

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 7 June 2018

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Marina Ahmad, Graham Arthur, Yvonne Bear,
Judi Ellis, Kira Gabbert and Keith Onslow

Dr Nada Lemic, Director: Public Health
Lynn Sellwood, Independent Chair: Bromley Safeguarding
Adults Board
Graham Mackenzie, Director: Transformation, Bromley Clinical
Commissioning Group
Dr Andrew Parson, Clinical Chairman: Bromley Clinical
Commissioning Group
Janet Tibbalds, Chair, Community Links Bromley
Peter Todd, Patient Experience Lead, Bromley Healthwatch

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Diane Smith, Dr Angela Bhan, Colin Maclean and Barbara Wall. Councillor Kira Gabbert, Graham Mackenzie, Janet Tibbalds and Peter Todd attended as their respective substitutes.

Apologies were also received from Councillor Mary Cooke, Councillor Colin Smith, Janet Bailey and Harvey Guntrip.

2 DECLARATIONS OF INTEREST

Councillor Judi Ellis declared that her daughter worked for Oxleas NHS Foundation Trust.

3 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 29TH MARCH 2018

The minutes were agreed subject to the final sentence of the first paragraph of Minute 64: Social Isolation – Update on Local and National Initiatives being amended to read:

“... the Prime Minister had appointed a Minister with responsibility for loneliness with the aim of developing a cross-cutting national strategy later in 2018.”

RESOLVED that the minutes from the meeting held on 29th March 2018 be agreed, subject to the amendment outlined above.

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

No questions had been received.

5 JSNA EVALUATION FINDINGS, RECOMMENDATIONS AND PROPOSED METHODOLOGY FOR IDENTIFYING PRIORITIES FOR THE JOINT HEALTH AND WELLBEING STRATEGY

Report CS18140

The Board considered a report outlining the Joint Strategic Needs Assessment (JSNA) Evaluation findings and recommendations, as well as the proposed methodology for identifying priorities for the Joint Health and Wellbeing Strategy.

Bromley's first Health and Wellbeing Strategy was published in 2012 for the period 2012-15 with an overall strategic vision for Bromley residents to "live an independent, healthier, happier life for longer." Nine priority areas were identified within the first strategy which were later refined to four areas considered to be the highest priority comprising Diabetes, Obesity, Dementia and Children and Young People's Emotional Health. At its meeting on 8th February 2018, the Health and Wellbeing Board agreed that a comprehensive evaluation of the Bromley JSNA be undertaken to review the structure, process and outcomes of the report to ensure it was fit for purpose and capable of answering the complex commissioning questions of the future, and that the Joint Health and Wellbeing Strategy be reviewed concurrently to this evaluation to inform the publication of a refreshed strategy later in the year. This work had now been completed, and Board Members were requested to consider the findings of both reviews as well as the proposed methodology for agreeing priority areas for the new Joint Health and Wellbeing Strategy and the Action Plan that would deliver them.

In considering the JSNA Evaluation findings, Board Members generally agreed the proposed recommendations.

Recommendation 3 proposed a more strategic and proactive approach be taken to identifying existing and planned opportunities to engage specific groups in aspects of JSNA development. Board Members discussed the scope to build on existing engagement mechanisms and offer new opportunities to enable Bromley residents to engage with the JSNA. The Chairman noted that engagement undertaken at a recent Carers' Conference had led to the development of the highly successful Connecting Bromley campaign which offered befriending services, volunteering opportunities and a searchable directory of activities to reduce social isolation. With regard to Recommendation 4, it was agreed that it would be beneficial for key partners to share data and analytical capacity and expertise as a means of

achieving the best possible outcomes from available intelligence and to avoid duplicating work. There was an increasing amount of regional and national data from organisations such as Public Health England which would also be used more widely in future.

In supporting Recommendation 5, Board Members requested that the Joint Strategic Needs Assessment production cycle be extended to three years which would allow additional capacity to produce in-depth needs assessments between updates to the core chapters. The Chairman noted that this could also include the exploration of emerging issues such as sleep hygiene which had been identified as having a significant impact on health and wellbeing. Members also agreed that the proposal at Recommendation 6 to combine the Joint Strategic Needs Assessments for children and adults would support the delivery of a more coordinated response. In response to a query from a Member, the Director: Public Health reported that the level of childhood immunisation and uptake of screening services such as for cervical cancer remained variable. Public Health England had responsibility for commissioning these services and the Health and Wellbeing Board might want to consider inviting Public Health England to a future meeting of the Board to explore how immunisation and screening services were being delivered across the Borough.

Recommendation 8 requested that Cardiovascular Disease, Cancer, Diabetes/Obesity, Dementia, and Accommodation for those with Learning Disabilities and Homelessness be agreed as the local priorities for the joint Health and Wellbeing Strategy. The Director: Public Health confirmed that dementia remained a key concern for the Borough as the levels of dementia were expected to increase in relation to Bromley's ageing population, despite a recent reduction in the incidence of vascular dementia. Members were concerned to note the high proportion of adults with a learning disability identified as not living in stable and appropriate accommodation, and also flagged the increasing level of statutory homelessness as a factor for concern. It was likely that a wider strategic approach was needed to support the health and wellbeing of people residing in inappropriate accommodation or who were homeless, such as in maintaining their access to community health and support services. The Chairman suggested that consideration be given to adding a Health Implications section to the standard Local Authority committee report template to place concerns around health and wellbeing at the heart of policy development, scrutiny and decision making. Board Members agreed that Suicide Prevention be added as an additional priority area within the new Joint Health and Wellbeing Strategy.

In response to a question from the Vice-Chairman about Recommendation 10, the Director: Public Health explained that the "Life Course" approach aimed to increase the effectiveness of interventions by targeting the needs of people at critical periods throughout their lifetime, such as by promoting breastfeeding, and addressing the causes rather than the consequences of ill health. A Board Member underlined the importance of empowering Bromley residents to make healthy choices. Another Member was encouraged by how the JSNA had evolved to become a living document that reflected the varying health needs across the Borough and allowed provision to be better targeted at vulnerable groups. A Member highlighted that the JSNA should be an accessible document which was

understandable to Bromley residents.

RESOLVED that:

- 1) The proposals for the revised methodology to identify priorities for the next Joint Health and Wellbeing Strategy be endorsed;**
- 2) The suitability of the proposed priority areas for inclusion in the next Joint Health and Wellbeing Strategy be agreed with the addition of Suicide Prevention; and,**
- 3) The proposal of using a “Life Course” approach as a way to help develop the Action Plan relating to priorities agreed for inclusion in the Joint Health and Wellbeing Strategy be agreed.**

6 SCOPING DISCUSSION ON PROPOSAL TO DEVELOP A SUICIDE PREVENTION STRATEGY FOR BROMLEY

Report CS18141

The Board undertook a scoping discussion on a proposal to develop a Suicide Prevention Strategy and Action Plan for Bromley.

In 2012, the Government published a cross-party Suicide Prevention Strategy which aimed to reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. In the same year, Public Health England published a guidance note on “Local Suicide Prevention Planning: A Practice Resource” which endorsed three steps for local plan development originally recommended by the All-Party Parliamentary Group on Suicide and Self-Harm Prevention that comprised establishing a multi-agency stakeholder group, completing a suicide audit and developing a Suicide Prevention Strategy and Action Plan based on the national strategy and local data. In January 2018, the Bromley Mental Health Strategic Board requested the Public Health service lead on the development of a Suicide Prevention Strategy and Action Plan for Bromley. The Public Health service had subsequently established a multi-agency stakeholder group and was working towards developing a Suicide Prevention Strategy and Action Plan which was based on the six priority areas of the national strategy with an additional priority area of self-harm with the expectation that the strategy would be tailored to local need. It was expected that the draft Suicide Prevention Strategy and Action Plan for Bromley would be in place by Autumn 2018.

The Chairman emphasised the importance of the Suicide Prevention Strategy and Action Plan for Bromley. A Board Member reported that this issue had also been recognised by the Bromley Adult Safeguarding Board and that suicide prevention would be a key theme explored at the Bromley Adult Safeguarding Board’s conference in Autumn 2018, with a focus on self-harm and self-neglect. Another Board Member noted that self-harm disproportionately affected the female population, with suicide tending to affect the male population. The Chairman

requested that further information on the incidence of self-harm in Bromley be provided to Board Members following the meeting.

In response to a question from a Board Member, Helen Buttivant, Consultant (Public Health) confirmed that a mapping exercise was underway to identify existing suicide prevention activities. An example of this was work by British Transport Police to make the rail network safer for vulnerable service users.

Following discussion, Board Members agreed that Suicide Prevention be added as a further priority area within the new Joint Health and Wellbeing Strategy.

RESOLVED that the rationale and proposed process to develop a Suicide Prevention Strategy and Action Plan for Bromley be endorsed.

7 BROMLEY CLINICAL COMMISSIONING GROUP: ANNUAL ENGAGEMENT REPORT 2017/18

Report CS18138

Paulette Coogan, Director: Organisational Development and Kelly Scanlon, Head of Communications and Engagement, Bromley Clinical Commissioning Group presented the Bromley Clinical Commissioning Group's Annual Engagement Report 2017/18.

Bromley Clinical Commissioning Group was responsible for commissioning health care services based on local needs for the people of Bromley and had a legal duty under the Health and Social Care Act 2012 to ensure patients and residents were given a voice in commissioning processes and decisions. The Annual Engagement Report 2017/18 provided a comprehensive record of the work undertaken to meet the Bromley Clinical Commissioning Group's public involvement legal duties during the past year, and emphasised the Group's ongoing commitment to work closely with the Local Authority in engaging patients with integrated programmes of care and joint commissioning. Bromley Clinical Commissioning Group had delivered a range of work with young people over the last year as part of their co-production programme on child emotional and mental wellbeing, and was also working to support the Local Authority and key partners to engage the wider Bromley population with work to develop an Older Person's strategy. The Annual Engagement Report 2017/18 was approved by the Governing Body of the Bromley Clinical Commissioning Group at its meeting on 24th May 2018.

The Chairman led the Board in thanking Paulette Coogan and Kelly Scanlon for the excellent work of the Bromley Clinical Commissioning Group in the area of engagement which had recently been awarded a 'green star' by NHS England. The Chairman also noted the benefits of close working by the Engagement and Communication Teams of key partners in promoting health messages and communicating 'good news' stories.

RESOLVED that the Bromley Clinical Commissioning Group's Annual

Engagement Report 2017/18 be noted.

8 UPDATE ON DELAYED TRANSFERS OF CARE PERFORMANCE

Report CSD18142

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

The performance of Delayed Transfers of Care at the Princess Royal University Hospital had continued to improve with Delayed Transfers of Care reducing from a total of 311 total bed days in March and April 2017 to 139 in March and April 2018, representing a total of 172 total bed days saved compared to the previous year. Since September 2018 when national reporting requirements came into effect, 1208 total bed days had been saved at the Princess Royal University Hospital. National data had been published up to March 2018, with 319.7 Delayed Transfer of Care days reported for the month which did not include Mental Health data due to validation disputes, but which had subsequently been confirmed as 128 total bed days. There continued to be an ongoing issue with national published data and a deadline of 30th June 2018 had been agreed for all involved Health Trusts to resubmit validated Bromley data. The number of national disputed bed days totalled 1689 days, and 1928 days had been accepted by Bromley for the period of September 2017 to April 2018, which gave an average of 9.09 bed days per day and achieved the national target of 10.31 bed days per day for Bromley.

In considering the update, the Chairman was pleased to note the excellent work which had led to a significant reduction in Delayed Transfers of Care over the past year. A Board member asked about the reasons why patients experienced Delayed Transfers of Care from Oxleas NHS Foundation Trust, and the Associate Director: Discharge Commissioning, Urgent Care and Transfer of Care Bureau explained that health, social care and housing issues all contributed to delays in discharge experienced by patients from mental health services, and that the Local Authority and local hospital trusts were working closely to ensure that discharge planning was now taking place from the time a patient was admitted. A Board Member underlined that the focus should be on a quality discharge from hospital as this reduced the likelihood of a patient being readmitted.

In response to a question from a Board Member, the Director: Transformation (Bromley Clinical Commissioning Group) confirmed that the provision of frailty services at Orpington Hospital was being reviewed by the Bromley Clinical Commissioning Group and its health partners with a view to identifying the most effective future delivery model for community-based support.

RESOLVED that the update be noted.

9 UPDATE ON SEXUAL HEALTH

Report CS18143

The Board considered an update on sexual health services, including progress by the London Sexual Health Programme.

The Local Authority funded a range of mandated open access sexual health services including Genito-Urinary Medicine. Collaboration on both a London and sub-regional basis had achieved lower unit price and marginal rates for these services, with the Local Authority being part of the South East London sub-region. As demand for sexual health services continued to increase further collaborative work had been undertaken, leading to the establishment of the London Sexual Health Transformation Programme which developed and implemented a set of tariffs known as Integrated Sexual Health Tariffs for London to support the provision of integrated Genito-Urinary Medicine and Contraception services. The London Sexual Health Transformation Programme ended in March 2017, with its programme activities transitioned to a new team being hosted by the City of London Corporation. The Local Authority continued to engage with the South East London sub-region in implementing the new London tariffs locally, and in preparing for a new London online service to be launched across South East London in July 2018. The Local Authority also had a range of provision in place to manage Sexually Transmitted Infections and contain costs including the provision of contraception and reproductive health services outside Genito-Urinary Medicine clinics which was a unique model within London and, when coupled with the General Practice and community pharmacist offer, had supported a continued decline in teenage conception rates.

The Director: Public Health was pleased to note the success of the London-wide programme which had been delivered collaboratively by the Public Health services of 31 London Boroughs. The introduction of the new London online service was considered to be a major step towards modernising Genito-Urinary Medicine provision in London and was expected to have a high uptake as an alternative offer to clinic attendance.

RESOLVED that the update be noted.

10 IMPROVED BETTER CARE FUND UPDATE

Report CS18139

The Board considered an update on the performance of the Improved Better Care Fund including both expenditure and activity up to the end of March 2018.

The Improved Better Care Fund was an additional funding element added to the Better Care Fund for 2017/18 for investment in adult social care services including meeting current and future adult social care needs, ensuring that the local social care provider market was supported and reducing pressure on the NHS such as through timely discharge from hospital. In the Spring Budget 2017 the London Borough of Bromley was awarded an IBCF Grant of £4.2M in 2017/18, with additional grant funding of £3.4M and £1.7M to be provided in 2018/19 and 2019/20 respectively. The Improved Better Care Fund 2017/18 had been utilised to deliver a range of schemes relating to the transformation of social care, investment in adult social care, supporting Joint Strategic Needs Assessment priorities, housing initiatives and researching older peoples' housing needs,

support for Integrated Care Networks, Discharge to Assess procedures in Extra Care Housing, safeguarding in relation to mental health need, recruiting a Direct Payments Lead Officer and work to develop and support the adult care market. As agreement on the final schemes was reached late in the financial year, there had been a delay in implementing the projects which had resulted in an underspend of £3.172M for 2017/18, which would be carried forward into 2018/19.

The Chairman reminded Members that the Health and Wellbeing Board had a statutory responsibility to be consulted on the use of the Better Care Fund and was required to agree any spending proposals. The Board also had a role in scrutinising proposals in relation to the use of the Improved Better Care Fund.

In considering the delivery of Improved Better Care Fund schemes, a Board Member highlighted the ongoing challenge in recruiting and retaining Adult Social Care staff. The Deputy Chief Executive confirmed that a number of measures were in place to support the recruitment and retention of high quality Adult Social Care staff such as the 'Caseload Promise'. A highly successful 'Assessed and Supported Year in Employment' recruitment event had been held on 14th May 2018, attracting 141 newly qualified Adult Services Social Workers from which it was hoped to recruit 10-15 high quality Social Workers. This would be further supported by the establishment of a Placements Coordinator role to engage with London South East Colleges and develop the Assessed and Supported Year in Employment programme in Bromley.

A Board Member was pleased to note investment of the Improved Better Care Fund grant in relation to safeguarding work with the South London and Maudsley NHS Foundation Trust, but underlined the need for any changes made as a result of the work to be sustainable beyond the three year grant period. Another Board Member was concerned that the Local Authority was not working sufficiently closely with the third sector in expanding the use of Direct Payments, and the Deputy Chief Executive would follow this up with relevant Officers following the meeting.

Members generally discussed the Care Homes Investment Options Appraisal which would explore the business case for the Local Authority investing in the building of a care home to improve access to affordable care home placements within Bromley. The Deputy Chief Executive confirmed that the appraisal would consider a full range of models to deliver affordable care home placements in a highly competitive market that often favoured self-funded care home residents. The Government's green paper on care and support for older people was due to be published in Summer 2018 and was expected to provide further clarity on the future model for adult social care funding. A Board Member noted the potential to link with a developer in delivering additional care home places in the Borough, provided that adequate nomination rights could be secured. Another Member suggested that the Local Authority consider funding two care homes to support older people to remain within their own communities. In response to a question from the Member around the investment of the Improved Better Care Fund as a contingency to raise the sustainability and performance of existing care, the Deputy Chief Executive explained that the scheme benefitted the Local Authority by maintaining a stable and good quality care market across the Borough. The

Chairman requested that the brief for the Care Homes Investment Options Appraisal be provided to Board Members following the meeting.

RESOLVED that the performance and progress of Improved Better Care Fund schemes and the latest financial position be noted.

11 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

There was one Health and Wellbeing Board Information item comprising:

- Annual Public Health Report – Diabetes Prevention

The Director: Public Health encouraged Board Members to access the electronic version of the report which had interactive elements designed to assess an individual's risk of developing diabetes as well as links to a range of resources for diabetes prevention.

RESOLVED that the Information Briefing be noted.

12 WORK PROGRAMME AND MATTERS ARISING

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

With regard to matters arising from previous meetings, the Chairman was pleased to announce that Mr Ashish Desai, Consultant Paediatric Surgeon, King's College Hospital NHS Foundation Trust would be invited to attend a future meeting of the Health and Wellbeing Board in relation to his work with childhood obesity. The Director: Public Health reported that work on the Falls Task and Finish Group was progressing and that the final report would be provided to the next meeting of the Health and Wellbeing Board on 19th July 2018, as well as to a future meeting of the Integrated Commissioning Board.

A number of items were added to the forward rolling work programme for the Health and Wellbeing Board as outlined below:

- Children's Joint Strategic Needs Assessment (July 2018)
- Discussion item on Childhood Obesity led by Mr Ashish Desai (July or September 2018)
- Proposal to Develop a Suicide Prevention Strategy for Bromley (September 2018)

The Chairman highlighted that the meeting of the Health and Wellbeing Board due to take place on 15th November 2018, had been scheduled too early to allow some key reports to be presented. Following discussion, the Board agreed that the meeting date be rescheduled to 28th November 2018.

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

13 ANY OTHER BUSINESS

There was no other business.

14 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 19th July 2018.

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

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

16 EXEMPT MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 29TH MARCH 2018

RESOLVED that the exempt minutes of the meeting held on 29th March 2018 be agreed.

The Meeting ended at 3.33 pm

Chairman