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DATE: 23 January 2019

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Marina Ahmad, Graham Arthur, Yvonne Bear, Mary Cooke, Judi Ellis, Keith Onslow, Colin Smith 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	Managing Director: 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

Bromley Safeguarding Children Board:

Jim Gamble QPM	Independent Chair: Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Colin Maclean	Community Links Bromley
Barbara Wall	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 31 JANUARY 2019 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 28TH NOVEMBER 2018 (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 25th January 2019.

5 MYTIME ACTIVE CHILD WEIGHT STRATEGY PROGRAMMES PRESENTATION

6 CHILDHOOD OBESITY TASK AND FINISH GROUP: VERBAL UPDATE

7 HEALTH SUPPORT TO SCHOOL AGE CHILDREN: UPDATE (Pages 13 - 24)

8 UPDATE ON INFANT MORTALITY IN BROMLEY (Pages 25 - 32)

9 DELAYED TRANSFER OF CARE (DTOC) PERFORMANCE UPDATE (Pages 33 - 38)

10 BROMLEY WINTER ASSURANCE PLAN UPDATE (TO FOLLOW)

11 PRIMARY CARE COMMISSIONING UPDATE (TO FOLLOW)

12 "BROMLEY CAMHS TRAILBLAZER" - CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SUPPORT TEAMS AND FOUR-WEEK WAITING TIME PILOTS (Pages 39 - 44)

13 UPDATE ON IMPLEMENTATION OF THE RECOMMENDATIONS OF THE FALLS TASK AND FINISH GROUP

14 YOUNG PEOPLE'S SURVEY PRESENTATION

15 BROMLEY COMMUNICATIONS AND ENGAGEMENT NETWORK – ACTIVITY REPORT (Pages 45 - 60)

16 HEALTH AND WELLBEING BOARD INFORMATION ITEM

The Information Item comprises:

a NHS TEN YEAR PLAN (Pages 61 - 68)

The full Plan is available for Board Members to view at:

https://www.longtermplan.nhs.uk/

17 MATTERS ARISING AND WORK PROGRAMME (Pages 69 - 78)

18 ANY OTHER BUSINESS

19 DATE OF NEXT MEETING

1.30pm, Thursday 21st March 2019

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 28 November 2018

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Graham Arthur, Yvonne Bear, Mary Cooke, Simon Jeal, Keith Onslow, Colin Smith and Diane Smith

Stephen John, Director: Adult Social Care
Dr Nada Lemic, Director: Public Health
Lynn Sellwood, Independent Chair: Bromley Safeguarding Adults Board
Dr Angela Bhan, Managing Director: Bromley Clinical Commissioning Group
Harvey Guntrip, Lay Member: Bromley Clinical Commissioning Group
Jim Gamble QPM, Independent Chair: Bromley Safeguarding Children Board
Janet Tibbalds, Community Links Bromley
Barbara Wall, Healthwatch Bromley

49 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Marina Ahmad and Colin Maclean, and Councillor Simon Jeal and Janet Tibbalds attended as their respective substitutes. Apologies were also received from Councillor Judi Ellis, Janet Bailey and Dr Andrew Parson.

50 DECLARATIONS OF INTEREST

There were no declarations of interest.

51 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 27TH SEPTEMBER 2018

RESOLVED that the minutes of the meeting held on 27th September 2018 be agreed.

52 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

53 DISCUSSION ON CHILDHOOD OBESITY (VERBAL UPDATE)

Members discussed work being undertaken to explore the key issue of childhood obesity.

The Chairman proposed that a Task and Finish Group on Childhood Obesity be

convened during early 2019. The aim of the Task and Finish Group was to identify existing measures in place across Bromley to prevent and reduce childhood obesity as well further action to be taken as part of a coordinated multi-agency response. The Managing Director: Bromley Clinical Commissioning supported the proposal and requested that the Task and Finish Group include representation from the Children's Commissioning Team, Bromley Clinical Commissioning Group. It would also be useful to include key partners such as Mytime Active.

The Terms of Reference for the Task and Finish Group would be provided to Board Members following the meeting and Board Members were requested to contact the Clerk to the Board if they were interested in participating in the Task and Finish Group.

RESOLVED that the update be noted.

54 HEALTH AND WELLBEING STRATEGY

Report CS18197

The Board considered the updated Joint Bromley Health and Wellbeing Strategy 2018-22.

The Joint Bromley Health and Wellbeing Strategy 2018-22 was a shared agreement between a range of key partners to support improved health and wellbeing for all people living and working in Bromley. Following consideration of the draft Joint Strategic Needs Assessment 2017 at the meeting of the Health and Wellbeing Board on 8th February 2018, it had been agreed to undertake a review of the Joint Health and Wellbeing Strategy to inform the development of a new strategy. This work had now been completed and the draft Joint Bromley Health and Wellbeing Strategy 2018-22 was recommended to the Health and Wellbeing Board for approval. Additional work on Priority 7 – Adults with a Learning Disability had identified Bromley was performing significantly higher in this area than previously thought, and it was therefore recommended that Priority 7 be removed from the Joint Bromley Health and Wellbeing Strategy 2018-22.

In considering the Joint Health and Wellbeing Strategy 2018-22, Board Members discussed the proposed priority areas. A Board Member supported the approach taken in the strategy, but underlined the need for further work where health and wellbeing trends in Bromley were out of step with regional or national trends. Another Member stressed that the number of priority areas should be manageable to enable resources to be focused effectively. The Member was concerned that Priority 6: Homelessness and Priority 9: Youth Violence duplicated work by other Portfolios. In response to this, another Member noted that the strategy had been developed to identify gaps in existing provision relating to health and wellbeing and that there were no plans to duplicate work. A Member highlighted that many key issues, such as violence against women and girls, were cross-cutting and it was important to take an holistic approach.

A Member noted that the London Borough of Bromley had the third highest level of

low-level depression in London and asked that the issue of depression be included in the strategy, perhaps within an existing priority area. The Director: Public Health explained that mental health could be divided into two main levels of severity, and that whilst the level of severe mental health problems in Bromley had remained stable and therefore had not been flagged for inclusion in the strategy, there was potential to include more minor mental health problems within the strategy, with a specific focus on depression and anxiety. The Member also underlined that issues affecting children and young people, such as substance misuse would become an issue for older age groups as children and young people transitioned to adult services and measures should be taken to plan for future service demands. Following discussion, the Board generally agreed that Priority 5: Suicide Prevention be renamed 'Adult Mental Health' and include actions around suicide prevention as well as a specific commitment to undertake further scoping on adult mental health to identify any gaps in provision. It was also agreed that Priority 4 – Dementia be retained as a separate priority as, in addition to being a mental health condition, dementia was a vascular disease causing a specific range of associated conditions that primarily affected older people.

The Vice-Chairman was concerned that inaccurate data relating to Priority 7 – Adults with a Learning Disability had been published in recent years and stressed the importance of ensuring data was accurate, particularly where it was made publically available. The Director: Adult Social Care outlined the work undertaken to improve data quality processes. The Managing Director: Bromley Clinical Commissioning Group further advised that the Local Authority and Bromley Clinical Commissioning Group were working closely together to scrutinise all performance measures and build confidence in published data. The Managing Director: Bromley Clinical Commissioning Group observed that the Integrated Commissioning Board was working to develop a Joint Learning Disability Strategy that would have a significant impact on the health and wellbeing on people with a learning disability in Bromley. The Board agreed to retain Priority 7 – Adults with a Learning Disability within the strategy.

In summing up, the Director: Public Health confirmed that there were well-established groups delivering the priorities within the Joint Health and Wellbeing Strategy 2018-22 and that it was not intended to duplicate this work, but to apply a health and wellbeing focus to add value to existing work. It had been agreed to rename Priority 5: Adult Mental Health and include actions around suicide prevention and a specific commitment to undertake further scoping on adult mental health. It had also been decided to retain Priority 7 – Adults with a Learning Disability as an area of focus. The final Joint Bromley Health and Wellbeing Strategy 2018-22 would be circulated to the Board by e mail following the meeting for final endorsement.

RESOLVED that the requested amendments be made and that the final Joint Bromley Health and Wellbeing Strategy 2018-22 be circulated to the Board for agreement following the meeting.

55 UPDATE ON JOINT STRATEGY FOR AGEING WELL IN BROMLEY 2019-2024

Report CS18198

An update on the development of the Joint Strategy for Ageing Well in Bromley 2019-24 was provided to the Board by Mark Davison, Interim Head of Programme Design (ECHS).

The Joint Strategy for Ageing Well in Bromley 2019-24 was being developed by the Local Authority in partnership with the Bromley Clinical Commissioning Group to provide an integrated strategic approach for ageing well in Bromley. The development of the strategy had been informed by a comprehensive engagement process undertaken during Summer and Autumn 2018, following which a portfolio of Ageing Well projects had been co-designed with key partners and members of the community. Consultation on the final draft of the strategy would be taken forward during late 2018, with the expectation that the final Joint Strategy for Ageing Well in Bromley 2019-24 and accompanying delivery plans would be agreed and published in Spring 2019.

The Board discussed ways in which socially isolated Bromley residents could be identified and supported. A range of projects were delivered by the community and voluntary sector including 'Community Connectors'. Diverse leisure opportunities were also available through Mytime Active's Primetime scheme, and Royal Mail had recently launched a scheme through which postmen checked on vulnerable residents. A Board Member recognised that social prescribing was increasingly used to improve the health and wellbeing of the elderly frail, and emphasised the need for the Joint Strategy for Ageing Well in Bromley 2019-24 to reach the most socially isolated Bromley residents.

The Interim Head of Programme Design (ECHS) noted that Frome in Somerset had seen a dramatic fall in emergency hospital admissions since it launched a collective project to combat social isolation and that a similar approach might prove beneficial for Bromley, particularly in the Borough's more rural communities.

The Chairman queried how the Health and Wellbeing Board could best support the Joint Strategy for Ageing Well in Bromley 2019-24. The Interim Head of Programme Design (ECHS) advised that the strategy would be launched in April 2019 and that the Board's involvement would be welcomed. Board Members would have a key role in promoting the Joint Strategy for Ageing Well in Bromley 2019-24, and a Board Member suggested that Members were well-placed to identify vulnerable residents within the community, which could include those with mobility issues or caring responsibilities. Another Board Member underlined the need to draw on the enthusiasm created during the consultation and co-design stages of developing the Joint Strategy for Ageing Well in Bromley 2019-24.

RESOLVED that the update be noted.

56 BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT

Report CS18187

The Board received a presentation on the Bromley Safeguarding Adults Board Annual Report 2017/18 by Lynn Sellwood, Independent Chairman and Raynor Griffiths, Manager: Bromley Safeguarding Adults Board.

The Local Authority had a statutory duty under the Care Act 2015 to establish a Safeguarding Adults Board to help and protect vulnerable adults in Bromley. The Bromley Safeguarding Adults Board had three main functions comprising developing a strategic plan, publishing an annual report and undertaking Safeguarding Adults Reviews (SARs) to investigate serious incidents. No SARs had been commissioned in 2017/18; however the Safeguarding Adults Review Committee had made the decision to commission a SAR in respect of one case on 29th June 2018 that was currently in progress, and a further case had met the threshold for a SAR for which the Board was seeking legal advice. During 2017/18, the Bromley Safeguarding Adults Board had undertaken a range of work outlined in the Safeguarding Adults Strategy 2016-19, including the establishment of the Safeguarding Adults Review Committee, creating a safeguarding awareness commercial and delivering a number of events to raise awareness of adult safeguarding. The key priorities for the year had been self-neglect, hoarding, domestic violence and fire safety in homes, and the same key priorities would be carried forward into 2019/20. The forward work programme included the development of the Board's strategy for 2020-2023 and a strategy and Borough-wide approach to tackling modern day slavery. It was also planned to complete an audit of safeguarding practice in the private, voluntary and independent sectors and develop a community engagement programme to increase awareness of adult safeguarding in Bromley.

In considering the report, the Chairman led Board Members in commending Lynn Sellwood and Raynor Griffiths for the excellent work of the Bromley Safeguarding Adults Board during 2017/18. A Member noted that the Adult Care and Health PDS Committee had expressed support for the Bromley Safeguarding Adults Board Annual Report at its meeting on 21st November 2018, and was looking for ways to promote the key messages of adult safeguarding in communities across the Borough.

In response to a question from a Board Member, the Independent Chairman: Bromley Safeguarding Adults Board confirmed that the Bromley Safeguarding Adults Board would link in with the work of the Joint Strategy for Ageing Well in Bromley 2019-24. Another Member underlined the need for the Bromley Safeguarding Adults and Children Boards to work closely together, highlighting cross-cutting issues such as the impact of violence against women and girls. The Independent Chairman: Bromley Safeguarding Adults Board and Independent Chairman: Bromley Safeguarding Children Board emphasised their absolute commitment to work together. The Chairman noted that the Joint Health and Wellbeing Strategy 2018-22 had been designed to bring together health and wellbeing priorities for both children and adults. A link to the Board's safeguarding awareness commercial would be provided to Board Members following the

meeting.

RESOLVED that the Bromley Safeguarding Adults Board Annual Report 2017/18 be noted.

57 BROMLEY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

The Board considered the Bromley Safeguarding Children Board Annual Report 2017/18.

The Bromley Safeguarding Children Board was the key statutory body overseeing multi-agency child safeguarding arrangements across the Borough. The Bromley Safeguarding Children Board Annual Report 2017/18 provided an in-depth assessment of the effectiveness of the Bromley Safeguarding Children Board in safeguarding children and promoting child welfare in Bromley during the year. There had been a key focus on developing, strengthening and improving partnership working and real progress had been made in a number of critical areas including commissioning more local learning, as well as supporting the Local Authority on its improvement journey. The Bromley Safeguarding Children Board continued to deliver its own improvement plan and had led on the Borough's response to child sexual exploitation as well as undertaking work involving missing children, gangs and other pathways to harm that could undermine a young person's chances in life. A wide-ranging consultation had been completed on the use of technology by children and families and the responses to this had been used to inform the Bromley Digital Footprint report. A comprehensive work programme to build on the progress made by the Bromley Safeguarding Children Board had been identified for 2018/19, and the Board would continue to work closely with its partners, including working with the Bromley Safeguarding Adults Board on cross-cutting issues such as transition, to ensure that children and young people in Bromley had every opportunity to thrive.

The Chairman led Board Members in commending Jim Gamble for the excellent work of the Bromley Safeguarding Children Board during 2017/18. An Ofsted Inspection of Bromley's Children's Services was currently underway and initial feedback was expected shortly.

RESOLVED that the draft Bromley Safeguarding Children's Board Annual Report 2017/18 be approved.

58 BETTER CARE FUND AND IMPROVED BETTER CARE FUND PERFORMANCE 2018/19 Q2 PERFORMANCE REPORT

Report CSD18202

The Board considered an update on the performance of the Better Care Fund and Improved Better Care Fund during Quarter 2 2018/19, including expenditure and activity levels from Jackie Goad, Executive Assistant, Chief Executive's

Department.

The Better Care Fund was a programme spanning the NHS and the Local Authority which aimed to join up health and care services to support people to manage their own health and wellbeing and live independently in their communities for as long as possible. The Improved Better Care Fund was an additional funding element added to the Better Care Fund for a three year period from 2017/18 providing further investment in adult social care services. In the Spring Budget 2017 the London Borough of Bromley was awarded an IBCF Grant of £4.2M in 2017/18, with grant funding of £3.4M and £1.7M to be provided in 2018/19 and 2019/20 respectively. During 2018/19, the Better Care Fund was being used to fund a number of locally agreed schemes which had driven a reduction in non-elective admissions, delayed transfers of care and the rate of permanent admissions to residential care, as well funding reablement and rehabilitation services that supported older people to remain living independently in their own homes following hospital discharge. Schemes funded through the Improved Better Care Fund had been developed to meet adult social care needs, reduce pressures on the NHS and support the local social providers market.

In response to a question from a Board Member, the Director: Adult Social Care confirmed that the three additional step-down flats funded via the Improved Better Care Fund were being used at maximum capacity alongside the 12 existing step-down flats. A detailed report on Extra Care Housing provision would be considered at a meeting of Adult Care and Health PDS Committee later in the 2018/19 municipal year. Work to progress the Care Homes Investment Options Appraisal was ongoing and further updates would be reported to the Health and Wellbeing Board when available. A Member noted that 217 young carers had been referred to the Carer's Pathway within the Bromley Well Service during its first year of operation, and queried whether this related to new referrals or the total cohort and this information would be provided to the Member following the meeting.

RESOLVED that the performance and progress of the Better Care Fund and Improved Better Care Fund schemes, as well as the financial performance for Quarter 2 2018/19 be noted.

59 DELAYED TRANSFER OF CARE (DTOC) PERFORMANCE UPDATE

Report CSD18203

The Board considered a report providing an update on Delayed Transfers of Care from Stephen John, Director: Adult Social Care.

The performance of Delayed Transfers of Care at the Princess Royal University Hospital had continued to improve. Positive results had been attained each month during Quarter 2 2018/19, and Delayed Transfers of Care had reduced to a total of 186 total bed days in September 2018 across all areas compared to 435 bed days for the previous year. This represented a total of 249 total bed days saved compared to the previous year. Nationally, for 2018 (year to date), Bromley had

been responsible for 1506 bed days at an average of 8.3 beds per day. This compared to 2930 bed days (or 16 beds per day) for the same period in 2017/18, which was a reduction of 51%. Within the South London region, Bromley had moved from being the worst performer to the second strongest performer. A revised methodology had recently been agreed nationally by which Delayed Transfers of Care targets would be set centrally. When calculated using NHS England's national published objective, Bromley's target for 2018/19 was 12.5 bed days compared to 10.3 bed days for 2017/18.

The Director: Adult Social Care reported that work was underway to further reduce Delayed Transfers of Care, including engaging with the South East London Sustainability and Transformation Plan and through the work of the Discharge to Assess Service. In response to a question from a Member, the Managing Director: Bromley Clinical Commissioning Group confirmed that plans by King's College Hospital NHS Foundation Trust to repurpose the Elizabeth Ward in Orpington Hospital as an outpatient facility had been delayed due to the pressures on the Emergency Department during Summer 2018. Whilst it was still planned to use the Elizabeth Ward as an outpatient facility, a flexible approach would be taken to the use of the space in the short term to ensure that the needs of patients were being met, which could include the provision of 'step-down' care. The longer term plan for Bromley's integrated care model was to provide more home-based care which was expected to reduce 'decompensation' caused by inpatient care.

RESOLVED that the update be noted.

60 TRAILBLAZER PROGRAMME BID UPDATE (VERBAL UPDATE)

The Board considered an update from Dr Angela Bhan, Managing Director: Bromley Clinical Commissioning Group on a recent bid made for funding via a Trailblazer programme.

Bromley had been one of 40 areas invited to apply to make a bid to a Trailblazer programme due to be launched in 2021. The Borough's bid proposed the development of a platform within schools to identify pupils with mental health needs and assist them in accessing appropriate support. Should Bromley be successful, funding would be provided over a five year period to drive service transformation with the intention of establishing an effective and sustainable model.

The Managing Director: Bromley Clinical Commissioning Group advised the Board that the outcome of the bid had not yet been announced, but that the Bromley Clinical Commissioning Group was optimistic that the bid would receive funding.

RESOLVED that the update be noted.

61 BROMLEY HEALTH AND WELLBEING CENTRE PROJECT: UPDATE AND PROGRESS REPORT

The Board considered a report providing an update on developments in the planning and approval of the Bromley Health and Wellbeing Centre project from Dr

Angela Bhan, Managing Director: Bromley Clinical Commissioning Group. The report also sought confirmation of the Board's continuing support for the scheme as a key strategic priority to deliver the 'Bromley Out of Hospital Transformation Strategy'.

The establishment of a third Health Centre within the Borough to complement the Beckenham Beacon and the Orpington Health and Wellbeing Centre was one of the key proposals of the 'Bromley Out of Hospital Transformation Strategy', which had been developed jointly by the Bromley Clinical Commissioning Group and the Local Authority. It was planned that the Bromley Health and Wellbeing Centre would be one of the three 'hubs' underpinning the new Integrated Care Networks and would play a key role in providing coordinated care to approximately 100,000 people via integrated services. It would also offer significant primary care services for Bromley residents, including a Primary Care Access Hub and the relocation of the Dysart Medical Practice which would be able to expand to offer primary healthcare to additional patients.

Funding had been secured from the NHS Executive's Estates and Technology Transformation Fund in October 2016 to develop the project, following which the Strategic Outline Case and Project Initiation Document had been approved. The Post-PID Full Options Appraisal which identified potential sites for the scheme had been approved by the NHS Executive in October 2017, and following a detailed evaluation of a number of site options by the Multi-Disciplinary Evaluation Panel which included Local Authority representation, 32 Masons Hill, Bromley had been identified as the preferred site. The Outline Business Case was being prepared and would be submitted to the NHS Executive for approval during December 2018, and work was ongoing to develop a comprehensive community engagement plan. The project was being steered by a Multi-Disciplinary Project Board which had established a Sub-Committee to support effective coordination of the overall site redevelopment and included representation by all key stakeholders.

The Managing Director: Bromley Clinical Commissioning Group confirmed that the 'fitting out' of Orpington Health and Wellbeing Centre was underway and that the centre was expected to be operational in mid-2019.

RESOLVED that:

1) **Developments in the planning and approval of the Bromley Health and Wellbeing Centre be noted; and,**

2) **The Board's continuing support for the scheme as a key strategic priority to deliver the 'Bromley Out of Hospital Transformation Strategy' be confirmed.**

62 UPDATE ON PHLEBOTOMY SERVICES (VERBAL UPDATE)

The Sub-Committee considered an update on changes to phlebotomy services in Bromley from Dr Angela Bhan, Managing Director: Bromley Clinical Commissioning Group.

After receiving notification from King's College Hospital NHS Foundation Trust that the space used for the walk-in phlebotomy service at the Princess Royal University Hospital would be reallocated to other services from 1st October 2018, the Bromley Clinical Commissioning Group had put a number of new arrangements in place. The walk-in phlebotomy services at the Beckenham Beacon and Orpington Hospital sites continued to operate, and additional phlebotomy capacity had been added to the 28 General Practices across the Borough delivering phlebotomy services as an 'enhanced service'. The Princess Royal University Hospital continued to provide phlebotomy services for inpatient and outpatient services as well as children's blood tests.

The Managing Director: Bromley Clinical Commissioning Group reported that there had been 76% uptake of the additional phlebotomy capacity added to General Practices across the Borough with 5,400 of the 7,000 available appointments filled. Feedback to a survey undertaken in early November 2018 had been very positive with 96% of the 233 respondents stating that they would recommend the service to friends and family. There had been a slight increase in demand for the walk-in phlebotomy services at the Beckenham Beacon and Orpington Hospital sites, but this was expected to reduce as more patients accessed the General Practitioner service.

RESOLVED that the update be noted.

63 IMPLEMENTATION OF THE RECOMMENDATIONS OF THE FALLS TASK AND FINISH GROUP (VERBAL UPDATE)

The Sub-Committee considered an update on the implementation of the recommendations of the Bromley Task and Finish Group by Dr Nada Lemic, Director: Public Health.

The Falls Task and Finish Group had been convened by the Health and Wellbeing Board to investigate the number and types of falls affecting Bromley's older population and consider falls prevention work in Bromley, including assessing the level of collaboration across primary, secondary, community and social care providers. The review was chaired by Professor Cameron Swift and a range of work had been undertaken including data analysis to establish falls epidemiology in the Borough and meetings with primary, secondary, community and social care partners. The final report of the Falls Task and Finish Group had been considered at the meeting of Health and Wellbeing Board on 19th July 2019. The Board had supported the recommendations of the final report including improving data management and systems, data sharing to identify a strategy to reduce falls in the Borough, increased case identification and referrals to prevention services, workforce development and collaboration across services, and had requested that final report of the Falls Task and Finish Group be presented to the Integrated Commissioning Board.

The final report of the Falls Task and Finish Group had been presented to the meeting of the Integrated Commissioning Board on 1st October 2018, and had

been supported by the Board. Work was now underway to develop a multi-agency action plan to be taken forward by a Bromley Joint Working Group. Further updates on progress in agreeing and delivering the final action plan would be provided to future meetings of the Integrated Commissioning Board and the Health and Wellbeing Board.

RESOLVED that the update be noted.

64 WORK PROGRAMME AND MATTERS ARISING

Report CSD18149

The Board considered its work programme for 2018/19 and matters arising from previous meetings.

A number of items were added to the forward rolling work programme for the Health and Wellbeing Board on 31st January 2019:

- Dementia Friends Initiative: Presentation
- Mytime Active Update

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

65 ANY OTHER BUSINESS

The Chairman advised that he had been approached by Bromley Youth Council seeking the Board's support for the Youth Council's key priorities for 2018/19, which included period poverty. The Chairman, Vice-Chairman and Director: Public Health would be meeting with representatives of the Bromley Youth Council during December 2018, and would report the outcome of these discussions to the Board

RESOLVED that the issues raised be noted.

66 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held on Thursday 31st January 2019.

The Meeting ended at 3.30 pm

Chairman

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Report No.
ECHS0009

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 31st January 2019**
Title:	**HEALTH SUPPORT TO SCHOOL AGE CHILDREN: UPDATE**
Contact Officer:	Dr Jenny Selway, Consultant in Public Health Medicine Tel: 0208 313 4769 E-mail: jenny.selway@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 In November 2018, the Council's Executive agreed to extend the current Health Support to School contract for 18 months so that it will align with the end of the current Health Visiting contract which ends in September 2020, and then commission a combined 0-19 years' service. It also agreed new funding of £603k to be included in the Draft Revenue Budget for 2019/20 and a further £302k for 2020/21 for the Health Support to Schools service.

2. Reason for Report going to Health and Wellbeing Board

2.1 The Health Support to Schools service is a key mechanism to address health needs identified in the 2018 Children's JSNA. This report outlines the preparation for commissioning the 0-19 Public Health Nursing service from October 2020

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

3.1 To note this update.

Health & Wellbeing Strategy

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

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Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Yes: The Health Support to Schools service supports work to address all Public Health Outcome Indicators for children aged 5-19 years.

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4. COMMENTARY

4.1 Service description

4.2 The Health Support to Schools (HSS) service covers two specialist nursing functions: safeguarding vulnerable groups, and strategic health support to schools to minimise the risks of children with health conditions in schools.

a) Safeguarding Nursing support

As well as providing nursing expertise to general safeguarding processes in Bromley, this service is commissioned to provide nursing support to some of the most vulnerable groups in Bromley as identified by the Needs Assessment, including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. In addition, this service is commissioned to support identification and assessment and provide appropriate support to young people who have suffered CSA/CSE.

b) Supporting pupils with medical needs in schools

The service is commissioned to provide nursing support to maintained schools and academies in Bromley in order to reduce the risks to schools of looking after pupils with medical conditions. This model of working involves each school clearly leading this work, with appropriate strategic nursing support to minimise risks to the school and the young people. Individual Health Care Plans for children with medical conditions are a key mechanism to manage this risk in schools.

4.3 Commissioning and contracting arrangements

4.4 Bromley CCG procured the service from Bromley Healthcare on behalf of the Council under a Section 75 agreement. The service started April 2017 with a 2 year contract. Contract monitoring and performance management of the service is managed by Public Health. This contract is due to be extended by 18 months from April 2019 to end September 2020.

4.5 Contract value

4.6 In April 2017 the service was funded £303k per year. By October 2017 it was identified that this funding was insufficient to run a safe service. The funding in the second year of the contract is £603k plus an extra £60k to ensure the extra Individual Health Care Plans are in place and up to date. The extension of the service for 18 months will be funded at a rate of £603k per year.

4.7 Performance monitoring

4.8 Overall performance of the service against the Key performance indicators is good. There is some dip in performance in Quarter 2 as many school nurses are term time only and educational settings are closed for half of the Q2 period (July, August, September).

Table 1. Performance Indicators for the Health Support to Schools service

Performance Area	Indicator	Target	2018/19		
			Q1	Q2	Comments
Attendance at Initial Case Conferences	% of conferences	95%	100%	97%	
CP reports sent prior to the conference if not attending	% of reports	95%	N/A	100%	
Review Case Conferences attended where there is a health need identified	%	95%	97%	100%	The team have attended 20 review case conferences where there were school nurse actions. There were 44 invitations to reviews where there were no school nurse actions and reports were sent for these.
'All about me' questionnaires completed	Number of questionnaires completed		33	81	This is an age-appropriate national questionnaire with local amendments which is completed by the SN and young person together.
Safeguarding supervision	% of staff receiving supervision	100%	100%	100%	
CAFs contributed to for school aged children	No. of CAFs		6	4	
Support to YOS	Number of health reviews		27	6	All 27 YOS young people referred in Q1 seen but only 6 of 18 seen in Q2 as many HSS staff are term time only
Referrals to other services	Number of referrals		11	0	
Termly visits to primary schools	% of primary age schools visited (n=76)	95%	81%	71%	The contents of these visits are not meeting all schools needs and are to be revised
Termly visits to secondary schools	% of secondary age schools visited (n=19)	95%	90%	68%	The contents of these visits are not meeting all schools needs and are to be revised in discussion with schools.
Individual Healthcare Plans (IHCPs) reviewed	Number of IHCPs		1769	2274	
Training sessions for schools by school relating to IHCPs	No. of sessions		76	18	Fewer sessions delivered in Q2 due to summer holiday
Support to pupils in Pupil Referral Units	Number of reviews		11	8	Fewer reviews delivered in Q2 due to summer holiday

4.9 **Attendance at Initial and Review Case Conferences**

4.10 Nearly all Initial Case Conferences where the HSS service knew about the case conference were attended by one of the HSS team. On the rare occasions where no-one was able to attend an Initial Case Conference a report was always sent.

4.11 The HSS are commissioned to attend Review Case Conferences where there is an identified health need. A pilot is due to start soon to promote the attendance at Review Case Conferences of other health professionals who are actually working with a child.

4.12 **Children with Individual Health Care Plans (IHCPs)**

4.13 Health Support to Schools in Bromley is now delivered to 20 schools for secondary age children (19 mainstream schools and the Glebe School), 78 schools for primary age children, 2 college settings and Bromley Trust Alternative Provision Academy. Specialist school nursing to the special schools is commissioned by Bromley CCG.

4.14 In August 2016, school nurses had records from 75 Primary schools, 17 Seconday schools and one Special school. From those schools, there were a total of of 594 children and young people with IHCPs (Table 2 below).

Table 2. IHCPs by type of school, August 2016

Type of school	**Number of IHCPs**
Primary schools (75)	365
Secondary schools (17)	217
Special School (1)	12

4.15 Following incidents in schools elsewhere in the UK where children died from medical conditions, schools were advised by Public Health to offer an IHCP to all pupils where the child and or parents wanted an IHCP. Additional nurses were employed to support the schools in this process.

Table 3. IHCPs by type of school, 2017-18

Type of school	**Number of IHCPs**		
	Summer 2017	**Summer 2018**	**Autumn 2018**
Primary schools (75)	663	959	1395
Secondary schools (17)	170	810	879
Total	**833**	**1769**	**2274**

4.16 **Asthma as a marker for completeness of identified health needs**

4.17 Data is collected from each school on the number of children and young people with medical conditions which could cause them to become significantly unwell in school. The most common health condition for which data is routinely collected in schools is asthma. As asthma is found in 1 in 11 children of school age in the UK, the numbers identified in each school can be compared to the numbers expected for a child population of that size. This gives an indication of the completeness of the identification process in each school.

4.18 In 2016, only 38 IHCPs were in place for all children and young people with asthma. However an audit of secondary schools in August 2016 found that 1077 young people were known to have asthma. Since that time, 1870 young people in secondary school settings in Bromley have been identified to have asthma. Based on an expected rate of 1 in 11, a total of 1990 young people in Bromley secondary age maintained schools and academies would be expected to have asthma. This indicates that identification of asthma in Bromley secondary schools is good, although not all schools are giving the HSS this data every year and one school has never provided this data.

4.19 The picture of asthma in primary age maintained schools and academies is more mixed. Although the number identified in maintained schools and academies has increased from 1011 in Autumn 2017 to 1481 in Summer 2018, this still falls short of the expected number of asthmatics in this population of 2330. Overall, on average, 78% of asthmatics in each school where data was available were identified. However there are still a minority of schools where no asthmatics have been identified and notified to the HSS.

4.20 The health data collected from schools is regularly audited by Public Health and the HSS service notified where data from schools is concerning for them to take forward during their visits to the schools.

4.21 The content of the ternly visits to schools by the HSS team has been amended in discussion with schools. The HSS team now only collect health data on one visit per year, and offer the other 2 visits as general HSS support to the school.

4.22 **Future priorities for the HSS service**

4.23 A needs assessment of the health needs of Bromley children in summer 2018 identified the following key issues affecting school-age children:

- There appears to be a significant drug problem in young people in Bromley and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing.
- There are high rates of opiate and/or crack use in young people aged 15-24.
- It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.
- There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.
- Smoking rates in young people in Bromley are higher than London and national rates and areas of highest deprivation are disproportionately affected.
- Demand for early intervention Wellbeing (CAMHS) services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017).
- The number of children and young people presenting in mental health crisis at A&E continues to rise.
- Referrals of Bromley children to Eating Disorder services are high compared to other London boroughs
- The increasing number of children with Social, Emotional and Mental Health needs (SEMH) correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley.
- The number of Electively Home Educated (EHE) children is increasing. Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of

particular concern for young people who may be EHE for longer periods of time.

- Gypsy Traveller young people are over-represented in the EHE group.
- Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. The small proportion of young women are referred for offences of violence. There is an over-representation of black young people.
- There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.
- CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.
- There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.
- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions appear quite poor.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.
- Rates of social, emotional and mental health difficulties and speech, language and communication needs are rising in Bromley.

4.24 Many of these needs are being addressed by the current service (see Case Studies in Appendix). However some of the needs identified require further work to identify the scale and details of the issues. Some of these will be addressed in a survey of pupils in year 10 in Bromley maintained schools and academies in January 2019.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 In January 2018 Executive agreed additional funding for the HSS in order to support some vulnerable groups of young people (Health support to school age children. Executive, 10th January 2018. Report No. CS18114). Key to this work is the HSS "piggy-backing" onto existing council work programmes in order to offer specialist health advice and support and receive referrals.

5.2 HSS support to the Youth Offending Service (YOS)

5.3 HSS staff attend the Adolescent Safety and Well-Being panel held alternate Thursdays at the Youth Offending Service. The aim of this meeting is to share information about young people known to YOS where there are significant concerns over their well being, and to make a joint plan around the young person's care.

5.4 One young person was due to be placed in a semi independent living home following release from custodial sentence until the School Nurse advocated for her to not be placed where she originated from prior to custody as this would have placed her at risk of a poor rehabilitation due to others living at this address.

5.5 HSS staff also attend the MEGA (Missing, exploitation, gang affiliation) panel. This is an information sharing meeting to discuss the concerns of our most vulnerable young people.

School Nurses refer in to the panel as well as taking referrals from the panel. For example, one young person known to HSS staff to be at risk of CSE and going missing was taken to this panel. This enabled professionals to monitor her safety and well being and all professionals were aware of the risks surrounding this young person

5.6 The HSS team also meet with the Education Welfare team to discuss electively home educated (EHE) children. So far the HSS team have seen 7 EHE children and are still working on the referral process.

5.7 HSS staff also attend the "Education Top 10" panel. The aim of the meeting is to find the reasons for a child not being in education, ways to re-engage the family and young person and discussing educational provisions that will meet the needs of the young person. These meetings enable the Safeguarding School Nurses to identify some of the most vulnerable young people in the borough. These referrals have led to work being done around all aspects of health such as risk taking behaviour, poor emotional health, sexual health support and advice, work around Child Sexual Exploitation, advice and support around diet, advice and support around dental health and any other concerns that the family child or professionals involved would like advice and support on. Ofsted were informed of the benefit of having health representatives at the meetings

"I would like to say that the [HSS] *service has made a really important contribution to this meeting and as a consequence had a significant impact on the wellbeing of children and young people. In some notable cases that I have observed recently, they have been able to identify risk that others have not and gain access to young people where others have not. In at least one case recently and possibly in two, this is very likely to lead to a disclosure of Child Sexual Abuse."* Pip Hesketh, Head of Inclusion, LBB

5.8 HSS staff also attend the Emotional Health Forum, GP Safeguarding leads meeting, meetings with the Epilepsy Nurse and the Asthma Nurse from the local hospital, MARAC, Drug and alcohol service meetings, Sexual health team meetings, MASH team meetings, ICCNT team meetings, and work closely with Health Visitors.

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

6.1 Arrangements are underway in Bromley CCG to extend the HSS contract for a further 18 months to end September 2020.

Non-Applicable Sections:	Financial and Legal Implications, and Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	Health Support to School Age Children. Executive 28th November 2018. Report No. CS18184.

APPENDIX

CASE STUDIES

Case Study 1

The young person was referred to HSS service at the request of the young person for support around healthy eating and being very over weight. BMI 44.6.

This young person was at risk of poor health outcomes if his BMI remained this high. He was initially met by a School Nurse who discussed the need to look holistically at healthy living

- The young person was weighed and measured at his own request weekly
- Healthy diet was explained including information on what our bodies need and why- vitamins, protein, carbohydrates calcium etc . As an 18 year old, a discussion took place about alcohol looking at current intake units and calories from this.
- The need for good fluid intake was discussed in maintaining good general health
- Exercise was discussed and the young person gained access to a gym although free forms of exercise were discussed such as walking
- Resources from Public Health England used to illustrate as well as supportive appropriate apps.
- So far the young person has reduced his BMI to 42.6. He has lost 7.5kg despite having difficulties in his personal life which he was also supported with. The work with this young person continues

Case Study 2

This 14 year old young man had experienced an exacerbation of his mental and emotional health difficulties in April 2018 and was described as being in crisis, attending A&E twice with suicidal ideation. This young man had been referred to the Community Paediatrician and CAMHS in 2015, but these assessments were incomplete as he was refusing to meet professionals.

In April 2018, Mother asked the GP for more support for her son as she was unable to engage her son with any service and he was now starting to refuse to attend school.

The son refused to meet the School Nurse so the nurse spent time discussing his difficulties with his mother. The family were really struggling and were distressed that they were not able to help this young man.

The SN assessment of this young man and his family was that they, in the first instance, needed to feel they were being listened to. Mother agreed for the SN to share her discussions with other professionals, in particular to contact the community paediatrician to help inform the assessment being undertaken. The SN also contributed to the subsequent Child in Need plan.

The information shared with the community paediatrician was very useful to inform their assessment and treatment plans for the young person, who then engaged with the Community Paediatric service. The mother stated that she had felt listened to and that increased her sense of being able to speak up for her son to access services that he previously was unable to obtain.

Case Study 3

A young Father-to-be was identified from the Youth Offending Service as someone who would benefit from support around his upcoming fatherhood. The young person had a difficult early childhood and therefore his early experience of being parented was not a good one to model his behaviour on.

The young man was identified from attending the weekly meeting at the youth offending service (YOS).
The young man was helped with a range of questions he had:

- What happens in pregnancy?
- What changes his partner will go through
- Supporting the young person around his emotional feelings around the pregnancy and the role he will play as a father.
- Looking at personal relationships, both positive and negative, and how these can impact on babies and children.
- Being a role model.
- How babies' brains develop

This provided him with the opportunity for his own space to talk, ask questions and feel valued. He was met with several times, provided with supportive videos, and given a "cyber baby" to look after to have an idea of how it feels to identify baby's needs

This young person was described as a "prolific criminal". However the School Nurse shared with other professionals that he is also punctual, polite and very engaged with the School Nurse and his YOS worker. He has not offended during the time the School Nurse has been working with him. He is attending appointments with his partner and the Health Visitor and he is gaining in confidence in fulfilling a greater role in supporting the baby and his partner. This work is ongoing.

Case Study 4

This vulnerable young person was not attending school (she had been a school refuser for most of the last year) and was subject to a Child Protection plan. There were concerns regarding her general health. Other children in this child's family have health needs and all attend school except the child. Initially a health needs assessment was carried out (The "All About Me" questionnaire). Areas of concern identified were:

- Support required around hygiene,
- Sleep hygiene,
- Diet,
- Dental care,
- Outstanding medical concerns
- The child very rarely leaving the house.

The family were feeling overwhelmed and did not feel that they had enough support and knowledge on how to make changes. The family were supported in several ways:

- Mother was provided details of the Autistic Trust for a sibling who has ASD as well as support in the area for families who have children with additional needs.
- The child and oldest sibling were referred to Young Carers.
- The HSS liaised with Bromley Y to support the family with therapeutic intervention.
- The HSS liaised with GP and requested a blood test as the girl was very pale.

At the case conference the School Nurse highlighted an area of the child's life that had not been considered before. This led to requests that background checks should be made on certain adults who were in the child's life around the time she became a school refuser and stopped leaving the family home.

The child was found to be vitamin D deficient. She is now taking prescribed vitamin D. The GP has requested that the School Nurse supports the family in ensuring the child takes her medication.

The child has attended the dentist and her daily oral hygiene is improving.

The child is being seen by School Nurse regarding all of the identified health needs and ongoing support is being provided. Work around health also considers online safety for the child as she is not attending school and therefore lacking in interaction with others which may lead to her using media to socialise.

The Safeguarding School Nurse continues to liaise with Bromley Y, social worker, GP, the family and of course the child.

The Safeguarding School Nurse is working with professionals to identify the real reason why the child has presented as feeling unable to leave the house and therefore unable to access her education.

Case Study 5

All children and young people who are on a Child Protection Plan will receive a full Health Assessment and any areas of support identified at the Health Assessment will be provided.

HSS service received an invitation for an Initial Case Conference. The young person was identified by Children's Social Care as being at risk of Child Sexual Exploitation, Sexual Assault and Neglect. The School Nurse completed a "All about me" health assessment with the young person. Identified issues included:

- A bladder condition
- The young person was very overweight,
- A high risk of CSE and risk taking behaviour was identified,
- Neglectful parenting,
- Family bereavement,
- Learning Disability and
- Possible Mental Health issues.

The School Nurse referred the young person to the Bowel and Bladder Clinic, the Dietician, CAMHS and Barnardo's. She attended all professionals meetings, and acted as advocate for the young person, and followed up all referrals. She liaised with the school, Children's Social Care, CAMHS, the young person's mother and extended family, Contraception Clinic and Sexually Transmitted Infection clinic.

The School Nurse worked with the young person on risk reduction. This took the form of weekly meetings covering subjects such as: Sexual Health, Contraception, Sexually Transmitted Infections, Sharing Sexual Images, Consent, Healthy and Unhealthy relationships.

After 9 months of work, the young person is now in Kinship Care., attending school regularly, attending the dietetic clinic and has lost weight by following dietary advice. She is also attending the Bowel and Bladder clinic, she is free of sexually transmitted infections and using contraceptives. She has had a full assessment at CAMHS and continues to engage with this service. The young person continues to meet with the School Nurse Weekly and is engaging well with the support offered.

Case Study 6

The Health Support to School Service offers support to the Youth offending service (YOS). The service offers health support to service users who may be at risk of activities that will have a negative impact on their physical and emotional well-being.

One young person was referred by his YOS case worker due to concerns over her safety as she had gone missing on a number of occasions.

Following the “All about me” Health Assessment the following health needs were identified:

- Poor diet,
- Drug use,
- Alcohol use,
- Poor hygiene,
- Concerns over safety, sexual health, risk of CSE,
- Self-harming linked to poor emotional well being

The School Nurse attended strategy meeting and subsequent child in need meeting and liaised with the family, social worker, case worker, GP, Bromley Changes, and Bromley Y.

Referrals were made to Bromley Y, the GP, and Bromley Changes.

The young person attended small group work held at YOS with the School Nurse. Of the 5 sessions to provide support and information around CSE prevention and to improve self esteem, the young person attended 4 sessions.

The young person has now completed work at YOS and Bromley Changes. Her family report that home life is calmer and the young person is now attending her educational course. She is no longer going missing and her relationship with her family has improved.

Report No.
ECHS19010

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 31st January 2019**
Title:	**UPDATE ON INFANT MORTALITY IN BROMLEY**
Contact Officer:	Dr Jenny Selway, Consultant in Public Health Medicine Tel: 0208 313 4769 E-mail: jenny.selway@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 This report is an update on the report to the Health and Wellbeing Board in March 2018.

2. Reason for Report going to Health and Wellbeing Board

2.1 Health surveillance in Public Health in Bromley identified an increase in infant mortality rates in Bromley in early 2018 and took a report to the Health and Wellbeing Board on 29th March 2018. This report stated that it is possible that the Infant Mortality Rate in Bromley really is rising, however there were several reasons to conclude that this may not be the case, including variations due to small numbers of infant deaths in Bromley, and evidence from comparison with statistical partners. This paper updates that report with the most recent data.

2.2 Infant mortality is kept under close scrutiny by the Public Health team as part of health surveillance, and also by the multi-agency Child Death Overview Panel who scrutinise every child death in Bromley. This panel is overseen by the Serious Case Review Subgroup of the Bromley Safeguarding Children Board.

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

3.1 To note the update.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

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)

Yes

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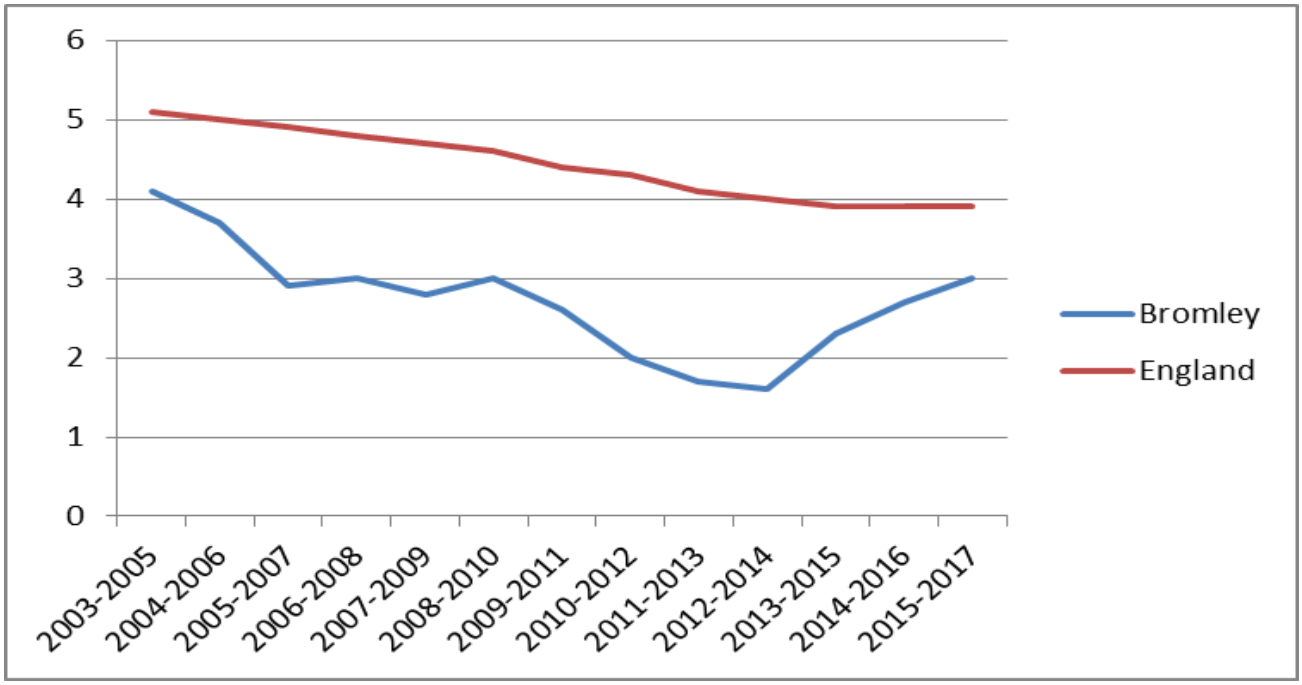
4. COMMENTARY

4.1 Infant deaths[1] in Bromley 2008-2018

4.2 Deaths of infants in the first year of life, as demonstrated by the infant mortality rate, continues to be lower in Bromley than the rate for all England. This rate has been falling for many years before a recent upturn (Figure 1).

Figure 1. Infant Mortality Rate trend in Bromley and England, 2003-2017.



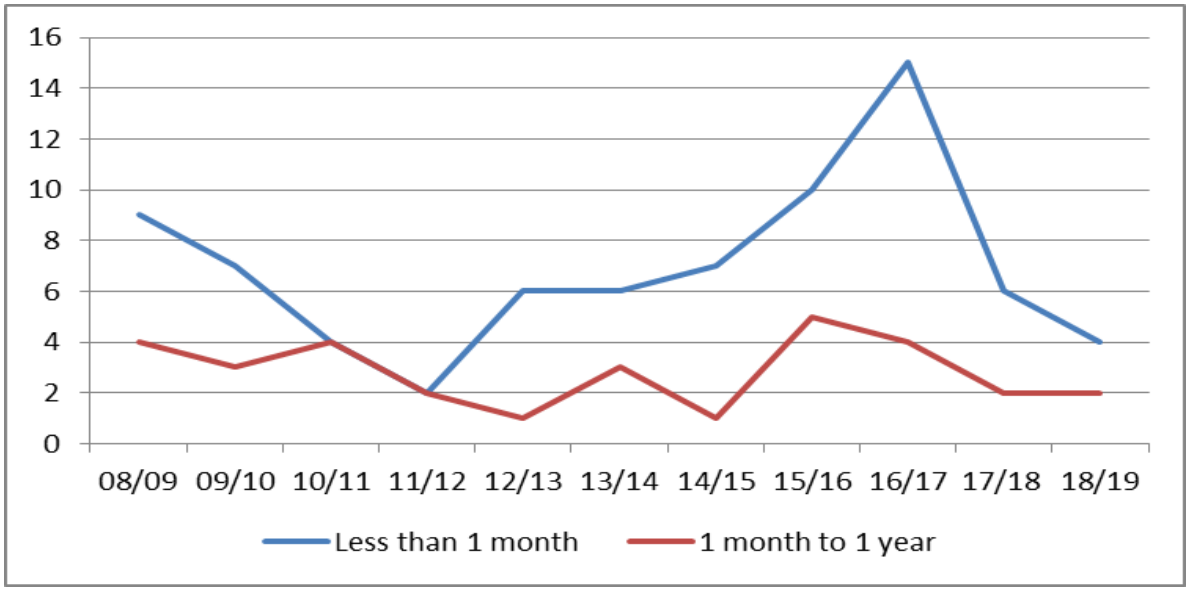
4.3 Infant mortality can be divided into neonatal mortality rates (deaths under 28 days) and post-neonatal mortality rates (deaths between 28 days and 1 year).

4.4 Deaths occurring during the first 28 days of life in particular are considered to reflect the health and care of both mother and newborn and are often largely caused by perinatal and biologic conditions (endogenous causes).

4.5 In contrast, post-neonatal deaths are more likely to be linked to non-perinatal conditions such as injuries and socio-environmental causes (exogenous causes).

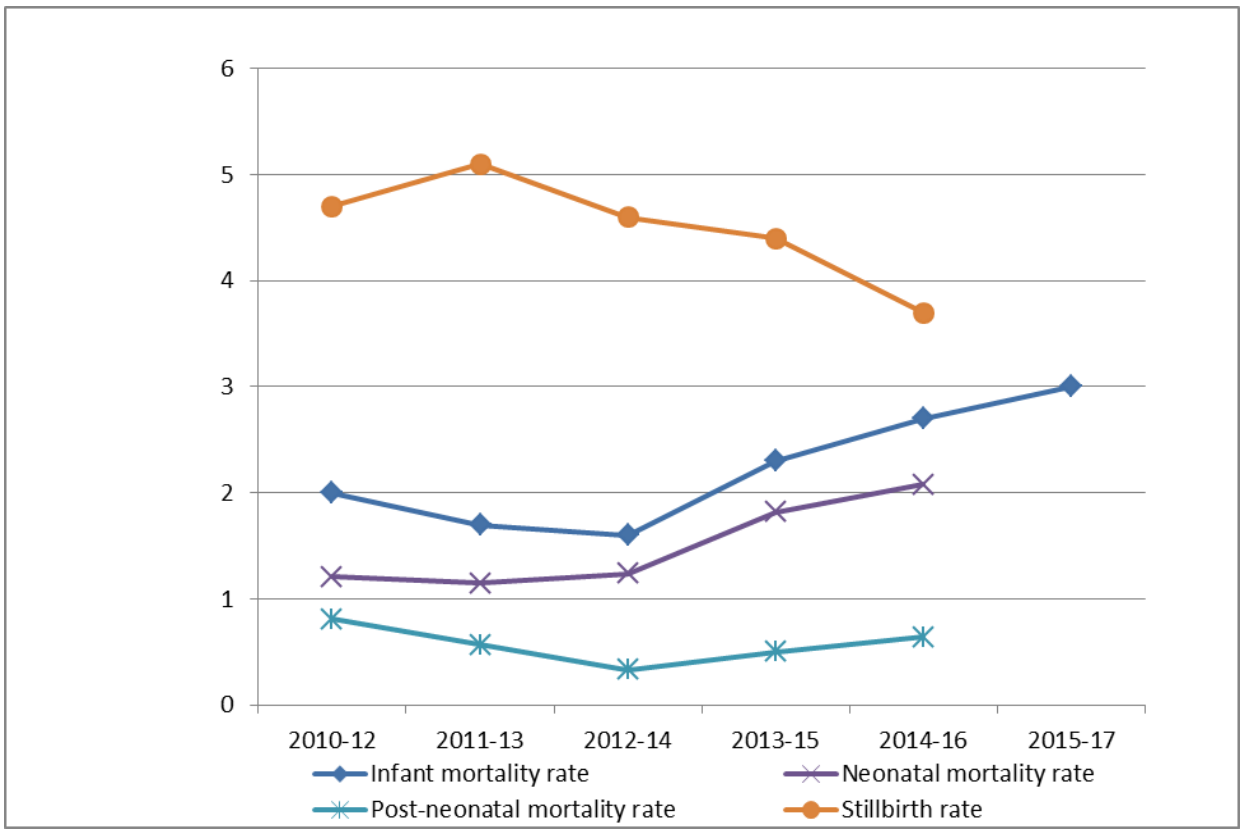
[1] Definitions of infant mortality, neonatal mortality, post-neonatal mortality and stillbirths in Appendix

Figure 2. Number of neonatal and post-neonatal deaths, Bromley, 2008-2018



4.6 Figure 2 shows the actual number of deaths in Bromley to mid-December 2018. This shows not only that the number of infant deaths in Bromley is very low, but also that it appears to have reduced again recently. The small number of deaths are the reason for analysis using pooled data over three years rather than annual data.

Figure 3. Analysis of infant deaths and stillbirths 2010-2017 using rolling three year averages



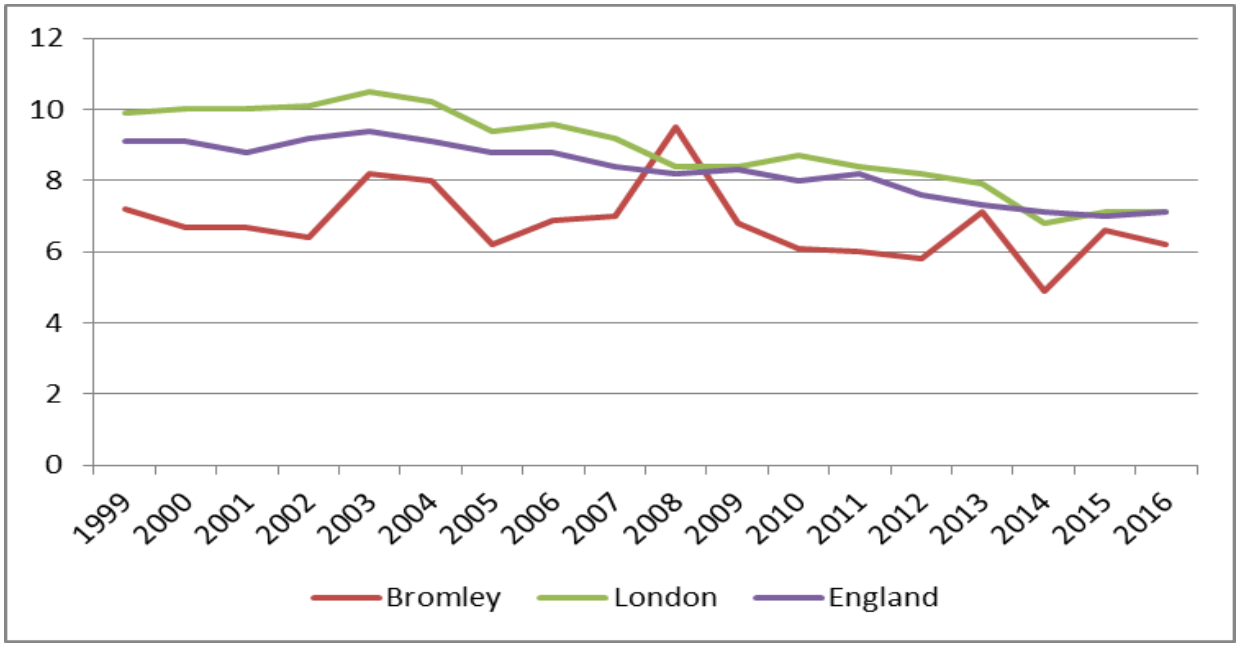
4.7 Figure 3 does indicate that the increase in infant mortality rates shown in Figure 1 is largely due to neonatal mortality.

4.8 However it is interesting to note the falling stillbirth rate. There is potential overlap between the descriptors “stillbirth” and “neonatal death”. If a newborn baby shows any

sign of life it should be described as a neonatal death rather than a stillbirth. In practice, it may be classified as a stillbirth rather than a neonatal death, especially if the baby is very premature.

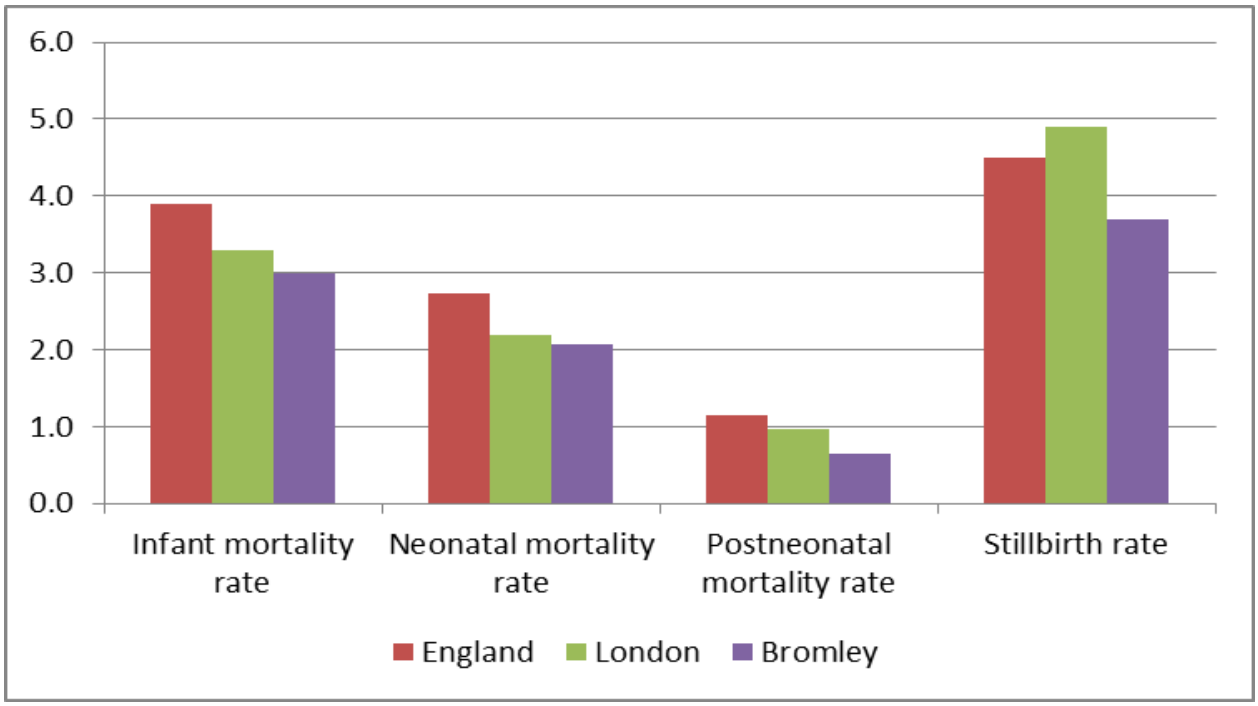
4.9 A combined analysis of stillbirth and neonatal deaths together is published by Public Health England. Figure 4 shows the long term trends of this combined indicator. As expected there is more variability in the Bromley rates because of small numbers. However the overall picture is that the combined rate is below the rate for England and London, which would be expected for Bromley. This appears to show that the recent upturn is a short-term change in an overall downward trend.

Figure 4. Combined neonatal and stillbirth rates, Bromley, London and England, 1999-2016



4.10 Another key analysis to interpret a possible rise in infant mortality rates is to compare infant mortality measures with London and England. The measures in Figure 5 all relate to the period 2014-16 apart from the infant mortlaity measure which is now available for the period 2015-17.

Figure 5. Mortality measures compared to London and England for the period 2014-16 for neonatal & postneonatal mortality and still birth rate and for the period 2015-17 for infant mortality



4.11 Figure 5 shows that Bromley still compares favourably for all measures of infant mortality.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 At a national level, infant mortality is higher in deprived and vulnerable populations. There are too few deaths to identify whether this is the case in Bromley.

5.2 Infant mortality rate (deaths occurring in the first year of life) is a fair reflection of the health of a population generally and as such is routinely monitored both locally and nationally. The Public Health team analyses the data and considers potential cause of any variations in the infant mortality as presented in this paper. Every child death is also scrutinised by the Child Death Overview Panel. Both processes provide assurance to the Council that appropriate action is taken if necessary.

Non-Applicable Sections:	Financial and 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)	Report to Health and Wellbeing Board 29th March 2018. Infant Mortality in Bromley. Report No. CS18130

APPENDIX

DEFINITIONS OF TERMS USED

Infant mortality rate: Infant deaths under 1 year of age per 1000 live births

Neonatal mortality rate:The number of deaths under 28 days, per 1,000 live births.

Post-neonatal mortality rate:The number of deaths between 28 days and 1 year, per 1,000 live births.

Stillbirth rate: Rate of stillbirths (fetal deaths occurring after 24 weeks of gestation) for all maternal ages occurring in the respective calendar years per 1,000 births.

Neonatal mortality and stillbirths: The number of stillbirths and deaths under 28 days, per 1,000 live births and stillbirths

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Report No.
ECHS19011

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 31st January 2018**
Title:	**DELAYED TRANSFER OF CARE (DTOC) PERFORMANCE UPDATE**
Contact Officer:	Stephen John, Director Adult Social Care London Borough of Bromley Tel: 020 8313 4754 E-mail: Stephen.john@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 A Delayed Transfer of Care (DToC) Performance update was circulated to HWBB members on 28th November 2018. This included an update on local and national performance to date, invalidated out of borough hospital reporting as well as Mental Health DToC validation processes and performance improvement.

1.2 This paper provides:

- Update from national departments on future DToC target (see section 4)
- Local and National Performance Update (see section 5)
- Update on invalidated data reporting by out of borough hospitals (see section 6)
- Mental Health DToC validation process and performance improvement (see section 7)

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

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 UPDATE FROM NATIONAL DEPARTMENTS ON FUTURE DTOC TARGET

4.2 Communication was received on 15 May 2018 updating local areas that nationally a revised methodology has been agreed to centrally set DToC targets. The information suggests that the methodology for the local target will be simplified using published data form winter between September to December 2017. This differs from the previous year, which used one month and during the summer period creating an extremely challenging target that did not reflect seasonal variation.

4.3 A breakdown of DToC targets for Bromley is shown below, which is calculated from the national published objective by NHS England.

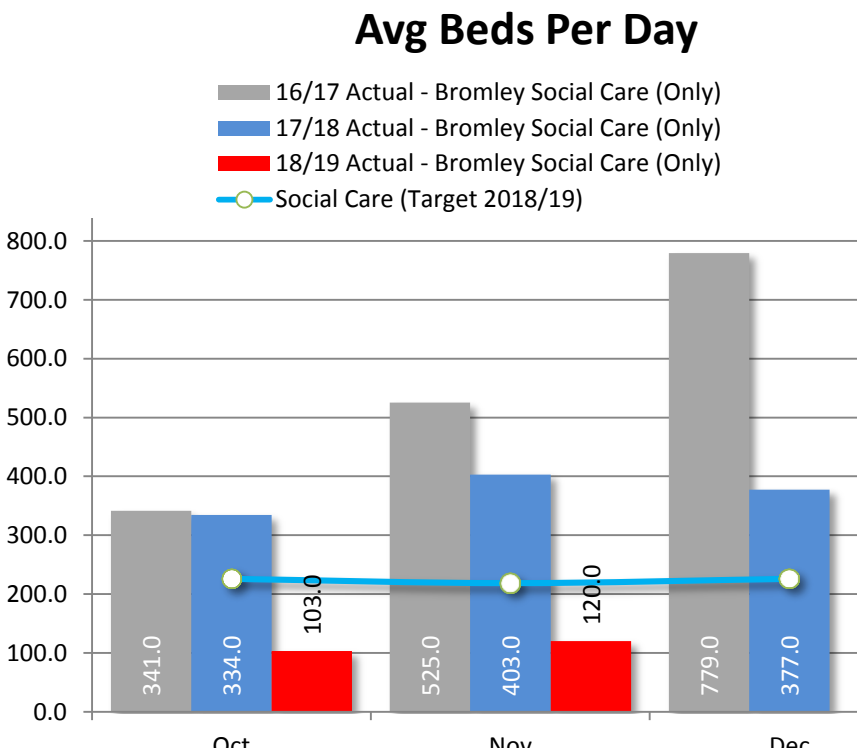
	17/18 Targets	18/19 Proposal	Var +/-
NHS	3.7	4.9	↑ 1.2
Social Care	6.6	7.3	↑ 0.7
Both	0	0.3	↑ 0.3
Total	10.3	12.5	2.2

5. LOCAL AND NATIONAL PERFORMANCE UPDATE

5.1 The table below shows the overall performance for the 3rd quarter of 2018/19 for the reported total delayed days of each month against the nationally set targets, with the exception of December 2018, which will be published in February. There is a continuation of positive results with each month being ahead of the set target.

	October	Target	Variation	**November**	Target	Variation
NHS	**0**	151	-151	**17**	147	-130
Social Care	**103**	226	-123	**120**	219	-99
Both	**0**	9	-9	**0**	9	-9
Total (bed days)	**103**	387	***- 284*** (-73%)	**137**	375	**-238** (-63%)

5.2 The chart below shows the monthly breakdown of Bromley Social Care performance & target for the 3rd quarter of 2018/19 so far, along with the comparative months from 2016/17. There continues to be a reduction in DToCs compared with previous years, with the third quarter being ahead of target.



5.3 A strong positive outcome is noted for both October & November, with November 2018 recording an overall of 137 bed days attributed across all areas; this compares with 553 from the previous year – a significant reduction of 416 days (75%).

5.4 This figure represents 0.1% of the nationally published data of 137,388 total delayed days in November 2018.

5.5 For Social Care, the figure for the most recent published month (November 2018) confirms a daily average of 4 days against the 7.3 days target.

5.6 The overall DToC distribution year-to-date for Bromley was; 36 % for the NHS, 60% for social care and 4% attributed to both. This compares to; 23% for the NHS, 75% for Social Care and 2% attributed to both for the same period in 2017/18.

5.7 For 2018/19 (year-to-date), overall Bromley (across all areas) has been responsible for 1746 days at an average of 7.1 per day; below the 12.5 target. This compares with 3914 (16 per day) for the same period 2017/18 – a reduction of over 55%.

5.8 Bromley is now ranked 7th best performing Borough in London out of 32 – see appendix 1. Over a rolling 12 month period, the total number of Bromley DToCs has reduced from 4,575 days to 3,591 compared with the previous reporting period.

6. UPDATE ON INVALIDATED DATA REPORTING BY OUT OF BOROUGH HOSPITALS

6.1 The system continues to promote the validation process reported in the previous update, with regular further scrutiny of data shared via SEFT (Secure Electronic File Transfer). This enables a proactive and efficient method of disputing unrecognised DToCs, resulting in the withdrawal of some out-of-borough publications.

7. IMENTAL HEALTH DToC VALIDATION PROCESSES AND PERFORMANCE IMPROVEMENT

7.1 The Mental Health DToC partnership group across the Local Authority, CCG and Oxleas Foundation Trust has continued its weekly meetings, utilising processes previously developed to facilitate proactive discharges.

7.2 As a result of this work the DToC in MH acute trusts are at record low, with Q3 currently showing zero Occupied Bed Days – the following table shows the variance in performance for 2018/19 to date :

	Q1 OBD's	**Q2** OBD's	**Q3** OBD's
M1	103	55	0
M2	13	7	0
M3	11	8	-
Total	**127**	**70**	**0**

7.3 A robust monitoring and validation process is still in place, with weekly DToC and potential DToCs being considered, as well as formal updates provided to Adult Mental Health Practice Review Group chaired by the Director Adult Social Care. All data is formally agreed by the DAS and MD of CCG before any national submission is made.

8. FINANCIAL IMPLICATIONS

8.1 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 December 2017 confirmed that 'there will be no impact on your additional iBCF allocation in 2018/19.'

Non-Applicable Sections:	Legal 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)	Not Applicable.

APPENDIX 1

SECTION 1 (COMPARATOR DATA)

Latest London DToC League Table (Rolling 12 month period)

Council	Mid Year Population 2017 18+	Sum of NHS B SUM	% of Delays NHS	Position - % of Delays NHS	Sum of Social Care B SUM	% of Delays Social Care	Position - % of Delays Social Care	Sum of Both B SUM	% of Delays Both	Position - % of Delays Both	Total Days Delayed	DTOC Delay Rate Per Month Per 100,000 Population	Position
BARKING & DAGENHAM	147,822	1989	91.5%	33	177	8.1%	2	7	0.3%	5	2173	122.5	8
BARNET	296,301	4112	67.6%	21	1521	25.0%	10	449	7.4%	28	6082	171.1	19
BEXLEY	189,524	1879	61.2%	13	1193	38.8%	25	0	0.0%	1	3072	135.1	11
BRENT	251,539	5538	57.9%	11	3715	38.8%	24	314	3.3%	20	9567	316.9	32
BROMLEY	255,350	1213	33.8%	2	2199	61.2%	32	179	5.0%	24	3591	117.2	7
CAMDEN	204,188	2557	48.1%	5	2620	49.2%	29	144	2.7%	16	5321	217.2	25
CITY OF LONDON	6,400	230	85.2%	28	40	14.8%	6	0	0.0%	1	270	351.6	33
CROYDON	290,062	3543	54.9%	9	2426	37.6%	23	490	7.6%	30	6459	185.6	21
EALING	260,852	3117	43.7%	4	3812	53.4%	30	211	3.0%	17	7140	228.1	29
ENFIELD	248,494	3030	70.0%	22	1250	28.9%	18	49	1.1%	10	4329	145.2	14
GREENWICH	214,587	1735	57.7%	10	1205	40.1%	26	67	2.2%	14	3007	116.8	6
HACKNEY	212,881	2432	52.1%	7	2193	47.0%	27	45	1.0%	9	4670	182.8	20
HAMMERSMITH & FULHAM	147,070	2202	66.0%	16	916	27.4%	15	220	6.6%	27	3338	189.1	22
HARINGEY	210,599	2391	43.4%	3	3097	56.3%	31	17	0.3%	4	5505	217.8	26
HARROW	191,055	3535	67.4%	20	1324	25.2%	11	389	7.4%	29	5248	228.9	31
HAVERING	199,368	4105	88.1%	30	478	10.3%	4	77	1.7%	13	4660	194.8	24
HILLINGDON	229,597	2805	71.1%	23	999	25.3%	12	139	3.5%	21	3943	143.1	13
HOUNSLOW	205,172	1679	59.0%	12	904	31.8%	21	264	9.3%	32	2847	115.6	5
ISLINGTON	193,584	3355	66.0%	17	1645	32.4%	22	83	1.6%	12	5083	218.8	27
KENSINGTON & CHELSEA	127,266	1573	65.9%	15	685	28.7%	17	128	5.4%	25	2386	156.2	16
KINGSTON UPON THAMES	136,000	1919	89.8%	31	153	7.2%	1	65	3.0%	18	2137	130.9	10
LAMBETH	261,416	2924	54.8%	8	1628	30.5%	20	786	14.7%	33	5338	170.2	18
LEWISHAM	233,035	2011	67.3%	19	843	28.2%	16	135	4.5%	22	2989	106.9	2
MERTON	159,050	1494	62.8%	14	703	29.5%	19	183	7.7%	31	2380	124.7	9
NEWHAM	262,241	2668	75.9%	26	846	24.1%	9	0	0.0%	1	3514	111.7	4
REDBRIDGE	225,877	3493	90.4%	32	342	8.8%	3	30	0.8%	7	3865	142.6	12
RICHMOND UPON THAMES	150,558	2956	71.6%	25	984	23.8%	8	191	4.6%	23	4131	228.6	30
SOUTHWARK	249,846	2653	80.9%	27	589	18.0%	7	38	1.2%	11	3280	109.4	3
SUTTON	155,774	934	32.2%	1	1870	64.5%	33	95	3.3%	19	2899	155.1	15
TOWER HAMLETS	239,561	4127	86.9%	29	600	12.6%	5	22	0.5%	6	4749	165.2	17
WALTHAM FOREST	208,704	2891	51.4%	6	2684	47.7%	28	52	0.9%	8	5627	224.7	28
WANDSWORTH	260,238	2316	71.2%	24	854	26.3%	13	81	2.5%	15	3251	104.1	1
WESTMINSTER	199,631	3065	66.8%	18	1231	26.8%	14	292	6.4%	26	4588	191.5	23
GRAND TOTAL	**6,823,642**	**86471**	**62.9%**		**45726**	**33.3%**		**5242**	**3.8%**		**137439**	**167.8**	

Source: Statitiscs derived from NHS England – https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/statistical-work-areas-delayed-transfers-of-care-delayed-transfers-of-care-data-2018-19/

Report No.
ECHS19022

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 31st January 2019**
Title:	**"BROMLEY CAMHS TRAILBLAZER" - CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SUPPORT TEAMS AND FOUR-WEEK WAITING TIME PILOTS**
Contact Officer:	Nazmin Mansuria, Senior Commissioning Manager: Integrated Commissioning and Transformation, NHS Bromley Clinical, Commissioning Group. Tel: 020 8 930 0221 E-mail: Nazmin.Mansuria@nhs.net
Ward:	Borough-wide

1. Summary

1.1 This report provides information on the "Bromley CAMHS Trailblazer" - Children and Young People's Mental Health Support Teams and Four-Week Waiting Time Pilots.

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update to Board Members.

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

3.1 Education - to encourage selected schools to be in the pilot.

Health & Wellbeing Strategy

1. Related priority: [Delete as appropriate] Anxiety and Depression Children with Mental and Emotional Health Problems

Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: NHS Bromley Clinical Commissioning Group

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

Supporting Public Health Outcome Indicator(s)

Yes

4. COMMENTARY

4.1 In December 2017, the Government published *Transforming children and young people's mental health provision: a Green Paper*. The paper set out a commitment to expand support for children and young people's (CYP) mental health services and build on the commitments already set out in *Implementing the Five Year Forward View for Mental Health*.

4.2 The three key proposals of the Green Paper are:

1) To incentivise and support all schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health;

2) To fund new Mental Health Support Teams (MHSTs), supervised by NHS CYP mental health staff, to provide specific extra capacity for early intervention and ongoing help within a school and college setting; and

3) As the new Support Teams are rolled out, NHS England will trial a four week waiting time for access to specialist NHS CYP mental health services. This builds on the expansion of specialist NHS services already underway.

4.3 NHS Bromley Clinical Commissioning Group worked with partners in Bromley to successfully bid for £2.1m of additional funding for the period 2019-21. The CCG was pre-selected to bid as Bromley mental health services are exceeding certain national mental health targets. NHS England was particularly impressed by the high standard of the bid and ongoing plans to transform and improve outcomes for CYP with mental health needs in Bromley.

4.4 The funding will be used to establish new Mental Health Support Teams (MHSTs) - which will provide an early intervention and prevention service for CYP with mild to moderate mental health issues. Supervised by qualified NHS staff, the teams will provide help to the local education workforce within a school and college setting and will act as a link with local CYP mental health services. In Bromley we will also be trialling a four week waiting time for access to specialist NHS CYP mental health services.

4.5 The original bid proposal to NHS England was for four MHSTs to cover the entire school population in Bromley. However, Bromley was ultimately awarded only half of the original request – that is, funding for two MHST's with a coverage of half the school population. There will be a strong emphasis on bringing all schools together so that the learning can be shared throughout Bromley. Learning events will be set up throughout the course of the pilot phase. This Trailblazer pilot aims to test how MHST teams can work with other services and how they can accelerate the wider transformation of care for CYP. Strengthening the mental health training within schools will help teachers spot warning signs earlier, ensuring young people can access vital support services as quickly as possible.

4.6 The new Mental Health Teams will deliver the following:

- Facilitate peer support for children & young people and parents/carers.
- Deliver parenting groups, providing the tools to develop resilience amongst themselves and their children/young people.
- Provide transition groups which deliver supportive pathways for these points of significant change for young people.
- Provide specialist support for discrete groups, e.g. Home Educated, children with special educational needs and disabilities (SEND).

- Develop relationships with key staff to empower them to create a culture for pupils to flourish. The workforce skillset will be key in connecting with a diverse range of communities to flexibly address their specific needs (including outreach).

4.7 MHSTS will provide face to face, evidence-based interventions for Children and Young People (CYP) with mild-moderate Mental Health (MH) needs. MHSTs will:

- deliver evidence-based interventions in or close to schools and colleges;
- support CYP with more severe needs to access the right support;
- work with and within schools and colleges, providing a link to specialist NHS services; and
- build on and increase support already in place.

4.8 **4 Week Wait Pilot**

4.9 Specialist Community CAMHS in Bromley (Oxleas NHS FT) is to embark upon a redesign of existing care pathways in order to meet a 4 week waiting time target from referral to initial assessment.

4.10 The pilot will build on the system-based transformation work that is already underway, including improvements to care pathway interfaces and joint working practices with key partners such as the Bromley Wellbeing Service. These changes aim to improve the experience for service users presenting to the emotional wellbeing/mental health pathway and to ensure that collective resources are used to best effect to manage local need.

4.11 Key elements of the proposed pilot includes:

4.12 **Assessment Clinics**

4.13 Introducing a new approach to assessments will enable us to eliminate the backlog and to establish a sustainable shorter waiting time. In order to sustain short waits, it will be critical to ensure that the numbers of assessment slots are aligned to the number of referrals so that waits do not develop.

4.14 Lean principles will be applied to the patient journey from referral to assessment – reducing process steps, eliminating waste and minimising time between referral and assessment.

4.15 Plan to pilot assessment clinics with small multi-disciplinary clinical hubs, which will meet following assessments to complete the clinical formulation and care/treatment plan, thereby reducing the time between assessment and treatment start – we will:

- Expand existing out-of-hours assessment clinics, create additional capacity, provide greater choice for service users and increase accessibility;
- Establish multi-disciplinary clinical assessment hubs, reducing time from assessment to treatment

4.16 **Brief Intervention Pathway**

4.17 The pilot will involve operationalising a brief intervention pathway following assessment. We know that a proportion of patients do not require a full treatment intervention but benefit from a brief intervention which aims to build resilience and coping mechanisms targeted at both the service user and their professional network. This will be accompanied by the implementation of

Individual Support Plans (ISPs) which will provide evidence based advice to enhance the service users' ability to self-manage. We envisage that this offer will reduce the demand for treatment across the service.

4.18 **Group Treatment Strategy**

4.19 Further develop and sustain evidence-based parent and service user group treatment (NVR, Mind & Mood, Challenging Behaviour/ASD) as core interventions, increasing treatment choice for users and helping to provide timely access to specialist interventions. We plan to introduce group interventions as a rolling programme.

4.20 **Psychoeducation**

4.21 Develop and embed psycho-education groups and further self-help materials for service users, to help parents to better manage and understand the mental health needs of their children and to prevent escalation of needs. Groups will be offered in conjunction with the Wellbeing service to provide optimal access to mental health advice.

4.22 Explore digital approaches to self-help and the delivery of care within Bromley. We aim to explore the use of Headscape (Oxleas NHSFT) for services users to access the SPA via self-referral and to increase the use of digital platforms for Bromley CYP.

4.23 **Workforce**

4.24 To undertake a review of the skills mix and training needs within Specialist Community CAMHS and will provide training and development to ensure delivery of the above.

4.25 System Improvements & MHST Pathway

4.26 With regard to the emotional wellbeing/mental health pathway, we will expand on the established joint-referrals triage meetings with the Wellbeing Service whilst also looking to develop a clear pathway for referral to specialist CAMHS via newly established MHSTs. By increasing specialist CAMHS input into the SPA (applying Lean principles to the pathway) this will improve the early identification of complex needs and reduce waste across the pathway

4.27 Bromley has been successful in receiving £2.1 m over two years for the pilot schemes between 2019/20-2020/21.

4.28 Both initiatives are jointly delivered by Bromley Y and Oxleas NHS Foundation Trust.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Children and young peoples emotional wellbeing and mental health affects all vulnerable groups across health, socialcare and education system

Non-Applicable Sections:	Financial and Legal 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)	Not Applicable.

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Report No.
ECHS19014

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 31st January 2019**
Title:	**BROMLEY COMMUNICATIONS AND ENGAGEMENT NETWORK ANNUAL ACTIVITY REPORT 2018**
Contact Officer:	Tim Spilsbury, Chief Executive, Your Voice in Health and Social Care Tel: 020 3886 0839 Web: www.yvhsc.org.uk
Ward:	Borough-wide

1. Summary

1.1 The Bromley Communications and Engagement Network was established in 2014. It is made up of communication and engagement representatives from the health and social care statutory and voluntary organisations within Bromley. The Annual Activity Report is provided to the Health and Wellbeing Board to provide a brief summary of the activity undertaken in 2018.

1.2 The purpose of the C&E Network is to contribute to the improvement of healthcare and wellbeing outcomes for Bromley residents. It is an operational group that works together to provide advice, share work, ideas, deliver joint campaigns, information and engagement activities, work together to help local people to improve community health and wellbeing and support the delivery of agreed borough wide priorities and other community initiatives.

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on the work of the Communications and Engagement Network and to reassure the HWB of how partners in Bromley are working in a joined up way to support effective communication and engagement with local people.

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

3.1 The Communications and Engagement Network was established by Bromley CCG and is chaired by Healthwatch Bromley. The HWB are asked to note the activity undertaken (see Appendix A).

Health & Wellbeing Strategy

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

Yes

Non-Applicable Sections:	Commentary, Impact on Vulnerable People and Children, Financial and Legal 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)	Not Applicable.

Communications and Engagement Network Group

Annual Activity report 2018

Welcome

I am delighted to introduce the Communications and Engagement Network Group annual report for 2018. This is our opportunity to give an account of our work on behalf of the community in Bromley and to set out our future plans and strategic priorities for the next twelve months. Over the last year, we have continued to facilitate communication and engagement between Health and Social Care services in the borough thereby improving health and wellbeing outcomes for Bromley residents.

As the NHS and the social care system continues to change with new models of care and commissioning of services, it is important that services work together to share information, deliver joint campaigns, share engagement activities and deliver coordinated messages to the community to ensure clarity and consistent engagement for local people on borough wide priorities.

The Communications and Engagement group is uniquely placed to coordinate engagement, amplify and represent patient needs but also provides opportunity for organisations to work collaboratively, planning new initiatives and programmes jointly whilst sharing challenges and recognising what works whilst better understanding the role of partner organisations.

In 2018 the Group have combined to deliver focused campaigns on winter messaging, self-care, public health and extended GP provision. Surveys have been promoted focusing on Phlebotomy, young people's mental wellbeing and ageing well.

This year the group introduced a new engagement tracker to assist co-ordination of engagement activities and better ensure future planning of campaigns and surveys that can be coordinated with the right service partners and ensure that two campaigns of equal importance do not occur at the same time to avoid community saturation where possible.

Moving into 2019 the Group will be supporting the new integrated care system as well as supporting co-production with young people about mental health and wellbeing services, improving primary care services, engaging around direct payments and domiciliary care and importantly promoting new services, particularly evaluating understanding and access.

2018 has seen the Group progress with greater membership and impact. I look forward to the work that the group can achieve in 2019 and the outcomes that can be achieved through a coordinated and focused approach to communication and engagement from a focused, multi-disciplinary group sharing the same aims and goals.

Tim Spilsbury, Chief Executive Officer

Your Voice in Health and Social Care and Chair of the Bromley Communications and Engagement Network

1. Introduction

The Bromley Communications and Engagement Network (the Network) was established in 2014. It is made up of communication and engagement representatives from the health and social care statutory and voluntary organisations within Bromley. This report provides a brief summary of the purpose of the Network and the activity undertaken in 2018.

2. Purpose

The purpose of the Network is to contribute to the improvement of healthcare and wellbeing outcomes for Bromley residents. It is an operational group that works together to provide advice, share work, ideas, deliver joint campaigns, information and engagement activities, work together to help local people to improve community health and wellbeing and support the delivery of agreed borough wide priorities and other community initiatives.

3. Membership and format

The Network meets every eight weeks and is chaired by the Chief Executive of Your Voice in Health and Social Care, which delivers the Healthwatch Bromley service. As well as meeting face to face, the Network also operates as a virtual group so that joined up work can be continued in-between meetings. The benefits of the Network are described in section 4.

Members of the Network include representatives from:

- Healthwatch Bromley
- NHS Bromley Clinical Commissioning Group
- London Borough of Bromley
- King's College Hospital NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Bromley Healthcare
- St Christopher's
- Community Links Bromley
- Bromley Third Sector Enterprise

4. Benefits

Since its creation in 2014, the Network has met on a regular basis (every two months) and has proved to be an invaluable way for staff with a communications and engagement remit to meet and share approaches, test ideas, and discuss issues that may impact on the whole Bromley health and care system. These benefits include:

- Sharing experiences and ways of working to learn from each other and understand local priorities.
- Sharing intelligence about local initiatives, challenges and activity going on within the different organisations.
- Working collaboratively on shared priorities.
- Building strong relationships between the different organisations, which is critical if there are difficult issues to address and joint communications/media responses to be developed. By working together closely through the Network it enables us to speak with 'one voice' when appropriate around issues that affect the whole borough or more than one organisation.
- Sharing planned and proposed campaign activity in order to ensure these meet with the local health and wellbeing priorities for Bromley and to link up efforts for a greater reach and impact across local communities.
- Sharing planned events to help encourage and arrange representation from organisations across the borough and to promote widely through established networks.
- Testing ideas for new approaches to engaging with different communities and sharing successes.
- Sharing challenges, ways of working and appropriate local intelligence to inform programmes of work; sharing best practice engagement approaches; sharing contacts and effective techniques to help deliver effective outcomes.
- Getting a better understanding of each organisation and its priority areas.

5. Peer support

A further benefit of the Network has been to bring together staff from a range of organisations that are responsible for communications and/or engagement. Due to the small teams providing this support within organisations, it can sometimes be isolating. Although our organisations have different functions, some of which are to assure and provide an independent perspective on local practice and engagement activity (Healthwatch), members have been able to share challenges and discuss how to approach these and where there are opportunities for shared learning and working together. We are not aware of any similar networks in place anywhere else in south east London health and social care services.

6. Activity

This section provides a summary of the work undertaken by the Network and the outcomes.

6.1 Campaigns

Information on high profile campaigns has been shared and members have promoted these across their own networks. This has led to greater reach in getting information out to the public and a better understanding of how different organisations can contribute to the messages. A campaign and events calendar is managed and updated so that any joined up working can be identified and members are clear on what is planned for the future. Over the last year, campaigns have included:

- **Winter messages** – including using the right service at the right time, easing pressure in A&E, stay warm, stay well, winter payments and getting the flu jab. Members have shared local approaches to promoting some of these messages so that joint working can be done and avoid duplication and confusing messages going out to the public.
- **Self-care for life** – encouraging the public to take good care of their own health
- **Joint working on public health campaigns** including diabetes, cancer, mental health awareness etc. Local service information is added to national campaign materials and then promoted across all partner websites and digital media.
- **Promoting the 8am to 8pm GP service**
- **Shared social media activity**. By using the Network, some CCG campaigns and engagement surveys had received much greater coverage through the support of members.

6.2 Events

The Network has been invaluable in helping to promote public events and other high profile meetings that are happening in Bromley and encouraging people to attend. This has included:

- Annual general meetings
- Stakeholder events to inform key programmes of work
- Membership events
- Public information events
- Open days for services
- Outreach hubs

Members have been able to piggy back onto some of these events to promote organisational priorities such as joining patient groups and completing surveys.

6.3 Surveys

Public surveys on a variety of issues have been promoted wider by using the Network. Information has appeared on websites and through internal and external bulletins which enables more people to be reached and encouraged to contribute to various surveys including:

- Changes to phlebotomy services.
- Young people's emotional and mental wellbeing.
- Ageing well in Bromley

Members have also received and discussed the outcomes of Healthwatch Bromley patient experience reports.

6.4 Engagement approaches

In 2018, the Network introduced a new Engagement Tracker. The purpose of the tracker is to record all the public engagement being undertaken within different organisations including the purpose, what activity has taken place and importantly the outcomes of that work. By sharing this information, we aim to avoid repetition – ie going out to the public to ask similar questions and to share the intelligence gathered by this activity. Both Healthwatch and the

CCG post engagement outcome reports on their websites which have been used by members of the network to inform local services.

Members have shared different approaches to reaching communities and how best to engage with them. This has been invaluable and contributed to increased shared intelligence and understanding of the groups and communities in Bromley. Discussions have focused on how to better target hard to reach communities – a shared challenge for us all.

Discussions have also supported the CCG to review and record, as part of its annual national assurance process, to record how providers are being held to account for engaging with the public regarding their experiences of care.

A few examples of the work discussed and recorded on the engagement tracker is provided in figure 1.

Figure 1 – Example insert from the Engagement Tracker

Org	Target Group	Theme and purpose	Activity	Outcome
CCG	Children and Young People	Co-production of emotional and mental wellbeing services for CYP	Ongoing programme of co-production to shape a system model for emotional and mental wellbeing services for children and young people. The CCG has been successful in a bid to the NHS Citizen Exemplar Project which will provide additional resources to support the youth engagement part of the coproduction work. The aim is to reach young people who are seldom heard and also support them to be confident about taking an active role in the coproduction.	Ongoing. Feedback reports from various groups and events that have already taken place are available on the CCG website's co-production section. Further outreach with young people and families is being undertaken to inform the new service specification for a new model of care. A report on the outcomes of these meetings and conversations will be produced.
	Older people	To inform the development of the ageing well strategy which is a joint endeavour between the council and CCG	Pre-engagement patient workshop held on 23 March with 18 members of the CCG's patient advisory group. Discussed further at the May and July C&E Network meeting and a programme of community engagement was undertaken in July and August in partnership with the local authority. Two co-design workshops with local people have taken place to inform the programme in November.	Outcomes report on the March patient work is available on the CCG website. Analysis of the outcomes of the engagement process and the co-design workshops is currently underway.
	Public	Changes to the walk in phlebotomy service at the PRUH	Two week survey to inform the impact of closing the walk in service at the PRUH and providing this in a near GP surgery.	Outcome report now published on the CCG website.

Org	Target Group	Theme and purpose	Activity	Outcome
	Public	Primary care needs assessment to inform future model of primary care services	Outreach engagement with various groups to understand what the general public need from their primary care services and also with primary care staff about what can be delivered.	Outcomes being used to inform new model of primary care – Outcome report now published on the CCG website.
BHC	Public	Review of website and the Care Co-ordination Centre	Patient reference group meets on a regular basis. Recent activity has included reviewing the website and Care Co-ordination Centre through a mystery shopping approach.	Outcomes being fed back into the BHC system to make any necessary improvements.
Oxleas	Research Net	Weekly meeting of people with mental health conditions. Takes place in Orpington.	Opportunities available to talk to people with mental health conditions through this group.	Ongoing – used by the CCG to reach people with mental health conditions.
	Adult Mental Health service users and carers	To get service user and carer views/experience of being treated in an acute ward and/or in a female PICU (Psychiatric Intensive Care Unit)	Focus group specifically for people who may have been treated in an acute ward and/or in a female PICU (Psychiatric Intensive Care Unit).	Outcome report to be shared on completion.
Bromley	All groups	Bromley Well has	The Bromley Well website has 112 events and	Local groups used by partners to

Org	Target Group	Theme and purpose	Activity	Outcome
Well		opportunities to engage with a wide range of groups in Bromley	groups happening and there is lots of active engagement ongoing. The third adult carers newsletter has been produced and recent presentations have been done to GPs at the Bromley Academic Half Day and to Job Centre Plus. The service is currently working with around 8,500 people in Bromley.	engage with patients/public – for example the Asian Cultural Group, AGE UK befriending groups on the Ageing Well strategy.
St Chris-topher's	Socially isolated communities	To help reduce social isolation	The compassionate neighbour scheme which visits people in their own homes to help reduce social isolation has gone well and will be rolled out to Bromley.	Will be reviewed once it comes to Bromley.
	Public	Fundraising campaign for new Education Centre	A capital appeal to raise £6.5million to fund a new Education centre that will help to improve end of life care locally, nationally and internally is underway.	Updates to be shared with the group as campaign progresses.
Bromley Council	Older people	Ageing well strategy – jointly with the CCG	See the CCG section – this is joint work.	Outcomes to be shared once results of the engagement have been analysed.
	Residents	Consultation on budget plans	Annual process to consult on the council's budget plans. Residents invited to communicate with the council leader.	Outcomes to be shared on completion of the engagement.

Org	Target Group	Theme and purpose	Activity	Outcome
King's	King's members, Associate members and interested public	Talk back sessions about a range of services/service developments: critical care, cancer care outpatients	Sessions take place approx. monthly at the PRUH with reports produced from each event for service improvement. PRUH events for October-December 2018 will focus on critical care, cancer service improvements and outpatient transformation	Reports produced from each event
	Young people in crisis attending emergency department PRUH	Experience of A&E and links with CAMHS	A joint project with Oxleas to gather some feedback from young people about their experiences of coming to PRUH A&E with a mental health issue. Aim to survey and interview some young people over Oct-Feb 2018/19	Report of feedback to be shared with Bromley partner agencies
	Older people leaving the PRUH	Experience of older frail people being discharged from the PRUH	A joint project with Age UK Bromley and the PRUH frailty team to gather some feedback from older people and their relatives about discharge from the PRUH and the frailty pathway of care through A&E and the frailty team. Aim to survey and interview some older people over Oct-Dec 2018	Report of feedback to be shared with Bromley partner agencies and inform frailty service development at the PRUH
Healthwatch Bromley	Patients and service users	Enter and View Programme	Programme of Enter and View visits to local health and care facilities across the borough. Approx. 2 x visits a quarter.	Reports published on the Healthwatch website.
		Patient Experience	Engagement Hubs in children and family centres,	Report published on Healthwatch

Org	Target Group	Theme and purpose	Activity	Outcome
		Quarterly feedback	hospital wards, job centre, GP Practices etc. Opportunity here for partners to cascade relevant information at these events. Theme and trend analysis report presented quarterly from approx. 600 patient experiences of health and social care provision.	Bromley website.
		Faith and health	In depth research project focusing on faith groups across the borough. Focus groups and surveys to be distributed to a variety of faith communities looking at their health needs and experiences in Bromley.	Outcome report to be published once completed.
		Homeless	Supported Public Health on their homeless health engagement and work with families in temporary accommodation	Final report published by Public Health team.

6.5 Organisational and system wide priorities

The Network enables partners in the Bromley system to discuss individual organisational priorities and those that impact on all parts of the Bromley health and care system. In 2019, a sub-group of the Network will be set up to take forward the communications planning for the new One Bromley – integrated care system. This will be a priority area of focus for the Network over 2019. Other examples of where Network members have provided advice and guidance to other priority areas include:

- Engaging with residents on the Ageing Well Strategy.
- Co-production work with children and young people on emotional and mental health wellbeing services.
- Working together on internal and external communications planning for winter pressures and promotion of winter resilience schemes.
- SEND.
- Improving primary care services.
- Safeguarding.
- Promoting the Joint Strategic Needs Assessment.
- Engagement approach for direct payments.
- Engagement approach for domiciliary care.
- New services – for example health and wellbeing hub.

7. Evaluation

The Terms of Reference for the Network is reviewed each year.

Members of the Network find the meetings very useful and productive and an excellent opportunity to discuss common priority areas and understand more about what is going on in the local health and care system.

Discussions and outcomes from Network meetings are taken back to individual organisations for further action and information sharing as required.

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The NHS Long Term Plan – a summary

Find out more: **www.longtermplan.nhs.uk** | **Join the conversation:** **#NHSLongTermPlan**

Health and care leaders have come together to develop a Long Term Plan to make the NHS fit for the future, and to get the most value for patients out of every pound of taxpayers' investment.

Our plan has been drawn up by those who know the NHS best, including frontline health and care staff, patient groups and other experts. And they have benefited from hearing a wide range of views, whether through the 200 events that have taken place, and or the 2,500 submissions we received from individuals and groups representing the opinions and interests of 3.5 million people.

This summary sets out the key things you can expect to see and hear about over the next few months and years, as local NHS organisations work with their partners to turn the ambitions in the plan into improvements in services in every part of England.

What the NHS Long Term Plan will deliver for patients

These are just some of the ways that we want to improve care for patients over the next ten years:

Making sure everyone gets the best start in life

- reducing stillbirths and mother and child deaths during birth by 50%
- ensuring most women can benefit from continuity of carer through and beyond their pregnancy, targeted towards those who will benefit most
- providing extra support for expectant mothers at risk of premature birth
- expanding support for perinatal mental health conditions
- taking further action on childhood obesity
- increasing funding for children and young people's mental health
- bringing down waiting times for autism assessments
- providing the right care for children with a learning disability
- delivering the best treatments available for children with cancer, including CAR-T and proton beam therapy.

Delivering world-class care for major health problems

- preventing 150,000 heart attacks, strokes and dementia cases
- providing education and exercise programmes to tens of thousands more patients with heart problems, preventing up to 14,000 premature deaths
- saving 55,000 more lives a year by diagnosing more cancers early
- investing in spotting and treating lung conditions early to prevent 80,000 stays in hospital
- spending at least £2.3bn more a year on mental health care
- helping 380,000 more people get therapy for depression and anxiety by 2023/24
- delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

Supporting people to age well

- increasing funding for primary and community care by at least £4.5bn
- bringing together different professionals to coordinate care better
- helping more people to live independently at home for longer
- developing more rapid community response teams to prevent unnecessary hospital spells, and speed up discharges home.
- upgrading NHS staff support to people living in care homes.
- improving the recognition of carers and support they receive
- making further progress on care for people with dementia
- giving more people more say about the care they receive and where they receive it, particularly towards the end of their lives.

How we will deliver the ambitions of the NHS Long Term Plan

To ensure that the NHS can achieve the ambitious improvements we want to see for patients over the next ten years, the NHS Long Term Plan also sets out how we think we can overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

1. **Doing things differently:** we will give people more control over their own health and the care they receive, encourage more collaboration between GPs, their teams and community services, as 'primary care networks', to increase the services they can provide jointly, and increase the focus on NHS organisations working with their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.

2. **Preventing illness and tackling health inequalities:** the NHS will increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

3. **Backing our workforce:** we will continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships. We will also make the NHS a better place to work, so more staff stay in the NHS and feel able to make better use of their skills and experience for patients.

4. **Making better use of data and digital technology:** we will provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door', better access to digital tools and patient records for staff, and improvements to the planning and delivery of services based on the analysis of patient and population data.

5. **Getting the most out of taxpayers' investment in the NHS:** we will continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered, make better use of the NHS' combined buying power to get commonly-used products for cheaper, and reduce spend on administration.

What happens next

Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), which are groups of local NHS organisations working together with each other, local councils and other partners, now need to develop and implement their own strategies for the next five years.

These strategies will set out how they intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

This means that over the next few months, whether you are NHS staff, a patient or a member of the public, you will have the opportunity to help shape what the NHS Long Term Plan means for your area, and how the services you use or work in need to change and improve.

To help with this, we will work with local Healthwatch groups to support NHS teams in ensuring that the views of patients and the public are heard, and Age UK will be leading work with other charities to provide extra opportunities to hear from people with specific needs or concerns.

Find out more

More information is available at www.longtermplan.nhs.uk, and your local NHS teams will soon be sharing details of what it may mean in your area, and how you can help shape their plans.

Overview and summary

The NHS has been marking its 70th anniversary, and the national debate this has unleashed has centred on three big truths. There's been pride in our Health Service's enduring success, and in the shared social commitment it represents. There's been concern – about funding, staffing, increasing inequalities and pressures from a growing and ageing population. But there's also been optimism – about the possibilities for continuing medical advance and better outcomes of care.

In looking ahead to the Health Service's 80th birthday, this NHS Long Term Plan takes all three of these realities as its starting point. So to succeed, we must keep all that's good about our health service and its place in our national life. But we must tackle head-on the pressures our staff face, while making our extra funding go as far as possible. And as we do so, we must accelerate the redesign of patient care to future-proof the NHS for the decade ahead. This Plan sets out how we will do that. We are now able to because:

- first, we now have a secure and improved funding path for the NHS, averaging 3.4% a year over the next five years, compared with 2.2% over the past five years;
- second, because there is wide consensus about the changes now needed. This has been confirmed by patients' groups, professional bodies and frontline NHS leaders who since July have all helped shape this plan – through over 200 separate events, over 2,500 separate responses, through insights offered by 85,000 members of the public and from organisations representing over 3.5 million people;
- and third, because work that kicked-off after the *NHS Five Year Forward View* is now beginning to bear fruit, providing practical experience of how to bring about the changes set out in this Plan. Almost everything in this Plan is already being implemented successfully somewhere in the NHS. Now as this Plan is implemented right across the NHS, here are the big changes it will bring:

Chapter One sets out how the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. GP practices and hospital outpatients currently provide around 400 million face-to-face appointments each year. Over the next five years, every patient will have the right to online 'digital' GP consultations, and redesigned hospital support will be able to avoid up to a third of outpatient appointments - saving patients 30 million trips to hospital, and saving the NHS over £1 billion a year in new expenditure averted. GP practices - typically covering 30-50,000 people - will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. Now expanded community health teams will be required under new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from 'social prescribing', a personal health budget, and new support for managing their own health in partnership with patients' groups and the voluntary sector.

These reforms will be backed by a new guarantee that over the next five years, investment in primary medical and community services will grow faster than the overall NHS budget. This commitment – an NHS 'first' - creates a ringfenced local fund worth at least an extra £4.5 billion a year in real terms by 2023/24.

We have an emergency care system under real pressure, but also one in the midst of profound change. The Long Term Plan sets out action to ensure patients get the care they need, fast, and to relieve pressure on A&Es. New service channels such as urgent treatment centres are now growing far faster than hospital A&E attendances, and UTCs are being designated across England. For those that do need hospital care, emergency 'admissions' are increasingly being treated through 'same day emergency care' without need for an overnight stay. This model will be rolled out across all acute hospitals, increasing the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. Building on hospitals' success in improving outcomes for major trauma, stroke and other critical illnesses conditions, new clinical standards will ensure patients with the most serious emergencies get the best possible care. And building on recent gains, in partnership with local councils further action to cut delayed hospital discharges will help free up pressure on hospital beds.

Chapter Two sets out new, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities. Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation. Nevertheless, every 24 hours the NHS comes into contact with more than a million people at moments in their lives that bring home the personal impact of ill health. The Long Term Plan therefore funds specific new evidence-based NHS prevention programmes, including to cut smoking; to reduce obesity, partly by doubling enrolment in the successful Type 2 NHS Diabetes Prevention Programme; to limit alcohol-related A&E admissions; and to lower air pollution.

To help tackle health inequalities, NHS England will base its five year funding allocations to local areas on more accurate assessment of health inequalities and unmet need. As a condition of receiving Long Term Plan funding, all major national programmes and every local area across England will be required to set out specific measurable goals and mechanisms by which they will contribute to narrowing health inequalities over the next five and ten years. The Plan also sets out specific action, for example to: cut smoking in pregnancy, and by people with long term mental health problems; ensure people with learning disability and/or autism get better support; provide outreach services to people experiencing homelessness; help people with severe mental illness find and keep a job; and improve uptake of screening and early cancer diagnosis for people who currently miss out.

Chapter Three sets the NHS's priorities for care quality and outcomes improvement for the decade ahead. For all major conditions, results for patients are now measurably better than a decade ago. Childbirth is the safest it has ever been, cancer survival is at an all-time high, deaths from cardiovascular disease have halved since 1990, and male suicide is at a 31-year low. But for the biggest killers and disablers of our population, we still have unmet need, unexplained local variation, and undoubted opportunities for further medical advance. These facts, together with patients' and the public's views on priorities, mean that the Plan goes further on the NHS Five Year Forward View's focus on cancer, mental health, diabetes, multimorbidity and healthy ageing including dementia. But it also extends its focus to children's health, cardiovascular and respiratory conditions, and learning disability and autism, amongst others.

Some improvements in these areas are necessarily framed as 10 year goals, given the timelines needed to expand capacity and grow the workforce. So by 2028 the Plan commits to dramatically improving cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters. Other gains can happen sooner, such as halving maternity-related deaths by 2025. The Plan also allocates sufficient funds on a phased basis over the next five years to increase the number of planned operations and cut long waits. It makes a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particulary children and young people. The Plan also recognises the critical importance of research and innovation to drive future medical advance, with the NHS committing to play its full part in the benefits these bring both to patients and the UK economy.

To enable these changes to the service model, to prevention, and to major clinical improvements, the Long Term Plan sets out how they will be backed by action on workforce, technology, innovation and efficiency, as well as the NHS' overall 'system architecture'.

Chapter Four sets out how current workforce pressures will be tackled, and staff supported. The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. But our staff are feeling the strain. That's partly because over the past decade workforce growth has not kept up with the increasing demands on the NHS. And it's partly because the NHS hasn't been a sufficiently flexible and responsive employer, especially in the light of changing staff expectations for their working lives and careers. However there are practical opportunities to put this right. University places for entry into nursing and medicine are oversubscribed, education and training places are being expanded, and many of those leaving the NHS would remain if employers can reduce workload pressures and offer improved flexibility and professional development. This Long Term Plan therefore sets out a number of specific workforce actions which will be overseen by NHS Improvement that can have a positive impact now. It also sets out wider reforms which will be finalised in 2019 when the workforce education and training budget for HEE is set by government. These will be included in the comprehensive NHS workforce implementation plan published later this year, overseen by the new cross-sector national workforce group, and underpinned by a new compact between frontline NHS leaders and the national NHS leadership bodies.

In the meantime the Long Term Plan sets out action to expand the number of nursing and other undergraduate places, ensuring that well-qualified candidates are not turned away as happens now. Funding is being guaranteed for an expansion of clinical placements of up to 25% from 2019/20 and up to 50% from 2020/21. New routes into nursing and other disciplines, including apprenticeships, nursing associates, online qualification, and 'earn and learn' support, are all being backed, together with a new post-qualification employment guarantee. International recruitment will be significantly expanded over the next three years, and the workforce implementation plan will also set out new incentives for shortage specialties and hard-to-recruit to geographies.

To support current staff, more flexible rostering will become mandatory across all trusts, funding for continuing professional development will increase each year, and action will be taken to support diversity and a culture of respect and fair treatment. New roles and inter-disciplinary credentialing programmes will enable more workforce flexibility across an individual's NHS career and between individual staff groups. The new primary care networks will provide flexible options for GPs and wider primary care teams. Staff and patients alike will benefit from a doubling of the number of volunteers also helping across the NHS.

Chapter Five sets out a wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS. These investments enable many of the wider service changes set out in this Long Term Plan. Over the next ten years they will result in an NHS where digital access to services is widespread. Where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and AI, and without the administrative hassle of today. Where predictive techniques support local Integrated Care Systems to plan and optimise care for their populations. And where secure linked clinical, genomic and other data support new medical breakthroughs and consistent quality of care. Chapter Five identifies costed building blocks and milestones for these developments.

Chapter Six sets out how the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path. In ensuring the affordability of the phased commitments in this Long Term Plan we have taken account of the current financial pressures across the NHS, which are a first call on extra funds. We have also been realistic about inevitable continuing demand growth from our growing and aging population, increasing concern about areas of longstanding unmet need, and the expanding frontiers of medical science and innovation. In the modelling underpinning this Long Term Plan we have therefore not locked-in an assumption that its increased investment in community and primary care will necessarily reduce the need for hospital beds. Instead, taking a prudent approach, we have provided for hospital funding as if trends over the past three years continue. But in practice we expect that if local areas implement the Long Term Plan effectively, they will benefit from a financial and hospital capacity 'dividend'.

In order to deliver for taxpayers, the NHS will continue to drive efficiencies - all of which are then available to local areas to reinvest in frontline care. The Plan lays out major reforms to the NHS' financial architecture, payment systems and incentives. It establishes a new Financial Recovery Fund and 'turnaround' process, so that on a phased basis over the next five years not only the NHS as a whole, but also the trust sector, local systems and individual organisations progressively return to financial balance. And it shows how we will save taxpayers a further £700 million in reduced administrative costs across providers and commissioners both nationally and locally.

Chapter Seven explains next steps in implementing the Long Term Plan. We will build on the open and consultative process used to develop this Plan and strengthen the ability of patients, professionals and the public to contribute by establishing the new NHS Assembly in early 2019. 2019/20 will be a transitional year, as the local NHS and its partners have the opportunity to shape local implementation for their populations, taking account of the Clinical Standards Review and the national implementation framework being published in the spring, as well as their differential local starting points in securing the major national improvements set out in this Long Term Plan. These will be brought together in a detailed national implementation programme by the autumn so that we can also properly take account of Government Spending Review decisions on workforce education and training budgets, social care, councils' public health services and NHS capital investment.

Parliament and the Government have both asked the NHS to make consensus proposals for how primary legislation might be adjusted to better support delivery of the agreed changes set out in this LTP. This Plan does not require changes to the law in order to be implemented. But our view is that amendment to the primary legislation would significantly accelerate progress on service integration, on administrative efficiency, and on public accountability. We recommend changes to: create publicly-accountable integrated care locally; to streamline the national administrative structures of the NHS; and remove the overly rigid competition and procurement regime applied to the NHS.

In the meantime, within the current legal framework, the NHS and our partners will be moving to create Integrated Care Systems everywhere by April 2021, building on the progress already made. ICSs bring together local organisations in a pragmatic and practical way to deliver the 'triple integration' of primary and specialist care, physical and mental health services, and health with social care. They will have a key role in working with Local Authorities at 'place' level, and through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation.

Our National Health Service was founded in 1948 in place of fear - the fear that many people had of being unable to afford care for themselves and their families. And it was founded in a spirit of optimism - at a time of great uncertainty, coming shortly after the sacrifices of war. At its best our National Health Service is the practical expression of a shared commitment by the British people: over the past seven decades, there when we need it, at the most profound moments in our lives. But as medicine advances, health needs change, and society develops, the Health Service continually has to move forward. This Long Term Plan shows how we will do so. So that looking forward to the NHS' 80th Birthday, in a decade's time, we have a service that is fit for the future.

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Report No.
CSD19005

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 31st January 2019**
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

1. Reason for report

1.1 The Health and Wellbeing Board is asked to review its work programme 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:

1) **Review its work programme; and,**

2) **Consider matters arising from previous meetings, indicating 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: £350,650
5. Source of funding: 2018/19 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

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Legal

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

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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 “live” matters arising from previous meetings wand is attached at **Appendix 1**.

3.2 The Health and Wellbeing Board’s Work Programme 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**.

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

APPENDIX 1

Health and Wellbeing Board: Matters Arising/Action List

Agenda Item	Action	Officer	Notes	Status
Minute 53 **28th November 2018** **Discussion on Childhood Obesity**	The Chairman would provide Terms of Reference for the proposed Task and Finish Group on Childhood Obesity to Board Members following the meeting. Board Members were requested to contact the Clerk to the Board if they were interested in participating in the Task and Finish Group.	**Councillor David Jefferys** **All Board Members**	This information was provided to Board Members. Board Members were requested to consider joining the Task and Finish Group.	**Completed** **In progress**
Minute 54 **28th November 2018** **Health and Wellbeing Strategy**	It was requested that the final Joint Bromley Health and Wellbeing Strategy 2018-22 be circulated to the Board by e-mail following the meeting for final endorsement.	**Dr Nada Lemic**	This information was provided to Board Members and the final Joint Bromley Health and Wellbeing Strategy 2018-22 had been agreed.	**Completed**
Minute 54 **28th November 2018** **Bromley Safeguarding Adults Board Annual Report**	A link to the Board's safeguarding awareness commercial would be provided to Board Members following the meeting.	**Raynor Griffiths**	This information was provided to Board Members following the meeting.	**Completed**
Minute 65 **28th November 2018** **Any Other Business**	The Chairman, Vice-Chairman and Director: Public Health would meet with the Bromley Youth Council during December 2018 to discuss the Youth Council's key priorities for 2018/19, and would report the outcome of these discussions to the Board	**Councillor David Jefferys**	A presentation on the Young People's Survey would be given to the meeting of Health and Wellbeing Board on 29th January 2019	**Completed**
Minute 59 **29th March 2018** **Minutes of the Previous Meeting**	The Chairman agreed to hold discussions with Mr Ashish Desai, Consultant Paediatric Surgeon regarding work being undertaken by King's College Hospital NHS Foundation Trust in relation to childhood obesity.	**Councillor David Jefferys**	Discussions with Mr Ashish Desai were ongoing and would be reported to Board Members at future meetings of the Health and Wellbeing Board.	**In progress**

APPENDIX 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME

21st March 2019	
Better Care Fund and Improved Better Care Fund Performance update	Jackie Goad
Update on Infant Mortality Rate in Bromley	Dr Jenny Selway
Update on DToC Performance	Bulent Djouma
Integrated Commissioning Board Update	Graham Mackenzie/Paul Feven
Healthy Weight Bromley: Children and Young People Update	Dr Nada Lemic
Health and Wellbeing Strategy Priority Area Action Plans Update	Dr Nada Lemic
FGM Update	Mimi Morris-Cotterill
Ageing Well in Bromley Update	Kelly Renzullo/Denise Mantell/Gerry Clark
Developing a System Wide Mental Health Strategy/Mental Health Act	Harvey Guntrip
Bromley Winter Assurance Plan Update	Clive Moss/Mark Cheung
Update on Implementation of the Recommendations of the Falls Task and Finish Group	Dr Angela Bhan/Mark Cheung
Information Item: Guide for Schools on the Month of Ramadan and Fasting (referral from SACRE)	Dr Omar Taha
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues	HWB members to contact Board Secretary with any emerging matters for discussion.

Unprogrammed Outstanding Items:
Mental Health Strategic Partnership Update (Harvey Guntrip)
Elective Orthopaedic Centres (CCG)
Improvements in Services for Dementia Suffers (LBB/CCG)

APPENDIX 3

DATES OF MEETINGS AND REPORT DEADLINE DATES

The Agenda for meetings MUST be published five clear days before the meeting.

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 (3.00pm)	Agenda Published
Thursday 7th June 2018	Tuesday 29th May 2018	Wednesday 30th May 2018
Thursday 19th July 2018	Tuesday 10th July 2018	Wednesday 11th July 2018
Thursday 27th September 2018	Tuesday 18th September 2018	Wednesday 19th September 2018
Wednesday 28th November 2018	Monday 18th November 2018	Tuesday 20th November 2018
Thursday 31st January 2019	Tuesday 22nd January 2019	Wednesday 23rd January 2019
Thursday 21st March 2019	Tuesday 12th March 2019	Wednesday 13th March 2019

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.

APPENDIX 4

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.

APPENDIX 5

GLOSSARY OF ABBREVIATIONS – HEALTH & WELLBEING BOARD

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Any Qualified Provider	(AQP)
Autistic Spectrum Disorders	(ASD)
Behaviour, Attitude, Skills and Knowledge	(BASK)
Better Care Fund	(BCF)
Black African	(BA)
Body Mass Index	(BMI)
British HIV Association	(BHIVA)
Bromley Clinical Commissioning Group	(BCCG)
Bromley Safeguarding Children Board	(BSCB)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Child Sexual Exploitation	(CSE)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
Common Assessment Framework	(CAF)
Community Learning Disability Team	(CLDT)
Community Psychological Services	(CPS)
Delayed Transfer of Care	(DTOC)
Director of Adult Social Services	(DASS)
Director of Children's Services	(DCS)
Disability Discrimination Act 1995	(DDA)
Dispensing Appliance Contractors	(DAC)
Emergency Hormonal Contraception	(EHC)
Essential Small Pharmacy Local Pharmaceutical Services	(ESPLPS)
Female Genital Mutilation	(FGM)
Florence – telehealth system using SMS messaging	(FLO)
Health & Wellbeing Board	(HWB)
Health & Wellbeing Strategy	(HWS)
Health of the Nation Outcome Scales	(HoNOS)
Hypertension Action Group	(HAG)
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)
Speech and Language Therapy	(SALT) or (SLT)
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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