



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge

Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 8 May 2019

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Marina Ahmad, Gareth Allatt, Yvonne Bear, Mike Botting, Mary Cooke,
Judi Ellis, Keith Onslow and Diane Smith
(*Subject to appointment*)

London Borough of Bromley Officers:

Janet Bailey	Director: Children's Social Care
Kim Carey	Director: Adult Social Care
Dr Nada Lemic	Director: Public Health

Clinical Commissioning Group:

Dr Angela Bhan	Managing Director: Bromley Clinical Commissioning Group
Harvey Guntrip	Lay Member: Bromley Clinical Commissioning Group
Dr Andrew Parson	Clinical Chairman: Bromley Clinical Commissioning Group

Bromley Safeguarding Adults Board

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

Bromley Safeguarding Children Board:

Jim Gamble QPM	Independent Chair: Bromley Safeguarding Children Board
----------------	--

Bromley Voluntary Sector:

Colin Maclean	Community Links Bromley
Barbara Wall	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on
THURSDAY 16 MAY 2019 AT 1.30 PM

MARK BOWEN
Director of Corporate Services

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 31ST JANUARY 2019 (Pages 1 - 12)

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

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically relating to reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Friday 10th May 2019.**

5 HEALTH AND WELLBEING STRATEGY PRIORITY AREA ACTION PLANS UPDATE (Pages 13 - 22)

6 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (Pages 23 - 34)

7 BETTER CARE FUND AND IMPROVED BETTER CARE FUND (Pages 35 - 56)

8 DELAYED TRANSFER OF CARE (DTC) PERFORMANCE UPDATE (Pages 57 - 62)

9 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE (Pages 63 - 72)

10 BROMLEY WINTER ASSURANCE PLAN UPDATE (Pages 73 - 110)

11 CHAIRMAN'S ANNUAL REPORT (Pages 111 - 112)

12 STRATEGIC REVIEW OF BOARD MEMBERSHIP

13 EMERGING ISSUES

14 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

a RAMADAN 2019 – A GUIDE FOR SCHOOLS (Pages 113 - 118)

15 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 119 - 126)

16 ANY OTHER BUSINESS

17 DATE OF NEXT MEETING

1.30pm, Thursday 18th July 2019

1.30pm, Thursday 19th September 2019

1.30pm, Wednesday 21st November 2019

1.30pm, Thursday 30th January 2020

1.30pm, Thursday 19th March 2020

This page is left intentionally blank

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 31 January 2019

Present:

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

Janet Bailey, Director: Children's Social Care
Stephen John, Director: Adult Social Care
Dr Nada Lemic, Director: Public Health
Dr Angela Bhan, Managing Director: Bromley Clinical
Commissioning Group
Dr Andrew Parson, Clinical Chairman: Bromley Clinical
Commissioning Group
Janet Tibbalds, Community Links Bromley
Barbara Wall, Healthwatch Bromley

67 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Colin Smith, Harvey Guntrip and Lynn Sellwood. Apologies for absence were also received from Colin Maclean and Janet Tibbalds attended as his substitute.

The Chairman led the Committee in offering their thanks to the Executive Assistant to the Chief Executive and the Clerk to the Committee who would shortly be leaving the Local Authority. The Chairman thanked Kerry Nicholls for her exemplary support to the Board and to himself and the Vice-Chairman. She had displayed all the best features of a dedicated public servant and the Board wished to place on record its sincere thanks to her and wish Kerry great success in her new role with the City of London Corporation.

68 DECLARATIONS OF INTEREST

Councillor Marina Ahmad declared that her husband was a General Practitioner who provided Bromley Healthcare services.

69 MINUTES OF THE MEETING OF HEALTH AND WELLBEING BOARD HELD ON 28TH NOVEMBER 2018

RESOLVED that the minutes of the meeting held on 28th November 2019 be agreed.

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

No questions had been received.

71 MYTIME ACTIVE CHILD WEIGHT STRATEGY PROGRAMMES PRESENTATION

The Board received a presentation from Helena Taylor, London Regional Manager: Child Weight Management and Prevention Services and Jalpa Patel, MEND Programme Manager, Mytime Active.

Mytime Active was a social enterprise that aimed to improve people's wellbeing, regardless of their stage of life. Mytime Active had been delivering health programmes to children and families for over ten years and had engaged with 19,000 families across a number of Boroughs. Key initiatives included the MEND healthy lifestyle service which took a whole family approach to engaging children and families in activities to improve their health and wellbeing, and included postnatal, universal and targeted services. MEND in Schools was a bespoke multi-component healthy lifestyle programme delivered in 52 primary schools across six London Boroughs that incorporated healthy eating, physical activity, oral health and sustainable behaviour change. Mytime Active continued to work to develop its range of MEND programmes and was working with London South East Colleges to design a series of Twilight Clubs to provide physical and creative activities for students and the wider college community.

In response to a question from a Member, the London Regional Manager: Child Weight Management and Prevention Services confirmed that a MEND in Schools six week pilot programme had been successfully delivered in Bromley during 2018, but that no Bromley schools were currently participating in the programme which cost approximately £5-8k. Work was being undertaken to approach schools individually to create bespoke healthy lifestyle programmes.

The Chairman led Board Members in thanking Helena Taylor and Jalpa Patel for their excellent presentation which is attached at Appendix A.

RESOLVED that the presentation be noted.

72 CHILDHOOD OBESITY TASK AND FINISH GROUP: VERBAL UPDATE

The Chairman provided an update to the Board on the Childhood Obesity Task and Finish Group which had met on 25th January 2019. It was planned to undertake a gap analysis of childhood obesity provision in Bromley, and the findings of this work would be reported to the next meeting of Health and Wellbeing Board on 21st March 2019.

RESOLVED that the update be noted.

73 HEALTH SUPPORT TO SCHOOL AGE CHILDREN: UPDATE

Report ECHS19009

The Board considered a report by Dr Jenny Selway, Consultant in Public Health Medicine outlining work being undertaken to commission the 0-19 years Public Health Nursing Service from 1st October 2020.

The Health Support to Schools service had two elements comprising safeguarding nursing support and strategic health to schools which aimed to minimise the risks of children with health conditions in schools. In November 2018, the Council's Executive agreed to extend the existing Health Support to Schools contract for 18 months to align it with the Health Visiting contract. Schools had been working hard to put individual health care plans in place for all children and young people with identified health needs, and there were now more than 2000 individual health care plans in place for children and young people in Bromley schools. Work was also being undertaken with the Head of School Nursing to review the questionnaire used by schools to identify children and young people's health needs. It was planned to commission a joint 0-19 years Public Health Nursing Service from 1st October 2020, and this was being supported by a multi-agency steering group working to develop the service specification.

In considering the report, the Chairman was pleased to note that the needs of children and young people being electively home educated were being included in the work to develop the specification for the new joint service, and the Consultant in Public Health Medicine confirmed that elective home education continued to be a priority area, with 280 electively home educated children and young people resident in the Borough. When the Health Support to Schools contract was extended, provision had been made to reintroduce a dedicated school nurse for electively home educated children and young people which would initially be focused on new pupils and unannounced home visits would also be undertaken by the school nurse where families chose not to engage with the service.

In response to a question from a Member, the Consultant in Public Health Medicine explained that at approximately 10%, the smoking rates in young people in Bromley were higher than the London and national rates and that this was disproportionately affecting areas of highest deprivation. This was part of a wider trend of risky behaviour by young people in the Borough which had been identified by the Children's Joint Strategic Needs Assessment 2019, and a survey was being developed to provide a baseline for the health of secondary-aged pupils which would support effective targeting of future services. A Member noted the mismatch between the perception of crime and violence and the reality for young people in Bromley, and the Consultant in Public Health Medicine confirmed that young people had a high awareness of issues such as knife crime and violence and that this would be further explored within the survey.

The School Nursing Team was providing support to General Practitioners on safeguarding and was prioritising those GP practices with the highest number of

patients with Child Protection Plans. The reference in the report to 125 young people aged 16-21 years accepted as homeless by the Local Authority in 2016/17 was a technical definition used by the Housing Department.

RESOLVED that the update be noted.

74 UPDATE ON INFANT MORTALITY IN BROMLEY

Report ECHS19010

The Board considered an update by Dr Jenny Selway, Consultant in Public Health Medicine on the infant mortality rate within the Borough.

The Health and Wellbeing Board had considered a report on infant mortality at its meeting on 29th March 2019, following the identification of an upturn in infant mortality rates within the Borough in recent years. The reasons for this had been investigated and had indicated that the variations were due to the small number of infant deaths in Bromley which were very low in comparison with statistical neighbours and were lower the England average. Infant mortality was kept under close scrutiny by the Public Health team as part of health surveillance, as well as 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 Consultant in Public Health Medicine confirmed that the Local Authority was participating in both regional and national databases to collate information relating to infant mortality, and that infant mortality would continue to be monitored closely to identify any concerns at the earliest stages.

RESOLVED that the update be noted.

75 DELAYED TRANSFER OF CARE (DTC) PERFORMANCE UPDATE

Report ECHS19011

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

The performance of Delayed Transfers of Care at the Princess Royal University Hospital had continued to improve. Positive results had been attained each month during Quarter 3 2018/19, and Delayed Transfers of Care had reduced to 137 total bed days in November 2018 across all areas compared to 553 bed days for the previous year. This represented 416 total bed days saved compared to the previous year. Nationally, for 2018 (year to date), Bromley had been responsible for 1746 bed days at an average of 7.1 beds per day. This compared to 3914 bed days or 16 beds per day for the same period in 2017/18, which was a reduction of over 55%. Bromley was now ranked as the 7th best performing London Borough.

In considering the update, a Board Member was pleased to note the significant

improvement in Delayed Transfers of Care performance and noted that this had been supported by a range of work undertaken by key partners including the introduction of the Discharge to Assess pathway.

RESOLVED that the update be noted.

76 BROMLEY WINTER ASSURANCE PLAN UPDATE

Report ECHS19012

The Board considered a report from Clive Moss, Urgent Care Lead: Integrated Commissioning, Bromley Clinical Commissioning Group providing an update on the delivery of the Bromley System Winter Plan.

The Bromley System Winter Plan had been presented to the Health and Wellbeing Board on 27th September 2018 and aimed to provide a framework for health and social care partners in the Bromley system to manage surge and capacity issues during Winter 2018/19. For the period of October to December 2018, the Princess Royal University Hospital had not consistently met the 95% 4 hour Accident and Emergency performance target set by NHS England with performance averaging at 76.62%. For the same period all Type Accident and Emergency attendances had decreased slightly on the previous year and this would continue to be monitored as a potential consequence of community admission avoidance pathways introduced to reduce pressure on the Accident and Emergency system. There had been a consistent fall of 'Long Length of Stay' (more than 7 days) patients between October and December 2018, as well as a reduction in Delayed Transfers of Care which could in part be attributed to the expansion of the Discharge to Assess pathway pilot scheme which enabled patients to leave hospital earlier with temporary packages of care whilst a full assessment was undertaken in the community. A range of Winter Resilience schemes were in place with the aim of preventing avoidable hospital attendances and admissions, reducing unnecessary readmissions and shortening hospital length of stay for Bromley residents.

In considering the report, a Member queried why the Princess Royal University Hospital had not consistently met the 95% 4 hour Accident and Emergency performance target set by NHS England when all Type Accident and Emergency attendances had decreased slightly on the previous year. The Urgent Care Lead: Integrated Commissioning explained that there was an increasing acuity of need of those presenting to the Accident and Emergency Department, evidenced by the increasing number of ambulance conveyances and greater use of intensive care services. The South East London region had also continued to experience a number of workforce issues and measures were in place to address this, including work by NHS Improvement to review the organisation of the Accident and Emergency Department at the Princess Royal University Hospital. The Chairman highlighted that further workforce pressures might be created by the United Kingdom's withdrawal from the European Union, and a Board Member outlined work being undertaken by key partners including the Association of Directors of Adult Social Services to manage the impact of Brexit on the health and social care

workforce.

RESOLVED that the update be noted.

77 PRIMARY CARE COMMISSIONING UPDATE

The Board considered an update from Jessica Arnold, Associate Director: Primary Care, Bromley Clinical Commissioning Group on primary care performance and strategy which included the relative performance and achievement of Bromley's 45 General Practitioner practices against key locally and nationally commissioned services and measures. The report also provided an update on progress towards developing a Bromley General Practice Strategy and Action Plan for 2019/20-2020/21.

The Bromley Care Performance Dashboard had been developed to enable robust performance monitoring of the key services and targets commissioned by Bromley Clinical Commissioning Group and NHS England, as well as help General Practitioner (GP) practices, commissioners and other stakeholders to have a better understanding of GP practice performance across the Borough. Key highlights from the dashboard included the identification of a drop of 3-4% in childhood immunisation rates for most immunisations as well as the low rates of flu immunisation of under 65 years 'at risk' groups, although Bromley continued to be the highest performer for flu vaccinations within the South East London region. The dashboard also identified variable levels of GP practice referrals into the proactive care pathway for integrated case management of the most vulnerable patients for which a review would be undertaken in early 2019. The Bromley General Practice Strategy and Action Plan for 2019/20-2020/21 had been developed to clarify the strategic direction and local priorities for Bromley GP practices and would also outline commissioning intentions for GP practices, as well as funding allocations and bid writing with the aim of supporting the transformation of GP practices within a challenging primary care context. Alongside the strategy, an action plan would be implemented for delivery of primary care improvement, resilience and transformation into Primary Care Networks within an Integrated Care System. The Bromley Care Performance Dashboard and General Practice Strategy were in the final stages of development and were expected to be adopted and implemented by Bromley Clinical Commissioning Group in April 2019.

The Chairman welcomed the update and placed it into context alongside recent announcements in the media about the new five-year contract for General Practice across England that would see significant investment made in improving access and offering expanded services, as well as increasing the role of other community services including those offered by pharmacists. The Associate Director: Primary Care, Bromley Clinical Commissioning Group noted that work was underway to develop clinical and non-clinical roles within General Practice and that this would include the use of physicians' associates who would support doctors in patient diagnosis and management. There would be an increased emphasis on signposting patients to the right care to meet their needs, and a Member

underlined the need to better promote self-referral services such as the physiotherapy service. Early intervention services including social prescribing would also help to reduce pressure on GP services. The Associate Director: Primary Care, Bromley Clinical Commissioning reported that the GP online consultations pilot had been introduced at nine GP practices and that patient feedback had been positive. There was an increasing uptake of the online service to book appointments, request repeat prescriptions and view test results.

A Member queried the action taken when a GP practice was rated as 'Inadequate' by the Care Quality Commission. The Associate Director: Primary Care, Bromley Clinical Commissioning advised that GP practices were supported to address any issues identified during an inspection by the Care Quality Commission and that the improvement process was overseen by NHS England. Where sufficient improvement was not made, it was possible for a GP practice to have its registration cancelled; however a range of measures were in place to maintain a consistently high standard of GP services across the Borough.

In response to a query from a Member regarding Cross Hall Surgery, St Mary Cray, the Associate Director: Primary Care, Bromley Clinical Commissioning Group confirmed that the GP practice had experienced a number of issues with its contract and premises and that work was underway to identify how GP services could be provided most effectively to patients within the St Mary Cray area. A Board Member noted that GP practices were increasingly moving to more collaborative working, including offering shared services across groups of practices. A Member queried why there was no screening programme for prostate cancer within the Borough, and a Board Member confirmed that there was no national screening programme for prostate cancer and that focus was on promoting awareness and supporting early diagnosis.

RESOLVED that the update be noted.

78 "BROMLEY CAMHS TRAILBLAZER" - CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH SUPPORT TEAMS AND FOUR-WEEK WAITING TIME PILOTS

Report ECHS19022

The Board considered an update from Nazmin Mansuria, Senior Commissioning Manager: Integrated Commissioning and Transformation, Bromley Clinical Commissioning Group on the recent bid to a Trailblazer programme which had been successful in securing funding to establish new Mental Health Support Teams to provide an early intervention and prevention service for children and young people with mild to moderate mental health issues. Funding had also been secured to trial a four week waiting time to access specialist NHS Mental Health Services for children and young people.

In December 2017, the Government published a green paper on 'Transforming Children and Young People's Mental Health Provision' which set out a commitment to expand support for children and young people's mental health

services through three key proposals which comprised incentivising and supporting all schools to identify and train a Designated Senior Lead for mental health, to fund new Mental Health Support Teams and to trial a four week waiting time for access to specialist NHS Mental Health Services for children and young people. Bromley Clinical Commissioning Group and its partners had submitted a successful bid for £2.1M of Trailblazer pilot funding for 2019-21. This funding would be used to establish two Mental Health Support Teams that would provide an early intervention and prevention service for children and young people with mild to moderate mental health issues for half the school population in Bromley. There would be a strong emphasis on bringing all schools together to enable learning to be shared across the Borough and learning events would be held throughout the course of the pilot scheme. There would be a redesign of existing care pathways into Specialist Community Child and Adolescent Mental Health Services in Bromley to meet a four week waiting time target from referral to initial assessment. This would build on wider system-based transformation work that was already underway including improvements to care pathway interfaces and joint working practices with key partners such as the Bromley Wellbeing Service.

The Senior Commissioning Manager: Integrated Commissioning and Transformation, Bromley Clinical Commissioning Group advised that preparation was underway to launch the pilot schemes as soon as the Trailblazer pilot funding was released, and that governance structures and delivery teams were already in place.

The Chairman commended the work of Bromley Clinical Commissioning Group and its partners in successfully securing Trailblazer pilot funding that would enable the development of innovative and sustainable mental health services across the Borough, and contribute towards the national approach to providing child and adolescent mental health support.

In response to a question from a Board Member, the Senior Commissioning Manager: Integrated Commissioning and Transformation confirmed that the early intervention and prevention service for children and young people with mild to moderate mental health issues would be developed in partnership with schools and service users to provide mental health support in an holistic way. Around 40-50 Bromley schools would participate in the pilot scheme via two clusters of approximately 20 schools. The establishment of peer support and parenting groups would give children and young people as well as their wider families the tools to develop resilience, and a Board Member noted that work to deliver four week waiting time target from referral to initial assessment would reduce family pressures associated with lengthy waiting times.

RESOLVED that the update be noted.

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

The Sub-Committee considered an update from Dr Nada Lemic, Director: Public Health on the implementation of the recommendations of the Bromley 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 in Bromley, including assessing the level of collaboration across primary, secondary, community and social care providers. Chaired by Professor Cameron Swift, the final report of the review had made a number of recommendations including improving data management and systems, increased case identification and referrals to prevention services, and workforce development and collaboration across services which had been supported by the Health and Wellbeing Board and Integrated Commissioning Board.

The Director: Public Health confirmed that work was underway to develop a multi-agency action plan to be taken forward by a Bromley Joint Working Group. Further updates on progress in agreeing and delivering the final action plan would be provided to future meetings of the Integrated Commissioning Board and the Health and Wellbeing Board.

RESOLVED that the update be noted.

80 YOUNG PEOPLE'S SURVEY PRESENTATION

The Board received a presentation from Benjamin McGowan, Bromley Youth Council on the young people's 'Make Your Mark' survey.

Every year the UK Youth Parliament ran the 'Make Your Mark' campaign to enable young people to choose the issues most important to them from a shortlist of ten issues. The Bromley Youth Council had distributed the survey to young people across the Borough with 9,110 votes being cast, representing a 30.5% turnout of all 11-18 year olds. The top three issues in Bromley were 'End Knife Crime', 'Mental Health' and 'Period Poverty' which reflected the top three priorities within the London region and nationally.

The Chairman congratulated the Bromley Youth Council for the exceptionally high response to the 'Mark your Mark' survey.

In considering the presentation, the Chairman confirmed that knife crime and mental health were key priorities of the Local Authority and its partners, and that the survey provided a timely reminder of the public health aspects of youth violence. The Director: Public Health was reassured that the key priority issues of youth violence and mental health had also been identified as priority areas within the Children's Joint Strategic Needs Assessment 2018, which suggested that the data being used to inform strategies was accurate.

Board Members generally discussed the issue of period poverty which had not previously been identified as a key concern with the Borough. A Board Member advised that a voluntary sector scheme, the Red Box Project, was in operation in the majority of secondary schools and some primary schools in the Borough which

aimed to ensure no young person missed school due to their period by providing free menstrual products, and suggested that all Bromley schools be encouraged to participate in the scheme. A Member noted that having to request menstrual products at school could be embarrassing for young people, and praised a pilot scheme at the Ravensbourne School where free menstrual products would be made available in a specific location without young people having to request them; the Member suggested that this pilot scheme be rolled out to other schools across the Borough. The Bromley Youth Council Representative reported that at its Full Council meeting on 30th January 2019, the Royal Borough of Greenwich had agreed a motion to fight period poverty in a range of ways including by supporting the Red Box Project and that this was reflected in action taken by a number of local authorities across the United Kingdom. A Board Member stressed the impact of period poverty on young people's physical and mental health and suggested that links be made with General Practitioners around this issue.

The Bromley Youth Council Representative gave anecdotal evidence around the lack of information provided to some young people around menstruation and underlined the need for schools to ensure that young people were well-informed, suggesting that this learning could be given at a fixed point within the primary school curriculum. The Interim Director: Children's Social Care proposed that this issue be raised with the Primary and Secondary Health Teachers' forums. Dr Jenny Selway, the Consultant in Public Health Medicine confirmed that schools were able to buy-in a puberty talk through the Health Support to Schools service but that this option had not been taken up by many Bromley schools. It was important to ensure parents and carers were equipped to support young people in understanding menstruation.

The Chairman requested that an update on the outcome of Ravensbourne's School's pilot scheme be provided to the next meeting of the Health and Wellbeing Board on 21st March 2019.

The Chairman led Board Members in thanking Benjamin McGowan for his excellent presentation which is attached at Appendix B.

RESOLVED that the presentation be noted.

81 BROMLEY COMMUNICATIONS AND ENGAGEMENT NETWORK – ACTIVITY REPORT

The Board considered an update from Tim Spilsbury, Chairman, Bromley Communications and Engagement Network and Susie Clark, Communications Executive (LBB) on the activity of the Bromley Communications and Engagement Network during 2018.

The Bromley Communications and Engagement Network had been established in 2014 as an operational group bringing together communication and engagement representatives from across the Bromley statutory and voluntary sector to share work ideas and best practice, as well as delivering joint campaigns, information and engagement activities. The Network also worked to help local people to

improve community health and wellbeing, and support agreed Borough priorities and other community initiatives. During 2018, there had been a significant increase in the membership of the Bromley Communications and Engagement Network which now included the Fire Service, Metropolitan Police Service and local schools and colleges. The Network had met on a regular basis to share information and advertise high profile campaigns, encourage wider participation of public surveys, and promote public events and high profile meetings which was supported by the use of an engagement tracker. Work planned for 2019 included promoting primary and domiciliary care services, as well as engaging service users with the opportunities available through Direct Payments.

In response to a question from a Board Member, the Chairman, Bromley Communications and Engagement Network confirmed that the Bromley Communications and Engagement Network had no direct funding, but that the Bromley Clinical Commissioning Group provided administrative support to the Network. A Board Member emphasised the vital importance of engaging patients with any plans to develop new care pathways and commended the work of the Network in informing and engaging Bromley residents. Another Board Member was pleased to note the work undertaken by the Network to bring partners together in promoting key health and wellbeing messages.

RESOLVED that the update be noted.

82 HEALTH AND WELLBEING BOARD INFORMATION ITEM

A NHS TEN YEAR PLAN

There was one Health and Wellbeing Board Information item comprising:

- NHS Ten Year Plan

RESOLVED that the Information Briefing be noted.

83 MATTERS ARISING AND WORK PROGRAMME

Report CSD19005

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

A number of items were added to the forward rolling work programme for the Health and Wellbeing Board on 21st March 2019:

- Childhood Obesity Task and Finish Group: Update
- Ravensbourne School's Period Poverty Pilot Scheme: Update

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

84 ANY OTHER BUSINESS

There was no other business.

85 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held on Thursday
21st March 2019

The Meeting ended at 3.53 pm

Chairman

Report No.
ECHS19035

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 16th May 2019

Title: Joint Health & Wellbeing Strategy update

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 Joint Health & Wellbeing Strategy 2019-2023 has been agreed and published.

1.2 Work is now progressing towards the action plans of the Joint Health & Wellbeing Strategy 2019-2023.

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on the progress towards the action plans of the Joint Health & Wellbeing Strategy 2019-2023.

2.2 To provide details of the ongoing plans for progress towards the action plans of the Joint Health & Wellbeing Strategy 2019-2023.

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

3.1 The HWB is asked to:

- 1) Note the update on progress towards the action plans
- 2) Discuss how they would like updates on the action plans reporting to the HWB on a rolling programme from January 2020.

Health & Wellbeing Strategy

The Health & Wellbeing Strategy outlines the priorities (based on the Joint Strategic Needs Assessment) agreed by the Health & Wellbeing Board together with the aims 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.

4. COMMENTARY

4.1 Action plan Leadership arrangements update

Following the last Health & Wellbeing Board meeting, arrangements have been made for the Health & Wellbeing Strategy delivery of priority areas. The priority areas have been discussed with proposed leads. The following action plan sets out the leadership arrangements for the Health & Wellbeing Strategy which has been discussed with relevant groups/individuals and includes the proposed arrangements for delivery.

LEADERSHIP ARRANGEMENTS FOR HEALTH AND WELLBEING STRATEGY DELIVERY - ADULTS

Priority Area	Proposed Lead Organisation/Group / Group (to be agreed)	Strategic areas	Process for delivery
Cancer	Cancer Working Group	Support people in their understanding of cancer, and enabling people to make healthy lifestyle choices. Increasing awareness of early cancer symptoms and screening programmes to improve early diagnosis. Understand and overcome barriers which stop people from taking part in screening. Targeting areas with high levels of deprivation and where smoking and alcohol use are known to be higher.	Cancer working group to take this forward. Lead would be Clinical Director (CCG), Director of Public Health (LBB)
Obesity	Joint Obesity Group	Develop initiatives and interventions to reduce the overweight and obesity in Bromley	Public Health Lead and CCG Lead
Diabetes	Diabetes Partnership Group	Develop initiatives to reduce the incidence and prevalence of diabetes in Bromley Focus on removing variations in care.	
Dementia	Mental Health Strategic Board	Significantly improve awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as to live well with dementia. Ensure people with dementia have equal access to the health and wellbeing support which is available to everyone	Further scoping work will be included as part of the ageing well strategy. Including updating of JSNA chapter.

Adults Mental Health	Suicide Prevention Steering Group	Support the Suicide Prevention Plan Steering Group to develop and deliver a Suicide Prevention Action Plan for Bromley to support delivery of the Suicide Prevention Plan	Further scoping work will be included as part of the Suicide Prevention Plan and the Joint Mental Health Strategy. Including updating of needs statement.
Adults Mental Health	Mental Health Strategic Board	Undertake further scoping of adult mental health issues	Further scoping work will be included as part of the Joint Mental Health Strategy. Including updating of needs statement.
Homelessness	Homelessness Strategy Group	Support the Bromley Homelessness Strategy and the implementation of the action plan resulting from the strategy. Early identification and prevention of homelessness. Increase the supply of accommodation. Achieve positive outcomes by improving health and wellbeing and breaking the cycle of homelessness	Homelessness strategy developed with action plan. Sara Bowrey to take the lead on this for LBB.
Learning Disability	Learning Disability Strategic Commissioning Project Board	Develop a Strategy for people with learning disabilities in the Borough	

LEADERSHIP ARRANGEMENTS FOR HEALTH AND WELLBEING STRATEGY DELIVERY – CHILDREN AND YOUNG PEOPLE

Priority Area	Proposed Lead Organisation/ Group (to be agreed)	Strategic areas	Process for delivery
Obesity	Public Health Team Early Intervention Service	Develop initiatives and interventions to reduce the overweight and obesity in Bromley	Incorporate into Children and Young People's Plan - Priority 1: Early Help and intervention Finola O'Driscoll to lead on this for Public Health. Rachel Dunley for Early Intervention Service
Drugs and Alcohol	Public Health Team Early Intervention Service	Initiatives and interventions to deal with high levels of alcohol consumption. Initiatives and interventions to tackle high levels of drug use	Safeguarding Board – new working group with Public Health being set up.
Youth Violence	Safer Bromley Partnership	Initiative and interventions to tackle youth violence in Bromley	
Adolescent Mental Health (emotional)	Children's Executive Board	Training for those working with children and young	Children and Young People's Plan – Priority 5:

health and wellbeing)		<p>people. Ensure children and young people are able to access services within an appropriate time period and receive a high quality of care. Improved pathways and better outcomes to enable children and young people to overcome their vulnerabilities. More young people will have their needs met closer to home. Enable children and young people to recover their wellbeing, maintain social networks and improve resilience. Transition into continued support and treatment into adulthood should not add to distress and have a negative impact on outcomes</p>	<p>Emotional wellbeing and mental health The lead is the CCG through the CAMHS Board</p>
-----------------------	--	--	---

4.2 Action Plans Update:

The table below is a proposed template for use by the groups that will lead the action plan delivery for each of the priority areas. Each group will draft an action plan.

ACTION PLAN - PRIORITY X

Priority Areas (please choose 3 or 4)	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?

The Cancer Working Group has met on two occasions and below is their draft action plan as an example of a completed action plan.

ACTION PLAN - PRIORITY 1 - CANCER DRAFT

Priority Areas (please choose 3 or 4)	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?
Reducing cancer incidence by reducing key risk factors: smoking,	The incidence of cancers is still rising in Bromley with 1,600 new cancer	System-wide working to address key risk-factors for cancer <u>Smoking</u>	

<p>obesity and alcohol consumption.</p>	<p>registrations every year.</p>	<ul style="list-style-type: none"> - Joint working between PH, CCG, BHC, Bromley Well, GPs and King's to include smoking cessation into respiratory pathway - Work towards achieving the NHS Long-term plan objectives regarding high risk people (pregnant women, sick smokers, people with mental health problems) - Work towards implementing Ottawa model in hospitals - Work with GPs to support smoking cessation pathway <p><u>Obesity</u></p> <ul style="list-style-type: none"> - Fully implement Tier 3 service - Develop workplace obesity reduction programme for CCG and LBB staff <p><u>Alcohol</u></p> <ul style="list-style-type: none"> - Work with GP practices on alcohol reduction programme - Consider expanding Public Health offer and inclusion into workplace programme 	<p>Respiratory pathway developed and implemented.</p> <p>Reduction in smoking rates in high risk groups Monitoring the achievement against CQUIN</p> <p>Ottawa model implemented at King's</p> <p>Evaluation completed. Number of staff participating in the programme</p> <p>NHS checks outcome audit</p>
<p>Reducing cancer mortality by improving uptake of screening programmes.</p>	<p>Cancer is Bromley's number one killer with around 3,800 deaths every year.</p>	<p>Implement Cervical screening uptake project:</p> <ul style="list-style-type: none"> - To conduct a Health Equity Audit to identify areas to focus on - Identification of non-responders to screening - Work with GP practices to improve coding <p>Work with Communications and Engagement Network to help promote screening campaigns.</p> <p>Work with CRUK on areas that they support:</p> <ul style="list-style-type: none"> - Bowels screening - Breast screening 	<p>Number of GP practices participating</p> <p>Number of campaigns supported and/or implemented.</p>

4.3: Suggestion for reporting: for a refocused JSNA Steering Group (see appendix for updated TOR) to coordinate the updates to the action plans and to provide once a year a high level annual report. To begin with a position report in January 2020, followed by the first full annual report in January 2021. With individual programmes presenting individually to the Board with more detail on progress, using a rolling programme to be agreed with the chairman, to start in January 2020.

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, vulnerable children and young people and those with dementia.

6. FINANCIAL IMPLICATIONS

Not Applicable.

7. LEGAL IMPLICATIONS

7.1 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).

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

Not Applicable.

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Not Applicable.

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

BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP

TERMS OF REFERENCE

1. Background

Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008.¹ Original guidance set out an expectation that the JSNA be carried out jointly by the director of public health, director of adult social services and director of children's services.²

The government has since highlighted the 'equal and explicit' role of GP consortia and local authorities, including the director of public health, in preparing the JSNA, and endorsed the JSNA's key role in informing joint health and wellbeing strategies, to be developed by new Health and Wellbeing Boards.³

2. Aim

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 future (five to ten years) to inform strategic planning commissioning services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

The requirement for JSNA originated from a perceived need for stronger partnership working between the NHS, local government, and local communities.

The aim of the Bromley JSNA is to work in partnership to produce meaningful information on needs which effectively informs local commissioning decisions.

The JSNA is an evidence based document highlighting need, as such it is distinct from the Health & Wellbeing Strategy which it informs.

The Health & Wellbeing Strategy outlines the priorities (based on the JSNA) agreed by the Health & Wellbeing Board together with the proposed actions and expected outcomes.

3. Responsibilities

This Steering Group will report to the Health & Wellbeing Board.
Its chief responsibilities will be:

- a) Overseeing the production of an agreed cycle of core dataset and JSNA Reports
- b) Contributing to and agreeing a revised process for the rolling needs assessments
- c) Advising the Health and Wellbeing Board on priorities for needs assessment using an agreed prioritisation tool

- d) For each topic area agreed for a deep dive needs assessment, providing advice on appropriate sources of information and data as well as on key stakeholders from across the NHS, council and community
- e) Agreeing realistic project plans for both the overview chapter and each needs assessment
- f) Acting as an advocate for the JSNA process, encouraging its wide usage, and actively seeking to address 'lessons learned' locally and nationally
- g) Identifying risks and barriers to the successful production of each aspect of the JSNA and attempting to avoid and resolve these
- h) Inviting commissioners, JSNA authors and other key stakeholders to reflect and review the implementation of JSNA recommendations, past and present
- i) Providing advice and support to facilitate the successful implementation of JSNA recommendations
- j) Advising the Health and Wellbeing Board on perceived blockages to implementation of recommendations
- k) monitoring the Health and Wellbeing action plans, collating these together and reporting back to the Health & Wellbeing Board

4. Governance

From April 2013, local authorities and CCGs will each have equal and explicit obligations to prepare a JSNA, and this duty will have to be discharged by the Health and Wellbeing Board⁴.

The statutory members of health and wellbeing boards are jointly responsible for the preparation and sign-off of JSNAs and joint health and wellbeing strategies – there is an equal responsibility between the CCG representatives, the director of public health, director of adult social services and the director of children's services, elected representatives, local Healthwatch representatives; and other members⁴.

The JSNA steering group will provide regular updates to the Health and Wellbeing Board and seek agreement for all deep dive topics as well as for the overview chapter and individual deep dive needs assessments.

Reporting will also take into account the decision making processes of the individual responsible statutory authorities.

Individual members of the steering group will be accountable to their own employing organisations.

5. Membership

Director of Public Health (Chair)

Consultant in Public Health (Lead for Health Intelligence)

Representatives from:

- Adult Social Care
- Healthwatch Bromley
- Children's Social Care

- Bromley Third Sector Enterprise
- CCG Clinical Lead
- LA Housing
- LA Planning
- Strategy and performance lead
- Education

6. Frequency of Meetings

2 monthly

Date: April 2019

Review Date: April 2020

Report No.
ECHS19036

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 16th May 2019

Title: JSNA Update

Contact Officer: Chloe Todd, Consultant in Public Health
Tel: 020 8313 4708 E-mail: Chloe.Todd@bromley.gov.uk

Ward: Borough-wide

1. Summary

1.1 Agreement for a three yearly update cycle for the main sections of the JSNA (e.g; demography section) with further needs assessments/shorter JSNA chapter updates in between on specific areas of need.

1.2 Work is underway to update smaller chapters of the JSNA and undertake more in depth needs assessments.

2. Reason for Report going to Health and Wellbeing Board

2.1 To provide an update on JSNA chapters that have been updated and plans for further chapter updates and development of needs assessments.

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

3.1 the HWB is asked to:

- 1) Note the update on progress towards the JSNA chapter updates
- 2) Note the work being undertaken on further needs assessments

Health & Wellbeing Strategy

The JSNA is an evidence-based document, intended to inform the development of the Joint Health and Wellbeing Strategy.

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 previous JSNAs and the online Public Health England resource, Public Health Outcomes Framework.

4. COMMENTARY

4.1 An older people JSNA chapter was last developed in 2016. This has now been updated and published in order to support the Ageing Well Strategy that has recently been developed (please see attached, or via the link below: https://www.bromley.gov.uk/downloads/file/4782/jsna_older_people).

4.2 A Learning Disabilities JSNA chapter was last developed in 2015. This will now be updated and published in order to support the Joint Learning Disabilities Strategy that is currently in development.

4.3 A sexual health needs assessment is currently in development.

4.4 Further pieces of work planned for this year include an Older People's needs assessment, GP practice profiles, Ward profiles and School profiles.

4.5 Work planned for next year includes learning disabilities needs assessment, cancer and diabetes.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 Populations affected by the updated JSNA chapters include; older people, AND those with learning disabilities.

6. FINANCIAL IMPLICATIONS

Not Applicable.

7. LEGAL IMPLICATIONS

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

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

Not Applicable.

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Not Applicable.

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.

This page is left intentionally blank



Bromley Clinical Commissioning Group



THE LONDON BOROUGH
www.bromley.gov.uk

BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT

Older People JSNA Chapter Update 2019

For more information visit www.bromley.gov.uk/JSNA or contact
JSNA@bromley.gov.uk

Introduction

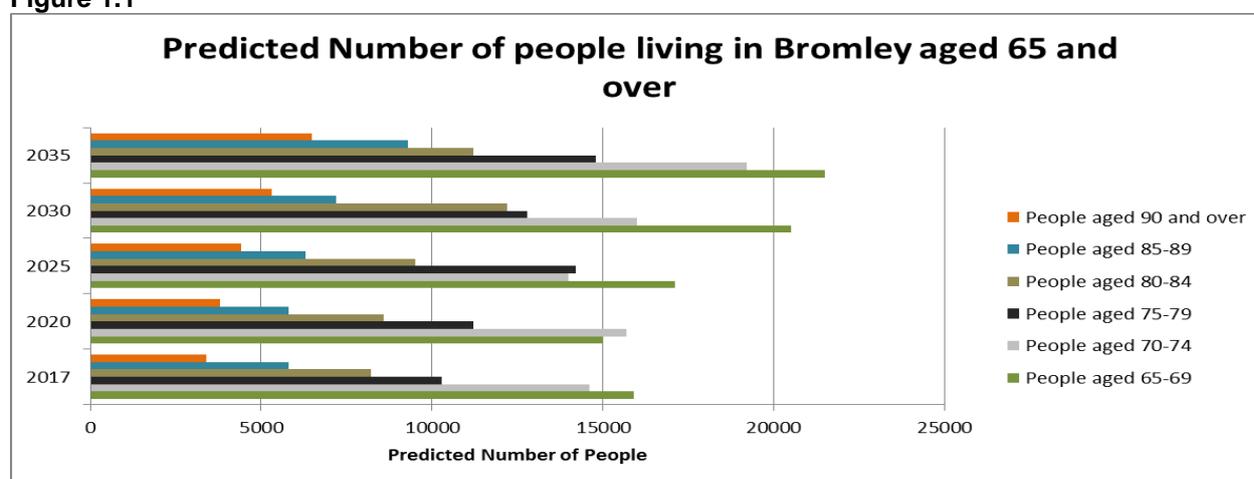
This section focuses on the care needs of the Borough's older people. For this Joint Strategic Needs Assessment Chapter it particularly focuses on the following areas:

- Bromley demographics
- Impact of increasing populations and related needs
- What service users are telling us

Demographic Information

Bromley has the largest population of older people of all the London boroughs, with 58,200 people aged 65+ years in 2017 (POPPI, January 2019). It is expected that this will increase to 60,100 by 2020 (3% increase) and 82,500 (42% increase) by 2035. (These figures differ from the GLA population projections).

Figure 1.1



Source: Projecting Older People Population Information System, January 2019

Table 1.1

The number of people living in Bromley aged 65 and over		2017	2020	2025	2030	2035
People aged 65-69	↑	15,900	15,000	17,100	20,500	21,500
People aged 70-74	↑	14,600	15,700	14,000	16,000	19,200
People aged 75-79	↑	10,300	11,200	14,200	12,800	14,800
People aged 80-84	↑	8,200	8,600	9,500	12,200	11,200
People aged 85-89	↑	5,800	5,800	6,300	7,200	9,300
People aged 90 and over	↑	3,400	3,800	4,400	5,300	6,500
Total population 65 and over	↑	58,200	60,100	65,500	74,000	82,500

Source: Projecting Older People Population Information System, January 2019

The older people's population is predicted to increase by 24,300 by 2035; with the 80-84 year cohort is expected to have the smallest increase at 3,000.

Impact of increasing populations and health needs

The implication of this growing demographic situation is the increased demand for social care services from people who desire to stay and are living at home longer. As people's needs become more complex it may be the case that support packages will become increasingly expensive to deliver and will put pressure on already constrained budgets. This is compounded by the fact that many of Bromley's older population are 'asset rich but cash poor' and unable to contribute to the cost of their care packages as their money is tied up with their properties. People's expectations are also increasing with the introduction of more self-directed support and less reliance on residential care. This section will explore the following:

- Falls
- Excess winter deaths
- Limiting long-term illness
- Living with Dementia
- Increased demand for complex need care packages
- Delayed Hospital Discharges
- Partnership working & Integration (health and social care)

Falls

The Public Health Outcomes Framework for 2016/17 (**table 1.2**) reflects that when compared to London and England, Bromley's 'age-sex standardised rate of emergency admissions for injuries due to falls in persons aged 65 and above per 100,000 population' is noticeably lower. However, for persons aged 80 and over Bromley has a higher rate than both London and England.

Table 1.2: PHOF Injuries due to falls in older people

	Time	Sex	Age	Bromley	London	England
2.24i – Injuries due to falls in people aged 65 and over	2016/17	Persons	65 and over	2069	2201	2114
2.24ii - Injuries due to falls in people aged 65 and over - aged 65-79	2016/17	Persons	65-79 yrs	927	1114	993
2.24iii - Injuries due to falls in people aged 65 and over - aged 80+	2016/17	Persons	80+ yrs	5380	5353	5363

Source: Public Health Outcomes Framework, 2019

The Projecting Older People Population Information System (POPPI) predicts that 22,922 people aged over 65 in Bromley will have a fall during 2035. This is 28% of the borough's over 65 population and in all age bands, the rates for women predicting at least one fall in twelve months was higher than men.

POPPI also predicts that admissions to hospital as a result of unintentional falls for 2035 will be 1,827, with 1,538 being in the 75 plus age group.

Excess Winter Deaths

Bromley has a higher than average level of Excess Winter Deaths compared to London or England. The winter period not only sees a significant rise in deaths but also a substantial increase in illnesses, which places additional stress on health and social care services and negatively impacts on people's physical and mental wellbeing. According to the Public Health outcomes Framework, between August 2014 and July 2017 Bromley had a rate of 32.9% of excess winter deaths compared to London's rate of 30.6% and the England rate of 29.3%.

The entire elderly Bromley population is at risk of Excess Winter Deaths, although those in the coldest homes, of the greatest age, and with the highest burden of ill health, are likely to be most at risk. Individuals with these risk factors may reside anywhere in the borough, but at ward level certain areas have less thermally efficient properties, older populations, or higher levels of cardiovascular and respiratory disease which may point to particularly vulnerable areas for Excess Winter Deaths.

A full Winter Resilience Action Plan is implemented to cope with pressures over the winter period to increase capacity to support hospital discharge and prevent patient readmission. Between October 2015 and March 2016, 182 people had been supported by the plan. There has been a 40% reduction in the number of patients discharged to long-term care homes as a result of the Winter Resilience Action Plan, with an average of 6 London Borough of Bromley funded placements a month in the past 6 months and prior to that this figure was 10 placements a month.

Table 1.3

Number of Patients assessed by Hospital Care Management Team and number of discharges by Winter Resilience schemes							
	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Total
Patients Assessed	62	55	67	57	51	41	333
Discharged by Winter Resilience Schemes	22	24	48	35	28	25	182
Discharged into Re-ablement	38	35	33	42	33	27	208

Source: Key Performance of Winter Resilience Schemes, April 2016

Limiting long-term illness

The Projecting Older People Population Information System (POPPI) predicts that 16,994 people aged over 65 in Bromley will live with a limiting long term illness whose day-to-day activities will be limited a lot during 2035. This is 21% of the borough's over 65 population.

Table 1.4: Predicted changes in the number of people living in Bromley with limiting long-term illness

		2035	2030	2025	2020	2017
People aged 65-74 whose day-to-day activities are limited a lot	↑	4,594	4,120	3,511	3,466	3,443
People aged 75-84 whose day-to-day activities are limited a lot	↑	5,835	5,611	5,319	4,444	4,152
People aged 85 and over whose day-to-day activities are limited a lot	↑	6,564	5,193	4,445	3,988	3,822
Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot	↑	16,994	14,924	13,275	11,898	11,417

Source: Projecting Older People Population Information System, January 2019

Living with Dementia

The incidence of dementia has risen nationally over the last seven years, a trend which is reflected in the projections for Bromley over the next five years in the 70 and older age group (see **Table 1.5** below).

Dementia is clinically defined as an age related progressive disease associated with cognitive impairment, disorientation, memory loss, change in personality, difficulties with activities of

daily living and behaviour that is out of character. There are currently over 4,300 (POPPI, 2019) people living in Bromley with dementia, and with the ageing population the incidence of dementia is set to rise by 752 people by 2025 and will increase by an additional 1,644 people by 2035.

Table 1.5: Predicted changes in the number of people living in Bromley with Dementia

		2035	2030	2025	2020	2017
People aged 65-69 predicted to have dementia	↑	266	254	212	185	196
People aged 70-74 predicted to have dementia	↑	523	440	378	427	398
People aged 75-79 predicted to have dementia	↑	872	757	833	658	607
People aged 80-84 predicted to have dementia	↑	1,338	1,445	1,136	1,042	995
People aged 85-89 predicted to have dementia	↑	1,845	1,428	1,256	1,139	1,161
People aged 90 and over predicted to have dementia	↑	1,923	1,568	1,306	1,130	1,013
Total population aged 65 and over predicted to have dementia	↑	6,766	5,892	5,122	4,582	4,370

Source: Projecting Older People Population Information System, January 2019

- Approximately 2,732 people were identified as being on the dementia registers of Bromley GP practices in 2016 (Quality and Outcomes Framework).
- MindCare Dementia Support Centres in Beckenham and Orpington supported a total of 204 clients in 2014-15. Individual Support Plans are reviewed and refreshed throughout the year to give each client personalised roles and tasks to recover or maintain life skills and boost self-esteem.
- The largest numbers of clients within Residential placements are those with Memory & Cognition issues. These account for 49% of placements in 2016
- As of April 2016, Bromley has a dementia diagnosis rate of 67.5%, against of national average of 66.7%. This is an improvement on the previous year's diagnosis rate of 49.9%, which was considerably lower than the national average.

Increased demand for complex need care packages

There is an increasing move, both within Bromley and across England, for older people to maintain their independence by being supported either within their own home, or for families to arrange or support their own care. Although the Council provides services to only a relatively small number of people with dementia, expected significant increase in the population will have a direct impact on the number of older people eligible to receive support from the Council.

Residential care homes in Bromley are all provided by the private sector, although in August 2016, Bromley Council funded 293 people in residential care beds.

The gross total cost of long term Residential and Nursing for all adult groups and older people is £46k per annum per placement.

Delayed Hospital Discharges

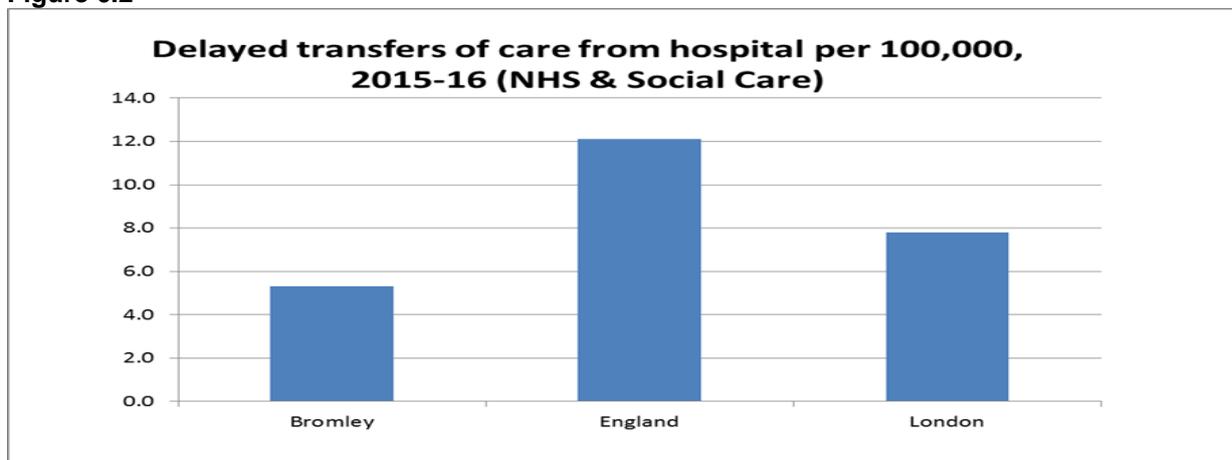
Work has been undertaken with the Bromley Clinical Commissioning Group, Bromley Healthcare and hospitals to create a bureau where the point of hospital discharge will be decided by one of the consultants and will be led as a multi partner operation. It is envisaged

that this will streamline the process from referral, admittance to hospital, assessment and referral to care home (if required).

Reablement is an intensive short term service used to support people to relearn daily skills and regain their confidence to live independently, and can be used to support people.

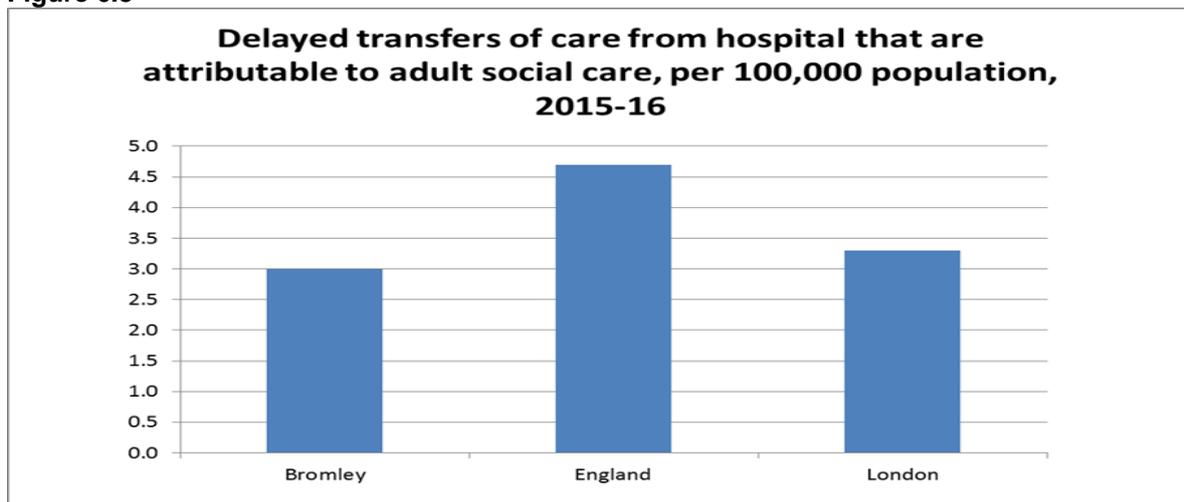
Reablement may be used after a spell in hospital, an illness or accident and can also prevent hospital admissions. As at April 2016, of the 3,698 people who have received reablement since the start of the programme in February 2010, 2,348 (62%) did not require an ongoing service and 91.6% were still at home 91 days after discharge from hospital. The reablement and hospital discharge service continue to work closely to facilitate discharge and to support people whose more intense immediate support requirements would have historically been met by the provision of a care package prior to commencement of reablement.

Figure 6.2



Source: NHS Digital ASCOF, August 2016

Figure 6.3



Source: NHS Digital ASCOF, August 2016

Fig 6.2 and Fig 6.3 above reflect that when compared to Bromley's comparator group and England, the level of delayed discharges in Bromley, both as a whole and attributable to social care, is low.

Partnership Working and Integration (health and social care)

The NHS community provider is reorganising its teams to operate as co-located locality teams comprising a dedicated team leader and team co-ordinator, community matron, district nurses, physiotherapists, occupational therapists, nurse rehabilitation assistants, healthcare assistants and physiotherapy assistants. In one of the localities, the team has already been joined by a co-located social care manager and community psychiatric nurse to support joint assessment via a single point of entry. The allocation of a lead professional is based on prevailing/overriding need and the improved coordination of care and care planning. The evaluation of the pilot is expected to lead to integrated health and social care teams across each of the community localities.

Bromley continues to work with its health partners to develop digital solutions which allow health and social care teams to share information about their clients in a secure way, subject to individual consent. Bromley CCG is leading on the development of an Integrated Care Record (ICR), allowing GPs and hospital providers to have 'real time' access to key clinical information and summary care plans for individuals in their care. The ICR will extend to community health, mental health, hospice and social care providers, to enable more integrated and proactive care across health and social care, reducing phone calls and unnecessary chasing of information between agencies.

What service users are telling us

The **National Adult Social Care Survey** (2017/18) revealed that 18.1% of adult service users in Bromley said they had some social contact but not enough (in England this figure was 15.9%), and 5.1% had little social life and felt socially isolated (England 5.8%).

The Public Health Outcomes Framework (PHOF) reflected that in 2017/18, 46.0% of adult social care users had as much social contact as they would like. This is higher than the London percentage of 41.4%.

The '**Living Well with Dementia in Bromley**' survey was carried out to inform the conference that took place in November 2015 which was attended by 68 people. The purpose of the consultation was to talk to people about their experiences of living with dementia in Bromley or caring for someone with dementia. The survey is for all those who live in the borough who have dementia or who care for someone who has dementia. The Council want to understand people's experiences of living in the community and how dementia friendly all parts of the London Borough of Bromley are.

What does this mean for Bromley residents?

- An increasing number of older people are being supported within their own home which will have an increasing impact on community based services by all organisations that are required
- The increasing complexity of needs of the older people in residential care will impact on the services required to be provided by care homes, and the cost to the Council
- Community based services need to continue to support people with complex needs within their own homes – including trained workforce
- Integrated approach to the commissioning and provision of services for people with dementia and their carers
- Bromley has a higher percentage of adult social care users who have more social contact when compared to London and England

Report No.
ECHS19037

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 16th May 2019

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

Title: **Better Care Fund (BCF) and Improved Better Care Fund (iBCF)
18/19 Q3 and Q4 Performance Report**

Contact Officer: Kelly Sylvester, Head of Early Intervention, Prevention and Community Services Commissioning, Programmes Division.

Chief Officer: Kim Carey, Interim Director of Adult Social Care, London Borough of Bromley
Angela Bhan, Managing Director, Bromley Clinical Commissioning Group

Ward: All Wards

1. Summary

This report provides an overview of the performance of both the Better Care Fund and the Improved Better Care Fund 2018/19 on both expenditure and activity for the third and fourth quarter period between October 2018 and up to the end of March 2019.

2. Reason for Report going to Health and Wellbeing Board

The purpose of this report is to provide the Health & Wellbeing Board with an overview of the third and fourth quarter's performance for the Better Care Fund and the Improved Better Care Fund for 18/19.

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

That the Health & Wellbeing Board notes the performance and progress of both the BCF and iBCF schemes as well as the latest financial position for the third and fourth quarters of 2018/19.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: BCF: £22,670k for 2018/19; iBCF: up to £8,547k in 2018/19
 2. Ongoing costs: iBCF: £6,277k in 2019/20; BCF £23,076k (estimate)
 3. Total savings: n/a
 4. Budget host organisation: LBB
 5. Source of funding: Section 31 Grant, Ministry of Housing, Communities & Local Government (previously DCLG)
 6. Beneficiary/beneficiaries of any savings: London Borough of Bromley and Bromley CCG
-

Supporting Public Health Outcome Indicator(s)

Not Applicable:

4. COMMENTARY

- 4.1 The Better Care Fund (BCF) grant is ring fenced for the purpose of pooling budgets and integrating services between Bromley Clinical Commissioning Group (BCCG) and the local authority.
- 4.2 The Improved Better Care Fund (iBCF) was a new funding element added to the Better Care Fund from 2017-18 which is paid to local government as a direct LA grant for spending on adult social care. The 2017 Spring Budget announced additional funding for social care from 2017-18 to 2019-20.
- 4.3 In order to ensure that local areas are meeting the standard conditions of the Fund it is a requirement to report progress against the agreed plan including expenditure to NHS England on a quarterly basis.
- 4.4 The purpose of this report is to provide the Health & Wellbeing Board with an overview of the third and fourth quarter's performance for the Better Care Fund and the Improved Better Care Fund for 18/19.
- 4.5 The London Borough of Bromley was awarded an iBCF grant of £4.2m in 2017/18, £3.4m in 2018/19 and a further £1.7m for 2019/20 (non recurring funding) and an additional £2m of iBCF in 2018/19 rising to £4.6m in 2019/20.

Better Care Fund - Performance Metrics

- 4.6 Bromley is responding to the following national metrics with the BCF
- Reduction in non-elective admissions
 - Delayed transfers of care (DTOCS) (delayed days)
 - Rate of permanent admissions to residential care per 100,000 population
 - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

a. Non-elective admissions (emergency admissions)

	<u>NE Admissions</u>	<u>Actual Performance#</u>	<u>Quarterly Plan</u>	<u>Variance</u>
<u>Apr-18</u>	<u>1977</u>			
<u>May-18</u>	<u>2230</u>			
<u>Jun-18</u>	<u>2115</u>	<u>6322</u>	<u>6589</u>	<u>-267</u>
<u>Jul-18</u>	<u>2154</u>			
<u>Aug-18</u>	<u>2076</u>			
<u>Sep -18</u>	<u>2122</u>	<u>6352</u>	<u>6659</u>	<u>-307</u>

<u>Oct-18</u>	<u>2179</u>			
<u>Nov-18</u>	<u>2167</u>			
<u>Dec-18</u>	<u>2322</u>	<u>6668</u>	<u>6956</u>	<u>-288</u>

#Actual performance is derived from Secondary Uses Service health data repository (SUS) activity.

- 4.7 Quarter 3 continued to report positively with an overall reduction in non-elective / emergency admissions against the BCF plan. This is despite some increases towards the end of the calendar year, reflecting the impact of seasonal pressures. However though there has been a reduction in the actual activity numbers, this has not been matched in the financial performance, which continues to increase, due to the increasing complexity of patients being admitted.
- 4.8 One Bromley continues to review the effectiveness of the Integrated Care Networks and the associated work-streams, including the pro-active care pathway and the @Home service to ensure that they continue to deliver the benefits and outcomes required to reduce non-elective admissions into the hospital.

b. Delayed Transfers of Care (DToCS)

- 4.9 In compliance with the national 2017-19 BCF plan condition, the DTOC joint action plan sets out Bromley's agreement to reduce delayed transfers of care. For 18/19 Bromley's target has increased from 10.31 bed days per day to 12.5.
- 4.10 This is the overall figure for Bromley which includes DToC's due to both NHS and/or Social Care. The measure has changed this year and as such so has the target (yet to be confirmed by NHS).
- 4.11 Quarter 4 data is not available until May 2019, however the table below (2018/19 Actuals) illustrates progress:

		18-19 plans			
		Q1 (Apr 18 - Jun 18)	Q2 (Jul 18 - Sep 18)	Q3 (Oct 18 - Dec 18)	Q4 (Jan 19 - Mar 19)
Delayed Transfers of Care (delayed days)	Number	923	919	914	910

		18-19 actuals#			
		Q1 (Apr 18 - Jun 18)	Q2 (Jul 18 - Sep 18)	Q3 (Oct 18 - Dec 18)	Q4 (Jan 19 - Mar 19)
Delayed Transfers of Care (delayed days)	Number	756	750	323	

c. Admissions to residential care

		Planned 18/19	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	Qtr 4 Actual
Long term support of older people (aged 65 and over) met by admission to residential and nursing homes per 100,000 population (57,626 in Bromley)	Number	425.0 (245 admsns)	107.6 (62 admsns)	204.8 (118 admsns)	315.8 (182 admsns)	442.5 (255 admsns)

4.12 As detailed in the table above we have exceeded the target:

d. Reablement

		Planned 18/19	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	Qtr 4 Actual
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90.1%	96.4%	93.6%	93.0%	
	Number	446/495	81/84	175/187	254/273	

4.13 There is a 91 day lag for data and therefore Q4 is not available until July 2019. However the most recent data shows that we are exceeding the target of 85%-90% by delivering 93%.

Update on BCF Schemes

i) Self-Management & Early Intervention

4.14 The Bromley Well service provides a Single Point of Access (SPA) for local people to prevent them from falling into a crisis and improve their health, wellbeing and independence.

4.15 During quarter 3 there were 604 SPA referrals to Bromley Well service pathways (excluding those accessing the Information, Legal Advice and Guidance Service) with over 2000 phone enquiries. During quarter 4 there were 2,950 calls answered by SPA staff and volunteers.

4.16 SPA and Information and Advice Financial Outcomes:

OUTCOME	No of Outcomes	Client Count	Amount	Average per outcome	Average per client
Income Gain	56	38	£165,246	£2,951	£4,349
Reimbursements, services, loans	13	12	£650	£50	£54
Debts written off	10	7	£57,326	£5,733	£8,189
Repayments rescheduled	2	2	£8,260	£4,130	£4,130
Other	88	52	£11,441	£130	£220

Total	169	93	£242,923		
--------------	------------	-----------	-----------------	--	--

4.17 Bromley Well activity for 2018/19:

Record of how service users accessed the service					
	Q1	Q2	Q3	Q4	2018/19 to date
Single Point of Access (SPA)					
Self-referral (London Borough of Bromley residents)	1,801	1,753	2,148	2,295	7,997
Hospitals	2	3	10	3	18
Early Intervention Team	10	3	1	0	14
Integrated Care Networks	1	1	1	0	3
Direct from social care and/or health professionals	30	52	75	27	184
London Borough of Bromley GP's	1	4	13	9	27
Other (please include in narrative of quarter)	244	10	47	1	302
Total SPA	2,089	1,826	2,295	2,335	8,545
Bromley Well Pathway Access to Services					
Long Term Health Conditions (LTHC)					
Through SPA	271	170	102	112	655
Direct to the Pathway	0	487	560	455	1,502
Elderly Frail					
Through SPA	300	252	162	143	857
Direct to the Pathway	0	982	1,144	1,208	3,334
Employment and Education					
Through SPA	149	109	19	18	295
Direct to the Pathway	0	91	49	76	216
Learning Disabilities					
Through SPA	90	77	15	30	212
Direct to the Pathway	0	56	29	28	113
Physical Disabilities					
Through SPA	125	90	26	20	261
Direct to the Pathway	125	90	48	35	298
Carers					
Through SPA	381	307	138	111	937
Direct to the Pathway	-55	146	95	143	329
Mental Health					

Through SPA	358	233	142	132	865
Direct to the Pathway	-29	61	71	158	261
Total through SPA	1,674	1,238	604	566	4,082
Total Direct to the Pathway	41	1,913	1,996	2,103	6,053
Total Accessing Bromley Well Services					
	2,130	3,739	4,291	4,438	14,598

Adults with Long Term Health Conditions (LTHC)

- 4.18 Activity in quarter 3 and quarter 4 has included meeting with Crystal Palace Physios to discuss possible partnership working. Considerations for the future are co-delivery of elements of the workshops such as pain management and meeting with the Bromley Falls Prevention Service to discuss partnership working and inward / outward referrals to both services.
- 4.19 The LTHC team has been busy working on the second newsletter (after successful completion of the first newsletter in quarter 3); which includes information on the benefits of walking, including highlights on Bromley's access to green areas, parks etc, as London's greenest borough with over 160 parks, 52 allotments and 21 outdoor sports facilities.
- 4.20 In quarter 3 the LTHC team in partnership with Blood Pressure UK facilitated another blood pressure awareness event for residents of St Pauls Cray in November, which has high health inequality as highlighted in the JSNA and the Bromley Well mapping exercise. This event took place in the Cotmandene Community Centre and all individuals were given information about forthcoming health & wellbeing workshops commencing in January 2019.
- 4.21 Self-Management Groups & Professional Training (MECC) - Health & Wellbeing workshops have been established at Darrick Wood, Andon Court & St Andrews sheltered housing following successful engagement.

Elderly Frail Pathway

- 4.22 In quarter 3 the service supported 1229 and in quarter 4 the service supported 1351 older people in Bromley across the different services, with most of the referrals coming through Age UK Bromley & Greenwich helplines and hospital links.
- 4.23 With reference to the Sitting Service, the CQC Registration (November 2018) has improved the level of service offered and delivered to clients and the number of people that can be assisted.
- 4.24 The Befriending Hub in Orpington is becoming very popular and hub attendees have benefitted from ever increasing community based activities including festive themed ones and a focus on health and wellbeing through walking groups. Home based Befriending also remains in high demand.
- 4.25 The Take Home and Settle and Handyperson Services continue to perform well. During the cold winter months the staff have been especially vigilant ensuring heating is available and that clients have adequate food provision. Where required staff are referring clients for the 6-week hospital after care service. The staff were also involved in a Christmas hamper delivery initiative.
- 4.26 The Hospital Link Worker is maximising engagement, collaboration and referrals for the Take Home and Settle and Hospital Aftercare Services as well as other Bromley Well Services the Care Navigation Service and the Dementia Support Hub.

Employment and Education

- 4.27 There has been positive progress in quarter 3 and quarter 4, resulting in employment targets for people with physical disabilities in paid employment being met. Additionally paid employment targets for people that have learning disabilities and long term health conditions have been exceeded. All volunteering targets for the year have been met. The targets for service users accessing job clubs and information sessions have been exceeded.
- 4.28 During quarters 3 and 4 engagement took place with a range of employers including the BBC, Stagecoach, AS Mentoring, Dream Abstract Web Design, Tesco, Card Factory, Wilko, Beckenham Odeon, Reed, Blue Arrow, The Entertainer, Primark, Holland and Barrett and Blue Bird Care.
- 4.29 The workshops undertaken during quarter 3 and 4 include Interview Preparation, Confidence Skills, Job Applications, and Next Steps after rejection.
- 4.30 The referrals increased in quarter 4 due to strengthening partnership working with Job Centre Plus.

Learning Disability Pathway

- 4.31 The outreach targets were below the requirement in quarter 3; however this issue has been remedied via a new approach to delivering peer reviews. Consequently the annual target for referrals has now been met. Outreach visits were made to Bromley Sparks, Bromley Mencap Leisure activities and the Community LD Team.
- 4.32 Drop-ins are all currently being delivered bi-weekly at Bromley Jobcentre Plus, Mottingham Community Learning Shop and Cotmandene Community Resource Centre.
- 4.33 A new drop in at Community House has been introduced which also enables a closer working relationship with the SPA team to support them to identify clients with LD - this has seen an increased rate of referrals from the other pathways.
- 4.34 Workshops continue to be delivered and have included Budgeting (including for Christmas), Using Facebook and social media in a positive way, First Aid, LD Health Checks and Parliament and accessing your MP

Physical Disabilities

- 4.35 Workshops and training have been delivered on St Johns Ambulance First Aid, Healthy Eating, Fire Safety and keeping well and warm in winter.
- 4.36 Increased income for clients has been delivered via successful grant applications in quarter 3 and 4 and by supporting clients to attend face to face assessments and tribunals for welfare benefits has resulted in increased income for these clients.
- 4.37 An important urgent referral was made to social care resulting in a client being placed in a residential placement thus highlighting the importance of outreach to isolated clients.

Carers

- 4.38 In quarter 3 the Adult Carers Service supported 799 carers, 182 of which were new carers engaging with the service. In quarter 4 the service supported 512 carers, 159 of which were new carers engaging with the service.
- 4.39 The team continues to provide a variety of practical and emotional support interventions for carers, ranging from support to research care homes, Power of Attorney, developing Emergency Plans, ongoing telephone support and enabling clients to access a range of services within and

beyond Bromley Well, Age UK, Statutory services etc. One of the most accessed parts of the service is the emotional support aspect.

4.40 In quarter 4, despite the team being halved due to staff shortages they have still managed to provide 512 instances of support to clients with 98 in-depth emotional support sessions. The staff team is now back at full strength with two new appointments and the team has begun to access Trusted Assessor training.

4.41 Other work during quarter 3 and 4 has included:

- **Newsletter** - 392 hard copies going to carers in December and approx. 400 through the new "Mail Chimp" subscription service.
- **Training and Peer Support** – The team has provided a wide variety of practical courses & workshops in direct response to carers' canvassing and feedback, including Reflexology and Computer skills. The first carer lead group has begun, organised and delivered by Carers for Carers.
- **Workshops** – there were 365 attendees at courses and workshops up until the end of quarter 4.

4.42 In quarter 4 The Mental Health Carers service had 32 new referrals and successfully managed an increase of 34% on last quarter.

4.43 With reference to the Young Carers service leisure activities and forums were delivered in quarter 3 and 4. To meet the high demand, additional workshops on budgeting, managing frustration and coping with caring (including at Christmas), including strategies to manage stress were run.

Mental Health Pathway

4.44 In quarter 3 the service had over 200 new referrals which have been successfully managed and in quarter 4, 290 new referrals which have been successfully managed.

4.45 In quarter 4, 100% of clients who responded reported improved outcomes and gave positive feedback.

4.46 In quarter 3 people experiencing suicidal ideation and people engaged in active self-harm have been successfully supported to de-escalate risk through safety planning and have engaged with a supportive service.

4.47 In quarter 4 there was collaboration with Bromley and Croydon Women's Aid to develop a support group for women subject to domestic violence experiencing common mental health problems.

4.48 During quarter 3 and quarter 4 the service has been running an evening bi-weekly peer support group to reach those with mental health issues that work. This started in October 2018 and has had an average of 7 clients attending each week. The group has been so well received that service users have also requested a daytime support group to be established.

Support to the Sector

4.49 In quarter 3 and quarter 4 the service has focused on Service Improvement Plan showing results across Associate Members and Volunteering. With an increasing volume of Training and Learning workshops

Dementia Universal Service

4.50 The Dementia Universal Support Service (Dementia Hub) was commissioned to establish a clear pathway for people and their carers immediately following diagnosis. The service provides a 'one stop shop' in terms of information, advice, support and planning for people with dementia and their carers immediately following diagnosis.

4.51 The Bromley Dementia Hub is mainly monitored through quarterly monitoring returns and quarterly review meetings. The quarterly returns show that the service is delivering high volumes of support and that there is a considerable amount of activity going on to support the service users to live the best life possible. The January 2019 Quality Assessment visit (by LLB's Contract Compliance Team) concluded that the service is highly regarded and the feedback reviewed was very positive about the service and the team.

4.52 The Hub includes:

- General Post Diagnosis Support Service
- Dementia Advice and Navigation Service
- Community Development and Support Service
- Carer Training Service
- Skills Training and Extra Care Housing (ECH) Support

4.53 The Dementia Support Hub has received a steady flow of referrals over the quarter 3 and quarter 4. The services continue to be in demand, utilised by both people with dementia and carers. The dementia advisers supported an extra 25 new clients with dementia in quarter 4, with 136 newly diagnosed people being referred to the hub compared to 111 in quarter 3. The number of new carers referred in quarters 3 and 4 is the same, staying consistent at 20. Dementia advisers also carried out 26 more home visits to newly referred clients in quarter 4 than in quarter 3.

4.54 The Befriending/Volunteer service (part of the dementia hub) is in very high demand. The Dementia Hub receives a steady flow of referrals from the memory service for the six week Cognitive Stimulation Therapy sessions. There is a big demand for the Carers Workshops

4.55 The dementia hub met its target of running 24 cognitive stimulation therapy sessions for the year 2018/19.

4.56 In quarter 4, two sessions on 'Understanding Dementia', and one on 'Successful Communication in Dementia Care' were held. Two rounds of 3 sessions were completed in quarter 3 and one round of 3 sessions (Carer Workshops) were completed in quarter 4.

Update on progress for Integration of Health and Social Care

4.57 During quarter 3 and quarter 4 of 18/19 both LB Bromley and Bromley Clinical Commissioning Group (BCCG) continued to strengthen joint working arrangements.

4.58 During quarter 3 and 4 the Bromley Health and Care System has:

- Improved DToC performance by continuing to deliver multidisciplinary support and treatment to elderly/frail people through the three Integrated Care Networks and continued

to improve hospital discharge arrangements through the Transfer of Care Bureau/ Discharge to Assess initiatives.

- Significantly developed the virtual ward/community based service to help prevent avoidable A&E attendances, hospital admissions or reduce length of stay.
- Consulted within LBB and BCCG on the draft joint commissioning strategy for mental health.
- Made significant progress on the draft Ageing Well Strategy
- Begun the development of the Learning Disability Strategy to include partnership with BTSE in order to ensure an innovative co-production approach.

Update on iBCF Schemes

4.59 The iBCF schemes reflect the 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 are ready
- Ensuring that the local social care providers market is supported.

Assessed and Supported Year in Employment (AYSE) Lead and Placements Coordinator

4.60 The ASYE Lead continues to meet with all newly qualified Social Workers (NQSW) and is working closely with their line managers to ensure all aspects of the programme are adhered to including ensuring that 100% of NQSW's have all learning agreements and probation forms in place. The role involves support, advice and guidance. The ATSE is also supporting with any HR issues/performance issues

4.61 The ASYE lead is also assessing social work staff, completing their Practice Educator Professional (PEPs) qualifications to ensure all students and their practice assessors are supported to meet the standards required. This includes joint assessment with universities.

4.62 In order to ensure that Bromley benefits from best practice, the AYSE attends the SE London (6 Borough) Moderation Panel and Skills for Care Forums. LBB Workforce Development and the AYSE are developing an academy for Students and NQSW's, exploring the academy models nationally and locally. The lead also has responsibility for moderating internal ASYE portfolios.

4.63 The AYSE lead has also attended the Apprenticeship Conference with L&D and has been researching Academy Models for Students and NQSW's nationally. Going forward the lead will liaise with the new Principal Social Worker for children's regarding an Academy Model for Bromley and consider whether these need to be combined or separate. The aim of the local academy model will be to increase knowledge across social care about the social work PCF, the PE Professional Standards and KSS and to introduce these to social work induction, supervision and appraisal.

4.64 The ASYE Lead acts as a long arm supervisor to students on placements and has responsibility for writing their final reports and direct observations.

Process and Systems

4.65 The Process and Systems Coordinator continues to work closely with the project support officer on the Integrated Care Network and Continuing Health Care work (including reviewing the process for classification of joint funding and full funding) as well as looking at the processes used in the front end of the service.

4.66 Since commencement of this post in June 2018 and to the end of Q4, all targets and timescales for the relevant pilots noted below have been achieved:

- **Integrated Care Networks**

4.67 Performance management systems have been developed and are in place for the collection of LBB data. Work is still ongoing as further systems need to be established based on the performance outcomes and indicators agreed to measure input and output of the pilots. This information along with data from the CCG will produce evidence on which to inform the integration agenda. Working with Project Officer and Strategy and Performance Manager on this area of work.

- **Continuing Care**

4.68 A full review was undertaken on health and social care systems and a number of improvements have been made for the collection of data on Carefirst. The outcome of this improvement will provide information on decisions on assessment and eligibility as well as reporting on funding streams for Joint and Full Funding situations.

- **Just Checking**

4.69 The contract includes managing and monitoring the development of this service and incorporates a new business support model which has been activated on Carefirst to provide relevant information and evidence if this type of assistive technology would assist in a new delivery service model for the future.

4.70 A system pathway has been designed to produce data on service delivery. The lead is working on developing system for evidencing financial savings.

- **Adult Social Care Systems**

4.71 A review of processes and pathways for collecting information on referrals and assessment within Adult Social Care has been undertaken over the past few months. Two proposals for a new referral and assessment format which are more Care Act compliant have been considered and agreed. The outcome of these should assist in making decisions on eligibility and intervention much earlier and to reduce demand on statutory services.

4.72 All of the aforementioned have taken into account changes that may arise in the future within Adult Social Care and are future proofed.

Continuing Health Care (CHC) Lead Social Worker and CHC Care Manager

4.73 The CHC project will be led by two members of staff with only one in place at the moment. The vacant post has been advertised on a number of sites and it is hoped to recruit within the next few weeks.

4.74 The Part time Senior Care Manager continues to work proactively in making a difference in terms of improvements in practice and training. From November 2017 to March 2019, 156 staff

have benefitted from her input as well as working directly with care managers on challenging of decisions and difficult cases. The Lead Social Worker continues to represent the local authority at the CCG to provide consistency from the local authority perspective in the recommendations for CHC/MDT decision

- 4.75 A joint health and social care presentation was undertaken at the end of Q4 where 44 staff attended and the outcome of this has widen the learning and understanding of each other's roles and responsibilities in assessing for continuing care.
- 4.76 Another important area of work that is near to completion is the development of continuing care protocols and procedures which Health and social care staff will work within. A new eligibility checklist which is currently on Carefirst has been designed by health and social care colleagues to meet the requirements of the National Framework. The new system will minimise duplication for both organisations, provide consistency in practice and monitoring of the process. The outcome this development will continue to build on the integration of partnership working and decision making in respect of continuing care.

Trusted Assessor Resource

- 4.77 A Quad Borough Passport for Discharge to Access (D2A) is in use. Agreement has been secured to pilot a Trusted Assessor process between Bromley and Croydon. The D2A trusted assessor pilot will begin with Lewisham and roll out to South East London (SEL) over summer months.
- 4.78 The resource has supported restarts for in and out of borough patients which are operational across SEL, 7 days a week.
- 4.79 There has been a reduced length of stay for Bromley patients in out of borough hospitals and increased discharges at the weekends due to the resource.
- 4.80 The D2A pilot is currently being reviewed, in order to establish if the original assumptions, (e.g. D2A will identify efficiencies (including cashable) in on-going care and support costs and pump-prime the transformation of existing resources to reduce pressures on the system) are accurate.

Investment in 'Just Checking' software

- 4.81 The 'Just Checking' software pilot concluded at the end of September 2018 following the initial installation of the technology in three individual supported living schemes with service users with learning disabilities.
- 4.82 The assistive technology service provided by "Just checking" is now beginning to deliver some results although it is still too early to determine the full impact. However, systems are now in place to report back on outcomes and if the service is making a difference to promoting independence both in Older Peoples Services and Learning Disability Service.
- 4.83 To date 28 referrals have been considered although not all service users have taken up this service. The nine available systems continue to be allocated which should only be on a short term basis to provide the right level of need and care package that a service user may require. The service could have an impact on potential savings as well as promoting independence.
- 4.84 To promote the service across Adult Social Care and to support the development of the service, nominated staff have been appointed as "Just Checking Champions". Training for all staff has also been arranged so that staff are able to install and remove equipment as appropriate.

Public Health - Supporting JSNA priorities (substance misuse pilot)

4.85 Further to the Q1 update, an experienced social worker has now been recruited and has been in post since mid-September. A detailed work plan with key tasks, output and outcomes has also been developed and agreed.

4.86 Key deliverables of the project are:

- Bespoke packages of substance misuse training to key partners
- LBB Guidance for Working with Substance Misusing Families
- Conference on Working with Substance Misusing Families
- Substance Misuse Screening tools for partner agencies
- Substance Misuse pathways for partner agencies into substance misuse treatment

4.87 In Quarter 3 work was undertaken to ensure a greater understanding of the current assessment process and pathway (from partner agencies) was developed. In addition to this the current resources available to support identification of hidden harm were mapped.

4.88 In Quarter 4 the appropriate screening tools and resources including training packages for brief intervention were developed.

Housing Initiatives and research into older peoples housing needs

4.89 Your Voice in Health and Social Care (YVHSC) were commissioned to look at the housing needs of older people within the borough. The key aim of the survey was to ensure that services for older people are targeted in the right areas, focusing on the correct outcomes. The findings would ultimately inform the older person's housing strategy.

4.90 The 'Older peoples Housing Needs Survey' is based on 1000 completed surveys as well as direct information from residents in various types of accommodation and from staff and family members. 90% of the surveys were completed face to face with residents and 10% were completed online or returned through the post.

4.91 A number of recommendations were made that will be reflected in the Council's Housing Strategy for example:

- Targeting hard to reach isolated households who may live alone and have little family or social support. These people are particularly vulnerable and working alongside existing organisations, that already provide support to older people in the borough, to examine the best ways of reaching these people would be positive
- Ensuring that local planning policy encourages the building of more of all types of housing for older people, extra care, retirement, sheltered and accessible housing, across both the social and private sectors. Looking at the availability of specialist housing for sale, as the majority of older people are home owners, and researching the potential for shared ownership to offer more choice.

Care Homes Investment Options Appraisal

4.92 A Business Case report on developing a Bromley care homes for adults has been developed for the Portfolio Holder for care services. The report is due to be discussed in May 2019 following sign off from the Interim Chief Executive.

Support for Integrated Care Networks (ICNs)

4.93 Three Care Managers have been seconded to the Integrated Care Networks continue to build on delivering a multi-disciplinary approach and establishing effective partnership working within the three Integrated Care Networks. Considerable benefits have been established since the commencement of the pilots:

- Effective working relationships between all professionals and learning from each other, as well as sharing of information and a desire and enthusiasm from both health and social care and the voluntary sector to make integration a positive experience for service users.
- Speedier response to referrals and assessment and turnover of cases
- Early intervention by providing relevant information to service users is assisting in supporting service users to maintain their independence and making informed choices as well as signposting where appropriate.

4.94 ICN activity:

Activity	Q1	Q2	Q3	Q4
No of contacts with ICNs	197	282	191	260
% known to Adult Social Care (tracked through the NHS number)	66%	65% are known to ASC 37% of these have no services	64.6% are known to ASC 35% of these have no services	65% known to ASC 33% of these have no services
No. receiving a care package who had not previously	5%	7.5%	6%	7.5%
Unchanged care package	16%	18%	21%	15%
Increase in care package	9.6%	10.6%	7.3%	8.3%
Decrease in care package	7%	9%	10%	8%
Total contacts with	Jan 2017 –	Jan 2017 –	Jan 2017 to	Jan 2017 to

ICNs	Jun 2018	Sept 2018	Dec.19	March 2019
	1930	2491	2799	3159
Average age of users	79	80	82	82
% Female	52%	61%	56%	65%
% Male	48%	39%	44%	35%

Discharge to Assess (D2A) in Extra Care Housing

- 4.95 There are 15 step-down flats at 3 sites. The main challenge faced by the project is the occupancy rate in each stepdown flat exceeding the preferred 6 week period. There have been issues with securing tenancy agreements for those qualifying for permanent ECH residency. However action has been taken to address this via closer working with the housing provider. Since increasing the stepdown stock, the number of people accessing Extra Care Housing via this pathway has also increased.
- 4.96 The additional stepdown stock is at full capacity with occupants from the D2A pathway. A flexible approach has been adopted whereby if the additional stock is not available, and an alternative stepdown flat is vacant, then this will be offered to clients from the D2A pathway.
- 4.97 The hospital D2A & Extra Care Housing teams are working closely together, with the support of the project lead, to maximise on efficiencies wherever possible.
- 4.98 The requirement for performance measures (reflected in the last report) are being developed.

Safeguarding – South London and Maudsley (SLAM)/Oxleas/Priory

- 4.99 IBCF money was allocated to provide additional resources for ongoing work with Oxleas NHS Trust, The Priory and SLAM to ensure the authority is compliant with its safeguarding duties and delegations under the Care Act 2014.
- 4.100 Additional staff to manage safeguarding casework have now been recruited and the project manager is also in post.
- i) SLAM
- 4.101 A Project group was formed with SLAM in respect of the Bethlem Hospital site in early October 2017 with membership from the senior team at SLAM and LBB. An established project action plan was created to guide the work of the group.
- 4.102 The project action plan continues to guide the work of the group which has included the implementation of amended safeguarding referral pathways to ensure that Bromley has oversight of all safeguarding across the site.
- 4.103 Amended safeguarding referral pathways have been successfully implemented to ensure that Bromley has oversight of all safeguarding across the site. LBB/SLAM quality assurance referral and investigation standards for the Bethlem Royal Hospital site has been developed and implemented for the management to follow.

- 4.104 Regular meetings were held with both SLAM and the police in relation to AWOLS and gathering information as to the risks on the site.
- 4.105 Given that the aim of this project has been successfully completed, the final project group meeting took place in March 2019.
- 4.106 Quarterly quality assurance meetings continue with representation from both SLAM and LBB
- ii) Oxleas NHS Foundation Trust
- 4.107 A detailed workplan was now been developed and clearly sets out the tasks and target completion dates in respect of the work required to improve safeguarding practice across Oxleas. This workplan has been circulated to members of the working group.
- 4.108 A LBB/Oxleas Safeguarding Project working group has been created with representation from LBB, Oxleas and the BCCG. The first meeting of the project group took place on 16th October 2018 chaired by the Director of Adults Social Care and an action plan developed to progress the work of this group.
- 4.109 Meetings have continued monthly with agreement now having been met to utilise the skills of the LBB Adult safeguarding Team to provide support to upskill the Oxleas staff in respect of safeguarding practices.
- 4.110 A review of the safeguarding forms used by Oxleas to report and investigate safeguarding concerns is underway.
- 4.111 The project group has now implemented revised referral pathways to provide LBB with an oversight of safeguarding activity across the Trust and to ensure that we receive regular and accurate data. This is to be implemented with effect from May 2019.

The Direct Payments Lead

- 4.112 Council Officers, galvanised by the support of the Direct Payments Project Manager are successful influencing a change in practice which is maximising the outcomes for Bromley's residents by providing greater choice and control in relation to their care and support arrangements, whilst supporting people to live more independently.
- 4.113 The A-Z staff guide on setting up and amending direct payments has been completed and approved.
- 4.114 Public information including factsheets and leaflets have been developed. This will give advice and support to service users when they need it. A direct payments key contact list has now been developed.
- 4.115 A 'train the trainer session' was held in January 2019 for seniors at the front end and direct payment Champions. This has been cascaded to all teams.
- 4.116 A further two-phase training programme is planned. Phase one is a mandatory direct payment E- Learning training available to staff from 23rd April 2019 to be completed within 2 weeks. Phase two, a full day direct payments workshop planned for June 2019. These sessions are aimed at increasing staff confidence, knowledge and understanding of direct payments.
- 4.117 The direct payment staff policy has been updated and available to staff on One Bromley.

- 4.118 The direct payment forms have been updated on CareFirst. The drop-down options for direct payments have also been rephrased and additional options have been provided.
- 4.119 In support of the Councils commitment to promote direct payments, the procurement of prepaid cards has been approved. A mini-competition on the NEPO framework has been issued between the two major prepaid cards players in the market. The deadline for returned bids is 3 May 2019 with the expectation of awarding the contract to the successful contractor by mid-May 2019. Contract mobilisation and product implementation to follow in due course.

Market Development and Support

4.120 This project continues to be coordinated by the joint LBB/CCG care homes project which has the following three work streams:

- (a) Strategy development
- (b) Health and social care offer to care homes
- (c) Quality

4.121 In terms of key milestones, the Residential and Nursing Homes Joint Commissioning Group has overseen progress in relation to:

- Significant 7 training for care home staff which will support the active identification of health deterioration in residents.
- The roll out of NHS Mail for care homes
- The implementation of the New GP support service to care homes
- Maximising the use of Red Bags, resulting in 40 or the 43 homes adopting the process.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

- 5.1 All services are designed to avoid people who are vulnerable reaching the point of crisis where they would be seeking support of statutory services and/or requiring unplanned admission.
- 5.2 The Improved Better Care Fund is for investment into adult services and will have a positive impact on vulnerable people through investment into safeguarding and adult social care.

6. FINANCIAL IMPLICATIONS

- 6.1 Due to the late implementation of the iBCF projects during 2017/18 the Executive, at its meeting on 21st May, approved the recommendation to carry forward underspend totalling £3.172m into 2018/19.
- 6.2 BCF underspend of £519k at the end of 17/18 has also been carried forward into the new 2018/19 financial year to be used against BCF projects.
- 6.3 The budget and expenditure for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below.

BCF 2018/19 QUARTER 4

Description	2018/19 budget £'000	Forecast Apr to Jun £'000	Forecast Jul to Sep £'000	Forecast Oct to Dec £'000	Forecast Jan to March £'000	Forecast Outturn £'000	Difference bud/act £'000
Reablement capacity	853	213	213	213	213	853	0
Winter Pressures Discharge (CCG)	646	162	162	162	162	646	0
Winter Pressures Discharge (LBB)	1,027	257	257	257	56	826	-201
Integrated care record	433	0	0	0	423	423	-10
Intermediate care cost pressures	625	118	118	118	118	472	-153
Community Equipment cost pressures	422	106	106	106	106	422	0
Dementia universal support service	520	130	130	130	61	451	-69
Dementia diagnosis	620	155	155	155	155	620	0
Extra Care Housing cost pressures	418	105	105	105	105	418	0
Health support into care homes/ECH	314	0	0	0	314	314	0
PSIS Contract	1,681	420	420	420	176	1,437	-244
Risk against acute performance	1,347	0	449	449	449	1,347	0
Transfer of Care Bureau	611	153	153	153	153	611	0
Protecting Social Care	8,977	2,244	2,244	2,244	2,244	8,977	0
Disabled Facilities Grants - CAPITAL	1,995	325	214	325	383	1,247	-748
Carers Funding	527	132	132	132	132	527	0
Reablement Funds	952	238	238	238	238	952	0
Reablement Funds	315	79	3	0	0	82	-233
Contract reduction	150	38	38	38	38	150	0
Programmes Team	36	9	9	9	9	36	0
Contingency Funding	199	0	0	0	0	0	-199
Continuation of agreed joint schemes	0	0	0	0	0	1,050	1,050
Total Recurrent Budget	22,667	4,882	5,144	5,252	5,533	21,861	-806

IBCF 2018/19

	<u>2018/19</u> <u>£'000</u> <u>BUDGET</u>	<u>2018/19</u> <u>£'000</u> <u>ACTUAL</u>	<u>C/FWD</u> <u>£'000</u>
Transformation of Social Care (Adults, Mental Health and LD) / workforce development	430	192	-238
CHC Lead Social Worker/Care Manager	135	26	-109
Safeguarding Project Lead (3 days per week)	20	18	-2
General project work	50	31	-19
IBCF/BCF programme Management Resources	213	31	-182
Assistive Technology	50	8	-42
Transitions Programme Lead	100	49	-51
OT and Trusted Assessors Resources	8	8	0
Public Health, Supporting JSNA priorities	60	29	-31
Housing initiatives and research into older peoples housing needs	160	22	-138
Care Homes Investment Options Appraisal	1,566	31	-1,535
Support for Integrated Care Networks (ICNs)	854	759	-95
Discharge to assess in Extra Care Housing (ECH)	580	148	-432
Safeguarding – SLAM	228	131	-97
Direct Payments Lead	77	27	-50
Market development and support	130	57	-73
LD Growth as part of the Medium Term Financial Strategy	1,000	1,000	0
New IBCF offsetting growth	2,013	2,013	0
Unallocated	873	0	-873
Total committed spend	8,547	4,580	-3,967

6.4 Any underspends or unallocated amounts on each project can be carried forward into the next financial year if necessary. Quarterly reports are required by Government to show the progress of the BCF/IBCF schemes.

7. LEGAL IMPLICATIONS

7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It provides the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers.

7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. For 2017-19 NHS England set the following conditions to access the CCG element of the funding:

- The requirement that the Better Care Fund is transferred into one or more pooled funds established under Section 75 of the NHS Act 2006.
- The requirement that Health & Wellbeing Boards jointly agree plans for how the money will be spent with plans signed off by the relevant local authority and clinical commissioning group(s).

7.3 Under the amended NHS Act 2006, NHS England has the ability to withhold, recover or direct the use of CCG funding where conditions attached to the BCF are not met, except for those amounts paid directly to local government.

7.4 For 2017-19, NHS England require that BCF plans demonstrate how the area will meet the following national conditions:

- Plans to be jointly agreed;
- NHS contribution to adult social care is maintained in line with inflation;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
- Managing Transfers of Care

7.5 The Improved Better Care Fund Grant determination is made by the Secretary of State under section 31 of the Local Government Act 2003. The grant may 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 are ready and ensuring that the local social care provider market is supported.

7.6 The Council is required to:

- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
- Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19
- Provide quarterly reports as required by the Secretary of State

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents:	None

This page is left intentionally blank

Report No.
ECHS19038

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 16th May 2019

Title: DELAYED TRANSFER OF CARE (DTC) PERFORMANCE UPDATE

Contact Officer: Kim Carey, Director Adult Social Care
London Borough of Bromley
Tel: 020 8313 4754 E-mail: kim.carey@bromley.gov.uk

Ward: Borough Wide

1. Summary

1.1 A Delayed Transfer of Care (DToC) Performance update was circulated to HWBB members on 31st January 2019. This included an update on local and national performance to date, invalidated out of borough hospital reporting as well as Mental Health DToC validation processes and performance improvement.

1.2 This paper provides:

- Update from national department on future DToC target
- Local and National Performance Update
- Update on invalidated data reporting by out of borough hospitals
- Mental Health DToC validation process and performance improvement

2. Reason for Report going to Health and Wellbeing Board

The paper provides an information update to the Health and Wellbeing board

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

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

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

4. COMMENTARY

4.1 Update from National Department on Future DToC Target

4.2 Since communication was received on the 15th May 2018 updating local areas that a nationally revised methodology had been agreed to centrally set DToC targets there has been no further amendment to them. We do know that the measure has changed this year and as such so has the target (yet to be confirmed by the NHS)

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

	17/18 Targets	18/19 Proposal	Var +/-
NHS	3.7	4.96	↑ 1.2
Social Care	6.6	7.3	↑ 0.7
Both	0	0.3	↑ 0.3
<hr/>			
Total	10.3	12.5	2.2
<hr/>			

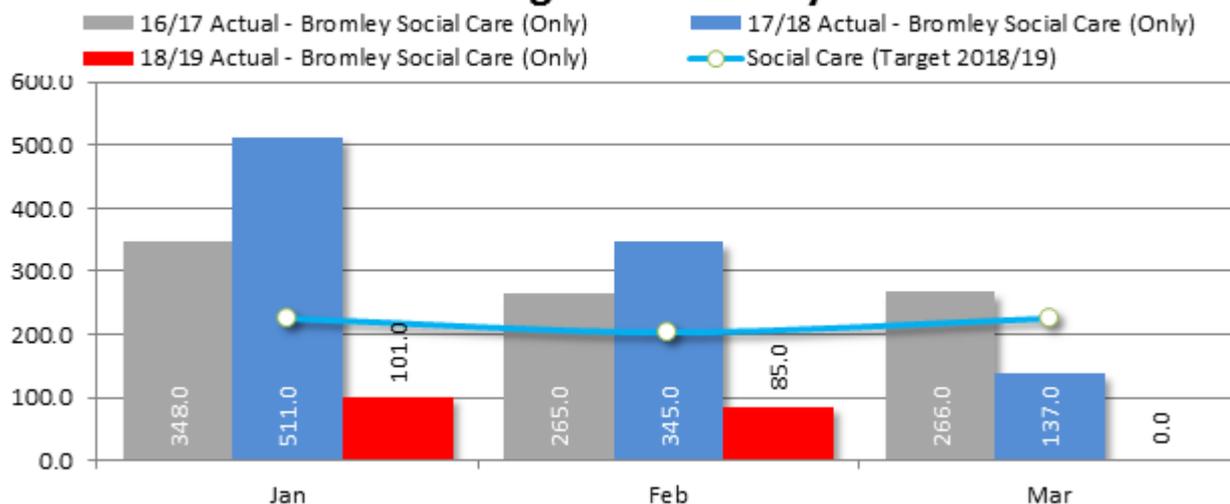
5. LOCAL AND NATIONAL PERFORMANCE UPDATE

The table below shows the overall performance for the 4th quarter of 2018/19 for the reported total delayed days of each month against the nationally set targets, with the exception of March 2019 DToCs will be published on 9th May 2019 so are unable to be included in this report. There is a continuation of positive results with each month being ahead of the set target.

	Jan	Target	Variation	February	Target	Variation
NHS	29	151	-122	23	137	-114
Social Care	101	226	-125	85	204	-119
Both	10	9	+1	0	8	-8
Total (Bed Days)	140	387	-246 (-63%)	108	349	-241 (-69%)

5.2 The chart below shows the monthly breakdown of Bromley Social Care performance and target for the 4th quarter of 2018/2019 along with comparative months of 2016/2017. There continues to be a reduction in DToCs compared with previous years, with the final quart again being ahead of overall target.

Avg Beds Per Day



5.3 Bromley is now ranked the **best performing borough in London** out of the 32 boroughs.

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

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

7. MENTAL HEALTH DToC VALIDATION PROCESSES AND PERFORMANCE IMPROVEMENT

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

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

	Q1 OBD's	Q2 OBD's	Q3 OBD's	Q4 OBD's
M1	103	55	0	0
M2	13	7	0	0
M3	11	8	0	-
Total	127	70	0	0

7.3 A robust monitoring and validation process is still in place, with weekly DToC and potential DToCs being considered, as well as formal updates provided to Adult Mental Health Practice Review Group chaired by the Director Adult Social Care.

8. FINANCIAL IMPLICATIONS

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

Non-Applicable Sections:	Legal Implications, Implications for other Governance Arrangements, Board and Partnerships Arrangements, including any policy and Financial Changes required to Process the Item and Comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	Not Applicable

This page is left intentionally blank

Report No.
ECHS19040

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: THURSDAY 16TH MAY 2019

Title: SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)
UPDATE

Contact Officer: Debi Christie, Head of Service: Special Educational Needs
Education, Care and Health Services, London Borough of Bromley
Tel: 020 8461 7896 E-mail: debi.christie@bromley.gov.uk

Ward: Borough-wide

1. SUMMARY

The Health and Wellbeing Board is asked to comment on this update on the SEND Reforms work and continued focus on preparation for the local area inspection.

2. REASON FOR REPORT GOING TO HEALTH AND WELLBEING BOARD

To be considered under JSNA Section 4: Children and young people with established needs

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

Report provided for comment and scrutiny. LB Bromley and Bromley CCG are the lead agencies in the local area.

Health & Wellbeing Strategy

1. Related priority: [Delete as appropriate] Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Total savings: Not Applicable:
 4. Budget host organisation:
 5. Source of funding:
 6. Beneficiary/beneficiaries of any savings:
-

Supporting Public Health Outcome Indicator(s)

Not Applicable:

4. COMMENTARY

- 4.1 The London Borough of Bromley (LBB), NHS Bromley Clinical Commissioning Group (BCCG) and Bromley Parent Voice (BPV) share a strong and clearly stated commitment to improving the education, health and wellbeing outcomes for children and young people who have special educational needs and/or disabilities (SEND). The commitment comes from the highest levels and is implemented through effective joint governance (SEND Governance Board) which is driving rapid improvement. Bromley aspires to provide outstanding services for children and young people which keep them safe, give them the right help at the right time in their lives and which achieve positive outcomes for their journey into adulthood.

Our programme for change continues to be challenging, responding with determination to improve our services for children and young people who have SEND. Supported by the strength of the partnership across the network of services for children and young people:

'Partners have joined together in the Children's Executive Board to reaffirm a commitment to joint planning and delivery of services to improve the life chances of Bromley's children and young people. Partners share the understanding that all agencies are experiencing funding pressures and national expectations on services are increasing. We recognise that both strategic and operational collaboration are key to our collective success. We understand that innovation and excellence are possible only through the combined efforts of our committed and skilled children's services' workforce, in whatever agency they sit.'

- 4.2 Bromley is managing a continued and unprecedented increase in demand for provision for children and young people who have SEND with significant pressure on High Needs Funding and local provision. Currently 2,251 Bromley children and young people have an EHCP (April 2019) and a further 5,845 aged 2 to 19 with SEN Support (January 2019 census).
- 4.3 Since 2014, there has been a 15% increase in the number of children with statements or EHCPs compared with an 8.4% increase in the school age population. A lower proportion of Bromley children with an EHCP (26%) attend a mainstream school than for London as a whole (39%) or nationally (34%). More Bromley children (than nationally) attend a non-maintained or independent school, in many cases outside the borough, although local specialist provision is often of better quality.
- 4.4 **Our Journey to Excellence: SEND Strategic Vision and Priorities 2019-22** is an extension of the previously published Vision and Priorities that covered the period 2018/19. In March 2019, the SEND Governance Board endorsed the development of a three-year vision and priorities, based on five key areas of focus, building on the improvement journey. The five focus areas are split into two themes underpinning our local priorities as shown below:

LOCALISING & STRETCHING

Priority 1: Right provision at the right time for children and young people with SEN Support

Priority 2: Sufficient specialist provision

ACCOUNTABILITY

Priority 3: Fair, transparent and coordinated assessment and decision making, across education, health and care services

Priority 4: Coordinating SEND Services 0-25yrs

Priority 5: Engaging Children & Young People and their families

5. PROGRESS ON ACTION PLAN IN SEND VISION AND PRIORITIES 2018-19

5.1 Priority 1: Good SEN support arrangements are in place in all Bromley mainstream education settings

5.1.1 Areas of progress:

A Group Leader for the SEN Advisory Teams was appointed in January 2019 and the impact of the role is being felt with the realignment of the service to provide a single point of access supported by a central telephone number. Advisory Teachers provide a vital source of skills, capacity and expertise to support schools and settings across a range of SEN areas ensuring children and young people are provided with high quality teaching and learning.

The SEN training Collaborative continue to make good progress and have appointed seven SEND Specialist Leaders in Education (SLEs) to work across the borough. Leadership and peer support is seen as the key to improving outcomes for the Collaborative who recently hosted a forum for HeadTeachers – the event was incredibly well attended with 30 schools committing to being part of a programme to continue to develop leadership for SEND

Representation from leaders from local schools is growing and there are a number of very successful working groups across the local area tackling critical issues such as the SEN notional budget, which has led to a training session for all schools in June to ensure there is a consistent understanding of how the notional budget is calculated, what it should be used for and how schools should be appropriately supported and then held to account for use of their notional budget.

Other actions within the priority include the creation of a Nurture Group Network whose main aim is to increase the number of schools working

towards the Nurture Mark and facilitating a process for schools who want to establish nurture provision in their schools.

5.1.2 Areas for further focus:

Plans are still in the early phase for sampling and evaluating the quality of SEN support in mainstream settings as there is a general recognition that there is a need to drive greater consistency across the borough.

5.2 Priority 2: Outcomes for young people who have SEMH needs are improved

5.2.1 Areas of progress:

The number of children permanently excluded from primary schools continues to fall – this is mainly attributed to the continued excellent work of the Primary outreach service, provided by Bromley Trust Academy

Permanent exclusions in the secondary phase are also significantly decreased but remains a high priority to reduce further. The Council has invested £250k in a multiagency collaboration across secondary schools to better support young people who have SEND by developing a wide offer of Alternative Provision for young people unable to sustain school placement. A report will be presented at the Governance Board on 21st May to outline progress and impact to date.

5.2.2 Areas for further focus:

In December 2018, the bid to be a CAMHS trailblazer was awarded to Bromley, with two main aims:

- Reduce waiting times for appointments to 4 weeks
- Build upon existing provision, creating Mental Health teams in schools that increase support

Schools have now been identified to participate in the schools' pilot and we are now in the implementation phase.

5.3 Priority 3: A suitable range of local specialist provision is available

5.3.1 Areas of progress:

Bromley has been successful in moving to the next phase for the delivery of Free Special School for 54 children in the Key Stage 2 phase who have moderate to severe ASD and associated learning difficulties (including anxiety and/or behaviours that challenge).

The project is ambitious and seeks to develop an integrated multi-agency model in partnership with the CCG, also providing a range of support, advice, activities and training. A stakeholder engagement event is taking place in

partnership with CCG, BPV, DfE and the National Schools Network on 22nd May 2019, which will provide further information to interested parties with an opportunity for discussion with partners from the local area. The projected date for opening is September 2020, but is reliant on DfE timescales.

Transition for young people remains a key area for development nationally and will undoubtedly be a key line of enquiry in the forthcoming Ofsted/CQC local area SEND inspection. The local area has established a multi-agency Transition Strategic Group, with an ambitious action plan that is presented to the SEND Governance Board for scrutiny.

5.3.2 Areas for further focus:

The contract for the provision of speech and language therapy for school age children and young people is currently under review jointly by the CCG and LBB. The proposal for a re-specified contract is underway and it is anticipated that additional and more flexible provision will be in place by September 2019.

5.4 Priority 4: Children, young people and families are actively engaged in planning, commissioning and evaluating services

5.4.1 Areas of progress:

Progress within this priority has been considerable over the last 3 months. The SEND Engagement Strategy has been published in line with the overarching service user engagement and the priority now reports a bi-monthly 'You said, we did' summary to the SEND Governance Board which is then uploaded onto the Local Offer.

Communication to all stakeholders remains one of the key focus areas in this priority. SEND Matters is a monthly newsletter that is published on the Local Offer website and circulated to a wide range of partners and providers. We are working closely with Bromley Parent Voice (BPV) who are coordinating SEND Matters Live! Events. This is an important opportunity for parents to meet with key staff from the Council, including the Interim Chief Executive. The events will be themed, which have been informed by parental feedback, with the first will be focused on Inclusion

Recognising that all partners and providers should be championing support for children and young people who have SEND, we are currently building a network of SEND Network Champions across the local area to disseminate and embed the key principles of SEND.

To increase engagement with children and young people an event in March, hosted by KIDS charity, to support young people to have their voice heard. The event was attended by 25 young people from a range of schools, groups and colleges. The event provided a clear message from the young people who took part about the lack of self-esteem and confidence they feel. Actions to help address these issues will be included in the 2019/22 strategic vision and priorities.

5.4.2 Areas for further focus:

The quality of the Bromley Local Offer remains an area of focus with the recent migration from MyLife to the Bromley corporate site. A new jointly funded (LBB and CCG) post is now being recruited to whose focus is to increase content, ensure accuracy and promote the site, resulting in significant improvements to the quality of the Local Offer website. The role is the Local Offer Development Officer (LODO).

5.5 Priority 5: LBB and CCG deliver an excellent service to all its families and stakeholders which is equitable, clear and transparent.

5.5.1 Areas of progress:

Within the SEN Statutory Assessment Team an action plan presented to the Board in March showed there has been a considerable amount of progress towards improving the processes and quality of the SEN statutory procedures in Bromley.

To increase transparency and improve efficiency of statutory assessments even further an EHC on-line Portal is being shaped and tested through phased implementation with a third of schools now being part of the trial, with full implementation due in September 2019.

The SEND Governance Board and the Children's Executive Board (and the partners represented on these boards) now have a shared data set to monitor the impact of the SEND action plan on children's lives. To further improve accuracy of the data a full data cleanse across systems ensures information is correct.

5.5.2 Areas for further focus:

Our data shows that the number of Children and Young People with Autism in Bromley is higher than our statistical and geographical neighbours. In response, the Bromley Autism Partnership Project has been established to drive change and outcomes for CYP with Autism. A range of engagement and consultation has taken place with over 400 parents and stakeholders giving their views, drawing out the main themes. The next steps is to agree the priority themes launching a '100 day test' where ideas are co-produced, tested and then implemented within this timeframe.

6. INSPECTION PREPARATION

- 6.1 It is anticipated that the SEND Local Area Ofsted/CQC inspection will take place within this calendar year, with an expectation of it being within the Summer term 2019. The local area has developed a self-evaluation which has been regularly updated and accountable to the SEND Board. It provides an overview against the three key areas of inspection:

- How effectively does the local area **identify** children and young people who have special educational needs and/or disabilities?
- How effectively does the local area **assess and meet the needs** of children and young people who have special educational needs and/or disabilities?
- How effectively does the local area **improve outcomes** for children and young people who have special educational needs and/or disabilities?

6.2 Throughout the month of April a series of one hour themed inspection readiness groups took place which involved stakeholders from across the local area, aligned to potential key lines of enquiry.

Inspection Readiness Groups – Potential Key Lines of Enquiry
1. Preparing for adulthood and transition
2. Participation, involvement and engagement with parent/carers and CYP
3. Education progress and Outcomes
4. SEN Support and Early Intervention
5. Health and Care Outcomes
6. Statutory Decision Making Process
7. Children Missing Education
8. SEMH/CAMHS focus
9. Mediation and Tribunals
10. Joint Commissioning arrangements
11. Autism

7. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

Children and young people with Special Educational Needs and/or Disabilities are amongst the most vulnerable in the Borough. Our ongoing work to develop and improve services is monitored by the SEND Governance Board to ensure its impact in improving outcomes.

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

SEND Governance Board continues to report to the Children’s Executive Board as part of its formal governance arrangements

9. COMMENT FROM THE DIRECTOR OF EDUCATION, LB BROMLEY

Bromley local authority, Bromley CCG and our partners are committed to ensuring that children and young people aged 0 to 25 years, who have special educational needs and/or disabilities, are well supported and empowered to lead full and rewarding lives.

Comments are welcomed from the Health and Wellbeing Board on the progress being made to implement the SEND Reforms and further improve the services

and support available to children and young people with SEND and their families.

Non-Applicable Sections:	Financial, Legal implications
Background Documents: (Access via Contact Officer)	N/A

This page is left intentionally blank

Report No.
ECHS19039

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 16th May 2019

Title: Bromley Winter Assurance Plan Update

Contact Officer: Clive Moss, Urgent Care Lead
Integrated Commissioning, Bromley CCG
Tel: 07864969693 E-mail: clive.moss@nhs.net

Ward: All

1. Summary

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

The winter resilience funding was allocated across the health system to ensure there is additional capacity in the system to ensure patients are seen in the appropriate care setting. This includes schemes to support patients and clients in secondary, community and primary care. The report firstly looks at the utilisation and impact of the CCG schemes and the London Borough of Bromley schemes which will inform future planning for Winter 2019/20. The report also provides a brief update from King's College Hospital for information.

2. Reason for Report going to Health and Wellbeing Board

The Winter Assurance Plan update is being presented to the Health and Wellbeing Board as part of the local assurance scrutiny and assurance process. This report reviews the CCG and Local Authority's 2018/19 winter pressures schemes' successes and challenges in order to plan for the next winter.

The Health and Wellbeing Board are requested to support and challenge the local system to ensure the elements included in the report are delivered and reviewed so the local system works together to plan for next winter's potentially challenging seasonal demand.

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

The Plan included input from all Bromley partners. Specific individuals and organisations are identified throughout for their role in delivering the Plan. The A&E Delivery board has oversight of the activity delivered under the Plan

Health & Wellbeing Strategy

1. Related priority: Related priority: Not Applicable
-

Financial

1. Cost of proposal: 2,647,000: £646k (CCG) £1,027k (LBB), £992k (King's)
 2. Ongoing costs: No Cost
 3. Total savings: Not Applicable
 4. Budget host organisation: : Bromley CCG, London Borough of Bromley and King's College
 5. Source of funding: Better Care Fund
 6. Beneficiary/beneficiaries of any savings: Not Applicable
-

Supporting Public Health Outcome Indicator(s)

Indicators supported:

- 4.11 - Emergency readmissions within 30 days of discharge from hospital
 - 4.13 - Health related quality of life for older people
 - 4.15iii - Excess winter deaths index (3 years, all ages)
 - 4.15iii - Excess winter deaths index (3 years, over 85)
-

4. COMMENTARY

4.1 Performance Update:

Despite the PRUH A&E 4 hour target performance worsening this winter, all Type A&E attendances have decreased slightly when compared to the previous year. Both surgical and medical admissions are comparable to the previous years winter period. Although 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 will have contributed to the lower attendances.

Positively, there was a notable improvement in the reduction of reported Delayed Transfer of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year. Compared with 2016/17, winter 2018/19 has seen a 82% reduction of reported DToC's. This has led to a reduction of 416 (75%) lost hospital bed days compared to the previous year. Bromley is now ranked 7th best performing Borough in London out of 32.

Focus on Discharge to Assess Pathway and community Continuing Healthcare assessments has increased the number of patients leaving the hospital earlier with temporary packages of care whilst the full assessment is done in the community. Over the past two financial quarters, Bromley CCG CHC have 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 is required to provide a more integrated response to admission and attendance avoidance.

4.2 Bromley CCG Winter Resilience Schemes Review

For the full review of the Bromley CCG Winter Resilience schemes please see **Appendix 1**

For Winter 2018/19, Bromley CCG commissioned several Resilience Schemes aiming to provide additional capacity across a range of community services. This 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.

OUTLINE OF BROMLEY CCG WINTER PRESSURE SCHEMES AND SPEND

Bromley CCG Winter Schemes (Total Budget £646k)			
Lead Organisation	Scheme Title	Scheme Description	Cost
Bromley Healthcare	Bromley @Home Service	Integration of existing health and social care admission avoidance provision with enhances primary care, end of life and mental health cover to provide a hospital @ home model of care to prevent escalation of need and avoid admission/attendance	£205,788

Bromley Healthcare	Nursing Support for ECH	Providing proactive support and clinical management to providers with the highest LAS call out rate	£46,969
Greenbrooks	Additional HCAs	Additional HCA cover in both UTC sites to improve productivity and increase capacity	£32,928
Greenbrooks	Christmas / New Year GP Rota Fill	Provide enhanced rates for hard to fill and last minute sessions to match other local sessional work available.	£16,000
Greenbrooks	Patient Champion extended to 7 days per week	Extend existing 5 day per week patient champion roll to 7 day service	£18,702
CCG CHC	Enhanced community support for temporary health conditions	Providing additional resource to support more people to be discharged with temporary health conditions that do not meet the threshold for CHC funding	£100,000
BGPA	Additional hub appointments	Providing additional hub appointments during key pressure times	£51,243
BGPA	GPOOH over Christmas and New Year GPOOH resilience	Additional capacity for GPOOH over Christmas and and New Year period where previous years' there had been an surge in demand.	£13,838
BHC	Home visiting service	Provide healthcare professional support (including ANPs) to undertake GP home visits, reducing demand on GP call out	£128,411
KCH	Performance Matron	Responsible for the management of the patient pathways, supporting the clinical site manager and clinical staff to optimise patient flow.	£23,776
CCG	Winter Communications	Flu Advertising Campaign - Digital and Leaflets	£1,012
Total Spend			£638,666

Learning and recommendations for next winter:

- Where funding commitments and strategic priorities permit, it is preferable to plan for winter resilience additionally sufficiently in advance (by August latest) so that additional staff known to the organisation can be recruited via the bank. In addition, a more realistic approach needs to be taken by commissioner and provider with regard to staff recruitment requirements.
- The principle of increasing capacity within existing services to support smooth implementation and higher 'uptake' has been shown to be sensible.
- Further pathway clarity needed and links to other Bromley Healthcare home visit services – As well as the existing Rapid Response Service (urgent home visits within two hours), the Hospital@Home service also started in autumn 2018. Therefore there were three home visit services operating over winter. In some ways, it has been helpful to have a single point of access to all three services via the Rapid Response call centre, but there has been some confusion about which service to refer patients to with consequent data coding errors, and GPs referring to the service of 'least resistance'.
- Mobilisation and monitoring of GP Hubs service is relatively quick and easy, which is somewhat balanced against the relatively high cost of appointments. However, a long lead-in time is required to fill GP rotas –ideally two months.
- Further develop an integrated urgent and emergency care system in the community providing a single point of access to a range of community services able to provide brief

acute level interventions to support more people at home, preventing the need for hospital based care and support. A multiagency workshop has been planned for 30th April to consider these issues and agree next steps

4.3 London Borough of Bromley Winter Resilience Update:

For full review the London Borough of Bromley Winter Resilience schemes please see **Appendix 2**.

Broadly the areas of spend were appropriate and provided much needed capacity to the system during the winter months.

Intensive Personal Care has been over utilised (122% spend) whilst Fast Response Personal Care has been under utilised (6% of spend). FPRC most likely underutilised due to increase in utilisation of D2A. Dependent on D2A evaluation it may be better use of spend to focus on Intensive Personal Care to support more intensive need for patients wanting to go home, but needing intensive support at home to manage for a short period of time after discharge.

There is further work to do with ECH providers on ensuring minimal delay in accessing assisted technologies and ensuring people are able to return to ECH for their on-going needs to be assessed, with temporary enhanced care if needed.

There has been a notable improvement in the reduction of reported Delayed Transfer of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year.

4.4 King's College Hospital Update

Highlights include:

- Ambulatory care is has been extended to an 8am to 8pm service, 7 days a week in line with winter plans.
- The Discharge Lounge has moved and expended to accommodate 3x stretchers and 15 chairs. Through winter the Discharge Lounge has been staffed and open 7 days a week, including on the weekends 08:00 to 17:00.
- To improve the Ambulatory Medical Unit resilience, resource has been used to provide an on-site consultant as part of a multi-disciplinary team reviewing and discharging patients over the weekend.
- Progress has been made on delivery of Rapid Assessment and Treatment (RATing) which is open from 12:00 to 17:00 Monday to Friday, and expanded with shifts out to team to extend from 17:00 to 22:00 weekdays and 5 hours Saturday and Sunday. Data collection on impact and work with NHS Improvement ECIST team under way.

4.5 Other Joint Partnership Working

One Bromley Urgent and Emergency Care Workshop

In late April an inaugural One Bromley Urgent and Emergency Care Workshop was facilitated by Bromley CCG in which external providers and stakeholders were invited to review winter and agree out key priorities for the Bromley Urgent and Emergency Care system in the next year.

An action tracker was formulated from the workshop that will be further refined at the Bromley A&E Delivery Board. This will form the project plan for both 19/20 winter planning and more long term proactive system planning.

PRUH Multi Agency Discharge Events (MADE) and 'Perfect Week'

Due to the operational pressures developing during the Christmas Holiday period and predicted challenges during the New Year and further into January, it was agreed with NHSi that both Denmark Hill (DH) and Princess Royal University Hospital (PRUH) would run a MMADE event on 31 December 2018. MADE was run in parallel at Orpington Hospital as part of the PRUH event. External support was provided by Healthy London Partnership (HLP), Lambeth and Southwark CCG, Bromley CCG, Bromley Healthcare and members of the Transfer of Care Bureau (TOCB).

The site started the day in a challenged position with a small number of predicted discharges and a number of potential patients with delays in A&E. By the end of the day, the multidisciplinary teams had managed to enable 76 discharges (compared to an average of 33 discharges for the previous 7 days). Another has taken place on 17 January which resulted in 82 discharges from the PRUH.

NHS Improvement Emergency Care Intensive Support Team

Further to the above, ECIST is working with the PRUH team to maximise flow through the hospital. This includes ensuring robust challenge is happening at ward board rounds to ensure every patient has in place the plan for the next steps for their treatment and discharge. This is a key part of the nationally recognised work to ensure "red days" where no progress is made on a given day for the patient is changed to a "green day" where they make progress on their pathway. ECIST are also working closely with the PRUH to systematically review every patient with a long length of stay (over 21 days) and ensure blocks to discharge, including wider system impediments, are escalated and resolved.

Hunter Consultancy Support

Working with NHS Improvement, King's College University Hospitals NHS Trust has appointed Hunter Consultancy to support the rapid improvement of key parts of the emergency care pathway. A dedicated three person team is allocated to the PRUH as part of this work. The team will focus at the PRUH on emergency department flow, maximising the opportunity provided through ambulatory care, the frailty service and overall discharge flow. Hunter are working with the hospital's teams, and relevant partners, until May 2019.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

The Plan ensures the system are held to account in their role in ensuring Bromley residents have access to timely, high quality health and social care when they need it preventing. In particular the plan ensures there is appropriate resource for frail and elderly residents who are particularly vulnerable to seasonal illness. Click

6. FINANCIAL IMPLICATIONS

The CCG and LBB Winter resilience funding is part of the agreed Bromley Better Care Fund. King's winter resilience funding is part of their contracted baseline

7. LEGAL IMPLICATIONS

There are no legal implications

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

The Bromley A&E Delivery Board is responsible for the oversight and management of the Bromley System Winter Plan

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The winter schemes are essential in providing additional capacity in the system so all partners are able to support the acute hospital so very sick patients that need hospital based care are able to be seen in a timely way. For the first time Bromley developed a truly integrated plan focussing on how the whole system will work together to manage the significant additional pressures that we see throughout winter months. There were successes and challenges outlined in this paper that will need to be taken into account as we start the planning for Winter 2019/20.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

This page is left intentionally blank

Bromley CCG Winter Resilience Scheme Review 2018/19

1. BACKGROUND:

For Winter 2018/19, Bromley CCG commissioned several Resilience Schemes aiming to provide additional capacity across a range of community services. This 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.

2. OUTLINE OF BROMLEY CCG WINTER PRESSURE SCHEMES AND SPEND

Bromley CCG Winter Schemes (Total Budget £646k)			
Lead Organisation	Scheme Title	Scheme Description	Cost
Bromley Healthcare	Bromley @Home Service	Integration of existing health and social care admission avoidance provision with enhances primary care, end of life and mental health cover to provide a hospital @ home model of care to prevent escalation of need and avoid admission/attendance	£205,788
Bromley Healthcare	Nursing Support for ECH	Providing proactive support and clinical management to providers with the highest LAS call out rate	£46,969
Greenbrooks	Additional HCAs	Additional HCA cover in both UTC sites to improve productivity and increase capacity	£32,928
Greenbrooks	Christmas / New Year GP Rota Fill	Provide enhanced rates for hard to fill and last minute sessions to match other local sessional work available.	£16,000
Greenbrooks	Patient Champion extended to 7 days per week	Extend existing 5 day per week patient champion roll to 7 day service	£18,702
CCG CHC	Enhanced community support for temporary health conditions	Providing additional resource to support more people to be discharged with temporary health conditions that do not meet the threshold for CHC funding	£100,000
BGPA	Additional hub appointments	Providing additional hub appointments during key pressure times	£51,243

Total Spend			£638,666
BGPA	GPOOH over Christmas and New Year GPOOH resilience	Additional capacity for GPOOH over Christmas and and New Year period where previous years' there had been an surge in demand.	£13,838
BHC	Home visiting service	Provide healthcare professional support (including ANPs) to undertake GP home visits, reducing demand on GP call out	£128,411
KCH	Performance Matron	Responsible for the management of the patient pathways, supporting the clinical site manager and clinical staff to optimise patient flow.	£23,776
CCG	Winter Communications	Flu Advertising Campaign - Digital and Leaflets	£1,012

3. REVIEW OF SCHEMES - Highlights

Bromley @Home Service

The @home service is now coming close to the end of the pilot phase. The service has been in operation since 16/10/18 and is comprised of ANP and HCA support 7 days a week, with input from therapists Monday to Friday. In addition the service utilises the D2A GPs to assist in identifying patients in the hospital. The development of the role of the GP has not been as successful as anticipated as the current scope is limited and various contractual and indemnity issues need resolving. This will be reviewed in future development of this service.

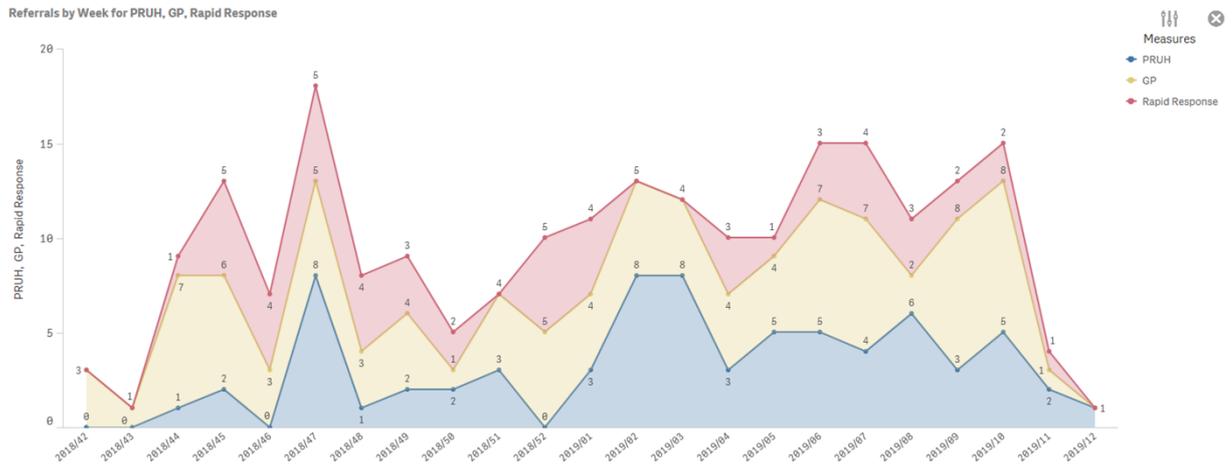
The service has the dual aims of admission avoidance and supported discharge for patients who no longer need the level of care offered in hospital.

Up to the 18/3/19 the @home service had taken a total of 256 patients.

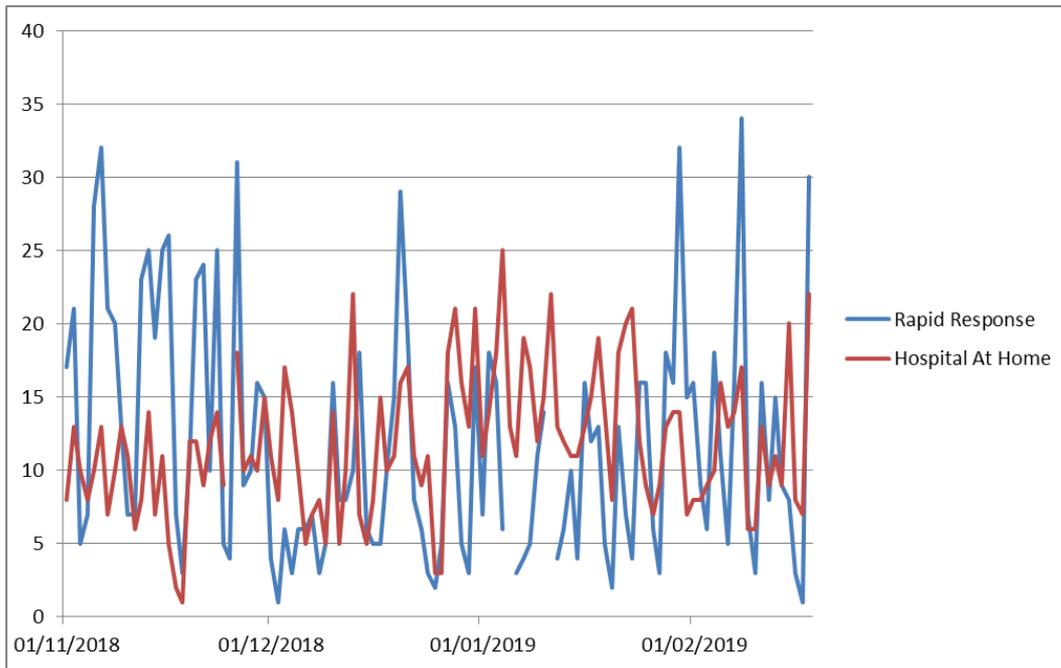
Consisting of:

- 62.2% female and 37.8% male
- 18 patients were under the age of 65 years
- A large number of patients were 75+ (182 patients in total)

Initially referrals were predominantly from GP practices or were patients taken by rapid response who were then identified as being appropriate for @home following the initial assessment. Although referrals from the hospital have grown following a concerted effort to inform the wards of the new pathway, total referral volumes are still low and below the capacity available.

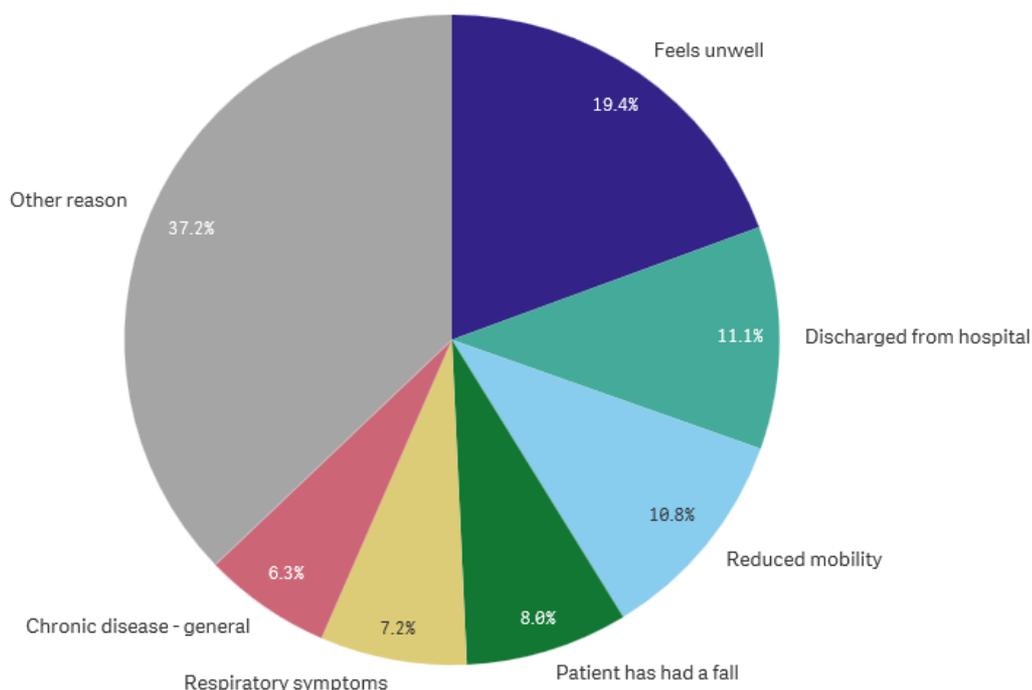


Although a number of the GP referrals were originally made with the intention of rapid response and then diverted into @home following discussion with the GP, it should be noted that this has not been a direct substitution effect and that the volume of activity for rapid response, as illustrated in the graph below. As both rapid response and @home are delivered by the same staff group it has allowed us to utilise the unused resource within @home to increase capacity within rapid response. Increased numbers of referrals from LAS have been seen but again more liaison needs to be completed, particularly with their Vulnerable Patient Team.

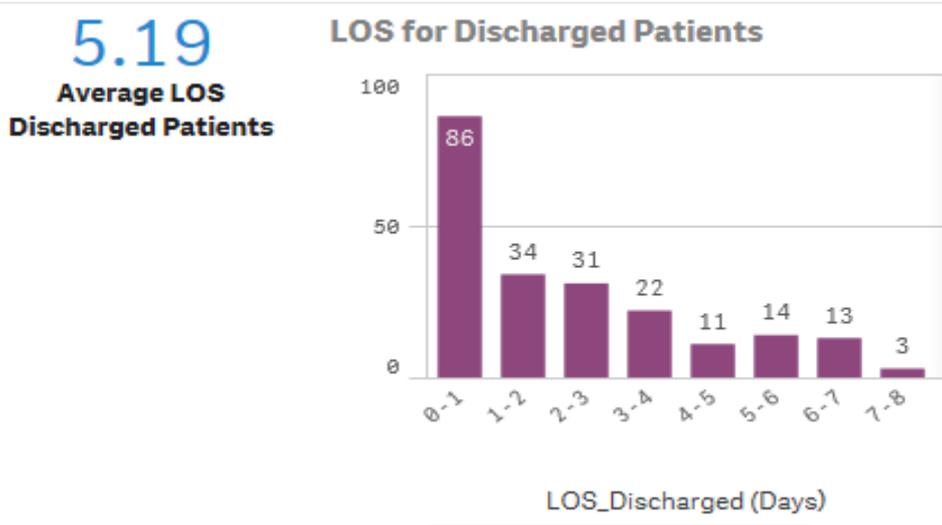


The reason for referral captured at the point of clinical triage is illustrated in the chart below. The 'other reason' category is made up Chronic disease general, problems with activities of daily living, wound care, generalised pain, confusion, and dizziness/balance problems in relatively equal measure. The box graph on the next page shows a collection of all referral reasons, including secondary reasons which show a slightly different picture to the primary reasons.

Top 7 Referral Reason

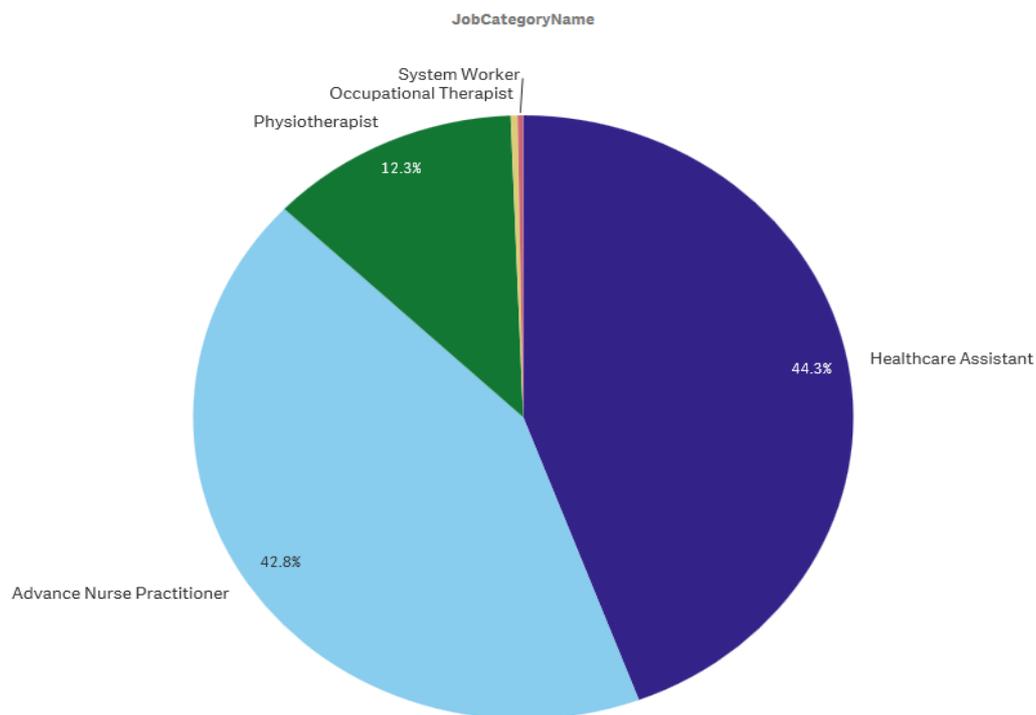


The following chart shows data relating to total visits for patients discharged from @home. The overall average number of visits was 5.19 which is increasing. We need to consider social care package of care provision for long stay patients.

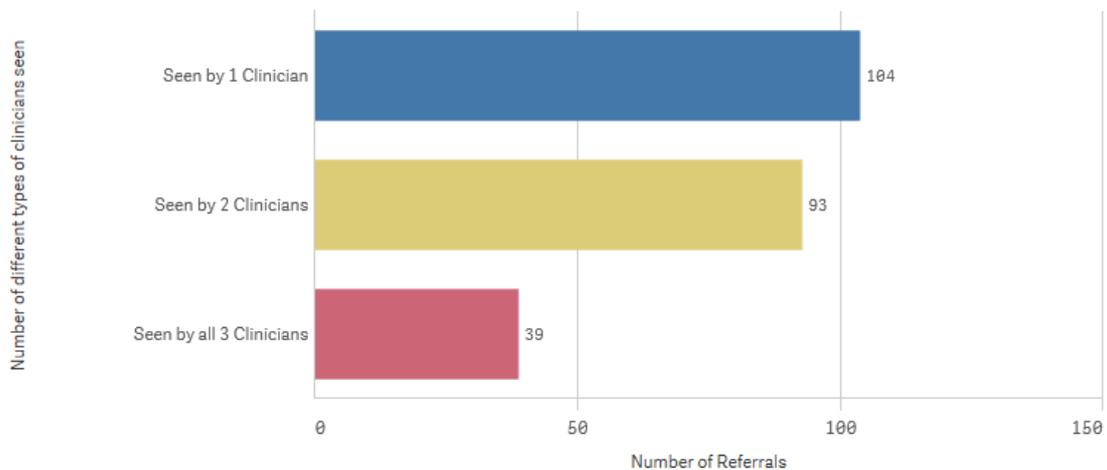


The mix of visit type (by healthcare professional) is illustrated in the following pie chart. Although HCA visits are shorter in duration than ANP and Physio visits the data suggests we may need to increase the proportion of HCA time within the staffing model. 55% of patients saw at least 2 or more types of health professional, as illustrated in the bar chart. This shows the multidisciplinary value of the @home service. It should also be noted that the ANP input is

understated for those patients that were referred from rapid response, as the ANPs initial assessment will be recorded within rapid response activity.



Number of Clinicians Seen



Graph above summarises number of patients seen by either all the three group of clinician ,two or just one clinician.

The chart below provides information as to what onward referrals have been made from the @home service. A significant portion (43%) are also being referred back to their GP. Alternative models of care with GPs in the service might potentially be able to manage some or all of these patients.

Referral to GP 32	Referral to Social Services 22	Refer to physiotherapist 5	
		Referral to falls service 4	Refer to hospital 3

System saving generated to date

Based on the premise that 256 seen within the @home service might have led to a hospital admission (or prolonged hospital stay) if the service had not been in place, a potential estimate can be made of the system wide saving delivered by the @home service. However, these figures should be treated with considerable caution as it is not clear if some of these patients form 'unmet need' and because the assessment of admission avoidance has been subjective, and made against criteria that have not been agreed or clarified.

Bearing these issues in mind, based on an average length of stay in the PRUH of 5 days and the hospital bed cost of £400 per day the total saving equals:

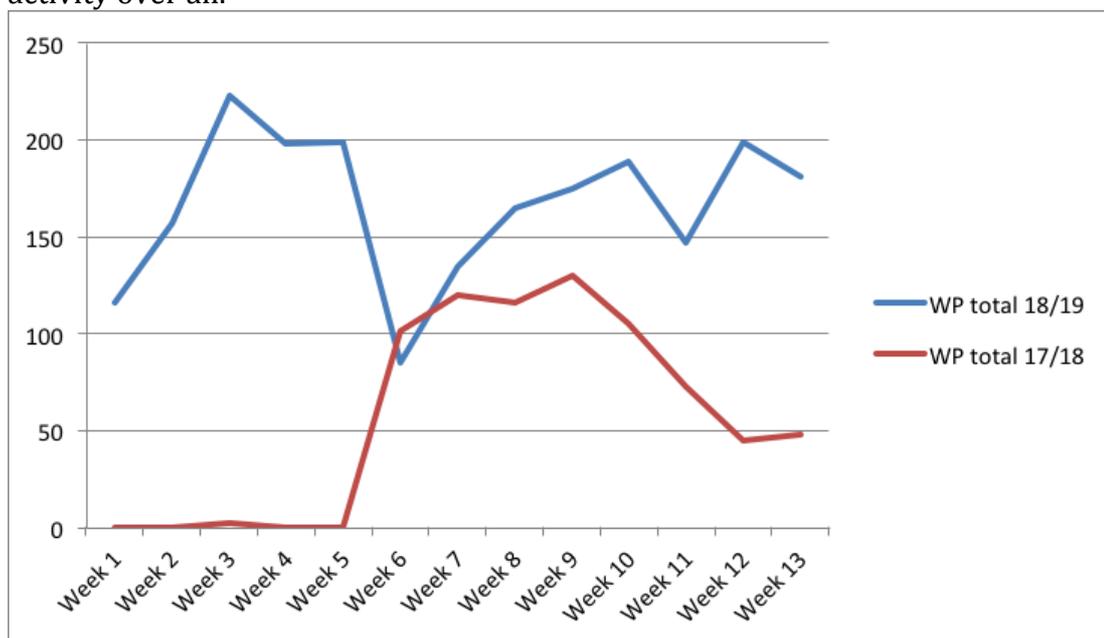
$$\text{@home patients (253) X Ave PRUH bed days (5) X Daily bed cost (£400) = £506,000}$$

The current cost for delivering the service to date is £190k, potentially generating a system return on investment of £ 316,000 or £2.66 for every £1 invested.

ANP Home Visiting Service (see Appendix A for full summary)

- Bromley Healthcare provided additional ANP (Advanced Nurse Practitioner) home visiting capacity within the Rapid Response Team from Monday 19th November 2018 to 15th February 2019 to support practices in managing increased demand for home visits over winter.
- All practices made at least one referral to the service. However, 62% of practices (28/45) used less than half of their weekly allocation, and 24% of practices (11/45) used less than a quarter. Only two practices exceeded their weekly allocation. See Appendix A for breakdown of referrals by practice.
- Breakdown of the total referrals by practice into all rapid response services over the winter period (including RRT, @Home and the same day service) shows that there is a similar overall referral pattern to that for the same day service alone.
- This may suggest that there are a number of practices who are not engaged in the use of these services and further communication is required, or it may indicate that some practices are able to manage home visit demand in house and therefore do not benefit from additional BHC service capacity.

- Overall activity - Activity remained higher throughout the duration of the service compared to the previous year, when it tailed off considerably. To note, there was more capacity this year, which helps account for higher activity over all.



- The number of ‘first visits’ undertaken each day following a referral was much lower than planned. The expected number of visits each week was 135, whereas the actual average number of visits (over Week 3 – Week 13) was 87. However, many follow-up visits and actions were generated following the initial visit, and when these are taken into account, the average count of activity each week increases to 169.
- Administrative time taken to set up the service i.e. recruitment and training of additional ANPs is high. Productivity of recruited agency staff is lower than substantive staff would be.
- In some ways, it has been helpful to have a single point of access to all three services via the Rapid Response call centre, but there has been some confusion about which service to refer patients to with consequent data coding errors, and GPs referring to the service of ‘least resistance’.
- It may therefore be helpful to remove the ‘2 hour’ criteria for the Rapid Response service (it is not seen as helpful by GPs and is often gamed), and, instead, a discussion with the Rapid Response team would be held to determine the level of need of the patient (and therefore whether the @Home team needs to be deployed) and the urgency of the situation (whether a visit is needed within a few hours / same day / next day).

Extra Care Housing Support Service

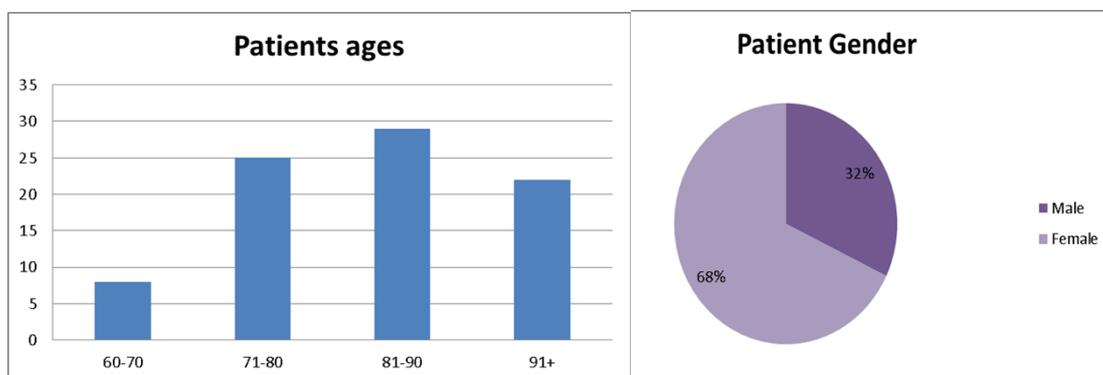
The service has been commissioned to provide support for the ECH sites by seeing patients discharged from hospital to ensure they are less likely to be readmitted via means of a holistic assessment of their needs and safety. The service consists of one advanced nurse practitioner (with support from the wider Rapid Response team if required) and also carries out training and advice

to the ECH site staff as well as advising on best practice and acting as a navigator for health services if required.

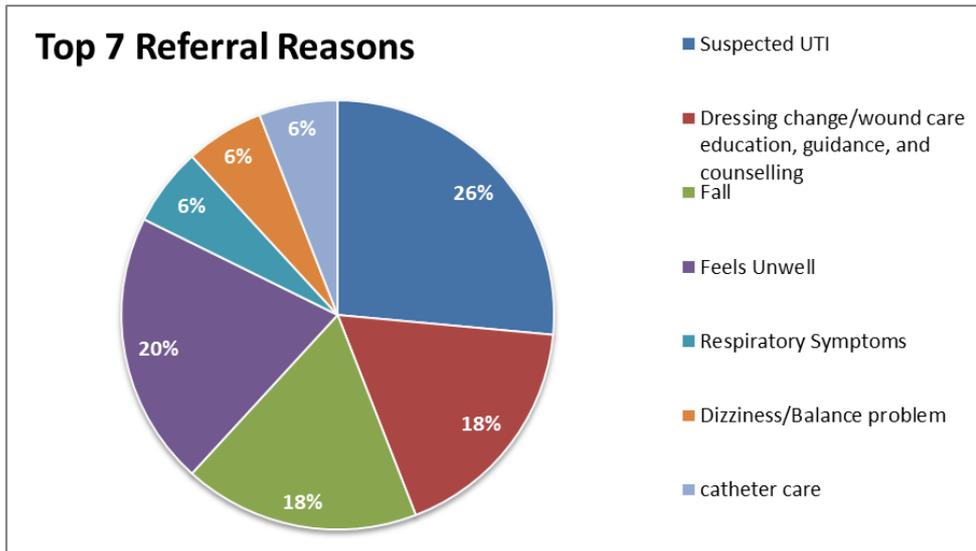
- Take up from the homes has been varied and to date the following number of visits have been carried out:

Location	No. of visits
Sutherland	21
Crown Meadow	87
Durham House	5
Norton Court	4
Regency Court	2
Apsley Court	4

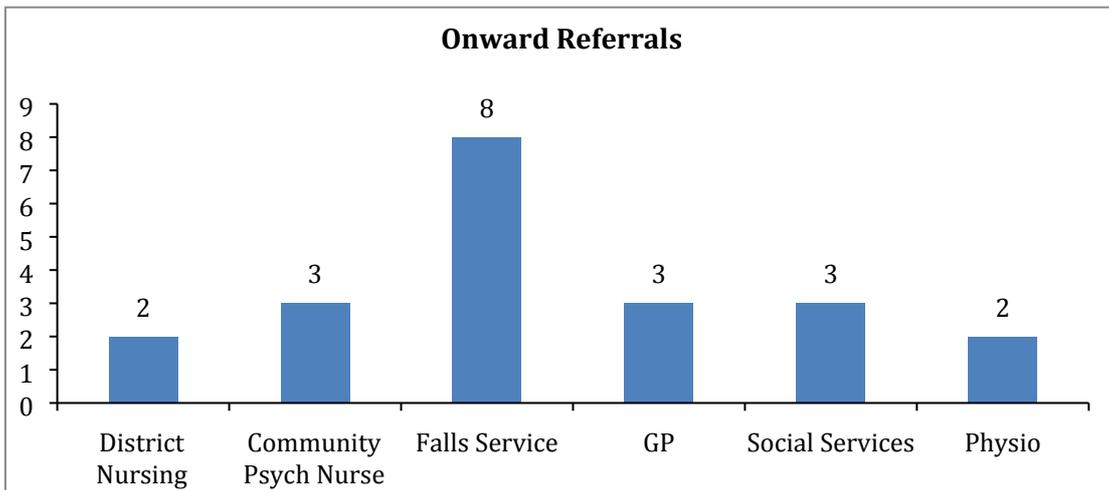
- These visits provided the opportunity to share and support care staff with talks on:
 - Sepsis
 - Falls
 - Pressure area care
 - The unsafe use of Emollients creams can result in serious or fatal injuries from fire
- Up to the 26/03/2019 the service had taken a total of 84 patients. As illustrated in the charts below the patient group is largely female and made up of aged groups 70+.



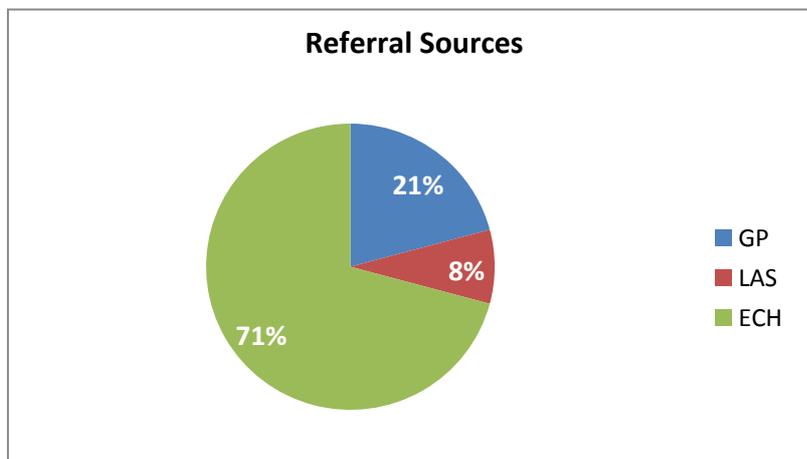
- 84% of patients have been seen for a first appointment with a small percentage (16%) requiring a follow up
- Referral reasons are in line with what was expected with 'suspected UTI' and 'Falls' being main reasons. There are a number of dressing change and wound care/education which was not expected and a significant number of the patients where the initial reason for referral states 'feels unwell'. The Feels Unwell patients excerpt is shown below, two of the patients have more in depth referral reasons and the others have a clear diagnosis following visit.



- The service has made a number of onward referrals, as you can see from the graph below the Falls Service has been the service most required for this cohort. As a result the ECH ANP worked closely with the specialist falls lead to develop specific training material for the ECHs.



- As you would expect the majority of referrals have come from the ECHs, however we have had a small number from LAS and GPs.



Increased GP Access Hub Appointments:

- 2260 additional appointment slots for GP practices. This represents a 10% increase in total hub appointments and equates to an increase in weekly practice allocation of 0.6 to 4.2 depending on list size.
- Utilisation of all Access Hubs appointments remained high over the six month period at an average of 96% with an 8% DNA rate. This is in keeping with performance during the non-winter period.
- To note, 300 of the additional 2260 winter resilience appointments were not offered to patients due to difficulty finding GPs to provide the sessions, therefore these appointments are being offered as additional appointments over the Easter period.

Did it achieve its aims?

- As in previous years, the assumption is that additional Access Hub appointments inherently help support primary care to manage additional demand by providing additional capacity, which therefore also helps prevent avoidable emergency admissions and attendances.
- Without an analysis of appointments available in general practice we cannot confirm that overall the availability of GP appointments increased over the winter period. However, even if the number of overall appointments did not increase, there is still benefit to practices and patients in that GP time is freed up to manage the care of other patients, thereby supporting practice resilience.
- It is important to bear in mind the relatively high cost of this provision. Bromley hub appointments cost the CCG £36.42 each (the average cost across SEL is £40.85 (range £69.44 to £25.80)). To compare to the cost of commissioning general practice appointments, for the 2014-15 winter resilience programme the CCG reimbursed practices at a rate of £20/appointment.

Increased Capacity for GP Out of Hours and Urgent Care Centres

As commissioned last year, the three elements were:

- Extended patient champion hours which supports redirection and increases use of hub appointments including advice and sign-posting to reduce avoidance attendances. The majority of redirections were to the GP Hub, own GP, Pharmacy, Sexual Health Clinic or other specialty.
- Enhanced GP rates ensuring rota fill across both sites including bank holidays and weekends enabling the UCCs to support ED and see as many patients as possible.
- Increased Health Care Assistants, which allowed clinical staff to focus on treating and discharges more patients with HCAs completing ECGs, observations, plastering and some dressings.
- Additionally this year the CCG commissioned GPOOH to provide additional capacity over the Christmas and New Year period to alleviate

Enhanced community support for temporary health conditions

- Provided additional resource to support more people to be discharged with temporary health conditions that do not meet the threshold for CHC funding.
- Where there wasn't clarity around funding of a patient's care, temporary packages of care were put in place to allow for the funding discussion to occur outside the hospital, reducing bed days.

Performance Matron

The CCG have funded a performance matron for post acute medicine to be responsible for the management of the patient pathways, supporting the clinical site manager and clinical staff to optimise patient flow. The main key performance indicators measured are:

- Increasing number of early discharges
- Identification of reasons for delayed discharge.
- Quality improvement of community healthcare discharges (specifically Bed Based / Home Based Rehab).
- Reduction of 'medical outlier' patients.

The post started on January 7th and will run until May 7th. The CCG and PRUH Head of Post Acute Nursing and General Manager for Post Acute are currently assessing the post for a more detailed evaluation.

Winter Communications:

- The CCG funded a flu advertising campaign both in print and digitally to encourage take up of the flu vaccinations specifically in over 65s.
- The CCG also designed an information poster for Care Homes called 'Are you concerned about a resident?' to support care homes to contact alternative care pathways instead of ringing 999 where appropriate. The poster included different avenues of support to care homes such as NHS 111*6, Rapid Response, Pharmacists, Mental Health and Palliative Care support. The poster was sent out to all residential, nursing and extra care housing units in Bromley.

4. LEARNING AND RECOMMENDATIONS FOR NEXT WINTER

- Where funding commitments and strategic priorities permit, it is preferable to plan for winter resilience additionally sufficiently in advance (by August latest) so that additional staff known to the organisation can be recruited via the bank. In addition, a more realistic approach needs to be taken by commissioner and provider with regard to staff recruitment requirements.
- The principle of increasing capacity within existing services to support smooth implementation and higher 'uptake' has been shown to be sensible

Community:

- **Pathway clarity and links to other Bromley Healthcare home visit services** – As well as the existing Rapid Response Service (urgent home visits within two hours), the Hospital@Home service also started in autumn 2018. Therefore there were three home visit services operating over winter. In some ways, it has been helpful to have a single point of access to all three services via the Rapid Response call centre, but there has been some confusion about which service to refer patients to with consequent data coding errors, and GPs referring to the service of ‘least resistance’.
- Mobilisation and monitoring of GP Hubs service is relatively quick and easy, which is somewhat balanced against the relatively high cost of appointments. However, a long lead-in time is required to fill GP rotas – ideally two months.

Acute:

- Despite PRUH A&E performance worsening this winter, all Type A&E attendances have decreased slightly when compared to the previous year. This could be a combination of the mild weather for the most of the winter period and a consequence of the various community admission avoidance pathways such as the integrated care networks proactive care pathway and additional capacity in the community.
- DTOCs continue to decrease compared to previous years and remain below the target plans for both NHS attributable and Social Care Attributable delays. The decrease in DTOCs has led to a reduction of 416 (75%) lost hospital bed days compared to the previous year. Bromley is now ranked 7th best performing Borough in London out of 32.
- This in part can be attributed to the expansion of the Discharge to Assess Pathway Pilot which has increased the number of patients leaving the hospital earlier with temporary packages of care whilst the full assessment is done in the community.
- Although all services offered were 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 is required to provide a more integrated community response to admission and attendance avoidance that is able to be accessed by a range of community providers including domiciliary care services and placements as well as the Emergency Department.

Recommendations:

1. Planning and mobilisation as early as possible of schemes to allow for staff recruitment, preferably during late summer and early autumn.
2. Further develop an integrated urgent and emergency care system in the community providing a single point of access to a range of community services able to provide brief acute level interventions to support more people at home, preventing the need for hospital based care and support. A

multiagency workshop has been planned for 30th April to consider these issues and agree next steps

3. The new Primary Care Networks will offer an opportunity to commission winter resilience schemes differently and in a way that is more focused on the needs of different practices. However, given the need for long lead in times, the 2019/20 may be too soon for this.

Appendix A: 2018/19 ANP Home Visiting Winter Resilience Scheme Evaluation

The Service

The demand for home visits has increased by over 50% in the past two years, and feedback from the vast majority of practices shows that practices are finding it more and more difficult to meet this demand without there being an adverse impact on delivery of other primary care services. The timely provision of home visits intended to relieve the pressure on general practice and help prevent patients falling into crisis and therefore avert potential far costlier A&E attendances/admissions.

Bromley Healthcare provided additional ANP (Advanced Nurse Practitioner) home visiting capacity within the Rapid Response Team from Monday 19th November 2018 to 15th February 2019 to support practices in managing increased demand for home visits over winter.

The additional ANPs provided same day visits to patients who requested a home visit and were deemed by the GP as suitable to be seen by an ANP.

Practices could refer in via the usual route of phoning the BHC Care Coordination Centre to speak to an ANP in the Rapid Response Team and asking for a same day visit. This call could be made by a non-clinician who had the relevant clinical information regarding the reason for the visit. Alternatively, the BHC SPE (Single Point of Entry) referral form could be used to send the referral.

Practices were given a nominal allocation of visit requests they could make each week based on the weighted list size. Practices were requested to refer in line with their weekly allocation to maintain parity of access.

Evaluation

Demand for the service

All practices made at least one referral to the service. However, 62% of practices (28/45) used less than half of their weekly allocation, and 24% of practices (11/45) used less than a quarter. Only two practices exceeded their weekly allocation. See Table 1 for breakdown of referrals by practice.

Table 1

	Total	allocation	usage %
Station Road	65	52	125.00%
Gillmans Road	14	13	107.69%
London Lane	72	78	92.31%
Pickhurst	33	39	84.62%
Norheads	10	13	76.92%
Bromley Common	36	52	69.23%
Forge Close	18	26	69.23%
Addington Road	33	52	63.46%
Chislehurst Medical	49	78	62.82%
Crescent	8	13	61.54%
Stock Hill	30	52	57.69%
Chelsfield	22	39	56.41%
Knoll	29	52	55.77%
Link Medical	29	52	55.77%
Derry Downs	14	26	53.85%
Whitehouse	7	13	53.85%
Elm House	47	91	51.65%
Green Street Green	19	39	48.72%
Robin Hood Surgery	12	26	46.15%
Oakfield	11	26	42.31%
Poverest	22	52	42.31%
Summercroft	22	52	42.31%
Ballater	20	52	38.46%
South View	22	65	33.85%
St James	13	39	33.33%
Bank House	8	26	30.77%
Dysart	16	52	30.77%
Park Group	12	39	30.77%
Broomwood Road	15	52	28.85%
Southborough Lane	15	52	28.85%
Woodland Practice	15	52	28.85%
Wickham Park	7	26	26.92%
Comerways	10	39	25.64%
Tudor Way	10	39	25.64%
Charterhouse	6	26	23.08%
Manor Road	6	26	23.08%
Sundridge	5	26	19.23%
Eden Park	6	39	15.38%
St Mary Cray	2	13	15.38%
Cator	5	52	9.62%
Anerley	1	13	7.69%
Cross Hall	1	13	7.69%
Family Surgery	2	26	7.69%
Highland Road	1	26	3.85%
Trinity Medical	1	26	3.85%

Actual demand for this service is therefore significantly lower and patchier than expected, particularly as a 'deep dive' into home visit provision in practices in summer 2018 confirmed that the demand for visits puts significant pressure on practices. There is not an obvious reason for the lower than expected usage; the service was well advertised in advance of go live via the practice bulletin and cluster meetings, and the referral route was made as easy possible by making it the same as the usual RRT route and further more non-clinicians were able to send the referral. Each month, there were 3-4 days when the service reached capacity, but only 1-2 referrals had to be rejected.

Table 2 below shows total referrals by practice into all rapid response services over the winter period. This includes RRT, @Home and the same day service. This shows that there is a similar overall referral pattern to that for the same day service alone. This may suggest that there are a number of practices who are not engaged in the use of these services and further communication is required, or it may indicate that some practices are able to manage home visit demand in house and therefore do not benefit from additional BHC service capacity.

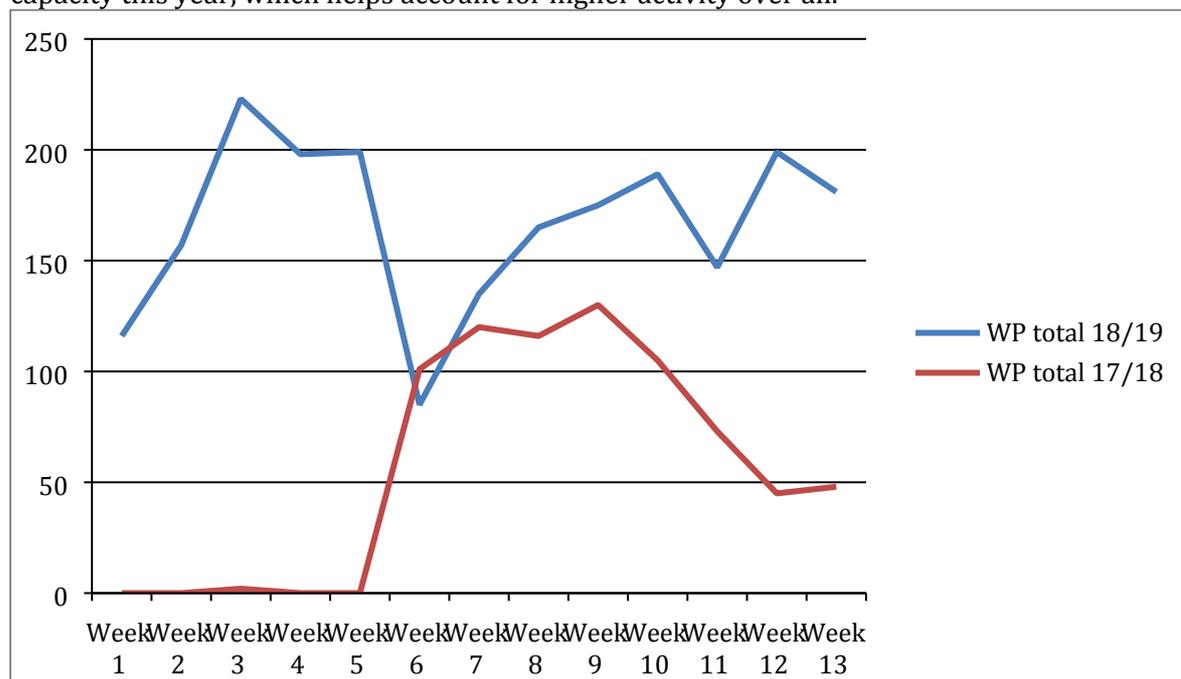
Table 2

Referral Sources	Nov-18	Dec-18	Jan-19	Feb-19	Grand Total	Rate/1000
STATION ROAD SURGERY	17	42	35	22	116	10.7
PICKHURST SURGERY	9	16	21	12	58	8.3
LONDON LANE CLINIC	16	30	31	24	101	7.1
Robin Hood Surgery	4	6	8	5	23	5.2
ADDINGTON ROAD SURGERY	8	17	13	8	46	5.2
GILLMANS ROAD SURGERY	3	2	5	5	15	5.1
Bromley Common Practice	5	19	9	10	43	4.9
Norheads Lane Surgery	1	3	6	3	13	4.8
STOCK HILL MEDICAL CENTRE	11	14	17	7	49	4.8
Green Street Green	3	9	11	9	32	4.6
Elm House Surgery	7	29	30	6	72	4.4
BANK HOUSE SURGERY	3	4	7		14	4.4
Forge Close Surgery	2	5	14	4	25	4.2
Knoll Medical Practice	6	10	16	7	39	4.0
Chislehurst Medical Practice	6	17	22	12	57	4.0
CRESCENT SURGERY	3	3	3	1	10	3.9
BALLATER SURGERY	6	7	14	8	35	3.8
LINKS MEDICAL PRACTICE	5	19	9	7	40	3.7
ST JAMES' PRACTICE	2	12	7	2	23	3.6
CHELSEFIELD SURGERY	2	12	7	6	27	3.4
POVEREST MEDICAL CENTRE	3	11	10	5	29	3.3
Summercroft Surgery	2	10	9	10	31	3.0
DERRY DOWNS SURGERY	2	7	7		16	2.9
Dysart Surgery	10	9	9	1	29	2.9
CHARTERHOUSE SURGERY	3	6	6	1	16	2.8
OAKFIELD SURGERY	2	1	5	3	11	2.7
WOODLANDS PRACTICE	4	2	10	5	21	2.3
CORNERWAYS SURGERY	1	6	8	3	18	2.2
SOUTHBOROUGH LANE SURGERY	4	7	10	2	23	2.2
Park Group Practice	5	5	2	3	15	2.1

Tudor Way Surgery	1	3	7	3	14	2.1
SOUTH VIEW PARTNERSHIP	3	9	6	6	24	2.0
WHITEHOUSE SURGERY	1	2	1	2	6	1.9
BROOMWOOD ROAD SURGERY		5	8	6	19	1.8
Wickham Park Surgery	1	5	1	1	8	1.7
Manor Road Surgery	1	2	2	3	8	1.5
EDEN PARK SURGERY	1	4	4	2	11	1.4
Family Surgery		2		2	4	1.0
SUNDRIDGE MEDICAL PRACTICE	2	3			5	1.0
Anerley Surgery			1	1	2	0.8
Cator Medical Centre	2	1	1	3	7	0.8
Highland Road Surgery	1	1	1		3	0.7
ST MARY CRAY PRACTICE			1	1	2	0.7
CROSS HALL SURGERY	2				2	0.7
Trinity Medical Centre	1			1	2	0.4

Operational management and delivery

Overall activity - Activity remained higher throughout the duration of the service compared to the previous year, when it tailed off considerably. To note, there was more capacity this year, which helps account for higher activity over all.



The number of 'first visits' undertaken each day following a referral was much lower than planned. The expected number of visits each week was 135, whereas the actual average number of visits (over Week 3 – Week 13) was 87. However, many follow-up visits and actions were generated following the initial visit, and when these are taken into account, the average count of activity each week increases to 169.

Productivity – Bromley Healthcare spent a significant amount of administrative time setting up the service, especially recruiting the additional ANPs. The productivity of the newly recruited agency staff was then lower than it would have been for substantive staff due to time spent training, more time spent on undertaking the visits and there was also less consistency in delivery of care.

It would be more practical for patients referred in the afternoon to be seen the next morning rather than same day. This is because most referrals come in late morning, so the bulk of activity is after 11am, but it is not easy to recruit staff to only cover an afternoon shift.

Pathway clarity and links to other Bromley Healthcare home visit services – As well as the existing Rapid Response Service (urgent home visits within two hours), the Hospital@Home service also started in autumn 2018. Therefore there were three home visit services operating over winter. In some ways, it has been helpful to have a single point of access to all three services via the Rapid Response call centre, but there has been some confusion about which service to refer patients to with consequent data coding errors, and GPs referring to the service of ‘least resistance’.

It may therefore be helpful to remove the ‘2 hour’ criteria for the Rapid Response service (it is not seen as helpful by GPs and is often gamed), and, instead, a discussion with the Rapid Response team would be held to determine the level of need of the patient (and therefore whether the @Home team needs to be deployed) and the urgency of the situation (whether a visit is needed within a few hours / same day / next day).

Bromley Healthcare struggled to recruit sufficient agency staff to meet the requirements of the ANP home visit service, @Home and the ANP for Extra Care Housing.

Feedback on the service

There were no Quality Alerts received regarding the service, and the primary care team did not receive any feedback from practices following a request for comments in a practice bulletin. Bromley Healthcare did not receive any patient concerns or complaints.

Monitoring and oversight

The CCG received weekly updates on referral activity during the first few weeks of the service. This was used to identify over/under referring practices and resulted in additional practice bulletin items to promote the service and also promotion at cluster meetings.

Overall, the scheme was far more straightforward to commission, oversee and deliver compared to previous schemes that were developed and implemented at later notice and involved a more significant change in pathways.

Overall, did the scheme achieve its aims?

The service achieved its aims only in part. It was used by some practices far more than others, suggesting that pressure to meet the demand for home visits was not relieved for some practices.

A&E attendances have decreased slightly when compared to the previous year. This will continue to be monitored throughout the winter as it could be a consequence of the various community admission avoidance pathways such as the integrated care networks proactive care pathway.

Main learnings and recommendations for future winter resilience schemes

1) Where funding commitments and strategic priorities permit, it is preferable to plan for winter resilience additionality sufficiently in advance (by August latest) so that additional staff known to the organisation can be recruited via the bank. In addition, a more realistic approach needs to be taken by commissioner and provider with regard to staff recruitment requirements.

- 2) The principle of increasing capacity within existing services to support smooth implementation and higher 'uptake' has been shown to be sensible.
- 3) The new Primary Care Networks will offer an opportunity to commission winter resilience schemes differently and in a way that is more focused on the needs of different practices. However, given the need for long lead in times, the 2019/20 may be too soon for this.

This page is left intentionally blank

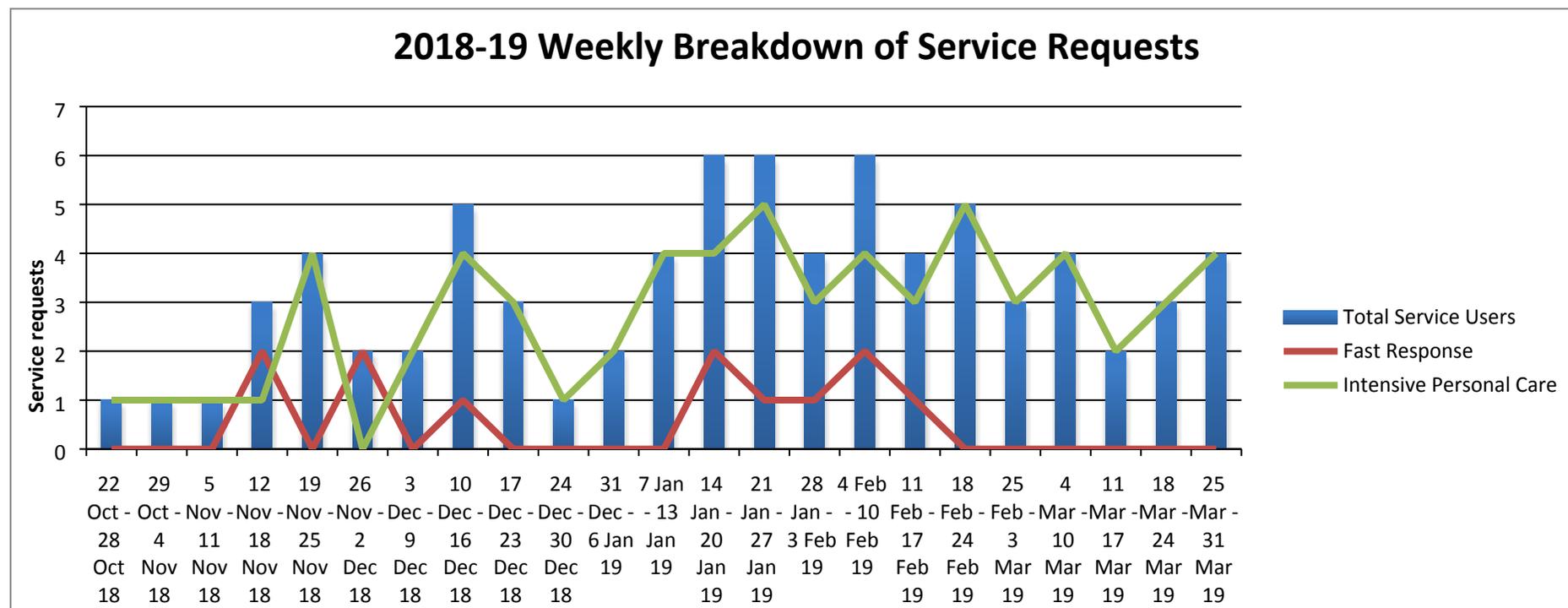
LBB Winter Resilience Schemes April 2019

Service demand:

A total of 76 services were accessed by a total of 48 service users as part of the Winter Resilience initiative during 2018/19. The total number of services accessed fell by 32% vs the previous year.

The demand for services peaked to 6 requests per week during both January & February 2019, with the average weekly demand for 3.3 services.

As with 2017/18, there was little demand for services in October, however this continued through to mid-November – the following chart summarises the weekly breakdown of service agreements.



Demand for Intensive Personal Care services (scheme 3) exceeded expectations resulting in a 52% overspend, whereas the Fast Response Personal Care provision (scheme 2) was underutilised with only 5% of the anticipated spend. The table below shows the overall utilisation:

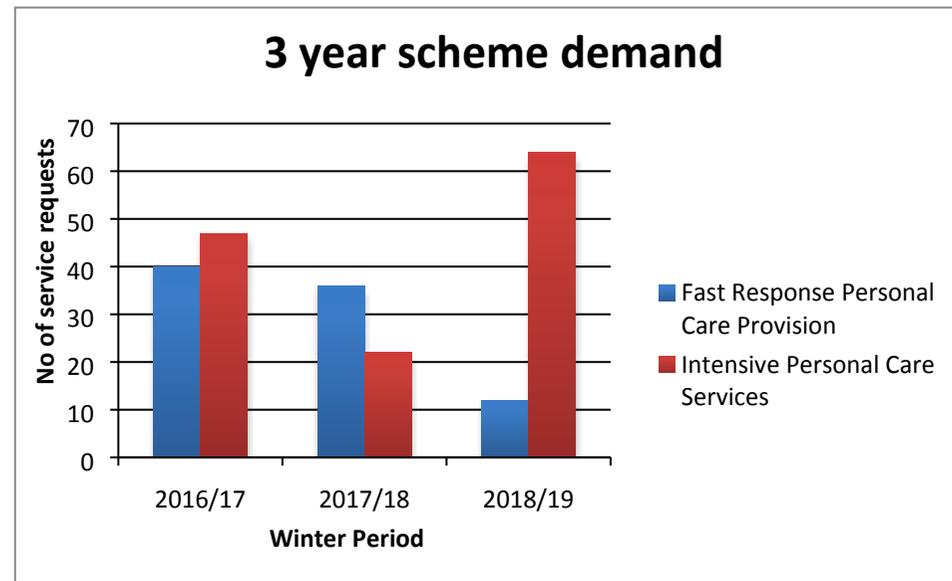
		Target in 4 months		% utilised	
		Users	Amount	Users	Amount
Scheme 2	Fast Response Personal Care Provision	100	£ 81,600	12%	5%
Scheme 3	Intensive Personal Care Services	70	£ 75,000	91%	152%
		170	£ 156,600	45%	75%

The following table is a breakdown of services requested:

		Started			Completed		On-going		Total cost (Completed plus On-going so far)
		Number	Average weekly cost	Overall weekly cost	Number	Cost	Number	Cost so far	
Scheme 2	Fast response Brid Dh 30 Min	4	£ 512	£ 2,046	4	£ 2,840			£ 2,840
	Fast response Brid Sh 30 Min	8	£ 141	£ 1,131	8	£ 1,495			£ 1,495
		12	£ 265	£ 3,177	12	£ 4,336			£ 4,336
Scheme 3	Intensive personal care: Emplace - Nurse	15	£ 870	£ 13,055	15	£ 35,329			£ 35,329

	Intensive personal care Emplace - Residential	29	£ 673	£ 19,513	28	£ 45,529	1	£ 4,132	£ 49,661
	Intensive personal care Live In Care	20	£ 1,017	£ 20,334	20	£ 28,663			£ 28,663
		64	£ 827	£ 52,901	63	£ 109,521	1	£ 4,132	£ 113,653
Total		76	£ 738	£ 56,078	75	£ 113,857	1	£ 4,132	£ 117,989

Over the past 3 winters the request for Fast Response services (scheme 2) has declined, whereas demand for Intensive Personal Care service has increased – the following comparison chart demonstrates this:



Discharge to Assess (D2A):

The D2A provision supported with the winter pressures with a total of 1304 service starts during this period, of those 59% was for single-handed 30minute package of care (POC), followed by 15% for single-handed 45/60minute POC & 11% for double-handed 30minute POC – the following table is a breakdown of all D2A services commissioned for this period:

	Total starts
D2a Brid Dh 30 Min	11
D2a Brid Dh 45/60min	6
D2a Bridging Setup	4
D2a Brid Sh 30 Min	43
D2a Brid Sh 45/60min	9
D2a Care Dh 30 Min	146
D2a Care Dh 45/60min	63
D2a Care Setup	13
D2a Care Sh 30 Min	770
D2a Care Sh 45/60min	190
D2a Emergency placement Nursing - spot purchase	4
D2a Pc Emergency placement Nurse	31
D2a Pc Emergency placement Residential	12
D2a Pc Living Care	1
ECH Step Down Norton	1
Total	1304

2018/19 Spend:

	Budget £	Comments
Scheme 1: staffing	£650,000	
Scheme 2: Fast Response personal care (bridging)	£81,600	
Scheme 3: Intensive personal Care	£75,000	
Scheme 4: ECH	£91,000	
Scheme (other)	£119,400	
Other (Handy person services: deep clean, de-cluttering)	£10,000	Handy person services: deep clean, de-cluttering
SUM	£1,027,000	

DTOC figures:

The following table represents NHS, Social Care and joint attributed delayed days for winter 2016/17, 2017/18 & 218/19:

	2016/17	2017/18	2018/19	18/19 vs 17/18
October	565	431	103	-76%
NHS attributed	203	97	0	-100%
Social Care attributed	341	334	103	-69%
Jointly attributed	21	0	0	-
November	755	553	137	-75%
NHS attributed	188	150	17	-89%
Social Care attributed	525	403	120	-70%
Jointly attributed	42	0	0	-
December	1065	610	83	-86%
NHS attributed	264	202	5	-98%
Social Care attributed	779	377	78	-79%
Jointly attributed	22	31	0	-100%
January	508	686	140	-80%
NHS attributed	160	129	29	-78%
Social Care attributed	348	511	101	-80%
Jointly attributed	0	46	10	-78%
February	362	506	108	-79%
NHS attributed	97	127	23	-82%
Social Care attributed	265	345	85	-75%
Jointly attributed	0	34	0	-100%
March	364	283	TBC	TBC
NHS attributed	98	146	TBC	TBC
Social Care attributed	266	137	TBC	TBC
Jointly attributed	0	0	TBC	TBC
Total	3619	3069		

There is a notable improvement in the reduction of reported Delayed Transfer of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year. Compared with 2016/17, winter 2018/19 has seen a 82% reduction of reported DToC's.

Conclusion

Broadly the areas of spend were appropriate and provided much needed capacity to the system during the winter months. Main learnings were:

- Intensive Personal Care has been over utilised (122% spend) whilst Fast Response Personal Care has been under utilised (6% of spend). FPRC most likely underutilised due to increase in utilisation of D2A. Dependent on D2A evaluation it may be better use of spend to focus on Intensive Personal Care to support more intensive need for patients wanting to go home, but needing intensive support at home to manage for a short period of time after discharge.
- Notable improvement in the reduction of reported Delayed Transfer of Care (DToC) for winter 2018/19, with an average decrease of 79% versus the previous year.
- There is further work to do with ECH providers on ensuring minimal delay in accessing assisted technologies and ensuring people are able to return to ECH for their on-going needs to be assessed, with temporary enhanced care if needed

Proposal for 2019/20

Further discussions to be had to design proposal for 2019/20. Timescale is before end of July 2019.

Scheme Description	Allocated budget 2018/19	Expected Impact
<p>Staff deployed across key locations as part of MDTs. Will enhance care management and assessment, reviewing, OT. Will both prevent admissions and support D2A. Staff will be deployed. Includes additional investment in:</p> <ul style="list-style-type: none"> • flexible interim staff for period of high demand and • brokerage staff because domiciliary care and bridging brokerage function has moved to LBB, from being a CCG function last year 	<p>£650,000</p>	<p>Reduction in admissions and DToC. Better coordination of care and support</p>

Discharge of patients within 2 hours upon receipt of their Discharge Notification (Passport). This service will also be offered to users with 'urgent needs' arising from long-term medical conditions in the community, to avoid or prevent hospital admission. This will enhance the D2A domiciliary care offer.	£54,000	Reduction in admissions and DToC. More rapid and effective coordination of care and support
Intensive personal care service for patients with higher care and support needs, who would otherwise need to go into a care home or have recurrent admissions to hospital. These users may require up to 8 visits per day or 24 hour support for a maximum of two weeks.	£50,000	Reduction in admissions and DToC. More rapid and effective coordination of care and support
Commissioners will work with providers to incentivise prompt admissions to enable short-term support to avoid hospital and/or as part of D2A. This will enhance the block contract arrangements we have in place where full capacity (70 beds) is being phased in between now and December.	£263,000	Reduction in admissions and DToC. More rapid and effective coordination of care and support
There is now sufficient capacity in the market so no block booking arrangements will be out in place and therefore no winter bed voids	£0	
Handy person services, deep clean and associated services	£10,000	Will enable patients' homes to be ready for quick return from hospital, or to unable access for care to support hospital avoidance
	£1,027,000	

Glossary:

Fr Dh	Fast response double-handed - patient discharged within 4 hours upon receiving their NOD, 2 carer package provided to support the client, no more than 14 days
Fr Sh	Fast response single-handed - patient discharged within 4 hours upon receiving their NOD, single carer package provided to support the client, no more than 14 days
Ipc - Night Sleep In	Intensive personal care - for patients with higher care and support needs, for no more than 14 days; carer required during the night
Ipc - Night Wake	Intensive personal care - for patients with higher care and support needs, for no more than 14 days; carer required from the morning
Ipc Live In Care	Intensive personal care - for patients with higher care and support needs, 24 hour support for no more than 14 days;
Ipc Emplace - Nurse	Intensive personal care - emergency placement into nursing home
Ipc Emplace - Resi	Intensive personal care - emergency placement into residential care home

This page is left intentionally blank

Health and Wellbeing Board Chairman's Annual Report

Chairman: Cllr. David Jefferys
Vice-Chairman: Cllr. Robert Evans

The Health and Wellbeing Board met four times in 2018/19.

Areas of work that have been explored include the Iris Project (Identification and Referral to Improve Safety) in Bromley, a review of Winter Health and Social Care services and the development of Bromley's Homelessness Strategy. The Board continues to engage with a wide range of voluntary sector partners including receiving a presentation on the work of the Bromley Third Sector and Bromley Well.

The Board has considered a range of work related to the health and wellbeing of children and young people including health support to school-aged children, childhood obesity, the Vulnerable Adolescent Strategy and the Bromley Safeguarding Children Board's annual report. Infant mortality has been investigated by the Board following its identification as a key issue in the Joint Strategic Needs Assessment 2017, and the Board has also received a presentation on the Local CAMHS Transformation Plan 2017/18.

The Board adopted a new approach to reviewing the data and undertaking the production of the JSNA (Joint Strategic Needs Assessment) for Bromley and development of the Bromley Health and Wellbeing Strategy. This was a more embracing and inclusive approach and concentrated on identifying key cross cutting issues. The new style report has attracted considerable interest and favourable comments from the wider community and at national level.

Having identified falls as an area of concern for the Borough's older population, the Board has convened the Falls Task and Finish Group which is being chaired by Professor Cameron Swift, a world expert on falls and a member of the NICE Falls Clinical Guideline Group and Quality Standards Advisory Committee with the aim of developing a collaborative approach to falls across health and social care partners. The Board has also championed and promoted the key issue of social isolation culminating in the highly successful November 2017 Campaign to support increased social inclusion.

There has been a continued emphasis on partnership working within the Health and Wellbeing Board which has representation from a range of key partners including the Local Authority, Bromley Clinical Commissioning Group, Bromley Safeguarding Adults Board, Bromley Safeguarding Children Board and Bromley Voluntary Sector.

The Board held a very constructive discussion with members of the Bromley Youth Council which will continue this year. It also received presentations from Mytime Bromley and Nash College which identified programmes to support health and wellbeing for residents which are being rolled out across the borough.

In light of all these achievements, I would like to thank the commitment and hard work of Board Members, key partners and Local Authority Officers in continuing to support and provide challenge to this wide-ranging work programme which is key to improving the quality of health and wellbeing provision across Bromley.

**Councillor David Jefferys
Chairman, Health and Wellbeing Board**

This page is left intentionally blank

RAMADAN 2019

A Guide for Schools



Ramadan 2019: A Guide for Schools

Overview

This guide about Ramadan has been produced by **Al-Emaan Centre (Keston Mosque)** in collaboration with **Bromley SACRE**. It seeks to encourage schools to utilise Ramadan as an opportunity to promote the understanding of different faiths in schools and for teaching pupils about Islam, to foster diversity and engagement and to support schools in recognising and building upon the essence of Ramadan without compromising the normality of everyday school life.

Owing to the lunar calendar, Ramadan falls approximately 11 days earlier each year, and thus will look to run throughout May in 2019. As such, the fasting season will continue to fall during the peak periods of exams and the summer months in the coming years. This guide hopes to support schools in acknowledging pupils' needs and to contribute to nurturing good relations, and promoting understanding between different groups.

This guide outlines considerations that schools may wish to take during the month of Ramadan, along with suggestions at the end on features of best practice in schools.

What is Ramadan?

Ramadan is the ninth month of the Islamic (lunar) calendar; Muslims believe this was the month during which the Qur'an was first revealed. Muslims approach Ramadan with enthusiasm and it is customary for Muslims to offer greetings to one another on its arrival.

What is fasting?

Fasting is an act of worship of great spiritual, moral and social significance to Muslims. It involves completely abstaining from drinking, eating, smoking and sexual activity; from dawn to sunset - for the whole month.

The spiritual and moral dimension of fasting involves God-consciousness, exercising self-control, patience, appreciation of food & drink, empathy towards the poor, having appropriate dealings with others, and giving charity.

Ramadan is therefore a time when Muslims try to spend more time in prayer and religious contemplation. Muslims also regularly offer extra prayers every night during the month of Ramadan, called *Taraweeh* prayers. Many Muslims, including some children, will stay up late saying prayers and reading the Qur'an.

Who fasts during Ramadan?

Fasting is prescribed for all healthy males and females once they attain the age of puberty (this is relative based on the physiological and psychological make-up of each individual, and is usually agreed upon by the family).

However, it is a common practice for Muslim children to begin fasting before they attain puberty, to become progressively accustomed to the act. Although fasting for the entire month is not prescribed until the age of puberty, many children aged 10 and 11 (years 5 & 6) may be seen observing the daily fast for the entire month. Some children may be encouraged by their parents to fast only on certain days of the week, especially the weekends. It is also important to be aware that young children are more likely to fast when Ramadan falls in the winter months, when the days are shorter, and the climate is cooler.

There are certain circumstances and conditions in which Muslims are exempt from fasting, which include menstruating women, those pregnant or breast-feeding, those for whom fasting has a detrimental effect on their overall well-being, those who depend on medication for their health, and a traveller facing hardship due to fasting. Any missed fasting days are made up by fasting on days outside of Ramadan, or feeding the poor if one is unable to fast.

What is Eid ul-Fitr?

The day after the month of Ramadan marks the celebration of *Eid ul-Fitr*. It is one of the two yearly 'Eid' celebrations for Muslims, commonly marked through exchanging gifts and visiting friends & relatives on this joyous occasion. This day is also accompanied by a congregational prayer at the mosque, held in the morning, giving Muslims the opportunity to benefit from a short reminder, along with embracing the amicable community spirit of the day. Muslims generally cannot be specific in advance regarding its date - as it is generally dependent on visual moon sighting.

Embracing Ramadan in school

Schools can play a pivotal part in the development of the spiritual, moral and social aspects of their pupils by recognising and building upon the spirit of Ramadan. This will help in promoting diversity, and in enhancing mutual understanding on respective faiths.

Learning in school

Pupils who fast and engage in extra charitable activities during Ramadan may be seen positively and their achievements acknowledged for their efforts. Schools can value and build on this spirit by having themes based on Ramadan at collective worship or assemblies, or by inviting pupils or guest speakers to share their knowledge and experience in fasting Ramadan during classes and assemblies. This will in turn boost pupil confidence and positive self-image, while also nurturing mutual understanding and respect amongst one another.

For example, the Al-Emaan Centre has previously collaborated with several schools throughout the Borough in providing speakers for workshops and talks, along with welcoming several schools to visit the mosque.

Community spirit

Schools could support their pupils by promoting & attending a local communal *Iftar*, where pupils, parents, community members and teachers join in breaking of the fast. Al-Emaan Centre regularly opens its doors to the local public to share in the *Iftar* experience in the evening. Those interested in attending are encouraged to email the mosque on info@al-emaan.org.uk

Supporting pupils during Ramadan

There are various levels and areas of support that schools can provide for their pupils during the month of Ramadan.

Pupil health during Ramadan

Schools may need to confirm which pupils will be fasting with parents and carers in advance. Schools are encouraged to liaise with parents to reduce any subsequent impact on their children's academic performance during the day, and to perhaps offer guidance on the best way to avoid dehydration, eating nutritious food, getting appropriate rest periods, organising appropriately timed revision sessions and extra-curricular activities.

Anyone needing regular medication during fasting hours is exempt from fasting, and families will likely seek guidance from local Muslim organisations on specific issues where necessary. Families and students will normally look to make a decision thereafter on whether fasting would be manageable in such circumstances. The school should be aware of this. Of note, a sensitive approach is advised when asking girls if they are fasting as it may cause some embarrassment if on their period.

Examinations during Ramadan

As this year's GCSE/A Level examinations fall during the month of Ramadan, secondary schools may need to anticipate in advance to prepare the pupils in achieving their best. Having to take examinations on top of long hours of fasting over the summer period may be a challenge for some students. Providing quiet/rest areas between examinations may support fasting pupils.

In the event that the school notices any indications of dehydration in a child during statutory exams, such as fatigue or drowsiness, the child should be asked if they are fasting and advised to drink water immediately. The child should be reassured that in their current situation, they can break their fast and make it up later.

Schools may wish to inform parents of this protocol in advance, and particularly for those pupils sitting examinations, to perhaps incorporate it into their exams instructions.

Prayers during Ramadan

Schools are encouraged to set aside a quiet space for personal reflection, prayer, or worship, for pupils with any spiritual or religious beliefs. This will help support the spiritual, moral and social aspects of their development.

Since during the month of Ramadan fasting pupils have plenty of spare time during lunch break, schools should encourage use of this space, particularly for mid-afternoon 'Dhuhr' prayers (during lunch break). This prayer changes its time to reflect different seasons. In winter-time this is likely to be between 12.00pm - 1.00 pm, whilst in summer it is likely to be between 1.00 pm - 2.00 pm. Students will also typically need to use washing facilities to prepare for the prayer, known as ablution. This includes washing the visible parts of the body like the face, hands and feet.

Schools should also be sympathetic to pupils' desire to offer prayers at prescribed times. This opportunity for offering prayers during school time is encouraged to be available throughout the year.

A full prayer timetable for the year outlining timings for a Muslim's five daily prayers can be found at www.al-emaan.org.uk

Physical Education during Ramadan

Whilst the discipline and the challenge of fasting is to continue with the normality of everyday life, staff should exercise a degree of understanding, by encouraging pupils to avoid excessive exertion in Physical Education to prevent dehydration. Strenuous activity during fasting may make some children feel tired or drowsy, or possibly develop headaches due to dehydration. Some pupils may need to reduce physical exercises during fasting while others may wish to continue as normal, according to their tolerance levels.

Swimming during Ramadan

Participation in swimming is an acceptable activity whilst fasting. The potential for swallowing water may be an issue for some, while others will deem accidental water as acceptable. It is advised that schools should take an understanding approach where an activity might be construed by the pupil or their parents as breaking the fast, and may want to seek permission from their parents in advance.

Absence from School

The day after the month of Ramadan marks the celebration of the Islamic holiday of *Eid ul-Fitr*. As previously mentioned, Muslims cannot be specific in advance regarding its date - as it is generally dependent on visual moon sighting. It is advised that schools follow their own policies on holidays for religious and cultural needs, and at the same time consider those parents/carers who request further days. Schools could further support these pupils by providing/collating any lesson materials that they will be missing.

Al-Emaan Centre customarily provides updates on its website regarding the days of Ramadan and Eid, found at www.al-emaan.org.uk

Features of good practice in schools

- ✓ A policy (or addendum to current policies) outlining the specific support for their fasting pupils during Ramadan
- ✓ Opportunities for all staff to be made aware of the key issues, facts and features about Ramadan and the school's actions in support of fasting pupils
- ✓ Plans for teaching and learning opportunities during lessons and assemblies, including visits and speakers for all pupils to acknowledge, appreciate, and build understanding
- ✓ Space and provision for prayers, rest and reflection during Ramadan
- ✓ Provision of alternative arrangements relating to physical activities, examinations and pupil absence to minimise impact on pupil performance during Ramadan
- ✓ Communication opportunities with parents to clarify concerns and areas of support

Further information

1. <http://www.religionlaw.co.uk/MCBSchoolsreport07.pdf>
2. Al-Emaan Centre – www.al-emaan.org.uk
3. SACRE advisor: Stacey Burman - Stacey.Burman@learningtrust.co.uk

This page is left intentionally blank

Report No.
CSD19028

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 16th May 2019

Decision Type: Non Urgent Non-Executive Non-Key

Title: MATTERS OUTSTANDING AND WORK PROGRAMME

Contact Officer: Joanne Partridge, Democratic Services Officer
Tel: 0208 461 7694 E-mail joanne.partridge@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 outstanding from previous meetings of the Board.

2. **RECOMMENDATION**

2.1 **The Health and Wellbeing Board is requested to:**

- 1) Consider matters outstanding from previous meetings; and,
- 2) Review its work programme, indicating any changes required.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £358,740
 5. Source of funding: Revenue budget
-

Staff

1. Number of staff (current and additional): 8 posts (6.79 fte)
 2. If from existing staff resources, number of staff hours: Maintaining the Board's work programme takes less than an hour per meeting
-

Legal

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

Procurement

1. Summary of Procurement Implications: None.
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Matters Outstanding table updates Board Members on “live” matters arising from previous meetings and 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 Constitution of the Health and Wellbeing Board is provided at **Appendix 3**.

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 Outstanding / Action List

Agenda Item	Action	Officer	Notes	Status
<p>Minute 59 29th March 2018</p> <p>Minutes of the Previous Meeting</p>	<p>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.</p>	<p>Councillor David Jefferys</p>	<p>Discussions with Mr Ashish Desai were ongoing and would be reported to Board Members at future meetings of the Health and Wellbeing Board.</p>	<p>Completed (part of the HWB Strategy Priority Action Plan)</p>

HEALTH AND WELLBEING BOARD WORK PROGRAMME

18th July 2019	
Annual Public Health Report	Dr Nada Lemic
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update	Kelly Sylvester
Improved Better Care Fund Projects: Winter Resilience 2019/20	Kelly Sylvester
Joint Mental Health Strategy	Kelly Sylvester
Winter Review	Dr Angela Bhan (CCG)
New Themes for Health and Wellbeing Board Work Programme 2019/20 (verbal item)	All Members
Work Programme and Matters Arising	Democratic Services
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
19th September 2019	
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update	Kelly Sylvester
Verbal Update on Implementation of the Recommendations of the Falls Task and Finish Group	Dr Nada Lemic / Mark Cheung
Promoting Exercise and Healthy Weight Bromley: Children and Young People Update	Dr Nada Lemic
FGM Update	Mimi Morris-Cotterill
Bromley Local CAMHS Transformation Plan	Nazmin Mansuria (CCG)
Integrated Commissioning Board Update	Graham Mackenzie / Paul Feven
Bromley Winter Assurance Plan	Bulent Djouma
Ageing Well in Bromley Update	Kelly Sylvester / Gerry Clark
Communications Update	Susie Clark
Work Programme and Matters Arising	Democratic Services
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
21st November 2019	
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update	Kelly Sylvester
Verbal Update on Implementation of the Recommendations of the Falls Task and Finish Group	Dr Nada Lemic / Mark Cheung
Ravensbourne School's Period Poverty Pilot Scheme: Update	Dr Nada Lemic
Bromley Safeguarding Adults Board Annual Report	Lynn Sellwood
Bromley Safeguarding Children Board Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Trailblazer Programme Update	Nazmin Mansuria
Bromley Health and Wellbeing Centre Update	Phil Chubb
Bromley Communications and Engagement Network – Activity Report	Susie Clark / Tim Spilsbury
Work Programme and Matters Arising	Democratic Services
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.
30th January 2020	
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update	Kelly Sylvester
Verbal Update on Implementation of the Recommendations of the Falls Task and Finish Group	Dr Nada Lemic / Mark Cheung
Bromley Winter Assurance Plan Update	Clive Moss
Primary Care Commissioning Update	Dr Angela Bhan / Dr Andrew Parson
Work Programme and Matters Arising	Democratic Services
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.

19 th March 2020	
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update	Kelly Sylvester
Verbal Update on Implementation of the Recommendations of the Falls Task and Finish Group	Dr Nada Lemic / Mark Cheung
Integrated Commissioning Board Update	Graham Mackenzie / Paul Feven
Ageing Well in Bromley Update	Kelly Sylvester / Gerry Clark
Work Programme and Matters Arising	Democratic Services
Emerging Issues (standing opportunity: every meeting)	HWB members to contact Board Secretary with any emerging matters for discussion.

Unprogrammed Outstanding Items:
Mental Health Strategic Partnership Update (Harvey Guntrip)
Elective Orthopaedic Centres (CCG)
Improvements in Services for Dementia Suffers (LBB/CCG)
Homeless and Vulnerable People on Bromley Streets: Signposting Support for the Public (referral from Safer Bromley Partnership)

**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.

This page is left intentionally blank