

## **HEALTH AND WELLBEING BOARD**

Minutes of the meeting held at 1.30 pm on 16 May 2019

### **Present:**

Councillor David Jefferys (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Gareth Allatt, Yvonne Bear, Mike Botting,  
Mary Cooke, Judi Ellis, Simon Jeal, Colin Smith and Diane Smith

Janet Bailey, Director: Children's Social Care  
Kim Carey, Director: Adult Social Care  
Dr Nada Lemic, Director: Public Health  
Lynn Sellwood, Independent Chair: Bromley Safeguarding  
Adults Board  
Dr Angela Bhan, Managing Director: Bromley Clinical  
Commissioning Group  
Harvey Guntrip, Lay Member: Bromley Clinical Commissioning  
Group  
Dr Andrew Parson, Clinical Chairman: Bromley Clinical  
Commissioning Group  
Janet Tibbalds, Community Links Bromley

### **1 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Marina Ahmad, Councillor Keith Onslow and Colin Maclean – Community Links Bromley. Councillor Simon Jeal, Councillor Colin Smith and Janet Tibbalds attended as their respective substitutes. Apologies were also received from Barbara Wall – Healthwatch Bromley.

### **2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **3 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 31ST JANUARY 2019**

In respect of Minute 80, Councillor Cooke noted that an update on the outcome of Ravensbourne School's pilot scheme was due to be provided to the cancelled meeting of the Health and Wellbeing Board on 21<sup>st</sup> March 2019. The Director: Public Health advised the Board that the item had been deferred to the meeting on the 21<sup>st</sup> November 2019, as more time was needed to see the results of the initiative.

Councillor Simon Jeal informed the Board that, along with Councillor Marina Ahmad, he had attended a Period Poverty Summit at which a number of schools had met. It was linked to the pilot scheme, but went much wider. The event had been extremely positive, with two main actions arising. The first was the installation of dispensers, which was progressing and finances were being looked at. The second was menstrual education, for which a prototype programme was in development. It was anticipated that by November 2019, the projects would be well underway. The Chairman suggested that if there was anything to report, an interim update should be provided to the meeting of the Health and Wellbeing Board on 18<sup>th</sup> July 2019.

The Chairman noted that all Board Members had been provided with a copy of the One Bromley – Stakeholder Briefing, which he had recently received as a Governor of King’s College Hospital NHS Foundation Trust, but also carried the London Borough of Bromley logo. The LBB Communications Executive informed the Board that the Communications Team would be looking to include more Bromley contents in future newsletters, and would be speaking with their counterparts at the CCG.

The Independent Chair of the Bromley Safeguarding Adults Board highlighted that in the third paragraph of the newsletter, it made reference to Bromley Third Sector Enterprise as a partner. However, they did not represent the voluntary sector, and it was suggested that the Voluntary Sector Strategic Network (VSSN) should also be included. It was agreed that the LBB Communications Executive would feed this back to the report authors.

**RESOLVED that the minutes of the meeting held on 31<sup>st</sup> January 2019 be agreed.**

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

No questions had been received.

#### **5 HEALTH AND WELLBEING STRATEGY PRIORITY AREA ACTION PLANS UPDATE**

##### **Report ECHS19035**

The Board considered an update on the Joint Health and Wellbeing Strategy 2019-2023.

The Joint Health and Wellbeing Strategy 2019-2023 had been agreed and published, and work was now progressing towards its action plans. Following the last meeting of the Health and Wellbeing Board, arrangements had been made for the delivery of priority areas of the Health and Wellbeing Strategy. Over several months, the Director: Public Health had met with the relevant groups focussing on the priority areas, to discuss who would be best to lead on each area. An action

plan had been provided to Board Members, setting out the finalised leadership arrangements for the Strategy, and included the proposed arrangements for delivery.

An example of the proposed template that each group would use to provide an action plan update was also presented. All groups leading on an area of delivery would draft an action plan for each of the priority areas. The Cancer Working Group had met twice and had discussed their priorities. Members had agreed that it was a good, simple model that helped focus their minds, and would not burden the groups. The action plan allowed them to list objectives for two or three key priorities, and how the objectives would be achieved and measured.

It was suggested that for reporting purposes, a refocused Joint Strategic Needs Assessment (JSNA) Steering Group would coordinate the updates to the action plans. Once a year, they could provide a high level annual report, or individual groups could report to the Health and Wellbeing Board directly. It was highlighted that the JSNA Steering Group would meet every two months, and a comprehensive Terms of Reference document had been included as an Appendix to the report. The Independent Chair: Bromley Safeguarding Adults Board suggested that the membership of the JSNA Steering Group could include the Voluntary Sector Strategic Network (VSSN), which went much wider than the Bromley Third Sector Enterprise.

The Chairman considered that the action plans answered the questions of whom, what and why, but clear timelines were needed. The Chairman felt that the JSNA Steering Group coordinating the updates was a good idea, and suggested that a report be provided to the Health and Wellbeing Board every six months, starting from November 2019. In addition, a report from an individual group could be brought earlier by exception if required. A Board Member further suggested that a timescale column be added to the action plans, and that a RAG rating system be used when the reports were brought back to the Board.

A Board Member noted that there were a couple of priority areas where details on the process for delivery had not been provided, including the Learning Disability priority area. The Director: Adult Social Care advised that a first draft of the new Learning Disability Strategy was currently in development. It was suggested that this information could be included in the document. The Interim Director of Programmes advised Board Members that they were currently looking at how to assess the pathway and to support carers to find the most effective service. This had been scheduled to be discussed at the meeting of the Council's Executive in October 2019.

The Managing Director: Bromley CCG noted that the processes for delivery matched the outputs and how they were to be measured, which would allow the lead groups to unpick the areas of focus. The Chairman commented that it was an overarching strategy which allowed the lead groups, who were those closest to the priority areas, to look at and develop them, before feeding back. A phased approach with a rolling programme of timelines for reporting back to the Board would ensure that issues did not get lost.

In relation to the cancer priority area, a Board Member asked how 'areas with high levels of deprivation and where smoking and alcohol use were known to be higher' would be targeted. The Director: Public Health responded that work would be undertaken with GPs in areas with those particular risk factors. Practices in the most deprived areas and with the lowest screening rates would be targeted first, to improve the screening uptake by patients. The Chairman noted that heat maps produced a very sensitive model, and allowed this type of information to be collated.

In response to a question, the Director: Public Health advised Board Members that the Ottawa model implemented at King's was a programme that involved clinicians picking up on patients that smoked whilst they were in hospital, allowing intervention at an early stage. It was a model that had been developed and evaluated in Canada, and looked at the patients and their first and secondary relatives. It was considered to have had a huge impact, but the Clinical Chairman: Bromley CCG noted that follow up work connected to the model needed to take place in the community following a patients discharge from hospital.

In response to a question in relation to bowel screening, the Managing Director: Bromley CCG said that these screenings differed from the colonoscopies that took place at the Princess Royal University Hospital (PRUH). Bowel screenings mostly took place at Lewisham and Denmark Hill and were carried out in a timely manner. Work was being undertaken with the PRUH to reduce the long wait for surveillance colonoscopies – looking at waiting lists and using private hospitals to carry out some procedures, and a larger number were being completed as part of the two week cancer screening. The Clinical Chairman: Bromley CCG noted that the new FIT tests that identified blood in stools could potentially push down the number of two week tests, which could help aid the pressure on this service.

Following a discussion, in which Board Members considered how they would like updates on the action plans reported to the Health and Wellbeing Board it was agreed that a report be provided every six months, starting from November 2019, with reports provided by an individual group by exception, if required.

**RESOLVED that the update be noted.**

## **6 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE**

### **Report ECHS19036**

The Board considered an update on the Joint Strategic Needs Assessment (JSNA).

It had been agreed that there would be a three yearly update cycle for the main sections of the JSNA, with further needs assessments or shorter JSNA chapter updates on specific areas of needs in between. Work was currently underway to update smaller chapters of the JSNA and undertake more in depth needs assessments. The Older People JSNA chapter was last developed in 2016. This had now been updated, and was published in January 2019 in order to support the

Ageing Well Strategy that had recently been developed.

A Learning Disabilities JSNA chapter was last developed in 2015. This would now be updated and published in order to support the Joint Learning Disabilities Strategy that was currently in development. A sexual health needs assessment was also currently in development. Further pieces of work planned for this year included an Older People's needs assessment, GP practice profiles, Ward profiles and School profiles. Work planned for the following year included learning disabilities needs assessment, cancer and diabetes. In response to a question, the Consultant in Public Health confirmed that the sexual health needs assessment would be linked to the updated SRE guidance, and would be an in depth needs assessment looking at past, present and future needs.

In response to a question from a Board Member, the Managing Director: Bromley CCG clarified that 'excess winter deaths' were deaths over and above the number expected in a period. It was noted that there was usually a double peak in excess deaths – during the winter and summer.

A Board Member enquired if a study had been undertaken to look at where falls took place outside of the home to identify if there were specific areas of roads and pavements that were particularly unsteady. The Director: Public Health advised that an assessment had been undertaken, and a Falls Task and Finish Group had been established the previous year, which reported back through the Integrated Commissioning Board. The assessment had provided figures of where falls happened and had highlighted that outside of the home, falls tended to be rare. This information was not collected routinely, which was why this specific piece of work had been undertaken. The London Ambulance Service and hospitals were able to provide data, but there was not continuous surveillance of it. The Chairman requested that the update report on the Integrated Commissioning Board scheduled to be provided to the Health and Wellbeing Board in September be brought forward to the next meeting on 18<sup>th</sup> July 2019.

In response to a question, the Consultant in Public Health clarified that 'upper-tier' Local Authorities were county councils, and city, borough and district councils were known as 'lower-tier' authorities.

A Board Member noted that it was a very interesting report that provided a good insight, but questioned if costs had been factored into the transformational programme. The Leader of the Council responded that he could not say with certainty as the future demand was not known, or whether it would fall to the London Borough of Bromley or health partners. The Chairman noted that a green paper on this topic was currently awaited.

**RESOLVED that the update be noted.**

## **7 BETTER CARE FUND AND IMPROVED BETTER CARE FUND**

**Report ECHS19037**

The Board considered a report which provided an overview of the performance of both the Better Care Fund (BCF) and the Improved Better Care Fund (iBCF) 2018/19. The report provided both expenditure and activity for the third and fourth quarter period, between October 2018 and up to the end of March 2019.

For the BCF, Bromley was responding to four national metrics: the reduction in non-elective admissions; delayed transfers of care (DToC); the rate of permanent admissions to residential care per 100,000 population; and the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services. The Interim Director of Programmes advised Board Members that there had been an overall reduction in the number of non-elective admissions, and the targets set had been met. In relation to DToC's, Bromley were now rated number one compared to the other 32 London Boroughs, and admissions to residential care and reablement had both exceeded the targets set. The Bromley Well service, one of the BCF schemes, had provided a Single Point of Access for local people to prevent them from falling into a crisis and improve their health, wellbeing and independence, and in every area all the targets were being met.

The iBCF schemes reflected three grant conditions, that the fund be used only for the purposes of: meeting Adult Social Care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they were ready; and ensuring that the local social care providers market was supported. One scheme was the Assessed and Supported Year in Employment (AYSE) Lead and Placements Coordinator, in which the AYSE Lead supported newly qualified Social Workers and aimed to keep them with the Local Authority.

A Board Member noted that section 4.49 (Support to the Sector) in the commentary of the report appeared to finish mid-sentence. The Interim Director of Programmes apologised, and advised that the rest of the sentence would be included in the minutes of the meeting.

*Following the meeting, the Head of Early Intervention, Prevention and Community Services Commissioning confirmed that the sentence should read:*

*4.49 In quarter 3 and quarter 4 the service has focused on Service Improvement Plan showing results across Associate Members and Volunteering. There has been an increasing volume of Training and Learning workshops from 3 in quarter 3 to 9 in quarter 4.*

In response to a question, the Head of Early Intervention, Prevention and Community Services Commissioning advised that the Learning Disability Pathway outreach targets were below the requirement in Quarter 3. As a result, partners had worked together to make improvements, and those that were excelling provided support in the communities. Quarterly information was also provided and monitored.

In respect of Continuing Care and individual packages, a Board Member queried which partners paid for which elements of the packages, and if agreement on this was easily reached. The Managing Director: Bromley CCG reported that lots more work was being undertaken collaboratively, but noted that there was more that

could be done. During the previous year, there had been approximately 35 relevant clients in this category, and 21 of the cases had resulted in a 50:50 split of the costs. For the remainder of the cases, the CCG had paid differing proportions of the costs. The Director: Adult Social Care stressed that it was essential for partners to work collaboratively to achieve the best outcome for an individual.

The Head of Early Intervention, Prevention and Community Services Commissioning confirmed that an agreement had been secured to pilot a Trusted Assessor process between Bromley and Croydon. This would allow a Social Worker in Croydon to decide if a patient could be discharged, and reduced the need for Social Workers to travel out of borough. This had reduced the length of stay for Bromley patients in out of borough hospitals, as they no longer needed to wait for a ward assessment.

A Board Member highlighted that in Quarter 4 there had been underspends of £750k (BCF) and £1.5m (iBCF), and queried why this funding had not been spent. The Director: Adult Social Care noted that in relation to the BCF budget, there was sometimes a time lag, but this would be looked at and a response provided to the Board. The Interim Director of Programmes informed Board Members that the £1.5m was linked to the Bromley care home, and had been set aside to facilitate the project if a positive recommendation was made. If not, the funding would be reallocated. In response to a question, the Interim Director of Programmes advised Board Members that a Business Case report on the development of a Bromley care home for adults was imminent, and would be discussed in detail following sign off from the Interim Chief Executive.

A Board Member asked if there were figures available in relation to the BCF Employment and Education scheme, regarding employment targets and employer engagement, and if there was further information on the collaboration with Bromley and Croydon's Women's Aid to develop a support group for women subject to domestic violence experiencing common mental health problems. The Head of Early Intervention, Prevention and Community Services Commissioning responded that this would be confirmed following the meeting.

The Independent Chair: Bromley Safeguarding Adults Board highlighted the work that had been undertaken with the South London and Maudsley (SLAM). It was an exemplary piece of work which had achieved its aim, and the team should be commended for the work that they had done.

**RESOLVED that the performance and progress of the Better Care Fund and the Improved Better Care Fund schemes, as well as the financial performance for Quarters 3 and 4 2018/19 be noted.**

## **8 DELAYED TRANSFER OF CARE (DTC) PERFORMANCE UPDATE**

### **Report ECHS19038**

The report provided an update from the National Department on future DToC targets. Since communication was received on the 15<sup>th</sup> May 2018 updating local

areas that a nationally revised methodology had been agreed to centrally set DToC targets, there had been no further amendment to them. The measure had changed this year, and as such so had the target, which was yet to be confirmed by the NHS.

With regards to local and national performance, there was a continuation of positive results with each month being ahead of the set target. There continued to be a reduction in DToCs compared with previous years, with the final quart again being ahead of the overall target. Out of the 32 boroughs, Bromley was now ranked the best performing borough in London.

The Chairman noted that due to the Borough's high population of elderly and elderly frail resident, it started at a disadvantage so to be ranked the best performing in London was a really good news story. The Chairman extended his thanks to all for their collective effort to achieve this.

**RESOLVED that the update be noted.**

## **9 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE**

### **Report ECHS19040**

The Board considered a report which provided an update on the SEND Reforms work and continued focus on preparation for the local area inspection. The report had been provided to Board Members for comment and scrutiny, and a number of questions were raised which the Director: Children's Social Care would take back to the Head of Service: Special Educational Needs and Director of Education. A copy of the questions and responses is provided at Appendix A.

The Chairman requested that an information paper providing an update on the delivery of the Free Special School be brought to the next meeting of the Health and Wellbeing Board on 18<sup>th</sup> July 2019.

**RESOLVES that the update be noted.**

## **10 BROMLEY WINTER ASSURANCE PLAN UPDATE**

### **Report ECHS19039**

The Board considered a report which provided an overview of the schemes delivered throughout winter 2018/19 from Bromley CCG and the London Borough of Bromley winter pressures monies fund through the Better Care Fund (BCF). These schemes were identified by the Bromley A&E Delivery Board and were presented for the Board's information. Funding for this year's Winter Resilience Schemes was £646k for Bromley CCG and £1,027k from the London Borough of Bromley and were delivered under budget.

The winter resilience funding was allocated across the health system to ensure there was additional capacity in the system to ensure patients were seen in the appropriate care setting. This included schemes to support patients and clients in secondary, community and primary care. The report looked at the utilisation and impact of the CCG schemes and the London Borough of Bromley schemes, which would inform future planning for Winter 2019/20.

Despite the PRUH A&E four hour performance target worsening this winter, all Type A&E attendances had decreased slightly when compared to the previous years. Both surgical and medical admissions were comparable to the previous year's winter period. Although it was difficult to ascertain a sole attributable reason for this, as well as the mild weather, the significant added capacity to the system to support people in the community would have contributed to the lower attendances. Positively, there was a notable improvement in the reduction of reported Delayed Transfers of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year. Compared with 2016/17, winter 2018/19 saw an 82% reduction of reported DToC's. This had led to a reduction of 416 (75%) lost hospital bed days compared to the previous year.

The focus on Discharge to Assess Pathway and Community Continuing Healthcare Assessments had increased the number of patients leaving the hospital earlier with temporary packages of care whilst the full assessment was carried out in the community. Over the past two financial quarters, Bromley CCG CHC had consistently met and surpassed the NHS England target of 85% of full Decision Support Tool (DST) assessments in the community.

Although all winter schemes offered were in the majority well utilised and showed positive impact, significant numbers of people still required hospital based care, especially those with complex health and social care situations. Due to the complexity and demographic of patients, further work was required to provide a more integrated response to admission and attendance avoidance. A full review of the Bromley CCG Winter Resilience Schemes had been provided to Board Members. For 2018/19 Bromley CCG had commissioned several Resilience Schemes aiming to provide additional capacity across a range of community services. This had included increased primary care capacity through additional GP appointments, an advanced nurse practitioner home visiting service and a multidisciplinary Bromley @Home Team was piloted to prevent avoidable admissions from the community and facilitate earlier discharges from the hospital. An additional nurse post was implemented for Extra Care Housing units to support proactive and clinical management of patients to reduce LAS call outs. There was also increased capacity commissioned across urgent care centres and a performance matron post within the hospital to support patient flow. Other highlights from the review included there having been an additional 2,260 appointment slots for GP practices and these hub appointments had been 96% utilised, highlighting that it had been a valuable service.

In relation to winter communications, the CCG had funded a flu advertising campaign both in print and digitally to encourage the take up of the flu vaccinations, specifically for over 65s. This work had been extremely beneficial, with the borough having the highest uptake in London. The CCG had also

designed an information poster for Care Homes called 'Are you concerned about a resident?'. The poster had listed alternative pathways instead of ringing 999, where appropriate, and had included a direct line to services such as NHS 111 and Rapid Response.

The conclusion of the Local Authority's review had been that broadly the areas of spend were appropriate and provided much needed capacity to the system during the winter months. The main points of learning included that Intensive Personal Care had been over utilised, whilst Fast Response Personal Care had been underutilised. Fast Response Personal Care had most likely been underutilised due to the increase in utilisation of the Discharge to Access Pathway, to which it was very similar. Dependent on the evaluation of the Discharge to Access Pathway, it may be a better use of spend to focus on Intensive Personal Care to support more intensive need for patients wanting to return home, but needing intensive support once there to manage for a short period of time after discharge.

Recommendations of the review included the need to start to plan as early as possible, preferably in the summer, to allow for staff recruitment to increase the capacity of existing schemes and services. Services needed to be streamlined to avoid confusion when patients were referred, and for further development of an integrated urgent and emergency care system in the community that provided a single point of access to a range of community services. A Board member noted that the learning and recommendations for next winter stated that 'a more realistic approach' needed to be taken with regards to staff recruitment. The Urgent Care Lead, Bromley CCG responded that the plan would be built on in advance, considering different ways of working, to get it up and running before the start of the winter period. A Board Member queried if the staff required would be available to be recruited. The Urgent Care Lead, Bromley CCG responded that there were schemes such as banks for nurses and consultants that could be utilised. The Managing Director: Bromley CCG said that staffing was a fundamental problem for the NHS, and noted that it would be more sustainable to get in early, and offer potential staff the commitment of work over the winter period. The Chairman highlighted that retention of staff was the number one concern across London.

A Board Member noted that a table of figures had been provided in the report, listing surgeries uptake of the Advanced Nurse Practitioner (ANP) home visiting scheme, which indicated that the uptake was significantly lower and patchier than expected. The Urgent Care Lead, Bromley CCG responded that this had been followed up, and previously GP clusters had indicated that they liked this service. Some practices had utilised the service, whereas others had been able to manage their capacity issues well. The Clinical Chairman: Bromley CCG advised Board Members that the criteria for Rapid Response referrals had changed, and there needed to be a greater clarity of services with fewer choices. Practices needed to understand the services that were available to them, and use them sensibly as a resource.

A Board Member suggested that the funding allocations for services could be considered, and if a service was not being used to its maximum, a proportion of its funding could be transferred to services that were over utilised. The Urgent Care Lead, Bromley CCG agreed, and said that the flexibility of the services would be

looked at. In response to a question from another Board Member, the Urgent Care Lead, Bromley CCG clarified that the £10k included in the 2018/19 spend had been for a deep cleaning service which had been required at a hospital.

In response to a question, the Urgent Care Lead, Bromley CCG advised Board Members that Hunter Consultancy had been working with King's College University Hospitals NHS Trust to review the discharge process, identify community pathways and improve planning. The Managing Director: Bromley CCG noted that this was funded by NHS Improvement, and not by the CCG.

The Chairman requested that an update on the Bromley Winter Assurance Plan be provided to the meeting of the Health and Wellbeing Board on the 21<sup>st</sup> November 2019.

**RESOLVED that the update be noted.**

## **11 CHAIRMAN'S ANNUAL REPORT**

The Board considered the Chairman's annual report of the Health and Wellbeing Board. Board Members were asked to provide any feedback on the report prior to it being reported to the meeting of Full Council on 15<sup>th</sup> July 2019. The Chairman extended his thanks to Board Members for the significant contribution they had made to the Health and Wellbeing Board during the 2018/19 municipal year.

**RESOLVED that the report be noted.**

## **12 STRATEGIC REVIEW OF BOARD MEMBERSHIP**

The Chairman informed Board Members that a recommendation had been made by the Education, Children and Families Select Committee, for a Co-opted Member to represent Early Intervention Services to be appointed to the Health and Wellbeing Board. Following a brief discussion, Board Members agreed that Rachel Dunley, Head of Service for Early Intervention and Family Support be appointed to the Health and Wellbeing Board as a Co-opted Member without voting rights.

**RESOLVED that Rachel Dunley, Head of Service for Early Intervention and Family Support be appointed to the Health and Wellbeing Board as a Co-opted Member without voting rights.**

## **13 EMERGING ISSUES**

Board Members were asked to consider any emerging issues that they would like discussed or presented at future meetings of the Health and Wellbeing Board.

Councillor Simon Jeal suggested that an agenda item on street harassment could be considered for discussion. It was noted that this was not a strategic priority, but may link with the work being undertaken in relation to violence against women and

girls. The Independent Chair: Bromley Safeguarding Adults Board advised Board Members that she had been speaking to the LBB Head of Service for Early Intervention and Family Support in relation to this. Interviews for the role of VOG would take place the following day, and it was hoped that the successful candidate would be in post over the next couple of months. The Chairman requested that an oral update be provided in relation to this topic at the next meeting of the Health and Wellbeing Board, providing a plan of how it could be taken forward.

The Chairman highlighted that he had received a number of letters from residents raising concerns about air pollution, particularly outside of schools, and requested that an oral update or short briefing paper on this topic be provided to the meeting of the Health and Wellbeing Board on 18<sup>th</sup> July 2019. The Director: Public Health responded that work in relation to air pollution was being undertaken by colleagues in Environmental Services, and she would ask them to take this request forward.

The Managing Director: Bromley CCG advised Board Members that their Annual Engagement Report would also be provided to the next meeting of the Health and Wellbeing Board.

**RESOLVED that these items be included on the Health and Wellbeing Board work programme for 2019/20.**

## **14 HEALTH AND WELLBEING BOARD INFORMATION ITEMS**

### **A RAMADAN 2019 – A GUIDE FOR SCHOOLS**

There was one Health and Wellbeing Board Information item comprising:

- Ramadan 2019 – A Guide for Schools

The Chairman advised Board Members that this document had been referred to the Health and Wellbeing Board from the Standing Advisory Council on Religious Education, and was provided for information.

On behalf of Councillor Marina Ahmad, Councillor Simon Jeal noted that the document was an excellent piece of work, highlighting positive and effective collaboration. It was requested that information be provided as to how the document was distributed to schools, and if it was known how many schools had used the document.

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

## **15 MATTERS OUTSTANDING AND WORK PROGRAMME**

### **Report CSD19028**

The Board considered its work programme for 2019/20 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:

Meeting on 18<sup>th</sup> July 2019:

- Ravensbourne Pilot Scheme: Interim Update
- Integrated Commissioning Group: Update
- Free Special School: Update
- Street Harassment / Violence Against Women and Girls: Update
- Air Pollution: Update
- Bromley CCG – Annual Engagement Report

Meeting on 21<sup>st</sup> November 2019:

- JSNA Priority Areas Report
- Bromley Winter Assurance Plan: Update

The Chairman noted that September's Health and Wellbeing Board may no longer be required, and a decision would be made at the meeting on the 18<sup>th</sup> July 2019 as to whether it should be cancelled.

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

## **16 ANY OTHER BUSINESS**

There was no other business.

## **17 DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 18<sup>th</sup> July 2019.

The Meeting ended at 3.22 pm

Chairman

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## **Response to questions / points raised at the HWB 16/05/19 Paul Mitchell & Debi Christie 17.05.19**

### 5.2.1 – What strategies are being used to reduce permanent exclusions?

Officers are working with Bromley schools and our alternative education providers to begin a review of Alternative Provision (AP) in the borough; to explore new ways of working together, to fully understand the needs of AP children and explore how we may commission AP more effectively for Bromley children, the aim will be to intervene earlier with this cohort of children to ensure they receive an appropriate education offer (with suitable support) to reduce the use of exclusions. An early development from this joint working is a new vocational offer for KS4 pupils in Bromley which will be in place for September 2019, funded by the £250k per annum funding agreed by Members for 2 years.

The publication in May of the Timpson Review of School Exclusions and the Government response signal a step change in Alternative Provision going forward with new school accountabilities and responsibilities aligned to changes in the funding of AP (through the High Needs budget). In the future the schools will be accountable for the outcomes of permanently excluded pupils. Government has indicated this change will be aligned to the funding changes. Further detail is awaited from the Department for Education, including the timescales for these changes. A new raft of DfE guidance is anticipated by summer 2020, including a focus on improving partnership working in local areas for alternative provision. Officers have commenced dialogue with Bromley schools on these developments.

### 5.4.2 – More information in relation to the new Local Offer Development Officer, and if this is a full time post?

The Council is recruiting a Local Offer Development Officer to lead on developing, maintaining and publicising the Local Offer, including:

- developing and maintaining links with local providers
- liaising with families, young people, providers and professionals
- coordinating the production of material for the website and other resources alongside input from professionals and service users
- leading on the provision of a range of social media platforms to promote the Local Offer
- implementing a variety of channels in order to obtain, analyse and report on feedback from stakeholders

The post is permanent, as part of the Customer Engagement and Complaints Service.

### 5.5.1 – What are the outcomes of the impact of the SEND action plans?

The SEND Governance Board is a multi-agency forum, led by the LBB Chief Executive, which leads implementation of the SEND reforms in Bromley on behalf of the Children's Executive Board. The SEND Governance Board agrees, owns and promotes the SEND Strategic Vision and Priorities, ensuring the reforms are implemented to benefit children and young people in the local area. The role of the Board is also to approve and monitor the implementation and impact of the multi-agency SEND Action Plan to ensure that our work across the local area is leading to improved outcomes for children and young people. A performance report is submitted at each Board outlining performance, on an exception basis. The SEND Governance Board is accountable to the Children's Executive Board and provides regular reports on impact and outcomes. The SEND Strategic Vision and Priorities is now being extended into a three-year strategy for 2019-22 and a refreshed action plan will be presented to the SEND Governance Board in July 2019.

5.5.2 – Reference to the number of Children and Young People with Autism being higher than neighbours – understand that the specialist provisions are at all boys schools, so what provision is provided for girls?

Children and young people who have Autism attend a range of settings, including mainstream, Additionally Resourced Provisions and specialist schools. The specialist schools in Bromley are all co-educational and we have a range of mainstream schools that have Additionally Resourced Provisions (ARP) as part of their school. All primary ARPs support both boys and girls and within the secondary phase, there are two ARPs, one of which is co-educational and one is located within a boys school. As part of the strategy for ensuring the right level of specialist provision is available in Bromley, we have reviewed the level of specialist provision within our ARPs and are seeking to increase provision for young people who have speech, language and communication needs particularly within the secondary phase for both boys and girls. Additionally, the Council has been successful in the first phase of the Free Special School programme, which seeks to open a Key Stage 2 provision for children who have speech language and communication needs with added complexities including high levels of anxiety and behaviours that challenge. This provision is anticipated to open September 2021.

9. – (Reference to welcoming comments) an understanding of the curriculum content for SEND students. Is it tailored?

The curriculum for children and young people who have SEND should be tailored to meet individualised need. Schools and Settings make reasonable adjustments and individualise support for children and young people utilising a range of funding and strategies. For pupils whose needs sit below the threshold for a statutory EHC Plan, the SEN Notional Budget is used to support needs, underpinned by Quality First teaching. For those who have an EHC Plan and the support needs are over and above what is ordinarily available in the school or setting, additional funding can be provided so that the curriculum and support is appropriate to meet individual needs.

In addition:

- (5.3.1) the Chairman requested that an information paper providing an update on the delivery of the Free Special School be brought to the next meeting of the Health and Wellbeing Board on 18<sup>th</sup> July 2019.
- More information regarding the transition from Children's Services into Adult Services, and the provision outside of the 0-25 age range. (The Chairman asked that the HWB be kept informed of the work currently being undertaken.)

Transition is a key feature across education, health and care, but is an area that has not seen the same level of focus as some other areas of the SEND Reforms. The Council and its partners are reviewing the transition process and developing processes and protocols that ensure young people have their needs met in the most effective and timely manner. This work is underpinned by a detailed action plan, the progress of which is scrutinised by the SEND Governance Board.

- In reference to Ofsted telling schools that they can't discount off roll students – does this alter schools decisions, and affect the need for SEND money? What are LBB's intentions?

There are occasions where the practice described can result in placements needing to be sought, often very quickly, which draws more heavily on the high needs block. The additional accountability proposed under the Timpson Review is welcomed by Officers. We will continue to work with schools on the implementation of the revised guidance and review of local arrangements described in 5.2.1.