

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.00 pm on 7 September 2017

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Stephen Carr, Mary Cooke, Ian Dunn, Judi Ellis and
Angela Page

Ade Adetosoye, OBE, Education, Care & Health Services
Gillian Fiumicelli, Bromley Health Authority
Dr Nada Lemic, Director of Public Health
Denise Mantell, Education, Care & Health Services
Michael Watts, Education, Care & Health Services

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member-Bromley CCG
Dr Ruchira Paranjape, Bromley GP Consortia
Janet Tibbalds, Community Links

Linda Gabriel, Healthwatch Bromley

Also Present:

Bob Parker, Bromley CCG
Anne Thorne, Victim Support
Josephine Feeny, IRIS/Victim Support
Vanessa Lane, Webstar Lane Ltd
Penny Dale, Public Governor, Bromley KCHFT
Helen Buttivant, LBB

1 APOLOGIES FOR ABSENCE

Apologies were received from Lynn Sellwood and Councillor Ruth Bennett.

Apologies were received from Colin Maclean, and Janet Tibbalds attended as substitute.

Apologies were also received from Janet Bailey (Director of Children's Social Care), and Stephen John (Director of Adult Social Care). The Deputy Chief Executive and Executive Director of Education, Care and Health, Ade Adetosoye, attended as substitute.

2 DECLARATIONS OF INTEREST

Councillor Judith Ellis declared an interest as her daughter worked for Community Health.

Councillor Diane Smith declared an interest as her daughter worked for St. Christopher's Hospice.

3 MINUTES OF THE MEETING HELD ON 30TH MARCH 2017

The minutes of the meeting held on 30th March 2017 were agreed.

4 QUESTIONS FROM COUNCILLORS OR MEMBERS OF THE PUBLIC

No questions had been received.

5 UPDATE ON THE DEVELOPMENT OF THE HOMELESS STRATEGY

The update on the development of the Homeless Strategy was provided by Sara Bowrey—Director of Housing.

The Director informed the Board that a Homelessness Review had been completed in partnership with numerous agencies and stakeholders. The review had identified a wide range of needs that would form part of a multi-agency strategy. Two of the primary aims of the strategy would be to look at ways to prevent homelessness, and how people could be supported in maintaining their accommodation.

The draft Homelessness Strategy had been drawn up with the help of various focus and stakeholder groups. The draft strategy would be finalised and distributed to Members the week following the meeting. After Members approved the draft strategy, then the strategy would proceed to formal statutory consultation.

The Director outlined four main strategy themes:

1. Early identification and measures taken to prevent homelessness
2. Supporting young people
3. Supporting vulnerable people
4. Achieving positive outcomes for those at risk, and those going through the system

LBB were still on track to commence statutory consultation in October. In December, there would be a review of consultation feedback, and the draft strategy would be revised if required. Other changes may be required subsequent

to the rolling out of the Homelessness Reduction Act.

The final strategy would go to Members for approval in January 2018, and the implementation of the strategy would commence in March 2018.

The Chairman of the Health Scrutiny Sub Committee, and the Care Services PDS Committee (Cllr Mary Cooke) stated that she had nothing more to add at this stage, and that she was supportive of the strategy.

Dr Bhan hoped that the strategy would take into account the affordable housing needs of young people that desired to work in the health sector. The high cost of accommodation often had the ripple effect of making it difficult to recruit staff to work in hospitals and GP surgeries.

The Director confirmed that this had been considered, and was a key strategy area.

Linda Gabriel (Healthwatch) was glad to note that young people were being considered in the strategy.

It was agreed that a further update would be provided to the November HWB meeting.

Board members were welcome to contact the Director with any suggestions they would like to put forward concerning the circulation of the draft strategy.

RESOLVED that the update on the Homelessness Strategy be noted and that a further update be provided to the next HWB meeting in November.

6 PRESENTATION ON THE NEW PHARMACEUTICAL NEEDS ASSESSMENT

The Pharmaceutical Needs Assessment presentation was provided by Vanessa Lane—Director of Webstar Lane Consulting.

Ms Lane commenced by making the following points:

- Provision of NHS pharmacy services was 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 new system for market entry
- Applications to open a new pharmacy, move premises or to provide additional services must be considered against the PNA for the area.

The draft PNA had to be signed off by the Chairman of the HWB during week commencing 9th October 2017. It was agreed that a PNA update would come to the next meeting. The final PNA had to be completed by January 2018.

Ms Lane informed the Board that in 2017, a new funding settlement and payment structure had been set up, along with the Pharmacy Access Scheme that aimed to protect access to the sector. It was now possible to submit consolidated applications whereby two pharmacy businesses could consolidate into one business in any HWB area. The main caveat was that the consolidation did not create a gap in services. Where this was permitted, one of the businesses would need to close. At the time of writing, no such applications had been received in Bromley.

Ms Lane outlined the time-line for the PNA consultation process.

The Board noted the following key dates:

- w/c 9th October—draft PNA signed off by HWB Chair
- 18th Oct--20th Dec—period of formal consultation
- 30th Nov—HWB to formally comment on draft PNA at HWB meeting
- w/c 8th January 2018--PNA Steering Group to formally consider consultation feedback and agree amendments to draft PNA
- 1st February 2018--HWB to approve final PNA at HWB meeting
- w/c 5th Feb 2018—New PNA to be published. (HWB to note that this is marginally outside of the statutory timeframe)

The Chairman stated that he agreed with the general issues outlined in the presentation, along with the proposed timescale.

The Board was happy with the proposed way forward as outlined in the presentation.

RESOLVED that

(1) The Board agree the timescales and planned course of action as outlined in the presentation

(2) The Chairman takes action to sign off the draft PNA during week commencing 9th October

(3) An update on progress of the draft PNA be brought to the next HWB meeting on 30th November

7 SOCIAL ISOLATION--LOCAL AWARENESS CAMPAIGN AND ACTION PLAN UPDATE.

The Board received a report from Denise Mantell (LBB Strategic and Business Support)—the report was ‘Social Isolation—Local Awareness Campaign and

Action Plan Update'.

An action plan for dealing with social isolation had been submitted to the HWB in March 2017. The updated report outlined progress made on the action plan that would drive the 'Social Inclusion' campaign.

The first section of the 'Social Isolation Bromley Mylife' website was now live. The web link for this was: <https://bromley.mylifeportal.co.uk/socialisolation>

The link provided information about who was affected by social isolation and loneliness. Some of the impacts of social isolation were self-neglect, risk of various forms of abuse, and an impact on health and care services.

Ms Mantell referred to data received from the 2016/17 Adult Social Care Survey and the Carers Survey. The sample was based on those receiving services from Bromley Council and their carers. The data revealed that 277 (28%) of the 974 respondents stated that they did not have as much social contact as they would like, and 71 of these stated that they felt socially isolated. These figures were based on those individuals that responded to the survey, so the actual figures would be higher.

The Board heard that in addition to the social isolation section on the Bromley My Life portal, other actions were planned:

- In November, it was planned to promote a Social Isolation Awareness Campaign. This would inform organisations about the impact of social isolation. It would also encourage individuals to take part in various activities.
- In addition to the campaign, a number of specific actions would be undertaken by specific partners, which would be aimed at decreasing social isolation.
- Finally, work was also being undertaken with groups of potentially vulnerable individuals aimed at preventing them from becoming socially isolated.

The Social Awareness Campaign would encourage the use of befriending services, chat lines and relevant social media sites like 'Meeting Me' and 'Next Door'. Community Groups on 'My Life' would be asked to get in touch to help and deliver a calendar of events. Flyers would be given out that would sign post to befriending services. The Campaign would also make use of Libraries and the Council's email database.

The report highlighted and explained the positive outcomes that could be achieved for individuals, community groups, and health and social care, if social isolation could be addressed and decreased.

The Chairman expressed his thanks to Ms Mantell for an excellent paper. He noted that similar conclusions had been drawn from a recent meeting of the

Academy of Medical Sciences and the paper relating to the Better Care Fund. He also thought that it was a good idea to run the campaign over the course of a month.

Janet Tibbalds (Community Links) stated that many elderly people could not get out due to mobility issues, and so local volunteers were required to get stuck in and help. It was also the case that in some instances young people were also affected by social isolation.

Dr Bhan stated that the report was a good piece of work, and that delivery was important. She felt that GPs should also be consulted, and that the CCG should be more involved. Dr Bhan felt that the term 'socially isolated' may not be entirely appropriate. She also noted the absence of any reference to ethnic minorities. She felt that it was important to liaise with all of the relevant voluntary groups. Dr Paranjape opined that it was important to use all relevant networks, and to make good use of the ICNs.

Councillor Judith Ellis expressed concern about the problems caused to families by out of the borough accommodation. It was an issue that was placing a lot of pressure on families. The Chairman felt that all Councillors should be kept fully informed and should be encouraged to be social isolation champions. Councillor Stephen Carr concurred with this sentiment, and agreed that Councillors had a corporate parenting responsibility, and that ward councillors should play an active role. Janet Tibbalds suggested that Councillors could look out for signs of social isolation when undertaking case work.

Harvey Guntrip wanted to flag up social isolation problems that arose when an elderly spouse passed away.

The Chairman requested that if any members had any further suggestions as to how the issue of social isolation could be further highlighted and addressed, they should contact Ms Mantell.

It was agreed that a further update on the matter of Social Isolation be brought to the next meeting.

RESOLVED that a Social Isolation update be brought to the next meeting.

8 THE IRIS PROJECT (IDENTIFICATION AND REFERRAL TO IMPROVE SAFETY) IN BROMLEY

The Board was provided with a report and accompanying presentation on the IRIS Project in Bromley.

The Board was briefed on the report by Bob Parker--Interim Safeguarding Adults Project Lead: BCCG. The Board was taken through the PowerPoint presentation by Josephine Feeney – IRIS Advocate Educator (Victim Support). Also present was Ann Thorne – Senior IDVA (Victim Support). (IDVA is an abbreviation for Independent Domestic Violence and Abuse Advocate).

The Board heard that since November 2015, GP practices in Bromley had benefitted from the IRIS Project (Identification and Referral to Improve Safety) which had been commissioned in response to a Domestic Homicide Review-- following the death of a Bromley resident in November 2013.

Bromley Clinical Commissioning Group had been in partnership with Victim Support since November 2015 to provide training and support to GP practices in Bromley around domestic violence/abuse. This was a local project supported by the National IRIS Team, and funded by the Mayor's Office for Policing and Crime (MOPAC), with additional financial support from BCCG for the GP Clinical Lead.

IRIS developed responses to improve early detection and to develop support pathways for domestic violence within General Practice. The service delivered a training and support programme targeted at primary care clinicians and administrative staff leading to improved numbers and quality of referrals to specialist domestic abuse services, and improved recording and identification of women experiencing domestic abuse.

The IRIS model provided GP practices with:-

- Local named Independent Domestic Violence and Abuse Advocate-Educators (IDVA-E) who received all referrals from clinicians and provide feedback to those clinicians. They were hosted by the Domestic Violence and Abuse (DVA) specialist third sector organisation (Victim Support).
- Direct care pathways to access specialist local DVA services by integrating third sector organisations with Primary Care.
- Free on-site customised health-focused DVA training delivered by a local GP (who was trained to be a clinical specialist in DVA) and the IDVA-E.

Ms Feeney explained that without crisis intervention work, several cases of DV could have led to a homicide in Bromley. All appropriate agencies within the borough were now aware of the cases, and were working together to safeguard them.

Ninety two referrals had been received since December 2016; seven of these cases were very high risk, and could have resulted in homicides.

An example of how intervention really helped patients was outlined:

One of the seven cases was a woman in her late 20s, a frequent attender who came in with depression and anxiety. Before her doctor enquired about DV, the client had not disclosed what she was experiencing. She only told the GP part of the story, but it was enough for her to be referred. It came to light that her partner was controlling, threatened her with knives and raping her-- sometimes in front of their son. Thanks to the intervention from IRIS, she now resided in a confidential address with her son, and was going through the criminal justice system to get justice.

Although the ninety two referrals evidenced that the training had massively increased GPs enquiring about domestic abuse, the materials advertising ‘this practice is DV aware’ provided by IRIS in practices had encouraged patients to disclose.

The Board heard that it was crucial for funding to be provided so that an adequate level of service could be maintained.

It was envisaged that effective use of the IRIS programme would result in reduced GP appointments and reduced A&E admissions. Ms Feeney hoped that ‘DV Hubs’ could be set up in GP practices as focal points to ease pressure on GPs.

Councillor Carr advised Mr Parker to seek Pan London funding that was currently available from London Councils.

It was hoped that by March 2018, IRIS would have trained over 85% of the Practices in Bromley--equipping them in identifying, enquiring and responding to domestic abuse.

Dr Paranjape stated that she had been through the training and that in her opinion the training was good quality and had upskilled GP’s in consultations. The CQC were viewing this type of training as being of similar importance to safeguarding training.

Harvey Guntrip felt that the service was invaluable and that guaranteed funding should be made available. Dr Bhan suggested that the funding referred to by Councillor Carr should be explored.

RESOLVED that the report and presentation be noted.

9 BCF PLAN 2017-2019

The Better Care Fund—Local Plan 2017-19 report was written by Jackie Goad (LBB Executive Assistant), and the update was provided jointly by Dr Angela Bhan (CCG Chief Officer) and Ade Adetosoye (LBB Deputy Chief Executive and Executive Director of Education, Care and Health Services). The Board heard that the BCF draft Local Plan was based on three key principles:

- Working within the allocated budget
- Achieving effective integration between health and social care
- Improving outcomes for patients

The Board were briefed on the four national conditions that Bromley was required to meet:

- I. The BCF Plan had to be jointly agreed by the CCG and LBB, and signed off by the HWB
- II. The NHS contribution to social care had to be linked to inflation

- III. There had to be an agreement to invest in NHS commissioned out of hospital services
- IV. The 'High Impact Change Model' for managing Transfer of Care had to be implemented

It was noted that the submission date for the BCF Local Plan was September 11th 2017.

The Plan had to strategize to minimise delayed transfers of care, and to establish base-line targets. The draft plan may require adjusting.

The HWB agreed to delegate authority to Dr Bhan and the Deputy Chief Executive to make the final adjustments to the draft--so that the submission of the final plan would be ready for Monday, September 11th.

Dr Bhan stressed the importance of getting patients out of hospital as soon as possible, and was grateful to the Deputy Chief Executive for his work around facilitating hospital discharges. She mentioned that if an 80 year old was in hospital for seven days, that person would lose 15% of muscle mass. Dr Bhan stressed the importance of getting schemes working as soon as possible to meet DTOC ambitions, as the targets were challenging.

Dr Bhan felt that the ICN's and Dementia Hubs were working well, and thanked the Board for their ongoing support in these areas.

The Chairman remarked that the report was good, and that pace was now required.

Councillor Judith Ellis referred to section 5.51 of the report which referenced the joint funding protocols being developed by LBB and the CCG. She expressed the view that the proposals were not moving forward quickly enough. Dr Bhan agreed that more progress was required around the development of personal health budgets.

It was noted that a new appointment of Discharge Commissioner had been made, and this person would be provided with collateral support from Dr Bhan and the Deputy Chief Executive.

Councillor Dunn referred to table 2 in section 7.2 of the report. This table showed various schemes with the associated budgets for 2017/18 and 2018/19. He pointed out that for each scheme, there had been allocated a 2% increase in funding for the following year across the board. He queried if this was a mis-allocation. Dr Bhan clarified that the 2% figure was used for budgeting purposes, and was just a starting point.

The Deputy Chief Executive stated that in order for the correct pace to be maintained, it was important that joint meetings took place with joint leadership appointments. It was key that capacity be improved, along with take-up of the increased capacity.

Dr Bhan informed the Board that many 'Red Bags' had been distributed to Care

Homes and Hospitals during May and June. These would contain items that would be useful for the patients during their stay in hospital—things like hearing aids, glasses, false teeth. The plan was that alongside the red bag, health information ‘passports’ would also travel with the patient into hospital.

Councillor Robert Evans was not convinced that full integration could take place by the 2020 target. By way of illustration he referred to the diagram on page 55 of the report (section 5:16) which depicted the current ICN (Integrated Care Network) governance structure. He highlighted that LBB was not currently incorporated into the governance structure. He also asked if in the last year there had been an underspend for ICNs.

The Deputy Chief Executive responded that there was an expectation that the CCG would deliver on the targets that had been set by local government. Concerning the issue of LBB being involved in ICN governance, a report would be going to the Executive in October to look at LBB’s role in the governance of ICNs. It was expected that LBB would play the maximum role possible. The Deputy Chief Executive confirmed that there had been an underspend which had resulted from delays in the implementation of some of the programmes and service provision. However, residents would still benefit and the underspend could be re-allocated to assist with dealing with winter pressures.

Councillor Cooke commented that she felt that cooperation between LBB and the CCG was better than ever before, and for the first time she was optimistic for positive outcomes this winter.

RESOLVED that (subject to final adjustments as required by Dr Bhan and the Deputy Chief Executive) the HWB agree the BCF Local Plan, and consent to its submission to NHS England.

10 DELAYED TRANSFER OF CARE PERFORMANCE

The Delayed Transfer of Care (DToC) Performance report was drafted and presented by Jodie Adkin, (Head of Discharge Commissioning LBB/BCCG) in consultation with the LBB Deputy Chief Executive, and thus was an example of the two organisations working collaboratively on reports. The Board heard that it was important to get the BCF signed off, and to achieve the prescribed DToC targets. This needed to be achieved to avoid penalties. The target also needed to be achieved to avoid complications for patients resulting from staying in hospital for too long.

The NHS England Mandate for 2017-18 set a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. This equated to the NHS and Local Government working together so that, at a national level, delayed transfers of care were no more than 9.4 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%).

London Borough of Bromley and Bromley CCG had therefore submitted a joint target of 13.40 bed days/day based on a 24% reduction given by NHSE but

applied to the 17/18 out turn figure, and not the lower January – April 2017 figure. NHSE had yet to confirm acceptance of the proposal.

Councillor Ellis asked if delays in out of borough transfers would count negatively against LBB's targets. Dr Bhan commented that this was a work in progress, and that there were cross border issues on all sides.

RESOLVED that

- (1) The HWB receive regular updates on DToC performance locally and progress made against plans to reduce delayed transfers**
- (2) The HWB delegate authority to Dr Bhan and Ade Adetosoye for implementation and achievement of associated elements of the DToC target.**

11 SCOPING PAPER FOR FALLS TASK AND FINISH GROUP

A paper was submitted to the Board from Laura Austin Croft, Public Health Specialty Registrar. The aim of the paper was explained by Dr Lemic.

The paper scoped a proposal for an expert task and finish group to investigate the numbers and types of falls affecting Bromley's older population, with the intention of producing a summary report with recommendations for action.

It was hoped that the task and finish group would be chaired by Professor Cameron Swift.

RESOLVED that:

- (1) A task and finish group to investigate falls be set up**
- (2) The task and finish group would produce a summary report for recommendations for further action**
- (3) The Chairman would write formally to Professor Cameron Swift to ask him if he would be able to Chair the task and finish group**

12 CONSULTATION ON THE LONDON HEALTH INEQUALITIES STRATEGY

The consultation on the London Health Inequalities Strategy had been provided for noting and information.

The Chairman asked members of the Board to write to the committee clerk if they wanted to submit any observations or comments for the Mayor's office.

13 2016--2017 WINTER REVIEW

Dr Bhan highlighted the main points of the Winter Review (2016-2017) report.

The report highlighted the following issues:

- The performance of the Urgent Care System in winter 2016/17
- The winter schemes identified to help manage surge and lack of capacity
- An evaluation of each scheme and lessons learnt
- Schemes carried forward to continue to support the system

The report highlighted the various winter schemes that had been implemented during the winter of 2017 to help manage surge and capacity issues, and the schemes and interventions planned for the winter of 2018.

Dr Bhan mentioned the use of frontline hubs in hospitals which aimed to avoid admissions if possible. She also referred to a pilot scheme for end of life care to ensure that patients could be cared for at home—this would continue to be piloted to the end of the year.

The report was for noting and no resolution was required.

The report showed that there had been a significant improvement in A&E performance over recent months, which was the result of an improved system wide approach. The impact of strengthened joint working between the London Borough of Bromley and Bromley CCG had clearly shown benefits. New schemes and the development of existing schemes over the coming months should put Bromley in a good position to ensure improved quality of urgent and emergency care for residents.

14 UPDATE ON THE MENTAL HEALTH STRATEGIC PARTNERSHIP

Mr Guntrip stated that the original Mental Health Sub-Group had only met once. He clarified that the Mental Health Strategic Partnership had the same membership apart from Councillors. It was anticipated that a strategic paper would be written by the Strategic Partnership, and that this would be completed around Christmas time. The paper would subsequently be presented to the Mental Health Sub-Group.

15 MATTERS ARISING AND WORK PROGRAMME

The Chairman commented that the ‘matters arising’ had either been completed, or had been incorporated into the Work Programme. The Vice Chairman asked if a location for the phlebotomy clinic had been decided. Dr Bhan clarified that the clinic had been set up at the Dysart Surgery.

RESOLVED that the Matters Arising Report be noted.

16 EMERGING ISSUES

No emerging issues had been raised.

17 ANY OTHER BUSINESS

No other business was discussed.

18 DATE OF THE NEXT MEETING

The next meeting was scheduled for 30th November 2017.

The meeting ended at 4.00 pm

Chairman