



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 31 January 2018

To: Members of the  
**HEALTH AND WELLBEING BOARD**

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

London Borough of Bromley Officers:

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

Clinical Commissioning Group:

Dr Angela Bhan	Chief Officer: Bromley Clinical Commissioning Group
Harvey Guntrip	Lay Member: Bromley Clinical Commissioning Group
Dr Andrew Parson	Clinical Chairman: Bromley Clinical Commissioning Group

Bromley Safeguarding Adults Board

Lynn Sellwood	Independent Chair: Bromley Safeguarding Adults Board
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Bromley Safeguarding Children Board:

Jim Gamble QPM	Independent Chair: Bromley Safeguarding Children Board
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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 8 FEBRUARY 2018 AT 1.30 PM**

MARK BOWEN  
Director of Corporate Services

*Copies of the documents referred to below can be obtained from*  
<http://cbs.bromley.gov.uk/>

**AGENDA**

**1 APOLOGIES FOR ABSENCE**

**2 DECLARATIONS OF INTEREST**

**3 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 30TH NOVEMBER 2017 (Pages 1 - 12)**

**4 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

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 Friday 2<sup>nd</sup> February 2018.

**5 UPDATE ON FALLS TASK AND FINISH GROUP (VERBAL UPDATE) (LBB)**

**6 PRIMARY CARE COMMISSIONING UPDATE (VERBAL UPDATE) (CCG)**

**7 INTEGRATED COMMISSIONING BOARD WORK PROGRAMME (CCG/LBB)**  
(Pages 13 - 24)

**8 MENTAL HEALTH STRATEGIC PARTNERSHIP UPDATE (VERBAL UPDATE) (CCG)**

**9 UPDATE ON DELAYED TRANSFER OF CARE PERFORMANCE (LBB/CCG)**  
(Pages 25 - 32)

**10 HEALTHY WEIGHT BROMLEY: CHILDREN AND YOUNG PEOPLE UPDATE - DECEMBER 2017 (LBB)** (Pages 33 - 36)

**11 BETTER CARE FUND 2017/18 PERFORMANCE UPDATE (LBB)** (Pages 37 - 46)

**12 APPROVAL OF THE JOINT STRATEGIC NEEDS ASSESSMENT 2017 (LBB)**  
(Pages 47 - 54)

The draft Joint Strategic Needs Assessment 2017 is available on the Council's website at the following link:

<http://cds.bromley.gov.uk/ieListDocuments.aspx?CId=559&MId=6308&Ver=4>

**13 PHARMACEUTICAL NEEDS ASSESSMENT (LBB)** (Pages 55 - 56)

The Pharmaceutical Needs Assessment is available on the Council's website at the following link:

<http://cds.bromley.gov.uk/ieListDocuments.aspx?CId=559&MId=6308&Ver=4>

**14 BUILDING A BETTER BROMLEY COMMUNICATIONS GROUP: INTERIM UPDATE (VERBAL UPDATE) (LBB)**

**15 WORK PROGRAMME AND MATTERS ARISING** (Pages 57 - 68)

**16 ANY OTHER BUSINESS**

**17 DATE OF NEXT MEETING**

1.30pm, 29<sup>th</sup> March 2018

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

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

**Items of Business**

**Schedule 12A Description**

**19 EXEMPT MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 30TH NOVEMBER 2017 (Pages 69 - 70)**

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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## HEALTH AND WELLBEING BOARD

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

### Present:

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

Stephen John, Director of Adult Social Care  
Lynn Sellwood, Independent Chair - Bromley Safeguarding Adults Board  
Dr Angela Bhan, Chief Officer - Bromley Clinical Commissioning Group  
Dr Andrew Parson, Clinical Chairman - Bromley Clinical  
Commissioning Group  
Jim Gamble QPM, Independent Chair - Bromley Safeguarding Children  
Board  
Linda Gabriel, Healthwatch Bromley  
Janet Tibbalds, Community Links Bromley

### Also Present:

Councillor Peter Fortune

## 19 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Ruth Bennett, Janet Bailey, Harvey Guntrip and Dr Nada Lemic.

Apologies for absence were also received from Colin Maclean and Janet Tibbalds attended as his substitute.

## 20 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 21 MINUTES OF THE MEETING ON 7TH SEPTEMBER 2017

**RESOLVED** that the minutes of the meeting held on 7<sup>th</sup> September 2017 be agreed.

## 22 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC

No questions had been received.

## **23 NASH COLLEGE PRESENTATION (NASH)**

The Board received a presentation from Simon Cartwright, Head of College and Steve McDermott, Regional Livability Manager outlining the work of Nash College, an independent specialist further education college for students aged 19-25 years with a range of special educational needs and disabilities based in Hayes, Bromley. Nash College had approximately 70 students, 10 of whom accessed the College's residential offer.

Nash College was one of the services run by Livability, a national Christian disability and community engagement charity which worked to tackle barriers and promote inclusion for all and provided a range of commissioned care and community projects throughout the UK, including residential care homes and supported living schemes, schools and wellbeing centres. Livability's values were to be open, enabling, inclusive and courageous, and an emphasis was placed on 'Livable Learning Community' with the objective of creating this in Bromley through a programme of personalised learning and by supporting students to participate in the community and access vocational opportunities. Nash College had been awarded a 'Good' rating by both Ofsted and the Care Quality Commission in relation to its work with both day and residential students.

Livability's key priorities for the future development of special educational needs and disabilities provision within Bromley were to enable access to specialist placements within the local community, support increased joint commissioning and involve the third sector in improving the local care offer.

In response to a question from a Member, the Regional Livability Manager reported that the residential offer at Nash College had reduced in recent years as more young people with special educational needs and disabilities chose to access day provision, and that the residential offer would be refreshed to support students to live more independently. The Head of College noted that whilst the College currently provided an education offer for young people with more complex special educational needs and disabilities, future provision might be expanded to include young people with less complex needs or from an earlier age as the College was registered for pupils from the age of 16 years.

In noting the benefits of an education offer for the 16 to 25 year age group to support transition to adult services, a Board Member asked for more information about learning at Nash College. The Head of College confirmed that the College offered both accredited and non-accredited learning and developed its curriculum collaboratively with other schools and colleges. There was a need to ensure that non-accredited learning provide tangible learning outcomes and work was being undertaken with key partners including Bromley Mencap to develop the employability offer, part of which would include opening a charity shop and café. A Next Steps provision was also available for former students on the site of Nash College. This had initially been a day opportunities service offering a further 12 months provision to students leaving the College to encourage successful transition into adulthood; however the service had developed and grown and now offered learning and development day programmes to adults who had not attended Nash College.

The Chairman led Members in thanking Simon Cartwright and Steve McDermott for their excellent presentation which is attached at Appendix A.

**RESOLVED that the presentation be noted.**

## **24 UPDATE ON THE HOMELESSNESS STRATEGY (LBB)**

### **Report CS18107**

The Board considered an update on the draft Homelessness Strategy 2018-23 that had been scrutinised at the meeting of Care Services PDS Committee on 14<sup>th</sup> November 2017. This update would also be considered by Council's Executive at its meeting on 6<sup>th</sup> December 2017 with a view to seeking authorisation for an eight week public consultation exercise, following which the Homelessness Strategy 2018-23 would be finalised and presented to the Council's Executive for approval.

The Local Authority had a legal requirement to agree a published homelessness strategy. The draft Homelessness Strategy 2018-2023 had been developed in consultation with service users and stakeholders and detailed the Local Authority's approach and further planned developments to strengthen homeless prevention and increase access to affordable and sustainable accommodation, thus reducing demand for emergency accommodation. The proposed strategic priorities within the draft strategy comprised early identification and prevention of homelessness, achieving positive outcomes for young people, increased access to and promotion of the supply of accommodation and achieving improved health and wellbeing by supporting people to break the cycle of homelessness. The draft Homelessness Strategy 2018-2023 also reflected a significant change to the Local Authority's statutory duties in relation to homelessness and temporary accommodation within the Homelessness Reduction Act 2017 that would come into force in April 2018. Should the Council's Executive authorise the eight week public consultation exercise, Members of the Health and Wellbeing Board were requested to provide their views as part of the consultation.

In considering the report, the Chairman was pleased to note the range of preventative work being undertaken to support people to remain in their homes. The Chief Officer, Bromley Clinical Commissioning Group noted that whilst Integrated Care Networks were currently focused on older people with complex needs, it might be possible to widen this out to include other vulnerable groups who were at risk of homelessness or placed in temporary accommodation, such as people with mental health needs or young families, to ensure their health needs continued to be met in a coordinated way.

A Board Member reported that Healthwatch Bromley had recently undertaken work on how people who were homeless or who had been placed in temporary accommodation were supported in maintaining their registration with a GP surgery. The Housing Compliance and Development Manager confirmed that the Support and Resettlement Team worked to support families who were homeless or placed in temporary accommodation to access appropriate school and health services, particularly where they had been placed outside of the Borough.

**RESOLVED that the update be noted.**

## **25 VULNERABLE ADOLESCENT STRATEGY (BSCB)**

### **Report CS18108**

The Board considered an update on the Bromley Safeguarding Children Board Vulnerable Adolescent's Strategy 2017-19 that was ratified by the Bromley Safeguarding Children Board in July 2017 and had been shared with Ofsted at the monitoring visit in August 2017.

The Vulnerable Adolescent's Strategy 2017-19 was a multi-agency document providing a strategic foundation upon which the local safeguarding framework would be further developed. The Strategy would also define the roadmap to strengthen the identification and assessment of vulnerable adolescents in Bromley and outline intervention procedures. The strategy focused on five priorities comprising knowing the problem and response, strong leadership, prevention and early intervention, protection and support, and disruption and prosecution. The strategy would be underpinned by the protocols for Child Sexual Exploitation and Missing Children, published in Summer 2017, as well as the forthcoming protocol in Gang Involvement and Association. Members of the Health and Wellbeing Board were requested to note the strategy and ensure that all relevant staff were aware of the Vulnerable Adolescent's Strategy and the underpinning protocols for Child Sexual Exploitation and Missing Children. The Independent Chairman, Bromley Safeguarding Children Board explained that whilst the Vulnerable Adolescent's Strategy provided the overarching strategy, the operational protocols for Child Sexual Exploitation, Missing Children and Gang Involvement specified how this would be delivered.

In considering the report, a Member praised the excellent layout of the strategy and queried how it would be communicated to all key partners, including schools. The Independent Chairman, Bromley Safeguarding Children Board confirmed that a robust strategy was in place for the publication of the Vulnerable Adolescent's Strategy which included an App to assist parents, carers and professional in identifying vulnerable young people. The Vulnerable Adolescent's Strategy would also be part of the training programme for designated Child Safeguarding Leads in schools. Another Member underlined the need to engage with voluntary groups, and the Independent Chairman, Bromley Safeguarding Children Board noted that following the recent reconfiguration of the Bromley Safeguarding Children Board, a Community Engagement Sub-Group had been created to develop closer links with the community which would support the communication of the strategy.

A Member queried a statement within the Vulnerable Adolescent's Strategy identifying a correlation between living in a more deprived part of the Borough and increased risk of self-harm and suicide which the Independent Chairman, Bromley Safeguarding Children Board clarified as a finding of a 2017 study by the Samaritans. The Chairman requested that work be undertaken to identify if this was applicable to Bromley, as suicide and self-harm amongst vulnerable young people in the Borough had historically been identified as impacting high-achieving young people as well as those living in deprived and disadvantaged circumstances.

The Independent Chairman, Bromley Safeguarding Adults Board highlighted the importance of both Safeguarding Boards working together to ensure that young people were safeguarded in a seamless manner as they transitioned to adult services. The Independent Chairman, Bromley Safeguarding Children Board agreed that there should be a focus on early intervention to address issues experienced by vulnerable adolescents, but that robust pathways would also be needed to support the move of vulnerable adults into adult social care and the Vulnerable Adolescent's Strategy would be updated to reflect this.

**RESOLVED that the update be noted.**

## **26 BROMLEY IMPROVED BETTER CARE FUND (LBB)**

### **Report CS18101**

The Board considered an update on the Bromley Improved Better Care Fund (IBCF) which was a time-limited grant to the Local Authority to fund adult social care services.

In the Spring Budget 2017, the Local Authority had been awarded an IBCF Grant of £4.2M for 2017/18, £3.4M for 2018/19 and £1.7M for 2019/20, which was provided for the purposes of meeting adult social care needs, reducing pressures on the NHS including timely discharge, and ensuring that the local social care provider market was supported. The Local Authority had worked closely with the Bromley Clinical Commissioning Group regarding the use of the grant for 2017/18, and the Bromley Clinical Commissioning Group and Council's Executive had agreed the proposed spending plans which included workforce development within social care, support for Integrated Care Networks and investment to increase the uptake of Direct Payments. The Local Authority had also produced a set of recommendations for how the IBCF Grant could be used to best effect to create a financially sustainable adult social care system beyond 2020 to meet the needs of Bromley residents. Members of the Health and Wellbeing Board were requested to note the proposals for the Improved Better Care Fund and to promote these proposals within their individual organisations.

In response to a question from the Chairman, the Director: Adult Social Care advised that there had historically been a low take-up of Direct Payments in Bromley due to the difficulties service users faced in managing their own care packages and a lack of choice within the local care market. The proposed investment of IBCF Grant to fund a Direct Payments Lead Officer would drive forward the whole system response for Direct Payments and was expected to increase the uptake of Direct Payments by service users, enabling them greater choice and independent in managing their care as well as supporting the development of the local care market. Another Member noted the proposed investment in the Care Homes Investment Options Appraisal. The Director: Adult Social Care reported that the Local Authority was facing increasing difficulty in securing local nursing home placements due to competition from self-funders and other local authorities. To address this it was proposed to explore the potential for the Local Authority to purchase but not manage a care home with full nomination rights on the placements by instructing the Local Authority's property surveyors to

undertake a two-phased options appraisal on the purchase of suitable accommodation to identify if this was a viable proposal.

A Member was concerned at a proposal to invest in a market development and support initiative. The Director: Adult Social Care outlined the aim of the proposed investment which was to improve the sustainability and performance of Bromley care homes, assist in staff training and provide emergency care funding for those providers in danger of failing financially. The Interim Director: Programmes noted that this was expected to drive a general improvement in the quality of care home provision across Bromley as well as enabling the Local Authority to meet its obligations in terms of safeguarding vulnerable service users.

The Independent Chairman, Bromley Safeguarding Children Board underlined the need for the impact of Improved Better Care Fund projects on children and young people to be considered, as the context of children's lives was informed by the vulnerability of the adults around them. The Director: Adult Social Care confirmed that that Adult Social Care services worked closely with Children's Social Care services to ensure children and young people and their families received appropriate support where needed, such as during transition.

A further report providing an update on Improved Better Care Fund Projects supporting Winter Resilience for 2017/18 would be considered at the meeting of Health and Wellbeing Board in June 2018. The Chairman requested that a table outlining details of all projects funded by the Bromley Improved Better Care Fund, including costings and duration be provided to the Board following the meeting.

**RESOLVED that the report be noted.**

## **27 UPDATE ON SOCIAL ISOLATION PRESENTATION (LBB)**

Development Officer (ECHS) giving an update on work being undertaken to address the issue of social isolation as part of the November Campaign 2017.

The Bromley MyLife Portal included a directory of activities and events with over 800 entries that were searchable in a number of ways such as by activity, age, postcode and need. A range of befriending services and volunteering opportunities were also advertised via the Portal, as well as through other media and community venues. During the November Campaign 2017, 1454 pages relating to social isolation within the Bromley Mylife Portal had been viewed by 794 unique visitors. Following the month-long event, further work was underway to tackle the issue of social isolation amongst all groups including older people and parents with young children which included publicising the Social Isolation Portal to Bromley residents and residents' associations and continuing to update the Bromley Mylife Portal with new events and activities. Social isolation would also be included as a key issue in new health and social care strategies.

In considering the presentation, a Board Member highlighted the importance of ensuring that this information was available to all Bromley residents, as some may not be able to access online information. The Senior Planning and Development Officer confirmed that this initiative would be advertised in a number of ways

including through voluntary groups and community venues, and that the promotional material encouraged people to think of their friends, family and neighbours who might benefit from the programme of events and activities. The Board Member noted the value of informal activities, such as sewing circles, and suggested that it might be useful to produce guidance on how people could establish informal social groups.

The Independent Chairman, Bromley Safeguarding Children Board noted that the Bromley Safeguarding Children Board had electronic contact details for a number of residents across Bromley through which the initiative could be promoted, and would provide this information to the Senior Planning and Development Officer following the meeting. The Chairman requested that an update be provided on the progress of work being undertaken to address the issue of social isolation at the meeting of the Health and Wellbeing Board on 29<sup>th</sup> March 2018.

The Chairman reminded Board members, and especially Councillors, that all had a role to play in encouraging and championing local initiatives to address social isolation. The Chairman led Members in thanking Denise Mantell for her excellent presentation which is attached at Appendix B.

**RESOLVED that the presentation be noted.**

## **28 COMMUNITY HEALTH CONTRACT - VERBAL UPDATE (CCG)**

The Board considered a verbal update by Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group on the Community Health Contract.

The Community Health Contract had been separated into three Lots comprising children's services, management of people with long term conditions in the community and discharge of care. A range of service improvements had been developed as part of this contract including an extension to the working hours of the Children's Community Nursing Team which would now provide an evening service seven days a week. A Care Coordination Centre for children would also be established at a central location in the Borough to provide 'one stop shop' referrals to a wide range of services. Some services under the new contract were still being negotiated; however most of the services would commence on 1<sup>st</sup> December 2017.

**RESOLVED that the update be noted.**

## **29 LOCAL CAMHS TRANSFORMATION PLAN 2017/2018 REFRESH (CCG)**

### **Report CS18109**

The Board considered an update on the Local Child and Adolescent Mental Health Services (CAMHS) 2017/18 refresh by Daniel Taegtmeyer, Head of Integrated Commissioning and Transformation, Bromley Clinical Commissioning Group. The update outlined plans to transform emotional wellbeing and child and adolescent mental health services by creating a sustainable local and proactive system of

support and treatment that responded to the needs of individuals and communities.

The Local Child and Adolescent Mental Health Services (CAMHs) 2017/18 refresh was a continuation of the key transformation aims and vision as set out in the initial Local Child and Adolescent Mental Health Services (CAMHs) Plan for 2015/16 which focused on:

- 1) Increasing capacity across the system to cope with increasing demand;
- 2) Improving accessibility to services;
- 3) Improving the quality of the service offer across early intervention and specialist community CAMHs; and,
- 4) A commitment to co-producing the future system and referral and care pathway design.

The Local Child and Adolescent Mental Health Services (CAMHs) 2017/18 refresh would incorporate evidence on the impact of Transformation Plan investments and would also provide oversight on what had worked well and what had been learnt. There was a requirement for the Bromley Clinical Commissioning Group and its partners to complete a Local CAMHs Transformation Plan refresh for 2017/18. With the agreement of the Chairman and Vice-Chairman, the draft plan had been completed and submitted to NHS England for assurance on 31<sup>st</sup> October 2017, and the Health and Wellbeing Board was requested to approve the Local CAMHs Transformation Plan refresh.

In response to a number of questions from Members, the Head of Integrated Commissioning and Transformation confirmed that the need to recruit and retain a skilled workforce would be a key issue in designing future service provision. Part of the challenge would be to move away from a tiered service and towards a delivery model in which individualised support met the complex needs of service users. The Clinical Chairman, Bromley Clinical Commissioning Group noted that there had been a number of recent improvements to the service including the delivery of early intervention services by the Bromley Wellbeing Service.

**RESOLVED that the Transformation Plan be approved.**

### **30 UPDATE ON DELAYED TRANSFERS OF CARE (LBB/CCG)**

#### **Report CS18105**

The Board considered a report providing an update on Delayed Transfers of Care.

At the meeting of Health and Wellbeing Board on 7<sup>th</sup> September 2017, it had been reported that the average Delayed Transfer of Care for the beginning of September 2017 was 9.73 beds per day. This had been reduced to 3.13 beds per day for the beginning of October 2017, which represented a significant improvement on the previous month and on the same period in 2016. A number of initiatives had been introduced from 1<sup>st</sup> October 2017 to manage the transfer of care during Winter 2017, and further work would be undertaken to strengthen oversight of whole system flow through health services as well as work with

providers to secure additional resources across domiciliary care and placements. A system-wide Demand and Impact Evaluation would be undertaken in Quarter 4 2017/18 and was expected to influence partnership transformation.

The Chief Officer, Bromley Clinical Commissioning Group advised the Board that local data was not being reflected in national reporting due to systemic issues and work was being undertaken to address this.

**RESOLVED that the update be noted.**

**31 BROMLEY COMMUNICATIONS AND ENGAGEMENT NETWORK -  
ACTIVITY REPORT 2017 (HEALTHWATCH)**

The Board considered a report outlining the activity of the Bromley Communications and Engagement Network during 2017.

The Bromley Communications and Engagement Network had been established in 2014 as an operational group bringing together communication and engagement representatives from across the Bromley statutory and voluntary sector to share work ideas and best practice, as well as delivering joint campaigns, information and engagement activities. The Network also worked to help local people to improve community health and wellbeing, and support agreed Borough priorities and other community initiatives. During 2017, the Bromley Communications and Engagement Network had met on a regular basis to share information and advertise high profile campaigns, encourage wider participation of public surveys, and promote a range of public events and high profile meetings. The Building a Better Bromley Communications Group had recently been established to support the delivery of the Borough Officers Strategic Partnership Forum priority areas including those relating to health.

In response to a question from a Board Member, Folake Segun, Chief Executive, Healthwatch Bromley confirmed work was underway to engage more closely with schools and colleges, and that London South East Colleges had been invited to join the Bromley Communications and Engagement Network. The Chairman noted that NHS England and NICE used a range of innovative communication methods which could be useful, and queried whether there was any value in producing a quarterly newsletter, similar to Environment Matters, as a promotional tool. Another Member suggested that whilst online information was important, people unable to use online services would find a list of telephone numbers of key partners and voluntary sector organisations helpful.

The Chairman requested that an update on work of the Building a Better Bromley Communications Group be reported to the meeting of the Health and Wellbeing Board as an interim update on 1<sup>st</sup> February 2018 and a full update on 29<sup>th</sup> March 2018.

**RESOLVED that the update be noted.**

## **32 HEALTH AND WELLBEING BOARD INFORMATION BRIEFING**

The Health and Wellbeing Board Information Briefing comprised 3 reports:

- Immunisation and Screening Programme as at August 2017
- Public Health Programmes Performance Update 2016/17
- Pharmaceutical Needs Assessment Update

The Chairman reported that the draft Pharmaceutical Needs Assessment would be open for public consultation until 20<sup>th</sup> December 2017, and requested that Members of the Health and Wellbeing Board provide their views at the below link:

[http://www.bromley.gov.uk/news/article/297/pharmaceutical\\_needs\\_assessment\\_consultation](http://www.bromley.gov.uk/news/article/297/pharmaceutical_needs_assessment_consultation)

**RESOLVED that the Information Briefing be noted.**

## **33 WORK PROGRAMME AND MATTERS ARISING**

### **Report CSD17156**

The Board considered its work programme for 2017/18 and matters arising from previous meetings.

The Chairman advised the Board that he had attended an event on 29<sup>th</sup> November 2017 about how medical technology could support people to remain in or enter the workforce. There had also been meetings of the London Health Board in recent months.

Following consideration by Members, a number of items were added to the forward rolling work programme for the Health and Wellbeing Board as outlined below:

- Joint Strategic Needs Assessment (1<sup>st</sup> February 2018)
- Pharmaceutical Needs Assessment Report (1<sup>st</sup> February 2018)
- Building a Better Bromley Communications Group: Interim Update (1<sup>st</sup> February 2018)
- Building a Better Bromley Communications Group: Update (29<sup>th</sup> March 2018)
- Update on Social Isolation Work (29<sup>th</sup> March 2018)
- Obesity and Promoting Exercise (29<sup>th</sup> March 2018)
- Improved Better Care Fund Projects: Winter Resilience 2017/18 (June 2018)

In response to a query from the Vice-Chairman, the Chief Executive, Healthwatch Bromley confirmed that the unprogrammed outstanding item on 'Healthwatch Project to Explore Sexual Health and Gender Identify' was a piece of work undertaken with 400 pupils during a programme of school visits. The project aimed to develop an understanding of young people's views on sexual health and gender identity and would be reported to a future meeting of the Health and

Wellbeing Board.

**RESOLVED** that the work programme and matters arising from previous meetings be noted.

**34 ANY OTHER BUSINESS**

There was no other business.

**35 DATE OF THE NEXT MEETING**

The next meeting of Health and Wellbeing Board would be held at 1.30pm on Thursday 1<sup>st</sup> February 2017.

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

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

**37 BROMLEY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT (BSCB)**

The Board considered the report and supported the recommendations.

The Meeting ended at 4.05 pm

Chairman

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Report No.  
CSD18039

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 8 February 2018

**Report Title:** INTEGRATED COMMISSIONING BOARD WORK PROGRAMME

**Report Authors:** Graham Mackenzie, Interim Director of Integration & Transformation (CCG)  
Paul Feven, Interim Director of Programmes (LBB)

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## 1. SUMMARY

- 1.1 This paper presents the Terms of Reference for the Integrated Commissioning Board (ICB) and the Work Programme covering the period from December 2017 to April 2019.
- 1.2 The ICB has been jointly established between the London Borough of Bromley and Bromley CCG to lead on all jointly commissioned and integrated activity. It replaces the Joint Integrated Commissioning Executive (JICE) and Integrated Health & Social Care Board (IHSCB), combining the functions of both. The Terms of Reference can be viewed at **Appendix A**.
- 1.3 The Work Programme identifies priority areas for joint working between the London Borough of Bromley and Bromley CCG and has been developed following a series of discussions with leaders and senior commissioning colleagues across the partner organisations. The Work Programme can be viewed at **Appendix B**.

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## 2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1 The work programme has been discussed and approved by the Integrated Commissioning Board, the CCG Clinical Executive Group, and the London Borough of Bromley Portfolio Holder.
- 2.2 The work programme requires formal endorsement and future oversight by the Health & Wellbeing Board.

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

- 3.1 The Board is asked to consider and endorse the work programme and the Terms of Reference.
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## Health & Wellbeing Strategy

The work programme describes a broad range of service developments and initiatives that will be progressed on a collaborative basis by the Council and NHS over the next 18 months. Collectively, the initiatives set out in the work programme will address many of the Health & Wellbeing Strategy priorities & Public Health Outcome Indicators.

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## Financial

Individual service developments and commissioning initiatives described in the work programme will be subject to business case preparations and approvals at the appropriate stage.

It is further anticipated that future proposals for investment of the Better Care Fund and other relevant transformation funds will be fully integrated into the joint priority work programmes described.

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## **4. COMMENTARY**

4.1 The ICB work programme is structured around 5 main themes:

- Strategic enablers
- Services for Children & Young People
- Integrated Care (adults)
- Care Homes
- Personalised Care

4.2 The detailed work required in each theme area includes the development of joint commissioning strategies, the definition of clear outcomes we jointly aspire to achieve for local people, supported by greater integration in commissioning systems, processes, resources and performance management.

4.3 Each of the main actions associated with the 5 theme priorities has assigned lead officers who hold responsibility for progressing the work required, together with target completion dates.

4.4 There are some significant cross-cutting issues that connect the 5 main themes (e.g. prevention/self-care, workforce, digital & technology innovation, and approaches to procurement). As we progress into implementation of the work programme we will ensure that the cross cutting issues are the focus of specific 'task & finish' initiatives.

4.5 In addition to the content of the work programme, discussions at the Commissioning Network highlighted the opportunities to challenge and reform our working arrangements to better enable integrated commissioning between the CCG and Council. The Integrated Commissioning Board has agreed to support the development of an organisational development plan, to run alongside the ICB work programme, that will set out arrangements for strengthening our approaches to integrated commissioning and implementing best practice.

## **5. FINANCIAL IMPLICATIONS**

5.1 Individual service developments and commissioning initiatives described in the work programme will be subject to appropriate business case preparations and approvals at the appropriate stage.

- 6. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM**
- 6.1 The work programme provides a focus for joint working and governance arrangements between the London Borough of Bromley and Bromley CCG.

<b>Non-Applicable Sections:</b>	Legal implications, Comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	Attached Work Programme and Terms of Reference.

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## Integrated Commissioning Board (ICB) Terms of Reference [DRAFT]



### 1. Overview

- 1.1. Bromley CCG and the London Borough of Bromley (LBB) have agreed to move forward jointly in integrated working and commissioning of health and social care. This programme will be supported and strengthened by a Joint Commissioners Network, where commissioning work programmes will be overseen and accounted for.
- 1.2. The Integrated Commissioning Board will formally replace the Joint Integrated Commissioning Executive (JICE) and the Integrated Health and Social Care Board (IHSCB) combining the function of both of these previous Boards. This will strengthen the commissioning approach across the Borough to ensure public funds are utilised in the best way possible, improving efficiencies, quality and service user/patient experience.
- 1.3. The ICB will provide leadership, strategic oversight and direction for all jointly commissioning and integrated activity. The ICB will be the key senior officer group tasked with oversight and delivery of joint programmes of work. The establishment of the ICB is central in demonstrating to NHS England that clear governance is in place for developing and delivering on joint working local plans.
- 1.4. The ICB is not directly responsible for key decision making, other than the delegated authority levels of individual members, which remains with each organisations Executives and is embedded in their separate constitutions. However the ICB is expected to operate at a senior level taking responsibility for making sure that key decisions, once agreed by their respective organisations, are delivered, including any jointly commissioned activity.

### 2. Key Responsibilities

- 2.1. Support the work of the Health and Wellbeing Board in their key priorities and reports to the HWB Board.
- 2.2. Direct the Commissioners Network, setting, planning and monitoring the delivery of work streams to further integrate commissioning and service delivery
- 2.3. Provide oversight and direction, making sure that key decisions are carried out once approved by the governance of each organisation
- 2.4. Work towards a single approach to delivering health and social care across the Borough, and holding the system to account.
- 2.5. Ensure that commissioning of services is always supported by strong and appropriate evidence of need.
- 2.6. Review and monitor each organisations critical pressures, with the ambition of ensuring services are targeted to support those areas most at risk.
- 2.7. Consider each organisations yearly commissioning priorities – and consider where these can be achieved together.

- 2.8. Once agreed by each organisation's Executive, take the lead on the commissioning and delivery of integrated programmes for health and social care which meet national and local need.
- 2.9. Oversee joint strategic development of service objectives, planning and financial monitoring of integrated services.
- 2.10. Commissioning specific change programmes to deliver on the Local Plan for the use of integrated services and monitor this.
- 2.11. Develop a co-ordinated approach to managing and developing the market across health and care services.
- 2.12. Support the co-ordination and development of Joint Strategies, wherever possible, and wherever there is a shared user of services, including the JSNA and Health and Wellbeing Strategy.
- 2.13. Have oversight and monitor the impact of all joint funded arrangements via a Section 75.
- 2.14. Be responsible for co-producing the Local Plan, which allows both organisations to draw down the Better Care Funding (BCF).
- 2.15. Oversight of the provision of integrated services
- 2.16. Ensure the CCG and the Council are well positioned to meet the emerging requirements from legislation.

### **3. Membership of the ICB**

- 3.1. The membership from LBB will be:
  - Deputy Chief Executive
  - Director of Programmes
  - Director of Public Health
  - Head of Programme Design
  - Head of Finance ECHS
  - Executive Assistant to the Chief Executive, as BCF lead
- 3.2. The membership from Bromley CCG will be:
  - Chief Officer
  - Joint Director of Integration and Transformation
  - Head of Integration
  - Finance Director
  - Clinical Director
- 3.3. The ICB meetings will take place bi-monthly.
- 3.4. The ICB meetings will be jointly chaired by the CCG Chief Officer and the LBB Deputy Chief Executive.
- 3.5. Other officers will be requested to attend the ICB as and when required.
- 3.6. The agenda and papers will be prepared by LBB and minute taking will be done by the CCG Corporate Team.
- 3.7. These terms of reference will remain a standing item on the agenda for the ICB to ensure that they are current and relevant.



## Integrated Commissioning Board - Work Programme

December 2017 to April 2019

Theme 1: Strategic Enablers			
Priority area	Actions	Lead	Timescale
1.1 Refresh the JSNA and the Health & Wellbeing Strategy as the core frameworks for prioritising and shaping joint work programmes to address needs and transform services in Bromley	<ul style="list-style-type: none"> <li>Production of the JSNA</li> <li>Evaluation of the JSNA and HWB Strategy development will start in Jan 2018</li> <li>HWB Board to agree the process for the HWB Strategy refresh</li> <li>Production of the HWB Strategy</li> </ul>	Nada	Feb 2018 March 2018  March – May 2018 Sept 2018
1.2 Develop an Integration & Transformation Strategy for Bromley	<ul style="list-style-type: none"> <li>Production of Strategy to promote integrated health &amp; care commissioning and services as we progress towards the creation of an Accountable Care System/Partnership;</li> <li>Review of Section 75</li> <li>Integration Strategy endorsed through appropriate LBB/CCG governance</li> </ul>	Paul/Graham	Case for Change – January '18 Draft – March '18  March '18  May '18
1.3 Develop joint commissioning strategies	<p>Phase 1:</p> <ul style="list-style-type: none"> <li>Joint strategy for older adults</li> <li>Joint strategy for adult mental health services</li> <li>Strategies endorsed through appropriate LBB/CCG governance</li> </ul> <p>Phase 2:</p> <ul style="list-style-type: none"> <li>Joint strategy for people with learning disabilities</li> <li>Strategy endorsed through appropriate LBB/CCG Governance</li> </ul>	Alicia/Daniel	Case for Change - December '17  March '18  April – June '18 July '18
1.4 Enhance joint management, prioritisation and oversight of the BCF and IBCF in support of sustainable service delivery and the transformation of models of care	<ul style="list-style-type: none"> <li>Appoint BCF/IBCF programme lead</li> <li>Develop proposals for investment of BCF/IBCF against agreed joint priorities for 2018/19; Secure agreement through relevant governance; Consider method of maximising innovative &amp; imaginative solutions to current service issues (e.g. Dragon's Den)</li> <li>Quarterly reporting to NHSE &amp; updates to ICB</li> </ul>	Paul/LBB  Paul/Graham	January '18  March '18  Quarterly

<p>1.5 <b>Review of commissioning framework across LBB and CCG</b> - Develop systems and processes to integrate performance reporting, outcomes measurement and quality assurance across jointly commissioned services.</p>	<ul style="list-style-type: none"> <li>• Joint review of contract registers and identification of opportunities for integrated working.</li> <li>• Joint review of market capacity particularly in domiciliary care and residential/nursing care and development of joint market management arrangements.</li> <li>• Develop an integrated approach to performance management of services commissioned in common between health and social care in Bromley including integrated performance data/management, service quality and safety, achievements and service developments.</li> <li>• Develop joint arrangements to enable best practice and innovation in service procurement across agencies wherever possible.</li> <li>• Strengthen local arrangements/joint protocols to procure and monitor individual care placements (in or out of borough), sharing resources and expertise across health and social care in an integrated approach.</li> <li>• Develop and implement an integrated approach to quality assurance for homecare, residential and nursing services in Bromley</li> <li>• Integrated approach to Market Position Statements for frail elderly care (at least)</li> </ul>	<p>Paul/Graham Alicia/Daniel</p>	<p>January '18</p> <p>April '18</p> <p>May '18</p> <p>June '18</p> <p>June '18</p> <p>June '18</p> <p>May '18</p>
<p>1.6 <b>Design and implement effective systems of governance</b> to support the integration of services and delivery of the agreed work programme.</p>	<ul style="list-style-type: none"> <li>• Review of Governance completed</li> <li>• Deliver new Integrated Commissioning Board</li> <li>• Deliver new Commissioning Network (Delivery Group)</li> <li>• Design and agree ICB work programme for period to April 2019</li> <li>• Implement agreed work programme and report progress/exceptions at each meeting of ICB.</li> </ul>	<p>Ade/Angela</p> <p>Paul/Graham</p>	<p>October '17</p> <p>December '17</p> <p>December '17</p> <p>December '17</p> <p>Ongoing</p>
<p>1.7 <b>Integrated Information Systems</b></p>	<ul style="list-style-type: none"> <li>• Develop the 'digital roadmap' which will enable more effective integrated working and information systems</li> </ul>	<p>Gerry/Mark</p>	<p>June '18</p>

Theme 2: Services for Children & Young People			
Priority area	Actions	Lead	Timescale
<b>2.1 SEND:</b> <ul style="list-style-type: none"> <li>Support multi-agency implementation of SEND reforms;</li> <li>Ensure health elements in place and fully operational.</li> </ul>	<ul style="list-style-type: none"> <li>Appoint to vacant Joint Commissioner – Children/SEND post</li> <li>Develop/clarify joint commissioning strategy for SEND, including transition to adult services, &amp; secure joint endorsement at ICB.</li> <li>To enable strategy complete a provider market capacity /management review and associated development plan</li> <li>Health – appoint SEND health lead (fixed term) to lead a programme of review and improvement.</li> <li>Health - implement improvement programme across local NHS organisations to enhance service provision, systems and processes, and readiness for expected SEND inspection.</li> </ul>	<p>Alicia/Daniel.</p> <p>Joint commissioner</p> <p>Joint commissioner</p> <p>Graham/Daniel</p> <p>Graham/Daniel</p>	<p>December '17</p> <p>February '18</p> <p>April '18</p> <p>November '17</p> <p>Nov '17 to Nov '18</p>
<b>2.2 Review CAMHS provision</b>	<ul style="list-style-type: none"> <li>Co-production of future service model for Tier 2 and Tier 3</li> <li>Tier 3 specification</li> <li>Plan/implementation of required procurements (e.g.Tier 2) to mobilise services by April 2019</li> </ul>	Daniel/Joint commissioner	<p>June '18</p> <p>June'18</p> <p>From July '18</p>
<b>2.3 Review SALT provision</b>	<ul style="list-style-type: none"> <li>Support and enable maintenance of services into schools from 1<sup>st</sup> December '17 to July '19 via contract agreement with Bromley Healthcare and utilisation of existing and BCF resources in the short term.</li> <li>Plan and commission appropriate longer term service model for SALT in schools;</li> <li>Procure new service model and implement by September 2019</li> </ul>	<p>Mark/Graham/Paul</p> <p>Joint commissioner</p> <p>Paul/Joint Commissioner</p>	<p>December '17 to July '19.</p> <p>June '18</p> <p>Sept '18 to Sept '19</p>
<b>2.4 Health capacity and support for Children's services:</b> <ul style="list-style-type: none"> <li>Clarify requirements and ensure sufficient health capacity available to support child safeguarding, looked after children, fostering and adoption assessment and care planning processes.</li> </ul>	<ul style="list-style-type: none"> <li>Undertake a review of health capacity and resources directed towards support for child related safeguarding, LAC, panels, assessment and care planning processes.</li> <li>Report to ICB and implement any agreed changes.</li> <li>Further review the design and delivery of the LBB commissioned health support to schools service, implementing agreed short-term additional capacity in 2018/19 and bringing forward proposals for maintaining future service coverage &amp; capacity.</li> </ul>	<p>Sonia/Janet</p> <p>Nada/Jenny/Andrew</p>	<p>May '18</p> <p>June '18</p> <p>Progress report – June '18</p> <p>Future plan – November '18</p>

Theme 3: Integrated Care (Adults)			
Priority area	Actions	Lead	Timescale
3.1 <b>Maintain &amp; extend the Integrated Care Networks</b> as the focal point/model for shared service delivery around individual patients by local multi-disciplinary teams	<ul style="list-style-type: none"> <li>CCG appoint a permanent Head of Integrated Care Programme Manager</li> <li>Maintain, develop and performance manage the existing proactive care ICNs, measuring and reporting on: <ul style="list-style-type: none"> <li>Impact on emergency admissions (including emergency admissions of clients unknown to MDTs)</li> <li>Impact on social care packages/costs</li> <li>Impact on service users signposted to Bromley Well</li> </ul> </li> <li>Develop integrated care/ICNs in the areas of: <ul style="list-style-type: none"> <li>Heart failure</li> <li>Respiratory care</li> <li>End of life care</li> <li>Integrated therapies</li> <li>Care homes (a component of programme 4.1 below)</li> </ul> </li> <li>Subject to content of LD strategy (section 1.3 above) consider opportunities for an ICN for LD services across health and social care.</li> </ul>	Graham	February '18
		Graham/Paul	Ongoing
		Graham/Paul	Nov '17 onwards
3.2 <b>Progress the development of an Adult Mental Health Services Accountable Care Partnership</b> to integrate health, social care & wellbeing services	<ul style="list-style-type: none"> <li>Consider potential for a MH ACP at Mental Health Strategy Board.</li> <li>Establish a multi-agency task and finish group to scope potential for MH ACP.</li> <li>Draft proposals to MH Strategy Board &amp; ICB</li> <li>Organisational governance processes</li> <li>Commence implementation of ACP for MH</li> </ul>	Angela/Daniel	November '17
		Graham/Daniel/Stephen/Paul	January '18
			May '18 June/July '18 From Sept '18
3.3 <b>Deliver the Discharge to Assess Pilot</b>	<ul style="list-style-type: none"> <li>Deliver pilot</li> <li>Assess impact</li> <li>Produce recommendations and report to ICB for future discharge model</li> </ul>	Jodie/Stephen	April '18  May '18
3.4 <b>Maintain &amp; extend the Frailty Pathway:</b> Continue to develop and strengthen the frailty pathway, including joint approaches to enable people to leave acute care promptly with an appropriate range of intermediate care or longer term services in place	<ul style="list-style-type: none"> <li>Maintain, further develop and performance manage the frailty pathway, enabling joint approaches to avoid inappropriate admissions and/or enable people to leave acute care promptly.</li> <li>Ensure continuing provision and further development of the transfer of care bureau, discharge to assess (see 3.3 above), rehabilitation and intermediate care services to enable appropriate care pathways for Bromley residents.</li> <li>Maintain and/or improve Bromley performance against DTOC indicators.</li> </ul>	Jodie/Graham/Paul/Stephen	Ongoing.  Quarterly reports to ICB.



Theme 5: Personalised Care			
Priority area	Actions	Lead	Timescale
5.1 <b>Promote and extend the scope and take up of direct payments (LBB) and personal health budgets (CCG).</b>	<ul style="list-style-type: none"> <li>• Sharing of learning</li> <li>• Review of opportunities for integrated systems and processes to support both DPs and PHBs</li> <li>• Health: scope programme of work to broaden PHB offer to wider group of patients and achieve CCG targets</li> </ul>	Alicia/Daniel  Graham/Daniel	March '18  May '18
5.2 <b>Collaborate on the Transforming Care Programme</b> , ensuring an appropriate range of services are commissioned to meet the identified needs of people with learning disabilities within the borough, including placements outside the NHS.	<ul style="list-style-type: none"> <li>• Ensure the needs of current and future projected clients with LD who are included within the TCP are addressed within the joint LD Strategy (1.3 above)</li> <li>• Continue to actively case manage individual clients with TCP, enabling individuals to be appropriately supported outside NHS facilities where possible</li> <li>• Collaborate with health &amp; social care commissioners in SEL to develop joint proposals for local specialist/health provision to prevent out of area placements where possible.</li> </ul>	Laurence/Daniel	June '18  Ongoing

Report No.  
CSD18036

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 8<sup>th</sup> February 2018

**Title:** UPDATE ON DELAYED TRANSFER OF CARE (DTC) PERFORMANCE

**Contact Officer:** Jodie Adkin, Associate Director Urgent Care, Discharge Commissioning & Transfer of Care Bureau  
London Borough Bromley/Bromley Clinical Commissioning Group  
Tel: 07830 496 492 E-mail: Jodie.adkin@bromley.gov.uk

**Ward:** Borough-wide

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1. Summary

- 1.1 The Delayed Transfer of Care (DToC) Performance Paper was discussed at the Health and Wellbeing Board on 7<sup>th</sup> September 2017. An update on performance covering the period of August to October 2017 was provided at the meeting on 30<sup>th</sup> November 2017. The paper provides a further update on published and local performance to date.
- 

2. Reason for Report going to Health and Wellbeing Board

- 2.1 The paper provides an information update to the Health and Wellbeing Board.
- 

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

- 3.1 The Health and Wellbeing Board is requested to note the information update.

## Health & Wellbeing Strategy

1. Related priority: Not Applicable

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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: Not Applicable
  5. Source of funding: Not Applicable
  6. Beneficiary/beneficiaries of any savings: Not Applicable
- 

## Supporting Public Health Outcome Indicator(s)

Not Applicable

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## **4. COMMENTARY**

4.1 The information update is at Appendix A.

## **5. FINANCIAL IMPLICATIONS**

5.1 A joint letter from the Secretary of State for Health and for Department of Communities and Local government to the Leader of the Council dated 5<sup>th</sup> December 2017 confirmed that 'there will be no impact on your additional iBCF allocation in 2018/19.'

## **6. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION**

6.1 Against last year, significant improvements have been seen in Bromley reported DToC as a result of exemplary integrated working of health and social care to support people who no longer need to remain in hospital. Further work with NHSE to ensure national published figures reflect agreed local performance is on going.

<b>Non-Applicable Sections:</b>	Commentary, Impact on Vulnerable Adults and Children, Legal Implications and Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to process the item.
Background Documents: (Access via Contact Officer)	Not Applicable

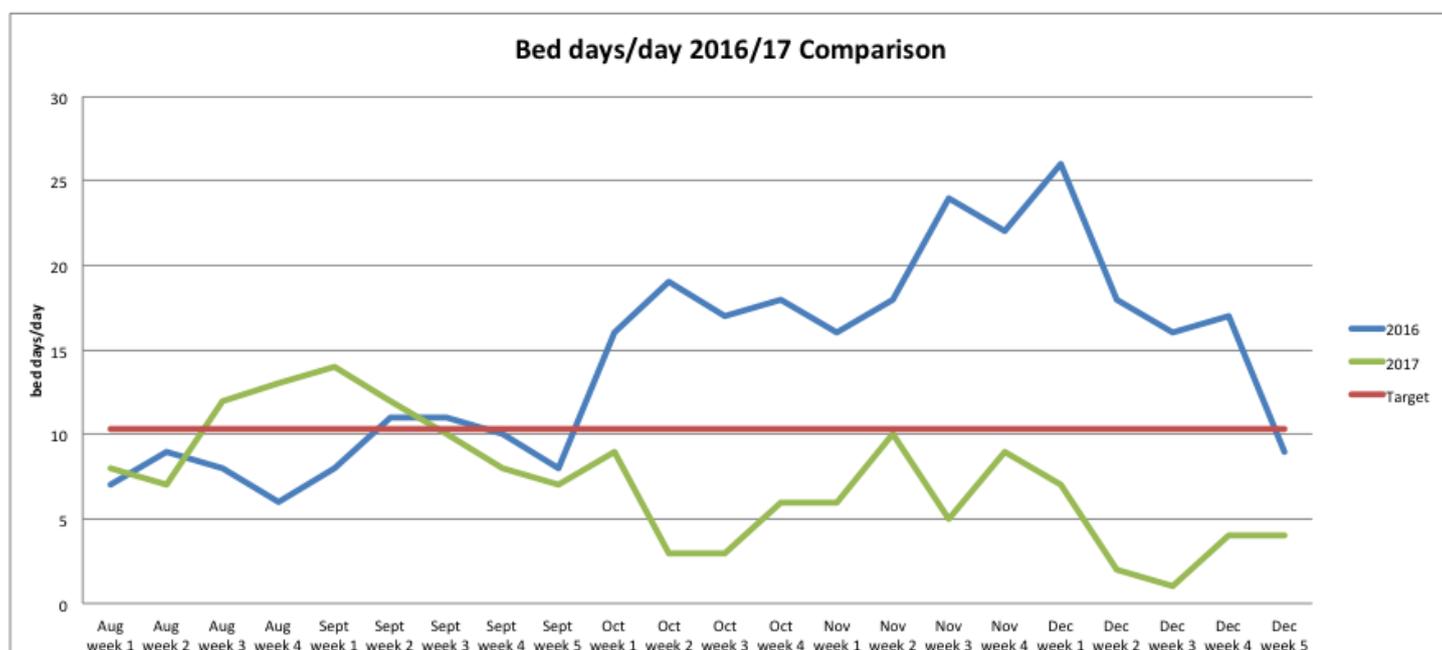
**BRIEFING NOTE: DELAYED TRANSFER OF CARE (DTOC) AUGUST – DECEMBER 2017**

**1. CURRENT PERFORMANCE**

**PRUH discharge performance**

Discharge performance at the PRUH has continued to improve month on month with a positive trajectory even in the context of significant winter pressures.

The chart below shows August – December 2017 performance against the same period from the previous year. A total of 937 bed days were saved with 374 bed days in December alone, the equivalent of 12 extra beds – a whole ward, available to the system in the most testing months of the year.



**Nationally Published Data**

Published data is available up to October 2017. There continues to be on going issues with the national published data which varies significantly from locally reported performance, as shown in the table below. This issue has been escalated to NHS England (NHSE) who is investigating the reporting of out of borough data that has not followed national guidance of local validation, which Bromley is therefore disputing. To date, 2 providers have been requested to retrospectively amend submitted data, which will have a significant impact on historical national published performance.

	Bromley Return	National data	Difference
August	9.32	17.90	8.58 beds/days
September	9.73	15.17	5.44 beds/days
October	3.13	13.90	10.77 beds/day

National published data makes local activity above the target of 10.31 bed days per day since NHSE monitoring commenced in September 2017.

## 2. Winter Strategy and Services Provision Update

The following areas were reported in the October DToC Update report to the Health & Wellbeing Board, planned to support the system throughout the winter months. An update and impact of each is provided.

Winter Plan	Update
Improved management oversight and governance around Delayed Transfers of Care (DToC) overseen by AD Urgent Care and Discharge Commissioning able to flex community resource to meet presenting demands e.g. bridging using Bed Based Rehab Nursing beds for people awaiting nursing homes and Home Based Rehab for reablement and POC bridging	From October – December 2017, 34 individuals care was bridged to facilitate their discharge and prevent a delayed transfer of care.
Roll out of Discharge to Assess (D2A) across the hospital to enable people to be discharged as soon as they are medically safe, allowing the assessment of their long term care and support needs to take place in the community reducing the delay in acute setting, this includes: <ul style="list-style-type: none"> <li>▪ Mission Care Discharge to Assess beds (5) available since September, targeted at patients with complex needs where a DToC is likely</li> <li>▪ Discharge to Assess at home available from October being rolled out across the PRUH</li> </ul>	D2A was mobilised across the emergency departments to prevent non-urgent admissions in October 2017. The full D2A pilot was rolled out to post-acute medicine from November. 109 people benefited from the scheme in Q3, 88 of which were supported at home and 21 in a placement
Expanded Trusted Assessor to ward based staff to restart packages of care when needs have not changed, reducing delays in awaiting Care Management input for simple restarts	Re-starts of domiciliary care directly by ward staff was rolled out across the whole hospital and also offered across Lewisham hospital on a reciprocal agreement, reducing process delays for people whose needs remain unchanged
Increased admission avoidance focus with greater community health and social care provision at the front end of the hospital to identify patients that can be supported in the community preventing an admission. (CCG Winter Pressures)	A Community Matron and a GP are on site full time to support admission avoidance
Increased rapid support available includes 24-hour care at home and up to 8 visits per day POC to prevent an admission and support more people at home, especially those where the main carer becomes unwell. (LBB winter pressures)	Full social care winter offer available to the PRUH which is accessed on a regular basis – a full review of this resource will be undertaken at the end of January
Dedicated 7 day working across the hospital site with plans to increase social care presence during twilight shifts throughout December and January	7 day working and increased cover on weekend by social care staff is in place and having a positive impact on weekend discharges. No twilight cover was able to be mobilised due to staff shortage however there were no adverse consequences as a result
Integrated voluntary sector provision with dedicated in-reach capacity to provide discharge and aftercare support for frail, elderly and isolated people who do not meet a statutory threshold for care and support (Bromley Well)	Bromley Well full time in-reach is in place which has resulted in increased use of voluntary and community sector provision including 24 hour Sitting Service, Take Home and Settle and the Handyman Service
Increased community equipment catalogue and improved processes for delivery of equipment for people leaving hospital in a timely manner	Priority delivery of equipment also made available over key weekends in December and the bank Christmas period

### 3. Challenges, support and next steps

Demand at the PRUH continues to rise with 5,000 additional people through the Emergency Department in the last 9 months of the year against the same period in the previous year. Admissions, in recent months, have been the highest in the history of the hospital with people remaining unwell for longer, resulting in more complex on-going care and support needs. This places a greater demand on community resource. An outbreak of norovirus, which closed over 60% of beds in the hospital, had a significant impact on the ability to discharge patients and support flow throughout the hospital. The result had an adverse impact on Emergency Department performance in December with the first 12-hour breach in 364 days.

The increased acute demand has had a significant impact on community provision with a particular pressure on availability of domiciliary care provision. Urgent work is underway to build capacity in the market including:

- Exploring new providers from neighbouring boroughs
- Communication with all domiciliary care actively encouraging weekend restarts/increase and additional flexible support to respond to demand
- Moving and Handling Co-ordinators reviewed all double handed POC awaiting discharge from the PRUH to reduce to single handed wherever possible.

Mental Health DToC definition and reporting continues to be a national challenge. The lack of prescribed guidance leaves local areas to agree definitions, processes and guidelines. A partnership wide workshop is due to take place on 19 February to ensure the Bromley definition is defined and agreed by all system partners. Agreed ways of working will also be obtained.

An increasing number of Bromley patients requiring a supported discharge are presenting at out of borough hospitals. A review of support and mobilising access to Discharge to Assess pathways from out of borough hospitals will ensure the risk of delayed transfer of care is reduced.

A full review of winter activity and pressures will be undertaken, reporting to the A&E Delivery Board to influence 2018 winter plans.

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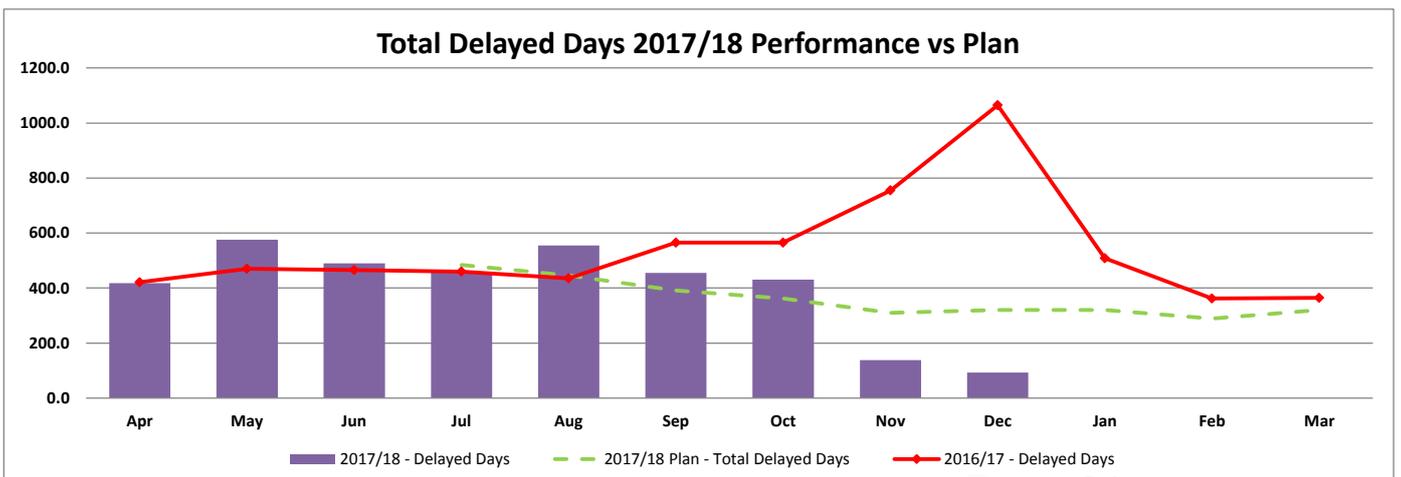
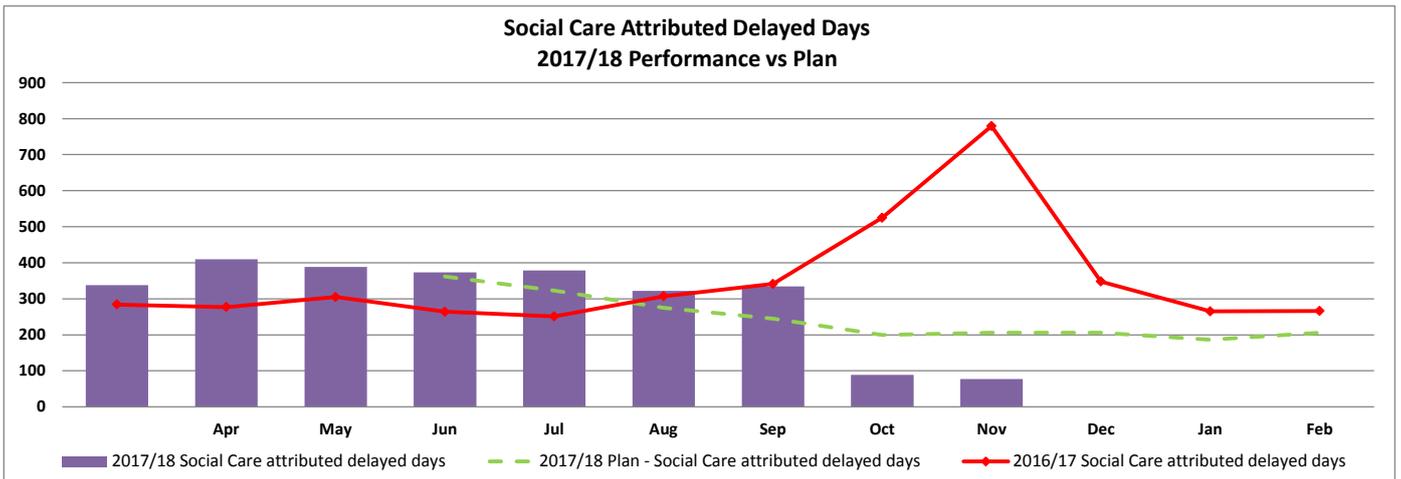
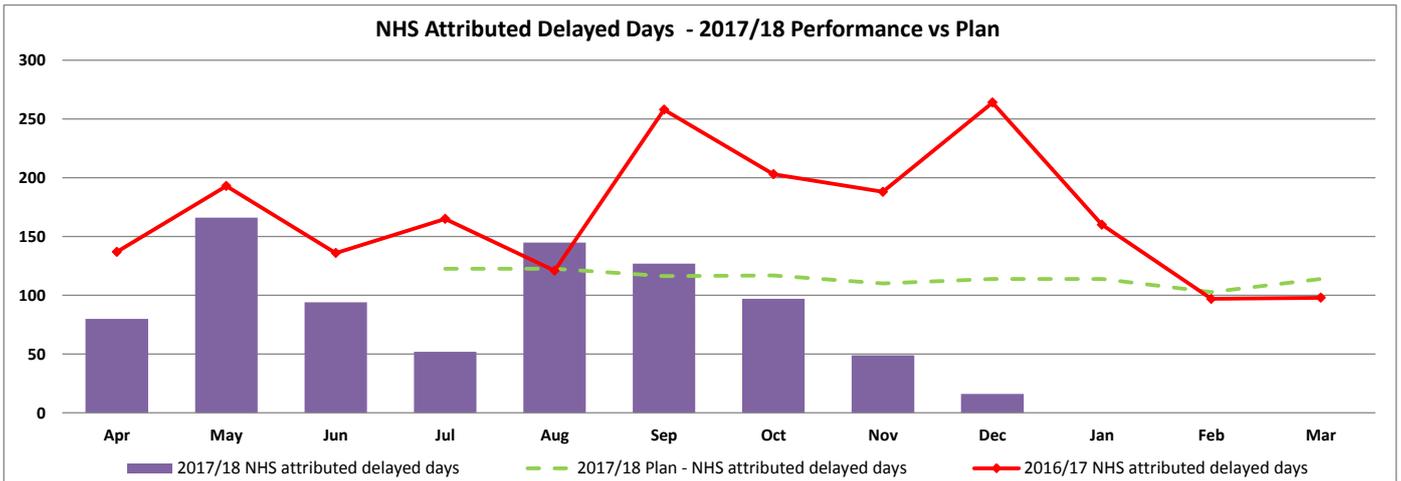
2017/18 Bromley Monitoring - Delayed Days

17-18 Plans												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
2017/18 Plan - NHS attributed delayed days				123	123	116	117	110	114	114	103	114
2017/18 Plan - Social Care attributed delayed days				362	323	275	245	199	206	206	186	206
<b>2017/18 Plan - Total Delayed Days</b>				<b>484</b>	<b>446</b>	<b>391</b>	<b>362</b>	<b>309</b>	<b>320</b>	<b>320</b>	<b>289</b>	<b>320</b>

2016/17 Actuals												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
2016/17 NHS attributed delayed days	137	193	136	165	121	258	203	188	264	160	97	98
2016/17 Social Care attributed delayed days	284	277	305	264	251	307	341	525	779	348	265	266
2016/17 Jointly attributed delayed	0	0	24	31	63	0	21	42	22	0	0	0
<b>2016/17 - Delayed Days</b>	<b>421.0</b>	<b>470.0</b>	<b>465.0</b>	<b>460.0</b>	<b>435.0</b>	<b>565.0</b>	<b>565.0</b>	<b>755.0</b>	<b>1065.0</b>	<b>508.0</b>	<b>362.0</b>	<b>364.0</b>

2017/18 Actuals												
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
2017/18 NHS attributed delayed days	80	166	94	52	145	127	97	49	16			
2017/18 Social Care attributed delayed	338	410	388	373	379	322	334	89	77			
2017/18 Jointly attributed delayed	0	0	8	31	31	6	0	0	0			
<b>2017/18 - Delayed Days</b>	<b>418.0</b>	<b>576.0</b>	<b>490.0</b>	<b>456.0</b>	<b>555.0</b>	<b>455.0</b>	<b>431.0</b>	<b>138.0</b>	<b>93.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

NB: November and December performance is based on local return, national data is yet to be published



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## London Borough of Bromley

### PART 1 - PUBLIC

#### Briefing for Health and Wellbeing Board 8<sup>th</sup> February 2018

## HEALTHY WEIGHT FOR BROMLEY: CHILDREN AND YOUNG PEOPLE UPDATE - DECEMBER 2017

Contact Officer: Dr Nada Lemic, Director: Public Health  
Tel: 020 8313 4220 E-mail: [nada.lemic@bromley.gov.uk](mailto:nada.lemic@bromley.gov.uk)

Chief Officer: Director: Public Health

### 1. Summary

- 1.1 This paper provides an update on the current position on childhood obesity in Bromley and describes different programmes and initiatives addressing the problem.

### 2. **THE BRIEFING**

#### 2.1 The National Childhood Measurement Programme

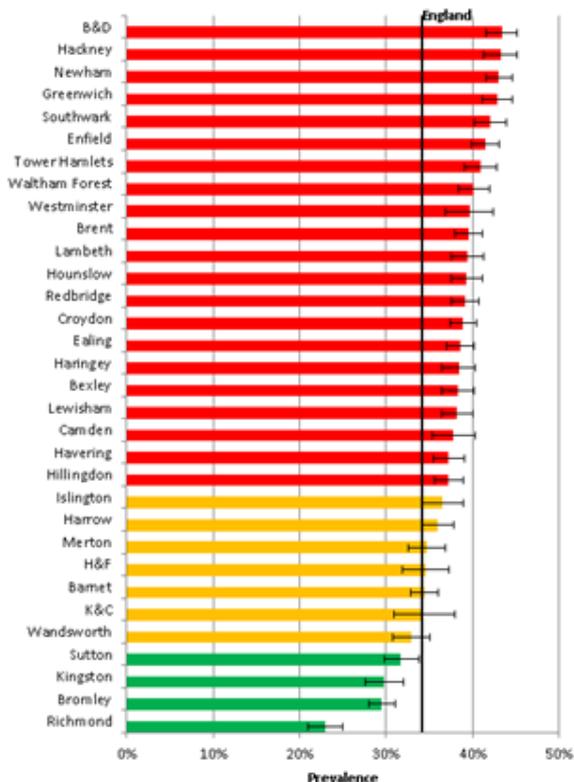
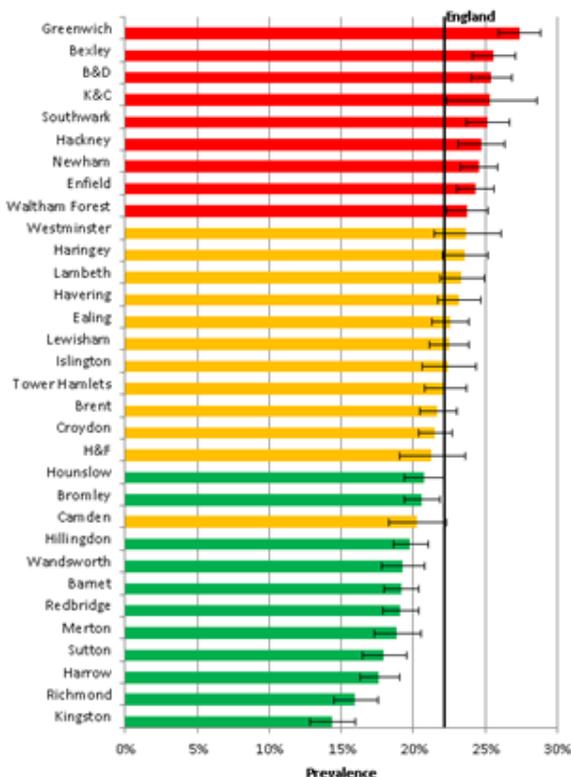
- 2.2 This is a national programme and it is mandated for Public Health. The programme has two key purposes: to understand obesity prevalence and trends at local and national levels and to provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change. The programme entails measuring the weight and height of children in Reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years).

- 2.3 The rate of childhood obesity in Bromley is one of lowest rates in London however the percentage of children in Bromley schools who are obese doubles from their first year in primary to their final year in primary school. The data from the very latest survey shows that obesity has more than doubled for the cohort. When they were measured in Reception, 7.8% were obese, by the time they were re-measured in Year 6 17.4% of the cohort were obese. In 2016/17 over 20% of children in Reception and almost 31% in Year 6 were either overweight or obese. The prevalence of obesity is far more apparent in deprived wards in the borough. Household income data illustrates child obesity prevalence rises as household income falls, and is significantly higher in the lowest income group than in the highest. Vulnerable children in Bromley experience childhood obesity significantly more than the general population.

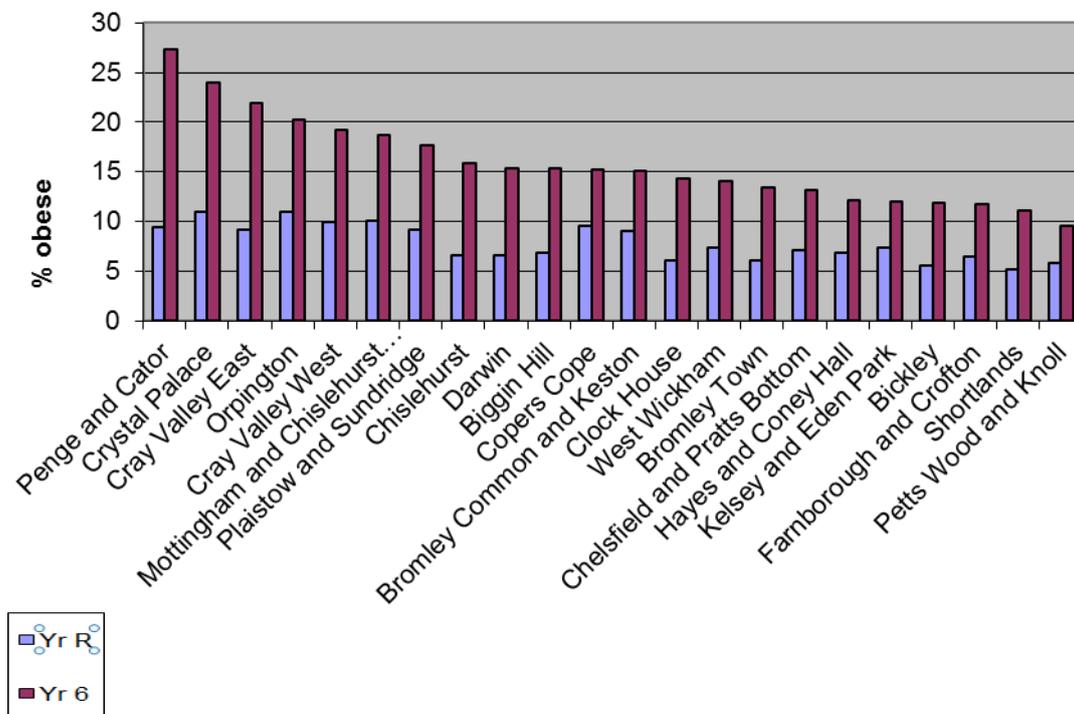
## 2.4 London NCMP data 2015/16

### Excess weight in 4-5 year olds, 2015/16

### Excess weight in 10-11 year olds, 2015/16



### % Obese Children 2013/14-2015/16 by Ward



2.5 Currently, there are no commissioning intentions to fund specific weight management programmes for children and young people in Bromley. Families of children who have been identified as overweight or obese through NCMP, are signposting to on-line national weight

management resources <https://www.nhs.uk/change4life-beta/your-childs-weight> The Community Dietetic Service for Children, commissioned by Bromley CCG, does offer some limited support to families of children who are overweight and obese.

2.6 In Bromley we do not have an obesity strategy but there are several ways in which we promote a supportive environment to promote healthy living behaviours that prevent obesity. Below is a summary of some of the key initiatives that support healthy weight for Bromley children.

## **2.7 Breastfeeding**

2.8 The benefits of breastfeeding are well documented. One important health benefit of breastfeeding is prevention of obesity. Approximately 74% of Bromley women initiate breastfeeding but prevalence at 6-8 weeks drops significantly to around 52% of infants being partially or fully breastfed. Further work could be done in Bromley to improve sustained breastfeeding. A recent report, 'Improving Infant Feeding In London' (2017), recommends that both professional-led and lay/ peer-led support are both effective at improving infant feeding practice.

## **2.9 Healthy Schools London**

2.10 In Bromley 61 schools have achieved a Bronze award through Healthy Schools London (HSL). HSL is an awards programme that all London schools can choose to participate in to improve children and young people's health and well-being. Bromley has one of the highest participation rates in the programme of all London boroughs. The programme aims to improve children and young people's well-being by encouraging health promoting improvements at school level. Bromley school projects include, improved dining hall experiences, physical activity sessions that successfully engaged previously inactive children and healthier food options on breakfast club menus. Please follow the following link to see Bromley's engagement with the HSL programme in comparison to other London boroughs <http://www.healthyschools.london.gov.uk/> (click on 'map of healthy schools London')

## **2.11 Bromley School Games**

2.12 Since 2012, the aim of Bromley's School Games Organisers is to harness the legacy of the Olympic and Paralympic Games and use the Bromley's School Games as a vehicle to inspire more young people to participate in competitive school sport across the borough. Participation of Bromley schools in the School Games is above average.

## **2.13 Bromley's Road Safety Unit**

2.14 Active travel supports a whole system approach, recognising that opportunities for everyday physical activity for young people and families are key to tackling obesity. Adult and family cycle training ('Bikeability') is facilitated by Bromley's Road Safety Team. Support is offered to absolute beginners who have never ridden a bike before to people that need to build bike-handling skills appropriate to their level of experience. Cycle training is offered through the schools too, various modules are available based on children's skill level and their age.

## **2.15 Obesity prevention/treatment**

2.16 There is no single or simple solution to the obesity epidemic. It's a complex problem and there has to be a multifaceted approach. It is undoubtedly a case of 'prevention is better than cure' as the evidence base for treating obesity is quite limited.

2.17 In 2016 Bromley participated in a London wide Childhood Obesity Thematic Review. This was co-ordinated by the Association of Directors of Public Health and London Councils. There were a number of recommendations made as a result of this work. A whole system approach was identified as being the best way forward for managing healthy weight in London with childhood obesity prevention at the centre of this approach.

## 2.18 Managing children's healthy weight in Bromley – summary

<b>Specific programmes</b>	Healthy Schools School Games Active Travel
<b>Steering Groups/networks/meetings</b>	<b>Bromley</b> Pro-Active Children and Young Peoples' sub-group of Pro-Active Bromley School Games Organisers Steering Group Breastfeeding Strategy Group  <b>Regional</b> Healthy Schools Network Obesity Leads Network
<b>Gaps</b>	Breastfeeding peer support Weight management support programmes for families

Report No.  
CSD18038

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 8th February 2018

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

**Title:** BETTER CARE FUND 2017/18 PERFORMANCE UPDATE

**Contact Officer:** Jackie Goad, Executive Assistant, Chief Executive's  
Tel: 020 8461 7685    E-mail: Jackie.Goad@bromley.gov.uk

**Chief Officer:** Ade Adetosoye, Deputy Chief Executive and Director of Education, Health and  
Care Services, London Borough Bromley  
Angela Bhan, Chief Officer, NHS Bromley Clinical Commissioning Group

**Ward:** All Wards

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1. Summary

- 1.1 This report provides an overview of the performance of the Better Care Fund 2017/18 on both expenditure and activity levels up to the end of December 2017.
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2. Reason for Report going to Health and Wellbeing Board

- 2.1 This is the first performance report on the Better Care Fund 2017/18 to keep the board informed on the position of the pooled fund and progress of the locally agreed Better Care Fund schemes.
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3. **SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS  
CONSTITUENT PARTNER ORGANISATIONS**

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

Health & Wellbeing Strategy

1. Related priority: General overarching regard to local health and care priorities.

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Financial

1. Cost of proposal: £22,125,000

2. Ongoing costs:: £22,125,000

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

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Supporting Public Health Outcome Indicator(s)

Yes:

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#### 4. COMMENTARY

- 4.1 Bromley's Better Care Fund 2017-19 local plan was formally agreed and endorsed by the Health & Wellbeing Board at its meeting on 7th September 2017. The plan was subsequently submitted to NHS England for approval on 11th September 2017 and formal approval was received on 27th October 2017.
- 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 2017/18 the Better Care Fund grant allocation is £22,125k.
- 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 The purpose of this report is to provide the Health & Wellbeing Board with an overview of the performance for the Better Care Fund up to Quarter 3 (April - December 2017). This is the first performance report for 17/18 due to the delay in the BCF planning exercise which as stated above was not completed until September 2017.

#### Performance Metrics

- 4.5 Bromley is responding to the national metrics with the BCF. Under the BCF Policy Framework 2017-19 the national metrics continue as they were set out for 2016-17. In summary the metrics are:
- Reduction in non-elective admissions
  - Rate of permanent admissions to residential care per 100,000 population
  - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
  - Delayed transfers of care (DTOCS) (delayed days)

#### Non-elective admissions (emergency admissions)

- 4.6 There were 19,723 emergency admissions up to the end of November 2017\*\*

	NE Admissions	Actual Performance#	Quarterly Plan	Variance
<b>Apr-17</b>	2,158			
<b>May-17</b>	2,201			
<b>Jun-17</b>	2,232	6,591	6,486	<b>105</b>
<b>Jul-17</b>	2,166			
<b>Aug-17</b>	2,119			
<b>Sep-17</b>	2,100	6,385	6,640	<b>-255</b>
<b>Oct-17</b>	2,245			
<b>Nov-17</b>	2,253			
<b>Dec-17</b>	2,249	6,747*	6,929	<b>-182*</b>

\*For Q3 only Oct & Nov 2017 data was available, the Dec figure is an average of the preceding two months. Dec data is due to be released early Feb 2017. #Actual performance is derived from SUS activity.

\*\*Please note that published non-elective admissions data varies from locally reported performance and that this issue is currently being investigated.

- 4.7 There are a number of challenges facing us in the delivery of the reduction of non-elective admissions. Large and increasing elderly and frail population, with high numbers of self-funders which impacts on early engagement with statutory services before crisis, are all factors that are being addressed cross agency.
- 4.8 In terms of achievements however, the pro-active care pathway is now up and running with delivery and outcomes built into contracts across all key community providers underpinned by a robust Alliance Agreement. Social care are now also signed up to the MOU and all key agencies are now represented. Initial analysis is showing positive impact on reduced A&E attendances and closer working with LAS to reduce conveyance to hospital wherever possible, is ongoing.

Delayed transfers of care (DTCOC)

- 4.9 In compliance with the national 2017-19 BCF plan condition, a DTCOC joint action plan has been developed which sets out Bromley’s agreement to reduce delayed transfers of care.

		17-18 plans			
		Q1 (Apr 17 - Jun 17)	Q2 (Jul 17 - Sep 17)	Q3 (Oct 17 - Dec 17)	Q4 (Jan 18 - Mar 18)
<b>Delayed Transfers of Care (delayed days)</b>	<b>Number</b>	No target set as 2017/18 plans submitted after Q1	1321	991	928

		17-18 actuals#		
		Q1 (Apr 17 - Jun 17)	Q2 (Jul 17 - Sep 17)	Q3 (Oct 17 - Dec 17)
<b>Delayed Transfers of Care (delayed days)</b>	<b>Number</b>	1,484	1,446	984*

Please note the Q3 actual performance does not include December 2017 DTCOC data, as this will be available from 8 February 2018.

# Actual performance derived from NHS England Delayed Transfers of Care Data 2017/18  
<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

- 4.10 There continues to be on going discrepancies between national published data and the local return which varies significantly from locally reported performance. This issue has been escalated to NHS England (NHSE) who is investigating the reporting of out of borough data that has not followed national guidance of local validation, which Bromley is therefore disputing. To date, two providers have been requested to retrospectively amend submitted data, which will have a significant impact on historical national published performance.
- 4.11 Please refer to the separate Delayed Transfer of Care (DTCOC) Performance Paper which provides a more detailed update on published and local performance to date.

Admissions to residential care

- 4.12 There have been 382 admissions into residential care up to the end of Q3.

		Planned 17/18	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 per 100,000 population	Number	425	142	108	132	382

- 4.13 Although currently under the 425 target with a figure of 382 by end of Q3, it is anticipated that given the current rate at which we are progressing we are likely to miss this target by year end.
- 4.14 Bromley's increasing elderly population along with a high number of care homes and a high number of self-funders continues to pose a challenge for Bromley.

#### Reablement

- 4.15 Based on local data the percentage of people still at home 91 days after discharge is 93% (172/185) as of end of September 2017. Bromley is currently exceeding the target of 90% as by the end of Q2 we were achieving 93.0% and it is expected that this will continue by year end.

		Planned 17/18	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 %	90.1%	92.6%	93.0%	Available in Apr 2018	93.0%
	Number	446/495	(88/95)	(172/185)		(172/185)

- 4.16 The use of Bridging (where a domiciliary care agency is used as a temporary measure to manage the needs of a person whilst they await the opportunity for the reablement service to work with them) has been adopted to facilitate timely discharges from hospital and the reablement service as a holding prior to reablement starting and after it has finished. It has proven successful in moving secondary users (SUS) through pathways of care.

#### Update on BCF Scheme Delivery

- 4.17 The BCF programme for 2017-19 continues to be aligned with the model of providing services with funding to underpin the wider objectives to move care from an acute setting into the community. Progress against the local projects are detailed below.

#### Reablement - Additional capacity

- 4.18 Increasing the capacity of reablement should enable more people to become independent on discharge from hospital, and in some cases reduce hospital admission. The effect of this should be a reduction in the number of residents requiring ongoing packages of care and enabled to live as independent as possible in the community.
- 4.19 The success of providing additional capacity is dependent on the recruitment to additional posts including occupational therapists, care management and reablement facilitators. A physiotherapist and occupational therapist were originally appointed in to the care management side of reablement up to the end of March 2017 to support the transfer of care bureau in the proposed Discharge to Assess project (D2A). These posts were not continued after 31st March 2017 because the D2A project had not been implemented and also due to the

lack of capacity for intake to the direct care side of reablement due to difficulties in recruiting reablement facilitators.

- 4.20 The D2A project (where people who are the point at which care and assessment can safely be continued in a non-acute setting and do not require an acute hospital bed, but may still require care services are provided with short term, funded support to be discharged to their own home (where appropriate) or another community setting) commenced towards the end of 2017 and reablement is one of the D2A pathways.
- 4.21 Although still in its early stages, it is considered that the therapists should complement the work of the D2A project and be available to work alongside the additional care management and facilitator posts whilst the service is grown.
- 4.22 The recruitment of the two therapy posts and also two additional care management assistants is now in progress with the aim to have the posts in place by February 2018. An acknowledgement of the difficulties in recruiting has been met with a focus at the councils Recruitment and Retention Board to address the issue across adult social care and to find innovative and creative ways of successfully appointing and retaining staff.

#### Dementia Universal Support Service

- 4.23 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.
- 4.24 The service commenced in July 2016 and there have been good outcomes from the service so far. Tracking the NHS numbers of users however has proved more complicated than expected, as such the system wide impact of the service has not as yet been adequately demonstrated. A new lead has now been appointed and the final protocol is currently being established.
- 4.25 Approval is currently being sought to extend the current contract for a further year in order to demonstrate the longer term effects of the service. It has been agreed that a full review of the service will be undertaken by the latter end of 2018 including the options for future commissioning.

#### Health Support in to Care Homes and Extra Care Housing

- 4.26 A new Care Homes Programme Board has been established and initiatives are in progress to enable the development and implementation of an integrated health and care strategy for care homes in Bromley.
- 4.27 The Care Homes work programme is structured around three main areas;
- The development of a comprehensive joint commissioning strategy for local care homes, together with contracting, financial and performance frameworks to support future integrated commissioning;
  - The design and implementation of integrated health and care services, on a multidisciplinary team basis, to support and enable consistent practice and quality of care within care homes;
  - The implementation of a quality framework for care homes in Bromley as a joint initiative between health and social care.

4.28 BCF investments in care homes settings are currently committed within the 2017/18 programme. In future, available BCF funds in this area will be directly aligned with the priorities and initiatives led by the Care Homes Programme Board.

#### Self-Management & Early Intervention

4.29 The proposal to create a Primary and Secondary Intervention fund within the Better Care Fund for the provision of primary and secondary early intervention services was jointly approved in September 2016. The joint strategy set 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.

4.30 The procurement process commenced in November 2016 and the contract was awarded to the Bromley Third Sector Enterprise (BTSE) in July 2017 with the Bromley Well service subsequently launched on 2nd October 2017. BTSE is made up of Age UK Bromley & Greenwich, Bromley & Lewisham Mind, Bromley Mencap, Citizens Advice Bromley and Community Links Bromley.

4.31 The Bromley Well service provides a single point of access for local people to prevent them from falling into a crisis and improve their health, wellbeing and independence. Their services include support for:

- Older people
- Young carers
- Adult carers
- Mental health carers
- Mutual carers
- Learning difficulties
- Physical disabilities
- Mental wellbeing
- Long term health conditions
- Volunteering, training and paid employment
- Support to the sector

4.32 It is currently too early to provide performance monitoring information as the first quarter monitoring was only submitted on 15th January 2018. Performance on the service will be provided to the Board in the next BCF performance report.

#### Carers Support

4.33 The CCG and LBB are committed to creating a thriving carers community in Bromley. This objective is being created through the strategic and operational integration of carers needs into health and social care services.

4.34 In line with the Joint Strategy for Carers 2016-2020 a comprehensive range of new carers support services were commissioned as part of the wider primary and secondary intervention services as outlined in 4.13 above.

4.35 The Bromley Well Programme Board will oversee future developments around carers going forward.

## Community Equipment

- 4.36 The Integrated Community Equipment Service is an important element in supporting the independence of vulnerable people in the community allowing both health and social care professionals to quickly order equipment to support early discharges from hospital or prevent hospital admissions in the first instance and potentially avoid increased care packages.
- 4.37 The service continues to be under extreme pressure with a continuous rise in activity. The changes from an over reliance on the acute setting minding stable patients to one where patients are discharged significantly earlier in their recovery to free up acute beds, along with an ageing population with complex needs, has resulted in a far greater demand in speed of delivery and volume of equipment.
- 4.38 There is also a significant pressure on specialist equipment for children which includes special seating. The spend on children's equipment has gradually increased from £66k in previous years to £77k as at December 17. All decisions for special equipment require a Clinical Reasoning Document to justify the professional recommendation. Occupational Therapist spend significant time trialling lower level equipment and exploring alternative options before making their recommendation.
- 4.39 Both LBB and the CCG continue to work with providers and prescribers on scrutinising orders and increasing the collections resulting in improving credits back to the budget and on recycling items to maximise their use. LBB's recycling achievements are currently around 70-75% which is 10 -15% higher than most other boroughs in the Consortium.
- 4.40 Without a robust and responsive equipment service it would be more challenging to provide care and support to children with disabilities through to their adult years and to people with complex conditions, particularly with an ageing population. As such LBB and the CCG will continue to identify issues and take the necessary steps to stay within budget and maximise efficiencies while ensuring good practice standards.
- 4.41 Going forward, a full review of equipment provision may be required to look at alternative options and to provide recommendations to help manage both demand and future provision.

## Update on progress for Integration of Health and Social Care

- 4.42 In line with the 2015 Spending Review which set out the Government's intention that, by 2020, health and social care will be more fully integrated across England, it was a requirement for BCF plans for 2017-19 to set out the joint vision and approach for integration and how CCGs and local authorities are working towards better co-ordinated care, both within the BCF and in wider services.
- 4.43 As part of our joint commitment towards integration and since the 2017-19 BCF plan submission, the joint Director of Transformation and Integration was appointed in September 2017. Priority areas for joint working have also been identified, aligned with the BCF plan, and an integrated work programme has been developed on a collaborative basis between BCCG and the Council.
- 4.44 The governance of joint working arrangements has also been reviewed and a new Integrated Commissioning Board (ICB) has been established (formerly the Joint Integrated Commissioning Executive (JICE)) to lead and direct the transformation and integration programme.
- 4.45 Implementation of the work programme will be overseen and directed by the ICB, with accountability to the Health & Wellbeing Board. A separate report will be presented to the Health and Wellbeing Board seeking formal endorsement.

## 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.

### BCF 2017/18 - QUARTER 3

Responsibility	Description	2017/18 budget	Forecast Apr to Jun	Forecast Jul to Sep	Forecast Oct to Dec	Forecast Jan to March	Forecast Outturn	Difference bud/act
		£'000	£'000	£'000	£'000	£'000	£'000	£'000
LBB	Reablement capacity	853	213	213	213	213	853	0
CCG	Winter Pressures Discharge (CCG)	646	162	162	162	162	646	0
LBB	Winter Pressures Discharge (LBB)	1,027	257	257	257	257	1,027	0
CCG	Integrated care record	433	108	108	108	108	433	0
CCG	Intermediate care cost pressures	625	156	156	156	156	625	0
LBB	Community Equipment cost pressures	422	106	106	106	106	422	0
LBB	Dementia universal support service	520	130	130	130	130	520	0
CCG	Dementia diagnosis	620	155	155	155	155	620	0
LBB	Extra Care Housing cost pressures	418	105	105	105	105	418	0
CCG	Health support into care homes/ECH	314	12	13	144	145	314	0
CCG	Self management and early intervention (inc Vol sector)	1,047	0	0	262	262	524	-524
CCG	Carers support - new strategy	633	0	0	158	158	317	-317
CCG	Risk against acute performance	1,347	0	449	337	561	1,347	0
CCG	Transfer of Care Bureau	611	153	153	153	153	611	0
LBB	Protecting Social Care	8,977	2,244	2,244	2,244	2,244	8,977	0
LBB	Disabled Facilities Grants - CAPITAL	1,838	226	304	654	654	1,838	0
CCG	Carers Funding	527	132	132	132	132	527	0
CCG	Reablement Funds	952	238	238	238	238	952	0
LBB	Reablement Funds	315	79	79	79	79	315	0
	<b>Total Recurrent Budget</b>	<b>22,125</b>	<b>4,475</b>	<b>5,003</b>	<b>5,792</b>	<b>6,017</b>	<b>21,285</b>	<b>-840</b>

#### Budget Split

LBB	14,370	14,370	3,359	3,437	3,787	3,787	14,370	0
CCG	7,755	7,755	1,115	1,565	2,005	2,230	6,915	-840
	<b>22,125</b>							

6.2 The underspend of £840k has in the main (£826k allocated) been used to distribute to the Council and Bromley Clinical Commissioning Group on a 60%/40% split. This allocation of funding was to be put against overspends and pressures attributable to not having preventative services in place, which was what the original allocation of funding was used for. These services have now commenced from the 1st October 2017.

6.3 This was approved by the Executive of the Council at its meeting in September 2017

## 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.

- 7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. For 2017-19 NHS England set the following conditions to access the CCG element of 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).
- 7.3 Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of CCG funding where conditions attached to the BCF are not met, except for those amounts paid directly to local government.
- 7.4 In 2017-19, NHS England will require that BCF plans demonstrate how the area will meet the following national conditions:
- Plans to be jointly agreed;
  - NHS contribution to adult social care is maintained in line with inflation;
  - Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
  - Managing Transfers of Care

Report No.  
CSD18040

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 8 February 2018

**Title:** APPROVAL OF THE JOINT STRATEGIC NEEDS ASSESSMENT 2017

**Contact Officer:** Helen Buttivant, Consultant (Public Health)  
Tel: 020 8461 7240 E-mail: Helen.Buttivant@bromley.gov.uk

**Ward:** Borough-wide

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## 1. Summary

- 1.1 Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008. The Health and Social Care Act (2012) placed a revised duty on each upper tier local authority and CCG to prepare JSNA together through the health and wellbeing board.
- 1.2 The aim of the JSNA is to deliver an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years) and the longer term (five to ten years). It is intended to be the key mechanism for setting strategic priorities and informing local commissioning across health and social care. The Health and Social Care Act (2012) placed a statutory duty on both upper tier local authorities and CCGs to commission with regard to the JSNA and to refer to it in the development of the local Joint Health and Wellbeing Strategy.
- 1.3 The JSNA is an evidence based document highlighting need, as such it is distinct from the Health and Wellbeing Strategy which it informs.
- 1.4 The Bromley JSNA is updated annually and the report for 2017 is now complete.
- 1.5 A comprehensive evaluation of the Bromley JSNA is proposed reviewing the structure, process and outcomes of the provision of the JSNA.
- 1.6 It is proposed that a review of the Joint Health and Wellbeing Strategy be undertaken concurrently to inform the development of a new strategy later in 2018.

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## 2. Reason for Report going to Health and Wellbeing Board

- 2.1 The Health and Social Care Bill (2012) placed a revised duty on each upper tier local authority and CCG to prepare JSNA together through the health and wellbeing board.
  - 2.2 This report asks the HWB to approve the report of the Bromley JSNA 2017.
-

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

3.1 The Health and Wellbeing Board is asked to:

- Approve the Bromley JSNA 2017
- Consider the proposals for an evaluation of the JSNA (Appendix 1)
- Consider the proposal to develop a new Joint Health and Wellbeing Strategy in 2018

## Health & Wellbeing Strategy

The JSNA is an evidence-based document, intended to inform the development of the Joint Health and Wellbeing Strategy. The Joint Health and Wellbeing Strategy outlines the priorities, identified in the JSNA and agreed by the HWB, together with the proposed actions and expected outcomes.

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## Financial

1. Cost of proposal: No Cost:
  2. Ongoing costs: No Cost:
  3. Total savings: Not Applicable:
  4. Budget host organisation: Not Applicable
  5. Source of funding: Not Applicable
  6. Beneficiary/beneficiaries of any savings: Not Applicable
- 

## Supporting Public Health Outcome Indicator(s)

The JSNA provides evidence of the level of health need in the population. This includes reference to some of the National Public Health Outcome Indicators as well as other indicators of local health outcomes.

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## **4. COMMENTARY**

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

- Education and Care Services
- Adult Social Care
- Children's Services
- Housing
- Planning
- Bromley CCG
- Healthwatch Bromley
- Community Links Bromley
- Voluntary Sector Strategic Network

4.2 This steering group have overseen the planning and production of the JSNA 2017 including agreement of the chapter outline and review of the draft report.

4.3 The Bromley JSNA 2017 contains the updated data and analysis in the following chapters:

- Demography
- Life Expectancy and Burden of Disease
- Aspect of Health Protection and Health Improvement

4.4 There are also 2 indepth chapters providing a more detailed review of the health needs of two vulnerable groups within Bromley:

- 1) Adults who misuse drugs
- 2) People with severe mental illness

4.5 This is the 5th JSNA published for Bromley since the implementation of the Health and Social Care Act (2012) and the transfer of public health teams to the local authority. A comprehensive evaluation of the Bromley JSNA is proposed reviewing the structure, process and outcomes of the provision of the JSNA . A draft evaluation framework is included in appendix 1.

4.6 In response to the findings and recommendations of the evaluation it is proposed that a plan be developed to revise the process, content and format of the JSNA to ensure it is fit for purpose and able to provide the intelligence needed to inform the complex strategic commissioning decisions of the future.

4.7 It is proposed that a review of the current the Joint Health and Wellbeing Strategy be undertaken concurrently to inform the development of a new strategy later in 2018.

## **5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

5.1 The JSNA 2017 includes indepth chapters on a number of vulnerable populations including those with problematic drug use and severe mental illness.

5.2 A separate health needs assessment for children and young people was published in 2016 and is due to be refreshed in 2018.

## 6. LEGAL IMPLICATIONS

- 6.1 There has been a statutory requirement to produce a JSNA since April 2008. The Health and Social Care Act (2012) placed a revised duty on each upper tier local authority and CCG to prepare JSNA together through the health and wellbeing board.

<b>Non-Applicable Sections:</b>	Financial Implications, Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes Required to Process the Item, and Comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	JSNA 2017

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## DRAFT JSNA EVALUATION FRAMEWORK

To be based on Donabedian's Evaluation Framework<sup>1</sup>:

- Structure
- Process
- Outcomes

### Structure

*Indicators could include:*

- Existence of JSNA Steering Group, ToR, meeting frequency and attendance
  - Level of engagement by key stakeholders across different organisations
- Effectiveness of process of prioritising new and emerging areas for needs analysis
- Effectiveness of process to translate JSNA recommendations into the Joint Health and Wellbeing Strategy via the HWB

### Process

*Indicators could include:*

- No. of new Health Needs Assessments (HNA) produced annually
- Achievement of timetable for updating existing HNA
- How have the views of all relevant partners been considered and included in the development of the JSNA?
  - Level of community engagement in JSNA development
- Accessibility of JSNA products (timely, currency, granularity, accessible format)
  - To commissioners
  - To general public
- Gaps in JSNA products
  - Does the current JSNA reflect what stakeholders consider the key issues for Bromley
- Google Analytics: No. of hits/downloads from LBB JSNA page

### Outcomes

*Indicators could include:*

- How the JSNA informs local commissioning plans & strategies (LBB, CCG, STP?)
  - Are all key commissioners and decision makers aware of the JSNA process and resource?
- How the JSNA integrates and adds value to existing processes of planning & prioritisation
- How specific HNA has influenced local decision making
- Has the JSNA strengthened partnerships across organisations?

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<sup>1</sup> Donabedian, A. (1988). "The quality of care: How can it be assessed?". *JAMA*. **260** (12): 1743–8. [doi:10.1001/jama.1988.03410120089033](https://doi.org/10.1001/jama.1988.03410120089033). [PMID 3045356](https://pubmed.ncbi.nlm.nih.gov/3045356/).

- Has the JSNA encouraged greater engagement between commissioners and the local community?
- How the JSNA identifies where health inequality exists and highlights where intervention is required
- Is the general public aware of the JSNA as an information resource?

### **Evaluation Methodology**

*A Mixed Methods approach including:*

- Desk-top work analysing meeting minutes etc
- Online Survey
- Focus groups / engagement events
- 1to1 meetings



## Pharmaceutical Needs Assessment Supplementary Statement

This supplementary statement has been prepared and issued by the London Borough of Bromley Health & Wellbeing Board, in accordance with the requirements set out under the National Health Service England (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 (SI 2013 No. 349) and amended in 2014, 2015 and 2016 [“the Regulations”]

The statement has been issued in accordance with Part 2; 6 (3) of the Regulations and updates the Pharmaceutical Needs Assessment published by the London Borough of Bromley on the **XX February 2018**

Type of Change	Description of Change	Date of Change
Pharmacy Relocation	North Locality  Kamsons Pharmacy (Waremoos Ltd; map reference no. 28) is now located at:  Oaks Park Medical Centre, 17 Oakfield Rd, Penge, SE20 8QA	4 December 2017
Pharmacy Closure	Out of Area Pharmacy Closure  Lloydspharmacy, SE25 4PT (map reference no. 73; located in the Croydon HWB area)	With effect from 26 February 2018

**Supplementary Statement Number:** 001

**Supplementary Statement Approved by:** London Borough of Bromley HWB

**Date of Approval:** 8 February 2018

**Date of Issue:** XX February 2018

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Report No.  
CSD18002

London Borough of Bromley

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**Decision Maker:** HEALTH AND WELLBEING BOARD

**Date:** 8<sup>th</sup> February 2018

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

**Title:** MATTERS ARISING AND WORK PROGRAMME

**Contact Officer:** Kerry Nicholls, Democratic Services Officer  
Tel: 0208 313 4602 E-mail kerry.nicholls@bromley.gov.uk

**Chief Officer:** Mark Bowen, Director of Corporate Services

**Ward:** N/A

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1. Reason for report

- 1.1 The Health and Wellbeing Board is asked to review its Work Programme for 2017/18 and to consider progress on matters arising from previous meetings of the Board.
- 

2. **RECOMMENDATION**

- 2.1 **The Health and Wellbeing Board is requested to review its Work Programme for 2017/18 and matters arising from previous meetings, and indicate any changes required.**

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
- 

## Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council workstream within Building a Better Bromley, the Health and Wellbeing Board should plan and prioritise its workload to achieve the most effective outcomes.
  2. BBB Priority: Excellent Council
- 

## Financial

1. Cost of proposal: No Cost
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £335,590
  5. Source of funding: 2017/18 revenue budget
- 

## Staff

1. Number of staff (current and additional): 8 posts (6.87 fte)
  2. If from existing staff resources, number of staff hours: Maintaining the Board's work programme takes less than an hour per meeting
- 

## Legal

1. Legal Requirement: None.
  2. Call-in: Not Applicable. This report does not involve an executive decision
- 

## Procurement

1. Summary of Procurement Implications: None.
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Board to use in controlling their work.
- 

## Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 The Matters Arising table updates Board Members on matters arising from previous meetings which are “live” and is attached at **Appendix 1**.
- 3.2 The Health and Wellbeing Board’s Work Programme outlines the programme of work for 2017/18 and is attached at **Appendix 2**. Meetings are scheduled to be held approximately two weeks after Bromley Clinical Commissioning Group Board meetings to facilitate the feedback mechanism from the Bromley Clinical Commissioning Group to the Health and Wellbeing Board. In approving the Work Programme, Board Members 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.
- 3.3 Dates of Meetings and report deadline dates are provided at **Appendix 3**.
- 3.4 The Constitution of the Health and Wellbeing Board is provided at **Appendix 4**.
- 3.5 The updated Glossary is provided at **Appendix 5**.

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children and Policy/Financial/Legal/Personnel Implications
Background Documents:	Previous matters arising reports and minutes of meetings.



**MINUTE 25: VULNERABLE ADOLESCENTS STRATEGY ACTION POINT**

**The Chairman requested that the Independent Chair of the Bromley Safeguarding Children Board clarify whether academic research indicated a link between deprivation and increased risk of self-harm and suicide. The Chairman further asked whether such research in vulnerable young people was applicable to Bromley, where self-harm and suicide had historically been identified as impacting disproportionately on high-achieving young people.**

This question arose in the context of a discussion surrounding Appendix 1 of the BSCB Vulnerable Adolescents Strategy. In particular paragraph 1.24/1.25 – Self Harm and Suicide and the Social factors, which can be associated with such issues.

The Samaritans' report "Dying from Inequality Socioeconomic Disadvantage and Suicidal Behaviour" was published in March 2017 (<https://www.samaritans.org/dying-from-inequality/report>). It concluded that while the economic situation and policy approaches vary across the nations in which Samaritans operates, the link between socioeconomic disadvantage and increased risk of suicide is evident in all these nations. People who are socioeconomically disadvantaged or who live in areas of socioeconomic deprivation have an increased risk of suicidal behaviour. There is a range of research, presented in the report, that seeks to understand the reasons behind this. Features of socioeconomic disadvantage include low income, unmanageable debt, poor housing conditions, lack of educational qualifications, unemployment and living in a socioeconomically deprived area.

There has been one suicide of a young person in Bromley in the last five years. This was the death of a young person aged 15 years who lived in the Cray Valley West ward. This is a current Serious Case Review and a live Coronal Inquest case therefore information is restricted, however, it can be shared that the young person was not a high achieving student nor is the family affluent. In the previous three years, 2008-2013, there were three suicides of young people. In one case the child's socioeconomic and education attainment status is not known. They were however being supported by mental health services. In another, information would indicate that the child was affluent and their education needs being met. In this case there was some suspicion that death/suicide was potentially accidental. The third case relates to a young person who was a high achiever. They demonstrated significant behavioural and anger issues and were supported by mental health services. A further confidential briefing can be supplied to the Chairman upon request.

The BSCB Quality Assurance and Performance Management Sub Group (QAPM) recently looked at 2016-17 self-harm data for children and young people in the London Borough of Bromley, by school. This data was provided by Bromley Community Wellbeing Service which is the 'front door' for all young people's emotional and mental health support and triage. Postcode data was not analysed in the report but the QAPM has formally requested this now. From the data analysed by school, it was not possible to make any robust links between the types of school or particular geographical area with high numbers of self-harm. There was considerable variability in rates. Overall, 2.8% of primary school pupils and 4.5% of secondary school pupils in Bromley have accessed the service for self-harm. This will not represent all the need for this service in Bromley schools as only children who are resident in Bromley are able to access the Bromley Wellbeing Service. These figures will also reflect whether counselling is provided in school as children accessing counselling may not be included in the Wellbeing Service figures.

The BSCB will update the Chair of the Health and Wellbeing Board once the postcode data is received and analysed. Postcode data will also be formally requested from Oxleas, the CAMHS provider.

Bromley Safeguarding Children Board  
January 2018

**HEALTH AND WELLBEING BOARD  
WORK PROGRAMME 2017/18**

<b>29<sup>th</sup> March 2018</b>	
Building a Better Bromley Communications Group: Update	Susie Clark
Health Support to School Age Children: Update	Dr Jenny Selway
Update on Social Isolation Work	Denise Mantell
Obesity and Promoting Exercise	Dr Nada Lemic
Update on Childhood Obesity Task and Finish Group	Dr Nada Lemic
Community Detox Pathway (Alcohol) Pilot: Interim Update	Mimi Morris-Cotterill
Update on Bromley Third Sector Enterprise/Community Links	Colin Maclean
Update on Falls Task and Finish Group	Dr Nada Lemic/Laura Austin Croft
Integrated Commissioning Board: Joint Work Programme (to include Mental Health Strategic Partnership Update)	Graham Mackenzie
Better Care Fund Performance Update	Jackie Goad
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Emerging Issues	HWB members to contact Board Secretary with any emerging matters for discussion.

<b>Unprogrammed Outstanding Items:</b>	
Dementia Update (Stephen John)	
Developing a System Wide Mental Health Strategy/Mental Health Act (Harvey Guntrip)	
Elective Orthopaedic Centres (CCG)	
Health and Wellbeing Strategy (Dr Nada Lemic)	
Healthwatch Project on Young People's Views on Sexual Health and Gender Identity (Folake Segun)	
Implementation of Personal Health Budgets (LBB)	
Improvements in Services for Dementia Suffers (LBB/CCG)	
Recommendations from the Falls Task and Finish Group (Dr Nada Lemic/Laura Austin Croft)	
FGM Update (Mimi Morris-Cotterill)	

## 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
29 <sup>th</sup> March 2018	March 19 <sup>th</sup> 5.00pm	March 21 <sup>st</sup> 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.

**LONDON BOROUGH OF BROMLEY  
HEALTH & WELLBEING BOARD****Constitution**

(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.

## GLOSSARY OF ABBREVIATIONS – HEALTH &amp; 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	(DTC)
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)
Improved Better Care Fund	(IBCF)
Improving Access to Psychological Therapies programme	(IAPT)
Improvement Assessment Framework	(IAF)
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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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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