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

Bromley Safeguarding Adults Board

Lynn Sellwood	Independent Chair: Bromley Safeguarding Adults Board

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 7 JUNE 2018 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 29TH MARCH 2018 (Pages 1 - 8)

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 1st June 2018.

5 JSNA EVALUATION FINDINGS, RECOMMENDATIONS AND PROPOSED METHODOLOGY FOR IDENTIFYING PRIORITIES FOR THE JOINT HEALTH AND WELLBEING STRATEGY (LBB) (Pages 9 - 40)

6 SCOPING DISCUSSION ON PROPOSAL TO DEVELOP A SUICIDE PREVENTION STRATEGY FOR BROMLEY (LBB) (Pages 41 - 52)

7 BROMLEY CLINICAL COMMISSIONING GROUP: ANNUAL ENGAGEMENT REPORT 2017/18 (CCG) (Pages 53 - 98)

8 UPDATE ON DELAYED TRANSFERS OF CARE PERFORMANCE (CCG/LBB) (Pages 99 - 106)

9 UPDATE ON SEXUAL HEALTH (LBB) (Pages 107 - 114)

10 IMPROVED BETTER CARE FUND UPDATE (LBB) (To Follow)

11 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

a ANNUAL PUBLIC HEALTH REPORT (LBB) (Pages 115 - 148)

12 WORK PROGRAMME AND MATTERS ARISING (Pages 149 - 160)

13 ANY OTHER BUSINESS

14 DATE OF NEXT MEETING

1.30pm, Thursday 19th July 2018
1.30pm, Thursday 27th September 2018
1.30pm, Thursday 15th November 2018
1.30pm, Thursday 31st January 2019
1.30pm, Thursday 21st March 2019

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

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

Items of Business	**Schedule 12A Description**
16 EXEMPT MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 29TH MARCH 2018 (Pages 161 - 162)	Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 29 March 2018

Present:

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

Naheed Chaudhry, Assistant Director: Strategy, Performance and Business Support (ECHS)
Lynn Sellwood, Independent Chair: Bromley Safeguarding Adults Board
Dr Andrew Parson, Clinical Chairman: Bromley Clinical Commissioning Group
Linda Gabriel, Healthwatch Bromley
Colin Maclean, Community Links Bromley

57 APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Angela Bhan, Harvey Guntrip, Dr Nada Lemic and Councillor Angela Page.

Apologies for absence were also received from Janet Bailey and Stephen John, and Naheed Chaudhry attended as their substitute.

58 DECLARATIONS OF INTEREST

There were no declarations of interest.

59 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 8TH FEBRUARY 2018

In respect of Minute 47: Healthy Weight Bromley: Children and Young People Update – December 2017, the Chairman advised the Board that he had been approached by Mr Ashish Desai, Consultant Paediatric Surgeon and had agreed to hold discussions with him regarding work being undertaken at King's College Hospital NHS Foundation Trust in relation to childhood obesity which would be fed back to the Health and Wellbeing Board.

With regard to Minute 49: Approval of the Joint Strategic Needs Assessment 2017, Board Members were kindly requested to contribute to the evaluation of the Bromley Joint Strategic Needs Assessment 2017 by Friday 6th April 2018.

RESOLVED that the minutes of the meeting held on 8th February 2018 be agreed.

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

No questions had been received.

61 FALLS TASK AND FINISH GROUP INTERIM REPORT

Report CS18134

The Board considered an update on the work of the Falls Task and Finish Group.

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 being undertaken in Bromley, including assessing the level of collaboration across primary, secondary, community and social care providers. The review was being chaired by Professor Cameron Swift and a range of work had now been completed, including data analysis which aimed to establish what was known about falls epidemiology in the Borough. Consideration had also been given to the evaluation approach to be used within the review which would be based on the National Institute for Health and Care Excellence (NICE) quality standards for falls prevention. The conclusions of the Falls Task and Finish Group would be reported to the meeting of Health and Wellbeing Board on 19th July 2018.

Laura Austin Croft, Public Health Speciality Registrar confirmed that a number of meetings had been held with primary, secondary, community and social care partners to consider falls prevention. As a result of these meetings, two key themes had been identified which comprised the importance of active case finding and the development of the workforce to support increased falls awareness. A meeting of the wider Falls Task and Finish Group would be convened to consider the findings of the data analysis work in May 2018.

In considering the report, a Board Member suggested that falls prevention measures should also focus on people under 65 years as strength, conditioning and nutrition played a key role in managing future risk of falls, and that people should be made aware of their increased vulnerability to falls as they grew older. Medication was also a cause of falls and the role of pharmacists to provide falls prevention advice when dispensing medicines should be explored as part of the review. Another Board Member underlined that a whole systems approach was required to support the prevention of falls that included the third sector, and that local voluntary organisations such as Age UK Bromley and Greenwich should be approached to contribute to the work of the Falls Task and Finish Group. A Member suggested that a person's home environment was a critical factor in their vulnerability to falls, and that work should be undertaken with housing associations to ensure that the risk of falls in social housing properties was minimised.

RESOLVED that the interim report be noted and that thanks be passed to the Task and Finish Group for the excellent work undertaken so far.

62 INFANT MORTALITY IN BROMLEY

Report CS18130

The Board considered a report outlining the infant mortality rate within the Borough.

The Joint Strategic Needs Assessment 2017 had identified an upturn in infant mortality rates within Bromley in recent years. A range of work had been undertaken in response to this which indicated that the identified variations had been due to the very small number of infant deaths in Bromley and that current data on infant deaths in Bromley indicated that numbers were falling again. It had also been identified that Bromley had very low numbers of deaths in infancy in comparison with statistical neighbours and that the infant mortality rate was lower in Bromley than the England average. Infant mortality would continue to be kept under close scrutiny by the Public Health service as part of health surveillance, and also by the multi-agency Child Death Overview Panel which scrutinised every child death in Bromley with the aim of identifying any factors of concern. The vast majority of child deaths in Bromley related to premature infants who had been born before the point of viability.

Dr Jenny Selway, Consultant in Public Health Medicine confirmed that there would be a review of the way infant deaths were assessed in Bromley during 2018, and that this would provide an excellent opportunity to ensure that the right measures were in place to monitor the infant mortality rate within the Borough. This would be supported by work at a regional level as King's College Hospital NHS Foundation Trust had recently developed an analysis tool to review causative factors for still births, and data on infant mortality would be analysed at a pan-London level from 2020 which was expected to deliver a more robust analysis.

The Chairman requested a further update on the infant mortality rate in the Borough be considered at the meeting of the Health and Wellbeing Board on 21st March 2019.

RESOLVED that the update be noted.

63 BROMLEY THIRD SECTOR ENTERPRISE AND BROMLEY WELL (PRESENTATION)

Report CS18131

The Board received a presentation from Colin Maclean, Chair, Bromley Third Sector Enterprise and Chief Executive, Community Links Bromley and Toni Walsh, Partnership Manager, Bromley Third Sector Enterprise on Bromley Third Sector Enterprise and Bromley Well.

First established in 2016, Bromley Third Sector Enterprise was a partnership of local voluntary sector providers which included Age UK Bromley and Greenwich, Bromley Mencap, Bromley and Lewisham Mind, Citizens Advice Bromley, Community Links Bromley and other associate members with the aim of improving

the health and wellbeing of local residents. Bromley Third Sector Enterprise had worked to support the Bromley Clinical Commissioning Group to develop a range of initiatives including the Out-of-Hospital Strategy, the Integrated Care Networks Programme and the pilot project for the Proactive Care Pathway for the Elderly Frail, and was currently commissioned to host the Dementia Support Hub and the Primary and Secondary Intervention Service. Bromley Third Sector Enterprise also delivered the Bromley Well Service that had been launched in October 2017 to provide a single point of access service supporting Bromley residents to stay emotionally and physically well, avoid or delay the use of health and social care services and remain independent. Approximately 1200 contacts had been made to the single point of access service each month since October 2017, and over 1800 Bromley residents were being actively supported by Bromley Well as at the end of December 2017. Pathways within the Bromley Well Service linked to the key vulnerable groups identified within the Bromley Joint Strategic Needs Assessment including older people, those with mental wellbeing needs, and carers, and also offered support towards employment, education and volunteering as well as advice and guidance on social determinants for health such as housing and debt management.

The Chair, Bromley Third Sector Enterprise confirmed that the Bromley Well Service was working to build closer links with health services and that processes were in place to support confidential referrals from General Practitioners, Bromley Healthcare and other key health partners. The Bromley Well Service was also part of the multi-disciplinary team supporting Integrated Care Networks and would continue to work with Oxleas NHS Foundation Trust with the aim of ensuring that key mental health and wellbeing services were available through the single point of access service.

In response to a question from a Board Member, the Partnership Manager, Bromley Third Sector Enterprise advised that a number of the services accessible through the Bromley Well Service undertook home visits and that this could assist in identifying cases of self-neglect. The Bromley Well Service worked closely with the Police and Fire Service to ensure that people received the support they needed to remain safe in their homes and to identify safety concerns such as hoarding. A Member noted that older people who had suffered the loss of a partner were particularly vulnerable to social isolation and could benefit from the befriending services accessible through Bromley Well.

The Chairman led Members in thanking Colin Maclean and Toni Walsh for their excellent presentation which is attached at Appendix A.

RESOLVED that the update be noted.

64 SOCIAL ISOLATION - UPDATE ON LOCAL AND NATIONAL INITIATIVES

Report CS18132

The Senior Planning and Development Officer (ECHS) gave an update on local and national initiatives to address the issue of social isolation.

Social isolation impacted the physical and mental wellbeing of individuals and left them at greater risk of abuse. Groups at risk of social isolation included older people, people with physical or learning disabilities or mental health needs, young parents and care leavers without a local support structure. To help reduce social isolation in the Borough, the Connecting Bromley campaign had been developed which included befriending services, volunteering opportunities and a searchable directory of activities available on the Bromley Mylife Portal. A meeting had been held with the Bromley Youth Council to discuss how young people could work more closely with older people, as a result of which members of the Bromley Youth Council would be volunteering with local charities during Summer 2018. Future work to tackle social isolation included plans to include social isolation as a priority within the forthcoming strategy for older people and those approaching old age. At a national level, the issues of loneliness and social isolation continued to be highlighted in the media and the Prime Minster had appointed a Minister for Loneliness with the aim of developing a cross-cutting national strategy later in 2018.

Denise Mantell, Senior Planning and Development Officer (ECHS) advised the Board that 532 responses had been received to the Adult Social Care Survey 2017/18. Although this data had not yet been validated, initial indications suggested that levels of social isolation were similar to those identified in the 2016/17 survey, with 5% of respondents saying they felt socially isolated. The Bromley Mylife Portal continued to be promoted, including via e-mail notifications sent out immediately prior to the Christmas and Easter periods following which there had been a significant increase in the number of visits to the Connecting Bromley area.

In response to a question from a Member, the Senior Planning and Development Officer (ECHS) confirmed that the definition of being lonely was self-defining, but that social isolation was defined by the level of contact an individual had with other people, although it was a personal choice to pursue any kind of social contact. A Member suggested that work to promote social inclusion be taken forward in relation to work to extend the take-up of Direct Payments, and a Board Member underlined the need to engage all key partners in the development of the forthcoming strategy for older people and those approaching old age, including the third sector. A Board Member observed that social isolation could lead to individuals making poor decisions about their wellbeing, and another Member highlighted the importance of ensuring people had access to quality social contact.

The Chairman noted the success of the Adult Services Stakeholder Conference on social isolation in November 2016 and queried whether it would be useful to host a further event on a similar theme. It was agreed that outcomes from the engagement with older people towards developing the forthcoming strategy for older people and those approaching old age be provided to the meeting of Health and Wellbeing Board on 27th September 2018.

RESOLVED that:

1) **The continued promotion of the Connecting Bromley campaign and local intelligence about social isolation be noted; and,**

2) **Members' comments on how the Board and its Members can work within communities in Bromley to prevent and alleviate social isolation and its impact on individuals' health, wellbeing and safety be noted.**

65 UPDATE ON DELAYED TRANSFERS OF CARE PERFORMANCE (VERBAL UPDATE)

An update on Delayed Transfers of Care performance would be provided to Members following the meeting.

A Member noted that a number of Bromley residents had recently been admitted to hospitals in the London Boroughs of Lewisham and Croydon hospitals as a result of service pressures at the Princess Royal University Hospital, and that efficient discharge processes would need to be in place for these patients.

RESOLVED that the update be noted.

66 BUILDING A BETTER BROMLEY COMMUNICATIONS GROUP UPDATE (VERBAL UPDATE)

An update on the Building a Better Bromley Communications Group was provided to the Board by Susie Clark, Communications Executive.

The Bromley Communications and Engagement Network continued to bring communication and engagement representatives together from across the Bromley statutory and voluntary sector to share work ideas and best practice. Joint campaigns, information and engagement activities were delivered on areas such as community health and wellbeing, including a recent campaign to promote the Bromley Well service. The Building a Better Bromley Communications Group also worked to support the delivery of the Borough Officers' Strategic Partnership Forum priority areas, including those relating to health. Work currently underway included the development of a local 'Stop Smoking' campaign with Public Health, and the publication of the Bromley Joint Strategic Needs Assessment 2017.

In response to a question from a Member, the Communications Executive confirmed that a range of media was used to ensure that key messages were targeted in the right way to individual groups. The Connecting Bromley campaign had been promoted in a variety of ways with the aim of raising awareness of the campaign across all Bromley communities.

RESOLVED that the update be noted.

67 CHAIRMAN'S ANNUAL REPORT

The Board considered the Chairman's annual report of the Health and Wellbeing Board which would be reported to a future meeting of the Full Council. The Chairman thanked all Board Members for the significant contribution they had made to the Health and Wellbeing Board during the 2017/18 municipal year.

RESOLVED that the report be noted.

68 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

The Health and Wellbeing Board Information Briefing comprised one report:

- Healthwatch Bromley Report: "Let's Talk About Sex" - Children and Young People's Sexual Health and Healthy Relationships in the London Borough of Bromley

RESOLVED that the Information Briefing be noted.

69 WORK PROGRAMME AND MATTERS ARISING

Report CSD18002

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 as outlined below:

- Engagement Outcomes towards the Forthcoming Strategy for Older People and those approaching Old Age (September 2018)
- Bromley Safeguarding Adults Board Annual Report (November 2018)
- Update on Infant Mortality Rate in Bromley (March 2019)
- Update on Childhood Obesity Work by King's College Hospital NHS Foundation Trust (to be programmed)

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

70 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 7th June 2018.

71 ANY OTHER BUSINESS

There was no other business.

72 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.

73 INTEGRATED COMMISSIONING BOARD MINUTES PART 2 (EXEMPT) INFORMATION

RESOLVED that the exempt minutes of the Integrated Commissioning Board meeting held on 12th February 2018 be noted.

The Meeting ended at 3.07 pm

Chairman

Report No.
CS18140

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 7th June 2018**
Title:	**JSNA EVALUATION FINDINGS, RECOMMENDATIONS AND PROPOSED METHODOLOGY FOR IDENTIFYING PRIORITIES FOR THE JOINT HEALTH AND WELLBEING STRATEGY**
Contact Officer:	Dr Nada Lemic, Director of Public Health Tel: 020 8313 4220 E-mail: Nada.Lemic@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1. The Bromley Health and Wellbeing Board's (HWB) first ever strategy outlined the priorities for improving health and wellbeing of people living in Bromley. The strategic vision for the strategy is for all Bromley residents to:

"Live an independent, healthier, happier life for longer"

1.2. Nine priority areas were identified for 2012-15 by considering the burden, numbers of people affected, and whether the problem is improving or worsening over time.

1.3. In 2013, the 9 priority areas were then refined to 4 areas that were considered highest priority.

1.4. A review of the methodology for the LBB's Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) has been conducted resulting in proposed new methodologies for both.

1.5. New potential priorities have been identified for inclusion in the upcoming JHWS using the newly proposed JWHS prioritisation methodology.

2. Reason for Report going to Health and Wellbeing Board

2.1 At the previous meeting the HWB agreed to:

1) A comprehensive evaluation of the Bromley JSNA, reviewing the structure, process and outcomes of the provision of the JSNA; and,
2) A review of the Joint Health and Wellbeing Strategy to inform the development of a new strategy later in 2018.

This report therefore presents the findings of the JSNA evaluation and asks the HWB members to consider the proposed methodology for agreeing priority areas to inform the development of the new JHWS and the proposed approach to developing an action plan relating to JHWS priorities.

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

3.1 The HWB is asked to:

1) Consider the proposals for the revised methodology to identify priorities for the next JWHS (Appendix 1);

2) Agree upon the suitability of the proposed priority areas for inclusion in the next JHWS (Appendix 1); and,

3) Consider 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 JHWS (Appendix 1)

Health & Wellbeing Strategy

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

Financial

1. Cost of proposal: No Cost

2. Ongoing costs: No Cost

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

The process for identifying priorities has been informed by reviewing data from the 2017 JSNA and the online Public Health England resource, Public Health Outcomes Framework**.**

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4. COMMENTARY

4.1 Detailed report appended at Appendix 1.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Populations affected by the proposed priorities for inclusion in the new JHWS include; the homeless, those with learning disabilities and those with dementia.

6. LEGAL IMPLICATIONS

6.1 The production of a JHWS has been a statutory requirement of upper tier local authorities and partners since the Health and Social Care Act (2012).

Non-Applicable Sections:	Financial Implications, Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes, required to Process the Item, and Comment from the Director of Public Health
Background Documents: (Access via Contact Officer)	Not Applicable.

JSNA Evaluation Findings and Recommendations & Proposed Methodology for Identifying Priorities for the Joint Health and Wellbeing Strategy

Introduction

Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008. The Health and Social Care Act (2012) placed a revised duty on each upper tier local authority and CCG to prepare JSNA in collaboration through the local Health and Wellbeing Board.

The aim of the JSNA is to deliver an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years) and the longer term (five to ten years). It is intended to be the key mechanism for setting strategic priorities and informing local commissioning across health and social care. The Health and Social Care Act (2012) placed a statutory duty on both upper tier local authorities and CCGs to commission with regard to the JSNA and to refer to it in the development of the local Joint Health and Wellbeing Strategy (JHWS). The JHWS should contain a set of jointly-agreed and locally determined priorities which should drive collective action to address the underlying determinants of health and wellbeing as well as inform commissioning decisions across service boundaries.

Since the implementation of the Health and Social Care Act (2012) and the transfer of public health teams to the local authority Bromley has published a JSNA annually with the 5th and latest version published in December 2017 (available here: www.bromley.gov.uk/jsna).

Bromley's first Health and Wellbeing Strategy was published in 2012 and covered the period 2012-2015 (available here: http://www.bromley.gov.uk/downloads/download/536/bromley_health_and_wellbeing_strategy). The overall strategic vision for the strategy was to enable people in Bromley to "live an independent, healthier, happier life for longer". Nine priority areas for action were originally identified:

I. Diabetes
II. Obesity
III. Hypertension
IV. Anxiety and Depression
V. Dementia
VI. Support for Carers
VII. Children with Mental & Emotional Health Problems
VIII. Children Referred to Social Care
IX. Children with Complex Needs and Disabilities

These were later refined in 2013 to the 4 areas that were considered the highest priority:

I. Diabetes
II. Obesity
III. Dementia
IV. Children and Young People's Emotional Health

In February 2018 the Bromley Health and Wellbeing Board supported the proposal for a comprehensive evaluation of the process of production of the JSNA and of the report itself. It also supported a concurrent review of the methodology used to translate the JSNA findings into priorities for the local Health and Wellbeing strategy. This report outlines the methodology and findings of both programmes of work and provides recommendations, for consideration by the Health and Wellbeing Board, on the future production of the JSNA and the methodology for the development of a new Health and Wellbeing Strategy for Bromley.

Section 1: Evaluation of the Bromley Joint Strategic Needs Assessment (JSNA)

Method

The overall aim of the evaluation was to ensure that the Bromley JSNA remains fit for purpose and provides the intelligence required to inform the complex health and care commissioning decisions of the future.

Current guidelines on JSNA development and the approach to JSNA evaluations undertaken elsewhere in the country were reviewed to help develop an evaluation framework that assessed the JSNA both as a process and a product. A list of these reports can be found in Appendix 1.

Five key themes were identified:

1. Leadership and governance
2. Engagement and ownership
3. Links to strategic planning and commissioning
4. Data sharing and collation
5. The report itself

Questions relating to each of these themes were identified from the previous evaluations that had been reviewed which were then adapted to ensure that they were relevant to the Bromley context.

Two primary methods were used to capture stakeholder views on the Bromley JSNA with respect to each of the 5 key themes:

I. An online survey questionnaire
II. One to One semi-structured interviews

A copy of the online survey questionnaire, interview framework and a list of those interviewed can be found in Appendices 2, 3 & 4.

A link to the online survey was circulated on 20th March 2018 to a wide range of stakeholders and stakeholder organisations including:

- Members of the Bromley Health and Wellbeing Board
- Members of the JSNA Steering Group
- All LBB Staff
- Bromley CCG Staff
- GPs and Primary Care Staff
- Members of Community Links Bromley

Respondents were given 3 weeks to complete the survey. Unfortunately the response rate was very low with only 8 surveys fully completed.

The small sample size obtained via the survey makes it difficult to reliably draw out conclusions from the survey in isolation, however when the survey results are reviewed alongside the interview findings it is possible to identify areas where the survey findings corroborate the themes emerging from the interviews.

For this reason the findings section focusses primarily on the outcomes of the interviews and includes survey results only where they add supporting evidence to the interview findings. Comments made by participants at the Joint Health and Wellbeing Strategy Workshop held on April 16th 2018 have also been incorporated where relevant.

Findings

Whilst the opinion of the key stakeholders interviewed inevitably differed on some aspects, there was a consensus of opinion on many topics. These findings are presented here using the five themes from the evaluation framework:

1. Leadership and governance
2. Engagement and ownership
3. Links to strategic planning and commissioning
4. Data sharing and collation
5. The report itself

1. Leadership and governance

Most interviewees felt that the leadership and governance of the JSNA process was effectively provided by the Health and Wellbeing Board and JSNA Steering Group. People felt that there were good relationships between the representatives from the Council, CCG and voluntary sector who sat on the steering group:

"The processes are strong because of the relationships. Relationships are important"

However there was some confusion as to how the process of identifying topics for inclusion in the JSNA was governed:

"I wouldn't say the process is clear and transparent all the time"

"It's not clear to me, I think it's probably a pragmatic decision"

"If the Health and Wellbeing Board have the ultimate decision as to what is included, how do we know politics doesn't lead to some issues being overlooked?"

"I think the process could be a bit more transparent … the election of new Councillors could provide an opportunity to explain what the overall process and methodology is"

This opinion was supported by survey respondents; 5 out of 8 of whom either disagreed or strongly disagreed with the statement "The process for agreeing the content of the JSNA is clear and transparent".

Recommendation 1 : The process for agreeing the priority topics for which a focussed needs assessment needs to be undertaken, as part of the JSNA production process, should be reviewed, refreshed, agreed and publicised to ensure the process is clear, robust and transparent to all key stakeholders.

2. Engagement and ownership

There were positive comments about the recent efforts to improve stakeholder engagement and ownership of the JSNA:

"It's got consistently better over the past 5-6 years…the combination of different styles and mediums of engagement is progress."

However there was also consensus on the need to improve engagement with specific sectors:

"I'm not sure we're making the cross-cutting connections with relevant portfolio holders … we need to ensure that all relevant portfolio holders are aware by presenting the JSNA to the relevant PDS Committees."

"I don't know how widely we consult beyond the steering group, for instance the police"

"Providers could be more engaged … for instance the acute sector … Oxleas, Bromley Healthcare, Bromley Y and MyTime Active"

This opinion was also reflected by survey respondents; 7 out of 8 of whom agreed that there were key groups that are not engaged in the Bromley JSNA process that should be.

Improving public and service users' engagement in the JSNA process was a recurring theme:

"I think there could be better engagement through Bromley CCG's Patient Advisory Group and Practice Patient Groups"

"…specific community organisations should be engaged in relevant focus areas."

"There are parts of the community that we're not engaging with and therefore not representing the diversity of those communities."

"Where we recognise big shifts in population e.g. BME groups, we should make sure we're actively engaging with those groups on relevant issues."

"engagement needs to be thought of as a whole systems issue, reading across all partnerships"

"…do we take advantage of engagement that may be happening for other purposes to capture views on issues pertinent to the JSNA? I'm not sure there's enough co-operation between the CCG and LBB regarding sharing engagement opportunities."

Recommendation 2: The JSNA Steering Group should review its membership to ensure there is appropriate representation from all key stakeholders particularly from primary and acute care, other provider organisations and members of the Bromley community.

Recommendation 3: A more strategic and proactive approach should be taken to identify existing and planned opportunities to engage specific groups in aspects of JSNA development, particularly the production of in-depth needs assessments around priority issues. This process could be facilitated by the Bromley Communications and Engagement Network.

3. Links to strategic planning and commissioning

There was consensus that the JSNA provided a clear indication of the current key health and wellbeing needs for the Bromley population:

"It provides some important soundbites and headlines"

"There aren't a lot of surprises but it often confirms what I thought I already knew"

However a number of participants also observed that the analysis and intelligence provided within the JSNA are neither detailed nor sophisticated enough to inform the complex commissioning decisions that must be made:

"Perhaps it doesn't go far enough in it's analysis to unpick the difference in experiences that drive the inequalities… It could be too superficial an approach to effectively drive change"

"We need more refined intelligence to drive decision-making"

"We need more detail about what is driving contemporary issues and demands on health services"

"It reveals patterns that often require more investigation before deriving a policy initiative… It often looks at down-stream determinants and doesn't do enough for identifying emerging issues."

"Do we need to do more detailed pieces of work to identify more complex issues earlier? Or do we need to invest in more sophisticated trend analysis tools to back up assertions about future needs?"

"There's a bit missing on how to take action on some of the key issues."

As a result some participants felt the messages from the JSNA were not strong enough or clear enough to drive commissioning decisions and other sources of information had more influence over local decision making:

"I think we support the idea that the JSNA should be driving priorities but in reality I think there are other drivers, such as the 5 Year Forward View and Rightcare, that have a stronger influence."

Recommendation 4: The JSNA Steering Group should lead a further piece of work to ascertain the data and intelligence needs of local commissioners in both health and care services, particularly in relation to forecasting and modelling. Current analytical capacity and expertise within LBB and BCCG should be mapped alongside any existing work streams that have involved predictive analysis or generated forecasts with respect to health and care needs. This information should be shared with other partners within SEL STP in order to identify how these data and intelligence needs could be met whilst achieving economies of scale and avoiding duplication of effort.

4. Data sharing and collation

There was recognition that the GDPR represented a potential additional barrier to data sharing for the JSNA and that there was a need to use the data available within our organisations more effectively:

"There are well known barriers to data sharing, GDPR is a contemporary example … we need to ensure the intelligence available is used to optimal effect."

"I feel like it's undertaken a bit in isolation without awareness of what is being done in other organisations."

These findings support recommendation 4 regarding the mapping of sources of data and intelligence across organisations as well as analytical capacity and expertise.

Participants also agreed that there was scope to include more qualitative information in the report to complement the statistical analysis:

"I don't think there's much qualitative data at all."

"I'm aware of the quantitative more than the qualitative"

"Perhaps we could include some vignettes to illuminate some of the issues identified and encourage people to read it."

This finding supports recommendation 3 that a more strategic and proactive approach should be taken to identify existing and planned opportunities to engage specific groups in

aspects of JSNA development. This should support the identification and collation of qualitative information that can be incorporated into future editions of the JSNA.

5. The JSNA report itself

The majority of comments on the report were positive:

"it's clearly written"

"it's quite an easy read"

"the analysis is easy for me to understand"

"the demographic and disease burden sections are useful … the indepth chapters are useful depending on what you're working on"

"I have often used the JSNA to improve my understanding of facts about the population"

Survey respondents echoed this positive feedback with 5 out of 8 agreeing that the JSNA report is accessible for use.

There was agreement that the current annual production cycle for the JSNA, which sees the core chapters updated and new in-depth needs assessments produced every year, may no longer be required:

"It takes a huge resource to produce … the cycle could be pushed marginally longer for a more in depth analysis possibly an extra 6 months"

"Probably refreshed less than annually but more than 3-yearly is ideal"

"the NHS uses a 2 year planning cycle so we don't necessarily need the JSNA to be updated annually"

"You could do a series of deep dives into specific areas and do the big report less frequently"

This view was also expressed by participants in the JSNA workshop.

Recommendation 5: The JSNA production cycle should be extended to two years allowing for extra capacity to produce more in-depth needs assessments between updates to the core chapters. Updates to the core chapters; Demography and Disease Burden, will next be published in December 2019.

JSNA Workshop participants also considered whether the current separate production cycles for the adult-focussed JSNA and Children and Young People's Wellbeing Assessment (CYPWA) should be aligned. Whilst the Adult JSNA was published in December 2017, the CYPWA was originally published in September 2016 and is due to be refreshed later in 2018 (original version available here: http://cds.bromley.gov.uk/documents/s50045892/Child%20wellbeing%20needs%20assessment%20for%20Review%2028.09.16.pdf)

There was consensus that the production cycles should be aligned enabling the production of a JSNA that covers the entire life course.

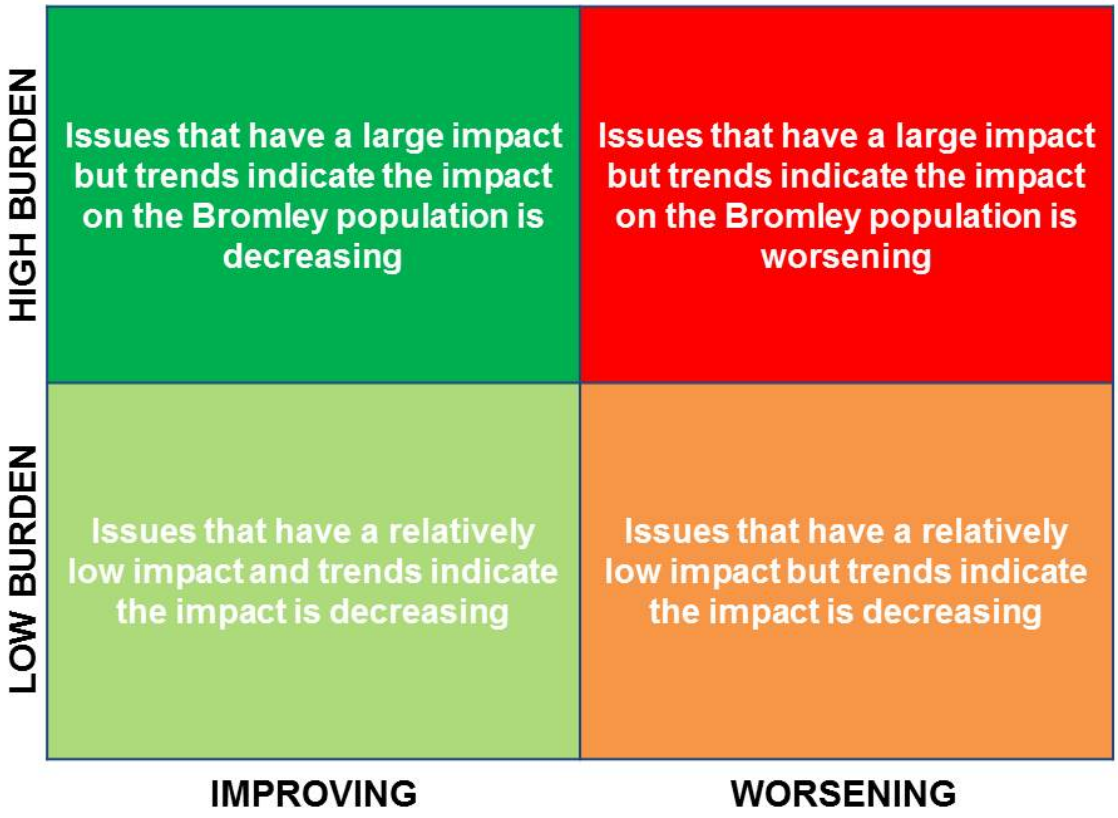
Recommendation 6: The JSNA Steering Group should lead the development of a combined adults and CYP report for the next iteration of the JSNA. It is recommended that this be published in December 2019.

SECTION 2: Proposed methodology for identifying priorities for the Joint Health and Wellbeing Strategy

Methodological development

An evidence-based methodology has been devised to identify potential priority issues for the new Bromley Joint Health and Wellbeing Strategy (JHWS). This has been devised by adapting the previous methodology used to identify priorities for the 2012-15 strategy which in itself was based on an original methodology devised by Hiten Dodhia, Consultant in Public Health for Lambeth.

This methodology is based around the production of a matrix that classifies health and wellbeing issues according to their potential impact on the Bromley population (defined by the prevalence or incidence of disease or mortality) and the recent direction of trends (improving or worsening).



Two sources of evidence have been used to identify potential health and wellbeing issues affecting the Bromley population and assess their relative position within this matrix:

I. Bromley Joint Strategic Needs Assessment 2017(JSNA) [www.bromley.gov.uk/JSNA]
II. The Public Health England Public Health Outcomes Framework (PHOF) [https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0]

The information on disease morbidity and mortality within the Disease Burden chapter of the JSNA 2017 was used to identify diseases for which the prevalence or incidence was increasing in the Bromley population or mortality rates were rising.

The PHOF for Bromley was reviewed to identify issues that impact on health and wellbeing where the incidence or prevalence in Bromley was higher than the national average and/or the trend indicated the impact on the Bromley population was worsening.

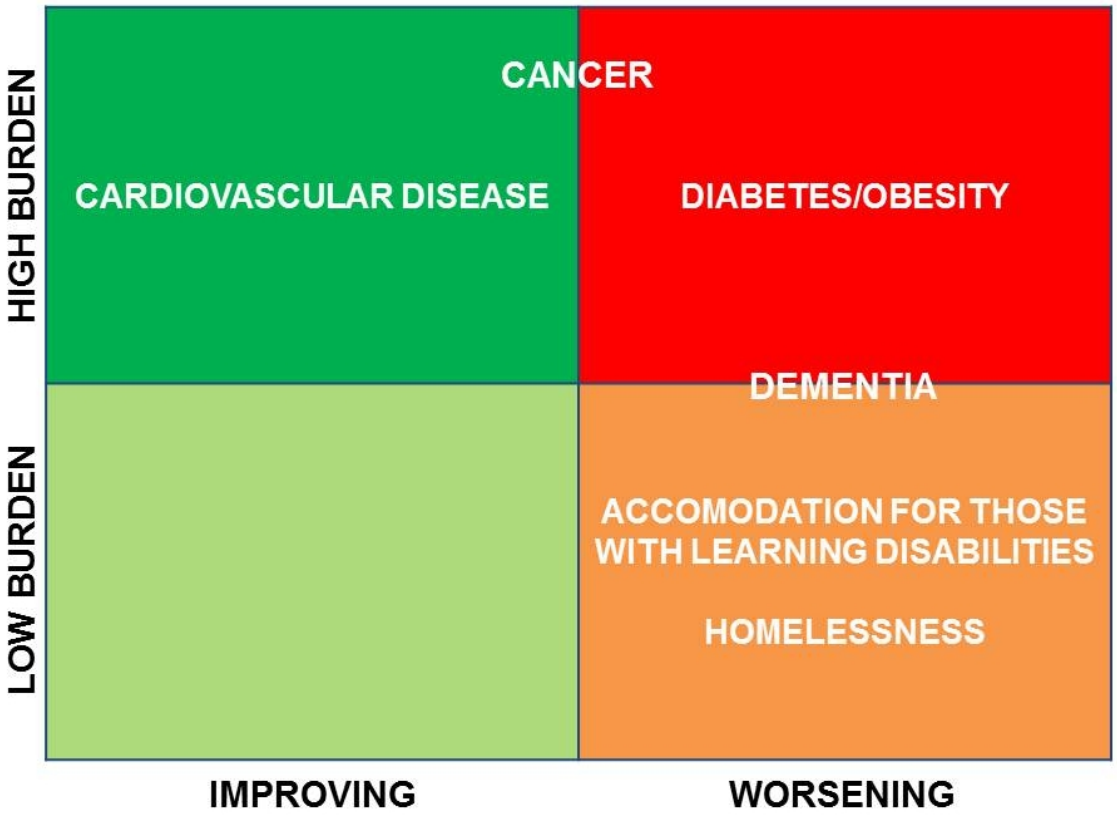
RECOMMENDATION 7: It is recommended that the Health and Wellbeing Board approve this methodology for identifying priorities for the new Joint Health and Wellbeing Strategy.

Identification of issues of concern for Bromley:

The table provides a summary of selected indicators that were assessed to have either a high burden on the Bromley population and/or trends are worsening.

		Bromley Population				
	Indicator	**Number**	**Known Prevalence**	**Estimated Prevalence**	**Trend**	**Source**
Morbidity	Hypertension	46,815	13.50%	23.40%	Number diagnosed rising but decreasing prevalence	JSNA
	Depression	23,073	8.50%	12.20%	Both number and prevalence increasing	JSNA
	Dementia	2,721	0.79%	6.90%	Increasing number and prevalence	JSNA
	Diabetes	15,107	5.49%	8.20%	Increasing number and prevalence	JSNA
	Cancer	8,851			Registrations increasing	JSNA
	CHD	9,898	2.93%	4.20%	Number increasing but decreasing prevalence	JSNA
	CKD	9,473	3.70%	6.40%	Number & prevalence decreasing	JSNA
	Stroke	5,110	1.48%		No distinct trend	JSNA
Mortality	Cancer	757	252/100,000		No distinct observable trend	JSNA
	Cardiovascular	754	242/100,000		Both number and prevalence increasing	JSNA
Wider Determinants of Health	Adults with a learning disability who live in stable and appropriate accommodation	170	33.20%		Below England and further decreasing	PHOF
	Statutory Homelessness-households in temporary accommodation	1,439	10.4/1000		Higher than England and rapidly increasing	PHOF

A total of **5** priorities were selected to be included in the prioritisation matrix:

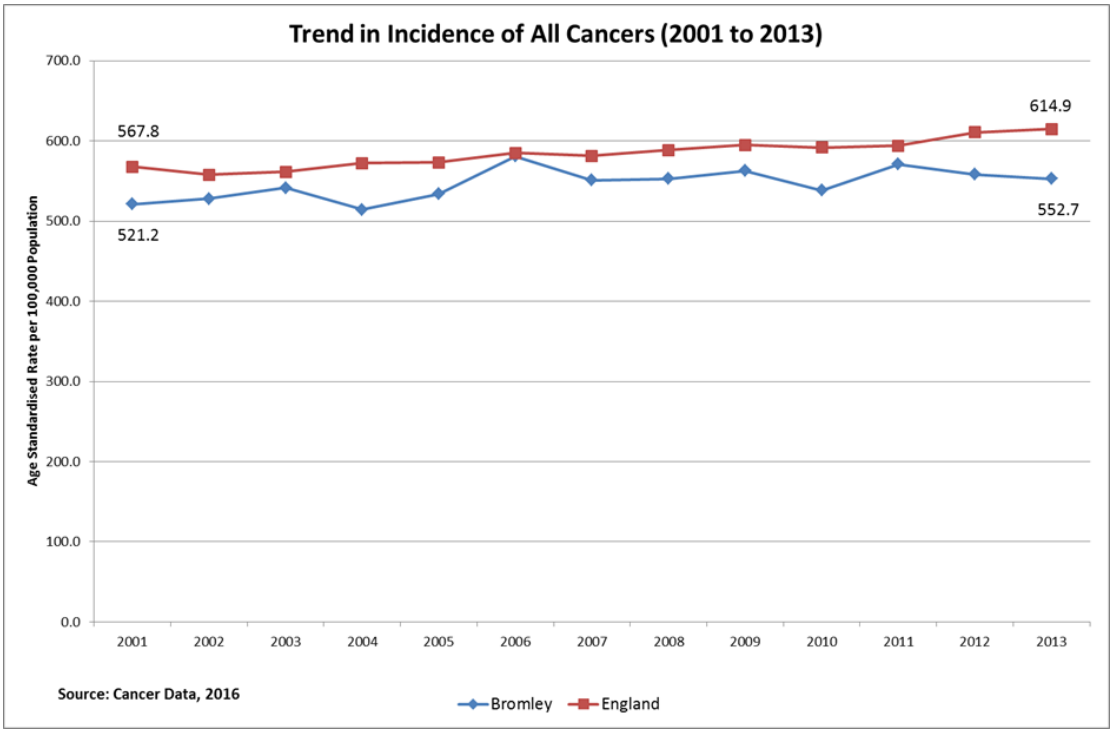


NB The 2017 JSNA focussed on health in adults and therefore the priorities identified from thus far are adult-focussed. The Bromley Children and Young Peoples Wellbeing Assessment is currently being updated and due to be published later this summer. The intelligence from this report will be used to identify specific priorities for infants, children and young people which will be combined with those identified for adults to form a comprehensive set of health and wellbeing priorities for the population of Bromley that represent the full life course.

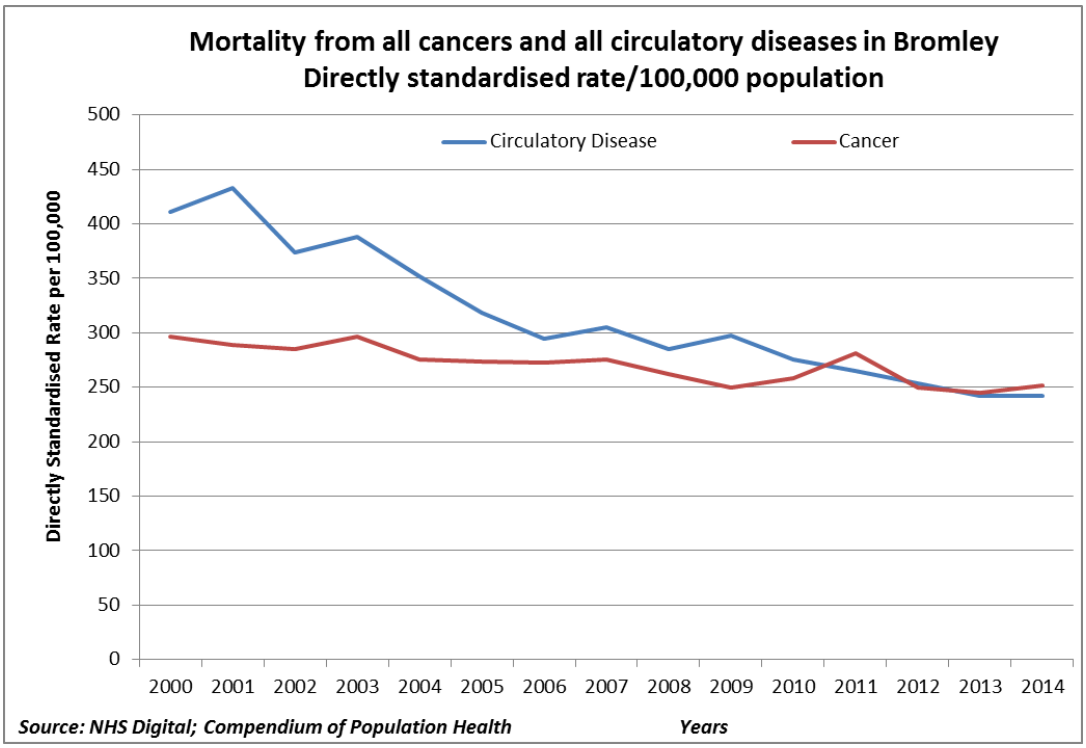
<u>Rationale for inclusion of issues in the matrix</u>

1. **Cancer**

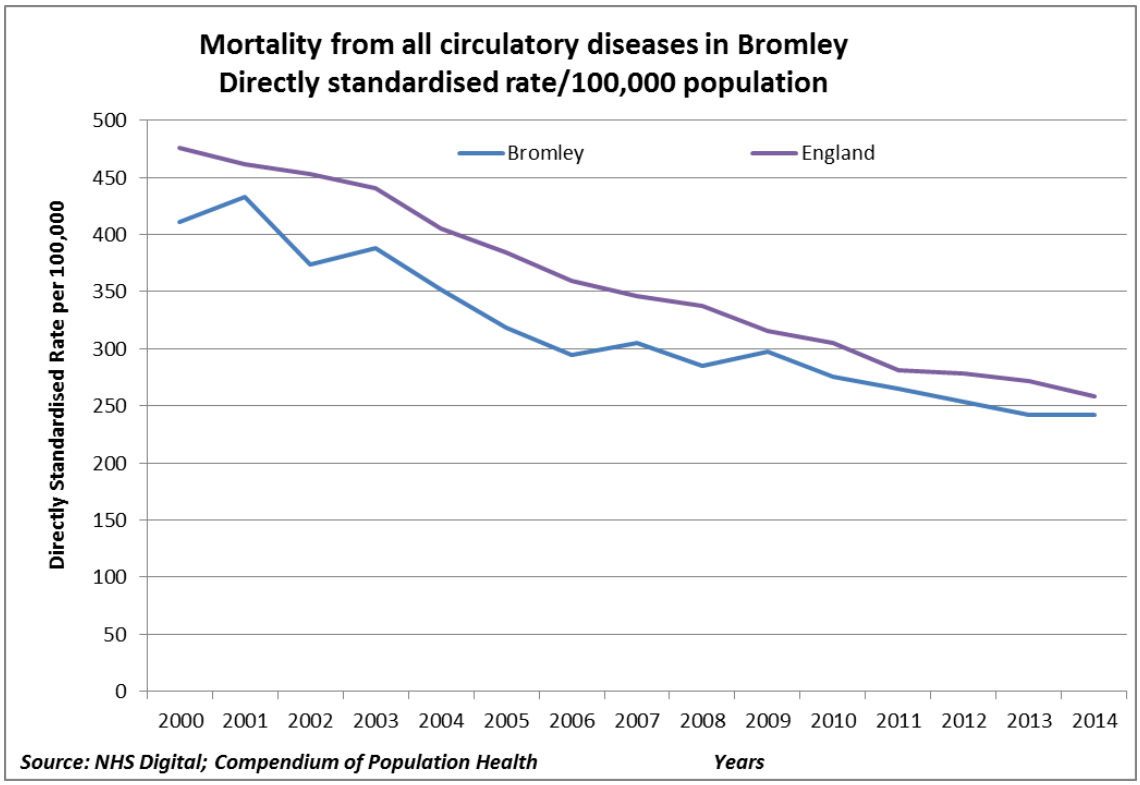
   The incidence of all cancers in Bromley is still rising with nearly 1600 new cancer registrations annually, indicating the need for good prevention strategies. The graph below compares age-standardised cancer incidence rates in Bromley and England indicating that incidence remains below the national average but there has been a slight upward trend in incidence rates in Bromley over the last 15 years.

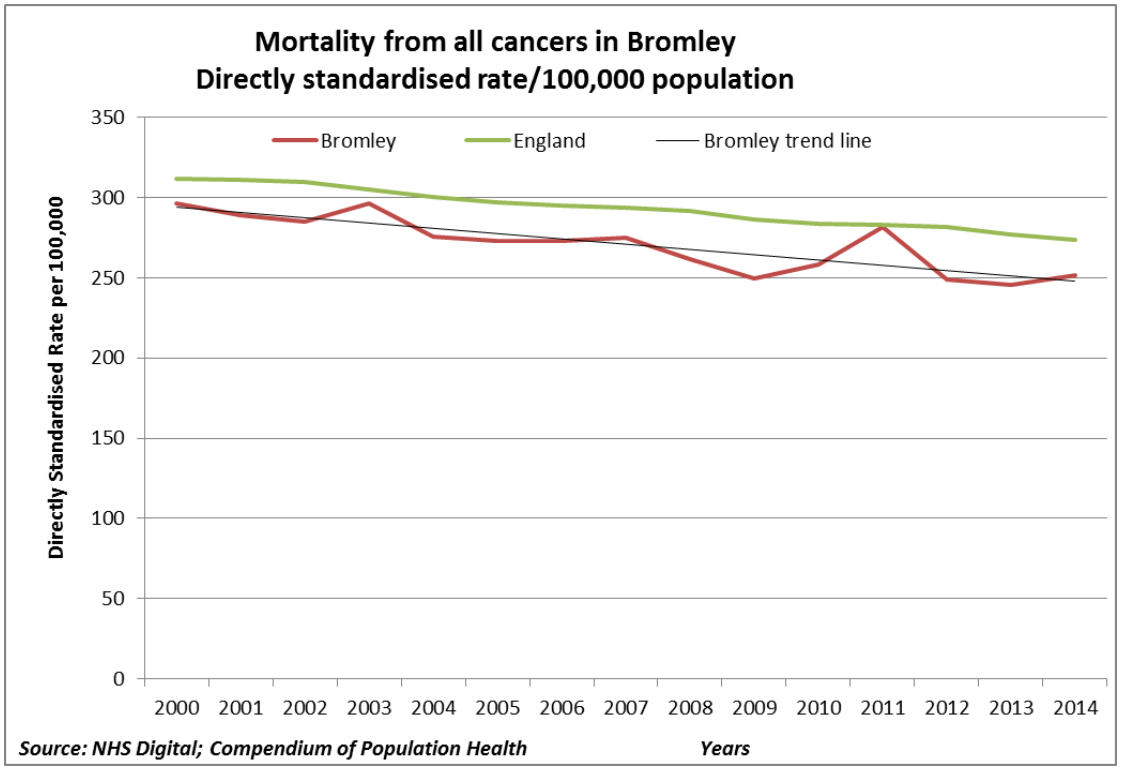


Although survival rates from cancer in Bromley are improving there have been over 10,000 deaths from cancer in Bromley in the last 10 years. The proportion of the total number of deaths in Bromley caused by cancer has been higher than the proportion of deaths caused by circulatory disease for the last 3 years.



The following graphs compare the trend in mortality from cardiovascular disease and cancer in Bromley over the last 14 years.





It is evident that, whilst there has been an overall downward trend in standardised rates of deaths from both cancers and circulatory diseases in Bromley over the last decade, the rate of decrease has been steeper for circulatory disease mortality.

Further monitoring of trends in mortality is required to establish the overall trend in deaths from cancer in Bromley.

2. Dementia

There is an estimated 209,600 new cases of dementia a year in the UK (35% men and 64%) women)[i]. This figure is the result of a 20% drop in incidence across the previous two decades, largely amongst men at all ages[i].

A total of 2,721 patients (all ages) in Bromley were diagnosed with dementia and included on the GP Disease Register in 2016/17. The prevalence of dementia in the Bromley population is steadily increasing with an estimated 4380 people aged over 65 living with dementia within the borough in 2017. The rate of growth is predicted to increase with an estimated 6034 people aged over 65 expected to be living with dementia in the borough by 2030.

		2018	2020	2030
People aged 65-69 predicted to have dementia	↑	190	186	256
People aged 70-74 predicted to have dementia	↑	419	433	442
People aged 75-79 predicted to have dementia	↑	623	663	757
People aged 80-84 predicted to have dementia	↑	1,006	1,029	1,169
People aged 85-89 predicted to have dementia	↑	1,183	1,178	1,450
People aged 90 predicted to have dementia	↑	1,044	1,161	1,660
People aged 65+ predicted to have dementia	↑	4,465	4,650	6,034
Source: Projecting Older People Population Information System, August 2016				

The first row in the table below shows that only 3.6% of patients (n=97) diagnosed with dementia in Bromley are below the age of 65 years. This proportion is higher than England (3.2%) but lower than London (3.8%). The 2nd and 3rd rows in this table indicate that both the crude and age-standardised rate of young-onset dementia in the total Bromley population is higher than the regional and national average.

Overall analysis indicates that the older population (65+) contributes significantly to the dementia prevalence in Bromley. However, Bromley has significantly higher rates of young-onset dementia compared to London and England.

	Period	Count	Value	Lower CI	Upper CI	London	England
Dementia (aged under 65 years) as a Proportion of Total Dementia (all ages) per 100	2017	97	3.6	2.9	4.4	3.8	3.2
Dementia: Crude Recorded Prevalence (aged under 65 years) per 10,000	2017	97	3.39	2.78	4.14	2.19	2.99
Dementia: Indirect Age-Standardised Recorded Prevalence (aged under 65 years) per 10,000	2017	-	3.41	2.8	4.16	2.83	2.94
Source: PHE; Dementia Profiles, 2018							

3. Diabetes/Obesity

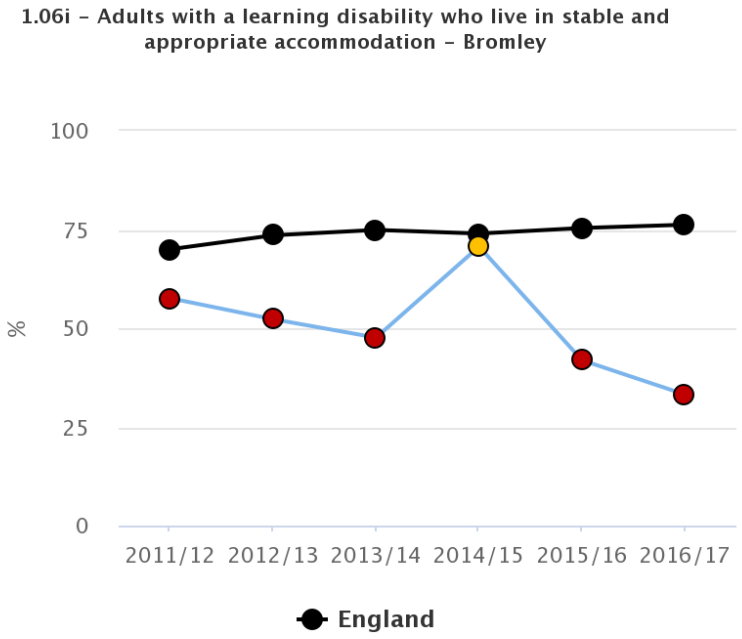
The number of people with diabetes in Bromley continues to rise and presents a growing challenge for individuals and services. In 2016/17 there were over 15,000 people diagnosed with diabetes registered with Bromley GPs. There were a further 15,000 people with non-diabetic hyperglycaemia (NDHG, the precursor for diabetes). Modelling estimates suggest the actual numbers of people at risk of developing diabetes in the borough is twice this amount at almost 30,000.

Obesity is the main risk factor for the development of type 2 diabetes, with obese adults being five times more likely to develop the condition compared to adults of a healthy weight[ii]. In addition, individuals with diabetes have an elevated risk of developing cardiovascular disease[iii]

20% (102,455) of adults aged 18+ were classified as obese including severe obesity in Bromley compared to 23% nationally. The prevalence of adults classified with excess weight is over two times that at 57% (291,998) compared to 61% nationally.

4. Adults with a learning disability who live in stable and appropriate accommodation[1]

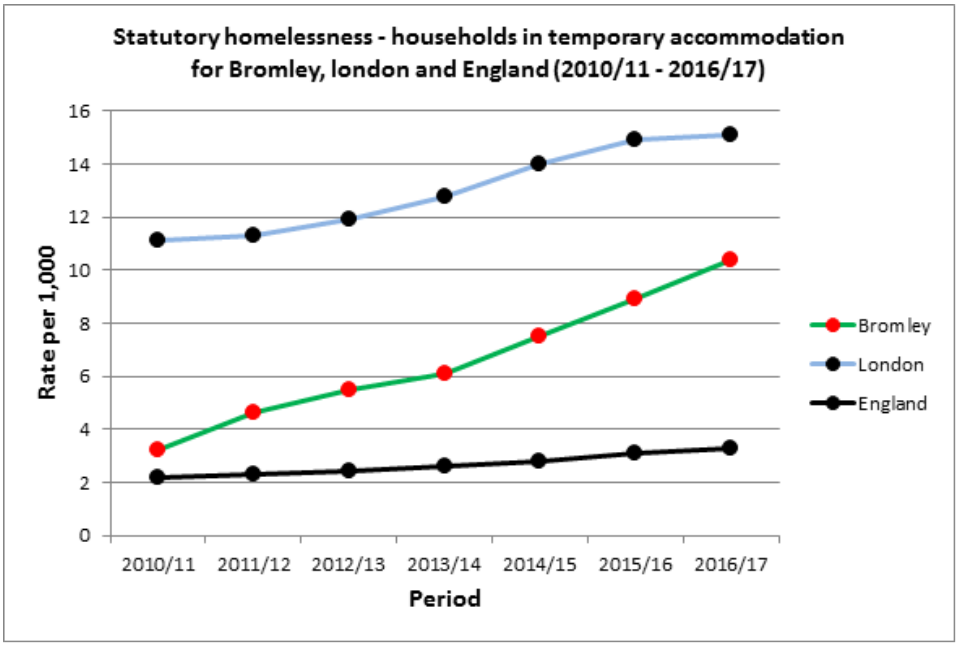
Only 43% (170) of adults in Bromley with a learning disability live in stable and appropriate accommodation compared to 76% nationally. Looking back to 2011/12 and now, there is a widening gap between Bromley and the England average. In 2011/12, more than half of the adults with a learning disability lived in stable and appropriate accommodation (57.6%, n=550) compared to England (70%). Although in 2014/15, the rates in Bromley increased to levels similar to England (71% compare to 74%), this increase was not sustained and rates are trending steeply downwards.



[1] Number of working age clients (18-64 years) with learning disabilities known to council with adult social services responsibility who are living in their own home or with their family during the financial year

5. Statutory Homelessness

Recent data shows that 1,439 households in Bromley were in temporary accommodation in 2016/17, a rate of 10.4 per 1000 households. This rate is much higher than England at 3.3 per 1000 households. The number of households in temporary accommodation grew by 135% in 6 years from 429 in 2010/11 to 1,439 households in 2016/17. The data shows steeply increasing levels of statutory homelessness in Bromley compared to England since 2010/11. It is also worth noting that, although statutory homelessness levels are lower in Bromley compared to London, the rate is increasing much faster in Bromley.



RECOMMENDATION 8: It is recommended that the Health and Wellbeing Board endorse these 5 issues as priorities for the new Joint Health and Wellbeing Strategy.

Health Outcome Indicators for Continued Surveillance

In addition to the 5 key issues incorporated in the prioritisation matrix a number of other indicators within the PHOF demonstrated potential cause for concern:

- Childhood immunisation uptake
- Cervical Cancer Screening coverage

Responsibility for commissioning immunisations and screening sits with NHS England and the local Public Health teams having a responsibility to assure a safe and effective service is provided for their population and hold NHS England to account for service performance.

RECOMMENDATION 9: It is recommended that the Health and Wellbeing Board continue to monitor performance with respect to these indicators and hold NHS England to account should performance not improve.

The Life Course Approach to Health and Wellbeing[iv]

For the upcoming JHWS, it is recommended that the "Life Course Approach" should be applied to help develop the action plan relating to the priorities agreed for inclusion.

Non-communicable diseases (NCDs) such as diabetes and cancer are some of the most significant public health challenges of our time both nationally and locally. Numerous international organisations such as the World Health Organisation (WHO) have advocated adopting a life course approach to address these challenges.

The life course approach seeks to prevent and control diseases by identifying critical stages in life from preconception through pregnancy, infancy, childhood, adolescence and adulthood, where interventions will be most effective. A life course approach investigates the long-term effects of physical and social exposures experienced during these aforementioned critical life stages on health and disease risk. It also examines the pathways (biological, behavioural and psychosocial) influencing the development of chronic diseases and operating across an individual's life course or across generations. This is counter to the more traditional model of health where by an individual is considered healthy until disease occurs. The life course approach instead states that the trajectory of developing a disease is determined early in life. For example, there is significant evidence suggesting that poor foetal nutrition results in maladaptive neural programming[v]. This causes individuals to be unable to properly regulate their hunger, predisposing them to obesity throughout the course of their life.

The life course approach to health offers a strategic model that can be used to best plan public health interventions that relate to the priorities agreed within the Joint Health and Wellbeing Strategy (JHWS). Interventions planned using a life course approach will be timely, effective and provide lasting benefits.

RECOMMENDATION 10: It is recommended that the Health and Wellbeing Board endorse the use of the life course approach for the development of an action plan to address the priorities identified in the Bromley Joint Health and Wellbeing Strategy.

Summary of Recommendations:

Recommendation 1 : The process for agreeing the priority topics for which a focussed needs assessment needs to be undertaken, as part of the JSNA production process, should be reviewed, refreshed, agreed and publicised to ensure the process is clear, robust and transparent to all key stakeholders.

Recommendation 2: The JSNA Steering Group should review its membership to ensure there is appropriate representation from all key stakeholders particularly from primary and acute care, other provider organisations and members of the Bromley community.

Recommendation 3: A more strategic and proactive approach should be taken to identify existing and planned opportunities to engage specific groups in aspects of JSNA development, particularly the production of in-depth needs assessments around priority issues. This process could be facilitated by the Bromley Communications and Engagement Network.

Recommendation 4: The JSNA Steering Group should lead a further piece of work to ascertain the data and intelligence needs of local commissioners in both health and care services, particularly in relation to forecasting and modelling. Current analytical capacity and expertise within LBB and BCCG should be mapped alongside any existing workstreams that have involved predictive analysis or generated forecasts with respect to health and care needs. This information should be shared with other partners within SEL STP in order to identify how these data and intelligence needs could be met whilst achieving economies of scale and avoiding duplication of effort.

Recommendation 5: The JSNA production cycle should be extended to two years allowing for extra capacity to produce more in-depth needs assessments between updates to the core chapters. Updates to the core chapters; Demography and Disease Burden, will next be published in December 2019.

Recommendation 6: The JSNA Steering Group should lead the development of a combined adults and CYP report for the next iteration of the JSNA. It is recommended that this be published in December 2019.

Recommendation 7: It is recommended that the Health and Wellbeing Board approve the methodology for identifying priorities for the new Joint Health and Wellbeing Strategy.

Recommendation 8: It is recommended that the Health and Wellbeing Board endorse these 5 issues as priorities for the new Joint Health and Wellbeing Strategy.

Recommendation 9: It is recommended that the Health and Wellbeing Board continue to monitor performance with respect to those indicators that are potential cause for concern and hold NHS England to account should performance not improve.

Recommendation 10: It is recommended that the Health and Wellbeing Board endorse the use of the life course approach for the development of an action plan to address the priorities identified in the Bromley Joint Health and Wellbeing Strategy.

References

[i] Matthews, F.E., Stephan, B.C.M., Robinson, L., Jagger, C., Barnes, L.E., Arthur, A., Brayne, C., Comas-Herrera, A., Wittenberg, R., Dening, T., McCracken, C., Moody, C., Parry, B., Green, E., Barnes, R., Warwick, J., Gao, L., Mattison, A., Baldwin, C., Harrison, S., Woods, B., McKeith, I., Ince, P., Wharton, S. and Forster, G. (2016). *A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II*. Nature Communications, 7, 11398. [online] Available at: https://www.nature.com/articles/ncomms11398 [Accessed 23/05/2017].

[ii] Public Health England. (2014). *Adult obesity and type 2 diabetes*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/338934/Adult_obesity_and_type_2_diabetes_.pdf [Accessed 19/05/2018].

[iii] Diabetes UK. (2013). *Cardiovascular disease*. [online] Available at: https://www.diabetes.org.uk/guide-to-diabetes/complications/cardiovascular_disease [Accessed 21/05/2018].

[iv] Jacob, C.M., Baird, J., Barker, M., Cooper, C. and Hanson, M. (2017). *The importance of a life-course approach to health: Chronic disease risk from preconception through adolescence and adulthood*. [online] Available at: http://www.who.int/life-course/publications/life-course-approach-to-health.pdf?ua=1 [Accessed 08/03/2017].

[v] Mühlhäusler, S.B., Adam, C.L. and McMillen, I.C. (2008). *Maternal nutrition and the programming of obesity*. Organogenesis, 4, 144-152. [online] Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2634588/ [Accessed 11/05/2018].

APPENDIX 1 – List of JSNA Guidance documents and JSNA Evaluation Reports referred to in the development of the Bromley JSNA Evaluation Framework:

Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, Department of Health (2013). Available online at: https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance

Wirral JSNA Key Issues Survey Report (2012). Available online at: https://www.wirralintelligenceservice.org/media/1937/third-report-for-jsna-key-issues-survey-responses-august-2012.pdf

Lambeth JSNA Quality Assurance Report, Lambeth PCT (2008). Available online at https://www.lambeth.gov.uk/sites/default/files/pl-2009LambethJSNAQualityAssuranceDoc.pdf

Nottingham Annual Review of JSNA, Nottinghamshire County Council (2015). Available online at: http://committee.nottinghamcity.gov.uk/documents/s29956/Annual%20report%20on%20the%20Joint%20Strategic%20Needs%20Assessment%202015.pdf

JSNA in the South East; Review of Practice (2010). Available online at: https://www.thinklocalactpersonal.org.uk/_assets/Resources/SouthEast/Legacy/TASC/Joint_Strategic_Needs_Assessment/JSNA_Short_Summery_Transforming_Adult_Social_Care_Report.pdf

Joint strategic needs assessment: reconciling new expectations with reality, Ed Harding, Michelle Kane, (2011) Journal of Integrated Care, Vol. 19 Issue: 6, pp.37-44. Available online at: https://doi.org/10.1108/14769011111191458

APPENDIX 2 – Online Survey Questionnaire

1. What best describes the perspective from which you are completing this survey today?

- As a member of the public
- As a service user or patient
- As an employee or volunteer in the voluntary or community sector
- As an elected member
- As a health or care service provider
- As a CCG employee
- As a Local Authority employee
- As an employee of another public sector organisation (please specify)
- As a GP
- As a hospital clinician
- Other (please specify)

2. Leadership, governance and communication

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

2a. All key stakeholders are aware of the Bromley JSNA

2b. The wider community of Bromley are aware of the Bromley JSNA

2c. There is strong support for the production of the JSNA among the key stakeholders in Bromley

2d. The aims and objectives of the JSNA are widely understood by stakeholders across Bromley

2e. There is a clear governance structure and lines of accountability for the production of the Bromley JSNA

2f. All key stakeholders are represented on the Bromley JSNA Steering Group

2g. The Bromley JSNA steering group meets at sufficiently regular intervals

2h. The JSNA steering group agrees a project plan for the annual update of the Bromley JSNA

2i. The JSNA steering group receives regular updates on progress with the agreed project plan during the production of the Bromley JSNA

2j. Key stakeholders are able to contribute to and comment on the draft JSNA report

2k. Comments from stakeholders on the draft JSNA are appropriately responded to

2l. Messages about the Bromley JSNA, including publications, updates and achievements are well communicated amongst key stakeholders

2m. Messages about the Bromley JSNA are well communicated with the wider community

2n. Would you like to make any further comments about aspects of the leadership, governance and ownership of the Bromley JSNA process?

3. Partnership, engagement and ownership

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

3a. All relevant stakeholders are invited to be engaged in the production of the Bromley JSNA

3b. All key stakeholders have an opportunity to comment on the proposed topics / contents of the JSNA report

3c. All stakeholders engaged in the production of the Bromley JSNA make an appropriate contribution to the process

3d. There has been adequate community engagement in the JSNA process

3e. The JSNA has encouraged greater engagement between key stakeholders and the population of Bromley

3f. The JSNA process has strengthened partnerships across organisations in Bromley

3g. Do you feel there are any key groups who are not engaged in the Bromley JSNA process that should be? Please give details:

3h. How do you think we could encourage these groups to engage with the future development of the JSNA?

3i. Would you like to make any further comments about aspects of the partnership, engagement and ownership of the Bromley JSNA process?

4. Data sharing and collation

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

4a. All key stakeholders actively contribute to the identification and collation of local data for the JSNA

4b. All key stakeholders contribute analytical resources (staff / skills) where appropriate, for the production of the JSNA

4c. Data sharing agreements are in place with all key stakeholders to support the collation of local information for the Bromley JSNA

4d. The Bromley JSNA contains an appropriate mix of quantitative data such as statistical and measurable information, as well as qualitative data such as service user experience and case studies

4e. The data included in the JSNA is of good quality (timely, relevant & accurate)

4f. Would you like to make any comments about the collation and sharing of data for the Bromley JSNA?

5. The JSNA report

Please indicate the extent to which you agree with the following statements:

Strongly Agree / Agree / Neither Agree or Disagree / Disagree / Strongly Disagree / Don't Know

5a. The Bromley JSNA report is accessible for your use

5b. The Bromley JSNA report is available in a range of accessible formats for all target audiences

5c. The analysis in the Bromley JSNA is easy to understand

5d. The Bromley JSNA report presents both the short-term and long-term health and care needs of the local population

5e. The data and analysis within the Bromley JSNA report is updated at sufficient intervals for your needs

5f. There are robust arrangements in place for updating, monitoring and evaluating the JSNA report

5g. The Bromley JSNA includes information on all the key health and wellbeing issues for the Bromley population

5h. If you think there are other key issues which are not currently included in the JSNA that should be please list them here:

5i. Which components of the JSNA do you find most useful and why?

5j. Can you give an example / examples of how the Bromley JSNA report has been used within your organisation?

5k. Would you like to make any further comments about any of your answers in this section?

6. Links to strategic planning, commissioning decisions and outcomes

6a. The Bromley JSNA provides a detailed picture of the drivers of the health and wellbeing needs of the Bromley population

6b. The Bromley JSNA clearly identifies groups whose needs are not being met and who are experiencing poor health and wellbeing

6c. The Bromley JSNA supports the identification and agreement of priorities for local action to improve health and wellbeing

6d. The Bromley JSNA has directly informed the Bromley Joint Health and Wellbeing Strategy

6e. The Bromley JSNA supports the development of other local plans and strategies

6f. The Bromley JSNA provides adequate information to support the planning and commissioning of services

6g. The Bromley JSNA supports prioritisation and decision-making regarding resource allocation

6h. Would you like to make any comments about any the links between the Bromley JSNA and strategic planning, commissioning decisions and outcomes?

7. Finally, do you have any further comments or suggestions as to how the Bromley JSNA can be improved in order to ensure it is fit for purpose in the future?

Thank you very much for taking the time to complete this survey

APPENDIX 3 – Interview Framework

To start, have you had a chance to view the latest version of the JSNA on the Bromley Council website?

Do you have any general comments?

Thinking about the **leadership and governance** of the JSNA process:

Do you think all key stakeholders are aware of the JSNA?

Do you think there is strong support for the production of the JSNA amongst stakeholders?

Do you think the process for agreeing the content of the JSNA is clear and transparent?

Do you think messages about the JSNA are well communicated to stakeholders?

Do you have any other comments about the *leadership and governance* of the process?

Now thinking about the **engagement and ownership** of the JSNA:

Do you think all relevant stakeholders are invited to be engaged in the production of the JSNA?

Do all key stakeholders have an opportunity to comment on the proposed contents / focus of the JSNA?

Do you think there is adequate community engagement in producing the JSNA?

Do you feel there are any key groups who are not engaged in the JSNA process?

What could we do to encourage these groups to become engaged?

Do you have any other comments about the *engagement and ownership* of the JSNA?

Now thinking about the **links between the JSNA and strategic planning and commissioning processes:**

Do you think the JSNA provides a detailed picture of the drivers of the health and wellbeing needs of the Bromley population?

Do you think the JSNA clearly identifies groups whose needs are not being met or who are experiencing poor health and wellbeing?

Do you think the JSNA supports the identification and agreement of priorities for local action to improve health and wellbeing?

Does the JSNA provide adequate information to support the planning and commissioning of services?

Does the JSNA directly inform the Joint Health and Wellbeing Strategy?

Do you have any other comments about the *links between the JSNA and strategic planning and commissioning*?

Now thinking about the **data sharing and collation** for the JSNA**:**

Do you feel all key stakeholders actively contribute to the identification and collation of local data for the JSNA?

Does the JSNA contain an appropriate mix of both quantitative and qualitative data?

Do you think the data in the JSNA is of good quality (timely, relevant and accurate)?

Do you have any other comments about *data sharing and collation* for the JSNA?

Now FINALLY thinking about the **JSNA report** itself**:**

Do you feel the JSNA report is accessible for your use?

Do you feel the analysis is easy to understand?

Do you think the information in the JSNA presents both the short and long term health and care needs of the local population?

Do you think the JSNA is updated at sufficient / appropriate intervals for your needs?

Does the JSNA include information on all the key health and wellbeing issues for the population of Bromley?

Which components of the report do you find most useful and why?

Can you give an example of how you've used the information from the JSNA in your role?

Do you have any other comments about *JSNA report* itself?

That's the end of the structured questions. Do you have any other comments about the process and outcomes of the JSNA that hasn't already been covered?

APPENDIX 4 – Interview Participants

Cllr David Jefferies, Chair Bromley Health and Wellbeing Board

Cllr Dianne Smith, Portfolio Holder for Adult Care and Health

Dr Angela Bhan, Managing Director Bromley CCG

Dr Andrew Parsons, Clinical Chair Bromley CCG

Colin McClean, Chief Executive Community Links Bromley

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Report No.
CS18141

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 7th June 2018**
Title:	**SCOPING DISCUSSION ON PROPOSAL TO DEVELOP A SUICIDE PREVENTION STRATEGY FOR BROMLEY**
Contact Officer:	Dr Nada Lemic, Director of Public Health Tel: 020 8313 4220 E-mail: Nada.Lemic@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1. In 2012, the Government published a cross-party suicide prevention strategy. The aims of this strategy were to; reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide.

1.2. Furthermore, Public Health England also published 'Local Suicide Prevention Planning: A Practice Resource Guidance' in the same year". This report endorsed the three steps for local plan development that were originally recommended by the All-Party Parliamentary Group on Suicide and Self-Harm Prevention:

- Establish a multi-agency stakeholder group
- Complete a suicide audit
- Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data

1.3. Bromley does not currently have a suicide prevention strategy or action plan, in January 2018, the Public Health Team were asked by the Bromley Mental Health Strategic Board to lead the development of a strategy for the local population

1.4. Since this time, the Public Health Team has established a multi-agency stakeholder group and begun to develop a suicide prevention strategy and/or action plan based on the national strategy and local data

2. Reason for Report going to Health and Wellbeing Board

2.1 The Bromley Mental Health Strategic Board has requested the development of a suicide prevention strategy.

2.2 This paper details the rationale and evidence base that has been used to convene the Suicide Prevention Strategy multi-agency stakeholder group and the current progress of the group in producing a Suicide Prevention Strategy for Bromley.

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

3.1 The Health and Wellbeing Board is asked to review the rationale and proposed process for developing a Suicide Prevention Strategy and Action Plan for Bromley and endorse these proposals.

Financial

1. Cost of proposal: No Cost

2. Ongoing costs: No Cost

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

The development of a suicide prevention strategy and group is a key recommendation made by the All-Party Parliamentary Group on Suicide and Self-Harm Prevention

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4. COMMENTARY

4.1 Report appended at Appendix 1.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Those affected by or with an increased risk of committing suicide or performing self-harm are amongst the most vulnerable groups in the population, including; the lesbian, gay, bisexual and transgender community, older men, those bereaved by suicide and those in financial distress amongst many more.

6. LEGAL IMPLICATIONS

6.1 The development of both a suicide prevention strategy and group is a recommendation endorsed by Public Health England, the All-Party Parliamentary Group on Suicide and Self-Harm and the Independent Mental Health Taskforce to the NHS in England.

Non-Applicable Sections:	Financial Implications, Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes, required to Process the Item, and Comment from the Director of Public Health
Background Documents: (Access via Contact Officer)	Not Applicable.

Proposal for the development of a Bromley Suicide Prevention Strategy

Introduction & Context

In 2012, the government published a cross-party suicide prevention strategy, 'Preventing suicide in England: A cross-government outcomes strategy to save lives'[i]. The overarching aims of the strategy were to; reduce the suicide rate in the general population and provide better support for those bereaved or affected by suicide. Six priority areas for action were identified:

1. Reduce the risk of suicide in key high-risk groups

2. Tailor approaches to improve mental health in specific groups

3. Reduce access to the means of suicide

4. Provide better information and support to those bereaved or affected by suicide

5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

6. Support research, data collection and monitoring

Since the publication of the strategy, two progress reports have been published which have led to the identification of an additional priority area for action around 'reducing rates of self-harm as a key indicator of risk of suicide[ii,iii].

The Five Year Forward View for Mental Health[iv], published in 2016, set out the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. The report recommended that all local areas should have a multi-agency suicide prevention plan in place by 2017. The report also included the following guidance on the scope of these local plans:

- Local suicide prevention plans should set out targeted actions in line with the National Suicide Prevention Strategy[i] and the new evidence around suicide, and include a strong focus on primary care, alcohol and drug misuse.
- The plans should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups within their population, drawing on localised real time data.
- The plans should also include indicative targets and trajectories for reduction in suicides locally, to support transparency and monitoring over the period of the strategy.

Public Health England (PHE) also published, 'Local Suicide Prevention Planning: A Practice Resource Guidance' in the same year[v]. This report endorsed the three steps for local plan development that were originally recommended by the All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention[vi]:

1. Establish a multi-agency stakeholder group
2. Complete a suicide audit
3. Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data

As Bromley does not currently have a suicide prevention strategy or action plan, in January 2018, the Public Health Team were asked by the Bromley Mental Health Strategic Board to lead the development of a strategy for the local population. The following section outlines the progress achieved to date with reference to the 3 step process endorsed by PHE and the APPG.

Progress to date

1. Establish a multi-agency stakeholder group

The Bromley Suicide Prevention Strategy Steering Group was established in March 2018 to develop and implement a suicide prevention strategy and action plan for Bromley. The group has a broad membership including:

- MIND
- Samaritans
- Papyrus
- Healthwatch Bromley
- British Transport Police
- Metropolitan Police
- London Ambulance Service
- Youth Offending Service
- Bromley CCG
- Bromley Y
- Oxleas NHS Foundation Trust
- Bromley Healthcare
- Bromley Adult Safeguarding Team
- Bromley Safeguarding Children Board
- Bromley Schools Emotional Health Forum

The terms of reference for the group (including a full membership list) can be seen in Appendix 1.

The group has met twice with 3 further meetings planned for June, July and September.

2. Complete a suicide audit

The Bromley Suicide Audit was refreshed in December 2017. This audit refresh was performed using data from the Primary Care Mortality Database to examine trends in deaths recorded as suicides in Bromley between 1998 to 2016. Analysis of trends in rates of self-harm in Bromley were also analysed as research shows that repeated self-harming behaviour increases the risk of a completed suicide by between 50-100 times and in many cases of suicide there is an episode of self-harm shortly before someone takes their own life[vii,iii]. Trends in self-harm in Bromley were analysed using hospital admissions for self-harm as an indicator of underlying trends in self-harm within the community.

The audit report was presented to the Bromley Mental Health Strategic Board in January 2018 which resulted in the request for the development of a Suicide Prevention Strategy.

The executive summary from the audit is included in Appendix 2. A full version of the report can be provided on request from: susan.mubiru@bromley.gov.uk

3. **Develop a suicide prevention strategy and/or action plan that is based on the national strategy and local data**

The Bromley Suicide Prevention Strategy Steering Group has agreed that the local strategy should be based around the 6 priority areas for action identified in the national strategy. Steering group members are currently undertaking a mapping exercise to identify existing suicide prevention activity in Bromley with respect to each of the 6 priority areas. This information will then be used to create a gap analysis to compare what is currently happening in Bromley against what the evidence suggests are effective suicide prevention measures. This will then inform the identification of the aims, objectives and priority areas for action for the new strategy.

It is anticipated that the draft Bromley Suicide Prevention Strategy will be complete by Autumn 2018.

Recommendation

Health and Wellbeing Board members are asked to review the rationale and proposed process for developing a Suicide Prevention Strategy and Action Plan for Bromley and endorse these proposals.

References

[i] HM Government. (2012). Preventing suicide in England: A cross-government outcomes strategy to save lives. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/430720/Preventing-Suicide-.pdf [Accessed: 24/05/2018].

[ii] HM Government. (2015). *Preventing suicide in England: Two years on - second annual report on the cross-government outcomes strategy to save lives*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/405407/Annual_Report_acc.pdf [Accessed 24/05/2018].

[iii] HM Government. (2017). *Preventing suicide in England: Third progress report of the cross-government outcomes strategy to save lives*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf [Accessed 24/05/2018].

[iv] Independent Mental Health Taskforce to the NHS in England. (2016). *The five year forward view for mental health*. [online] Available at: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf [Accessed 24/05/2018].

[v] Public Health England. (2016). *Local suicide prevention planning: A practice resource*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585411/PHE_local_suicide_prevention_planning_practice_resource.pdf [Accessed 24/05/2018].

[vi] All-Party Parliamentary Group on Suicide and Self-Harm Prevention. (2015). *Inquiry into local suicide prevention plans in England*. [online] Available at: http://www.samaritans.org/sites/default/files/kcfinder/files/APPG-SUICIDE-REPORT.pdf [Accessed 24/05/2018].

[vii] Royal College of Psychiatrists. (2010). Self-harm, suicide and risk: *Helping people who self-harm*. [online] Available at: https://www.rcpsych.ac.uk/files/pdfversion/CR158.pdf [Accessed 24/05/2018].

Appendix 1

Terms of Reference for
Bromley Suicide Prevention Strategy Steering Group

1. Aims

The Bromley Suicide Prevention Strategy Steering Group aims:

- To reduce the rate of suicide and self-harm within Bromley
- To provide a forum for successful multi-agency partnership working at strategic and operational level

2. Objectives

- To drive the production and implementation of the Bromley Suicide Prevention Strategy and Action Plan.
- To facilitate and promote system-wide action to reduce suicide rates across Bromley.

3. Responsibilities

- To develop and agree a multi-agency suicide prevention strategy and action plan for Bromley
- To drive the implementation of the suicide prevention strategy and action plan
- To review and update the strategy as appropriate
- To review an annual suicide and self-harm statistical and intelligence update
- To publicise ongoing work and recent developments in suicide prevention at a local, regional and national level
- To facilitate partnership working between organisations represented on the Steering Group
- To influence the work of all agencies and individuals who could help prevent suicide and self-harm, including those with lived experience

4. Membership

To ensure that as many people and organisations are aware of, and involved in, suicide prevention this group has two types of members:

- Those that regularly attend the meetings of the steering group
- Those who don't regularly attend the meetings, but are on the circulation list and may attend the meetings on an ad-hoc basis.

The organisations who have agreed to regularly attend meetings include:

- Bromley Public Health
- Bromley CCG
- Healthwatch Bromley
- MIND
- Samaritans

- Papyrus
- British Transport Police
- Metropolitan Police
- London Ambulance Service
- Youth Offending Service
- Bromley Y
- Oxleas NHS Foundation Trust
- Bromley Healthcare
- Bromley Adult Safeguarding Team
- Bromley Safeguarding Children Board
- Bromley Schools Emotional Health Forum

Those organisations that don't regularly attend the meetings, but are on the circulation list and may attend the meetings on an ad-hoc basis include:

- THRIVE London
- Bromley Probation Service

5. Accountability

The steering group will report to the Bromley Mental Health Strategic Board and the Bromley Health and Wellbeing Board.

6. Administrative support

Public Health will provide the Chair for the group, admin support for the Group will be provided by [tbc].

7. TOR approval and review date

Terms of reference will be reviewed once a year. The next review date will be March 2019

8. Frequency of Meetings

Meetings of the steering group will initially be held monthly until the draft strategy is agreed and then bi-monthly after that (unless otherwise agreed by the steering group). Where possible, meetings will be held in different venues across Bromley.

Appendix 2

Executive Summary of the Bromley Suicide Audit Trend Analysis 2017

National Context[v]:

10 things that everyone needs to know about suicide prevention:	
1 - Suicide takes a high toll	There were 4,880 deaths from suicide registered in England in 2015. For every person who dies at least 10 people are directly affected.
2 – There are specific groups of people at risk of suicide	Three in four deaths by suicide are by men. The highest suicide rate in England is among men aged 45-49. People in the lowest socio-economic group and living in the most deprived geographical areas are 10 times more at risk of suicide than those in the highest socio-economic group living in the most affluent areas.
3 – There are specific factors that increase the risk of suicide	The strongest identified predictor of suicide is previous episodes of self-harm. Mental ill-health and substance misuse greatly contribute to suicides. Suicide prevention strategies must consider and link to programmes of early identification and effective management of self-harm, mental ill-health and substance misuse.
4 – Preventing suicide is achievable	The delivery of a comprehensive strategy is effective in reducing deaths by suicide through combining a range of integrated interventions that build community resilience and target groups of people at heightened risk of suicide. The involvement of directors of public health and health and wellbeing boards is crucial in co-ordinating local suicide prevention efforts and making sure every area has a strategy in place.
5 – Suicide is everybody's business	A whole system approach is required, with local government, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide having a role to play. Suicide prevention can also be part of work addressing the wider determinants of health and wellbeing.
6 – Restricting access to the means for suicide works	This is one of the most evidenced aspects of suicide prevention and can include physical restrictions, as well as improving opportunities for intervention.
7 – Supporting people bereaved by suicide is an important component of suicide prevention strategies	Compared with people bereaved through other causes, individuals bereaved by suicide have an increased risk of suicide and suicidal ideation, depression, psychiatric admission as well as poor social functioning.
8 – Responsible media reporting is critical	Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour.
9 – The social and economic cost of suicide is substantial and adds to the case for suicide prevention work	The economic cost of each death by suicide of someone of working age is estimated to be £1.67 million. This covers the direct costs of care, indirect costs relating to loss of productivity and earnings, and the intangible costs associated with pain, grief and suffering.
10 – Local suicide prevention strategies must be informed by evidence	Local government should consider the national evidence alongside local data and information to ensure local needs are addressed.

Local Context

Bromley has the **5th highest** intentional self-harm rates in the region and ranks 16th out of 33 London boroughs on suicide rates (where 1 is lowest).

The numbers of suicides in Bromley are very erratic year on year but on average about **20 people** take their own lives in Bromley each year.

Rates of hospital admissions for intentional self-harm in both genders have fluctuated in Bromley over the last decade with a peak in 2009-11. Although rates have declined since then there appears to be the **beginning of an upward trend**. Continued monitoring is required to assess if this upward trend is enduring.

Suicide continues to be **more prevalent in males**, up to three times the rate in females, whilst rates of admission for **intentional self-harm** continue to be **more prevalent in women and young people**. There is need for work to identify further risk factors in people who intentionally self-harm in Bromley and tailor services for the affected local population.

In Bromley, the **most common methods of suicide** are similar to the UK with **hanging, strangulation or suffocation** being the most common methods, followed by poisoning. The proportion of **suicides by self-poisoning is reducing**, whilst the proportion of suicides by jumping from a height or in front of a moving object is generally increasing, although the overall proportion using this method remains low.

The proportion of hospital admissions **for intentional self-harm is highest in people aged 20-49.** Analysis of age –specific rates also shows that people aged <30 are more represented in hospital for intentional self-harm than the general population. However it is worth noting that although there are fewer admissions of intentional self-harm in older residents, 60 years and over, research shows that **older people who self-harm are three times more likely to commit suicide** than the younger people who self-harm. Therefore older adults who intentionally self-harm should be a target group for services and support.

The relationship between deprivation and hospital admissions for intentional self-harm in Bromley is not linear and is marked by wide confidence intervals. However the difference seen in rates between women living in the most and least deprived deciles is significant. Analysis at ward level shows that **hospital admission rates are significantly higher in the Cray Valley wards and Penge and Cator** than the rest of the borough.

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Report No.
CS18138

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 7th June 2018**
Title:	**BROMLEY CLINICAL COMMISSIONING GROUP: ANNUAL ENGAGEMENT REPORT 2017/18**
Contact Officer:	Kelly Scanlon, Head of Communications and Engagement, Bromley Clinical Commissioning Group Tel: 01689 866 535 E-mail: Kelly.scanlon@nhs.net
Ward:	Borough-wide

1. Summary

1.1 Bromley Clinical Commissioning Group (CCG) is responsible for commissioning health care services based on local needs for the people of Bromley. The CCG has a legal duty under the Health and Social Care Act to ensure it enables patients and residents to have a voice in commissioning processes and decisions.

1.2 The Annual Engagement report provides a comprehensive record of the work undertaken to meet these public involvement legal duties in 2017/18 and is attached at Appendix A.

1.3 In addition to this report, the CCG has a whole section on its website with information on how to get involved.

1.4 There is a need for the CCG and Local Authority to work much closer together to engage patients on integrated programmes of care and joint commissioning. This report aims to provide assurance to Board Members that there is commitment to this approach within the CCG and it is part of our infrastructure. The CCG has subject matter experts who are experienced in managing patient engagement programmes, constructive relationships with local community groups and patient representatives and an understanding of the challenges and approaches to engaging wider with seldom heard communities.

1.5 The report has been commended by the Healthwatch Bromley provider in place during the reporting period.

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide members of the Health and Wellbeing Board with information about the range projects that patients are influencing and highlight examples of good practice that are being delivered in Bromley.

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

3.1 To note the Annual Engagement Report. The report was approved by the CCG's Governing Body at its meeting on 24 May 2018.

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 Bromley CCG is committed to the meaningful engagement of patients in all elements of the commissioning cycle. This commitment is reflected in our constitution, our vision and values and the work carried out through all our teams on a day to day basis.

4.2 We ensure patients are influencing and informing our planning, service redesigns, procurements and delivery of services. We always feedback to those who have worked with us. This includes checking we have heard what they told us and letting them know how they have influenced our decisions. We publish reports on our website on the outcomes of all our patient focus groups and workshops, and produce a quarterly 'you said, we did' focused stakeholder bulletin which is published and circulated widely to local communities and groups in Bromley.

4.3 The Annual Engagement Report provides a record of the work undertaken in 2017/18 and the outcomes and impact of involving the public. It also aims to encourage more people to get involved in their local health services.

4.4 Our grateful thanks to members of our Patient Advisory Group for the time they give up on a voluntary basis to share their views and help inform our work. In May 2018, the PAG had 177 members with around a third of these being active in our work.

4.5 The CCG has previously received an 'outstanding' rating for public and patient involvement from the NHS England assurance process.

Non-Applicable Sections:	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; Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	Not Applicable

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NHS
Bromley
Clinical Commissioning Group

Annual Engagement Report 2017/18

Our Patient Advisory Group is our most valuable source of feedback for improvement

Published May 2018

MINOR EYE CONDITIONS SCHEME (MECS)

A SERVICE AT YOUR LOCAL OPTICIANS
PROVIDES FREE ASSESSMENT FOR MANY COMMON EYE CONDITIONS

GP appointments in Bromley

GP Appointments are now available in Bromley from 8am to 8pm, seven days a week

To get a GP appointment in Bromley:

- Be registered with a Bromley GP practice.
- If your GP has no appointments available, they can book you one at a Bromley GP Alliance access hub. These are open from 4pm to 8pm in the evening and 8am to 8pm at weekends.
- Call 111 if you need to see a GP when your practice is closed.

We listen and learn

Patient feedback has informed our priorities for the next year

Over 1500 patients referred through our Integrated Care Network model of care

Better Health

Better Care

Better Value

547 people responded to our online survey on over the counter prescribing

NHS
Bromley
Clinical Commissioning Group

Communication has been of a high standard. My opinion is that there is a professional approach to my contribution to the CCG. Feedback from focus group meetings is helpful. I'm looking forward to further involvement. **PAG member**

I have enjoyed meeting others and discussing common issues. Finding out what might be happening in the area. Feeling my input has been helpful.

PAG member

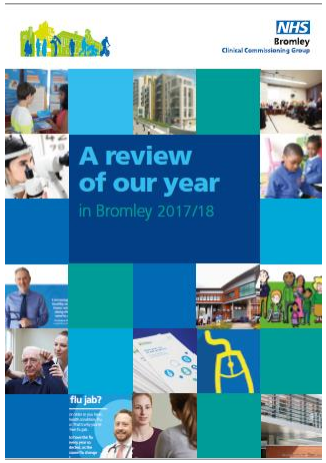
Contents

Author: Kelly Scanlon, Head of Communications and Engagement
Director: Paulette Coogan, Director of Organisational Development
Clinical Lead: Dr Andrew Parson, Clinical Chair of NHS Bromley CCG

1. Welcome

This year's engagement report illustrates the volume and impact of meaningful engagement we have done with people in Bromley, including those that are seldom heard. This is testament to our commitment throughout the CCG and our member practices to involve patients, the public and our wider stakeholders in all that we do. We have also illustrated how involving patients brings about wider improvements for our local population.

Our Governing Body receives regular reports about the outcomes of our engagement activity and how it is helping us deliver our vision of better health, better care and better value for the people of Bromley. We also continue to welcome members of the public to our Governing Body meetings so that they can ask us questions about the decisions we are taking.



Patients have influenced many of the improvements we have introduced over the last year. This includes our new Integrated Care Network model of care which has already received over 1,500 referrals and is proactively supporting frail and vulnerable patients who are at higher risk of hospital admissions. We have a formal alliance agreement[1] in place with our partners in Bromley to deliver this integrated care.

I've been fortunate to go to several of our engagement events this year including our Annual Health and Wellbeing Market Place event held prior to our Annual General Meeting in September, where we shared information about the work we are doing and how people can get more involved. The **Review of our year in Bromley 2017/18** provides a very useful summary of this work, including outcomes and improvements that have been put in place. In January I went to our co-production stakeholder event for children and young people's mental wellbeing. This is an exciting and transformational programme of work which will enable young people to have an equal role in the design of emotional and mental well-being services that will meet their needs. My thanks to those schools and community services in Bromley who enabled us to run focus groups with pupils and helped us to get such an over whelming response to our survey on managing emotional wellbeing.

Our patient advisory group is growing and we are very grateful to those active members who give up so much of their time on a voluntary basis to help us with our work. My thanks to everyone helping us to make improvements for Bromley residents. I'm extremely proud of the work we are doing together.

Dr Andrew Parson, Clinical Chair

[1] The Bromley Alliance Agreement includes the CCG, Bromley Council, Bromley GP Alliance, Bromley third sector enterprise (voluntary sector), King's College Hospital NHS Foundation Trust, Oxleas NHS Foundation Trust, St Christopher's and Bromley Healthcare.

2. Who we are and what we do

There was a CCG meeting I could not get to but sent in my questions and they asked the question at the meeting and then emailed me back the reply.

PAG Member

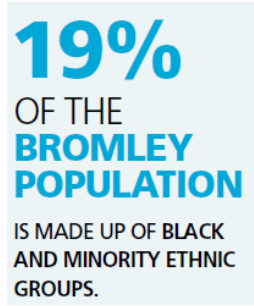
Our mission is to help the people of Bromley live longer, happier and healthier lives. We work to ensure that everyone in Bromley has the same access to high quality care, the same opportunities to improve their health and are supported to live more independently.

We are a membership organisation made up of all the GP practices in Bromley. We work with our local population and other partners to plan, purchase and monitor the NHS services our residents need.

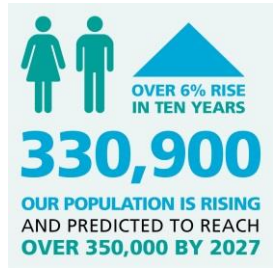
We aim to improve health by:

- Making sure health services in Bromley are high quality, safe and easy to access.
- Working with our local community to plan and improve services.
- Having good working relationships with the people who deliver care and other organisations responsible for local services.
- Making the most effective use of the money we have been given.

3. Understanding health needs

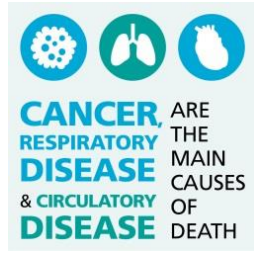


It is critical that we understand our population as this will help us to deliver services that are focused on meeting their needs and make a real difference to their health and wellbeing. As well as working with doctors, other clinicians and members of the public to understand what people need from their NHS, we also work closely with Bromley Council's Public Health Team to understand the health needs amongst our communities. This includes developing an assessment of these needs based on available evidence, called the Joint Strategic Needs Assessment.



Although Bromley is a relatively prosperous area, the communities differ substantially. The north east and north west of Bromley have similar issues such as higher levels of deprivation and disease prevalence to those found in inner London Boroughs, whilst in the south, the borough compares more with rural Kent. More information on our local population is available on our website and in our Annual Report and Accounts.

What do we know?



4. Our commitment

We are committed to involving people in the work of the CCG. This is set out in our Constitution and our Engagement Strategy. Our vision for engagement is as follows:

We prioritise patients in every decision we make All our developments are reviewed for clinical quality, access and impact on patients.	**We listen and learn** We use mechanisms such as our Patient Advisory Group (PAG) to engage broadly across the spectrum of potential changes and the priorities of local people, and we engage with relevant groups on specific areas.
We are evidence based All our schemes are tested against national best practice, benchmarking, and most innovative and structured pilot period, to ensure the maximum benefit follows investment.	**We are open and transparent** We are committed to being open and transparent in all that we do. Our Governing Body meets in public and is well attended by local people and partners. We also hold a question and answer public session prior to these meetings and post responses to other questions received on our website. We strictly follow guidance on declaration of conflicts of interest.
We are inclusive We seek out opportunities to engage with seldom heard communities, including settled gypsy travellers, minority ethnic groups and young people	**We strive for improvements** Our outcome ambitions set out a major scale of improvement, which seeks to ensure that we are better than average for all measures of performance, and in the upper quartile for many.

Guiding principles for engagement	Engagement is intrinsic to everything we do.
	Development and use of our Patient Advisory Group as our first port of call for public engagement.
	Sustain our strong relationships with partners and the voluntary sector, including Healthwatch Bromley and Community Links Bromley.
	Ensure our standards for engaging the public and patients are used by all our staff.

Equalities

The CCG is required to have due regard to the aims of the Public Sector Equality Duty (PSED) of the Equality Act 2010 in exercising its functions such as when making commissioning decisions and when setting policies. Equality impact assessments ensure we target communities most impacted by any proposals. Our engagement approach is informed by the Equality Delivery System.

5. Planning our engagement

Engagement with the public is undertaken in a meaningful way so that they have real influence in what we are doing and outcomes are used to help us deliver our priorities and improve services. We use our online business planning tool to ensure that public engagement is considered and planned at an early stage and equality impact assessments are undertaken which influence our engagement approach. We also use existing intelligence such as patient experience information, outcomes from surveys, partner engagement and other data to help contribute to an overall picture of services, views and experiences.

LEGAL DUTIES

As set out in the Health and Social Care Act 2012, health bodies have a duty to engage with patients and the public in regard to service provision. We have a strong track record of engaging effectively with local stakeholders, patients and the public to ensure community involvement in how we design, deliver and improve local health services. We also gather information on the experience of patients using local health services. We consider what is working well and what needs to improve to inform our commissioning. We will continue with this approach whilst seeking areas for improvement and learning from best practice examples undertaken elsewhere. It is important that we design and commission services that meet the needs of our patients to enable us to provide the best possible health outcomes. We recognise how critical it is to get the right level of patient involvement in our work. Some of the ways in which we will continue to deliver this duty include:

Engagement in our governance processes **Promote opportunities to get involved** **Plan our engagement effectively** **Feedback**
Have the right engagement tools and structures **Work in partnership** **Involvement in our decision making** **Support people who get involved**
Demonstrate our activity and seek assurance **Hold providers to account to engage patients** **Engage to help reduce health inequalities**

We see effective engagement as everyone's role within the CCG with expert advice and support provided by the communications and engagement team. It is intrinsic to everything we do.

I have enjoyed meeting others and discussing common issues. Finding out what might be happening in the area. Feeling my input has been helpful. **PAG member**

NHS Bromley Clinical Commissioning Group

6. How we engage

We involve the public and patients in a variety of ways and use a number of developed processes to ensure we are capturing views, reaching seldom heard communities, ensuring views are influencing decision making and feeding back to those who have been involved.

The approach we use depends on what we are engaging on and who we need to engage with. We use a number of approaches including events, surveys, face to face interviews, focus groups, workshops, social media, and direct contact and through our partner networks. Critical to the success of our engagement is maintaining strong and effective relationships with our local communities and partners.

Patient Advisory Group (PAG)

Anyone who lives or uses health services in Bromley can join our PAG. We have over 170 members and we are always recruiting more. Members can get involved as much or as little as they like.


Bromley mencap
Incorporating Bromley Scope
latest e-news
Working with disabled people, their families and carers

LOCAL NEWS

Health Parent Focus Group

The clinical commissioning group (CCG) for Bromley has asked Bromley Parent Voice to help to inform a Primary Care Needs assessment in Bromley. A Focus Group will be held on Monday 5th February, 9:30am – 11:00am, at Hawes Down Centre, Hawes Lane, West Wickham. BR4 9AE. More details here

Healthwatch Bromley

We work very closely with Healthwatch and they are involved in a number of CCG committees. We carry out joint engagement activities and share information. This enables us to reach more people across Bromley. We have also commissioned Healthwatch to undertake engagement on our behalf with seldom heard communities.

Community Links Bromley

Community Links Bromley (CLB) is the umbrella organisation for all voluntary sector services in Bromley. We work closely with them on our plans and use their networks as well as our own direct contact to reach out to more voluntary sector organisations and other communities across Bromley.

Bromley maternity voices

We commission a Bromley Maternity Voices group which is chaired by a lay representative. This group has an agreed programme of work to reach out and engage women and families about their

maternity care. This is a successful group which has received some national recognition for leading the way on influencing maternity care. More information is available at www.bromleymaternityvoices.org.uk

Bromley C&E Network

The Bromley Communications and Engagement Network is chaired by Healthwatch, and enables communications and engagement staff from all the statutory and voluntary organisations in Bromley to come together to work on shared priorities. The group share their engagement activity so that outcomes and experience intelligence can be shared and more communities can be reached.

Patient participation groups

Every GP practice is required to have a Patient Participation Group (PPG) as part of their contract. We have supported the development of PPGs in Bromley by providing them with a best practice toolkit which provides useful information about setting up and running effective PPGs. We invite PPG members to our events and workshops that are about primary care and also have facilitated a PPG chair forum to bring them together and share good practice.

Partners in Bromley

We work with faith groups, schools, youth forums and after school clubs to engage with children and young people. We have held many workshops and focus groups in schools to talk to young people about their emotional and mental wellbeing. The outcomes of this work are being fed into our co-production programme around children and young people's emotional and mental wellbeing.

Social Media

We use twitter to help us reach our 4,000+ followers. We promote opportunities to get involved, events, information campaigns and also use this to feedback to people who ask questions. It enables us to reach more people who may not necessarily engage through traditional routes.

Advertising

We promote opportunities to get involved on our website, using social media, in advertorials in the local paper, by attending community events, working in the main Bromley shopping centre and through all our partner networks.

The CCG board members convey commitment and enthusiasm for engaging with the PAG. Unlike some other NHS organisations with whom I have dealings, they clearly take engagement with patients seriously. With the pressure on NHS resources this is understandable but patients are not just clients, they are also a resource. **PAG member**

NHS Bromley Clinical Commissioning Group

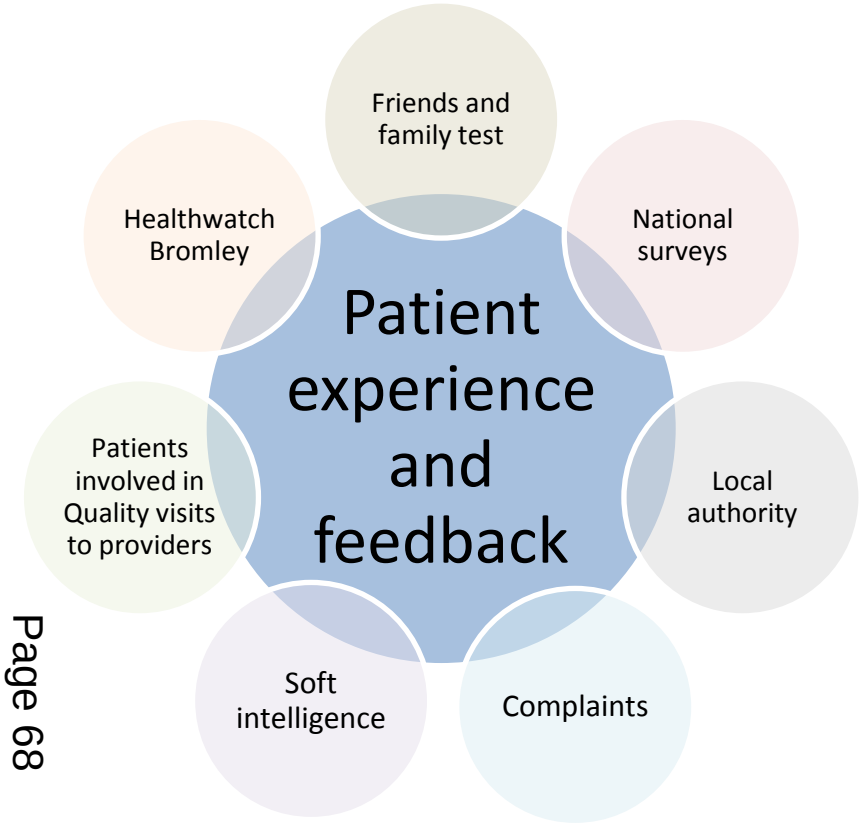
7. Involving the public in how we operate

Patient and public representatives are involved in how we govern and operate as a statutory body.

Commitment / Vision	Decision making	Assurance
Our constitution, which sets out our fundamental principles on how we are governed, reflects our organisational commitment and vision for public engagement. Our engagement strategy and plan, published in 2017, sets out our organisational commitment and vision for engagement as well as how we aim to constantly improve.	We have three lay representatives on our Governing Body, (one of whom is our public involvement lead lay representative), and the Chair of Healthwatch Bromley. Dr Andrew Parson, Chair of the CCG is the clinical lead for public engagement. Our Governing Body formally receives and discusses our Annual Engagement Report each year, together with a six month progress report on engagement activity. These reports provide assurance on how we are meeting our legal duties to engage with the public. Our Governing Body meetings are held in public every two months. The public are encouraged to ask questions relating to the agenda, which are discussed prior to the meeting starting. We always publish these questions and answers on our website. Meeting papers are easily available from our website or on request. All papers and proposals that are submitted to high level committees in the CCG (such as the Governing Body, Clinical Executive Group (made up of Directors, GP leads and Heads of Services) and others have to report on what public engagement (where applicable) has taken place or is needed. We always ask for patient representatives to be part of the procurement of new services. Healthwatch Bromley and the voluntary sector are represented on many committees in the CCG such as our Equality and Diversity Group and our Clinical Quality Review Groups.	We test out engagement approaches with patients. For example on our Over the counter prescribing proposals and plans for a 65+ joint strategy with Bromley Council. On both occasions we have adjusted our plans based on feedback. You can read examples in this report. We also seek assurance from Healthwatch.

8. Patient experience and involvement in our services

All providers of healthcare in Bromley collect patient experience information which is shared with the CCG on a routine basis. The CCG needs to know how patients are finding the services we commission and how providers are involving them. We also gather feedback about patient experience in a number of other ways - as set out in the diagram below. It is important that we use all of this intelligence to help inform and deliver improvements in local services. We manage the collection of this information through local monitoring boards and Clinical Quality Review Groups (CQRGs). Outcomes are shared with our Governing Body at every meeting through the Integrated Governance report. We also gather intelligence on all the direct engagement taking place across Bromley through our Bromley Communications and Engagement Network. This helps us to plan engagement, avoid repetition and share learning and outcomes from the work we are all doing.



During the year a number of improvements were made based on issues raised through complaints and quality alerts. In one example we streamlined the approval pathway for IVF treatment following a patient complaint about delays.

Holding providers to account for engagement

We expect all our commissioned providers to involve the public and patients. This is part of our contractual process. The procurement of a new service requires potential bidders to set out how they will engage the community and add wider social value by using the outcomes of patient engagement to inform and improve service delivery.

The need for ongoing engagement with patients is also included in all contracts. In the recent procurement of community health services in 2017, a number of key performance indicators have been put into the new contracts to ensure that the service delivers the required engagement with patients.

Bromley Healthcare	King's College Hospital	Oxleas	Bromley and Lewisham MIND
The team at the Hollybank Short Stay Respite Centre asks children a different question every month about the facilities available in order to make their stay more enjoyable. The children answer using coloured smiley/sad faces.	The Trust has held workshops for patients to gather views on their transformation of outpatient services at the Princess Royal University Hospital. Patients have said they want to get the hospital to get the basics right as well as transforming how outpatient services operate.	The Trust has a number of patient experience groups which oversee and review patient experience feedback. The CCG has engaged with people with mental health conditions through the Trust's established groups.	The Recovery Works service, which helps people with mental health conditions get back into education, training or work has a co-production team which meets every two weeks to help run the Recovery College. This group is made up of volunteers and people who have used the service. They are very involved in deciding what is in the training programme. They are also involved in delivering the courses as paid tutors and helping with the running of the Recovery College (for example disseminating programmes or organising a conference). In the summer term they run a Recovery College library. Feedback from other students is also analysed to influence which courses are run.
A patient experience group has been established which is helping the organisation to review services and plan improvements.	The Trust has developed a large membership body of local people and has lay governors that are part of their Trust Board. Regular meetings are held with members to update them on developments in the Trust and get their views.	The Trust holds an annual members forum to discuss its plans and gather views on services. In 2017/18 the Trust responded to a number of issues raised through this forum including improving the support provided to families and carers through the introduction of a new social network engagement tool used by clinicians to map out what family and social support is in place for patients and how they would like these contacts to be involved in their care.	

9. Informing our work

It is critical that our engagement activity is meaningful and contributes to the delivery of our vision, strategic priorities and commissioning intentions. Evidence shows that when patients, public and healthcare staff work together, it results in better services which lead to better health outcomes. We place patient involvement at the heart of our commissioning and decision making including analysing and planning, designing pathways, procuring services and delivering and improving services.

Throughout this report you will see how our engagement has directly contributed and is supporting the delivery of many of our strategic priority areas and our commissioning intentions. Some of the strategic priority areas informed by our public engagement include:

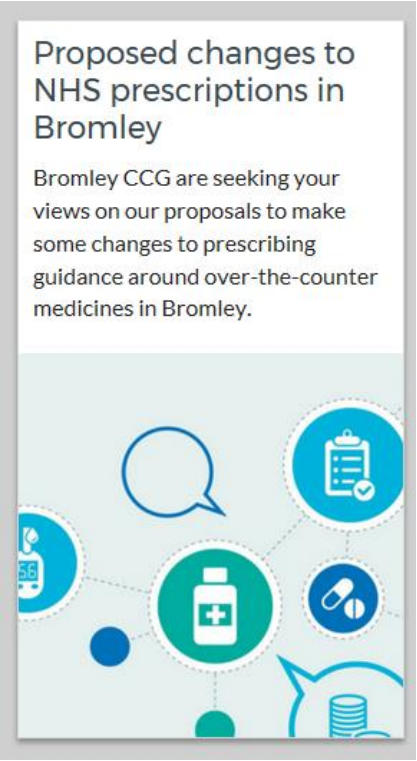
- Five year forward view
- South east London Sustainability and transformation plan
- Out of Hospital Strategy
- CAMHS Transformation Plan
- QIPP
- Estates
- Primary Care Strategy
- Safeguarding adults and children

In 2016, patients and the public helped us decide our two year commissioning intention priorities. These are:

- children
- maternity
- planned care
- primary care
- mental health
- end of life
- urgent care
- Medicines
- cancer

Over the counter prescribing

Medicines | QIPP | South east London Sustainability and transformation plan



Purpose: To gather views on plans to no longer support the prescribing of medication for minor and short lived ailments. The rationale for making these changes were to:

- Promote self-care and empower patients to manage minor ailments and injuries.
- Free up doctor and nurse time for those most in need.
- Get the best value from the funding that we have available.
- Follow the national direction of travel in order to make services more sustainable and eliminate waste.

Activity: A formal engagement period launched on Monday 31 July 2017 and ran until 8 October 2017. Prior to the launch we tested our approach with patient representatives and amendments were made based on their recommendations. An engagement document explaining the proposals was provided in a variety of formats including online, printed, large print and easy read. The printed versions of the document were distributed, together with posters to promote the engagement to GP surgeries, pharmacists, local employment services, children centres, care homes and also used at local events.

We visited community groups to ask for views, and engaged directly with those groups who may be most impacted such as people on low incomes and families.

Outcomes: **547** responses were collected through the survey. 83.64 percent of people agreed or somewhat agreed with the proposals. 84.71 percent agreed or somewhat agreed that GPs should spend less time treating people who could buy self-care medication and health supplements without a prescription. GP practices were supported to implement the changes with patient letters, posters and self-care leaflets. Information on the outcome of the engagement process was emailed to people and groups who engaged with us, featured in our Stakeholder Bulletin and posted on the CCG website. We also published a position statement setting out the new arrangements.

Safeguarding Children

children | Safeguarding adults and children

Purpose: In January 2017, we developed an engagement plan for children and young people which prioritised how we would engage with them to help inform the delivery of the services they use. This plan was approved by our multi-agency Children's Board and implementation of the plan is monitored by the Board which is chaired by a Bromley GP. One of the priority areas was to seek views from young people on their health and wellbeing needs, their understanding of safeguarding, the services they may be using, their understanding of what support is available to them and how best to communicate with them. We wanted to focus in particular on young carers and young people who do not always have a voice in their care.

Activity: A survey aimed at young people aged 13 and upwards was developed and tested with young people. It was sent out through schools, social media, youth services and other appropriate networks both online and printed copies. Focused group work was undertaken with children aged 6 to 13 in school settings. A total of 234 children were engaged, which included 133 responses to the online survey and 101 younger children engaged face-to-face through schools.

Outcomes: The outcomes of the engagement are being analysed and will be fed through to the Bromley Children's Safeguarding Board to inform the board and identify any changes required to support young carers and other safeguarding practices. Outcomes will also be shared with local services, where specific issues are raised and also used to help improve the way the CCG and other providers communicate with and provide information to children and young people.

BROMLEY SAFEGUARDING CHILDREN BOARD

Co-production to improve emotional and mental wellbeing

children | mental health | CAMHS Transformation Plan

Purpose: In 2016, we commissioned the New Economics Foundation (NEF) to test out a co-production approach to improve emotional wellbeing services for children and young people in Bromley. We wanted to get a better understanding of young people and the appetite of local organisations to commit to delivering services that would meet these needs. In October 2017 we launched a year-long co-production programme to test out the outcomes of the earlier work and come up with a model of service delivery for emotional and mental wellbeing for children and young people that will meet their needs and which is designed and produced by young people, citizens and statutory organisations. We already know from the NEF work that young people want more focus on support and early intervention to reduce the risk of them going into crisis and needing more intensive support.

Sometimes I talk to my dog. He can't hurt your feelings. He won't judge. Girl aged 10
I feel comfortable around animals, more comfortable than around people. *Boy aged 14*

Activity: During the reporting year, over 40 different meetings were held with partner organisations and forums that support children and young people in Bromley to get them involved in the co-production programme. This included schools, faith groups, after school clubs and homework clubs. Focus groups took place in a number of schools and community groups with young people to test out the outcomes of the NEF report. A survey was also sent out to schools in Bromley to ask young people about their emotional wellbeing. Almost 1,500 young people responded.

Feedback from all this direct work with young people mirrored the earlier NEF findings, which has strengthened the case for a focus on early intervention.

> Co-production is for the whole NHS. It is how we should all be working – doing with and not for, or to, people – not just sometimes, but all the time. The recently published, 'Co-production Model' has been developed by patient leaders...
>
> David McNally, Head of Experience of Care at NHS England

A detailed project plan has been developed to deliver the co-production programme. In January 2018, a stakeholder event involving system leaders, service providers, community groups and faith groups was held to discuss the programme, consider how outcomes could be delivered and get a system wide commitment to co-production. This was followed by three 'community meetings' involving the public, stakeholders and young people to further test wellbeing outcomes and consider models of care to deliver these outcomes. In 2018 the project will continue as the community in Bromley

continues to co-design approaches and models of care to meet the emotional and mental wellbeing needs of young people. More information is available on our website.

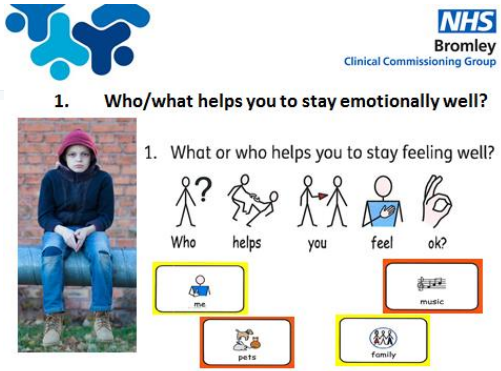
Outcomes: The outcomes of this work will be fully measured once a new designed model of care is developed and tested with local providers, clinicians and young people and families.

In January, the CCG welcomed over 80 people from a range of organisations in Bromley that work to support children and young people including youth services, schools, health services and the police. The purpose of the event was to share the work the CCG is doing on the co-production of emotional and mental wellbeing services for children and young people and get their involvement.

At the event we shared an understanding of co-production and how it will be applied in this programme, explained how it fitted into the local and national context for improving mental health, shared outcomes from discussions held with young people including focus groups, workshops and surveys, prioritised outcomes and considered innovative ways in which we can achieve those outcomes. This was followed by three community co-design events with the public, young people and families. The purpose was to engage with young people about what they needed to help them keep well.

Reports are available on the CCG website

Juliana Ansah – CCG Co-production Manager



Community based care

Purpose: In 2016, patients were involved in the development of our Integrated Care Network (ICN) model of care. Two pathways of care were developed, a proactive care pathway and a frailty care pathway. Patient engagement was critical to the development of the model as it needed to meet the needs of patients and carers. We ran a patient focus group to gather information on managing long term conditions and held several stakeholder and patient events to test the model and refine it further. To measure the success of the new model of care, in 2017 we commissioned the Health Innovation Network to undertake an independent evaluation. It was important that the views of patients were captured in this evaluation to test how the new model was working for them and any required improvements that could be made. The evaluation report is available on our website. New roles and additional resources were put in place to deliver this new model including additional Consultant Gerontologists and Care Navigators. Its success is built on the strong working relationships with health, care and voluntary sector professionals in Bromley.

Activity: Patients and unpaid carers were asked for their experience of being cared for in this way and the impact this has had on their quality of life. Telephone and face to face interviews were conducted, including in a patient's home. These case studies and outcomes were shared with the ICN Board and a joint provider operating group to incorporate into the ongoing service provision. Those interviewed were very satisfied with the service they received.

"This has changed my life – thank you for the help and advice. I am engaging more with services and feeling well enough to visit my daughter in Australia later this year".

Outcomes: Professionals working in the ICN have reported that the new pathways are having a positive impact on patient care and are improving communication, understanding and relationships between different providers of care. In the first 12 months, 1,557 patients have been referred from 42 Bromley GP surgeries to this new pathway of integrated, proactive care. Initial data shows a reduction in hospital admissions. Due to its success, we are building on this model and using it in other areas including integrated heart failure (see page 31), respiratory services, integrated therapy service, care homes and end of life care.

"I told my GP how much I've benefitted from the ICN, including the work of the Community Matron, AGE UK and the changes made to my medications".

Setting our priorities

Purpose: At the end of 2016, we had engaged with the public to help agree our priorities and plans for two years. The outcome of this process is available on our website. The areas identified at the time remain valid, but we wanted to review and refresh our plans with the public to help inform the delivery of our future Operating Plan.

Activity: We held a patient workshop in February 2018 which was attended by 27 people including members of our Patient Advisory Group, representatives from Patient Participation Groups and voluntary and community groups from across Bromley.

The event discussed a number of future priorities including: integrated urgent care, transformation of outpatient services, mental health - particularly child and adolescent services, care homes and end of life care. There were presentations on our future priorities, including when plans were aimed to be delivered, what projects would be undertaken and what expected benefits there would be to patients. Following a question and answer session, we had table discussions on the priority areas. This enabled us to gather views on how people felt about these, how they felt they would improve patient experience and if there were any other areas we should be considering.

Outcomes: Following the workshop a feedback report was produced and shared with all of those who attended as well as those people who had expressed an interest and who had views to add, but who had been unable to attend. These outcomes have been shared with programme leads within the CCG to consider when finalising annual operating plans - which outline what commissioning activities we are undertaken during 2018/2019. A "you said, we did" report will be published in the summer of 2018 which illustrates how the feedback has been used to influence plans.

Q: The CCG currently has limited funds. With such budget constraints, who supplies what?. How do the budgets work?

A: The CCG is working in a constrained financial environment. This is why we are looking at integration and considering how we best use the resources we have.

Q: Who makes the decision regarding who you need to see (in relation to outpatient transformation)?

A: All referrals are clinically triaged by Consultants and Nurse Specialists. GP referrals are made using the e-referral system. Your referral is sent straight to a Consultant who clinically triages this. They then decide how quickly you need to be seen and who is best to treat you.

Being involved in a procurement for the CCG helped me get some paid work for another NHS organisation doing procurements for catering and cleaning services. I would not have got this without my procurement experience with the CCG so many thanks. **PAG member**

NHS Bromley Clinical Commissioning Group

Procurements

QIPP | South east London Sustainability and transformation plan | Out of Hospital Strategy | Five year forward view | planned care

We always involve patients in the service redesign and procurement of services in Bromley. Redesigns are informed by patient experience and feedback and we always ensure patient reps are on the procurement panel to be part of the decision making process for new contracts. We train our patient reps on how to use our Delta procurement system which manages the scoring of bids and they are briefed by project managers to ensure their involvement is meaningful and they are equipped with all the information they need. Some examples this year:

Community Health services	Diabetes services	Anticoagulation services	Muskulo-skeletal services (MSK)	Tailored dispensing services (TDS)
Following extensive engagement in 2016 to inform the service specifications for community health services, three of our Patient Advisory Group members were evaluators on the procurements. It was essential that they were involved to enable the patient perspective to be heard. Engagement reports on adult and children's services are on our website.	Procurement for new diabetes services was informed by patient experience and feedback. 141 people completed a survey, which gave us a broad understanding of what is important to people with diabetes. We also held a focus group with eight of our Patient Advisory Group members. Two of those members were part of the procurement panel.	Our community anticoagulation service is very popular with patients and we collect regular patient experience via the provider. Patient satisfaction is consistently high. To inform a new contract, we held a focus group to review the service and two of our patient advisory group members were part of the part of the re-procurement process.	We ran a patient workshop with nine patients to hear their experiences of using MSK services. Their feedback was used to inform the service specification. Overall patients were very happy with the service but suggested the GP referral process should be reviewed. Patient representatives were part of the procurement panel. The new service now provides self-referral.	Bromley pharmacists helped us to gather views on the TDS by writing to those who use it. These were generally housebound older patients so we used paper surveys which were returned using our freepost address. Almost 10% of patients using the service responded. This feedback has informed the service specification. Patient representatives were part of the procurement panel.

Out of Hospital Strategy | planned care | South east London Sustainability and transformation plan | Five year forward view

Bromley Health and Wellbeing Centre

Purpose: Following a successful bid for funding, the CCG is developing a new Health and Wellbeing Centre in central Bromley. The centre will play a major role in providing co-ordinated and integrated care for patients through a range of community based services in the heart of the borough. Patients are involved in the development of the centre.

Activity: In the summer of 2017, members of our Patient Advisory Group were involved in a multi-agency group to review and score possible sites for the new centre. Following the decision to pursue the site of 32 Mason's Hill, Bromley, a further two sessions were held with 15 interested PAG members. The purpose was to update them on the project and to discuss the early "tenants requirements" document, commenting on the outline and full document, which explains what services may be included and what issues need to be considered, such as estates, IT, accessibility, and facilities within the building. Future engagement work with PAG members will see them involved in the outline design phase of the project to look at, amongst other things, accessibility and aesthetics.

A detailed plan to deliver engagement with the wider local community, including patients at the Dysart Medical Practice (which will move into the new centre) and residents of the Bertha James Day Centre (currently located on the site of the proposed new centre) has been developed. This engagement will support the planning application process and ensure that the local community are informed of the plans, hold public events to share the drawings for the new centre and work with any local groups to address any questions or concerns they may have.

Outcomes: Patient Advisory Group members have directly influenced the site option for the new centre, which will be announced in 2018, and the tenant's requirements document.

Orpington Health and Wellbeing Centre

Our plans for a new health and wellbeing centre in Orpington are well underway. The construction of the building was completed in March 2018. Patients were involved in the plans for this centre including advising on accessibility.

A member of our Patient Advisory Group is on the Orpington Health and Wellbeing Centre Project Board to ensure there is a patient perspective in the development of this new centre. The next stage will be to fit out the centre and commission the services that will be located there.

Primary Care

Out of Hospital Strategy | primary care | Five year forward view | Primary care strategy

Purpose: In January 2017 we launched our permanent extended GP service. Bromley residents can now access a GP from 8am to 8pm seven days a week from three sites. In 2016 we asked patients using the earlier pilot service for their views. They told us how satisfied they were with the service but recommended that we promoted it.

Activity: In the summer of 2017 we launched a high profile campaign to promote the 8am to 8pm GP service. This was coupled with a 'self-care for life' campaign which aimed to encourage people to take care of minor ailments before considering if they needed to see a GP. The campaigns were promoted over outdoor media, leaflets and posters in public places, newspaper advertising, social media, shopping centres, leaflet distribution to homes and at railways stations and other public places.

Outcome: Due to the success of the campaign and the promotion done by GP practices, Bromley has one of the highest utilisation rates of its extended primary care services in London (circa 97% usage). Over the winter of 2017 addition appointments were provided to help manage winter pressures.

GP five year forward view

Several times a year we hold a patient workshop to gather views on our plans for improving primary care as set out in the national GP five year forward view. We also use these opportunities to feedback face to face on how the views of patients have been used to develop primary care services. At our workshop held in July 2017, we also used the opportunity to gather views to inform our primary care needs assessment. Reports are available on our website.

Supporting Patient Participation Groups (PPG)

Every GP practice must have a PPG. In 2017, we published a guide for PPGs to use to help them run effectively and have influence within their GP practice. We also co-ordinated a regular meeting of PPG chairs to enable them to network across practices and share learning. At the first meeting in October 2017, a range of subjects were covered including practice staff recruitment, use of information technology, shared records and GP premises. We have also visited some of the PPG meetings to talk about CCG priorities and how to get involved in our work. Some PPG members have joined our Patient Advisory Group.

Out of Hospital Strategy | primary care | Primary care strategy | Five year forward view

Primary Care improvements

Purpose: To inform the new contract for the extended 8am to 8pm GP service, a revised service specification is required to help inform the procurement process. We wanted patient input into this process and the opportunity to address patient queries about the current service.

Activity A patient workshop was held in January 2018 with 22 patient advisory and patient participation group members. The workshop focussed on talking through the current service, understanding patient's experiences (through undertaking a pathway mapping exercise) and to consider future areas for service developments.

Outcome: Following the workshop a report was produced which captured all of the feedback from those who attended. This has been published on our website and shared with those who participated. The feedback captured will be reflected on by the primary care team and considered for future service developments as well as to form part of an enhanced service specification later in 2018. Particular examples include better communication in the wider sense but also from GP surgeries as it is clear that there are inconsistencies in the information being offered. It also has to be made clear to the public the various healthcare service options that are available to better educate patients on accessing the right care at the right time.

Procurement of the access hubs is being reviewed strategically to ensure that the contract is integrated with the future model of the wider urgent care system for Bromley, as well as meeting national guidelines set by NHS England. There will be future opportunities for PAG and PPG involvement in the procurement in 2018/2019.

Patient Online

In June 2017 the Patient Online campaign was launched across Bromley. Patients had already told us they wanted more ways in which to access GP appointments and get in touch with their practice. Patient Online enables patients to make their own GP appointments and access their medical records.

Bromley has one of the highest rates for offering Patient Online facilities in London.

The campaign included the distribution of 10,000 leaflets across Bromley, press releases, outdoor media and live demonstrations.

Primary care strategy | Out of Hospital Strategy | primary care

Primary Care Needs Assessment

Purpose: In 2017, the CCG launched a Primary Care Needs Assessment in order to understand the need for primary care in Bromley and the needs of those delivering the services. The outcomes would inform the development of a sustainable model of primary care. An engagement plan covering all the different stakeholders and communities was developed. As well as talking to the providers and other stakeholders, we also needed to know how it was for patients. We wanted to know:

- How quickly you get an appointment
- Whether the person who sees you knows you/your family
- Whether you are involved in decisions about your care
- Who you see (preferred GP, any GP, Nurse, other)
- Whether the health professional listens to your concerns
- Is the service just for when you are ill, or is it for helping you to stay well?

Activity: We have engaged with a wide variety of groups in order to reach as many representatives of the local population as possible. This has involved visiting established groups and setting up workshops and events to gather views. Groups include the Bromley Heart Support Group, Bromley Asian Cultural Association, people with mental health conditions, a local cookery club for people with learning disabilities, the Pineapple Club (a Black, Asian, Minority Ethnic group), the Step Forward Learning Disabilities Group, Bromley Parent Voice and some practice participation groups.

> "Keeping people well is an important part of the GP role, rather than just waiting until people become sick and need treatment. If GPs could help keep patients well, they would spend less time seeing them".

Outcomes: A wide range of themes have been gathered from the engagement including: access to appointments; waiting in the surgery; larger practices; online appointment booking; video consultations; online consultations; telephone consultations; signposting to other services by reception staff; continuity; the extended primary care services; limiting consultations to one problem; knowledge of mental health; prevention; length of the consultation and nurse practitioners. All of the outcomes of the public engagement, together with engagement with practice staff and other partners will be considered in the spring of 2018 as part of improvements being made to primary care services in Bromley.

> "Not all GPs appear to have good knowledge and experience of dealing with mental health issues. We want to feel more secure that GPs have knowledge of mental health issues and their management".

mental health | Five year forward view

Mental Health for adults

Purpose: As part of our commitment to improving both the mental health of our population and the services provided to treat and support them, we wanted to ensure service users and their carers were involved in the development of our mental health strategy and priority areas of focus.

Activity: In April 2017, we held a stakeholder event and invited service users, carers, providers of care and other partners. The aim was to gather views on what priority areas of mental health care we should focus on in order to meet the needs of local people. The outputs from the event, together with health needs information was used to agree priority areas. These are:

Single point of access | Early intervention | Crisis prevention | Suicide prevention | Prevention

Outcome: In October 2017, the multi-agency Bromley Mental Health Programme Board established priority work streams to deliver these areas. The highest priority was to develop a single point of access to make sure that people get the right service at the right time, first time and every time. The approach will be modelled on the multi-disciplinary team model of integrated care already established in Bromley. It will focus on greater integration between health, social care, housing, third sector, employment and the criminal justice system.

Patients have helped inform new mental health services in Bromley. By sharing their experiences of care and improvements they would like to see we now have:

- The Bromley Dementia Hub
- Recovery Works – helping people get back into work and education
- Talk together Bromley (psychological therapy services)

We need clearer information about what is available from psychological therapy services.

The new service provides clear information about what is available and how patients can refer themselves for treatment.

Waiting times need to be reduced and more appointments provided out of working hours.

Because of the CCG's additional investment in the new service, there are more appointments available which are offered outside of working hours.

Five year forward view | cancer | planned care

Cancer Care

CANCER RESEARCH UK

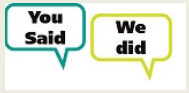
WE ARE MACMILLAN. CANCER SUPPORT

Purpose: Following the publication of the National Cancer Patient Experience Survey, a Bromley working group was set up to respond to outcomes of the survey. The purpose was to identify immediate improvements that could be made to local cancer services.

Activity: A cancer focus group with patient advisory group members was held to inform the work. The outcomes were fed into the working group which is made up of CCG staff (including a GP clinical lead), MacMillan Cancer Support and Cancer Research UK. The two main themes that emerged from the engagement were:

- Improve the information and documentation given to patients when they are diagnosed with cancer.
- Improve communication between the patient and their GP when being treated for cancer.

Outcome: The working group are working with the voluntary sector through Bromley Well to provide improved resources for patients and their family. Rather than patients having to find the information they need, Bromley Well will identify appropriate information and resources to help them navigate their way through diagnosis and treatment.



The volume of information I got after my diagnosis was overwhelming. I didn't know what to read first and what was the most important.

Bromley Well will help patients to be signposted to the information they need at the right time as they go through their treatment.

For more information on Bromley Maternity Voices, please visit www.bromleymaternityvoices.org

NHS Bromley Clinical Commissioning Group

maternity

South east London Sustainability and transformation plan

Maternity improvements

Purpose: We commission a Maternity Voices Partnership, known as Bromley Maternity Voices. The group supports improvements in maternity care and the experience of women and babies in Bromley. Due to its success, Bromley Maternity Voices has shared its experiences at a national level to demonstrate co-production between service users and health professionals.

Activity: Over the last year, the group have held coffee mornings at service user homes. These provide an opportunity for mothers use this informal environment to talk about their maternity experience and share feedback which can be then fed back into service delivery. A number of priorities were agreed for 2017. These were: to support local maternity services to gain UNICEF Baby Friendly accreditation, helping to protect physiological birth and more antenatal education/information to support women in making informed decisions about their care.

Outcomes: Our local community provider has received UNICEF Baby Friendly accreditation for its health visiting services. A new infant feeding specialist midwife and infant feeding team have been appointed at the Princess Royal University Hospital. There has been interest from potential breast feeding peers following coverage placed by the CCG in the local newspapers for World Breastfeeding Week and home birth meetings are being offered for pregnant women and their partners to learn about home birth and hear from parents who have given birth at home. The information provided to women about their birthplace options is being reviewed. Members of the committee are also working with hospital midwives and obstetricians to develop a list of options that women can use to personalise their experience of caesarean birth. Bromley Maternity Voices has influenced NHS England's Implementing Better Births Toolkit, which sets out the importance of MVPs in implementing Better Births. Bromley Maternity Voices is featured in the toolkit as an example of best practice for an MVP.

Mindful mums - Based on feedback gathered to inform our perinatal mental health services, we commissioned the Bromley Mindful Mums befriending service to help pregnant women and new mums look after themselves during pregnancy and the first year of birth. The service offers wellbeing groups, walking groups, befriending and support for women who have had a multiple birth such as twins etc.	In the first year, the service has supported 118 pregnant women and new mums. This support helps their mental and emotional wellbeing and can reduce the impact on statutory services.

Eye Care

Out of Hospital Strategy | planned care

You Said | We did

I want to be seen by any trained professional in an easy to access service.

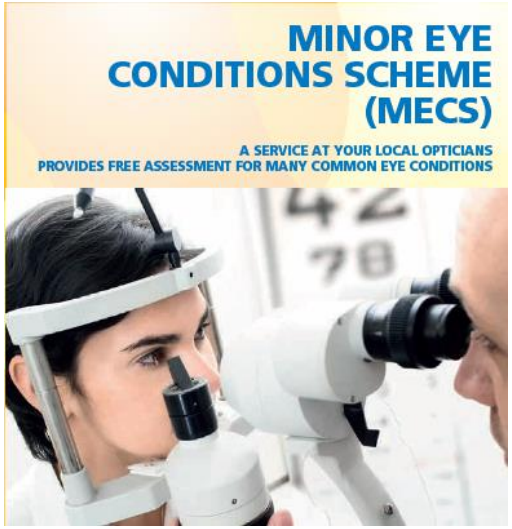
Community optometrists are now providing this service. Patients with glaucoma and cataracts are diagnosed and referred earlier to hospital for treatment. Patients have more choice as a number of opticians in Bromley are providing this service. We have also partnered up with Lambeth, Lewisham and Southwark opticians so that patients have even more choice of where they go to for treatment.

In 2016, following feedback from over 600 patients and GPs, the integrated primary and secondary eye care model was developed. This new model of care was launched in April 2017 and is an excellent example of how patient feedback on the model and patient involvement in the procurement has led to real improvements for people in Bromley.

Patients had told us that they had to wait too long when referred for an eye assessment to diagnosis and treatment. The new service is providing minor eye care services closer to home in high street optical practices. Patients now have a single point of access and will be referred onto more specialised services if they need it.

Outcomes: Satisfied patients have told us:

"When I contacted Specsavers for an appointment, they were very professional and knew exactly what the service was. I was given an appointment very quickly".
"The service provided on both visits was very thorough and they also conducted an independent eye test, which I wasn't expecting".
"I received a very good service and would definitely recommend it".
"If I hadn't been able to use this service, I would have had to see my GP or even go to A&E".



Sustainability and Transformation Partnership

South east London Sustainability and transformation plan

Five year forward view

Bromley CCG is part of the south east London Sustainability and Transformation Partnership (STP) called Our Healthier South East London.

The models of care developed through Our Healthier South East London are the result of several years of partnership working between clinicians, commissioners, council social care leads and local hospitals and have been informed by extensive engagement at south east London level and through CGGs with local communities, patients and the public.

In 2017, engagement activity included:

- Public events to raise awareness of the work of the STP and creating more opportunities for local people to hear about the plans directly from NHS leaders and tell us what they think. More than 500 people from across south east London participated. An independent report and programme response to the feedback and all of the questions received at the events can be found on the OHSEL website.
- Two to three patient and public voices and Healthwatch representatives are on each of our clinical and decision making workstreams influencing all our key programmes of work and feeding into our Patient Advisory Group.
- Working with Maternity Voice Partnerships from each borough to co-produce our Better Births Implementation Plan, setting our maternity transformation priorities for the whole of south east London.

We also continue to hold south east London wide Equalities Steering and Stakeholder Reference Group meetings to ensure our plans are assured around patient and public engagement and equalities issues.

Our approach has been informed and endorsed by The Consultation Institute, who advise on best practice engagement at national level. The engagement programme was also shortlisted for a National Award by the Association of Healthcare Communications and Marketing (AHCM). All of our engagement activity and information on how we use feedback is routinely published on the STP website. You can find out how to get involved by visiting www.ourhealthiersel.nhs.uk

Examples of other engagement over the year

Integrated heart failure service In March 2018, the CCG agreed to invest an additional £290,000 into a new integrated Heart Failure service model. The heart failure project commenced in June 2017 and during that time a comprehensive review of services had been undertaken in order to develop a new proposed model of care. The proposal extends the hospital based service to include an integrated community service using the Integrated Care Networks model to deliver improved patient experience and health outcomes. The model includes a dedicated Consultant Cardiologist for Bromley and a Clinical Nurse Specialist for each of the three Bromley integrated care networks. This approach will better support patients who have been recently discharged from hospital or those that are vulnerable and at heightened risk of deterioration.	A survey was undertaken in September 2017 with members of the Bromley Heart Support Group to find out their experiences of services. This was used to review the current heart failure services. A focus group held in March 2018 considered a number of areas to inform a new integrated heart failure model. A report on the outcomes is available on the CCG website. **OUTCOME**: There will be patient representation on the new Heart Failure Clinical Interface Group which will be set up to support the implementation and mobilisation of the new service model.

Visiting medical officer (VMO) in care homes To inform the procurement of the visiting medical officer scheme into care homes in Bromley, the CCG met with Patient Advisory Group members and residents of a care home to gather their experience of the visiting medical officer service which provides primary care services in care homes.	Two care home residents were interviewed and a survey was sent to patient advisory group members who have direct experience (either themselves or through a family member) of the service in the last 12 months. **OUTCOME**: The outcomes from both interviews and survey were used to inform and endorse a revised service specification for the VMO service which will be used as part of the procurement in the summer of 2018.

Supporting children with autistic spectrum disorder (ASD) The CCG is currently reviewing the ASD diagnostic pathway and is engaging with parents and carers to inform better models. We have entered a joint agreement with Bromley Council to commission Bromley Parent Voice to engage widely with families, carers and young people to help inform better models of care.	At a parents meeting we spoke to around 12 parents who have children who have been diagnosed with ASD and support they receive. All of them are committed to working through Bromley Parent Voice to share their experiences and work to consider what improvements can be made. **OUTCOME**: This event contributes to the wider work the CCG is doing to engage with families and children with SEND.

Reaching out to residents aged 65+ The CCG is working jointly with Bromley Council to develop a strategy to support residents aged 65+. The strategy will cover a number of areas including prevention and wellbeing, self-care and management and supporting the most vulnerable	In March 2018 we held a public workshop to get their input into what needs to be in the strategy and how we should do wider engagement with residents in Bromley. **OUTCOME**: The outcomes of the workshop were captured in a report which is available on our website. These outcomes will be considered by the joint committee managing the development of the strategy and will inform a period of wider engagement and consultation over the summer of 2018.

Supporting education and self-care Our Heart Support Group was set up following feedback from patients. It supports those with a heart condition and holds regular meetings. The CCG has helped the group form a patient led committee and get accreditation from the British Heart Foundation. Satisfaction from those attending is high and surveys are available on our website.	**OUTCOME**: Due to the success of the Heart Support Group, we are now working with the Bromley Breathe Easy Group in collaboration with the British Lung Foundation which supports people with respiratory conditions. We will provide key speakers and information about local services.

Supporting survivors of abuse The CCG has been working closely with Survivors Of aBuse, (SOB) a Bromley based charity that works with adult survivors of abuse to help transform their lives and recover from trauma. The charity runs workshops for adult survivors who have experienced emotional abuse, physical abuse, sexual abuse and/or neglect.	SOB also educate stakeholders including the health service about the impact of childhood abuse on the survivor and how their living therapy programme can improve mental, emotional, physical health and wellbeing of the adult survivor. **OUTCOME**: By working with SOB we can both support adult survivors better and potentially reduce the impact on statutory services.

Transforming care for people with learning disabilities CCGs in south east London have been working together on a Transforming Care Partnership to improve care for people with learning disabilities, in particular those who have experienced inpatient care. People with lived experienced have been involved in this programme from the start. A TCP forum for users and carers has been established and members have attended meetings, been involved in the selection and procurement of a third sector organisation to manage the TCP forum, delivered talks and presentations and attended events with members of the programme team. This included a talk to mental health professionals. Forum members also participated in a south east London wide workshop to discuss children and young people's transforming care planning.	**OUTCOME**: The outcomes of the children and young people's workshop have been fed into the strategic programme board to inform delivery of improvements. Forum members continue to be involved in the strategic programme to influence the work programme. 

10. Supporting patients for effective involvement

We provide support to all lay members and patients who work with us. The more informed our patients and public representatives are, the better able they are to meaningfully engage with us on our commissioning processes. Over the last year we have continued to provide this support in a number of ways:

<table>
<tr><th>TOOLKITS</th><th>TRAINING</th><th>MEETINGS</th><th>PROCUREMENTS</th><th>STAFF</th><th>GUIDANCE</th></tr>
<tr><td rowspan="2">Participation toolkit for Practice Participation Groups was developed and shared with PPGs. It provides useful information about participation and how to get the best out of their PPG.</td><td rowspan="2">We have offered training opportunities to our PAG members through London wide training courses. A number have taken up this opportunity. We also trained members on our Delta procurement system.

We have 1 to 1 meetings to support people to get involved.</td><td>Attended PPG meetings to explain how to get more involved in Bromley wide issues.</td><td>Training provided on our Delta Procurement system to help patient reps read bids and score appropriately.</td><td>Some of our commissioning staff have been on London training courses to get a better understanding of patient engagement – Ten steps to better public involvement.</td><td>We have an expenses policy to cover out of pocket expenses to those who engage with us</td></tr>
<tr><td>We have facilitated a network meeting of PPG chairs. The purpose of this is to put them in touch with each other to provide support, share best practice and any common issues they are dealing with in their own practices.</td><td>Support and briefings are provided by the programme lead to those involved in procurements and service redesigns.</td><td>Presentations given to staff groups on how to engage patients effectively and the importance of meaningful engagement. We meet with staff on an individual or team basis to provide expert advice and support on engaging with stakeholders and patients.</td><td>We have developed a PAG welcome pack for all new members

We have developed a media policy for Bromley Maternity Voices on how to manage media interest given their national profile.</td></tr>
</table>

11. You said, we did

Our engagement must always be meaningful. We must be able to evidence how the involvement of patients and the public has led to real improvements in services and the health of local people. When planning our engagement, we always consider what impact people can have. Our website has a whole section dedicated to feeding back to patients on the outcome of their involvement. This is not the only way we feedback; we also have direct contact such as revisiting groups, emailing or calling people who have attended focus groups. We also publish a quarterly Stakeholder Bulletin which is distributed widely. This is dedicated to feeding back the outcomes of engagement. In January 2018, we arranged a thank you event for our Patient Advisory Group and used the opportunity to find out how we can better support them when they get involved in our work. We had lots of positive feedback from that session, and examples appear throughout the report. This page also illustrates some of the issues they raised and how we have responded.

Provide opportunities for PAG members to be involved in reviewing the service they have helped procure.

Programme managers will invite everyone who has been involved in a service redesign and procurement to the Governing Body meeting when the outcomes of the process and approval are discussed. PAG members will also be invited to mobilisation meetings and the six month review of new contracts.

Offer PAG members training and mentoring opportunities.

We share training opportunities provided by NHS England with all our PAG members and a number have taken these up. One of our PAG members has got paid work through the experience she got working on procurements in Bromley.

Do more engagement with children, young people and families.

Our engagement with children and young people has dramatically increased this year with both our work on safeguarding and the coproduction programme on emotional and mental wellbeing. Some younger people have joined our PAG.

Support practices to run their Patient Participation Groups (PPG).

GP practices are responsible for running their PPGs. We have produced a 'best practice toolkit' to support practice managers and PPG chairs and also facilitate a group of PPG chairs to enable them to come together and share common issues and good practice.

I have been involved in various focus groups such as those on diabetes and cancer. I was on the procurement panel for the diabetes service and involved throughout the exercise. I've attended consultation exercises such as those for a new supplier for online GP consultations. I also commented on the new PAG welcome pack – which is an excellent idea and would have been really useful to me as a new member. **PAG Member**

12. Engaging with all communities

We use our Joint Strategic Needs Assessment and other local intelligence to identify which communities in Bromley experience the poorest health outcomes and health inequalities. Over the last year we have further strengthened our internal processes to make sure that an Equality Impact Assessment is always completed prior to the start of any engagement process. This helps us to identify those who would be most impacted by our plans so that we can reach out to them when seeking opinions. It also enables us to consider inequalities and health inequalities when planning and implementing commissioning decisions so that services are accessible and delivered in a way that respects the needs of each individual and does not exclude anyone.

We collect protected characteristic data when doing large scale engagement so that we can do our best to ensure we meet all these groups. We will review whether there are more groups we need to engage with – for example during the engagement on the over the counter prescribing changes we reviewed half way who was responding. We then put in additional measures to reach out to people on low incomes (through attending job centre and citizen advice bureau), families (attending family centre) and people with learning disabilities (through producing an easy read which was used by the voluntary sector to directly engage with this community).

We know that one size does not fit all, so we have installed on our website a system called Browsealoud which enables us to convert our information into a range of different languages. This web screen reader software adds speech, reading and translation functions which aim to improve access and participation for people with Dyslexia, low literacy levels, English as a second language and those with mild visual impairments. Online content can also be read aloud in multiple languages. We will continue to use the software to support delivery of the Accessible Information Standard requirements and provide data on usage in regular reports to our Governing Body. All of our printed materials will include how people can get the information in alternative formats.

Over the last year, our multi-agency Equality and Diversity Group has monitored the CCG's approach to equality and diversity. Activity includes:

- Involving patients in the self-assessment of our Equality Delivery System (ED2) return.
- Ensuring our engagement approach takes account of the requirements of the ED2.

We adhere to the **Accessible information standard** and also monitor our provider's compliance with this requirement.

- A comprehensive external review of our approach to engaging different communities on our community health services procurement.

In May 2018, there were 177 people on our Patient Advisory Group. Members come from all parts of Bromley.

We capture equality data through our engagement work by asking people who engage with us to complete an equality monitoring form. Every PAG member completes an equality form. Over the last year we have worked with our local partners including Healthwatch Bromley, community groups and health providers to engage with a number of different populations and seldom heard communities.

Programme	Protected characteristic collected under the Equality Act[2]								
	Age	Disability	Race	Marriage/ Civil Part	Gender reassign	Pregnancy + maternity	Religion or belief	Sex	Sexual orientation
Over the counter medication	✓	✓	✓	✓		✓	✓	✓	✓
Co-production on emotional wellbeing	✓	✓	✓				✓	✓	✓
Safeguarding children	✓	✓	✓				✓	✓	✓
Primary care needs assessment	✓	✓	✓	✓		✓	✓	✓	✓
Community based care	✓	✓	✓	✓			✓	✓	✓
Setting our priorities	✓	✓	✓	✓			✓	✓	✓
Service redesigns and procurements	✓	✓	✓	✓		✓	✓	✓	✓
Maternity improvements				✓		✓	✓	✓	
Mental health improvements	✓	✓	✓	✓		✓	✓	✓	✓
Bromley health and wellbeing centre	✓	✓	✓	✓		✓	✓	✓	✓
Cancer care	✓	✓	✓	✓			✓	✓	✓
Primary care improvements	✓	✓	✓	✓			✓	✓	✓
Eye care	✓	✓	✓	✓		✓	✓	✓	✓
South east London STP	✓	✓	✓	✓	✓	✓	✓	✓	✓

[2] If the outcome of an Equality Impact Assessment shows that people on lower incomes or other categories of the population such as carers may be particularly affected, we also consider how we will engage these groups. However, it is not currently recorded or collected as part of the equality duty requirements.

To deliver high quality care and improve the health of our local population, we need to take action to promote equality and reduce the gap in health inequalities for all the communities we serve. This is set out in our commitment of approach for 2018 which is available on our website.

We also want to understand how our engagement with the public has helped us to reduce the gap in health inequalities in Bromley. Often this evidence isn't immediate and it can take some time before a tangible impact can be seen.

In 2016/17 patients informed the development and refinement of our integrated care network model. Over the last year, over 1,500 patients, many of whom are vulnerable, frail and experience poorer health outcomes have been referred onto this new pathway of care. Feedback has been very positive and we have seen a reduction in emergency admissions to hospital.

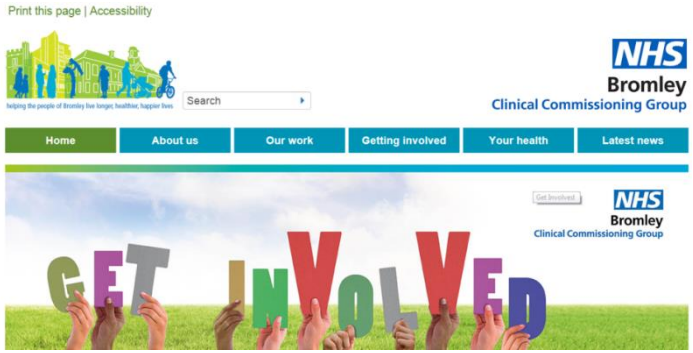
Workshops with patients in 2016 and 2017 to improve primary care services have informed new contracts for GPs. 44 of our 45 practices are now offering premium primary care services with the remainder due to sign up shortly. These enhanced services include end of life care planning, post-operative wound care, improving uptake of cancer screening for bowel and breast, improving uptake of childhood and flu immunisations and integrated case management which brings together services caring for patients.

To inform the development of the Beckenham Beacon Urgent Care Service in 2015, a needs assessment of the local population was undertaken. Patient representatives, Healthwatch, Community Links Bromley and local resident association members were invited to join an urgent care patient group. This formed part of the wider governance structure. Patient members attended a number of workshops to help shape the new service and how it should be delivered. Patients using the urgent care service come from across Bromley including in the north of the borough where there are pockets of deprivation and poorer health outcomes.

Following the publication of the Bromley Homeless report by Healthwatch Bromley, we encouraged GP practices to register homeless people and those with no registered address. We reminded practices what support is available to manage complex patients. Although it is difficult to monitor how many homeless people do register with a GP, we regularly remind practices of this requirement.

We also responded to the consultation on Bromley Council's Homelessness Strategy which aims to improve the health and wellbeing of homeless people and those with no registered address.

13. Using digital tools to support engagement



Our website provides lots of information about how we involve people. In 2017, we created a home page banner to increase the profile of our engagement work to everyone who visits the site. Our 'getting involved' section was improved and includes information on how to get involved; the impact patients have; a 'you said, we did' page: information about our local population and their health needs: our partners and how we work together and lots of reports on our engagement activity. We use our 'contact us' page to respond directly to feedback and queries. We have also added new sections on the site to help people take better care of their health and manage minor ailments at home.

We have also used our website to provide information on the 'local offer' for families of children with Special Educational Needs and Disabilities (SEND). We have made improvements to those pages based on the direct input of people from Bromley Parent Voice, who met with us to review and change the information on the site to make it as accessible as possible. Together with Bromley Council we are now investing in some further work to improve this information and make the local population more aware of the SEND offer.

We monitor how many people are using our website and which pages they are looking at. This provides us with a better understanding of the most popular pages and the best place to upload content to increase readership and involvement. Through local partnerships and our Bromley Communications and Engagement Network, we also regularly share information about getting involved and the work we are doing on a range of other partner websites including the local authority MyLife site, Healthwatch, healthcare providers and the voluntary sector. They provide links to our surveys which enable us to get a much wider reach to the local population.

The use of social media to engage with patients is an essential part of our communications and engagement approach. It provides us with additional techniques to listen and access people and communities who may have less time to get involved in more traditional ways due to family or work pressures. The social media ethos is about engaging, participation and relationship building. This makes it a strong vehicle for informing patients and getting their feedback.

We use Twitter as our main social media tool but have also created a YouTube channel where we have posted videos that promote our initiatives and services. We currently have over 4,000 Twitter followers. We tweet on a daily basis and use Twitter to promote how to get involved, our events, healthy lifestyle information, self-care campaigns and recruiting more PAG members. We are also using the 'Next Door' App which enables us to target smaller communities at ward level for when we need to reach particular groups of residents.

Twitter enables us to reach out to a wider audience through our own followers and through retweets by followers and partners. It allows us to also reach people who do not usually engage and build effective relationships with those who follow us. We monitor activity daily to enable us to respond quickly to comments received and feed these back quickly into the organisation.

We live tweet through public events and use #hashtags to get more people reading and responding to our information.

14. Our plans for 2018/17

Our approach is to ensure our engagement activity is timely, meaningful, and comprehensive and is representative of our local population. We have undertaken a lot of participation activity over the last year and have a strong culture within our organisation where no decisions on service developments, redesigns or procurements are ever made without the meaningful involvement of patients.

We will be engaging the public and patients on our future priority areas which include:

- Continuing our coproduction on emotional and mental wellbeing services so that later this year we have a co-designed model of care that will meet the needs of young people in Bromley.
- Co-designing the development of Over 65 joint strategy with Bromley Council.
- Developing a more integrated urgent care system to meet the needs of patients in Bromley.
- Transformation of outpatient services.
- Extending the integrated care network model into other clinical areas.
- Continuing to engage on our transformation programme for people with learning disabilities and autism.
- Promoting information campaigns around self-care, winter health and a range of public health campaigns.
- Continuing to involve people in the development of the new Bromley Health and Wellbeing Centre including engaging with residents close to the preferred site to help support the planning application process.
- Engage with our patient representatives on the fitting out of the new Orpington Health and Wellbeing Centre.

> I have been to CCG meetings which have been interesting particularly where there was a talk about orthopaedics at the beginning of the meeting and I was due to have a hip replacement and I could ask questions.
>
> **PAG member**

> I have had an excellent experience as a member of the PAG. As Chair of a PPG, I receive communications and am kept up to date with innovations and practices. I am encouraged to join sub-groups to provide critical comments. I have been instrumental in supporting the development of the electronic care records and online services with GP practices. I attended the review and evaluation of the Bromley Alliance (Hub).
>
> **PAG member**

15. Comment from Healthwatch Bromley

Healthwatch Bromley is pleased to comment on NHS Bromley Clinical Commissioning Group's (CCG) Annual Engagement Report for 2017/18. We are also pleased with their commitment to produce this report every year to evidence how they are meeting their legal duties to engage with our local population. Healthwatch Bromley highly commends Bromley CCG for this report.

Over the last year, we have continued to have a constructive working relationship with Bromley CCG and acknowledge the good work that has taken place to engage with patients and to ensure they have a voice in the development and delivery of local services.

Over the last year, we worked closely with the CCG in a number of areas, not only on direct engagement with patients but also as part of their governance and quality assurance processes. We have regularly been consulted by the CCG on a wide range of issues and have had a good two way flow of information.

This report highlights many strong examples of how and when patients have influenced and informed the design and delivery of services. The increase in engagement with children, young people and families and increased involvement in the CCG's self-assessment or their Equality Delivery System deserve special mention.

Healthwatch Bromley is assured that the CCG and the staff within the organisation have a very clear vision for engagement with the public and are confident that this will be the case next year.

Folake Segun
Director of Healthwatch Bromley during 2017/18

healthwatch
Bromley

Report No.
CS18142

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 7th June 2018**
Title:	**DELAYED TRANSFER OF CARE (DTOC) UPDATE**
Contact Officer:	Jodie Adkin, Associate Director Urgent Care, Discharge Commissioning & Transfer of Care Bureau London Borough Bromley/Bromley Clinical Commissioning Group Tel: 07830 496 492 E-mail: Jodie.adkin@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 A Delayed Transfer of Care (DToC) Performance update was circulated to HWBB members on 10th May 2018. This included an update on performance to date, as well as highlighting the on-going issues with nationally reported invalidated data.

1.2 This paper provides:

- Local and National Performance Update (see Section 7)
- Update on invalidated data reporting by out of borough Hospitals (see Section 8)
- Mental Health DToC validation processes and performance improvement (see Section 9)
- Update from national departments on the future DToC target (See Section 10)

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.

4. Health & Wellbeing Strategy

1. Related priority: Not Applicable

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5. 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

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6. Supporting Public Health Outcome Indicator(s)

Not Applicable

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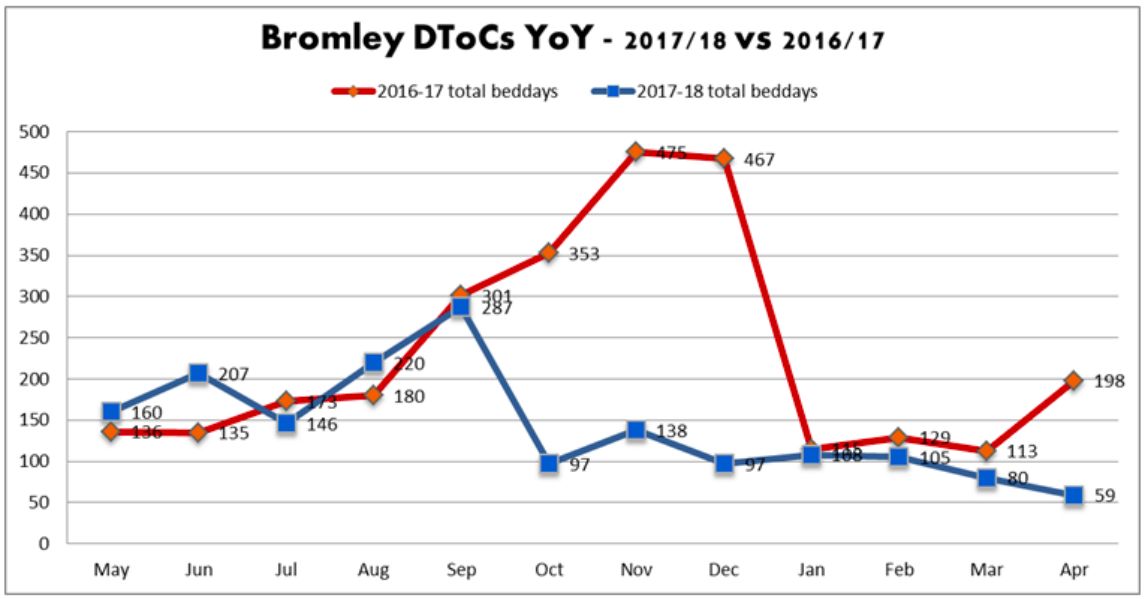
4. COMMENTARY

LOCAL AND NATIONAL PERFORMANCE UPDATE

4.1 The chart below shows on-going DToC performance improvement at the PRUH in 2017/18 against the same period of the previous year. There has been a reduction in DToCs from 113 in March 2017 to 80 in March 2018 and 198 in April 2017 to 59 in April 2019, a combined total of 172 saved DToC days in the two-month period. Since September when the national reporting came into affect, a total of 1,208 DToC bed days have been saved at the PRUH.



4.2 Nationally, data has been published up to March 2018 with 319.7 DToC days reported in the month. April data will be published on 14 June 2018. Publication for the quarter, against the allocated Bromley Target is as follows.

	Reported Figures	Target	Variation
Jan	686.0	319.7	-366.3
Feb	506.0	288.8	-217.2
March	283.0	319.7	36.7

4.3 To note, the March figures do not include Mental Health, as they were unable to be submitted due to validation disputes. This has now been addressed and a figure of 128 DToC bed days for Oxleas has now been submitted.

4.4 Locally the BCF and iBCF continues to be focused on system improvement and development in order to reduce Delayed Transfers of Care. Improved integrated working around hospital discharge process through the Transfer of Care Bureau continues to have a positive impact on local and out of borough performance.

5. UPDATE ON UNVALIDATED DATA REPORTING BY OUT OF BOROUGH HOSPITALS

5.1 The table below shows the national reported DToCs by Trust (grey) against the number of days that are invalidated by Bromley (peach) and therefore being challenged. NHSE and ADASS are supporting Bromley in identifying the appropriate person in each Trust to provide the underlying data and retrospectively resubmit for the whole period. A deadline is being given to all Trusts of 30 June 2018 to resubmit the validated Bromley data in order to meet the national deadline of end of July. A joint letter from the MD of Bromley CCG and the Director of Adult Services

supported by ADASS and NHSE will be sent to all Trust Chief Executives to ensure this action is completed.

	Published DToC Days								Disputed DToC Days							
	Sept	Oct	Nov	Dec	Jan	Feb	Mar	**Total**	Sept	Oct	Nov	Dec	Jan	Feb	Mar	**Total**
Buckinghamshire Healthcare NHS Trust	25		23	18				**66**	25		23	18				**66**
Croydon Health Services NHS Trust	26	13	59	38	63	27	125	**351**	10	5	22	16	20	12	65	**150**
Dartford and Gravesham NHS Trust				14				**14**				14				**14**
Guys and St Thomas's Trust							12	**12**							0	**0**
King's College Hospital NHS Foundation Trust	220	108	181	181	167	112	111	**1080**	0	11	43	84	59	7	31	**235**
Lewisham and Greenwich NHS Trust	36	46	27	91	57	69	35	**361**	36	46	27	91	57	69	35	**361**
Oxford Health NHS Foundation Trust								**0**								**0**
Oxleas NHS Foundation Trust	105	242	261	248	357	275	**128**	**1616**	53	121	131	124	179	138	**0**	**746**
St George's University Hospitals NHS Foundation Trust					16	11		**27**					16	11		**27**
The Newcastle Upon Tyne Hospitals NHS Foundation Trust					4			**4**					4			**4**
Virgin Care Services Ltd	23	22						**45**	23	22						**45**
London North West University Healthcare NHS Trust						12		**12**						12		**12**
University College London Hospitals NHS Foundation Trust				29	9			**29**				20	9			**29**
							Published								**Disputed**	
Total								**3617**								**1689**

5.2 The total number of disputed days currently totals 1689; therefore 1928 days are being accepted by Bromley (total number of reported – total number of disputes) for the period of September 2017- April2018. This would result in an average bed day/day of 9.09, which achieves the national target of 10.31 DToC bed days/day for Bromley.

Total Published days	3617
Number of disputed days	1689
Total validated DToC figures (published - disputed)	1928
Average bed day/day	9.09434
Variation against target (10.31)	1.21566

6. MENTAL HEALTH DToC VALIDATION PROCESSESS AND PERFORMANCE IMPOVEMENT

6.1 A Mental Health DToC Partnership Group has been set up with senior representatives from across the Local Authority, CCG and Oxleas Foundation Trust. Membership from NHSE to provide support in achieving improvements across mental health DToC reporting and performance is also provided.

6.2 The Group undertook a 4 week live deep dive throughout April to unblock issues in current DToCs, as well as better understand the systemic issues leading to high reporting numbers. The deep dive was extremely positive with DToCs falling from 13 individuals at the beginning of the exercise, down to 2 at the end. All original DToCs were discharged during the period.

6.3 A robust monitoring and validation process has now been put in place with weekly DToC and potential DToCs being considered by the multiagency through bed management meetings, as well as formal updates provided to Adult Mental Health Practice Review Group chaired by the Director Adult Social Care. All data is to be formally agreed by the DAS and MD of CCG before any national submission is made.

6.4 In addition, a system wide Action Plan is under development to address the issues identified through the deep dive exercise to continue to drive systemic performance improvement.

7. UPDATE FROM NATIONAL DEPARTMENTS ON FUTURE DToC TARGET

7.1 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 Septembers 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.

7.2 A target will continue to be allocated to each Health and Wellbeing Board level as part of the BCF plans and split between health, social care and joint delays.

7.3 HWBBs will be notified formally of the proposed methodology through the updated BCF Operating Guidance 2018 – 2019 which is due to be published in May.

7.4 See Appendix A for full communication received from Health London Partnership

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.'

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

9.1 Good progress is being made with a firm process for ensuring Bromley validates all nationally reported figures. The indicative performance is promising and reflects the hard work and significant impact improved integrated working has had on reducing Delayed Transfers of Care

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

APPENDIX A

COMMUNICATION RECEIVED FROM HEALTH LONDON PARTNERSHIP (VIA E-MAIL DATED 15TH MAY 2018)

Dear Colleagues

The Government's Delayed Discharge Programme Board, chaired by DHSC with representation from other partners including MHCLG, NHSE, NHSI, LGA and ADASS, has agreed to refresh the BCF DTOC ambitions for 2018-19. DTOC ambitions in 2018-19 will be centrally set, but the methodology has been revised in order to reflect the progress made in 2017-18 and simplify the methodology from last year.

The draft provisional ambitions have been shared informally prior to formal publication to allow areas to understand the revised methodology with formal notification of the approach to be sent through the publication of the BCF Operating Guidance for 2018-19 which is likely to be in May but is currently subject to final clearance by partners and therefore there is an uncertainty over the timing of these publications.

National DToC ambition

The national expectation for 2018-19 is that the number of hospital beds occupied by people whose transfer has been delayed should not average more than 4,000 by end September. This national expectation reflects the Government's Mandate to NHS England for 2018-19 setting an ambition for reducing DToC, to be met through partnership working between the NHS and local government. This national expectation represents a similar overall ambition to the 2017-18 mandate, which set a deliverable using a different measurement -that delays should not be more than 3.5% of occupied beds. This change is intended to give a clearer read across to local Health and Wellbeing Board (HWB) published performance metrics which are expressed as an average number of people delayed per day.

DToC ambitions continue to be set at a HWB level as part of BCF plans and are split between Social Care, NHS and Joint delays. The required reductions from the baseline, at a national level, are split equally between NHS and Social Care delays. It is expected that Joint delays will remain nationally at their baseline level.

Outline methodology

The baselines are calculated using UNIFY data for delayed discharges from October to December 2017 for delays attributed to NHS, social care or jointly respectively.

The DTOC ambitions have been calculated:

- using a 3 month baseline based on Quarter 3, 2017-18 data (instead of 1 month as was used in the previous year)
- to deliver the mandate ambition of fewer than 4,000 daily delays and the reductions from the baseline to be nationally split 50:50 between NHS and ASC delays – but locally, the degree of reductions expected will not be equal
- to express ambitions in 'delays per day' consistent with the unit utilised in the NHS Mandate and the standard published DToC metrics.
- to give a specific ambition for each HWB area, comprised of expectations for social care, NHS and joint delays
- based on three bands for social care and NHS delays. These bands are based on the level of DToCs in each HWB per 100,000 18+ population. The ambitions themselves are expressed as daily delays across the HWB area
- cover delays in discharge from Acute, Community and Mental Health trusts.

We have looked at the methodology for London, summarised below and thought it would be good to share our findings with you.

London Impact

- Proposed target will be **more relaxed** than the current one for **18 HWB**.
    - In 13 of these HWB the new target is only marginally easier to achieve, with a difference of 3 bed days at most.
    - Camden is going to benefit the most, as its new target is 7 days higher than the current one.
- Proposed target will be **harsher** than the current one for **15 HWB**.
    - For 5 of these HWB, this is only marginally more difficult to achieve, as the new target is less than 3 days lower than the previous one.
    - Hillingdon will face the biggest change, with a reduction of 11 days. Hillingdon hospitals have been performing very strongly in the last few months, and the new target reflects this.
- At an STP level, NWL, SWL, NEL and NCL will all have more challenging targets. The most affected STP is NWL, with a new target which is 14 days lower than the current one (this is because of Hillingdon, which is in NWL).
- On the other hand, SEL will have a more relaxed target by 12 days.
- At London level, the new target goes **down by 13 days** from 429 to 416.

If we were using the new targets today, London would have missed its bed day target by 3 bed days in March 2018, whilst we would have met it by 23 days back in January 2018.

I hope this helps, but please let me know if you have any questions.

Grant Aitken
Programme Lead Care Closer to Home
Healthy London Partnership – Transforming London's health and care together

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Report No.
CS18143

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 7th June 2018**
Title:	**UPDATE ON SEXUAL HEALTH**
Contact Officer:	Mimi Morris-Cotterill, Assistant Director: Public Health Tel: 020 8461 7779 E-mail: mimi.morris-cotterill@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 This briefing provides an update on sexual health services including progress by the London Sexual Health Programme.

2. Reason for Report going to Health and Wellbeing Board

2.1 This briefing is for Board Members' information.

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

3.1 No action is required.

Health & Wellbeing Strategy

1. Related priority: Mandated Service

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:

Health Improvement

Indicator 2.04 Under 18 Conceptions

Health Protection

Indicator 3.02 Chlamydia diagnoses (15-24 year olds)

Indicator 3.04 People presenting with HIV at a late stage of infection

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4. COMMENTARY

4.1 The Council spends broadly £3.1m per annum on the mandated open access sexual health services that include Genito-Urinary Medicine (GUM), Contraception and other related services.

4.2 Demand for sexual health services continues to rise with noticeable variations in access and activity across boroughs, especially with residents across London accessing services in central London. The open access requirement impacts on Councils' ability to predict service demand and manage budget effectively.

4.3 London Sexual Health commissioners initially collaborated on contract negotiations led by nominated Lead Boroughs in each of the five sub regions across London to achieve lower unit price and marginal rates. Bromley sits within the South East London sub-region with Lambeth being the Lead Borough.

4.4 The continued growth of activities led to further collaboration and the set-up of a 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 GUM and contraception services.

4.5 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 London Councils Member briefing on the progress made to date by the London Sexual Health Programme and specifically on the procurement of an online service aimed at asymptomatic service users across 27 boroughs in London is attached at Appendix A.

4.6 In addition to working with the London Sexual Health Programme and the neighbouring South East London Boroughs in implementing the new London tariffs and in preparing for going live with the new London online service in July 2018 across SE London, Bromley has in place a range of provisions to manage STIs and contain costs. This includes the procurement of an Early Intervention Service that incorporates the provision of contraception and reproductive health services outside GUM clinics and is a unique model in London. This coupled with provisions by general practices and community pharmacists has sustained the continued decline in teenage conception rates.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 The Sexual Health programme empowers vulnerable people and young adults in managing their sexual health and wellbeing.

6. FINANCIAL IMPLICATIONS

6.1 Achieving year on year cost containment and delivering balanced budget.

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

7.1 Robust governance structures are in place to support the London Sexual Health Programme.

Non-Applicable Sections:	Legal Implications and Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	Modernising London's Sexual Health Services – A London Councils Member Briefing, February 2018

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Modernising London's Sexual Health Services

The implementation of the London Sexual Health programme will change the way Londoners will access sexual health services in the future. This member briefing explores the aims and vision for the London Sexual Health programme and the progress made to date.

Background

Responsibility for many sexual health services moved to councils in 2013 as part of the transfer of public health responsibilities. This included a mandate to make provision for open access sexual health services for HIV testing, STIs and contraception. These mandated open access services are the focus of the London Sexual Health Programme. Other services that are also the responsibility of councils, such as sexual health promotion or enhanced sexual health services in primary care, are not covered by the programme.

Given the complex commissioning arrangements, boroughs, London Directors of Public Health and commissioners saw an opportunity to bring about transformative, evidence based change. This would not only maintain essential services, but provide new service offerings, help to improve sexual health outcomes and allow local authority commissioners to realise efficiencies.

Improving sexual health provision is particularly important in London because of the following issues which are specific to the capital:

- The prevalence of total diagnosed HIV in the capital is more than double the national average. In 2016, there were 37,000 Londoners with diagnosed HIV, and it is estimated that 10 per cent of Londoners with HIV remain undiagnosed.
- The rate of annual new diagnoses of STIs are double the national average, and there were 95,000 new diagnoses of the five most common STIs in 2016. Seventeen of the 20 authorities with the highest rates of STIs are in London.
- London's abortion rates are substantially above the national average, with a rate of 20.8 per 1,000 women aged 15-44 in 2016, compared with 16.7 for England as a whole.
- There are key inequalities in sexual health, particularly affecting young people and young adults, some BME communities, and gay, bisexual and other men who have sex with men.
- Sexual health interventions are highly cost effective, especially for contraception and interventions that prevent new HIV infections.

In 2015, London spent ore than £140 million on sexual health services this includes the provision of Genito-Urinary Medicine (GUM) services, contraception and other related services. There has been an increase in some types of STIs over the last few years which could be due to a combination of factors such as changes in sexual behaviour, population growth, increased testing and more accurate tests. However, data in 2016 suggests that some STIs are declining, with an overall reduction of 5 per cent in STI diagnoses, including a 19 per cent fall in gonorrhoea cases. New HIV diagnoses also fell in London in 2016, with 1,958 in 2016 dramatically lower than the average 2,560 per year in London since the start of the decade. This trend is a positive one, and the fall in new HIV cases is unprecedented since the start of the epidemic in the early 1980s.

“This trend is a positive one, and the fall in new HIV cases isunprecedented since the start of the epidemic in the early 1980s”

Transformation objectives

In 2014, the London Sexual Health Transformation Programme was established to deliver a new collaborative commissioning model for open access sexual health services. Up to 32 London councils have been involved in the various work streams of the programme.

In April 2017, the programme moved from planning to the delivery phase, with the London Sexual Health Programme team hosted by the City of London on behalf of participating authorities. The team is continuing to work collaboratively with 30 London boroughs to implement a new model of sexual health services across the capital.

The overall objective of transformation is to support long-term clinically and financially sustainable services, able to meet the changing sexual health needs of Londoners and drawing on technological developments to modernise the ways in which services are available and used.

The programme’s overall outcomes for services are:

- Increase uptake of long-acting reversible contraception, including for disadvantaged or under-served communities.
- Increase the uptake of HIV testing, reducing late HIV diagnoses and preventing new infections.
- Ensure timely results and follow-up for all STIs and improve immunisation, to help to reduce the risk of onward infections.
- Improve sexual health promotion, and uptake of sexual health interventions in vulnerable groups through targeted interventions and promotion, encouraging innovation.
- Help promote better health and wellbeing by linking with other services, such as drug and alcohol services and domestic violence services.
- Help address the wider social determinants of sexual ill health.

To deliver these objectives, the programme established three distinct work streams. These are the following:

- **Clinical specifications and standards.** Supporting sub-regional groups to re-commission face to face clinic services in a way that supports overall transformation objectives. The programme’s Clinical Advisory Group has developed and agreed a London clinical specification for integrated sexual health services, based on national and evidence-based clinical and quality standards. Integrated sexual health services provide services for testing, diagnosis and treatment of STIs, testing and diagnosis of HIV, and the full range of contraception services. Integrated services are popular, especially with young people and younger adults, and are both effective and efficient.
- **Cross-charging.** The development of a new pricing mechanism (an Integrated Sexual Health Tariff) that supports implementation of integrated sexual health services, based on clinical pathways to meet needs. Thirty two boroughs have worked together to

develop this, in partnership with clinicians and other stakeholders.

- **Online.** To develop and commission a new London sexual health e-service, providing home self-sampling kits for HIV and STIs where clinically appropriate. Twenty seven boroughs have worked together to develop this service specification and have carried out a procurement process. The service will be convenient for service users, designed around the changing ways people access services, and cost effective for commissioners. The service has the potential to reach groups not currently in contact with services, as well as offering a convenient alternative for eligible current clinic users.

"The service has the potential to reach groups not currently in contact with services, as well as offering a convenient alternative for eligible current clinic users"

Implementation

London boroughs, individually or working together as sub-regional groups, remain responsible for commissioning/procuring the most appropriate configuration of clinic provision in their area. Alongside these services, a new online service aimed towards asymptomatic service users has been commissioned across 27 boroughs in London. The City of London Corporation is the lead authority for the online contract. Another four councils are named in the online procurement, and are able to join the online service in the future if they so desire.

Although in some areas there may be changes in the number of locations where services are available, the overall programme will commission new services and access will be increased by extending hours and days of operation, integrating services and providing the online option using new technology. As the online service is phased in, clinic time will increasingly be freed up for more complex and vulnerable cases and the system streamlined, offering better value and improved information.

Achievements to date

- A complex procurement process for the on-line service element of the programme was negotiated and a contract with Preventx awarded to deliver the e-service from January 2018. Preventx leads a consortium including Chelsea and Westminster NHS Foundation Trust, whose sexual health services have been rated Outstanding by the Care Quality Commission, LloydsPharmacy and Zesty. The service launched in January 2018.
- The online service will deliver improved resident access. As the service is phased in over time, patients will no longer have to attend a clinic for STI testing if they do not need to, but will be able to have self-sampling kits sent to their homes or other preferred locations. Clinic access will still be open to all, but streamlined with those able to use the online service supported to do so.
- A Clinical Advisory Group (CAG) was established to ensure clinical leadership and advice on transformation proposals, and in particular the development and sign-off of clinical specifications and standards for integrated sexual health services and the online sexual health service. With most procurements concluded, the Clinical Advisory Group also welcomed clinical representatives from London's sub-regions and the London on-line service to join as new members of the advisory group in November.
- A new integrated sexual health tariff, which is an agreed set of currencies and tariffs to promote the delivery of integrated health services ensuring that providers are paid in line with the services provided.
- Robust governance structures are in place to support cooperation across participating London councils on open access services and the online sexual health service. The governance is overseen by a Strategic Board chaired by the Chief Executive of LB Camden, Mike Cooke. The governance structure includes: a Clinical Advisory Group; boards for management and oversight of the online service; and a commissioners' board.

Next steps

The introduction of new contracts for integrated sexual health services, procured on a sub-

region or individual authority basis, have been completed in most areas during 2017, or are due to be implemented in 2018.

The on-line e-service, offering patients the opportunity to order self-sampling kits to be delivered to their home address, is currently available via the Homerton Hospital in Hackney, at the new Sexual Health South West London service for Wandsworth, Richmond and Merton and London North West Healthcare serving the boroughs of Brent, Ealing and Harrow. The service will be available from the other clinics in the 27 participating boroughs over the next few months. As part of the planned roll out, from May 2018 the self-sampling kits will be physically available in clinics to be given out to eligible service users to use in the clinic or at home.

> **The programme is an excellent example of boroughs working together to find new solutions to complex issues, and in a way that reflects changes in Londoners' busy lives**

Commentary

The London Sexual Health London Programme (which is a development from the London Sexual Health Transformation Programme) is an excellent example of boroughs working together to find new solutions to complex issues, and in a way that reflects changes in Londoners' busy lives. The effectiveness and scale of the collaboration was recently acknowledged in the Municipal Journal Awards 2017 when the programme won in the "Reinventing Public Services" category.

The new online service represents a technically and logistically complex clinical procurement, carried out on behalf of 27 London councils. Once fully established, the service is likely to become the largest of its type in the world. However, as is sometimes the case with procurements of this size, the original implementation date for the e-service was rescheduled.

In London, we are seeing positive recent reductions in new HIV infections and new STIs as well as long term improvements in reducing late diagnosis of HIV. This is being achieved against the backdrop of a declining public health budget for boroughs. It is likely that in the coming years the demand for services will increase due to demographic and behavioural changes. Developments, such as the use of Pre-Exposure Prophylaxis (PrEP) to reduce the risk of HIV, may also increase the use of services. The excellent work already in place must continue if we are to ensure a sustainable system and to continue to improve the sexual health of Londoners.

Members who would like to receive regular updates from the London Sexual Health Programme can **sign-up here**.

Members can also contact the programme team at **sexualhealth@cityoflondon.gov.uk**

Author: Valerie Solomon, Policy and Project Manager (T: 020 7934 9805)
Click here to send a comment or query to the author

Links:

Sexual Health London (London Councils webpage)

This member briefing has been circulated to:

Portfolio holders and those members who requested policy briefings in the following categories: Health

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Health and Wellbeing Board
7th June 2018

ANNUAL PUBLIC HEALTH REPORT

Contact Officer: Dr Nada Lemic, Director: Public Health
020 8313 4167 E-mail: nada.lemic@bromley.gov.uk

Chief Officer: Director: Public Health

1. Summary

1.1 The Annual Public Health Report for Bromley for 2017 is now available at www.bromley.gov.uk/annualpublichealthreport.

2. THE BRIEFING

2.1 All Directors of Public Health produce an Annual Public Health Report (APHR) to raise the profile of emerging health issues or to highlight an area of particular interest to a wide variety of audiences.

2.2 The Annual Public Health Report for Bromley for 2017 focuses on Type 2 diabetes, one of the most significant public health challenges of our time and a national and local priority.

2.3 Diabetes is a serious health condition that occurs when the amount of sugar in the blood is too high because the body cannot use it properly and it should be considered a serious risk factor for cardiovascular disease.

2.4 The Annual Public Health Report for Bromley for 2017 is an interactive report giving an overview of the causes, prevalence and impact of diabetes at a local and national level and providing advice on prevention and the pro-active steps everyone can take to prevent diabetes.

2.5 The report is attached at Appendix A and is also available at www.bromley.gov.uk/annualpublichealthreport.

Members are encouraged to access the electronic version of the report which has interactive elements

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BROMLEY ANNUAL PUBLIC HEALTH REPORT 2017

Diabetes Prevention

Foreword

As the Director of Public Health it is my responsibility to monitor the health of the population in Bromley and implement prevention services and interventions where possible to improve the health of our residents now and in the future. All Directors of Public Health produce an annual Public Health report to raise the profile of emerging health issues or to highlight an area of particular interest to a wide variety of audiences.

This year I have chosen Type 2 Diabetes. Type 2 diabetes is one of the most significant public health challenges of our time and is a national and local priority. This report will focus on prevention and the pro-active steps we can all take to prevent diabetes. Throughout this report we will communicate to 'you', the reader, to help us spread the message of diabetes prevention as we all know someone who either has diabetes, or is at risk.

We hope you enjoy reading the report.

Dr Nada Lemic
Director of Public Health
London Borough of Bromley

You can read previous Annual Public Health Reports **here**

Contents

Contributors

Carolyn Piper

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Introduction

Diabetes is a major cause of poor health and premature death. Both the incidence and prevalence of diabetes are rising dramatically, globally, nationally and locally in Bromley. The evidence for reducing the risk of type 2 diabetes (T2D) is well established, making it often a preventable disease. This report will explain what diabetes is, how common it is, what factors influence the risk of developing diabetes and what we can do to reduce our risk. Whilst this report will focus on the prevention of T2D it will also signpost readers to information on the management of the condition and sources of further support for those diagnosed with T2D.

What is diabetes?

Diabetes is a serious health condition that occurs when the amount of glucose (sugar) in the blood is too high because the body cannot use it properly. Diabetes is a risk factor for cardiovascular disease and should be considered as part of the risk spectrum for cardiovascular disease alongside hypertension (high blood pressure) and hypercholesterolemia (high cholesterol).

If left untreated, high blood glucose levels can cause serious health complications hence the early diagnosis of diabetes is extremely important. Poor management of blood sugar levels (glycaemic control) is linked to poor health outcomes such as; damage to vision (retinopathy), poor circulation (peripheral arterial disease (PAD)) and neuropathy) and damage to kidney function (chronic kidney disease (CKD)). It is estimated that the risks of other cardiovascular diseases (CVD) such as coronary heart disease (CHD) and stroke are more than five times greater in diabetic individuals than non-diabetic individuals and life expectancy for those with diabetes is on average 10 years shorter than for those without the disease.

There are two main types of diabetes: Type1 and Type 2. They are different conditions but are both about how insulin is used in the body, they are both serious and need to be treated and managed appropriately[1].

However, this report will focus on the incidence and prevention of Type 2 Diabetes.

Table 1

	Type 1 Diabetes (T1D)	Type 2 Diabetes (T2D)	Non-Diabetic Hyperglycaemia (NDH)
What is this type of diabetes?	Type 1 diabetes T1D is an autoimmune condition where the body attacks and destroys insulin-producing cells, meaning no insulin is produced. This causes glucose to quickly rise in the blood.	In T2D, the body doesn't make enough insulin, or the insulin it makes doesn't work properly, meaning glucose builds up in the blood.	Non-diabetic hyperglycaemia NDH (also known as pre-diabetes or impaired glucose tolerance) indicates raised blood glucose levels that are lower than the diabetic range but put the individual at high risk of developing T2D.
What causes diabetes?	Nobody knows exactly why this happens, but science tells us it's got nothing to do with diet or lifestyle.	T2D is caused by a complex interplay of genetic and environmental factors. Up to 58% of T2D cases can be delayed or prevented through a healthy lifestyle.	
Which type is most common?	About 10 per cent of people with diabetes have Type 1T1D.	About 90 per cent of people with diabetes have T2D.	The vast majority of people with Non-diabetic hyperglycaemia will go onto develop T2D if no lifestyle changes are made.

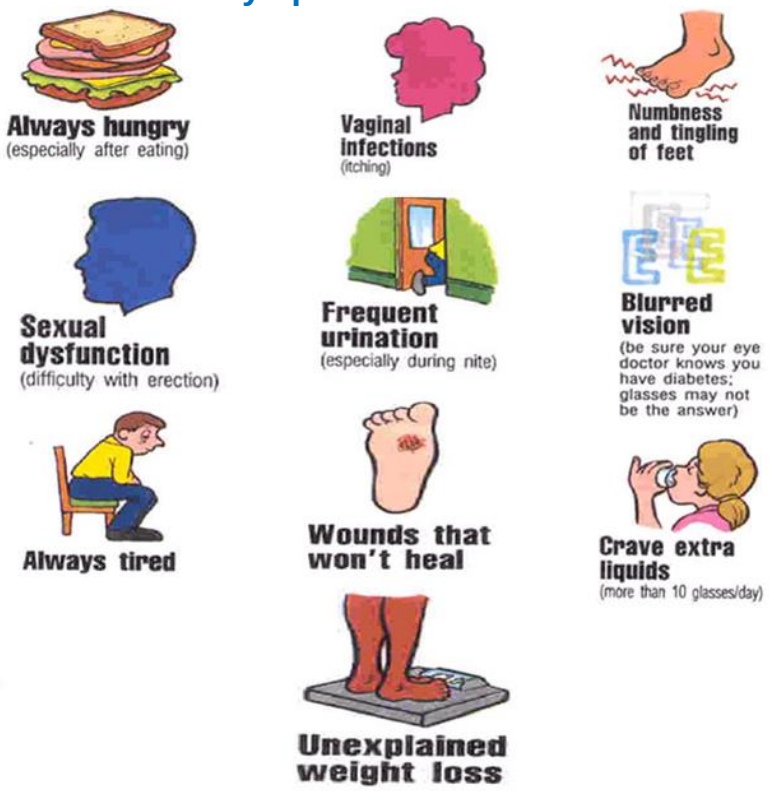
Source: NICE, 2012[2]

What are the signs and symptoms of diabetes?

Unfortunately it is common for people with diabetes to live with the condition, undiagnosed, for many years[3]. This is because the symptoms of the disease may initially be unnoticeable. As the disease progresses the symptoms become more apparent but, as they are common to many other conditions, it may still be some time before an individual seeks medical advice.

Some of the common symptoms experienced in the later stages of the disease are shown below:

The common symptoms of diabetes



Modified from Diabetesdebate.com, 2017[4]

I have some diabetes symptoms. What now?

If you have any of symptoms of diabetes, you should contact your GP. It doesn't necessarily mean you have diabetes, but it's worth checking – early diagnosis, treatment and good control are vital for good health and reduce the chances of developing serious complications.

And keep reading!... This report will cover elements of T2D diagnosis and most importantly prevention. Within this report you can also learn how to find out your current risk of Type 2 diabetes and practical steps you can take to control your risk.

Diabetes Prevalence

National Context – Diabetes Prevalence in the UK

Large numbers of the UK population are affected by diabetes, it is estimated that around 3.5 million people are currently diagnosed with diabetes (Type 1 and 2) in the UK[5]. For all adults and children, it is estimated that 10% have Type 1 diabetes and 90% have Type 2.

The prevalence is increasing dramatically with the number of diagnosed more than doubling in the past twenty years. A new diagnosis of T2D is made every two minutes in the UK[6].

Local Context - Diabetes Prevalence in Bromley

Levels of diagnosed and undiagnosed Diabetes

When considering the prevalence of a disease in a local population it is important to consider those with both diagnosed and undiagnosed disease.

Diagnosed disease refers to a measure of the number of people diagnosed with a disease that are in contact or known by local health services.

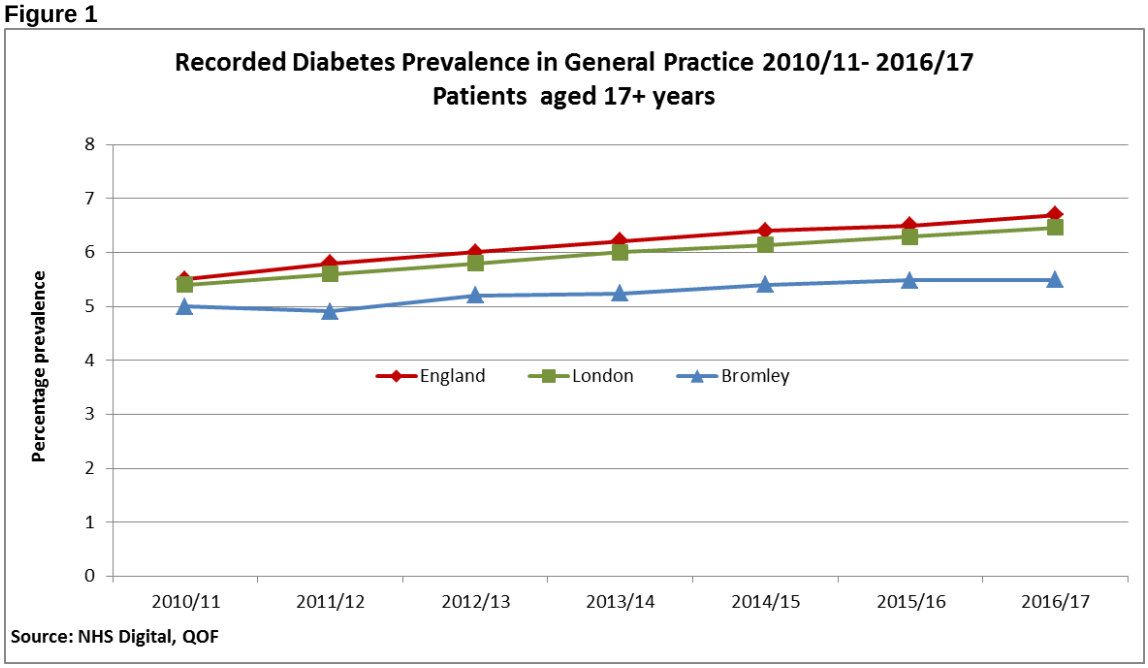
Undiagnosed disease is an estimate of the number of people who may be living with the disease without having been diagnosed or receiving treatment.

Statistics on rates of diagnosed diabetes in Bromley are obtained from a GP dataset known as the Quality Outcomes Framework (QOF).

Figure 1 shows the percentage of people with a diagnosis of diabetes out of the total population of people, aged 17 and over, registered with a GP in Bromley. This shows that, although Bromley GPs have a lower percentage of patients on their diabetes registers compared to London and England (5.5% compared to 6.5% and 6.7% respectively), there has been a consistent rise in the proportion of patients with diabetes locally, nationally and regionally over the last 5 years.

Some of this increase is likely to be due to system factors such as better detection through screening programmes, such as NHS Health Checks and better recording of the condition on health care computerised systems. However a large proportion will also be the result of patient factors. These include; improvements in awareness of the symptoms of diabetes leading to individuals seeking medical advice earlier and also increasing risk factors, such as a high Body Mass Index, increasing age and low levels of physical activity.

Figure 1

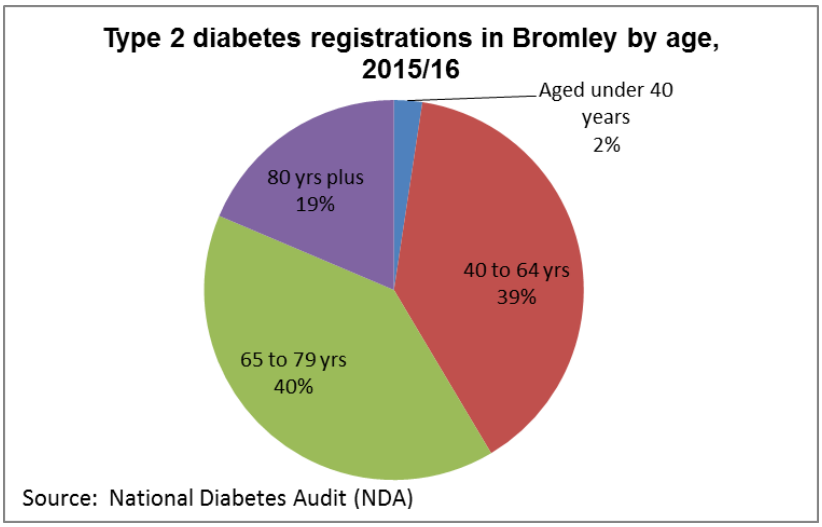


Age

Figure 2 shows the age-spectrum of people diagnosed with diabetes in Bromley. The majority of people with diabetes are aged over 65 (59%) however a high proportion are also of working age (39% are aged 40-64). Individuals who experience the potentially serious complications of diabetes may find it challenging to remain in employment which has socio-economic consequences for both the individual and the community.

In addition the proportion of older people in Bromley (aged 65 and over) is expected to increase gradually from 17.7% of the population in 2016 to 18.2% by 2021 and 19.1% by 2026[7]. This gradual increase in the older population may result in increased incidence of diabetes and hence, if there is no change in population structure, this has implications for planning diabetes care.

Figure 2



Children and Young people with diabetes in Bromley

T2D is no longer confined to the adult population; it's increasingly prevalent in children[8]. Children who develop T2D will require treatment for the majority of their life and are at risk of developing complications earlier.

118 Children and Young People with diabetes received treatment at the Princess Royal University Hospital in 2014-2015[9]. 95% of these patients had Type 1 diabetes. However, that means that 5% had already developed T2D.

Estimates of diabetes prevalence and predictions for the future

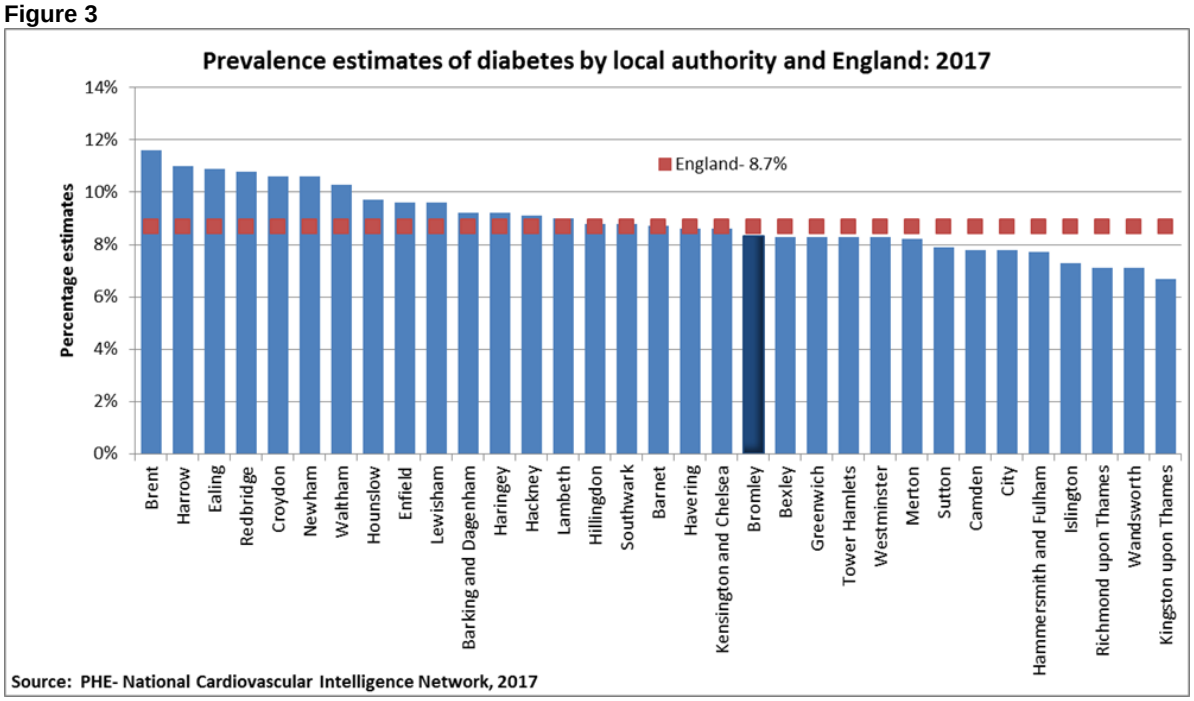
Public Health England (PHE) has used data from a range of sources to create estimates of the total prevalence of diabetes in people aged 16 and over (including both known and unknown cases) across local authorities in England.

Further information on the methods used to create these estimates can be found here[10].

In 2017 (the year the statistics were produced) there were estimated to be 22,024 people in Bromley living with diabetes. This represents 8.3% of the total population of Bromley age 16 and over[11].

Figure 3 shows that, according to these estimates, Bromley has the 12th lowest prevalence of all 33 London Boroughs and is below the England average of 8.6%.

Figure 3



This estimated prevalence is considerably higher than the known prevalence of diabetes taken from GP surgery registers around the same time period (8.3%, 22,024 compared to 5.5%, 15,107). Caution should be taken in interpreting the

accuracy and significance of this difference as the data covers a slightly different age range. However it suggests that further work is needed in Bromley to raise awareness of the symptoms of diabetes and encourage individuals to seek medical advice in order to increase the number of people who are correctly diagnosed with diabetes, have access to treatment and support and avoid the potential complications associated with untreated disease.

Predictions of future prevalence of diabetes in Bromley

PHE have also calculated estimates of future trends in the prevalence of diabetes over the next 20 years.

Table 2 shows that the number of people in Bromley living with diabetes is predicted to increase by 35% over the next 20 years. That represents an extra 7500 people living with diabetes in Bromley by 2035.

Table 1: Diabetes prevalence predictions for Bromley 2015-2035

Year	Number	Prevalence (age 16 and over)
2015	21,436	8.3%
2016	21,690	8.3%
2017	22,024	8.3%
2018	22,263	8.3%
2019	22,578	8.3%
2020	22,921	8.4%
2025	24,871	8.6%
2030	26,927	8.8%
2035	29,009	9%

Source: PHE- National Cardiovascular Intelligence Network, 2017

The drivers of this increase in prevalence in Bromley are multiple and include; an aging population, increases in certain ethnic groups at higher risk of diabetes, increasing levels of obesity and low levels of physical activity.

As with all modelled data, there is a degree of uncertainty associated with these estimates, therefore they should be considered indicative only.

How many people in Bromley are at high risk of developing diabetes?

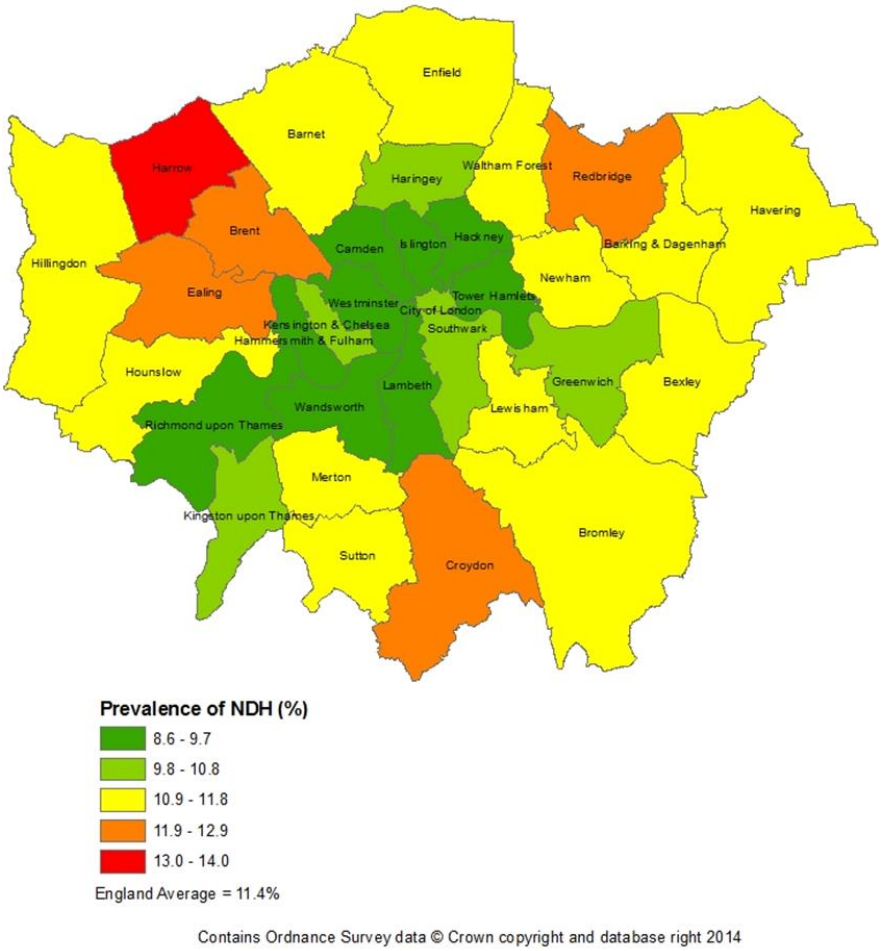
People with Non-Diabetic Hyperglycaemia (NDH, raised blood glucose levels that are below the diabetes diagnostic criteria) are at high risk of developing T2D.

The vast majority of people with NDH will go onto develop T2D if no lifestyle changes are made. Measuring the number of people with NDH in a population therefore gives an indication of the potential future burden of disease and highlights areas where diabetes prevention initiatives could be focused.

NHS England estimates that there are 29,872 people in Bromley at high risk of developing diabetes (Non Diabetic Hyperglycaemia, NDH), equal to 11.5% of the adult population[12]. This is slightly higher than the rate for England (11.4%).

Although the proportion of people estimated to be currently living with diabetes in Bromley is lower than the England average (8.2% compared to 8.6%[13]), the proportion of people at high risk of developing diabetes in Bromley is higher than the England average. This emphasizes the importance of increasing access to diabetes prevention information and support for the people of Bromley to maximise the opportunities for early detection and to prevent future disease.

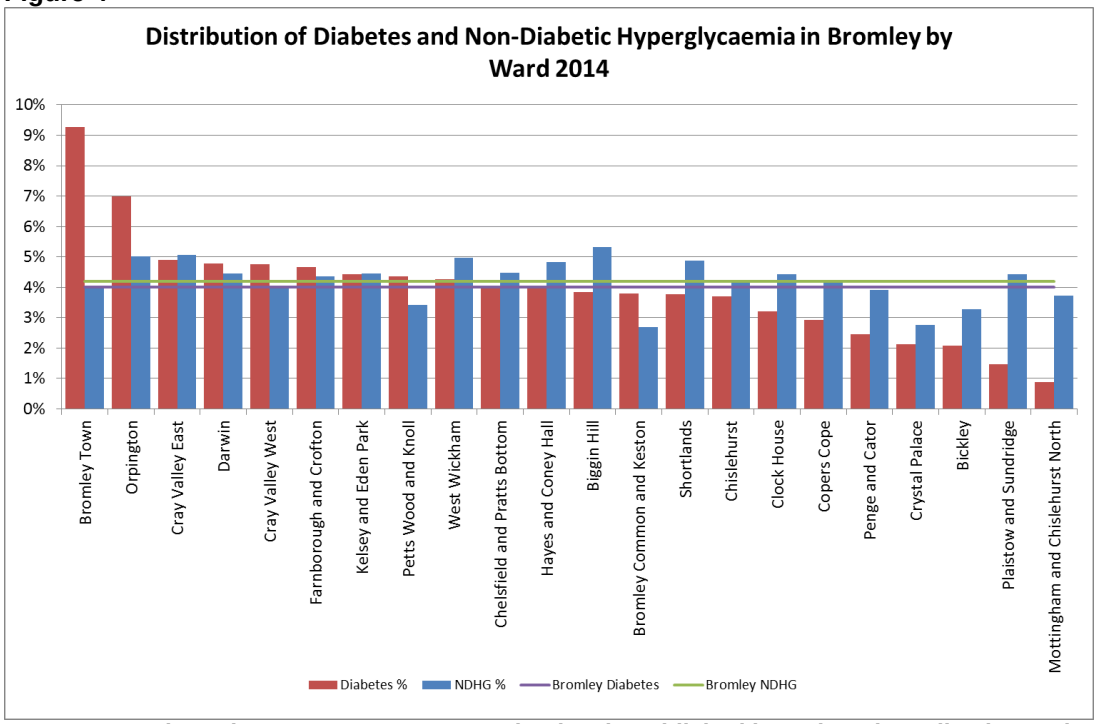
Map 1: Estimates of Non-Diabetic Hyperglycaemia by Local Authority in 2015



Source: PHE- National Cardiovascular Intelligence Network, 2017

Figure 4 shows the prevalence of NDH and T2D per ward in Bromley. Wards with high levels of NDH but low levels of diagnosed T2D most likely represent younger populations who are risk of developing the disease as they age. It is these areas which should be targeted with prevention programmes to ensure as many people as possible take positive action to avoid developing the disease.

Figure 4



Source: Bromley Primary Care Data, 2015. The data is published later than the collection and analysis period

The Impact of Diabetes on Individuals & Communities

Diabetes increases the likelihood of developing other diseases and has an impact on life expectancy. It is likely to have a negative impact on the quality of life for individuals and potentially limits their capacity to make a positive contribution to their community.

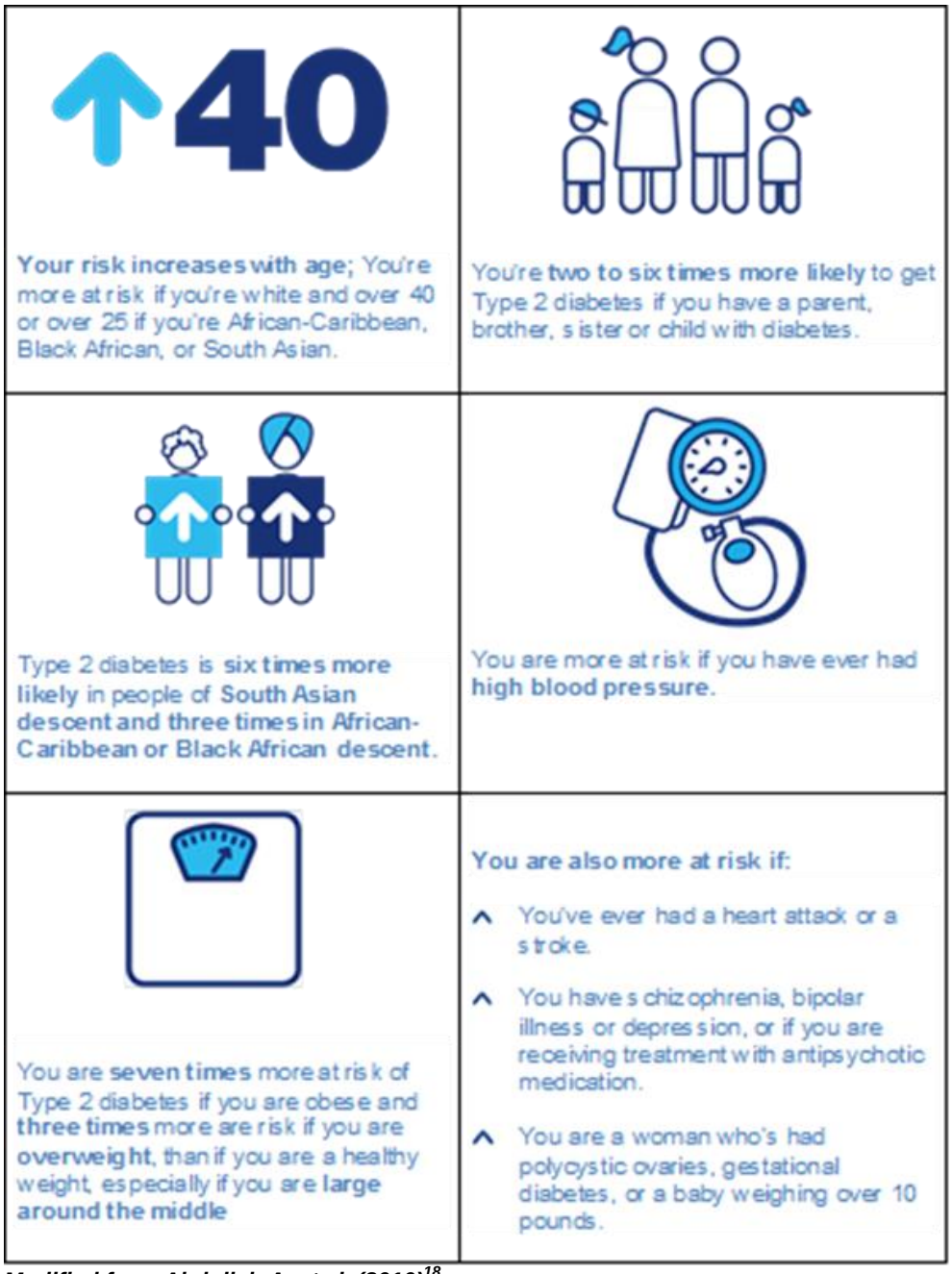
Poor glucose control can contribute to blindness, kidney failure, cardiovascular disease and poor mental health[14]. It also can lead to foot complications and is the most common cause of lower limb amputations[15].

There are a number of conditions associated with diabetes, these include; thyroid disease, polycystic ovary syndrome, muscular conditions, and dental health complications. Diabetes could also be associated with poor emotional well-being. People with diabetes are more likely to have depression than people without diabetes[16].

People with a dual-diagnosis of diabetes and depression can find it harder to comply with treatment and make the lifestyle changes needed to improve prognosis. This can lead to long term complications and increase the risk of dying from a diabetes-related condition[17].

Diabetes Risk Factors

Some of these risk factors for diabetes are non-modifiable, that is they cannot be changed by the individual. Non-modifiable risk factors include age, ethnicity and a family history of diabetes. However some risk factors can be modified by making changes to our lifestyle. These modifiable risk factors include; being overweight, a sedentary lifestyle, an unhealthy diet or having high blood pressure. We want to maximise the opportunities to prevent diabetes by reducing the risk factors for the disease.



Modified from Abdullah A, et al. (2010) [18]

Every individual has an opportunity to reduce their risk of developing diabetes and avoiding the associated complications, by making small changes to their lifestyle, such as eating a healthier diet and being more physically active. Making these changes can also reduce the likelihood of developing many other diseases such as heart disease, stroke, certain types of cancer, high blood pressure, liver disease, pregnancy complications and kidney disease[19].

The statistics on the "undiagnosed prevalence" of diabetes, presented earlier in this report, are an indication that it is possible to live with the disease without realising. This is because the symptoms may initially be imperceptible or non-specific. It can sometimes take up to 10 years for the symptoms of diabetes to become apparent[20].

It is therefore important that every individual considers their own risk factors for diabetes so they can identify positive steps they can take to minimise the risk of developing the disease as well as maintaining awareness of the disease symptoms so they can seek medical advice for an early diagnosis and access to treatment to minimise the impact of the disease on their long-term health and wellbeing.

Risk factors for diabetes in Bromley

Age and ethnicity, as combined non-modifiable risk factors for diabetes, are likely to be driving some of the predicted increases in diabetes locally.

Age

The risk of developing type 2 diabetes increases with age; the older the person is the greater the risk. The proportion of older people in Bromley (aged 65 and over) is expected to increase gradually from 17% of the population in 2017 to 18 % by 2022 and 19% by 2027.

Table 2

	2017		2022		2027		2032	
Total Population	330,909		342,548		351,841		360,298	
0 - 4 yrs (%)	21,601	7%	21,536	6%	21,079	6%	20,635	6%
5 - 10 yrs (%)	26,693	8%	26,729	8%	26,348	7%	25,925	7%
11 - 18 yrs (%)	30,134	9%	34,092	10%	35,986	10%	35,264	10%
Working age (%)*	205,749	62%	211,147	62%	215,178	61%	217,005	60%
Post Retirement (%)¥	57,815	17%	60,795	18%	66,724	19%	74,564	21%
80+ (%)	17,284	5%	18,223	5%	21,690	6%	24,709	7%

Source: GLA 2016-based Population Projections Housing-led Model (Accessed November 2017)

* Working age =16 to 64y for males and females

¥ Post retirement = Over 64y males and females

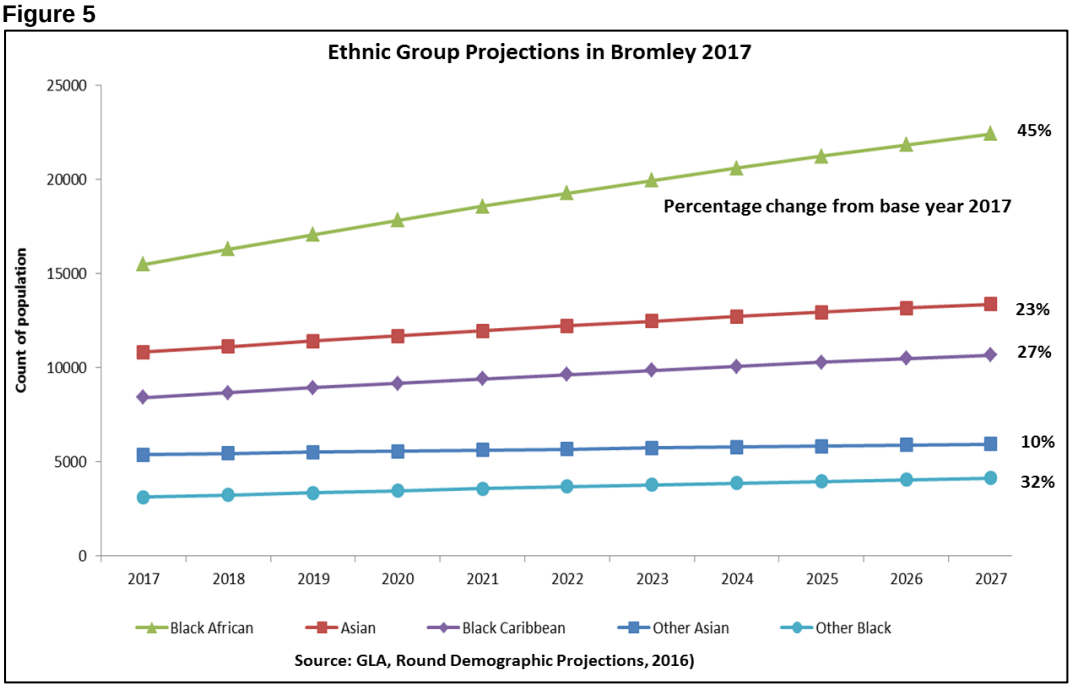
Ethnicity

- Type 2 diabetes is up to 6 times more likely in people of South Asian descent.
- Type 2 diabetes is up to three times more likely in African and Africa-Caribbean people [21]

Furthermore, diabetes affects different ethnic groups in different ways.

The latest (2017) GLA population projection estimates show that 19.8% of the population in Bromley is made up of Black and minority ethnic (BME) groups with the Black African community experiencing the greatest increase of all groups.

Figure 5

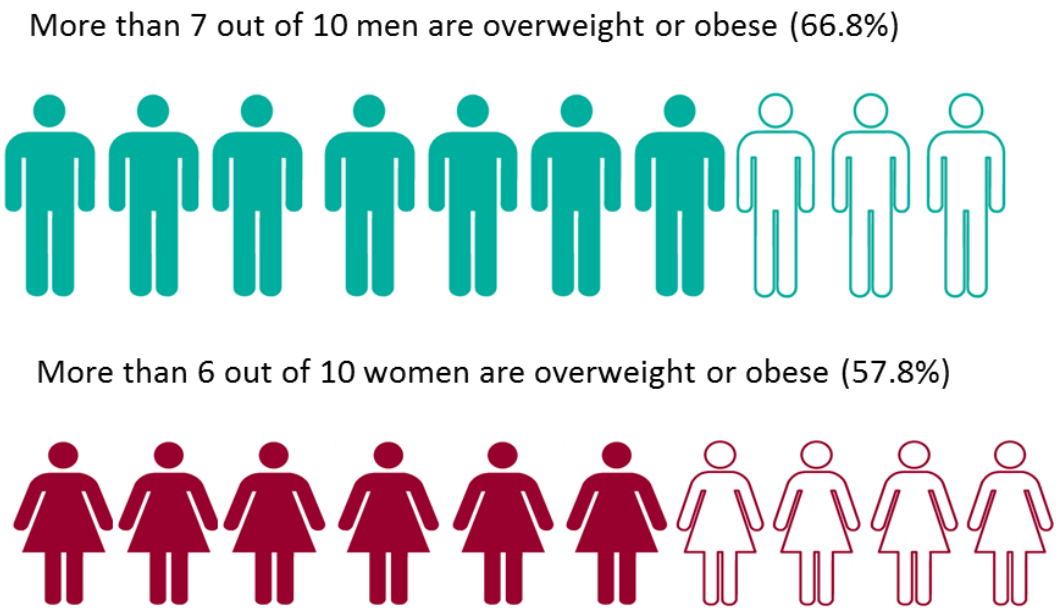


Weight

Being overweight or obese is the main modifiable risk factor for T2D. In England, the rising prevalence of obesity in adults is one of the main driving factors behind the rising prevalence of T2D[22].

Approximately 90% of people with type 2 diabetes are overweight or obese and approximately 12.5% of people who are obese have T2D. The risk of developing T2D increases with incremental increases in body weight in early adulthood and the longer a person is obese the greater the risk[23].

In England it is estimated that:



Adults (aged 16+) overweight and obesity: BMI≥ 25kg/m²
Health Survey for England 2013-2015 (three year average)[24]

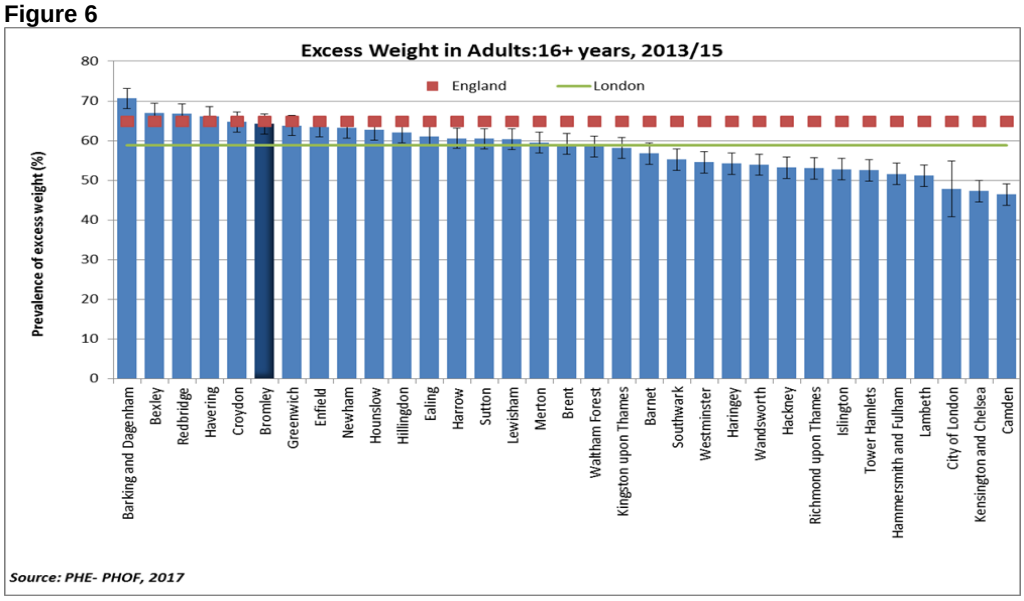
Overweight and obesity prevalence in adults in England is predicted to reach 70% by 2034[25]

Prevalence of obesity and overweight in Bromley

In 2013/15 it was estimated that 64.1% of the population of Bromley aged 16 and over were either overweight or obese[26]. This equates to over 200,000 adults living with excess weight in Bromley.

Bromley has the sixth highest prevalence of excess weight out of all 33 London Boroughs (**Figure 6**). This is considerably higher than boroughs with a similar population profile to Bromley, such as Richmond Upon Thames and Kensington and Chelsea.

Figure 6



The proportion of the population either overweight or obese in Bromley has remained relatively stable over the two time periods, 2012/14 and 2013/15 at 63.8% and 64.1% respectively[27].

Statistics on the number of patients recorded as obese on GP registers can provide an indication of the variation in obesity levels between different areas of the Borough. It should however be noted that the recording of obesity status itself will vary by practice and therefore this data should be interpreted with caution and considered indicative only.

Figure 7

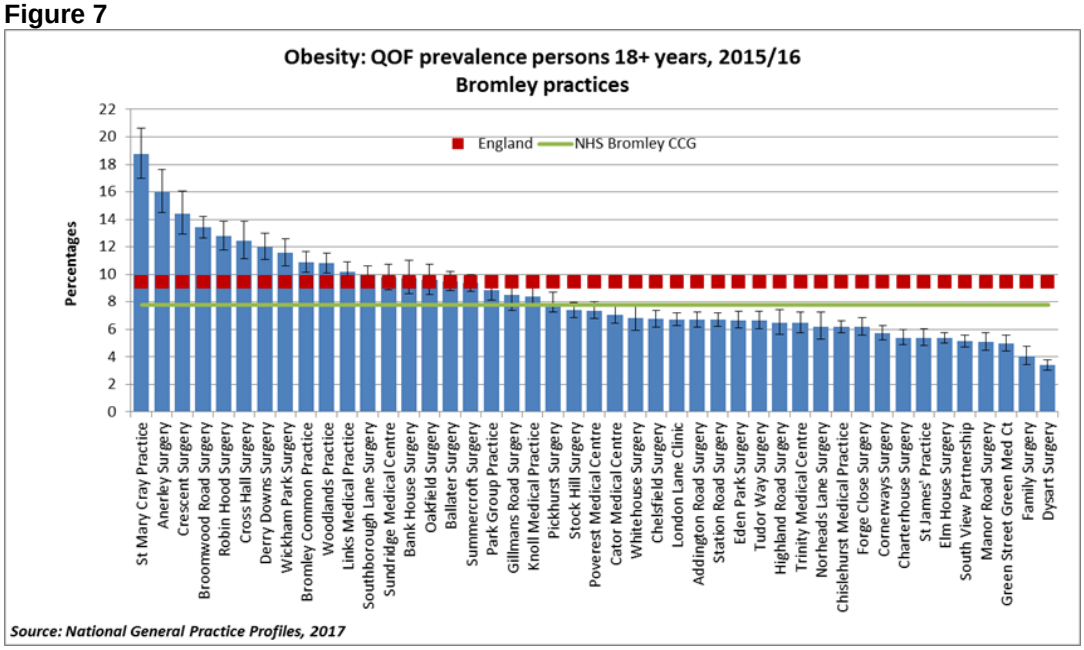
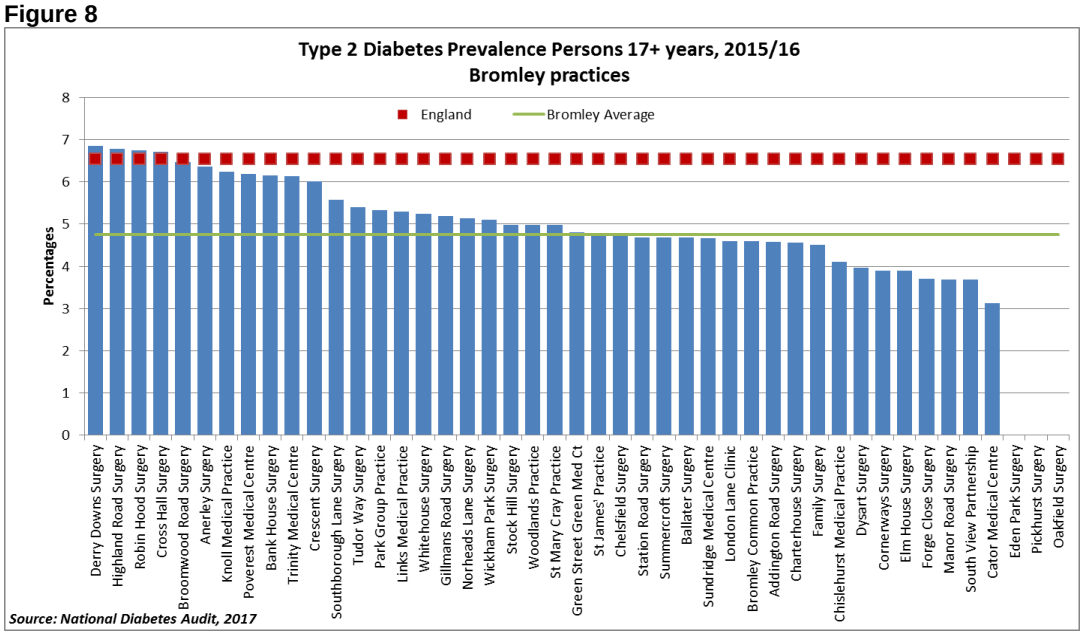


Figure 8



Some practices show a high level of obesity and a high level of diabetes prevalence, thus demonstrating the link between excess weight and risk of diabetes (for example Anerley, Broomwood, Cross Hall, Derry Downs and Robin Hood practices).

However other practices have a high prevalence of obesity but the levels of T2D are not as high in comparison. For instance St Mary Cray GP Practice currently has the highest recorded levels of adult obesity but ranks 22nd out of 45 practices for prevalence of T2D in its adult population. The explanations for these differences are manifold. It could be indicative of a younger practice population, adults who are currently living with excess weight but have the potential to develop T2D in the future or it could be related to variations in diagnostic practices between different GPs. Regardless of the explanation, analysing rates of obesity helps to identify the populations who would benefit from targeted diabetes prevention support.

Estimating the impact of obesity on diabetes prevalence

PHE have produced projections of the impact of future changes in the levels of obesity on the prevalence of diabetes at a local level. Further details about the method used to produce these projections can be found via the web-link in the reference list[28].

Considering the prevalence of excess weight in Bromley has increased by 1.5% over the previous 5 years, 3 different future scenarios are presented based on differing trends in obesity levels:

1. Obesity levels rising by 1% every 5 years
2. Obesity levels rising by 2% every 5 years
3. Obesity levels reducing by 1% every 5 years

An increase of 1% in obesity rates every five years from now would result in an additional 500 people with diabetes in Bromley by 2035. This is the number of new cases specifically as a result of the predicted increase in obesity prevalence in Bromley and doesn't include the expected overall rise in diabetes driven by changes in other factors such as the age and ethnic profile of the population. Overall the number of people diagnosed with diabetes in Bromley, when accounting for changes in all relevant population factors, is predicted to rise by over 8000 by 2035 (from 21,450 to 29,500). This represents a significant additional disease burden both for the individual and for health and care services for the whole population of Bromley.

Accordingly, an increase in obesity rates of 2% every 5 years would result in additional 1000 people with diabetes in Bromley by 2035.

Conversely a reduction of 1% in obesity rates in Bromley every 5 years would result in 500 fewer people living with diabetes in Bromley by 2035.

So what can we do about weight?

The good news is that, scientific evidence shows, even losing a relatively small amount of weight, can lower your risk of developing Type 2 Diabetes[29].

In England, the advisory body NICE (the National Institute for Health and Clinical Excellence) recommends that losing between 5-10% of your body weight, over the course of a year, can significantly reduce your risk of developing T2D as well as reducing your risk of developing a range of other health conditions[30]. **Table 3** below demonstrates the range of weight you should aim to lose, based on your starting weight, to achieve this benefit.

Table 3

A person's starting weight		Weight loss range needed to significantly reduce risk of diabetes (5-10% weight reduction)	
17st	(108kg)	12.0 – 24.0 lbs	(5.5 – 11.0kg)
15st	(95kg)	10.5 – 21.0 lbs	(5.0 – 10.0kg)
13st	(83kg)	9.0 – 18.0 lbs	(4.0 – 8.0kg)
11st	(70kg)	7.5 – 15.0 lbs	(3.5 – 7.0kg)

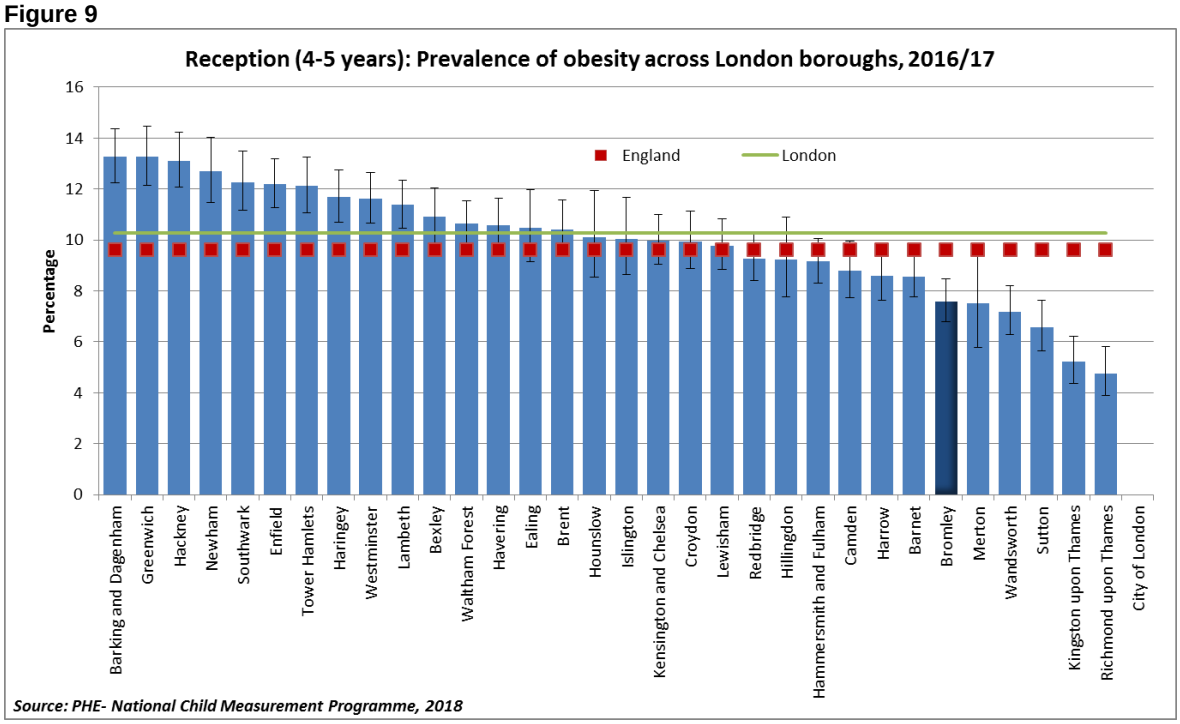
Childhood obesity – the future generations

A recent study in the UK found that children who were obese were four times more likely to be diagnosed with T2D by age 25 than children who had a body mass index in the normal range[31].

The National Child Measurement Programme (NCMP) measures the BMI of children when they start Primary School (Reception Year aged 4 to 5 years) and in their final year of Primary School (Year 6 aged 10 to 11 years).

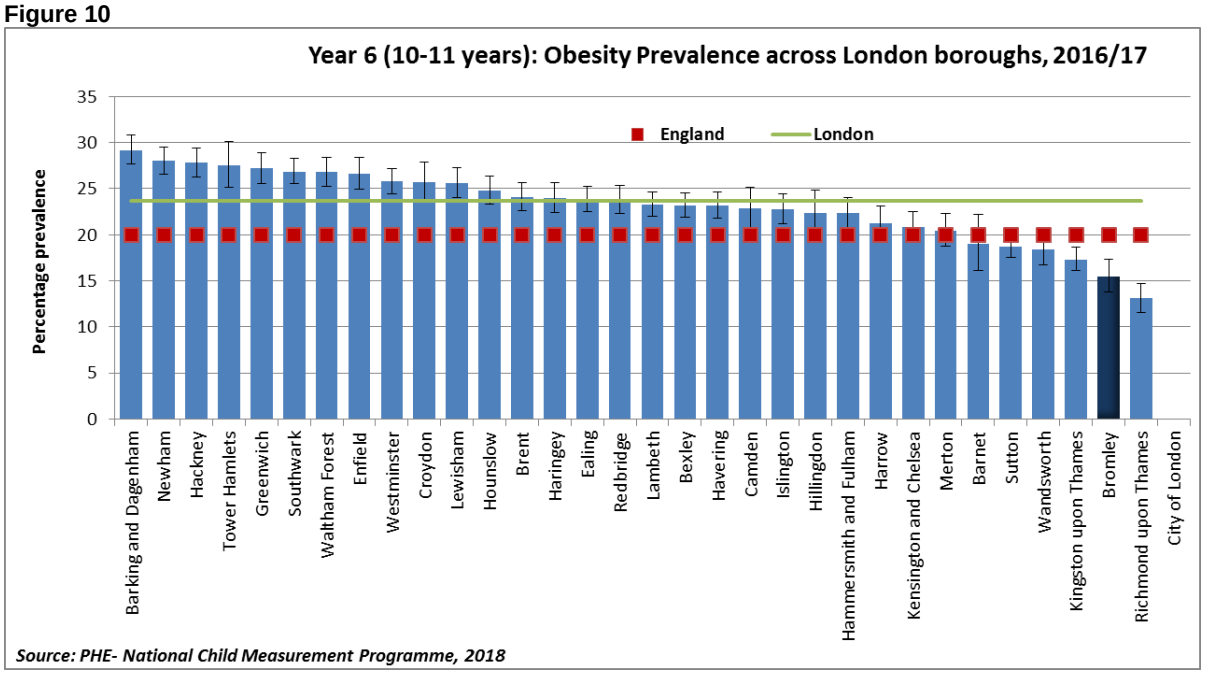
The latest data demonstrates that obesity rates vary considerably across London (**Figures 10 and 11**). Obesity rates for children in both Reception Year and Year 6 in Bromley are currently significantly below the average for London and England.

Figure 9



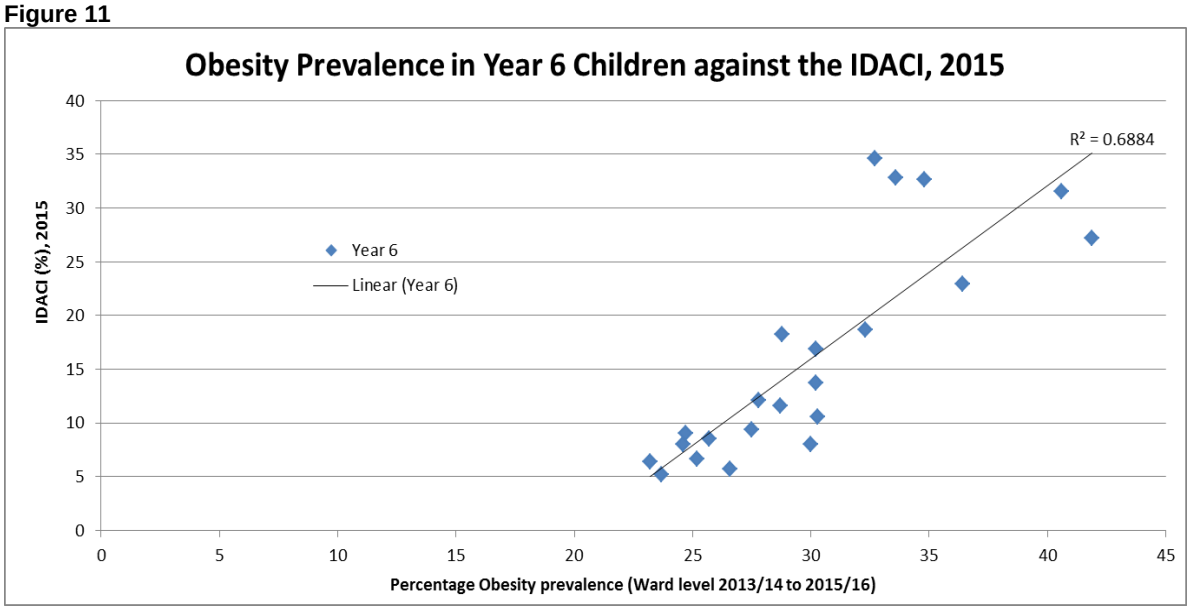
Source: PHE- National Child Measurement Programme, 2018

Figure 10



National figures show rates of obesity among children are highest for those living in the most deprived areas of England[32]. **Figure 11** below compares the relationship between the prevalence of obesity by ward in Bromley to a measure called the Index of Deprivation Affecting Children (IDACI). The fact that most data points are clustered around the straight line indicates a positive relationship in Bromley i.e. as the levels of deprivation affecting children increases so do childhood obesity rates. This supports the national evidence and suggests that the prevalence of childhood obesity is higher in the more deprived wards of the borough.

Figure 11

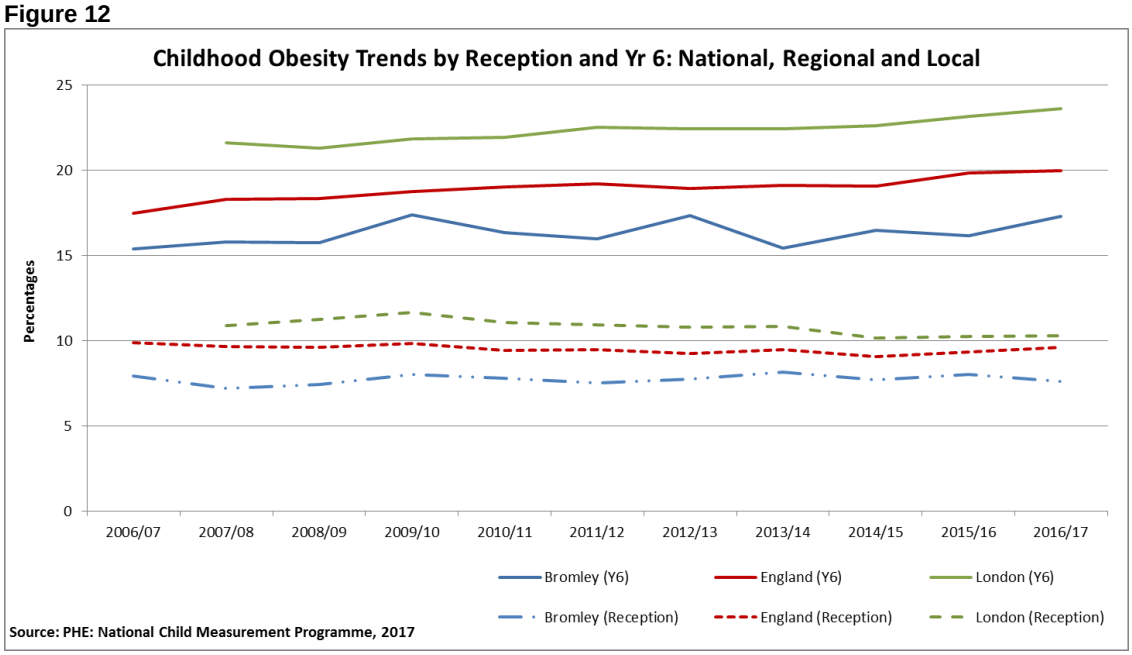


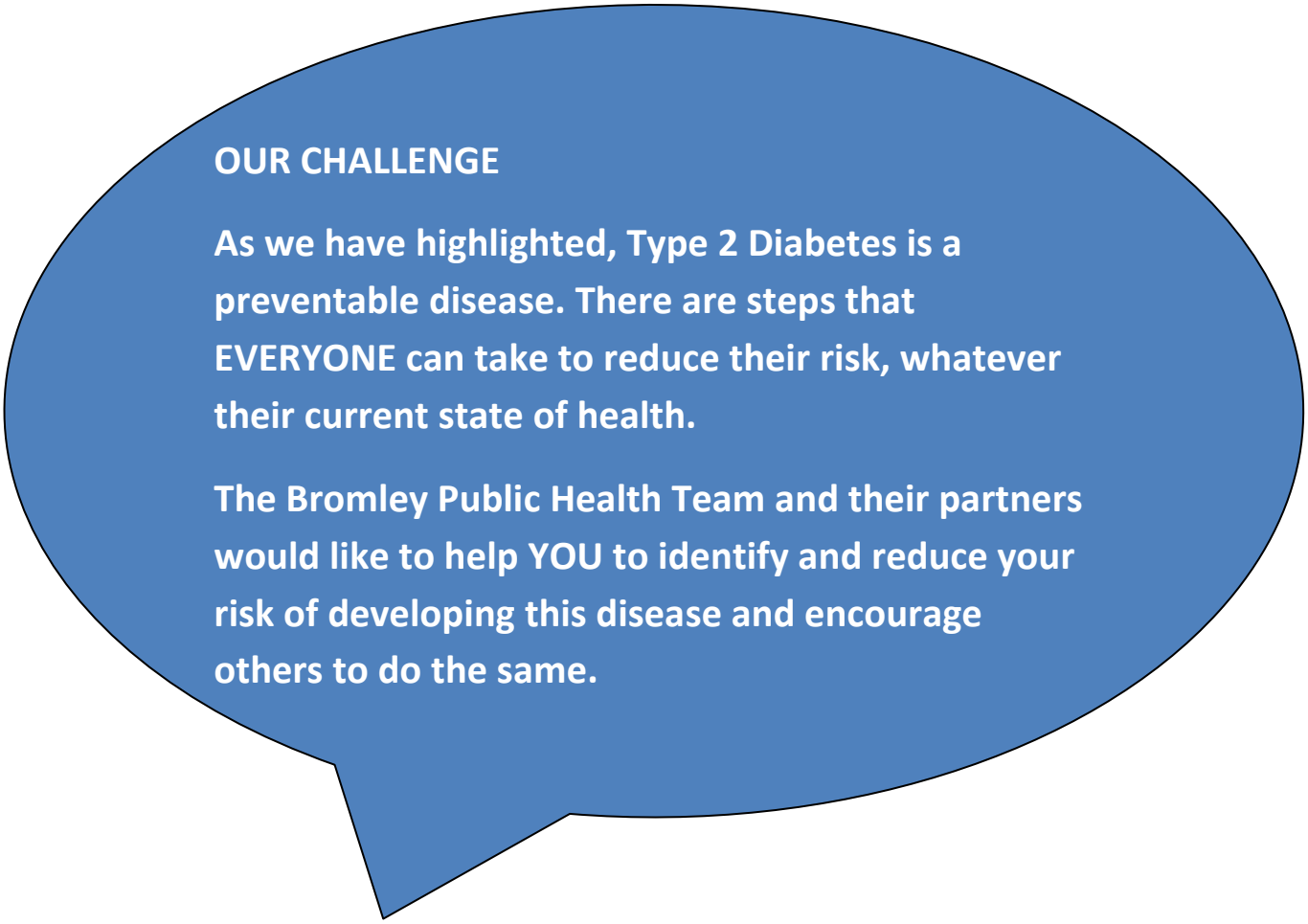
IDACI: Percentage of children 0-15 living in income deprived households

Analysis of trends in childhood obesity rates (**Figure 12**) indicates that the prevalence of obesity in reception children has remained fairly stable over the years but the rates in Year 6 children have continued to rise. However there is no evidence of any sustained reduction in child obesity levels overall. Current levels of childhood obesity represent serious long-term risks to health for those children. Evidence shows that children who are overweight are more likely to be overweight as adults and thus more at risk of a range of diseases including type 2 diabetes as well as a number of other long term health conditions[33].

Parents, families, teachers and healthcare professionals need to be aware of this trend and take positive action during the primary school years to reduce the likelihood of children gaining excess weight and help them to grow into healthy adults.

Figure 12





We encourage you to use this online tool to assess your personal risk of developing diabetes: **CLICK HERE**

It will only take a few minutes but could be the most important thing you do today.

To complete the tool you will need to know your waist size, height, weight & Body Mass Index (BMI).

CLICK HERE for guidance on how to accurately measure your waist (it's not your belt size!)

CLICK HERE to use your height and weight to calculate your BMI

Once you know your own risk, please encourage your family and friends to use the tool to calculate theirs. You could then take steps together to reduce your risk.

Have you had an NHS Health Check?

An NHS Health Check is a free service available via your GP, for people aged 40-74 (without any pre-existing health conditions).

It involves a short consultation, usually with a nurse and is designed to spot early signs of diseases including; diabetes, kidney disease, heart disease, stroke or dementia,

According to the results of the check you may be advised to have further tests to assess your risk of disease, you may be recommended treatment or medication to help maintain your health or you may be offered support to make changes to reduce your risk of developing disease.

You can find out more about NHS Health Checks in Bromley **HERE**.

You may already have received an invitation letter from your GP to have an NHS Healthcheck. If you received a letter but didn't take up the offer or if you think you're eligible but haven't been invited please contact your GP to check your eligibility and arrange an appointment.

Why have an NHS Health Check?

This **short video** explains why going for an NHS Health Check is important and the impact that the results had on one resident in Bromley.

What if you are not eligible for an NHS Health Check?

If you are not eligible for an NHS Health Check there is an online tool (endorsed by Public Health England) that anyone can use to assess their current health and wellbeing.

The **ONE YOU** tool starts with a quick quiz to evaluate your current lifestyle habits and then provides specific advice, based on your answers, on how to make small changes in your lifestyle to make a big difference to your health and wellbeing immediately and in the future.

CLICK HERE TO TAKE THE QUIZ TODAY.

The National Diabetes Prevention Programme

Bromley was the first area in Europe to pilot a local Diabetes Prevention Programme.

The programme aimed to support people achieve a healthier weight and get more physically active as we know these are two of the most effective ways of reducing the risk of developing diabetes,

A summary of the local pilot in Bromley, including a video of one person's experience of the programme, can be found by **CLICKING HERE**

The successful results achieved by people completing this programme were recently highlighted in the national media: **CLICK HERE** & **HERE** for examples of the coverage.

The findings from this pilot in Bromley have helped shape the development and implementation of the National Diabetes Prevention Programme.

The National Diabetes Prevention Programme, called HEALTHIER YOU, has now been rolled out across the country, including in Bromley.

Here are details of how you can access the new HEALTHIER YOU programme in this area.

To book your place on Healthier You CLICK HERE

Walking Away From Diabetes

This programme offers people in Bromley an alternative to the national Healthier You programme.

It involves attending a one-off 3.5 hour group session, run by trained healthcare professionals. The session focusses on assessing your own risk of developing diabetes, learning ways to reduce this risk by increasing your physical activity and improving your diet and exploring local opportunities to access support to make these changes.

Find **further information about walking away from Diabetes** in Bromley **HERE.**

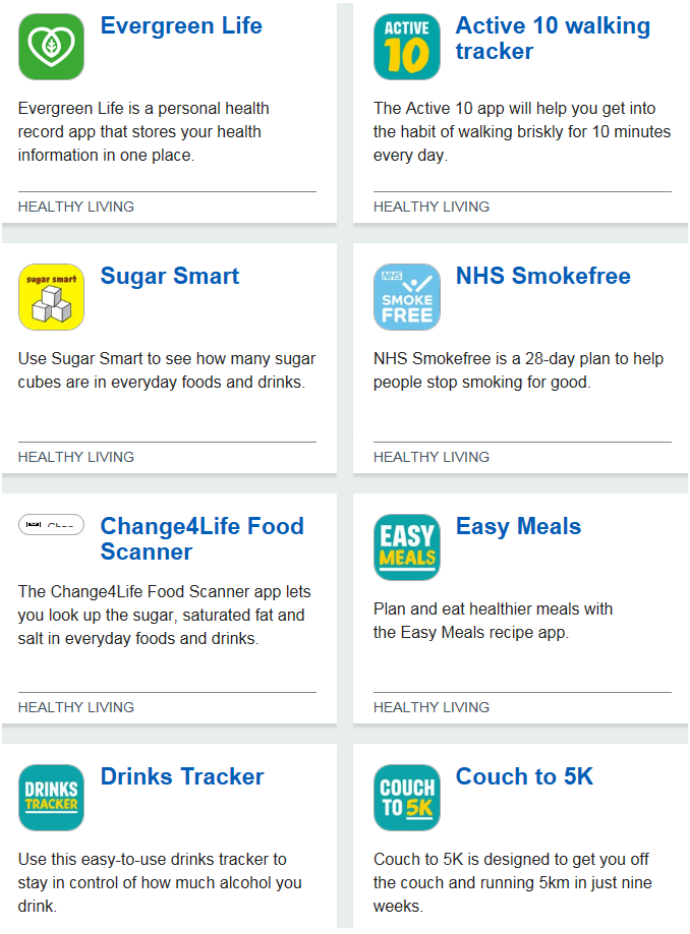
Other Local Support to Improve Health and Wellbeing

In addition to the programmes highlighted above, which are focussed specifically on reducing the risk of diabetes, there are many other opportunities available to support you to make changes that will improve your overall health and wellbeing.

Further information on the range of support available can be found on the **Bromley MyLife website.**

Mobile phone apps

There are also some easy to use mobile phone apps, which have been evaluated and endorsed by Public Health England, to support you to monitor and change your lifestyle behaviours. You can find a range of Apps available **HERE.**



IN CLOSING…Thank you for reading this Annual Public health report on the prevention of diabetes. We hope you are now more aware of:

- The causes and consequences of type 2 diabetes
- How you can assess your personal risk of developing diabetes
- The steps you can take to reduce your risk of diabetes

- Local opportunities to receive support to make lifestyle changes. We would recommend that the next steps for you are: 1. Find out your risk of getting Type 2 diabetes

If you do one thing as a result of reading this report, we would urge you to go online to the Diabetes UK website and use the **Diabetes Risk Assessment Tool** to assess your own risk of developing diabetes and encourage your friends and family to do the same.

2. Plan how to reduce your risk of developing diabetes by:

- Eating better
- Moving more
- Reducing your weight if you are overweight

3. Get support

To increase your chances of success we recommend using the available support to help you achieve your goals.

Don’t delay, take action TODAY.

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Report No.
CSD18070

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**7th June 2018**
Decision Type:	Non Urgent Non-Executive Non-Key
Title:	**MATTERS ARISING AND WORK PROGRAMME**
Contact Officer:	Kerry Nicholls, Democratic Services Officer Tel: 0208 313 4602 E-mail kerry.nicholls@bromley.gov.uk
Chief Officer:	Mark Bowen, Director of Corporate Services
Ward:	N/A

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;**

2) **Consider matters arising from previous meetings, indicating any changes required; and,**

3) **Agree that the Falls Task and Finish Group be reconvened for the 2018/19 municipal year.**

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 The Chairman proposed that the Falls Task and Finish Group be reconvened for the 2018/19 municipal year. The Task and Finish Group had been established to investigate the number and types of falls affecting Bromley's older population and consider falls prevention work being undertaken in Bromley, including assessing the level of collaboration across primary, secondary, community and social care providers. The review was being chaired by Professor Cameron Swift and the conclusions of the review would be reported to the meeting of Health and Wellbeing Board on 19th July 2018.

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.

Health and Wellbeing Board

Matters Arising/Action List

Agenda Item	Action	Officer	Notes	Status
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**	The Chairman would provide an update to the Board when available.	**In progress**
Minute 51 8th February 2018 Approval of the Joint Strategic Needs Assessment 2017	Members requested press releases be issued regarding recent work of the Board relating to social isolation in Bromley, positive measures on living healthily and the Falls Task and Finish Group.	**Susie Clark**	It was agreed that press releases would be issued in relation to all identified areas when appropriate.	**Completed**
Minute 11 7th September 2017 Scoping Paper for Falls and Task and Finish Group	Members resolved that a task and finish group be convened to produce a summary report with recommendations for future action.	**Dr Nada Lemic/ Laura Austin Croft**	Work on the task and finish group was progressing and the final report would be provided to the Board meeting in July 2018.	**Ongoing**
Minute 10 7th September 2017 Delayed Transfer of Care Performance	Members resolved that the Health and Wellbeing Board receive regular updates on Delayed Transfer of Care performance locally and progress made against plans to reduce delayed transfers	**Ade Adetosoye/ Jodie Adkin/ Dr Bhan**	This has been noted and the matter has been factored into the work plan and future agendas.	**Ongoing**

APPENDIX 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME

19th July 2018	
Better Care Fund Performance Update	Jackie Goad
Community Detox Pathway (Alcohol) Pilot: Outcome	Mimi Morris-Cotterill
Falls Task and Finish Group: Final Report	Dr Nada Lemic/ Laura Austin Croft
Mytime Active: Primetime (presentation)	Matthew Eady, Mytime Active Regional Manager (Bromley and South)
New Themes for Health and Wellbeing Board Work Programme 2018/19 (verbal item)	All Members
Proposal to Develop a Suicide Prevention Strategy for Bromley	Dr Nada Lemic
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Improved Better Care Fund Projects: Winter Resilience 2017/18	Stephen John
Winter Review (CCG)	Dr Angela Bhan
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
27th September 2018	
Better Care Fund Performance Update	Jackie Goad
Engagement Outcomes towards the Forthcoming Strategy for Older People and those approaching Old Age	Denise Mantell
Health Support to School Age Children: Update	Dr Jenny Selway
Healthy Weight Bromley: Children and Young People Update	Dr Nada Lemic
Joint Older Persons Strategy	Tracy Gagetta
Promoting Exercise	Dr Nada Lemic
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Integrated Commissioning Board Update	Graham Mackenzie/Paul Feven
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Work Programme and Matters Arising (standing item: every meeting)	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
15th November 2018	
Better Care Fund Performance Update	Jackie Goad
Bromley Communications and Engagement Network – Activity Report	Susie Clark
Bromley Safeguarding Adults Board Annual Report	Lynn Sellwood
Bromley Safeguarding Children Board Annual Report	Jim Gamble/Joanna Gambhir
Local CAMHS Transformation Plan	Daniel Taegtmeyer (CCG)
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board

	Secretary with any emerging matters for discussion.
31st January 2019	
Better Care Fund Performance Update	Jackie Goad
Chairman's Annual Report	Councillor David Jefferys
Primary Care Commissioning Update	Dr Angela Bhan/Dr Andrew Parson
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
21st March 2019	
Better Care Fund Performance Update	Jackie Goad
Healthy Weight Bromley: Children and Young People Update	Dr Nada Lemic
Update on DToC Performance	Jodie Adkin/Ade Adetosoye
Update on Infant Mortality Rate in Bromley	Dr Jenny Selway
Integrated Commissioning Board Update	Graham Mackenzie/Paul Feven
Integrated Commissioning Board Minutes – Part 2 (Exempt) Item	Graham Mackenzie/Paul Feven
Work Programme and Matters Arising	Kerry Nicholls
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.

Unprogrammed Outstanding Items:
Developing a System Wide Mental Health Strategy/Mental Health Act (Harvey Guntrip)
Update on Childhood Obesity Work by King's College Hospital NHS Foundation Trust (Chairman)
Mental Health Strategic Partnership Update (Harvey Guntrip)
Elective Orthopaedic Centres (CCG)
Health and Wellbeing Strategy (Dr Nada Lemic)
Implementation of Personal Health Budgets (LBB)
Improvements in Services for Dementia Suffers (LBB/CCG)
FGM Update (Mimi Morris-Cotterill)

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
Thursday, 15th November 2018	Tuesday, 6th November 2018	Wednesday, 7th 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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