around mental health and people's view of community pharmacists respectively.

Making Sense of Mental Health

Healthwatch Bromley went out into the community and spoke to people of all ages and backgrounds to ask them what they believed should be our priorities for Children and young people to investigate in 2015-16. It was evident from feedback received that young people's mental health awareness and understanding was first and foremost in many people's minds.

From October 2015 to January 2016, we worked with schools and organisations to deliver mental health drama workshops with young people.

The young people engaged in discussions around what mental health is and who has it. They also were taught the Five Ways to Wellbeing and rated local services they may have used.

In addition to this, the young people devised short performances around issues of mental health that they performed to their peers. The subjects that they chose included issues such as bullying, peer pressure, violence in the home, school pressure, depression, suicide and anxiety

Year 8's performing during their workshop

Our Recommendations

- Children are educated at primary school age around what mental health is in order to stop stigma occurring.
- All young people should be taught the Five Ways of Wellbeing thus learning how to retain their good mental health and emotional resilience.
- Young people should have a choice on who they get support from – their preference for someone they know or do not know should be respected.
- School counsellors should be more readily available in schools.
- Young people should be aware of what services are available for them, both locally and nationally, so that they have a choice on which to use.

In response to the report being sent out to the public, including the local authority, commissioners and schools; HWB received a lot of positive feedback from organisations and individuals praising the work we had done. Bromley Clinical Commissioning Group said the following:

"The Committee found the report very informative and it will be of great benefit as we progress towards realising our ambitious plans to transform the emotional and mental wellbeing of CYP and the support offered to communities."

Working with other organisations

Reporting is just one of the ways that we ensure the patient voice and experience is at the heart of service design and implementation. Throughout the course of our engagement with patients and the public and through the relationships we have built with commissioners and providers alike, we create opportunities to influence changes in health and social cares services.

Homeless Health Needs Audit

During 2015-2016 Healthwatch Bromley played an active role in gathering the views and experiences of the homeless in partnership with local food bank project, Living Well Bromley.

We worked with Public Health and Housing departments of the Local Authority to carry out the borough's Homeless Health Needs Audit (HHNA).

The engagement with the homeless community provided an understanding of the health needs of people who are homeless and the wider determinants of their health. Furthermore, the partnership hoped to be able to recognise if there were any gaps in local service provision.

Our contribution to this work helped the local authority collect the second highest number of views in response to the HHNA in London.

Self Care Matters

Healthwatch Bromley organised an informative event on self care during Self Care Week in November 2015.

We did this to raise awareness about the importance of self-care as well as encourage stakeholders to take part in the campaign and to encourage self-care to their service users.

Speakers from Bromley CCG, Public Health Bromley, Bromley and Lewisham Mind and Lewisham CCG discussed a number of topics ranging from how to keep warm in the winter to the Five Ways of Wellbeing.

'82% felt they knew more about self care after attending our event'

'Self Care Matters' was an excellent example of bringing local organisations together for the benefit of members of the public.

Care Quality Commission

Healthwatch Bromley's relationship with the Care Quality Commission (CQC) has grown in the last year. We continue to send the CQC our reports and recommendations to provide some local insight for their work.

We provided intelligence to the CQC prior to the inspection of King's College Hospital, local care homes and GP practices. Healthwatch promotes the activities of the CQC through a variety of communication methods including our website, e-bulletin and social media.

Our network is informed of all local CQC inspections and consultations. We have not felt it necessary to make direct recommendations to the CQC in the last year.

Improving Access to Psychological Therapies (IAPT)

During the year we won a contract from Bromley CCG to deliver public engagement as part of the Improving Access to Psychological Therapies (IAPT) and Mental Health Employment service review

We were pleased to offer a patient and public perspective of the service and ideas of what a future service could look like.

Showcase Event and Annual General Meeting 2015

We held our first Showcase Event and AGM in March 2016. At the event we shared highlights of our year, heard directly the voices of those we had worked with and looked ahead to our work in 2015-2016.

We will be holding our next AGM in November 2016.

> **As an independent organisation Healthwatch play an important and active part in feeding in patients views into service improvements and developments. This has been valuable in shaping a number of services.**
>
> **Paulette Coogan, Bromley CCG**

Patient Led Assessment of the Care Environment (PLACE)

A number of our volunteers provided help to healthcare providers by providing patient perspective when carrying out the mandatory Patient Led Assessment of the Care Environment visits (PLACE).

Quality Accounts

We were invited to review and submit a statement for inclusion in the annual Quality Account published by healthcare providers in Bromley in June 2015. These lengthy and complex documents are reviewed effectively to ensure that they include an independent perspective on behalf of health and social care users. Healthwatch Bromley submitted a response to Quality Accounts for 5 providers.

Our Healthier South East London

Healthwatch Bromley has been involved with the development of the Our Healthier South East London programme.

Healthwatch has fed local intelligence directly into the programme, with a specific focus on local community based care. Healthwatch regularly attends the SEL CCG Stakeholder Reference Group which has played a key role in developing the equality and diversity elements of the programme.

Healthwatch has attended two joint workshops with the programme leads to encourage joint working and information sharing across the six work streams.

Involving local people in our work

A vital element that allows our organisation to work effectively is the support of volunteers. Their involvement allows us the opportunity to capture a greater number of views and experiences from the public. Our volunteers also represent Healthwatch Bromley on a variety of boards, committees and steering groups which enables us to voice the public's views directly to commissioners and service providers.

Phlebotomy Services Consultation

Seven of our volunteers engaged with over 200 members of the public during visits to GP's, hospitals and clinics as part of Bromley Clinical Commissioning Group's review of phlebotomy services in the borough. Our intelligence was used to understand how service users currently access blood taking services and if the services were meeting local needs.

> **"Healthwatch provided comprehensive patient engagement for the Phlebotomy service review a result of which is that the Governing body have agreed that access to the service needs to be improved"**
>
> **Bromley CCG**

As a result of this work the CCG are developing a new strategy that reflects the recommendations of our report.

Healthwatch Bromley Representation

- Bromley Health and Wellbeing Board
- CCG Governing Body
- 2 Scrutiny Boards
- Adult Safeguarding Board
- JSNA Steering Group
- CYP Steering Group
- Community Based Care Board

Healthwatch Bromley continues to be an active representative on the Health and Wellbeing Board. Our Chair attends their meetings and is able to raise concerns and highlight issues on behalf of local people.

The Chair is supported in their role through the provision of regular work updates at Board meetings and discussing issues that have been found through our engagement at the Bromley Workplan Committee meetings.

This ensures that our representative on the board is well informed and able to effectively articulate any concerns.

We were given the opportunity to present last year's annual report to the Health and Wellbeing Board. This was well received by the board, who are supportive of the work of Healthwatch.

Stakeholder and Provider Reflective Audit

As an organisation, Healthwatch Bromley values feedback from all its stakeholders. We believe that by being open and accountable to others we can continue to learn and improve on the service we provide.

In March 2016, Healthwatch developed a Reflective Audit in line with our national Quality Statements. Our aim was to establish a clear understanding of the impact that we have made as a local Healthwatch and areas where further development could be made.

What our partners said

"Healthwatch are represented on key strategic and clinical groups within the programme, sharing insight from a patient perspective, and bringing in their wider insights from community research they have undertaken.

We have worked closer together to better understand how Healthwatch can support the work of the programme, to dovetail engagement activities where there are shared priorities."

Fiona Gaylor, Our Healthier South East London

"We have an excellent relationship with our local Healthwatch and they are a real asset. They are also very happy to work with us in Public Health on areas which might not have been traditionally their scope of work.

They are very supportive of all our efforts to improve the health of the local population and as such have embraced a much broader, population perspective to their work.

Nada Lemic, Public Health Bromley

"Excellent reports produced following engagement activity which are clear and informative.

The work of Healthwatch provides a wider patient voice and understanding on local issues that are being considered by commissioners.

Kelly Scanlon, Bromley CCG

"I am fully aware that local people are included and involved in the delivery of Healthwatch, with active participation in the scrutiny of delivery and commissioning to ensure quality services are available across the borough."

Dominic Parkinson, Bromley and Lewisham Mind

Our work in focus

Our work in focus: Homeless Health

Homeless Health

As part of our Access to Services priority Healthwatch Bromley looked at health inequalities within the borough and any links there may be with accessing local health and social care services.

In particular, Healthwatch spoke to one gentleman, who identified as homeless, who had previously visited a local drop in clinic for a prescription. He had been recommended a certain course of treatment, yet had been unable to ultimately access the treatment as he was not registered with a GP. The gentleman had previously been turned down by a local GP as he did not have a permanent address, despite this not being a legal requirement for registration.

Healthwatch supported the gentleman but was met with the same response by the GP. It was later agreed that a local food bank at a church could act as a temporary address for the client.

However, this was not accepted initially by the practice and Healthwatch had to escalate the query to both Bromley CCG and NHS England before the situation was finally resolved. This case required significant intervention to secure medical treatment for the gentleman.

The difficulty which it took to register just one individual patient is suggestive of the extensive barriers faced by people trying to access health and social care, and the subsequent health inequalities within our local community.

> **"This was more than a little victory and has sown a seed for the future."**
>
> Christine Stone, Living Well Project

It was commented that such cases put unnecessary strain on acute services, such as A&E. The need for improved awareness of the difficulties in accessing primary services for those who are homeless is paramount and would potentially reduce the pressure faced by local secondary health services.

Our work in focus: Exploring Mental Health

As part of our Mental Health priority we explored attitudes toward mental health and service access in the London Borough of Bromley.

During our routine engagement, stigma around mental health came up frequently. The Bromley Joint Strategic Needs Assessment 2015 showed the borough to have two of the lowest scores on wellbeing. Furthermore, mental illness was found to be notably high in several of the wards in Bromley.

We felt further research was needed to look at this intelligence more deeply.

In Bromley, 1 in 6 people which is equivalent to 64,000 are experiencing mental health challenges at any one moment in time.

Bromley Joint Strategic Needs Assessment

Healthwatch Bromley representatives gathered information through in-depth research, questionnaires and focus groups.

Over three months a total of 109 surveys were collected. In the community focus groups, a further 26 participants were engaged, amounting to a total of 133 responses.

Through our research we found that:

- 77% of those questioned felt that mental health was a difficult topic to talk about.
- The majority of respondents agreed that there is not enough mental health support in the community.
- Drop in centres and open access, especially for those at crisis point, were identified as a much needed resource.
- Mental health challenges can affect anyone, at any stage of life; therefore, it is essential that residents have equal access to quality local services.
- There is a need for mental health services to be widely advertised and available for all.
- Education around mental health awareness, particularly at a young age, was pinpointed as an area of importance.

Our Recommendations

- Better communication between health and social care services to ensure a joined up and consistent experience for the individual and a support system that does not suffer from ‘gaps’ in its provision.
- Additional community based services that utilize existing community centres and groups.
- A variety of treatment options available, tailored to meet the individual’s needs.
- Dynamic mechanisms in place for those who need support and not a ‘one shoe fits all’ approach.
- Mainstream and compulsory education around mental health in schools and the workplace.
- Changes in media depiction of mental health, focusing on the positive rather than the negative.
- Better legislation around mental health to protect those that are most vulnerable and strong enforcement of NHS accessible information standards from 2016 to make information available for all.

Responses to our Report

Local providers and commissioners were extremely receptive of our report. NHS Bromley Clinical Commissioning Group said that they will use ‘Exploring Mental Health’ to feed into service developments in the borough. In Bromley, Oxleas now ‘offer a single point of access for all mental health referrals allowing urgent referrals to receive a same day face to face assessment if needed.

The word cloud above depicts people’s responses when asked to explain their understanding of the term ‘mental health’ .

As part of the focus groups, participants were asked to identify areas of improvement in the current system and to draw up a comprehensive picture of where they wanted mental health services to be in 5 years' time. Their journey to good community mental health is below:

Our work in focus: Pharmacy Services

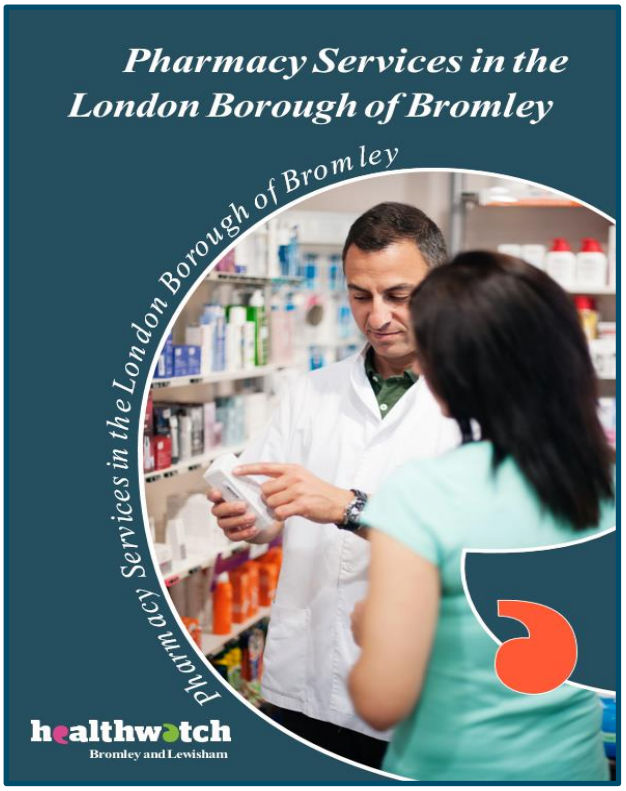
Pharmacy Services in the London Borough of Bromley

Healthwatch Bromley's GP Access review and report in 2014, demonstrated the high demand for GP services in the borough. Our general engagement suggested that pharmacy services are often not considered by service users as an alternative to GP services and that pharmacies may be underutilised by patients.

Following on from this and as part of our Access to Services priority we undertook a project to gain better understanding and appreciation of the people of Bromley's attitude toward pharmacies.

The research focused on the following areas:

- Dispensing – how advice is provided to patients regarding their prescriptions
- Promotion of public health and healthy lifestyles – exploring advice around healthy lifestyle choices, such as smoking cessation
- Signposting to other services – monitoring signposting advice to other care providers and support systems within the borough
- Patient feedback – monitoring the provision of practice leaflets, patient satisfaction surveys and feedback opportunities for service users



Ten pharmacies were visited between July and August 2015, covering a wide geographical area within the Bromley borough ranging from Crystal Palace to St Mary's Cray.

From the views and experiences we gathered it was evident that patients and service users felt they received a high quality of service from local pharmacies.

Our data showed;

- Dispensing services are particularly well received, with positive opinions regarding

the quality of service and the time taken to deliver prescriptions.

• A sizable group of those surveyed are failing to dispose of their surplus medicine in a safe manner via pharmacies, choosing instead to dispose of them along with household waste.

• Patients seem unfamiliar with some of the services provided by local pharmacies, instead preferring to seek advice and information from their GP rather than in a community setting.

Our volunteer Blessing Amaechi gathering people's views on pharmacy services.

Our Recommendations

1. Further promotion of the additional services offered by pharmacies by Public Health England. A high percentage of those surveyed were unaware they could access advisory services at their local pharmacy. An increase in the uptake of these services would be hugely beneficial to the community.

2. Increased display space for signposting information to improve patient access to the full array of services available.

3. Targeted work around medicine management and the disposal of unwanted drugs by local commissioners and health authorities

Responses to our report

The report and its recommendations have been well received by the relevant service providers.

Our findings have also been included in Healthwatch England's national report 'What Do People Think of Community Pharmacists?' which explores the role that community pharmacists play in meeting people's healthcare needs.

Our plans for next year

Future priorities

It has been a challenging but successful year for our organisation in 2015/2016. The last year has seen the growth of the staff team in order to deliver local Healthwatch in Bromley and in Lewisham.

Our work doesn't sit neatly within the year and so many of the priority projects which are currently being carried out and worked on will be covered in this report but will be detailed in the 2016/2017 Annual Report.

Our priorities for 2016/2017 remain:

- Mental Health
- Access to Primary Care Services
- Children and Young People's wellbeing

In the year ahead we will continue to produce reports on local services and will continue to involve the public - including people from a range of backgrounds, ages and marginalised groups. We will continue to inform people about the changes affecting health and social care services across Bromley and the surrounding areas – particularly those changes that will affect the whole of south east London.

We have the following priority projects which will be conducted in 2016-2017.

Out-of-hours access in primary care

Sexual health and gender identity in young people

Access to dentistry services

Information Hubs

Mental Health Enter and View

Access to services for people identified as financially vulnerable

Local Care Networks

We will continue to be involved in the ongoing development of the integrated care networks in the borough and the wider strategy to join up care, in and out of hospital for patients.

Primary Care Joint Commissioning

Along with our colleagues at other local Healthwatch in South East London, we will continue to be observers as part of NHS England's primary care joint commissioning process. Our representatives are keen to ensure that our consumer champion role is used effectively in this process.

Regional Network

We remain members of the Healthwatch South East London Network Chief Officer meetings where we continue to share best practice, support for each other and discuss change and issues across the region and nationally.

Our people

Healthwatch Bromley Trustee Board

Our Board directs the work of the organisation by setting our strategy, ensuring that we achieve our aims and objectives and by making sure that the Director and the staff team deliver the strategy and work programme effectively.

Board members, who are all volunteers, abide by a clear set of policies and procedures including guidelines on conflicts, interest, equality and diversity and a code of conduct.

The Board met 5 times in 2015/2016. All minutes of these meetings can be accessed on our website.

Healthwatch Bromley Workplan Committee

This year a subcommittee was set up to allow closer oversight of the workplan.

All members of the Bromley Workplan Committee are lay volunteers and a mixture of the trustees and non-trustees.

The committee reviews issues relating to Healthwatch in detail and makes recommendations regarding this. It plays an important role in overseeing Healthwatch Bromley's strategic direction, monitoring the progress of Healthwatch Bromley against its workplan.

'Bromley Workplan Committee comprises both trustees and members, bringing together a range of expertise to review progress against the work plan, as well as make recommendations regarding maintaining and safeguarding the independence, openness and transparency of Healthwatch'

Leslie Marks, Chair of Bromley Workplan Committee

Healthwatch Bromley Trustees

Linda Gabriel (Chair)
Leslie Marks (Vice Chair)
Dr. Magna Aidoo
Vivienne Astall
Nigel Bowness
Dr. Brian Fisher
Geraldine Richards
Beverley Tanner
Margaret Whittington

Workplan Committee

Leslie Marks (Chair)
Linda Gabriel
Margaret Cunningham
Bev Tanner
Susan White
Margaret Whittington

How we involve the public and volunteers

Volunteers and lay people are at the heart of decisions that we make. Our Board members are volunteers as are the lay volunteers on the Workplan Committee. Over an eight-week period we actively invited local people to influence our priorities.

'Last year Healthwatch Bromley's work was supported by 23 volunteers.'

As well as being vital to our governance, volunteers play an important part in the preparation and implementation of our work. We consult our office volunteers at every stage of a project to gain a lay perspective on our aims, our approach, how we analyse our data and how we present that information.

We want our volunteers to know that we value their experience and abilities. We have an inclusive and open volunteering program and support the development of existing skills and gaining new skills while they support us to deliver our projects and functions.

Our 23 active volunteers support and represent a wide range of communities and service users.

Opportunities currently being offered include:

- Outreach Volunteers – This role involves the volunteers being our eyes and ears in the community as well as raising awareness of Healthwatch and how we can help the public.
- Communications and Social Media Volunteer – This role involves supporting the Communications Officer to develop our network and help boost our reach on social media.
- Enter & View Authorised Representatives – These volunteers have the opportunity to visit local health and social care services as well as undertake PLACE visits.
- Admin Volunteers – these volunteers help with a variety of office based tasks which enables the organisation to work effectively.

Our finances

INCOME	£
Funding received from local authority to deliver local Healthwatch statutory activities	126,384
Additional income	9,934
Total income	136,318
EXPENDITURE	
Operational costs	10,638
Staffing costs	88,818
Office costs	11,618
Total expenditure	111,074
Balance brought forward	25,244

(Healthwatch Bromley showcase event and AGM)

Contact us

Tell us your experiences of health and social care

We want to hear from as many of you as possible about your experiences of health and social care services in Bromley.

The more we hear from you the more effective we can be in representing you and helping to improve services.

You can contact us by:

- Email:

admin@healthwatchbromley.co.uk

- Telephone: 020 8315 1916
- Completing the Talk to Us form on our website:

www.healthwatchbromley.co.uk

- Write to us:

Healthwatch Bromley,
Community House,
South Street,
Bromley,
Kent, BR1 1RH

Sign up to our mailing list

If you want to keep up with the work of Healthwatch Bromley, then contact us and tell us that you want to join our mailing list.

Alternatively, you can sign up by visiting www.healthwatchbromley.co.uk and entering your email address on the right hand side of the homepage in the 'sign up to receive our e-bulletin' box.

We will send you our bi-weekly e-bulletin and you will also hear about our latest reports and opportunities to get involved.

Healthwatch Bromley Volunteers

Volunteers are central to the work of Healthwatch Bromley. We already have a fantastic team of volunteers who help to capture views and experiences of health and social care and who represent patients and service users in meetings across the county.

Please get in touch if you are interested in finding out more about volunteering for Healthwatch Bromley.

Events

We take part in a large number of events across Bromley. When you see us, please come up and say hello and tell us about your experiences of health and social care.

If you are organising an event and would like us to be involved, then we would love to hear from you.

Please see here for our events:
www.healthwatchbromley.co.uk/events

Online

You can also keep in touch with our work and download our latest reports and newsletters at:

www.healthwatchbromley.co.uk

Also, keep in touch through social media at:

Healthwatch.Bromley

@HWBromley

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Bromley Clinical Commissioning Group, Bromley Care Services Policy Development and Scrutiny Committee, Bromley Health Scrutiny Sub-Committee and Bromley Council.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address above.

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London Borough of Bromley

Briefing for Health & Wellbeing Board

28th July 2016

BRIEFING NOTE ON SMOKING & MENTAL HEALTH

Contact Officer: Dr Agnes Marossy, Consultant in Public Health
Education, Care and Health Services, London Borough of Bromley
Tel: 020 8461 7531 E-mail: agnes.marossy@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health,
Education, Care and Health Services, London Borough of Bromley
Tel: 020 8313 4167 E-mail: nada.lemic@bromley.gov.uk

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1. THE BRIEFING

1.1. Action on Smoking and Health (ASH) has produced a report: *The Stolen Years: The Mental Health and Smoking Action Report* which has been developed in collaboration with 27 leading mental and public health organisations.

The core ambition in this report is that smoking among people with a mental health condition declines to less than 5% by 2035, with an interim target of 35% by 2020.

Currently less than 20% of the general population smoke, compared to around 40% of those with a mental health condition and up to 70% of people discharged from a psychiatric hospital.

This difference in the prevalence of smoking has significant consequences: individuals with mental health conditions die on average 10 to 20 years earlier than the general population, and smoking is the single largest factor in this difference.

Smoking not only affects people's health but also their wealth. Research estimates that a million people with a 'common mental health condition' are living in poverty and smoke, and a further 130,000 are pushed into poverty once their spending on tobacco is taken into account

1.2 The report includes recommendations for actions to be taken by Health and Wellbeing Boards:

- Health and Wellbeing Boards must ensure that there are co-ordinated local approaches to reducing smoking among people with a mental health condition.

- Local Authorities should estimate the number of smokers with mental health conditions and the proportion receiving cessation interventions in primary care, specialist stop smoking services, IAPT, social care and secondary care as part of their Joint Strategic Needs Assessment to inform commissioners about the size of unmet need locally.

1.3 Current Position in Bromley

- Work on the upcoming JSNA includes data searches of practices which will include the identification of patients with mental health conditions who smoke.

- Bromley Public Health and Bromley CCG have been working with Oxleas for some years on improving the physical health of patients with mental health conditions (including stop smoking work). This was initially as a local CQUIN, and included training mental health staff to deliver stop smoking interventions. This area of work is now a national CQUIN.

- Oxleas, with support from the specialist Stop Smoking Service, have implemented smoke free sites for their acute services, and are working on making the long stay wards smoke free.

- The commissioned contract for the specialist Stop Smoking Service includes targeting priority groups including; pregnant smokers, routine and manual labour workers and smokers with a mental health condition.

- The specialist Stop Smoking Service also have a remit to provide mental health workers, doctors, health and social care practitioners with training to become stop smoking advisers. In 2015-16, fifteen mental health workers were trained to Level 1 Very Brief Advice in 2015-16, and six were trained as Level 2 Stop Smoking Advisors. In 2015-16 the Oxleas staff supported 39 patients in setting quit dates.

- The specialist Stop Smoking Service works directly with the Bromley Drug and Alcohol service providing direct stop smoking support and in November 2016 will train their staff to directly provide smoking cessation services.

- The specialist Stop Smoking Service will also be supporting the staff at Community Options in Bromley. Community Options, a mental health charity is hoping to go smoke-free by 2017. They support 150-200 patients in the community as well as mental health patients in residential projects. They are keen to have all front line staff trained to deliver Level 1 Very Brief Advice, therefore bespoke mental health VBA training has been arranged by Smokefree Bromley and will take place across four dates in July. They are also hoping to have some staff trained as Stop Smoking Advisors in the near future.

2. SUPPORTING DOCUMENTS

2.1 Letter re *The Stolen Years: The Mental Health and Smoking Action Report.*

Councillor David Jefferys
London Borough of Bromley
Chair of the Health & Wellbeing Board
Town Hall
Civic Centre
Stockwell Close
Bromley BR1 3UH

17th May 2016

Dear Councillor Jefferys

In the last 20 years, smoking rates among the general population have fallen but this has not been the case for those with a mental health condition. Less than 20% of the general population smoke, compared to around 40% of those with a mental health condition and up to 70% of people discharged from a psychiatric hospital. This difference in prevalence has significant consequences: people with mental health conditions die on average 10-20 years earlier than the general population and smoking is the single largest factor in this difference. Clearly there is an urgent need for action.

We enclose a copy of Action on Smoking and Health's (ASH) new report, *The Stolen Years: The Mental Health and Smoking Action Report*. The report contains specific recommendations for action to be taken by Health and Wellbeing Boards and we are writing to you to request that these recommendations are implemented as part of local delivery plans. You can also access the report online here: http://www.ash.org.uk/stolenyears.

The core ambition of *The Stolen Years* is that smoking among people with a mental health condition declines to less than 5% by 2035, with an interim target of 35% by 2020. The report was developed in collaboration with 27 leading mental and public health organisations including **Rethink Mental Illness**, **The Royal College of Nursing** and **The Royal College of Psychiatrists** and is supported by a wide range of partners, from experts by experience to those working in mental health, public health, providers, local authorities and primary and secondary care. This report also builds on important work that has been undertaken by others in recent years including The Royal College of Physicians and The Royal College of Psychiatrists' 2013 report, *Smoking and Mental Health*; *The Five Year Forward View for Mental Health* by the Mental Health Taskforce; and NICE guidance PH48 & PH45.

Tackling smoking among people with a mental health condition will benefit the overall health system. As you will be aware, the NHS is currently under great financial pressure. Around 40% of mental health trusts experienced reductions in income in 2013/14 and 2014/15, with only 14% of patients saying that they received appropriate care in a crisis. Smoking-related disease among those with a mental health condition cost the NHS an estimated £719 million in 2009/2010 and a recent study estimated the cost of facilitating smoking in four mental health wards as over £130,000 in six months. This money could be put to better use in providing care for people with mental health conditions.

Key recommendations of *The Stolen Years* include:

- National targets and leadership to drive action across the country.
- Strong focus on the skills and training of the workforce.
- Availability of evidence-based services alongside peer support for all those who need them.

- Better access to the medications that will help people to quit.
- Improved understanding that electronic cigarettes provide a less harmful alternative to smoking.
- Moving to smokefree mental health settings alongside provision of the right support to smokers.

Health and Wellbeing Boards have key role in working together with local Directors of Public Health to join up activity across the local healthcare system, including ensuring that high quality Joint Strategic Needs Assessments are in place that and organisations are supported to achieve change.

Key recommendations for Health & Wellbeing Boards in *The Stolen Years* include:

- Health and Wellbeing Boards must ensure there are co-ordinated local approaches to reducing smoking among people with a mental health condition.
- Local Authorities should estimate the number of smokers with mental health conditions and the proportion receiving cessation interventions in primary care, specialist stop smoking services, IAPT, social care and secondary care as part of their Joint Strategic Needs Assessment, as recommended by NICE (2013) to inform commissioners about the size of unmet need locally.

The publication of this report is only the start of work on this agenda. After decades of stagnation, change is only possible with collective action. Going forward we will be working with partners across the healthcare system to ensure that actions recommended in *The Stolen Years* become a reality and Health and Wellbeing Boards have a vital role to play. If you would like to get more involved in this work or receive more information about what you can do to help reduce smoking prevalence among those with a mental health condition in your area please email admin@smokefreeaction.org.uk or call 020 7404 0242.

With best wishes,

The Right Honourable Paul Burstow
Chair of the Tavistock and Portman Mental Health Trust and trustee of Action on Smoking and Health

Danielle Hamm
Associate Director Campaigns and Policy
Rethink Mental Illness

Deborah Arnott
Chief Executive
Action on Smoking and Health

Janet Davies
Chief Executive
Royal College of Nursing

Professor Sir Simon Wessely
President
Royal College of Psychiatrists

THE LONDON BOROUGH OF BROMLEY

WORKING AGREEMENT BETWEEN BROMLEY SAFEGUARDING CHILDREN BOARD AND BROMLEY HEALTH AND WELLBEING BOARD

The report proposes that the Bromley Health and Wellbeing Board (H&WB) agree to a formal working agreement between the Bromley H&WB and Bromley Safeguarding Children Board (BSCB) to maximise opportunities for safeguarding children in the local area.

FOR INFORMATION AND DECISION

1. INTRODUCTION

1.1 This report provides the Bromley Health and Wellbeing Board (H&WB) with an overview of the role and responsibilities of Bromley Local Safeguarding Children Board (BSCB) and summarises its priorities for 2015-18.

1.2 The report proposes that the H&WB agree to a formal working agreement between the Bromley H&WB and the BSCB as set out in the protocol included in Appendix A.

1.3 The Board is asked to consider:

a) The complementary but distinct roles the Health and Wellbeing Board (H&WB) and Bromley Safeguarding Children Board (BSCB) have in safeguarding and promoting the welfare of children and young people in Bromley.

b) The LSCB's current priority areas for focus during 2015-18.

c) Approval of the proposed protocol for joint working between the Bromley H&WB and the BSCB (Appendix A).

d) How else the two Boards might work together to promote 'safeguarding is everyone's business' and to ensure that there is a coordinated approach to strategic planning between the various partnership boards in Bromley.

2. BACKGROUND

Statutory requirements for Local Safeguarding Children Boards (LSCB)

2.1 Section 13 of the Children Act 2004 requires that every area establish a Local Safeguarding Children's Board (LSCB). The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements. The statutory responsibilities of the LSCB are:

a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and

b) to ensure the effectiveness of what is done by each such person or body for those purposes

2.2 The LSCB must include at least one representative of the local authority and include representation of: the Police; Local Probation Trust; Youth Offending Team; the NHS Commissioning Board and clinical commissioning groups; NHS Trusts and NHS Foundation Trusts all or most of whose hospitals, establishments and facilities are situated in the local authority area; CAFCASS (Children and Family Court Advisory and Support Service); and the governor or director of any secure training centre or prison in the area of the authority.

2.3 Members of an LSCB should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their organisation. They should be able to: speak for their organisation with authority; commit their organisation on policy and practice matters; and hold their own organisation to account and hold others to account.

2.4 The role of the LSCB is to scrutinise and challenge the work of agencies both individually and collectively. The LSCB does not commission services and is not operationally responsible for managers and staff in the constituent agencies.

Bromley Safeguarding Children Board (BSCB)

2.5 The BSCB is chaired by an independent chair, Annie Callanan, and is supported by a small team, with an agreed set of subgroups and activities.

2.6 There are a number of LSCB subgroups which meet at least quarterly where much of the business of the Board is taken forward. These include:

- **Quality Assurance and Performance Monitoring** - this group examines performance data, audit and survey findings and supports the Board in its scrutiny and challenge role.

Chair: Annie Callanan, independent chair.

- **Training** - this group oversees the existing LSCB multi-agency training programme ensuring that the local children's workforce is equipped to deliver sound safeguarding practice whilst responding to local priorities and national developments and learning.
  Chair: Anita Gibbons, Head of Quality Assurance, LBB.

- **Case Review** - this group considers how local agencies can learn from national and local case review findings and oversees the implementation of local action plans arising from case reviews.
  Chair: Sonia Colwill, Bromley CCG.

- **Child Death Overview Panel** - this group considers the circumstances relating to the deaths of children, identifying any modifiable factors and relevant practice implications.
  Chair: Dr Jenny Selway, Consultant in Public health, LBB.

- **Policy and Procedures** – this group co-ordinates the development of new local policies, procedures and guidance regarding children's welfare and safeguarding, and analyses the implications of relevant national multi-agency policies, procedures, guidance or research findings.
  Chair: Sadie McClue, Bromley CCG.

- **Vulnerable Children** – this new sub group will progress, monitor and scrutinise the coordination and effectiveness arrangements of local plans, policies and procedures in relation to CSE, Children missing from home, school or social care placement, Trafficked Children, FGM, Domestic Abuse, Gangs, Disabled Children, and radicalisation/extemism.
  Chair: Jane Bailey, Director of Education, LBB.

- **Chairs Group** - this group oversees the work of the subgroups, short life working groups and partnership groups of the Board and effectively steers the direction and progress of the Board's work, responding to key issues arising.
  Chair: Annie Callanan, independent chair.

2.7 In addition to the standing sub groups, there are short-term and ad hoc groups to progress specific business. Currently this includes a communications sub group, chaired by a lay member of the Board. In 2015, there was a Task and Finish Group on FGM (Female Genital Mutilation).

2.8 Following the Ofsted inspection in April/May 2016 and inadequate grading for children's services, a Children's Services Improvement Governance group [SIG] (chaired by the Leader) and a Children's Services Improvement Team [SIT] (chaired by the Chief Executive)

were established. The Independent Chair of the BSCB is a member of the SIG and the BSCB Business Manager is a member of the SIT to ensure improvement work in the partnership is fully integrated with the specific improvement work in London Borough of Bromley.

BSCB priority areas

2.9 The BSCB has five priority areas for focus during 2015-2018. These are detailed in the BSCB Business Plan. Below is a summary:

i. Board Resilience
- A board which is confident of its responsibilities with a revised statement of purpose
- Effective scrutiny system

ii. Service Reponses. Ensure that:
- early Help assessments and services meet needs;
- agencies prove they have sufficient qualified/trained staff;
- effective information sharing takes place;
- schools are aware and accountable of their safeguarding responsibilities:
- there is an assured and timely response to all children who go missing from school to address any safeguarding issues.

iii. Community Engagement
- Understanding of diverse community in LBB and barriers to engagement
- Young people are better informed of safeguarding and engaged
- Improved public awareness of safeguarding, including a specific campaign on the risks of co-sleeping
- The voice of children and young people drives and improves practice and policy

iv. Learning and Improvement
- Learning from case reviews and audits impacts on frontline practice
- The Board has good oversight of risks in the system and can assess the performance of multi-agency child protection work
- A confident and skilled workforce is able to identify and respond to neglect, child abuse and domestic violence

v. Specific Safeguarding Concerns

- Increase awareness of emerging threats to children, for example through sexual exploitation (CSE), gangs, child trafficking, radicalisation and female genital mutilation and appropriate policies and strategies to address those threats
- Reduce impact of domestic abuse
- Reduce admissions to hospital for self harm.

2.10 There are many opportunities for the H&WB to add value to the work of the BSCB; in particular on areas of national focus and where the contribution of services outside of the membership of the LSCB is critical to ensuring progress in priority areas of work. Examples include priority areas such as child sexual exploitation, female genital mutilation, and missing children; and services for adults who are parents and dealing with issues such as poor mental health, substance misuse and domestic violence.

3. JOINT WORKING AND GOVERNANCE ARRANGEMENTS BETWEEN THE HEALTH AND WELLBEING BOARD AND LOCAL SAFEGUARDING CHILDREN BOARD

3.1 Health and Wellbeing Boards have a unique role in providing a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities. H&WBs are the executive body responsible for agreeing what the needs of the local population are, promoting integration, and supporting alignment and joint commissioning.

3.2 Working Together to Safeguard Children 2013 does not outline in detail how the relationship between LSCBs and H&WBs, and other key partnership bodies, should be secured; this is for local determination. The two partnerships are separate and there are no requirements for the boards to report to each other. However, given the important role that both Boards have to help, protect and care for children and young people this relationship should be clearly articulated. Ofsted inspections of Local Authorities' children's social care services and of LSCBs have specifically asked to see a working agreement or memorandum of understanding between the partnership boards. Bromley was able to show this draft agreement prior to ratification from either Board.

3.3 A draft protocol outlining a proposed joint working arrangement between the two boards is included in Appendix A. The aim of this protocol is to promote 'safeguarding is everyone's business' and to ensure that there is a coordinated approach to strategic planning between the H&WB and the BSCB.

3.4 The protocol also sets out the proposed governance arrangements which will enable the Health and Wellbeing Board (H&WB), and the Bromley Safeguarding Children Board (BSCB), to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.

3.5 In order to deliver the draft protocol, it is proposed that the following arrangements would be put in place to ensure effective co-ordination and coherence in the work of the H&WBs and the LSCB from 2016:

a) Between October and January each year, the Independent Chair of the BSCB would present to the H&WB its Annual Report outlining performance against business plan objectives in the previous financial year. This would be supplemented by a position statement on the Board's performance in the current financial year. This would provide the opportunity for the Health and Wellbeing Boards to understand where it may be able to support the performance of the BSCB, to draw across data to be included in the JSNA and to reflect on key issues that may need to be incorporated in the refresh of the Health and Wellbeing Strategies.

b) Between October and March each year, a member of the Health and Wellbeing Board to present to the BSCB the annual review of the Health and Wellbeing Strategy, the update on the JSNA with the proposed priorities and objectives to enable the BSCB to consider whether it may be able to support the Health and Wellbeing Board to drive delivery of the Health and Wellbeing Strategy.

3.6 Bromley Safeguarding Children Board ratified this working agreement on 13 July 2016.

4. RECOMMENDATION(S)

4.1 It is recommended that the Health and Wellbeing Board approve the protocol for joint working between the H&WB and the Bromley Safeguarding Children Board.

Background papers:
Children Act 2004
Working Together to Safeguard Children 2015

Contact officer: Kerry Davies, BSCB Manager **Tel:** 020 8461 7563
E-mail: Kerry.Davies@Bromley.gov.uk

APPENDIX A

Protocol to set out governance arrangements between the Health and Wellbeing Board and the Bromley Safeguarding Children Board

Purpose of the Protocol

1. The purpose of this protocol is to set out the governance arrangements which will enable the Health and Wellbeing Board (H&WB), and the Bromley Safeguarding Children Board (BSCB), to assess whether they are fulfilling their statutory responsibilities to help (including early help), protect and care for children and young people.

2. The aim of this protocol is to promote 'safeguarding is everyone's business' and to ensure that there is a coordinated approach to strategic planning between the H&WB and the BSCB.

Statutory framework

3. H&WB's were established by the Health and Social Care Act 2012. They are intended to be a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.

4. The Children Act 2004 required each local authority to establish a Local Safeguarding Children Board (LSCB). It is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and to ensure that these agencies are effective.

5. Working Together to Safeguard Children 2015 does not outline in detail how the relationship between LSCB's and H&WB's, and other key partnership bodies, should be secured; this is for local determination. However, given the LSCB's scrutiny and challenge role, and the fact that they do not commission or directly delivery services, there is a strong case that the relationship between them is clearly articulated.

Role and responsibilities

6. The H&WB has strategic influence over commissioning decisions across health, public health and social care through its Joint

Strategic Needs Assessment (JSNA) and the development of its Health and Wellbeing Strategy.

7. The H&WB Board is the executive body responsible for agreeing what the needs of the local population are, promoting integration, and supporting alignment of and joint commissioning. The purpose of the Board is to provide strong and effective leadership across the local authority and NHS partners to improve the health and wellbeing of local residents and reduce inequalities in outcomes. The Board sets a clear direction, across traditional boundaries, to deliver change and fresh thinking in the provision of health, adult and children's services social care and housing services.

8. The BSCB is required to: a) coordinate what is done by each person or body represented on the Bromley Safeguarding Children Board for the purposes of safeguarding and promoting the welfare of children in the area; and b) to ensure the effectiveness of what is done by each such person or body for these purposes.

Working together

9. The H&WB and the BSCB agree that strategic planning across partnerships will be coordinated to secure coherent delivery of business, to avoid duplication and gaps.

10. The H&WB and BSCB will take an integrated approach to the JSNA and ensure comprehensive safeguarding data analysis is included. The JSNA will drive the formulation of the Health and Wellbeing Strategies and the BSCB's Business Plan.

11. The Independent Chair of the BSCB will present an annual report, on the effectiveness of child safeguarding and promoting the welfare of children across the borough, to the Chair of the H&WB. The report will provide the H&WB with an assessment of the performance and effectiveness of local services. This assessment will be clearly reflected in, and will form part of, the H&WB Strategy in respect of services for children and families.

12. The H&WB will formally share with the LSCB: the JSNA, the Health and Wellbeing Strategy, the commissioning intentions and progress against these. The LSCB will provide relevant feedback on any key aspect of the H&WB plans as set out above, in respect of safeguarding and promoting the welfare of children.

13. This process will provide opportunity for sharing learning and expertise and to enable Boards to feed any improvement and development needs into the planning process for future years' strategies and plans.

14. In addition to the above the LSCB and H&WB will have members in common who can ensure that key information in relation to trends, concerns and action plans are communicated to relevant Boards in a coordinated way. The LSCB Chair will also, at any time necessary, bring to the H&WB or its members, any matters which require their attention outside of the opportunities outlined above.

15. Post Ofsted improvement work to improve outcomes for children in Bromley is led by the Service Improvement Governance (SIG) and delivered by members of the Service Improvement Team (SIT). Members of the BSCB and H&WB are members of the SIG and are able to report back progress against the Improvement Plan.

16. The H&WB and LSCB will work together to ensure that they include the views of young people in their development of key strategies.

Outcomes of joint working

17. The role of the LSCB in relation to the HWBB would be one of equal partners underpinned by this protocol. The LSCB has a statutory responsibility to challenge and hold agencies to account for the safety of local children and young people. This protocol is designed to ensure these functions are discharged effectively in the London Borough of Bromley without duplicating functions or creating additional structures. Other outcomes include:
    a. Ensuring safeguarding is "everyone's business'' and is reflected in the public health agenda;
    b. Supporting the Health and Wellbeing Board to drive delivery of safeguarding outcomes through the Health and Wellbeing Strategy, and of safeguarding on wider determinants of health outcomes (such as domestic abuse);
    c. Cross-Board partnership working to embed safeguarding across the health and wellbeing sector.

Signed

Cllr David Jefferys

Chair of Bromley Health and Wellbeing Board

Annie Callanan

Independent Chair of Bromley Safeguarding Children Board

CSD16118

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**6th October 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.

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2. RECOMMENDATION

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

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

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Financial

1. Cost of proposal: No Cost for providing this report

2. Ongoing costs: N/A

3. Budget head/performance centre: Democratic Services

4. Total current budget for this head: **£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

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Legal

1. Legal Requirement: Matters Arising and the Work Programme should be actioned in accordance with statutory obligations.

2. Call-in: Not Applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of the Health and Well Being Board.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No

2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 The Matters Arising table is attached at **Appendix 1.** This report updates Members on matters arising from previous meetings which are ongoing.

3.2 The current Work Programme is attached as **Appendix 2.** The Work Programme is fluid and evolving. Meetings are scheduled so that generally speaking they will be held approximately two weeks after CCG Board meetings which will facilitate more current feedback from the CCG to the HWB.

In approving the Work Programme members of the Board will need to be satisfied that priority issues are being addressed, in line with the priorities set out in the Board's Health and Wellbeing Strategy and Terms of Reference which were approved by Council in April 2013.

3.4 The Chairman proposes to reduce the frequency of Board meetings, given the establishment of Task and Finish Groups around Health & Wellbeing priorities and the related work and time commitment to attend meetings for all Board Members in between.

3.5 For Information, **Appendix 3** shows dates of Meetings and report deadline dates.

3.6 For Information, **Appendix 4** outlines the Constitution of the Health and Well Being Board.

3.7 **Appendix 5** is the updated Glossary.

APPENDIX 1

Health and Wellbeing Board

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

Agenda Item	Action	Officer	Notes	Status
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 was due to meet on June 2nd, but was cancelled as the Chairman was ill. The Group is now meeting on the morning of 6th October, and an update item has been added to the agenda for 6th October.	**Ongoing**
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 will be presented at the meeting.	**Completed**
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 will be provided by Harvey Guntrip after the meeting of the Mental Health Task and Finish Group on 6th October.	**Ongoing**
Minute 65 02/06/16 **HWB Strategy**	Resolved that the existing HWB Strategy be maintained for the present time, and that the Strategy be reviewed after fresh JSNA data is available.	**Dr Lemic and Dr Marossy**	The HWB Strategy will be updated in due course. It needs to be decided at which meeting the matter will be reviewed.	**Ongoing**

Update				
Minute 65 02/06/16 HWB Strategy	Resolved that the issue of Falls be discussed at a future meeting.	**TBC**	Speaker to be identified and asked to attend a future meeting to update the Board.	**New**
Minute 67 02/06/16 Elective Orthopaedic Centres	Resolved that the matter of Elective Orthopaedic Centres remain as a standing item until further notice	**Dr Bhan or Dr Parson**	Included on this agenda and remaining as a standing item until further notice. Update report provided on the October agenda.	**New**
Minute 69 02/06/16 Work Programme & Matters Arising	Resolved that a written response to the recommendations of "The Stolen Years" be drafted for the attention of the Board at the July meeting**.**	**Dr Marossy**	Response has been incorporated into the agenda	**New**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2015/16

Title	Notes
Health and Wellbeing Board—October 6th 2016	
Integration Programme Update	Dr Bhan
Work Programme and Matters Arising	Steve Wood
Healthwatch Annual Report	Linda Gabriel/Folake Segun
Update from the Children's Social Care Services Improvement Governance Board	Cllr Carr
Stepping up to the Plate—Integration Self-Assessment Tool (TBC)	TBC
Briefing on Smoking and Mental Health	Agnes Marossy
MOU between LBB and BSCB	Annie Callanan
Phlebotomy Update	Dr Bhan
Elective Orthopaedic Centres	Dr Bhan or Dr Parson
CAMHS Transformation Plans	Harvey Guntrip
Other Business	
Health and Wellbeing Board—December 1st 2016	
Integration Update	Dr Bhan
Primary Care Co Commissioning Verbal Update	Dr Bhan
Work Programme and Matters Arising	Steve Wood
Development of the Frailty Unit	Dr Bhan
Development of the Transfer of Care Bureau	Dr Bhan
Falls	TBC
Phlebotomy Update	Dr Bhan
Elective Orthopaedic Centres	Dr Bhan or Dr Parson
Healthwatch Inequalities report (tbc)	Healthwatch
Other Business	N/A
Health and Wellbeing Board—February 2nd 2017	
Integration Update	Dr Bhan
Primary Care Co Commissioning Verbal Update	Dr Bhan
Work Programme and Matters Arising	Steve Wood
Revised HWB Strategy	Dr Lemic
Phlebotomy Update	Dr Bhan
Elective Orthopaedic Centres	Dr Bhan or Dr Parson
Other Business	N/A

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
Promoting Exercise
NHS Self-Care Programme

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
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)
Sustainability and Transformation Plans	(STP)
Tailored Dispensing Service	(TDS)
Unitary Tract Infections	(UTI)
Urgent Care Centre	(UCC)
Voluntary Sector Strategic network	(VSSN)
Winterbourne View Joint Improvement Programme	(WVJIP)

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