

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 30 March 2017

Present:

Councillor David Jefferys (Chairman)
Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Ian Dunn, Robert Evans and
Colin Smith

Janet Bailey, Director of Children's Social Care
Stephen John, Director of Adult Social Care
Dr Nada Lemic, Director of Public Health
Alicia Munday, Education, Care & Health Services

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

Linda Gabriel, Healthwatch Bromley
Colin Maclean, Community Links Bromley

Also Present:

Adam Smith, Jason Stanton, Debra Weekes, Ann Wilbourn

128 APOLOGIES FOR ABSENCE

Apologies were received from Harvey Guntrip, Lorna Blackwood, Jim Gamble, Hannah Norgate and Councillor Stephen Carr.

129 DECLARATIONS OF INTEREST

Councillor Ruth Bennett declared an interest as her husband sat on the Mytime Board.

130 MINUTES OF THE PREVIOUS MEETING

Councillor Evans referred to Minute 114 which was the Primary Care Co-Commissioning Report. He referenced the sentence '*However, some people had been brought back to south east London to assist*' and requested some clarification concerning this. Dr Bhan explained that this was a reference to former employees of the Primary Care Trust who had been seconded to assist the CCG in activities such as intervention and monitoring.

RESOLVED that the minutes be agreed as a correct record.

131 QUESTIONS FROM COUNCILLORS OR MEMBERS OF THE PUBLIC

Written questions had been received from Mrs Susan Sulis, Secretary of the Community Care Protection Group.

The questions and the written answers are appended to the minutes.

132 MATTERS ARISING AND WORK PROGRAMME

CSD 17032

The Board noted the HWB Matters Arising and Work Programme report.

It was anticipated that the matter of 'Falls' would be discussed at the June meeting.

It was noted that the letter from the HWB to NHS England concerning the problems faced by local pharmacies had not been drafted. It was anticipated that the letter would be drafted shortly.

It was noted that Bromley CCG had been awarded full delegation of primary care commissioning.

It had been resolved previously that enquiries be made to see if a phlebotomy clinic could be hosted at Bromley Civic Centre. The update concerning this was still required.

RESOLVED that

(1) the letter from the HWB to NHS England concerning the problems faced by local pharmacies be drafted

(2) the Board is updated with the outcome of enquiries to see if a phlebotomy clinic could be hosted at Bromley Civic Centre

133 TRANSFORMING CARE REPORT

The Transforming Care report was drafted by Sonia Colwill (Director of Quality and Governance-Bromley CCG). The verbal presentation on the report was given by Andrew Royle (LBB Strategic Commissioner--Disability Services). The purpose of the report was to provide an update concerning those patients that fulfilled the requirements for the Care and Treatment Review.

The Board heard that there had been an increase in the number of children being referred into the Transforming Care Programme. This was a risk to both the CCG and LBB in terms of increased cost pressures as they turned 18 and needed to access adult health and care services.

Patients had to meet the relevant criteria to be accepted onto the Transforming Care Programme. The patient would have an inpatient bed either for mental health and or for behavioural health care needs AND also would have learning disabilities or be on the autistic spectrum disorder.

The CCG had a mandatory obligation to report upon these patients, and would be held responsible for outcomes by NHS England. As of 10th March 2017, LBB had nine patients that fell within the Transforming Care Criteria.

The Vice Chairman asked why nothing was listed on the report under the heading of 'Financial Implications.' Mr Royle responded that this was because the financial risks were not quantifiable.

The Chairman suggested that it may be a good idea if the report was seen by the Care Services PDS Committee, but this was not a formal resolution of the Board.

RESOLVED that the Transforming Care report be noted.

134 PRIMARY CARE CO-COMMISSIONING UPDATE

Dr Bhan informed the Board that full delegation of commissioning to the CCG had now been granted. The term 'co-commissioning' would be obsolete going forward. It had been agreed that the CCG would need extra staff to help with the additional work involved, now that full delegation had been achieved. This being the case, it had been decided that some staff would be seconded from NHS England to assist. Dr Bhan mentioned that six south London CCGs worked collaboratively to share resources. A team was being established to take care of routine business administration functions.

Dr Bhan explained that the NHS would continue to manage complaints and the appointment of individual GPs. A Primary Care Team was being developed, and this would be managed by Jessica Arnold (Head of Primary and Community Care-Bromley CCG). The seconded team from the NHS would be managed by Southwark CCG, based at Skipton House. A Memorandum of Association (MOU) had been formulated between all of the six south London CCGs. There was also an MOU agreed between Southwark CCG and NHS England.

New protocols would be developed to deal with conflicts of interest. A Primary Care Committee had also been set up and was meeting on 4th May. Underneath the Primary Care Committee would sit a steering group and a clinical referral group. The membership of the Primary Care Committee would be the same as the Joint CCG Committee, with additional representation from the Local Medical Council (LMC). The final structure of the combined operating model would be decided in due course.

Dr Bhan informed the Board that the CCG had recently received their finalised budget allocation, and this was less than had been anticipated.

The Chairman was impressed with the energy and creativity that was being put into the process of developing the STP.

RESOLVED that the update on the STP plans be noted.

136 CAMHS TRANSFORMATION PLAN 2016/17 UPDATE

The CAMHS Transformation Plan update was written and presented by Daniel Taegtmeyer from Bromley CCG.

The Board was asked to note the outcomes arising from the first two years of the CAMHS Transformation Plan Implementation. The Board was also asked to note the proposed road map to implementing the full transformation by 2020. It was noted that the CAMHS Transformation Plans refresh had been developed collaboratively between the CCG, LBB and delivery and service sector partners.

Mr Taegtmeyer informed the Board that data indicated that:

- Improved experiences and outcomes were being reported
- More children and young people were entering the system now than ever before
- More young people were now getting their needs met earlier
- Fewer children and young people were needing to be referred onto specialist community CAMHS
- Referrals were coming from wider sources
- The majority of children and young people (CYP) were having their needs met in 6 sessions
- Presentations to A&E by children in crisis had remained stable
- Admissions to specialist hospitals had fallen by 36% in the last two years

However, it was still the case that too many young people were presenting in crisis, too many admitted to specialist hospitals and too many had been referred to the Eating Disorder Service.

Mr Taegtmeyer referred to the 'Future in Mind' report that was published by NHS England in March 2015. The report can be accessed via the following link: <https://www.england.nhs.uk/blog/martin-mcshane-14/>

'Future in Mind' (FIM) was a five year project running from 2015 to 2020. The aim of the project (which was supported by NHS funding) was to improve the wellbeing and mental health of CYP. Bromley CCG would receive £660,000 over this period to support the work locally.

The Board heard that the CAMHS Transformation Plan allocations for 2015-2016 to 2017-2018 were:

- Specialist eating disorder service
- Investment in the co-production programme
- Investment in a Tier 2.5 capacity initiative via a single point of access

- Autism support
- ASD/Complex Communication Disorder Diagnostic Service
- Investment in a School Resilience and School Responder Service
- Investment in a Tier 3 Capacity Initiative
- Investment in Bromley Y electronic data systems
- Waiting times initiative
- Health and Justice Capacity Initiative
- Youth Mental Health First Aid

Note--Bromley Y is a long established local charity offering free therapeutic support to young people between the ages of 0 - 18 years. The link to their web page is: <https://www.bromleywellbeingcyp.org/about-us>

The Board were informed that as a result of these allocations, patients had experienced a step by step improvement and greater accessibility to better quality services, and so more CYP had been able to have their emotional and mental health needs met earlier, and with quicker responses. School staff were now reporting more confidence in managing crisis presentations in schools. It was hoped that improved data collection and analysis would improve the commissioning of mental health services.

The Chairman and Dr Parson thought that the report was good news, and Dr Parson asked if there had been any change in the age range of the children and young people being referred. Mr Taegtmeier responded that the main age for referrals was 14-16. The Board agreed that an update on progress should be submitted in 2018.

RESOLVED that the report be noted and that an update on the CAMHs Transformation Plan be brought back to the Board in 2018.

137 SOCIAL ISOLATION-LOCAL AWARENESS CAMPAIGN AND ACTION PLAN

This report was presented Alicia Munday (ECS Programme Manager) as Denise Mantell, was on leave.

The report was presented to the HWB following on from the Adult Services Stakeholder Conference that had been held in November 2016. The report outlined the action plan that would drive the Social Inclusion Campaign. The campaign included the development of a social isolation resource on Bromley My Life, a Social Awareness Week and work by partners to assist people who were experiencing social isolation.

The Chairman was pleased with the report and thought that it was very positive.

RESOLVED that

(1) the action plan be agreed and that members of the Board promote the required actions within their individual agencies

(2) the Board receive an update on the Action Plan prior to the awareness week in the Autumn

138 PHLEBOTOMY UPDATE

A review of phlebotomy services in hospitals had just been completed.

Three phlebotomy hubs were working across Bromley. These were located at Orpington, Penge and Bromley Town Centre. Places had not been filled as quickly as anticipated. The model seemed to be a good option. It was also the case that an anti-coagulation service was being developed.

RESOLVED that an update be brought to the Board in six months.

139 PRESENTATION FROM BROMLEY MY TIME

The Presentation from Bromley Mytime was delivered jointly by:

- Adam Smith—Leisure Division Manger
- Jason Stanton-Operations Director
- Debra Weekes—Partnership Manager
- Ann Wilbourn-Prime Time Manager

The Board heard that Mytime Active invested over £418,000 to make improvements to the Spa changing rooms, the West Wickham changing rooms and the soft play area at the Walnuts Leisure Centre. It was also noted that they had secured an additional £156,535 of external funding to deliver a range of community programmes. This was all part of a commitment to invest locally.

Mytime was committed to supporting under-represented groups to become more active, with 59% of people benefiting from a discounted membership fee. Mytime hoped that they would be able to support LBB in some way in terms of strategy and direction.

The Board heard that Mytime was just coming to the end of a three year project with Sport England. A Bid had been submitted to raise funding that would provide more activities for older people.

The Board were provided with details of the 'My Future Project' that was taking place on the Ramsden Estate as it had been identified that more activities were required for young people on the estate. Free sport and dance activities had been provided since 2008. Another project that was mentioned was Artstrem, where work had been undertaken with Bromley College and other partners. This had been described as a 'model of good practice' by the Arts Council England.

Schemes for adults who were not active and had medical issues were also being run, this was part funded by the CCG. Two of these schemes were 'Heart Start'

and 'Fresh Start'. Individuals engaged on these schemes reported that they remained largely more active after completing the schemes. Just over half of them also reported an increase in self-esteem. Mytime were ambitious to increase the number of people engaged, and would be happy to work with LBB to increase service provision. It was noted that they also ran a stroke prevention programme.

A full range of services was also offered to older people that were aged 60 and over, including those with learning disabilities. The services aimed to break the problems associated with isolation and to promote independence. This was achieved by running 80 classes per week in ten sites across the Borough. A new programme being developed in conjunction with MENCAP was planned for after Easter.

The Chairman enquired what LBB could do to assist. Mr Smith responded that Mytime was looking to create self-sustaining pathways. He asked that the Board think of the services that they provided, and engage with them. He asked that GP's promote the Fresh Start and Heart Smart programmes.

Colin Mclean noted the social prescribing element and cautioned against duplication.

Cllr Bennett enquired how much could be done practically to assist the frail elderly. The response was that some sessions were specifically designed for people with disabilities and for people who were nervous in the water. The relevant adjustments could be made, and instructors would be provided with extra training if appropriate. It was noted that the oldest member lived in Biggin Hill and was aged 93.

RESOLVED that the Mytime update be noted.

140 BETTER CARE FUND 2016/2017 PERFORMANCE UPDATE

The report provided an overview of the third quarter performance of the Better Care Fund for 2016/17, for both the expenditure and activity levels to the end of December 2016.

The report was presented to the HWB as it was the second performance report on the Better Care Fund 2016/17, and the Board needed to be kept informed of the position of the pooled fund and the progress of the locally agreed Better Care Fund schemes.

The Board was being asked to note the report and the latest financial position, performance and progress of the Better Care Fund Schemes.

Dr Bhan updated the Board and commenced by stating that more equipment had been provided for care homes. More care was being provided for those patients that were leaving hospital. The success of the Dementia Hub was noted.

Projects had been developed to increase support to care homes. A rapid response service had been developed to provide an alternative to the 999 service.

Another scheme that had been developed was the 'red bag' scheme. When a care home resident needed to go into a hospital, a red bag was packed for them. It contained their details, vital information about their health conditions, supplies of medicine, and a change of clothes for when they were ready to be discharged. It would also include their care passport. This had succeeded in reducing the average time of stay in hospital for elderly people from 12 days to eight days.

Resources were also being used to support the Transfer of Care Bureau (TOCB). A formal review of the TOCB was being undertaken as there had been issues around services connected to the TOCB not integrating properly.

The Chairman stated that the HWB had a statutory duty to sign off BCF funding.

Cllr Dunn referred to page 4 of the report that referenced delayed transfers of care. The report stated that there had been 2385 delayed transfers of care in quarter three, and that Bromley had not achieved the number of planned reductions for that quarter. Cllr Dunn queried how the delayed transfer of care numbers could be valued. It was agreed that this was a matter that could be looked at in the June meeting.

RESOLVED that the value of delayed transfers be looked at in the June meeting.

141 THE IRIS PROJECT

This item was deferred to the June meeting.

142 EMERGING ISSUES

No emerging issues had been identified by members for consideration.

143 INTEGRATED CARE NETWORKS UPDATE REPORT

A paper had been written for the attention of the Board by Daniel Knight (Interim Project Manager-Bromley CCG).

The Board heard that the 'Proactive Pathway' had been mobilised at the end of October 2016 and good progress has been made with weekly integrated Multidisciplinary Team meetings (MDTs) now happening across all three networks. Since the last report to the Health and Wellbeing Board in November 2016, the CCG had received a report from providers on the first 100 patients to go through the Proactive Care Pathway. It was too soon to assess the full impact of the pathway; there had been positive case studies. A dashboard was being developed to monitor patient activity before and after the patient entered the Proactive Pathway; this dashboard would be monitored via the ICN steering group. An independent quantitative and qualitative evaluation of the ICN Proactive Pathway had been commissioned by the CCG and was being undertaken by the Health Innovation Network (HIN), with a final report expected to the CCG in July 2017.

Some delay against the plan had been experienced due to a slippage in recruitment. Dr Bhan stated that a recovery plan was in place.

A new Frailty Unit had been developed which had made a significant positive impact on care pathways. Dr Bhan stated that she would like to get colleagues from social care more involved.

RESOLVED that an ICN update be brought to the meeting in September.

144 BRIEFING NOTE ON THE PHARMACEUTICAL NEEDS ASSESSMENT 2018

The Board noted the briefing report.

The Board was informed that a draft PNA would be presented to members for consideration in September. This would be followed by a 61 day consultation period.

RESOLVED that a draft PNA would be presented to the Board for consideration in September.

145 DEVELOPMENT OF THE TRANSFER OF CARE BUREAU

An update on the TOCB was provided in the BCF update.

146 ANY OTHER BUSINESS

No other business was discussed.

147 DATE OF THE NEXT MEETING

The next meeting is scheduled for Thursday 15th June 2017 at 1.30pm.

The meeting will take place in Bromley Civic Centre.

The meeting ended at 3.09pm.

HEALTH AND WELLBEING BOARD 30th March 2017

WRITTEN QUESTIONS TO THE HEALTH AND WELLBEING BOARD

Written Questions to the Health and Wellbeing Board received from Mrs Susan Sulis, Secretary, Community Care Protection Group

With regard to 'The State of Child Health' report by the Royal College of Paediatrics and Child Health published on 26th January 2017:

- 1) The RCPCH reports that "those from the most deprived backgrounds experience much worse health, compared to the most affluent".

Although Bromley has identified areas of serious deprivation in the borough, why does the Council not link this issue, and identify the actions needed to ameliorate the effects of poverty?

- 2) The RCPCH explains that poor nutrition, caused by poverty produces obesity, along with other factors, linked to poverty.

Does the Director of Public Health acknowledge the relationship?

- 3) Besides removing barriers to provision of free food by Bromley Foodbanks, like the commercial rent the Council charges Orpington Foodbank, what other steps should the Council take to improve nutrition for poor Bromley children?

Answers:

1) Deprivation is taken into account when providing health services in the Borough. Community Health Services such as Health Visitors allocate the Health Visiting staff to areas using a formula which uses indicators of deprivation. Addressing inequalities in health, including those due to deprivation, is part of the role of Community Health Services.

2) The causes of obesity are complex. Although it is true that obesity rates are higher in more deprived areas, this will also be linked to physical exercise and eating behaviour as well as nutrition.

3) Health Visitors work closely with the staff in the Children and Family Centres. These centres work hard to engage families from more deprived areas. Parenting groups include information about nutrition and this is also part of the role of the Health Visitor. All Health Visitors and Children and Family Centre staff have been trained in supporting young families around nutrition.

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