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DATE: 23 March 2017

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:

Janet Bailey	Interim Director of Children's Social Care
Stephen John	Director of Adult Social Care
Dr Nada Lemic	Director of Public Health

Clinical Commissioning Group:

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

Bromley Safeguarding Adults Board

Lynn Sellwood	Independent Chair - Bromley Safeguarding Adults Board

Bromley Safeguarding Children Board:

Jim Gamble QPM	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 30 MARCH 2017 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE PREVIOUS MEETING (Pages 1 - 12)

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 March 24th 2017.

5 MATTERS ARISING AND WORK PROGRAMME (Pages 13 - 24)

6 TRANSFORMING CARE REPORT (Pages 25 - 30)

7 PRIMARY CARE CO-COMMISSIONINIG UPDATE

8 SUSTAINABILITY AND TRANSFORMATION PLANS VERBAL UPDATE

9 CAMHS TRANSFORMATION PLAN 2016/17 UPDATE (Pages 31 - 40)

10 SOCIAL ISOLATION-LOCAL AWARENESS CAMPAIGN AND ACTION PLAN (Pages 41 - 50)

11 PHLEBOTOMY UPDATE

12 PRESENTATION FROM BROMLEY MY TIME

13 BETTER CARE FUND 2016/2017 PERFORMANCE UPDATE (Pages 51 - 58)

14 THE IRIS PROJECT

15 EMERGING ISSUES

16 INTEGRATED CARE NETWORKS UPDATE REPORT (Pages 59 - 66)

17 BRIEFING NOTE ON THE PHARMACEUTICAL NEEDS ASSESSMENT 2018 (Pages 67 - 70)

18 DEVELOPMENT OF THE TRANSFER OF CARE BUREAU

19 ANY OTHER BUSINESS

20 DATE OF THE NEXT MEETING

The date of the next meeting is 15th June 2017.

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 2 February 2017

Present:

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

Dr Nada Lemic, Director of Public Health
Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member-Bromley CCG

Linda Gabriel, Healthwatch Bromley
Janet Tibbalds, Community Links

Also Present:

Jenny Manchester, LBB Business Support
Raj Matharu and Dinesh Patel-Local Pharmaceutical Committee
Jackie Goad, Chief Executive's Department
Dr Agnes Marossy, Bromley Health Authority

108 APOLOGIES FOR ABSENCE

Apologies were received from Jim Gamble, the Chairman of the Bromley Safeguarding Children's Board.

Apologies were also received from Stephen John, and Colin Maclean.

Janet Tibbalds attended as substitute for Colin Maclean.

109 DECLARATIONS OF INTEREST

Cllrs Colin and Diane Smith declared interests concerning agenda item 17, which was an item dealing with end of life care. This was because a relative worked at St Christopher's Hospice.

110 MINUTES OF THE MEETING HELD ON 1ST DECEMBER 2016

The minutes of the meeting held on 1st December 2016 were agreed as a correct record.

111 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC

No questions were received.

112 SOCIAL ISOLATION--DEVELOPING A LOCAL CAMPAIGN

The report on Social Isolation was written and presented by Jenny Manchester, LBB Strategic Business Support.

The report was presented to HWB members to provide an update on the Adult Services Stakeholder Conference on Social Isolation that took place on 23rd November 2016.

The report recommended that the HWB and LBB work together in developing a campaign to signpost people that may be experiencing social isolation. If the HWB agreed to support the campaign, an action plan and suggested next steps for partners would be brought to the HWB meeting on March 30th.

The Board heard that social isolation meant that an individual was more likely to experience various types of abuse, and that the elderly were more likely to develop clinical dementia.

The Board were appraised that a recommendation from the Conference was that LBB develop a new 'social isolation' resource on the Bromley MyLife website. It was further recommended that a campaign to signpost resources for people experiencing social isolation be rolled out. It was suggested that an awareness week in the Autumn be put in place.

The Conference recommended that the matter of social isolation be reflected in the future HWB strategy and priorities.

The Chairman expressed the view that social isolation should be addressed as a priority. Dr Bhan felt that this was an excellent initiative that would link well with the work being undertaken on Integrated Care Networks (ICNs). Dr Bhan thought that social isolation could be incorporated into 'Building a Better Bromley'. She wondered if KPIs around a joint project would be required. Cllr Carr had no problem with this idea in principle, but felt that greater clarification on how the KPI's would be measured was required. He asked how the figures for social isolation were being measured. Ms Manchester clarified that the same measuring tools were being used across all boroughs .The Chairman asked if the data was 'age corrected'. Ms Manchester responded that the survey undertaken was robust and comprehensive. Cllr Carr suggested that the issue concerning the future measurement of KPIs may be something that Jackie Goad could investigate further.

Cllr Bennett queried why so many people felt isolated when there were lots of ways that they could engage in the community. She wondered if there were psychological reasons for this, and if these individuals could be identified. Janet Tibbalds explained that some people would be happy with low level contact. She felt that others may not engage for a variety of reasons which could include no access to IT, ill health and grief.

The Chairman suggested that it may be a good idea for some of the attendees at the Conference to attend the next HWB meeting.

Cllr Evans expressed his thanks to Jenny Manchester for organising the conference, and felt that it had highlighted a problem that needed urgent attention. Now was the time for action.

RESOLVED that

(1) the HWB and LBB work together in developing a campaign to signpost people that may be experiencing social isolation

(2) an Action Plan for all partners be brought to the next HWB meeting

(3) LBB develop a new 'social isolation' resource on the Bromley MyLife website

(4) an 'Awareness Week' be scheduled for the Autumn

(5) the matter of 'social isolation' be reflected in the HWB Strategy

113 PRESENTATION FROM THE LOCAL PHARMACEUTICAL COMMITTEE

A verbal update was given by Mr Raj Matharu and Dinesh Patel with the aid of an infographic.

The Board was informed that the Department of Health was pressing ahead with funding cuts which could cause major difficulties to the community pharmacy network. A recent report by Price Waterhouse Coopers showed that community pharmacy provided £3 billion net value to the NHS by providing 12 enhanced services.

The Board heard that the £3 billion net value of savings could be broken down as follows:

1. £1.1bn NHS cash savings
2. £600m in benefits to patients
3. £1bn worth of benefits to the public sector and the wider economy
4. £242m of NHS treatment costs avoided

The Board were informed that two million people had signed a petition opposing the cuts and that the Local Pharmaceutical Committee (LPC) was supported by the Local Government Association. Community pharmacies were now faced with the problem of reconfiguring services with a 12% reduction in funding. Mr. Matharu stated that local pharmacies were now looking at cutting hours and staff levels, and many were likely to close in the next couple of years. To make matters worse, local pharmacies would have problems with exiting from lease agreements.

Dr Bhan commented that there were issues around who commissioned what from whom. It was currently the case that pharmaceutical contracts were still within the remit of the NHS and not the CCG. It was possible that in the future a minor ailment service could be negotiated between local pharmacies and the CCG. Mr. Mathura pointed out that local pharmacies found it a major challenge to engage with the standard tendering process. He suggested that a different approach be adopted outside of the standard process to help local pharmacies to engage in the commissioning of services.

Cllr Colin Smith was concerned to learn that no compensation scheme existed to aid local pharmacies to rationalise and to assist with the termination of commercial leases. Dr Bhan suggested that the HWB could write to NHS England to highlight these issues and try and gain support for funding to assist with the termination of commercial leases.

Cllr Ruth Bennett expressed the view that there were too many pharmacies in London and that rationalisation was necessary.

RESOLVED that a letter from the HWB be written to NHS England to highlight the problems faced by local pharmacies in exiting commercial leases and to request support in dealing with these issues.

114 PRIMARY CARE CO-COMMISSIONING REPORT

Jessica Arnold (Head of Primary and Community Care, Bromley CCG) submitted a report to the HWB. The title of the report was 'Primary Care Commissioning, Access and Resilience'.

The report was presented to the HWB for information, comment and discussion, and the Board was briefed on the report by Dr Bhan.

The report outlined the key updates relating to the primary care function of Bromley CCG, these were:

- Moving from the co-commissioning of general practice with NHS England towards fully delegated commissioning from 1st April 2017.

- Recent improvements to primary care access, in particular during evenings and weekends

- Investments into general practice planned as part of the GP Forward View programme.

The Board was updated concerning Level 3 full delegation of Primary Care Commissioning, and the advantages and possible disadvantages of delegated commissioning were outlined. Bromley CCG had submitted their plans for fully delegated commissioning to NHS England in December 2016, and a decision was expected in mid-February 2017. If approval was received, then the transition process would commence on 1st April 2017.

If approval was given, a new Primary Care Commissioning Committee would be established. This would function as the highest level of governance for primary care matters and would replace the former SEL Joint Committee. It was expected that all six SEL CCGs would be approved for fully delegated commissioning from April 2017.

The Board was updated concerning the GP Forward View, and the development and implementation of the Forward View Plan. It was noted that the General Practice Forward View (GPFV) was launched in April 2016. This was a plan that was designed to stabilise and transform general practice backed by a multi-billion pound investment to redress historic underinvestment in the service. The GPFV stated that if general practice failed, then the NHS would also fail.

Dr Bhan mentioned some of the GPFV investments for Bromley:

- £185,000 for vulnerable practices
- £89,000 for online consultations
- £1.1m for improving access

The GPFV investments in Bromley were noted. The Board was appraised that Bromley CCG was currently in the process of developing a detailed prioritisation and action plan for the resilience and workforce elements of the local GPFV plan. Once the Plan had been approved, it could be published and implemented swiftly.

The Board was appraised concerning Primary Care Access Hubs which had been set up since 1st December 2015 to offer additional GP appointments. A third Hub had been established since December 2016, and further expansion was planned for the future. The Board was appraised that the Hub service was being provided by the Bromley GP Alliance, and that a new contract had recently been agreed. The new contract would mean that the service would continue to be provided by the Bromley GP Alliance up to 31st March 2018. In the interim, Bromley CCG would be undertaking a competitive procurement process in line with statutory obligations. It was hoped that a new GP Access Hub could be sited in the centre of Bromley.

The Board noted the current position relating to the review of PMS contracts, and of the GMS equalisation process. The investment made into general practice under the PMS contract and planned GMS equalisation would be £12.26 per weighted patient—totalling £3.5m per annum. The plan was that going forward; all practices would provide the same levels of service. This would include improved screening rates, increasing the uptake of the flu vaccine, and more online consultations. This would also help to support GPs to transition to the ICN structure.

Dr Bhan updated the Board concerning the Integrated Case Management Local Improvement Scheme. The scheme had been operating since 1st December 2016 and was regarded as a significant step forward in the implementation of Integrated Care Networks in Bromley. The good news was that currently 37 of Bromley's 45 practices were participating in Integrated Case Management.

It was noted that funding had been received by Bromley CCG for the development of a Health and Wellbeing Centre. The plans and business case for this were in an early stage of development.

The Board heard that the Care Quality Commission (CQC) were currently in the process of inspecting all London GP practices. The outcomes for Bromley at the time of writing the report were as follows:

- 1 practice was rated as outstanding
- 18 practices were rated as good
- 3 practices 'required improvement'
- 23 had not been inspected

The CCG was working closely with those practices that required improvement.

The Vice Chairman enquired how investment would be shifted from the acute sector to primary care. Dr Bhan stated that some of the money would come from the GPFV. The shifting of resources would be a longer term plan. It was also intended not to increase money going into hospitals, but to divert money so that more complex patients could be looked after in the community.

Cllr Evans referred to the possible disadvantages of delegated authority for commissioning mentioned in the report. He asked what level of monitoring of interventions would take place, and if there would be uniformity. He also referred to any improvement plans that may be recommended by the CQC, and if the CCG would be involved in overseeing the improvement plans.

Dr Bhan responded that the CQC ratings were a useful measure of quality that could aid the CCG with scrutiny, and that these indicators, combined with patient feedback were useful. The CCG had set up a Primary Care Team to improve General Practice, and that a Primary Care Needs Assessment was being developed.

Cllr Evans asked if the CCG would have sufficient funding for proper intervention and monitoring. Dr Bhan clarified that no extra funding had been provided to date. However, some people had been brought back to south east London to assist.

Harvey Guntrip expressed the view that full delegation should result in a more open process as control would then be local.

RESOLVED that the report be noted and that Dr Bhan email the Committee Clerk to advise of the outcome of the full delegation application for commissioning.

115 ICN AND FRAILTY UNIT UPDATE

The Integrated Care Network (ICN) and Frailty Unit update was provided by Dr Bhan.

The Frailty Unit (FU) had opened in Orpington during the first week in January,

and 26/38 beds were occupied. The remaining beds could not be filled due to staffing issues. The patients liked the environment. It was noted that no one could be admitted to the FU without the agreement of a geriatrician. There was no data for outcomes yet. There would be a winter ICN update at the next HWB meeting.

The Chairman was pleased with progress and expressed his thanks to Kings for their excellent work.

RESOLVED that the briefing be noted and that a further update in March would provide data for outcomes.

116 UPDATE FROM THE MENTAL HEALTH SUB GROUP

Harvey Guntrip briefed the HWB that a meeting had taken place recently of the Mental Health Strategic Partnership Board. This dealt with a number of cross border mental health issues and included young people and adults. He assured that much work was going on around mental health. Mr Guntrip would provide a more detailed update to the HWB at the March meeting.

117 JSNA 2016 PRESENTATION AND AN UPDATE ON THE HWB STRATEGY

The presentation was given by Dr Agnes Marossy, Consultant in Public Health.

It was noted that the purpose of the JSNA was to identify the current and future health and wellbeing needs of the people of Bromley, taking into account existing services. The content of the 2016 JSNA was:

- The Population of Bromley: Demography
- The Health of People in Bromley
- In Depth Areas
- Domestic Violence
- Housing and Homelessness
- Sexual Health
- Alcohol Use in Bromley

There were also updates on Populations of Interest which were:

- Children & Young People
- Physical Disability & Sensory Impairment
- End of Life Care

It was noted that the population of Bromley was rising, and was expected to keep doing so and that the percentage of elderly people was also expected to continue increasing. The report highlighted that inequalities in life expectancy existed in Bromley, and the lowest life expectancy for both males and females was in the Crystal Palace Ward.

The three primary cause of death in Bromley were:

- Circulatory Disease – 29.1%
- Cancer – 29.0%
- Respiratory Disease – 13.3%

The Board noted that Bromley was ranked as the sixth highest prevalence of excess weight in London, 63.8% of Bromley's population were either overweight or obese, which represented approximately 197,392 adults. There were nearly 30,000 people in Bromley at risk of diabetes.

Dr Marossy outlined some data pertaining to domestic abuse as follows:

- 2480 DV Offences in 2015-16
- 65% unreported
- Most victims and perpetrators in the 21 to 30 year age group
- Many children were affected (81 have attended Bromley Children's Group Work Programme).

A graph was displayed that showed that the percentage of homeless applications being accepted was increasing.

The Board was concerned to note that there had been a 225% increase in the use of temporary accommodation since 2011 (projected to reach 1387 households in 2017). The current profile of households in temporary housing included:

- 80% of families with dependent children/ pregnancy (63% lone parents)
- 1724 school aged children in temporary accommodation (934 out of borough)
- More than 280 households have been in temporary accommodation for over two years

Dr Marossy briefed the Board on a data that had been accumulated after a Single Homeless Needs Audit:

- High physical and mental health needs
- Frequent users of emergency services
- Poor access to preventative health care
- Need more consistent approach at hospital discharge.

The Board noted an update on sexual health data as follows:

- There were rising rates of syphilis and gonorrhoea (above national average).
- The highest rates were in the North West of the Borough
- The highest risk factor groups were men who had sex with men (MSM) and young people aged 15 to 24 years

It was also the case that rates of HIV were increasing.

There was some good news to report in that the rate of teenage pregnancies had decreased.

The Board were reminded of the current HWB priorities which were:

- Obesity - still significant health needs
- Diabetes - still significant health needs, but services improved and developed e.g. NDPP
- Dementia – hubs, Dementia Alliance
- Young People's Mental Health

Dr Marossy concluded the presentation by suggesting a HWB Strategy based on pathway based priorities for vulnerable groups. A vulnerable group could consist of the homeless, those suffering from domestic abuse, the elderly, the socially isolated, or those with mental health issues. The health and wellbeing of children would also be integral to any revised strategy.

Dr Lemic agreed that a revised HWB Strategy was now required. She welcomed input from Board members concerning this.

Mr Guntrip suggested that as there was an ever increasing number of the aged in Bromley, it would be a profitable if employers spent some time with employees in helping them with holistic retirement planning. The Chairman agreed that consideration should now be given as to how people in their 70's and 80's could be kept fitter and less frail. The parameters needed to be extended.

Dr Bhan noted the increasing numbers of the population that were reaching the age of 100+, and that there was an increasing number of the elderly attending A&E who were aged 90+.

Mr Guntrip suggested that LBB could consider a fostering service for older people. Cllr Evans responded that this service already existed with 'Bromley Shared Lives.'

Cllr Colin Smith commented that these issues had been discussed for the last 20 years, but that people were disinterested. What would be required was an effective communications strategy so that people would pay attention.

Cllr Carr felt that it was important to avoid duplication. He wondered how much success around health matters locally, was correlated to national schemes and national advertising/marketing. He referred to diabetes, and wondered what the factors were that resulted in successful outcomes.

Dr Lemic referenced the Diabetes National Programme and stated that it was possible to evaluate what had worked on a national level, and apply these principles locally. It was the case that media influence was confirmed. Local strategies had been applied that were working and bearing fruit, and these included compressed morbidity. It was important to continue with what was working well and benefit from economies scale where possible.

RESOLVED that the JSNA and HWB Strategy Update be noted, and that members feed-back to Dr Marossy or Dr Lemic if they wished to make any suggestions for the revised HWB Strategy.

118 CHILD WELLBEING NEEDS ASSESSMENT AND REVIEW OF PUBLIC HEALTH AND JOINTLY COMMISSIONED CHILDREN'S SERVICES

The Child Wellbeing Needs Assessment had previously been disseminated via an information briefing, and a hard copy was tabled by Dr Selway at the meeting.

A separate report had been incorporated into the agenda which was the 'Review of Public Health and Jointly Commissioned Children's Services.' Incorporated into this report was an Executive Summary of the main findings of the Needs Assessment.

It was noted that the Needs Assessment was to be presented to the Children's Improvement Board. The Chairman asked if there were any comments on the Needs Assessment. Dr Bhan responded that with respect to the Appendix at the end of the report, it would have been useful if approximate timescales had been incorporated.

RESOLVED that the Child Wellbeing Needs Assessment and Review of Public Health and Jointly Commissioned Services Report be noted.

119 QUESTIONS ON THE INFORMATION BRIEFING

No questions were received on the information briefing.

120 REPORT ON PERFORMANCE AGAINST THE WINTER PLAN

The Winter Review—Urgent and Emergency Care report was drafted by Michael Maynard—Urgent Care Lead at Bromley CCG. The verbal update at the meeting was given by Dr Bhan.

The report focused on the following three areas:

- The performance of the Bromley Urgent Care System in Winter 2016/7 to date
- The Winter schemes that had been identified to manage surge and capacity issues
- An update on the progress of new schemes

The report noted that nearly £1.5m funding for Winter pressures had been agreed from the Better Care Fund (BCF).

Dr Bhan mentioned that Winter to date had been difficult, and that there had been a 9% increase in mortality rates nationally; the mortality rate for London had increased by 12%.

Cllr Dunn asked how many times the PRUH had moved into 'escalation' states. Dr Bhan outlined the 'Opel' escalation states and stated that at the beginning of January, the PRUH had moved into Escalation 3 status, and that there had also been a number of 12 hour trolley breaches.

It was noted that at the end of the Winter period there would be a formal review of all the schemes and lessons learnt, so that the effectiveness of the interventions be evaluated. Subsequent to this, a further update would be brought to the HWB.

RESOLVED that a further update on performance against the Winter Plan be provided to the Board at the meeting on 30th March 2017 if possible.

121 PHLEBOTOMY UPDATE

Dr Bhan stated that 240 phlebotomy appointments per week were being accommodated over 2 sites. A third site was being sourced.

It had been suggested that LBB Civic Centre may be able to be used as the third site.

Jackie Goad would investigate further with Property Management.

RESOLVED that Jackie Goad investigate with LBB Property Department to find out if it would be possible to host a phlebotomy clinic at Bromley Civic Centre.

122 EMERGING ISSUES

The Chairman stated that there had not been much feedback concerning this, but noted that the issue of 'Falls' seemed to be an emerging issue that would seem to require future attention.

123 REPORT ON ALCOHOL USE IN BROMLEY

Report ES16069 on Alcohol Abuse In Bromley was submitted for scrutiny to the Public Protection and Safety PDS Committee on 29th November 2016.

The report provided an update on alcohol abuse in Bromley.

The report went to the Health and Wellbeing Board for their attention and information.

RESOLVED that the report on alcohol abuse in Bromley be noted.

124 LETTER FROM DAVID MOWATT CONCERNING END OF LIFE CARE AND THE RESPONSE FROM THE HEALTH AND WELLBEING BOARD

The Board noted the letter from David Mowat concerning end of life care, and the subsequent response to the letter from the HWB.

125 WORK PROGRAMME AND MATTERS ARISING

CSD 17032

The Board noted the Matters Arising and Work Programme report.

126 ANY OTHER BUSINESS

No other business was discussed.

127 DATE OF THE NEXT MEETING

The next meeting was scheduled for 30th March 2017.

The Meeting ended at 3.10 pm

CSD17032

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**30th March 2017**
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 for Possible Consideration".

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

Agenda Item	Action	Officer	Notes	Status
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.	**Ongoing**
Minute 79 06/10/16 **Health and Social Care Integration Update**	Resolved that the ICN update be noted and that a further update be brought to the next meeting of the Board, which would include an update on the development of the Frailty Unit.	**Dr Bhan**	Item has been included on the February agenda.	**Completed**
Minute 102 01/12/16 **Healthwatch Inequalities Report**	Resolved that the report be noted, and that an update on the development of the Homelessness Strategy be brought back to a future Board meeting	**TBC**	An update will be brought to the HWB in due course	**Ongoing**
Minute 113 02/02/2017 **Presentation from the Local Pharmaceutical Committee**	Resolved that a letter be drafted from the HWB to NHS England to highlight the problems faced by local pharmacies in exiting commercial leases and to request support in dealing with these issues.	**TBC**	Letter has not been drafted yet.	**Ongoing**
Minute 114 02/02/17 **Primary Care Co-Commissioning Report**	It was resolved that the report be noted and that Dr Bhan email the Committee Clerk to advise of the outcome of the full delegation application for commissioning.	**Dr Bhan**	Bromley CCG have been awarded full delegation for primary care commissioning, so Bromley CCG will be taking on the role of commissioners of general practice from the beginning of April 2017. Plans are being implemented for this change.	**Completed**

Minute 115 ICN/Frailty Unit Update **02/02/17**	It was agreed that a further update in March would provide data for the outcomes.	**Dr Bhan**	An update will provided at the March meeting	**Completed**
Minute 117 **02/02/17** **JSNA 2016 Presentation and HWB Strategy**	It was agreed that members of the HWB feedback to Dr Marossy or Dr Lemic if they wished to make any suggestions for a revised HWB strategy.	**Board**	No further feedback was received from members of the Board.	**Ongoing**
Minute 120 02/02/17 **Report on Performance Against the Winter Plan**	It was resolved that a further update on performance against the Winter Plan be provided to the Board in March if possible.	**Michael Maynard/Dr Bhan**	Waiting for the final data to be available for a report at the next meeting.	**Ongoing**
Minute 121 02/02/17 **Phlebotomy Update**	It was resolved enquiries be made to see if a phlebotomy clinic could be hosted at Bromley Civic Centre.	**Jackie Goad**	An update will be provided in due course	**Ongoing**

Appendix 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2015/16

Title	Notes
Health and Wellbeing Board—30th March 2017	
ICN and Frailty Unit Update	Dr Bhan
Work Programme and Matters Arising	Steve Wood
Phlebotomy Update	Dr Bhan
STP Verbal Update	Dr Bhan or Dr Parson
Development of the Transfer of Care Bureau	Dr Bhan or Dr Parson
Primary Care Commissioning Update	Dr Bhan or Dr Parson
BCF Plan Sign Off	Jackie Goad
CAHMS Co-Production Report (TBC)	CCG
Transforming Care Update Report	Sonia Colwill
Presentation from Bromley My Time	Adam Smiths
Emerging Issues	Board
Social Isolation-Local Awareness Campaign and Action Plan	Denise Mantell
Update on the IRIS Project	Hannah Norgate
PNA Information Briefing	Agnes Marossy
Health and Wellbeing Board—15th June 2017	
ICN and Frailty Unit Update	Dr Bhan
Work Programme and Matters Arising	Steve Wood
Phlebotomy Update	Dr Bhan
Primary Care Commissioning Update	Dr Bhan or Dr Parson
Emerging Issues	Board
Elective Orthopaedic Centres	Dr Bhan or Dr Parson
Update on Performance against the Winter Plan	Dr Parson/Mark Cheung
CCG Annual Report	
Health and Wellbeing Board—7th September 2017	
Health and Wellbeing Board—30th November 2017	
Health and Wellbeing Board---1st February 2018	
Health and Wellbeing Board---29th March 2018	

Outstanding Items for Possible Consideration:
Obesity and Promoting Exercise
NHS Self-Care Programme
Falls
Update from Bromley Third Sector Enterprise
Health and Social Care Integration and the Self-Assessment Tool
Presentation from Community Links with emphasis on Social Prescribing
Update on Bromley Third Sector Enterprise
Healthwatch Project to Explore Sexual Health and Gender Identity

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
30th March 2017	March 21st	1.00pm	March 22nd 2017
15th June 2017	June 6th	1.00pm	June 7th 2017
7th September 2017	August 29th	1.00pm	August 30th 2017
1st February 2018	January 23rd	1.00pm	January 24th 2018
29th March 2018	March 20th	1.00pm	March 21st 2018

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)
Summary Care Record	(SCR)
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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Report No.
Please obtain a report number

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Friday 10th March 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**Transforming Care Programme: submission to the Health & Wellbeing Board**
Contact Officer:	Sonia Colwill, Director of Quality & Governance, NHS Bromley Clinical Commissioning Group Tel: 01689 866121 E-mail: sonia.colwill@nhs.net
Chief Officer:	Angela Bhan, Chief Officer, NHS Bromley Clinical Commissioning Group
Ward:	N/A (Bromley as a whole)

1. Summary

This report is to provide an up-to-date position in regards to the patients that fulfil the requirements for the Care & Treatment Review (CTRs), to the Health & Wellbeing Board.

2. Reason for Report going to Health and Wellbeing Board

Update requested at a previous Health & Wellbeing Board.

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

No specific action.

To note.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: N/A

2. Ongoing costs: N/A

3. Total savings: N/A

4. Budget host organisation: Either CCG or LBB Adult Social Services (dependent on patient need)

5. Source of funding: Either CCG or LBB Adult Social Services (dependent on patient need)

6. Beneficiary/beneficiaries of any savings: Either CCG or LBB Adult Social Services (dependent on patient need)

Supporting Public Health Outcome Indicator(s)

Not Applicable

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4. COMMENTARY

This update is to provide the Health & Wellbeing Board of an update in regards to the patient cohort within the Transforming Care Programme.

The criteria for inclusion onto the Winterbourne View are to hold a log for a patient who meets the following requirements:

An NHS commissioner is responsible for commissioning their care, and the person has an in-patient bed for mental and / or behavioural healthcare needs AND has learning disabilities or autistic spectrum disorder (including Asperger's syndrome).

Patients not included in the criteria, where:

People in accommodation not registered with the Care Quality Commission as hospital beds, or people in beds for physical healthcare, or people who do not have either learning disabilities or autism.

(Source: Assuring Transformation General Guidance)

The CCG have a mandatory obligation to report upon those patients who fall within the criteria.

This obligation is to NHS Digital (formerly the Health & Social Care Information Centre - HSCIC) and the CCG is monitored and held to account for the outcomes for these patients by NHS England (London-region).

To ensure the consistency of the monitoring of outcomes and to seek outcomes in line with clinical advice for this cohort of patients, a Transforming Care Programme Board (TCP) has been set-up, with attendance from representatives from the CCG, LBB, NHS England and other interested stakeholders.

This mirrors the pan-South East London TCP approach and is attended by representatives from both the CCG and the local authority.

Bromley CCG and the London Borough of Bromley are working closely at an operational and strategic level to identify, assess their level of appropriate need and ensure that they receive treatment in the most clinically appropriate setting.

There is a commissioning responsibility split between NHS England and CCGs. For those patients under the age of 18 (including those in CAMHS Tier 4 (highly specialist provision – definition: '…*These are essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These can include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused), usually serving more than one district or region…*')) they fall under the responsibility of NHS England. Those patients over the age of 18, are the responsibility of the CCG and the local authority working in collaboration to achieve the best outcomes for the patient cohort.

As the focus for this has intensified over the last few years, there has been an increase in the identification of this cohort of patients and the scrutiny from NHS England as to the equitable outcomes for this cohort of patients.

There have been historic differences in recording of this cohort of patients. This has, on occasion, led to conflicting information being provided and monitored by the respective organisations; a more joined-up approach between the CCG and local authority has reduced the incidence of the mis-reporting of this patient cohort.

Bromley CCG and LBB are working with colleagues at a South East London level, in the SEL Transforming Care Partnership board, to ensure that strategic aims are met and implemented across the six Boroughs in a comparable manner.

Bromley has identified more patients within this programme than similar areas, and has the highest cohort in South East London.

As of the 10th March, Bromley has nine patients that fulfil the Transforming Care criteria:

- Six patients are resident in the Borough;
- Three patients are resident outside of the Borough;
- Eight patients have had a valid Care & Treatment Review within the last six months (the legal minimum), whilst the ninth is in the process of being booked;
- Three of these patients are predicted to be discharged within the next three months;
- 2 patients with an LoS under 6 months (1 patient has been admitted and discharged on multiple occasions);
- 3 patients with an LoS between 6 months and 1 year (1 patient has been admitted and discharged on multiple occasions);
- 2 patients with an LoS between 1 year and 2 years;
- 2 patients with an LoS over 2 years;

There have been a number of C&YP patients flagged to the CCG by LBB, that fit the criteria as outlined above, currently access children's health and social services, and could have need to access adult health and social care services within the 2017/18 financial year, as they turn 18 years of age.

This may have a significant impact on resources and reviews are likely to be required for the majority (if not all) of these patients. On-going joint planning will be required between both organisations to ensure effective transitional arrangements are in place.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

Potentially significant. On-going close monitoring required.

6. FINANCIAL IMPLICATIONS

-

7. LEGAL IMPLICATIONS

-

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

-

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

-

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

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London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **Thursday 30th March 2017**

Report Title: **CAMHs Transformation Plan 2016/2017 Update**

Report Author: *Daniel Taegtmeyer*
CAMHs Commissioning
NHS Bromley CCG
Tel: 01689 866 189
E-mail: d.taegtmeyer@nhs.net

1. SUMMARY

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

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

The Health and Wellbeing Board is asked to note the outcomes arising from the first two years of CAMHs Transformation Plan Implementation. Additionally Board members are asked to note the proposed road map to implementing the full transformation by 2020. The CAMHs Transformation Plans refresh was completed and submitted in October 2016. The Plans were jointly developed with LB Bromley and with delivery and sector partners. The Transformation Plans have been published and can be seen on the NHS Bromley CCG website. The update on progress to date reflects increasingly integrated commissioning, contract management and delivery.

Board Members are advised that the patients, referring and delivery partners are reporting improved experiences of and outcomes from the service. Early indications from the data available to date show that more children and young people are entering the system now than ever before and that more children and young people are having their needs met earlier in the system. Through joint investments in the single point access model fewer children and young people are being referred on to specialist community CAMHs. Data indicates that referrals in to the system are coming from a wider source and that the majority of CYP are having their needs met within 6 sessions (within 16 sessions for those who are identified as Tier 2.5).

The Board is also asked to note that presentations to A&E by children in crisis have remained stable over the course of the last two years and that admission to specialist hospitals has fallen by 36% (YTD) in the last year. Whilst there is some volatility expected in these figures, it is suggested that the joint investments are having a real impact on the ground for communities and providers.

Whilst good progress is being made, it is clear that we still have too many young patients presenting in crisis and too many children and young people being admitted to specialist hospitals and entering the specialist Eating Disorder service.

The journey to full transformation will build on the outcomes of the co-production programme that commenced in July 2016 and will continue into 2017/2018. The co-production programme marks a very positive move towards embedding the principles of joint design and production across health and care sectors and most importantly with communities.

Health & Wellbeing Strategy

1. Related priority: Children with Mental & Emotional Health Problems

Financial

1. Cost of proposal: n/a

2. Ongoing costs: n/a

3. Total savings (if applicable): n/a

4. Budget host organisation: NHS Bromley CCG

5. Source of funding: NHS England

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

Implementing the Five Year Forward View for Mental Health (2016)

Future in Mind (2015)

COMMENTARY

Locally, the challenge is to build on current approaches to meeting emotional and mental health need for children and young people. “Future in Mind” [2015] challenges each CCG and Borough to transform the local emotional wellbeing and mental health offer to children and young people. Each area is supported in the transformation process with a five year financial commitment from NHS England.

The Bromley CAMHs Transformation Plans are the local iteration of a national programme to transform emotional wellbeing and CAMH services. The additional local investment is part of a five year financial commitment by NHS England to realise ambitious outcomes for emotional wellbeing on a local level. Specifically, NHS Bromley CCG will receive an additional £660,000 pa from 2015 to 2020. This additional investment from NHS England builds on the national strategy “Future in Mind” [2015] and assumes that local areas will be working in partnership to sustainably transform local systems of support and treatment.

The key drivers in “Future in Mind” are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce
- Co-design future system and service models with CYP and communities

In addition to these aspirations, the Bromley Local CAMHs Transformation Plans set an ambitious target for the partnership to increase the number of children and young people entering the system of support, from the current 32% of the anticipated population with mental health needs to 40%. Whilst the local network is focusing on the architecture of services, we are also tasked with improving community emotional wellbeing.

For the two financial years, 2015/2016 – 2017/2018, Bromley CCG, in collaboration with its partners, invested its additional CAMHs Transformation Plan allocations to further develop capacity across a number of existing key care groups and services with a view to strengthening the existing architecture and to provide a platform to commence the full system and service redesign programme to ensure sustainability.

The allocations, as set out below

Plan Priority	Rationale	Benefit
Specialist Eating Disorder Service	Based on National Waiting Time and Access Guidance, prevalence and activity to date, this allocation is an annually recurring allocation for five years as required in the national CAMHs Transformation Plan.	Quicker access to early intervention eating disorder services for more children and young people earlier in their presentation. Additional investment will allow the provider to expand capacity as required.

		Over the course of five years sustainability of initiative will be built in to future system model and better data on need and trends will be available.
Co-Production	Key plank in the Future in Mind guidance Investment to meet the costs of commissioning specialist CAMHs co-production service to engage with children, young people, families, providers and schools. Initial 4 month project (July – October 2016), project report to form integral part of the final system and service model. CCG is committing resource to extend the co-production programme having received recommendations arising from the first co-production project	Non recurrent investment to engage children, young people, providers and schools in 2016 - 2018 to shape sustainable models. Will lead to a system of support that responds to need, evidence and will ensure that services are designed and delivered in a way that facilitates self sufficiency, quicker access and better outcomes.
Tier 2.5 Initiative	To continue a non-recurrent investment in the Tier 2.5 capacity initiative to be delivered through the Single Point of Access. Providers are indicating that there is significant demand already in the system. All Tier 2.5 cases to be seen through Bromley Wellbeing	This capacity initiative will have a positive impact on waiting lists and waiting times for access to community CAMHs and early intervention support. There will be a reduction in the number of referrals escalated to CAMHs Tier 3 services
Autism Support –diagnosis support	Extending the 2015/2016 investment by a further year to allow for two years of pre-diagnosis support to be delivered to families.	Up to an additional 80 families receiving support whilst waiting for diagnosis process to conclude.
ASD/Complex Communication Disorder Diagnostic Service	At point of investment, diagnostic pathway was 9 months, this investment is aimed to bring diagnostic pathways to within NICE guidance tolerance	Families experiencing shorter delays between acceptance on the diagnostic pathway and diagnosis.

	Additional resource delivered through specialist community CAMHs (ADOS assessments)	
School Responder and School Resilience	To respond quickly to emerging needs working in school settings with young people and teaching staff. Roles include face to face interventions with CYP in schools and offering consultation service to school staff Teachers are indicating that they are struggling to cope in supporting children attending school with high risk presentations.	Identifying the schools with the highest presenting need and supporting individuals and teaching staff to manage emergent need where risk behavior is present. A rapid response service to support individual children in school settings and to provide additional support and guidance to teaching staff To offer monthly group consultation to all schools in Bromley
Tier 3 Capacity Initiative	In response to reported increase in demand (number and severity) to specialist community CAMHs. One off capacity initiative investment to address clinical safety, caseloads, waiting times (RTT) and risk management and to stabilise the current service model whilst planning for system transformation over the medium term	Children and Young people seen for assessment within four weeks A wider skills mix in the community CAMHs service including additional resource of 5.5 WTE
RMN Front Door Practitioner	Evidence base for mental illness expertise at the front door. Role co-located in the Single Point of Access service. Innovative pilot programme to establish efficacy of this model. Role contributes to assessment and triage of cases	A more efficient pathway resulting from the additional capacity to deliver specialist community CAMHs assessment at entry into the system Improved confidence in the early intervention service to manage risk
Out of Borough Placement Review Officer	To assess current and projected need for	More CYP with complex social and mental health

	therapeutic residential placements To review appropriateness and quality of clinical input of therapeutic services offered to Bromley CYP placed in long term residential units To identify the key components required in Bromley to repatriate CYP placed in residential units and or in patients and to advise the Joint Complex Case Placement Panel	needs staying in Borough A report to the partnership with recommendations for future commissioning to facilitate more children staying nearer home To recommend what therapies Placement Officers should consider as appropriate when seeking a residential placement CYP being placed out of Borough as a last resort.
N3 Connection	As Bromley Y is now funded by the NHS, it is required to submit data to NHS Digital. In order to do so, the service has had to become N3 compliant and have had to adjust their electronic data systems to reflect the new data flow requirements.	Data flows to NHS Digital and improved data and data analysis. Secure email referral system for GP referrals
Waiting Times Initiative	A one off, non-recurrent investment in year specifically for waiting times. Investment made in to the early intervention service. with significantly smaller investments to CAMHs	CYP and families experiencing shorter waiting lists and shorter waiting times (referral to treatment) across the community pathways.
Health and Justice Capacity Initiative	Non-recurrent investment to improve accessibility to emotional wellbeing practitioner within the Youth Offending Service	
Youth Mental Health First Aid	CCG investing to support YMHFA Facilitator training	School and children service staff having access to free Youth Mental Health First Aid training. Minimum of 4 training cycles per year.

These investments have allowed

a) Patients to experience a step change in accessibility and quality of services, incremental improvements over the course of the year, particularly through schools, the single point of access and in specialist CAMHs.
b) More children and young people having their emotional and mental health needs met earlier with a quicker response
c) Simultaneously enable the system and service redesign and co-production process for sustainability to be initiated.
d) System and service transformation to be implemented incrementally from 2017.
e) Address continued rise in number and severity of presentations to local Emergency Depts.
f) School staff reporting more confidence in managing crisis presentations in schools.
g) Improved data collection and analysis, which will increasingly inform commissioning of service

Locally we know that need and demand for emotional and mental health support is increasing and whilst the additional investment is welcome, there is a pressing need to commence the process of system redesign. Aligned to "Future in Mind" aims, Bromley is well placed to leverage in a system that mitigates against stigma, improves accessibility to support, strengthens the prevention and early intervention offer and reduces presentations to A&E and the numbers requiring specialist hospital admissions.

As an example of the outcomes from the initial rounds of investment we can see:

Referrals in to the Single Point of Access and onward referrals to specialist community CAMHs:

2015/16	**Referral to Early Intervention Service**	**Of which Referred to Specialist CAMHs (%)**	**2016/17**	**Referral to Early Intervention Service**	**Referred to Specialist CAMHs**
Q1	547	26%	**Q1**	598	19%
Q2	459	23%	**Q2**	498	14%
Q3	561	28%	**Q3**	676	13%
Q4	639	20%	**Q4**	650 (QTD)	7% (QTD)
TOTAL	**2206**	**24%**		**2422** (YTD)	**13%**

Referrals received by specialist community CAMHs (2015 – 2017). All referral sources (including A&E)

	2015/16	**2016/17**
Q1	223	203
Q2	186	186
Q3	254	165
Q4	208	
Total	**871**	**554 (YTD)**

Referrals Accepted – community specialist CAMHs (2015 – 2017)

	2015/16	**2016/17**
Q1	207	173
Q2	153	159
Q3	225	149
Q4	178	
Total	**763**	**481 (YTD)**

Our priorities and deliverables 2016 – 2020 (CAMHS Transformation Plan refresh October 2016)

Taking in to account the additional investments set out above, the CCG and its partners will be co-producing and commissioning for a referral and care pathway model that focuses on meeting needs. There are a number of key steps on our journey.

To help us understand the challenge of ensuring that this additional investment is making both a short term and long term, sustainable, difference, it is helpful to consider the commitments and ambitions through the lens of immediate actions and long term commitments.

Our immediate goals and ones that will progress the system in ways that will deliver results over the course of the next three years are set out below. These commitments are based on the increased investment expected and national, regional and locally produced guidance and targets.

We will invest resources to support the principles set out in *"Future in Mind"*. That is to say with an emphasis on increasing capacity in early intervention services whilst ensuring that every child or young person can rely on the quality of the services they access. We will continue on the journey towards pathway commissioning that reflects needs based approaches in contrast to current Tier based systems.

Investment proposals 2017 - 2020	**Outcome**
Building capacity across the existing system of support and treatment	Increased capacity Increased service responsiveness Reduced waiting times. Improved satisfaction for young people
Workforce Expansion and Development	A workforce that reflects the commitment to quality and the Transformation Plan principles. Staff appropriately qualified and skills mix to reflect community needs, including staff from different disciplines trained in CYP-IAPT approaches All emotional wellbeing and mental health staff to be CYP-IAPT compliant
Schools	Increased resilience and confidence within schools to support young people experiencing emotional wellbeing and/or mental health difficulties Consultation to all secondary schools (including SEN and PRU) Transformation Plans aligned to SEMH schools programme
Eating Disorder services	Specialist provider to be fully compliant with National Waiting Times and Accessibility standards More CYP assessed and treated earlier in their presentation Reduced in patient admissions
Co-production	Enhanced engagement with young people and their families to inform future plans and pathways. Local co-produced outcomes framework Co-designed pathways models and services to meet national and local

	targets
Commissioning	Collaborative commissioning and procurement of services based on the co-production models, sustainability and evidence base CYP being treated and supported closer to home Development of new referral and care pathways including redesigned service models through co-production. This will inform our future collaborative procurement programme. Procurement of services to support co-production outcomes and evidence based service provision Introduce stability in the system by moving to three year contracts CAMHs Transformation Plan activities
Crisis Care, Sustainability and Transformation Plans, Transforming Care Programme and Co-commissioning	Planning to meet the crisis care standards and implementation of Healthy London Partnership recommendations Commissioning of dedicated three Borough community crisis care service and paediatric liaison service Implementing actions to meet the STP priorities in this area Alignment of local plans with the Specialised Commissioning programme of development and co-commissioning Inpatient admissions as a last resort Compliance with the TCP and CTR programmes. 100% of eligible children and young people identified and progress reviewed Protocols to support CYP at risk of admission or other long term placements in place across health and social care
Transitions	To align local protocol and practice to best practice in transitions To have seamless transition from CAMHs to Adult mental health services in place To review current commissioning and current referral and care pathways Alignment of transitions commissioning to the co-production process and the TCP Transitions commissioning aligned to SEND reforms
Data and KPIs	To implement a consistent local minimum dataset across the whole pathway To commit to the analysis of the minimum datasets and use as basis for future system design and commissioning
Health for Justice	To ensure that all Young Offenders have access to appropriate wellbeing and mental health services whilst in contact with the criminal justice system Improve accessibility and take up of emotional wellbeing services by young offenders Co-commissioning of London Forensic CAMHs, facilitated by NHS England Specialised Commissioning team
Mental Health Strategy	By 2017/2018: currently under development Bromley Y and Bromley CAMHs are both represented on the Strategy Board

4. FINANCIAL IMPLICATIONS

CAMHs Transformation Plan investments arise from specifically identified resources from NHS England and are contingent on delivery against the local Transformation Plan outcomes

5. LEGAL IMPLICATIONS

n/a

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

7. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Report No.
Please obtain a report number

London Borough of Bromley

Decision Maker: **HEALTH AND WELLBEING BOARD**

Date: **30 March 2017**

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

Title: **Social Isolation – Local Awareness Campaign and Action Plan**

Contact Officer: Denise Mantell, Strategic Business Support

Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk

Chief Officer: Ade Adetosoye OBE, Deputy Chief Executive & Executive Director, Education, Care and Health

Ward: N/A

1. Summary

The Adult Services Stakeholder Conference on social isolation was held in November 2016. The Health and Wellbeing Board received a summary of the main recommendations arising from the Conference at its meeting in February. This report outlines the action plan that will drive the Social Inclusion Campaign, including the development of a social isolation resource on Bromley MyLife, a Social Isolation Awareness Week in the autumn and work by partners to assist people who are experiencing social isolation.

2. Reason for Report going to Health and Wellbeing Board

2.1 In February the Health and Wellbeing Board agreed to work together to develop awareness and knowledge of social isolation and to organise a campaign to signpost people experiencing social isolation. The Board asked that an action plan be brought to the Board in March.

3. Recommendations

3.1 Members of the Health and Wellbeing Board are asked to agree the action plan and to promote these actions within their individual agencies.

3.2 That the Board receive an update on the Action Plan prior to the awareness week in the Autumn.

3.3 That Board members advise of any other forums to promote awareness of social isolation.

Health & Wellbeing Strategy

1. Related priority: Diabetes Hypertension Obesity Anxiety and Depression Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems Children Referred to Children's Social Care Dementia Supporting Carers

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Financial

1. Cost of proposal: Not Applicable:

2. Ongoing costs: Not Applicable:

3. Total savings: Not Applicable:

4. Budget host organisation:

5. Source of funding:

6. Beneficiary/beneficiaries of any savings:

Supporting Public Health Outcome Indicator(s)

Yes

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4. COMMENTARY

4.1. The issue of social isolation was highlighted at the Adult Services Stakeholder Conference held in November 2016. Social isolation can affect a number of vulnerable groups such as the elderly, people with physical disabilities, learning disabilities or mental ill-health, young parents and care leavers without a local support structure. Social isolation can impact on an individual's physical and mental wellbeing as well as leaving them at greater risk of abuse.

4.2. A number of recommendations were developed as an outcome of the Social Isolation Conference and the Health and Wellbeing Board agreed at its meeting in February to support the campaign to raise awareness of social isolation and signpost people to services and activities. The Board requested that an action plan be brought to its meeting in March.

ACTION PLAN

4.3. The draft Social Isolation Action Plan (Appendix 1) outlines the various workstreams for the London Borough of Bromley and the Health and Wellbeing Board members to carry out in order to raise awareness of social isolation and to prevent vulnerable individuals feeling socially isolated.

4.4. The Action Plan covers the following main areas:

- Developing a Social Isolation section on Bromley MyLife focussing on 3 areas:
    1. Information on Social Isolation in Bromley--for use by the 3rd sector in planning services and supporting bids for grant-funding from national and regional bodies
    2. Providing information on activities for individuals and also organisations which signpost
    3. Information and suggestions for individuals or community organisations who want to volunteer or organise activities for people who are socially isolated
- A Social Isolation Awareness Campaign in October/November which informs organisations about Social Isolation and its impact, whilst encouraging individuals to take part in activities through invitations to community activities or befriending activities in their own homes.
- A number of specific actions by partners, using various methods to decrease Social Isolation and to increase take up of activities.
- Work being undertaken with groups of potentially vulnerable individuals, aimed to prevent them becoming socially isolated.

4.5. As partners in the statutory, private, voluntary and community sectors become aware of the work related to preventing social isolation outlined in the action plan, so it is hoped that additional actions relating to these main themes will be identified and added to the action plan.

KEY PERFORMANCE INDICATORS

4.6. Initial investigation of potential Key Performance Indicators shows that the results of the annual Adult Social Care Survey and the Carers Survey, which takes place every 2 years, will provide a snapshot of Social Isolation in Bromley among those known to the London Borough of Bromley as they receive services. It will be possible to track the impact of the awareness campaign and other workstreams within Bromley through subsequent surveys on this particular group. It will also be possible to compare rates of social inclusion with other local authorities.

4.7. There are also a number of locally commissioned services which have been working with individuals to ensure they are not socially isolated as a performance measure. These could be brought together in a suite of measures that will can be monitored to evaluate their

effectiveness. These will also include those who do not currently receive services from statutory providers.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

Vulnerable people and children are more likely to be abused if they are socially isolated. Social isolation can also have an impact on an individual's physical health and their wellbeing. The actions outlined in this report, will help partner organisations and individuals find local support which can help prevent social isolation and so reduce its impact.

6. FINANCIAL IMPLICATIONS

Not applicable.

7. LEGAL IMPLICATIONS

Not applicable.

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The sponsorship of the Health and Wellbeing Board for this initiative is a really positive step in terms of joint working for the wellbeing of the whole community. This initiative brings together a number of strands of work which together create a more coherent approach to support for the most vulnerable people in our community.

Bromley Health and Wellbeing Board
Draft Social Isolation Action Plan

	Recommendation	Actions	Timescale	Lead	Agency
Recommendation 1: Bromley MyLife Social Isolation Area					
1.1	Provide support for 3rd Sector in planning services	1.1.1 Develop a profile of the local population at risk of social isolation through links to the JSNA etc	April - June 17	Michael Watts/ Agnes Marossy	SBSS, LBB
		1.1.2 Map responses to the social isolation question from the Adult Services Care Survey (ASCS) and Carers Survey at ward level and below	15/16 data – April 17 16/17 data – September 17	Andy Edney	ICT, LBB
		1.1.3 Map local and national work identifying people at risk of social isolation and methods of support	April - June 17	Denise Mantell/ Josepha Reynolds	SBSS, LBB
		1.1.4 Update maps detailing location of Bromley support services on MyLife	June 17	Michael Watts	SBSS, LBB
1.2	Provide information for individuals and organisations who signpost	1.2.1 Improve signposting and tagging throughout MyLife to enable individuals and organisations to identify services and activities which may support people at risk of social isolation	June - September 17	Michael Watts	SBSS, LBB
		1.2.2 Voluntary sector and communities to provide information on their services and others known to them	June - September 17	Denise Mantell	SBSS, LBB

	Recommendation	Actions	Timescale	Lead	Agency
		1.2.3 Create a form to search all activities/services on MyLife by geographical area, age and type of activity	June - September 17	Michael Watts	SBSS, LBB
		1.2.4 Carry out an awareness campaign with the voluntary sector that they can update their information themselves	June - August 17	Michael Watts	SBSS, LBB
1.3	How individuals and community groups can help people who are socially isolated or at risk	1.3.1 Develop a section containing information about how individuals can help those who are socially isolated on a one to one basis	September – October 17	Denise Mantell/ Michael Watts	SBSS, LBB
		1.3.2 Identify existing national and local schemes in Bromley and schemes being run elsewhere	September – October 17	Denise Mantell/ Michael Watts	SBSS, LBB

	Recommendation	Actions	Timescale	Lead	Agency
Recommendation 2: Social Isolation Awareness Campaign					
2.1	Develop promotion materials for Bromley MyLife Social Isolation area and awareness week	2.1.1 Refine and produce publicity materials	September 17	Michael Watts	SBSS, LBB
2.2	Organise an awareness week – October/November 17	2.2.1 Promote with bodies such as Domiciliary Care Forum, town centre and high street organisations	July – October 2017	Denise Mantell	SBSS, LBB
		2.2.2 HWB members to promote awareness of social isolation in their organisations	July – October 2017	Cllr Jefferys	HWB members
		2.2.3 Awareness events/promotion of activities to be organised by statutory sector, voluntary and community groups and housing associations	July – October 2017	Co-ordination – Denise Mantell	Individual agencies and groups
		2.2.4 Promote events on Bromley MyLife	September - November 2017	Michael Watts	SBSS, LBB
2.3	Promote with Bromley Federation of Housing Associations	Present item on social isolation workstreams to Federation's annual conference	May 2017	Denise Mantell	SBSS, LBB
Recommendation 3: Increase Social Prescribing in Bromley					
3.1	Pilot social prescribing as part of the Integrated Care Network	3.1.1.Community Links Bromley is leading a BTSE project to develop a social prescribing portal for the Proactive Care and Elderly Frail pilot	April 17 – April 18	Colin Maclean	CLB/BTSE

	Recommendation	Actions	Timescale	Lead	Agency
Recommendation 4: Social Care Newsletter to all residents					
4.1	Include a section on Social Isolation in Council Newsletters	4.1.1 Write article including references to MyLife section	Autumn 17	Denise Mantell	SBSS, LBB
Recommendation 5: Social Isolation is part of all Health and Wellbeing Members Planning in Bromley					
5.1	Link with Better Care Fund projects which have a social isolation prevention element	5.1.1 Development and launch of the Primary and Secondary Intervention Service	October 17	Alicia Munday/ Josepha Reynolds	Health Integration Programme, LBB/CCG
		5.1.2 Launch and development of Goodgym project	March 17	Sarah Wemborne	Health Integration Programme, LBB/CCG
Recommendation 6: Raise awareness of Adult Education services					
6.1	Include Adult Education services on Bromley MyLife	6.1.1 Update Adult Education information on Bromley MyLife as needed	Spring 17	Carol Arnfield	Adult Education, LBB
		6.1.2 Promote Adult Education area on MyLife	Summer 17	Michael Watts	SBSS, LBB

	Recommendation	Actions	Timescale	Lead	Agency
Recommendation 7: Intergenerational Work to tackle social isolation					
7.1	Understand extent of intergenerational work already taking place in borough	7.1.1 Investigate intergenerational work with Affinity Sutton	May 17	Denise Mantell	SBSS, LBB
		7.1.2 Explore any intergenerational work undertaken through schools	May – June 17	Denise Mantell	SBSS, LBB
		7.1.3 Explore intergenerational work with Bromley Youth Council	May – June 17	Denise Mantell	SBSS, LBB
7.2	Promote examples of intergenerational work from outside borough	7.2.2 Research other projects eg North/South London Cares	May - June	Denise Mantell	SBSS, LBB
Recommendation 8: Tackling social isolation among Care Leavers and Young Parents					
8.1	Care Leavers are supported to integrate with the community they are settled in	8.1.1 Work with support providers to ensure they are aware of all relevant community activities and opportunities in the area	May – September 17	Sara Bowrey	Housing Needs, LBB
8.2	Young parents are signposted to information on services and activities in their community	8.2.1 Family Nurse Partnership and Health Visitors to promote activities and services when in contact with young parents and link to Children's Centres to prevent social isolation	Summer 17	Jenny Selway	Public Health, LBB
		8.2.2 Children and Family Centres promote activities and services through Bromley MyLife	October 17	Rachel Dunley	CSC, LBB

Key

BTSE – Bromley Third Sector Enterprise
CCG – Clinical Commissioning Group
CLB – Community Links Bromley
CSC – Children's Social Care
ICT – Information and Communications Technology
LBB – London Borough of Bromley
SBSS - Strategic & Business Support Services

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Report No.
Please obtain a report number

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 30th March 2016**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**BETTER CARE FUND 2016/17 PERFORMANCE UPDATE**
Contact Officer:	Jackie Goad, Executive Assistant Chief Executive's Tel: 020 8461 7685 E-mail: Jackie.Goad@bromley.gov.uk
Chief Officer:	Doug Patterson, Chief Executive, London Borough Bromley Angela Bhan, Chief Officer, NHS Bromley Clinical Commissioning Group
Ward:	All Wards

1. Summary

1.1 This report provides an overview of the third quarter performance of the Better Care Fund 2016/17 on both expenditure and activity levels up to the end of December 2016.

2. Reason for Report going to Health and Wellbeing Board

2.1 This is the second performance report on the Better Care Fund 2016/17 to keep the board informed on the position of the pooled fund and progress of the locally agreed Better Care Fund schemes.

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

3.1 That the Health & Wellbeing Board notes the latest financial position and the performance and progress of the Better Care Fund schemes.

Health & Wellbeing Strategy

1. Related priority:

General overarching regard to local health and care priorities.

Financial

1. Cost of proposal: £21,611,000
2. Ongoing costs:: £21,611,000
3. Total savings: Not Applicable:
4. Budget host organisation: Local Authority
5. Source of funding: Top slicing of existing budgets (primarily BCCG budgets) to create the BCF in 2015/16
6. Beneficiary/beneficiaries of any savings: n/a

Supporting Public Health Outcome Indicator(s)

Yes:

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4. COMMENTARY

Background information

4.1 Bromley's Better Care Fund 2016/17 local plan was formally agreed and endorsed by the Health & Wellbeing Board at its meeting on 21st April 2016. The plan was subsequently submitted to NHS England for approval in May 2016.

4.2 The Better Care Fund (BCF) grant is ring fenced for the purpose of pooling budgets and integrating services between Bromley Clinical Commissioning Group (BCCG) and the local authority. For 2016/17 the Better Care Fund grant allocation is £21,611k.

4.3 In order to ensure that local areas are meeting the standard conditions of the Fund it is a requirement to report back to NHS England on a quarterly basis progress against the agreed plan including expenditure.

4.4 A report on the first and second quarter performance was presented to the Board at its meeting on 1st December 2016.

4.5 The purpose of this report is to provide the Health & Wellbeing Board with an overview of the performance for Better Care Fund for Quarter 3 (October – December 2016)

4.6 **Performance Metrics**

Bromley is responding to the national metrics with the BCF. Under the BCF Policy Framework 2016/17 the national metrics which were set out for 2015/16 continue to be measured. In summary the metrics are:

a. Non-elective admissions

b. Delayed transfers of care (DTOCS) from hospital per 100,000 population.

c. Long-term support needs of older people (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.

d. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

<u>Non-elective admissions (emergency admissions)</u>

4.6.1 There were 6,482 emergency admissions in Quarter 3 which was below the quarterly plan ceiling.

	NE Admissions	Actual Performance#	Quarterly Plan	Variance
Apr-16	2,164			
May-16	2,065			
Jun-16	2,240	6,469	6,604	**135**
Jul-16	2,180			
Aug-16	2,257			
Sep-16	2,172	6,633	6,530	**-79**
Oct-16	2,129			
Nov-16	2,113			
Dec-16	2,240	6,482	6,530	**48**

Actual performance derived from SUS activity

4.6.2 All agencies have worked together this winter in a more integrated way than previously to support moving along urgent and emergency care pathways. The use of the BCF monies to support pressures and the high level oversight and engagement has contributed to the effective approach.

4.6.3 Multi disciplinary team meetings for the most vulnerable and complex patients commenced in October 2016 as part of the Integrated Care Networks. The impact on emergency admissions should be seen in the latter half of the year.

Delayed transfers of care (DTOCS)

4.6.4 In compliance with the national 2016/17 BCF plan condition, a DTOC joint action plan has been developed which sets out Bromley's agreement to reduce delayed transfers of care.

4.6.5 There were 2,385 delayed days in Quarter 3. Based on April to Decermber data (NHSE) Bromley has not achieved the planned reduction in DTOCs in Quarter 3.

		16-17 plans			
		Q1 (Apr 16 - Jun 16)	**Q2 (Jul 16 - Sep 16)**	**Q3 (Oct 16 - Dec 16)**	**Q4 (Jan 17 - Mar 17)**
Delayed Transfers of Care (delayed days)	**Number**	1,017	967	918	872

		16-17 actuals		
		Q1 (Apr 16 - Jun 16)	**Q2 (Jul 16 - Sep 16)**	**Q3 (Oct 16 - Dec 16)**
Delayed Transfers of Care (delayed days)	**Number**	1,356	1,460	2,385

4.6.6 A large number of patients identified as delayed transfers of care manifested prior to Christmas week due to:

- Difficulties in securing packages of care due to the lack of capacity in the domiciliary care market, particularly over the Christmas and New Year period.

- The availability of care and nursing homes places for social care and continuing health care patients as well as for self funders.

- Delays for patients who were the responsibility of other boroughs.

Admissions to residential care

4.6.7 During Quarter 3 there were 46 admissions into residential care. This was a decrease on the number of admissions in Quarter 2 and we are delivering year to date.

		Planned 16/17	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	YTD Performance
Long term support of older people (aged 65 and over) met by admission to residential and nursing homes	**Number**	283	44	49	46	139

Reablement

4.6.8 Based on local data the percentage of people still at home 91 days after discharge is 90.3% (393/435) as of end of November 2016. This is slightly lower than planned.

		Planned 16/17	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	YTD Performance
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	**Annual %**	**94%**	**89.8%**	**89.5%**	**90.1%**	**90.3%**
	Number	80	(128/141)	(172/190)	Available in Apr	(393/435)

4.6.9 Recruitment to posts in reablment has proved difficult however commissioners from both the local authority and Bromley Clinical Commissioning Group are working together to tender the service and anticipate that this will bring positive results in offering reablement.

Update on BCF Scheme Delivery

4.7 The BCF programme has been aligned to the 'Out of Hospital Strategy' and the development of the Integrated Care Networks which aims to move care from an acute setting into the community. Progress against schemes detailed in the Quarter 2 (monitoring report are detailed below.

Dementia Universal Support Service

4.7.1 The Dementia Universal Support Service (Dementia Hub) was commissioned to establish a clear pathway for people and their carers immediately following diagnosis. The service provides a 'one stop shop' in terms of information, advice, support and planning for people with dementia and their carers immediately following diagnosis.

4.7.2 The Dementia Hub is now reaching target with service user numbers with training for carers being identified as a particular success. The NHS numbers have also been collated for service users and a minimum data set has been agreed with commissioners.

Health Support in to Care Homes

4.7.3 A scoping exercise is currently being undertaken by health and social care commissioners to develop a joint Care Homes strategy.

4.7.4 The new strategy will aim to improve the quality of care for Care Home and Extra Care Housing residents in Bromley through the development of shared commissioning intentions. These will cover contractual relationships, workforce development and support from health and social care.

Self Management & Early Intervention

4.7.5 The Self Management and Early Intervention strategy, jointly worked on by commissioners from both the local authority and Bromley Clinical Commissioning Group (BCCG) sets out a framework through which to design a set of Third Sector services that support people in the community to maintain their independence and delay and prevent the need for high cost care packages and early admissions to care homes and/or hospital.

4.7.6 The Primary and Secondary Intervention Services are currently being commissioned. The new services are due to mobilise from June 2017, subject to a final tender being submitted and approved for contract award.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

All services are designed to avoid people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission.

6. FINANCIAL IMPLICATIONS

6.1 The current budget and expenditure for the Better Care Fund is detailed in the table below

	Description	2016/17 budget £'000	Year to date Expenditure £'000	Forecast Oct to Dec £'000	Forecast Jan to March £'000	Forecast Outturn £'000	Difference bud/act £'000
LBB	Reablement capacity	838	200	319	319	838	0
CCG	Winter Pressures Discharge (Oxleas)	207	0	104	103	207	0
LBB	Winter Pressures Discharge (LBB)	1,009	312	348	349	1,009	0
CCG	Winter Pressures Discharge (BHC)	427	0	214	213	427	0
CCG	Integrated care record	425	85	42	298	425	0
CCG	Intermediate care cost pressures	465	232	116	117	465	0
LBB	Community Equipment cost pressures	415	208	104	103	415	0
LBB	Dementia universal support service	511	153	133	133	419	-92
CCG	Dementia diagnosis	609	304	152	153	609	0
LBB	Extra Care Housing cost pressures	411	206	103	102	411	0
CCG	Health support into care homes	254	0	0	64	64	-190
CCG	Health support into extra care housing	54	0	0	14	14	-40
CCG	Self management and early intervention (inc Vol sector)	1,029	0	0	514	514	-515
CCG	Carers support - new strategy	622	13	12	221	246	-376
CCG	Risk against acute performance	2,073	338	1,104	631	2,073	0
LBB	Protecting Social Care	4,404	2,202	1,101	1,101	4,404	0
LBB	Disabled Facilities Grants - CAPITAL	1,681	639	521	521	1,681	0
CCG	Carers Funding	518	0	388	130	518	0
CCG	Reablement Funds	935	468	234	233	935	0
LBB	Reablement Funds	309	155	77	77	309	0
LBB	DoH Social Care grant	4,415	2,206	1,103	1,106	4,415	0
	Total Recurrent Budget	**21,611**	**7,721**	**6,175**	**6,502**	**20,398**	**-1,213**
Budget Split							
LBB	13,993	13,993	6,281	3,809	3,811	13,901	-92
CCG	7,618	7,618	1,440	2,366	2,691	6,497	-1,121
	21,611						

6.2 The underspend of £1.2m has been allocated to support the review of the following projects going forward

- Residential Rehabiliation Pathways
- Bromley Y/CAMHS Transformation
- Transfer of Care Bureau
- Care Homes
- Children's Strategy
- Community Equipment

7. LEGAL IMPLICATIONS

7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It provides the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2016-17 the allocation is based on a mixture of the existing Clinical Commissioning Group allocations

formula, the social care formula and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. In 2016-17 NHS England set the following conditions to access the funding:

- The requirement that the Better Care Fund is transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.
- The requirement that Health & Wellbeing Boards jointly agree plans for how the money will be spent with plans signed off by the relevant local authority and clinical commissioning group(s).
- The requirement that plans are approved by NHS England in consultation with DoH and DCLG.
- The requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services which may include a wide range of services including social care.

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

Date: **16 March 2017**

Report Title: **Integrated Care Networks update**

Report Author: Daniel Knight
Interim Project Manager
NHS Bromley Clinical Commissioning Group
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1. SUMMARY

The purpose of this paper is to provide an update on progress with the implementation of Integrated Care networks (ICNs) in Bromley including the mobilisation of the first two new pathways, namely the Proactive Care and Frailty Pathways.

The Proactive Pathway was 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 have received a report from Providers on the first 100 patients to go through the Proactive Care pathway. While it is too soon to assess the full impact of the pathway there have been positive case studies. A dashboard is being developed to monitor patient activity before and after the patient enters the Proactive Pathway, this dashboard will be monitored via the ICN steering group. An independent quantitative and qualitative evaluation of the ICN Proactive Pathway has been commissioned by the CCG and is being undertaken by the Health Innovation Network (HIN), with a final report expected to the CCG in July 2017.

The related Primary Care Local Incentive Scheme (LIS) for Integrated Case Management has been useful in encouraging GPs to identify and refer patients to the new proactive pathway. This scheme is being extended for six months to September 2017 to ensure no gaps and to coincide with the new contract for Primary Care.

Following the sign off of the NEW Frailty pathway, good progress has been made with mobilising the hospital end of the pathway. New wards have been designed and opened by KCH, this happened despite a challenging timeline, challenging recruitment trajectory and winter pressures. The NEW Churchill Ward in Orpington Hospital opened at the beginning of January 2017, followed closely by six more beds on the NEW Elizabeth Ward which is collocated as part of the new integrated frailty facility. Although there are still some ongoing recruitment challenges with nurses and Consultant Gerontologists, a full service multidisciplinary team is in operation including the new post of Care Navigator Manager employed by Age UK. The full frailty pathway implementation is scheduled for completion this month with rapid access clinics becoming available and the opportunity for patients to

be admitted directly to these wards from the community via the Gerontology Hotline. It should be noted that there is a chance that this timeline will slip because of consultant capacity; however the CCG will be continuing to work closely with KCH with the aim of getting to full pathway mobilisation as soon as possible.

A key enabler to ICNs progress to date has been the current MOU the CCG put in place with system providers. The MOU runs until September 2017, as such, the CCG will need to review and agree either a refresh of the MOU, or consider some type of alliance contract with Provider based on national templates. This work will need to start from April to ensure no gap in current arrangements.

Due to a small slippage in recruitment there is currently an underspend of £53k against the profiled plan. The Provider Joint Operating Group is forecasting an 'on plan' position by September as a result of catch up MDTs being arranged in May, June and September. Allocation of resources to cover the fiscal year end is being agreed with BHC finance.

At this stage there is no reason to assume the performance metrics will not be met so the performance fund is expected to be spent.

The ICN Board is now looking at the 'next steps' for the networks in providing integrated care to patients in Bromley. A highlights paper was circulated at the Bromley CCG Clinical Executive Group on 2nd March which included the proposal for new strategic system project areas, these included:

- Care Homes (Building on current CCG work)
- Urgent Care (Admissions)
- Integrated Discharge (Therapies)
- Integrated Heart Failure service

The focus now will be as follows:

1. To complete mobilisation of Proactive and Frailty pathways, continuing to monitor progress, continue to learn and improve with the overall aim of embedding into business as usual.
2. To work with the system providers to initiate the new workstreams and build any associated business cases and project plans
3. To review the MOU with Providers ahead of September and agree governance / alliance contract arrangements going forward.

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2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

To provide an update to the Health and Wellbeing Board on progress to date with the development of ICNs and the Proactive and Frailty Pathway implementation, and to note the proposed focus for the coming months.

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

The Board is asked to note the content of the paper for information.

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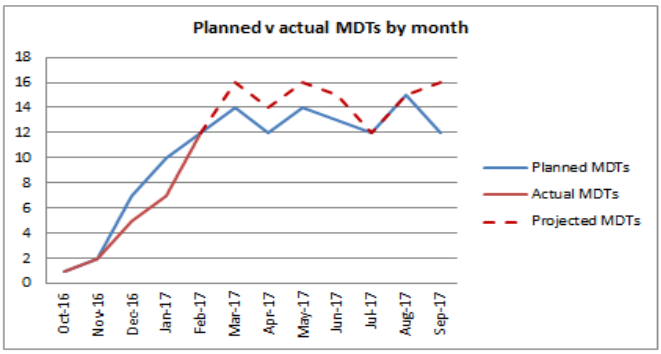
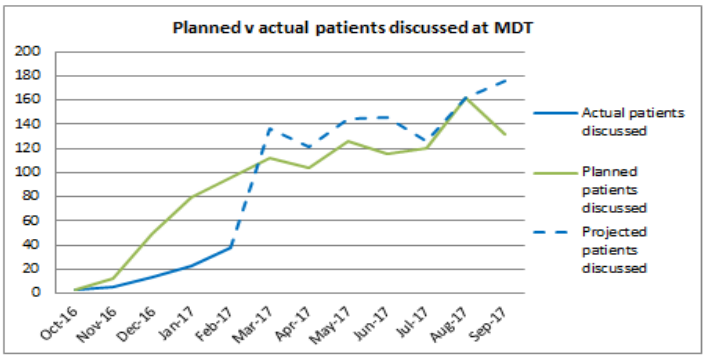
4. COMMENTARY

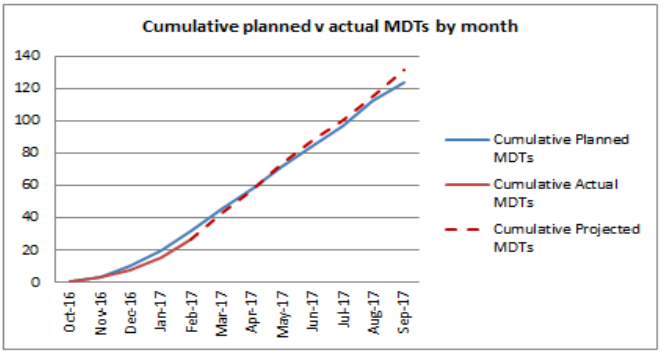
In May 2016, a Memorandum of Understanding was signed between Bromley Clinical Commissioning Group and local providers – King's College Hospital NHS Foundation Trust, Bromley Healthcare Community Interest Company, Oxleas NHS Foundation Trust, Bromley GP Alliance, Age UK Bromley and Greenwich, St Christopher's Hospice and the newly formed Bromley Third Sector Enterprise.

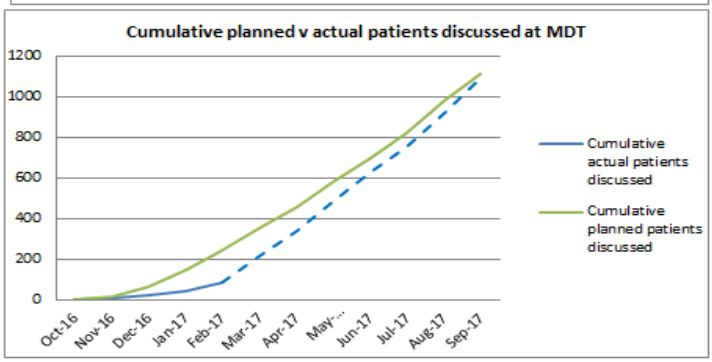
Following development of the Proactive Care Pathway, the first MDT meeting was held in October 2016. The Providers formed a Joint Operational Group (JOG) with representatives from all organisations overseeing the operational performance of the new Proactive Pathway. The JOG reports to the ICN Steering Group chaired by the Chief Officer of the CCG, it is through this governance that the CCG can be assured of the progress and impact of the new proactive pathway.

Since then, over 100 patients have been through the pathway. Availability of MDTs was fully established at 3 per week (1 per ICN) in February with a corresponding increase requested for referrals.

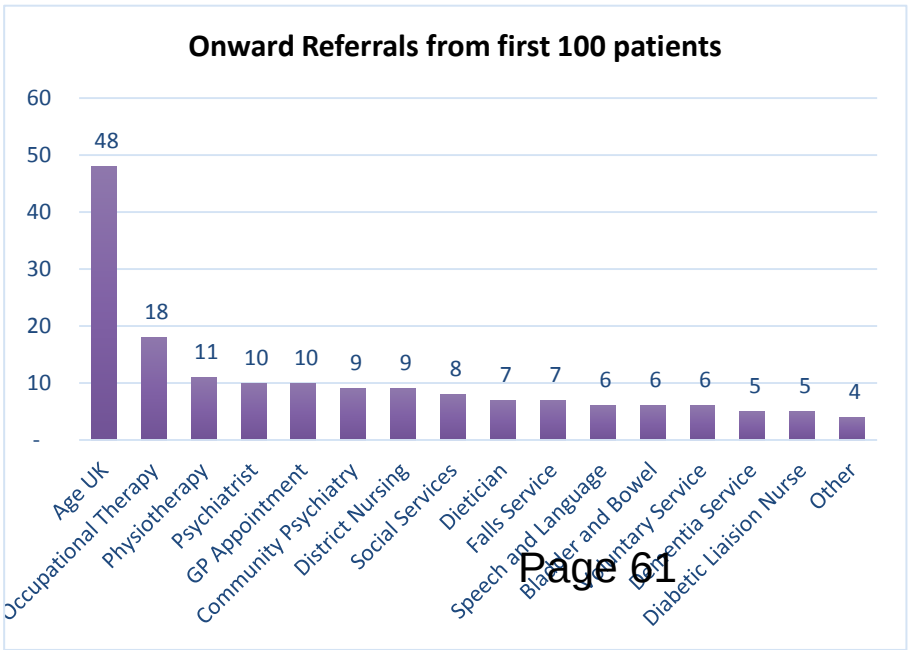








The outcome we can report immediately is the follow-on actions for each patient after their comprehensive Community Matron Assessment has been discussed at the MDT meeting. A report on the first 100 patients through the pathway reveals some 48 have been referred on to Age UK for additional support, 35 referrals to a community therapy service and 24 referrals in to mental health services. Only 8 referrals were made to Social Care.



CASE STUDY 1: "SG"

"SG" is a 59 year old male known to the community mental health team. He has had a series of emergency calls to 111 and visits to the PRUH Emergency Department. A visit to the patient showed that home

hygiene is compromised, he is struggling to survive on benefits and his home was cold through lack of heating.

Advice was given on benefits and the need to maintain provisions e.g. buy non-perishable items. Contact was made with a food bank to provide assistance, EDF energy to place credit on his meter and credit was added to his Oyster card to enable him to travel to planned medical appointments.

In the six weeks before the MDT intervention, SG had called 111 on 16 occasions and visiting A&E 4 times. Six weeks after there have been no emergency contacts.

CASE STUDY 2: "CS"

"CS" is a 74 year old female currently receiving reablement following an inpatient episode. She lives alone in an upper floor flat. Her carer is a friend but she doesn't live nearby.

She has a complex history of severe COPD (known to Community Respiratory team), Ischemic Heart Disease and confusion. Oxygen was prescribed but later removed on safety grounds. In the last two years she has had an acute myocardial infarction and breast cancer. She will not accept support with personal care, is non-compliant with medication and refuses to attend a memory clinic.

Actions include memory assessment, establishment of power of attorney with next of kin, a social care package following reablement, review from Medicine Optimisation Service, and oxygen re-established following disconnection of unused gas cooker. Bromley Care Coordination are now providing support.

Medicine compliance is now greatly improved resulting in a reduction in calls to primary care. Measures are now in place to prevent secondary care admission.

Update on the new facility at Orpington Hospital

Regarding Frailty – joint governance arrangements were put in place with KCH, these continue with a Frailty Programme Group. Reporting into the Programme Group is the Clinical Interface Group (formed in August 2016), this is now a bi-weekly meeting which works as a key vehicle for driving implementation on the Frailty pathway.

This pathway was signed off at the ICN Board and CCG Clinical Executive Group in December 2016 and included the following:

- Gerontology Hotline providing advice and guidance to Bromley GPs
- A new 38 bed sub-acute facility at Orpington Hospital
- Hot Clinics at PRUH
- Chair Clinics at Orpington

The Orpington Integrated Unit consists of two wards, Elizabeth and Churchill with 38 beds / chairs. Churchill opened on 5th January 2017, with the first six beds in Elizabeth following the week after. Opening of further beds in Elizabeth has been delayed due to problems with recruitment. It is expected that this is resolved by the end of March with the facility expecting to be fully open including the acceptance of 'Step Up' admissions from the community.

A Standard Operating Procedure for the unit was signed off at the Frailty Programme Group in February 2017.

A dashboard has been developed that monitors admissions source, patient demographic, length of stay (in Orpington), discharge destination and any onward (re)admission to PRUH required. Further

work is being undertaken to include Care Navigator Manager outcomes and standard quality indicators specific to these wards e.g. Friends and Family, Pressure Ulcers, etc.

Summary of issues / risks and actions / mitigations taken to minimise these

Now the unit is open and operational, risks are being managed by King's as part of the integrated governance structure. However, the Clinical Interface Group is continuing to meet fortnightly to cover the remaining elements of the pathway. Also, the CCG is continuing to be involved in the post implementation meetings that are monitoring the operational performance of the new facility.

Recruitment of qualified nurses and Consultant Gerontologists remains a risk, with high bank and agency usage.

Public and User Involvement

Patient Advisory Group ("PAG") members participated in a Frailty Workshop held at The Warren on 9 May 2016 where they had the opportunity to contribute to the initial thinking around the Frailty Pathway.

In August 2016, a written update was provided to the PAG members to advise them of the ongoing work in developing a Frailty Pathway that is linked to the ICN model of care, and that helps to support the frail elderly population of Bromley in a more integrated and coordinated way, both in and out of hospital.

A Patient Frailty Focus Group was held on 28 November 2016 and was attended by PAG and Healthwatch members. The purpose of this session was to discuss and test key aspects of the new Frailty Pathway to ensure the patient voice has been considered in the frailty pathway and that it is fit for purpose. Kelly Scanlon, CCG Head of Communications and Engagement is currently developing a patient FAQ document that answers the questions raised in this session.

Following the opening of the beds on the Orpington site, King's held a Public Information event at Bromley Baptist church earlier this month, which was attended by more than 50 patients, carers and members of the public.

5. FINANCIAL IMPLICATIONS

The financial envelope agreed for the ICN Proactive Care and Frailty Pathways is on plan. As plans are developed for the next system strategic projects it is anticipated that investment of 'pump – prime' money may be required. These will be worked up and presented to Clinical Executive for consideration as they are made available, either directly as part of an ICN update or via the QIPP Planning and Delivery Group report.

6. LEGAL IMPLICATIONS

None identified.

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

None identified.

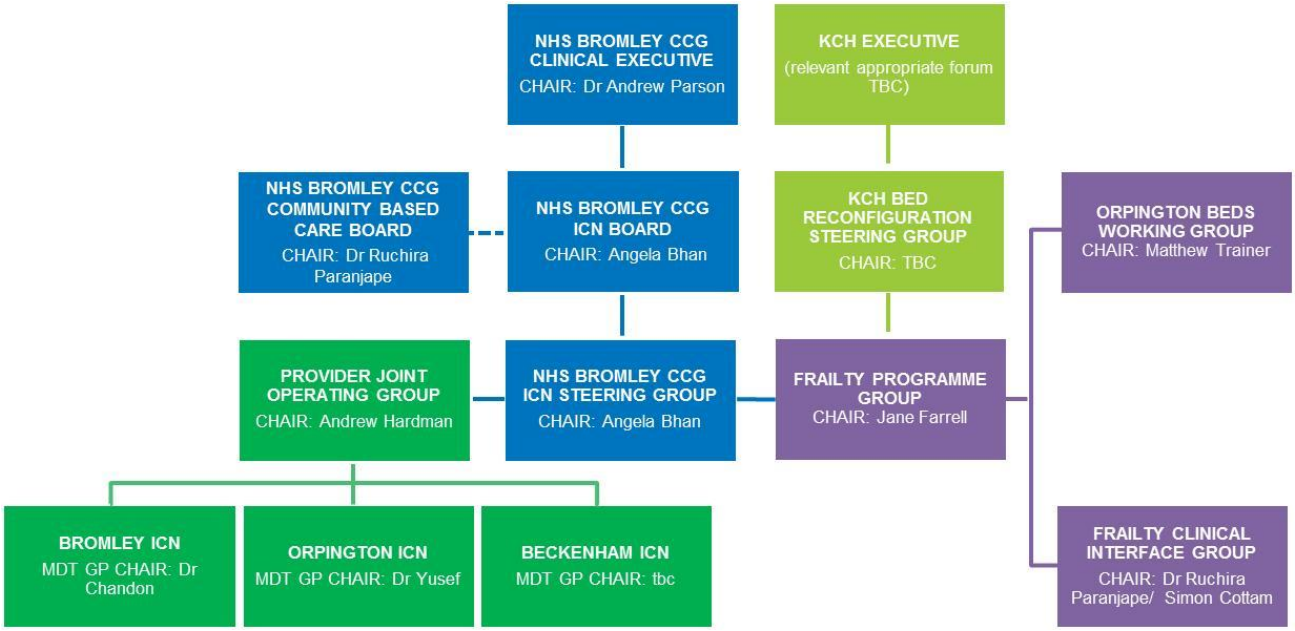
Proactive Care is managed by the Provider Joint Operating Group which reports to the ICN Board via the ICN Steering Committee.

The development of the Frailty Pathway has involved weekly Frailty Clinical Interface Group meetings which include representatives from KCH, the CCG, Oxleas, BTSE, the GP Alliance, St Christopher's,

Bromley Healthcare and LBB. These meetings are now fortnightly to complete the rest of the pathway following the opening of the beds.

The Frailty Clinical Interface Group reports into the Frailty Programme Group, as part of joint governance arrangements which have been put in place with KCH (PRUH). The Frailty Programme Group met on 8 December 2016.

The Frailty Programme Group reports into the ICN Board. An update was provided at the recent meeting on 16 February 2017.



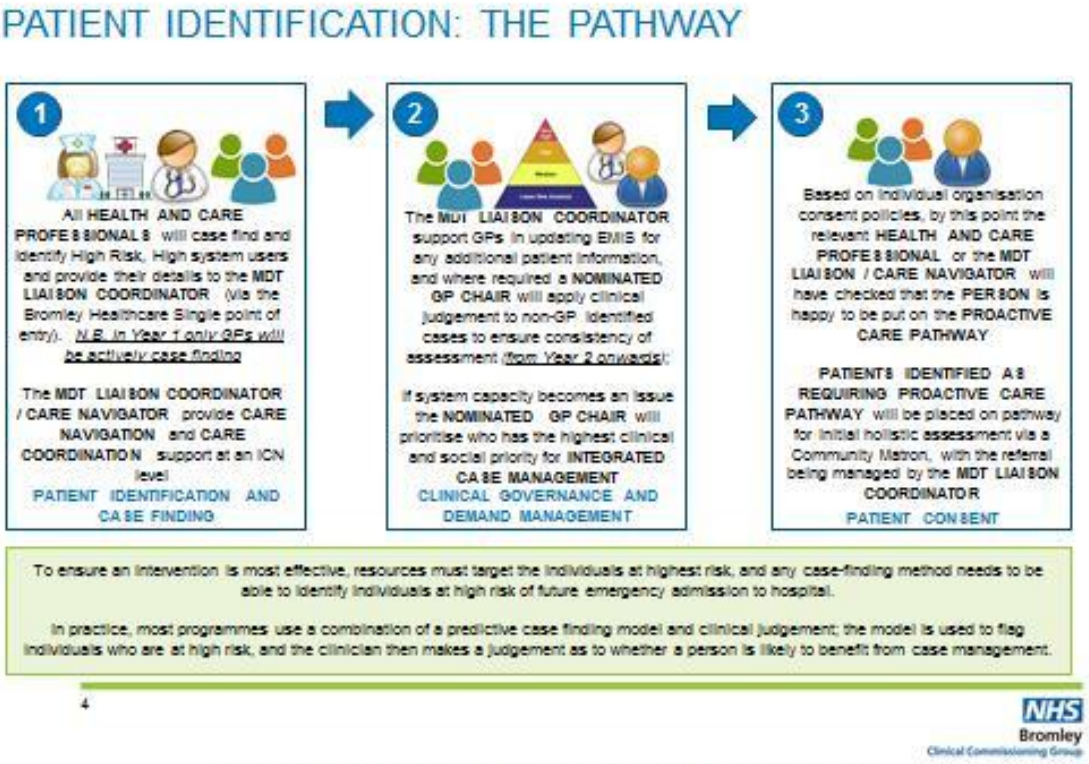
8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Significant progress has been made on the two early pathways developed through the ICN Model. The challenge now is to embed these pathways and build on the integration of providers to deliver more seamless care for patients in Bromley.

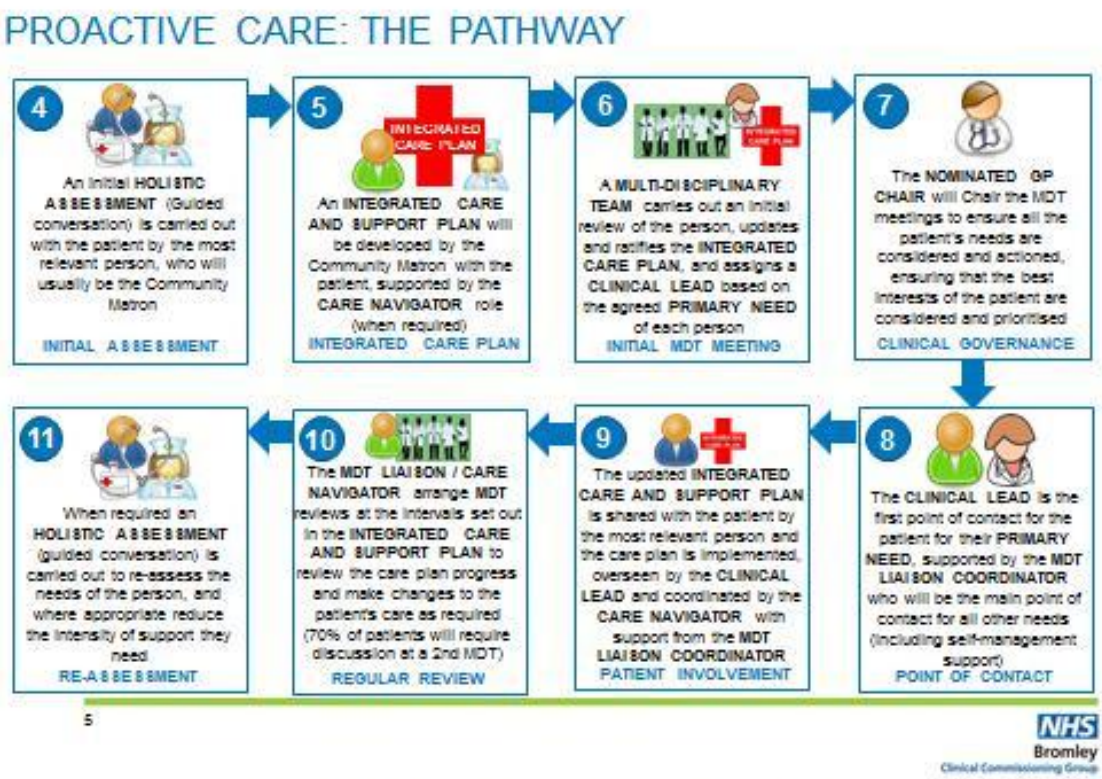
Mary Currie, Interim Director of Transformation, NHS Bromley Clinical Commissioning Group

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

APPENDIX 1 – PROACTIVE CARE PATHWAY

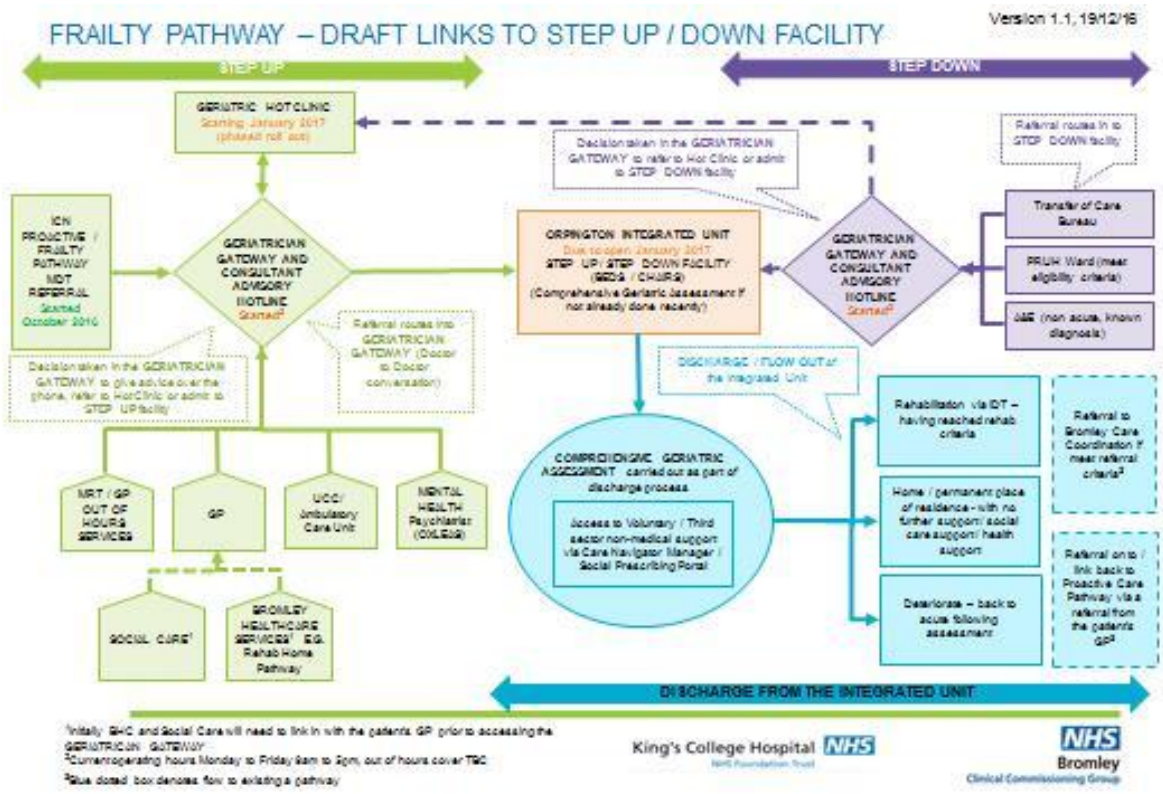


Proactive Care Pathway v2 Updated 26 September 2019 (aligned to Provider Mobilisation Pathway signed off by ICN Board on 25 July 2019)



Proactive Care Pathway v2 Updated 26 September 2019 (aligned to Provider Mobilisation Pathway signed off by ICN Board on 25 July 2019)

APPENDIX 2 – FRAILTY PATHWAY



FRAILTY PATHWAY – ELIGIBILITY CRITERIA TO STEP UP / DOWN FACILITY

KEY REQUIREMENTS

- Non-acute elderly care
- Patients whose condition is likely to require some medical input
- Level of Frailty: scoring at least 6-7 on the Rockwood Frailty Scale (age not deciding factor)
- Hours of decision making for referrals: proposed 8am-5pm based on availability of Geriatrician
- Patients with a Bromley GP (test impact after 2-3 months)
- Access – via step up or step down through Geriatrician gateway
- Unit is consultant led with a MDT approach - TBC
- 7 day access

STEP UP

- Referral through one of the following Gerontology gateways:
  - Geriatrician hot clinic
  - MDT referral from Proactive Pathway
  - GP referral via geriatric hotline where patient has been suitability assessed as not requiring admission to acute site
- Patients with known diagnosis or ongoing needs but cannot be treated at home, requiring a stay of less than in the region of 7 days
- Patients with delirium or dementia who require non-acute support can be discussed and considered for this support
- Step up via Rehab Home Pathway or MRT for patients who are not safe to be supported at home and require inpatient rehabilitation
- Management of venous ulcers and patients with long term conditions that have been gradually failing with an identified cause e.g. increased leg oedema
- People discharged, where the package of care is inadequate or there was a non-acute reason for the package of care not being supportive (recurrent admissions)

STEP DOWN

- All step down patients will have had a Comprehensive Geriatric Assessment started before transfer
- Recuperation/rehabilitation for patients whose condition is not currently reaching Lauriston criteria (slow stream)
- People who are medically stable but require support because their carer has been admitted
- Minor illness and falls not covered by the current fracture pathway
- Resolving Delirium / Dementia (slow stream requiring longer length of stay) - TBC

Version 1.1 'Go Live', 19/12/16
Frailty Clinical Interface Group

NHS Bromley Clinical Commissioning Group

London Borough of Bromley

Briefing for Health & Wellbeing Board

30th March 2017

BRIEFING NOTE ON THE PHARMACEUTICAL NEEDS ASSESSMENT 2018

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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. Background

The Pharmaceutical Needs Assessment (PNA) for Bromley is the formal document of the needs for pharmaceutical services in the area. It is intended to identify what is needed at a local level to guide the current and future commissioning of pharmaceutical services that could be delivered by community pharmacies and other providers.

Since April 2013, Health and Wellbeing Boards have been responsible for the development and maintenance of PNAs. There is a statutory requirement to publish a PNA every three years. Bromley Health & Wellbeing Board published their first PNA in January 2015.

1.2. Need for the PNA

A PNA is needed because:

- Provision of NHS pharmacy services is a controlled market
- Any pharmacist, dispenser of appliances (or GP in rural areas) providing NHS Pharmaceutical Services must be on an NHS Pharmaceutical List
- The NHS (Pharmaceutical Services) Regulations 2012 set out a system for market entry, whereby applications to open new pharmacies, move existing premises or to provide additional pharmaceutical services must be considered against the PNA for the area.

1.3. Regulations Relating to the PNA

The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014 (SI 2014 No. 417) set out:

- The legislative basis for developing and updating PNAs
- The responsibility of NHS England in relation to the "Market Entry Regulations"

These regulations require the Health & Wellbeing Board to:

- Publish a PNA by 1 April 2015 and completely revise this every 3 years *Bromley HWB published its first PNA in January 2015; the new PNA needs to be published by January 2018.*
- follow a PNA specific consultation process set out in the regulations with requirements for a minimum of 60 days' consultation and specification of those persons and organisations that must be consulted such as the Local Pharmaceutical (LPC) and Medical (LMC) Committees, and other patient and public groups
- Maintain their PNA (or the legacy PNA) to reflect changes in pharmaceutical services
    - Either by issue of supplementary statements; or
    - Revise their PNA if changes that are relevant to granting of applications are identified
    - Respond to a PNA consultation by neighbouring HWB

The development of the PNA should be regarded as a separate duty to that of developing the JSNA and other relevant strategies. This is because the PNA will inform commissioning decisions by:

- NHS England i.e. market entry decisions, commissioning of enhanced services
- Local Authorities i.e. Public Health Services from Community Pharmacy
- CCGs e.g. locally commissioned services from Community Pharmacy
- Other NHS organisations

1.4. Current Status of PNA Process for Bromley

A PNA Steering Group was established in 2014 to produce the 2015 PNA, and in July of 2014 the Health & Wellbeing Board delegated responsibility for responding to PNA consultations from neighbouring boroughs to the Steering Group.
The Steering Group has been reconvened to produce the 2018 PNA

The Steering Group comprises representatives from:

- Public Health
- Local Pharmaceutical Committee
- Local Medical Committee
- Bromley CCG
- NHS England
- LBB Communications Team
- Healthwatch
- Voluntary Sector Strategic Network

Following a procurement process, a specialist provider (Webstar Lane) was awarded the contract to deliver the PNA starting in January 2017.
Work is ongoing to deliver the PNA.

1.5. Health & Wellbeing Board Actions

The Health & Wellbeing Board will receive updates on the PNA, and will be asked to approve:

- the draft document prior to the statutory consultation
- the final document for publication.

1.6. New Health & Wellbeing Board Responsibilities

Following an amendment to The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (S.I. 2016/1077) on 5 December 2016, there are new responsibilities for the Health & Wellbeing Board in relation to market entry applications.

There are 5 types of market entry application:

- Current Need
- Future Need
- Improvements or better access
- Future improvements or better access
- Unforeseen benefits (i.e. the applicant provides evidence of need that was not foreseen when the PNA was published)

The National Health Service (Pharmaceutical Services, Charges and Prescribing) (Amendment) Regulations 2016 (S.I. 2016/1077) came into force on 5 December 2016 and gave effect to a new “Excepted Application” called a “Consolidation Application”

A process has been set out for considering “Consolidation Applications” that impacts HWBs:

- NHS England will be required to notify the application locally and seek the views of the HWB
- The HWB is required to give a view on whether or not they see the application as creating a gap in provision
- NHS England will only grant the application if it considers that no gap in provision will be created
- NHS England must refuse any “Unforeseen Benefits Applications” that purport to fill any alleged gap resulting from a closure of premises under a Consolidation Application until at least the next revision of the PNA
- Following the closure, the HWB must publish a supplementary statement in relation to its PNA if in its view no gap has been created by the closure

If a “Consolidated Application” is refused, an applicant can still apply for closure using existing procedures (Regulation 67 S.I. 2013/349), but will not benefit from protection from future “Unforeseen Benefits Applications”

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