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DATE: 10 July 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

London Borough of Bromley Officers:

Janet Bailey	Director: Children's Social Care
Kim Carey	Director: Adult Social Care
Rachel Dunley	Head of Service: Early Intervention and Family Support
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
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Bromley Safeguarding Children Board:

Jim Gamble QPM	Independent Chair: Bromley Safeguarding Children Board
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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 18 JULY 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 THE HEALTH AND WELLBEING BOARD HELD ON 16TH MAY 2019** (Pages 1 - 16)

- 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 12th July 2019.**

- 5 **BROMLEY CLINICAL COMMISSIONING GROUP: ANNUAL ENGAGEMENT REPORT 2018/19** (Pages 17 - 82)
- 6 **INTEGRATED COMMISSIONING BOARD UPDATE** (Pages 83 - 90)
- 7 **DELAYED TRANSFER OF CARE (DTC) PERFORMANCE UPDATE**
(*Report to follow*)
- 8 **ONE BROMLEY / SYSTEM REFORM**
- 9 **RAVENSBORNE SCHOOL'S PERIOD POVERTY PILOT SCHEME: INTERIM UPDATE (VERBAL UPDATE)**
- 10 **VIOLENCE AGAINST WOMEN AND GIRLS (VERBAL UPDATE)**
- 11 **JOINT MENTAL HEALTH STRATEGY (VERBAL UPDATE)**
- 12 **HEALTH AND WELLBEING BOARD INFORMATION ITEMS**
 - a **COLLABORATIVE WORKING - BROMLEY CCG AND LBB PUBLIC HEALTH** (Pages 91 - 96)
 - b **SPECIAL FREE SCHOOL** (Pages 97 - 102)
 - c **KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST: CQC INSPECTION REPORT**

The CQC Inspection Report can be accessed via the following link:

[King's College Hospital NHS Foundation Trust: Judgement of CQC](#)

13 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 103 - 110)

14 ANY OTHER BUSINESS

15 DATE OF NEXT MEETING

1.30pm, Wednesday 21st November 2019

1.30pm, Thursday 30th January 2020

1.30pm, Thursday 19th March 2020

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HEALTH AND WELLBEING BOARD

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

Present:

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

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

1 APOLOGIES FOR ABSENCE

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

2 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

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

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

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

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

RESOLVED that the minutes of the meeting held on 31st January 2019 be agreed.

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

No questions had been received.

5 HEALTH AND WELLBEING STRATEGY PRIORITY AREA ACTION PLANS UPDATE

Report ECHS19035

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED that the update be noted.

6 JOINT STRATEGIC NEEDS ASSESSMENT UPDATE

Report ECHS19036

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

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

Ageing Well Strategy that had recently been developed.

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

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

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

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

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

RESOLVED that the update be noted.

7 BETTER CARE FUND AND IMPROVED BETTER CARE FUND

Report ECHS19037

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8 DELAYED TRANSFER OF CARE (DTC) PERFORMANCE UPDATE

Report ECHS19038

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

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

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

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

RESOLVED that the update be noted.

9 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) UPDATE

Report ECHS19040

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

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

RESOLVES that the update be noted.

10 BROMLEY WINTER ASSURANCE PLAN UPDATE

Report ECHS19039

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RESOLVED that the update be noted.

11 CHAIRMAN'S ANNUAL REPORT

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

RESOLVED that the report be noted.

12 STRATEGIC REVIEW OF BOARD MEMBERSHIP

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

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

13 EMERGING ISSUES

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

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

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

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

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

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

14 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

A RAMADAN 2019 – A GUIDE FOR SCHOOLS

There was one Health and Wellbeing Board Information item comprising:

- Ramadan 2019 – A Guide for Schools

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

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

RESOLVED that the Information Item be noted.

15 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD19028

The Board considered its work programme for 2019/20 and matters arising from

previous meetings.

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

Meeting on 18th July 2019:

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

Meeting on 21st November 2019:

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

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

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

16 ANY OTHER BUSINESS

There was no other business.

17 DATE OF NEXT MEETING

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

The Meeting ended at 3.22 pm

Chairman

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In addition:

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

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

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

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

Report No.
ECHS19058

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 18th July 2019

Title: BROMLEY CLINICAL COMMISSIONING GROUP: ANNUAL ENGAGEMENT REPORT 2018/19

Contact Officer: Kelly Scanlon, Head of Communications and Engagement, Bromley Clinical Commissioning Group
Tel: 0203 930 0144 E-mail: Kelly.scanlon@nhs.net

Ward: Borough-wide

1. Summary

- 1.1 Bromley Clinical Commissioning Group (CCG) is responsible for commissioning health care services based on local needs for the people of Bromley. The CCG has a legal duty under the Health and Social Care Act to ensure it enables patients and residents to have a voice in commissioning processes and decisions.
- 1.2 The Annual Engagement report provides a comprehensive record of the work undertaken to meet these public involvement legal duties in 2018/19 and is attached at Appendix A.
- 1.3 In addition to this report, the CCG has a whole section on its website with information on how to get involved.
- 1.4 Partners in Bromley are committed to working together to engage patients on integrated programmes of care and joint commissioning. This report aims to provide assurance to Board Members that there is commitment to this approach within the CCG and it is part of our infrastructure. A communications and engagement sub-group has been established to manage the engagement needed for the One Bromley programmes. The CCG has subject matter experts who are experienced in managing patient engagement programmes, constructive relationships with local community groups and patient representatives and an understanding of the challenges and approaches to engaging wider with seldom heard communities.
- 1.5 The report has been commended by Healthwatch Bromley

2. Reason for Report going to Health and Wellbeing Board

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

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

- 3.1 To note the Annual Engagement Report. The report was approved by the CCG's Governing Body at its May 2019 meeting.

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 Bromley CCG is committed to the meaningful engagement of patients in all elements of the commissioning cycle. This commitment is reflected in our constitution, our vision and values and the work carried out through all our teams on a day to day basis.
- 4.2 We ensure patients are influencing and informing our planning, service redesigns, procurements and delivery of services. We always feedback to those who have worked with us. This includes checking we have heard what they told us and letting them know how they have influenced our decisions. We publish reports on our website on the outcomes of all our patient focus groups and workshops, and produce a quarterly 'you said, we did' focused stakeholder bulletin which is published and circulated widely to local communities and groups in Bromley.
- 4.3 The Annual Engagement Report provides a record of the work undertaken in 2018/19 and the outcomes and impact of involving the public. It also aims to encourage more people to get involved in their local health services.
- 4.4 Our grateful thanks to members of our Patient Advisory Group for the time they give up on a voluntary basis to share their views and help inform our work.
- 4.5 The CCG has received an 'outstanding' rating for public and patient involvement from the NHS England assurance process. This is the second year in a row and Bromley was one of only 10 CCGs in the country to achieve this rating.

Non-Applicable Sections:	Impact on Vulnerable People and Children; Financial and Legal Implications; Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to process the item; Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	Not Applicable

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ANNUAL ENGAGEMENT REPORT 2018/19



“The CCG conveys commitment and enthusiasm for engaging with patients and takes this seriously. Patients are not just clients, they are also a resource”. Patient Advisory Group member

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



WELCOME

Welcome to our Engagement Report for 2018/19. The activity and outcomes set out in this report are testament to the commitment and dedication of local residents and community and voluntary groups who work with us to influence the way we plan, deliver and monitor services in Bromley.



Patients and the public are at the core of our developments and planning. Reaching patients early, listening to what they have to say and acting on what we have heard is a critical component of high quality commissioning which brings about transformational change and wider improvements to many more people. Our work has been recognised by NHS England, who in July 2018 gave Bromley a Green Star (outstanding) status for the second year in a row for our public engagement work, one of only ten CCGs in the country.

In January 2019, the NHS Long Term Plan was published. It sets out a number of ambitions to ensure everyone gets the best start in life; receives world class care for major health problems if they need it and are helped to age well. It signals a move away from a one size fits all approach so that care is tailored for individuals based on what they need and what matters to them. It reinforces the need for joined up systems of care that focus on individuals and not organisations.

In Bromley we have been focused for some time on providing more care out of hospital from multi-disciplinary teams that are working closely together to provide proactive and personalised care for patients. This model of care has been directly influenced by patients and clinicians and strengthened by seeking views from those using the services. The involvement of the public and patients will continue to be crucial as we apply this integrated approach across many other programmes of work through our [One Bromley Integrated Care Partnership](#).

Another ambition in the Long Term Plan is the development of Primary Care Networks, which bring together neighbouring practices to collaborate and serve larger populations of patients. Based on the outcomes of our Bromley Primary Care Needs Assessment, where we spoke to many people and groups including those who often suffer poorer health outcomes and health inequalities, we know that this model will make a real difference to both our patients and the primary care workforce. The involvement of patients, including patient participation groups at GP practice level will be critical as we work with our GPs to implement these changes.

You can read many more examples of how patients are at the core of our planning and delivery of services in this report. Although we are delighted to have a strong reputation for our commitment to

involving patients through all parts of our business, we always strive to continuously improve and do more to ensure all parts of our communities have the opportunity to inform our decision making. Our focus in 2019 will be to further reach those parts of our population that are not routinely heard and ensure their voice is influencing our work. My thanks go to all those who give up their valuable time, on a voluntary basis, to help us do our very best for the people of Bromley.

Dr Andrew Parson
Chair, Bromley CCG



1. Who we are and what we do

NHS Bromley Clinical Commissioning Group is a membership organisation made up all the GP practices in Bromley. We work with our local population and other partners to plan, purchase and monitor the NHS services our residents need. This report sets out how, over the last year, they have impacted on our commissioning decisions, leading to improved services for the wider population.

We aim to improve health by:

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





2. Understanding the needs of our population

When planning our engagement approach, it is crucial we understand the makeup of our population, their health needs and who is least likely to be heard or experience the worst health outcomes.

We use the Bromley Joint Strategic Needs Assessment as a baseline which provides an assessment of health needs based on available evidence. It is important information used to help identify groups at risk of adverse health outcomes and inequalities so that services can be targeted accordingly. Prior to engagement, an equality impact assessment is undertaken which identifies those groups and communities who are more likely to be disadvantaged or impacted by any proposed changes. This helps to inform who we need to engage with.

In 2018, we were chosen as a pilot by NHS England and NHS Right Care to have an in-depth review of our health inequalities. The outcomes confirmed what we knew – that although Bromley is a relatively prosperous area, it has a number of areas that experience poorer outcomes. We know that our communities differ substantially. The north east and north west of Bromley have similar issues such as higher levels of deprivation and disease prevalence to those found in inner London Boroughs, whilst in the south, the borough compares more with rural Kent. More information on our population profile is available on our [website](#). You can read in [section 12.2](#) how we used the intelligence in this review to proactively target communities that experience higher emergency admissions to hospital with appropriate information and education about keeping well.

Ensure high quality services are provided to everyone all of the time. We set quality standards with providers of care and we monitor their performance against these standards.

People are living longer and health is improving but more people are living with long term conditions and many have complex health needs

Money is limited and the need for services is increasing

We have a greater number of residents aged over 65 than any other London borough and a growing number of new births. Both the very old and the very young have a greater need for health services.

Section 3



3. Commitment to public participation

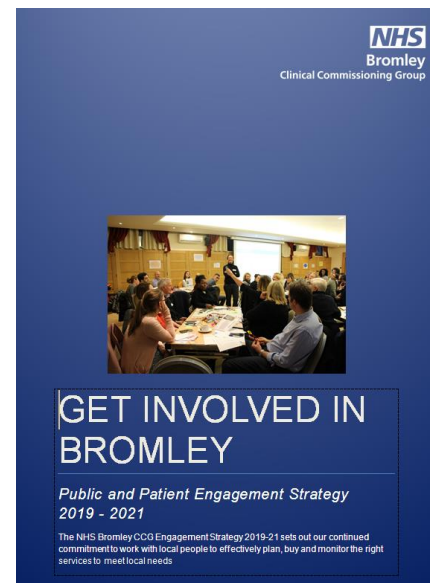
There is a strong commitment throughout the CCG to public and patient participation. This commitment is set out in the [CCG's Constitution](#) and [Engagement Strategy](#) and reflected in our vision (see page 7).

Our refreshed [Engagement Strategy – 'Get Involved in Bromley' 2019 – 2021](#) was published in November 2018 and developed with the input of patient representatives. It sets out how we will continue to work with local people to effectively plan, buy and monitor the right services to meet local needs.

Our strategic framework for delivering effective public and patient participation is as follows:

- Vision for engagement which is reflected in our constitution.
- Clinical lead and a Governing Body lay member with a remit for public engagement.
- Engagement Strategy which sets out our approach to engagement with a focus on outcomes.
- Patient involvement in our commissioning plans – using the commissioning cycle.
- Annual Engagement Report (presented to Governing Body and Bromley Health and Wellbeing Board).
- Embedding our approach across the CCG.
- Strong connections with local stakeholders.
- Updates provided to our Governing Body for assurance twice a year.

Using this framework, our approach to public participation is embedded throughout the CCG.



VISION

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

ENGAGEMENT PRINCIPLES

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

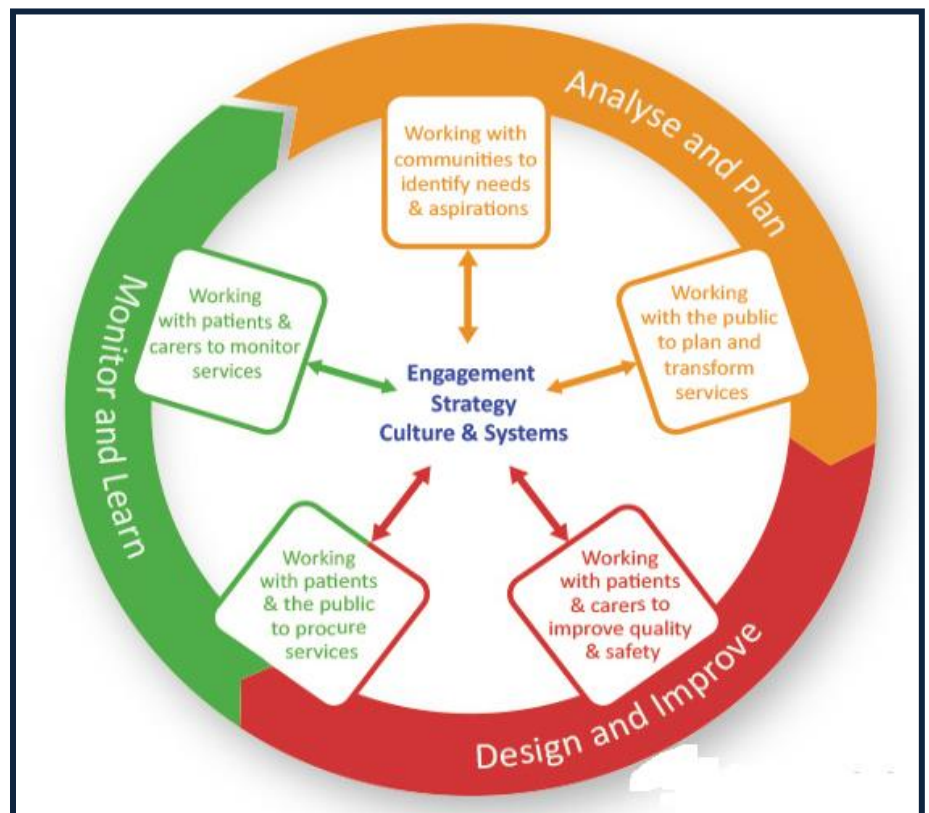
Section 4



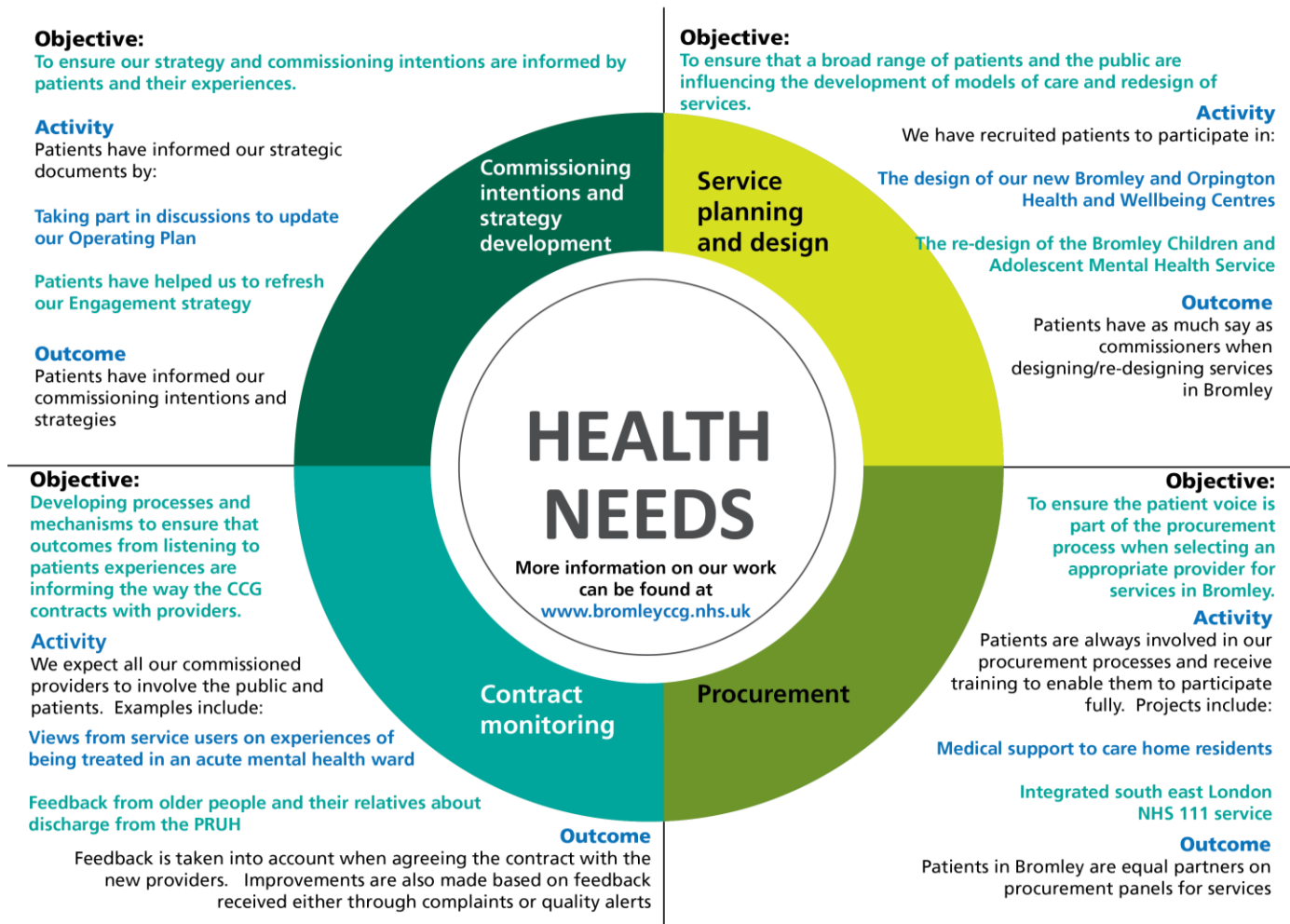
4. Planning our engagement

We use the **Engagement Cycle** as a way of identifying the key points in the commissioning cycle for public participation. The Engagement Cycle sets out what is required when engaging patients at each stage of the commissioning process. It underpins our engagement culture within the CCG and supports us in turning engagement into every day practice.

The Engagement Cycle identifies key points in the commissioning cycle for when patients can influence. The CCG is responsive to the needs and wishes of the public and we ensure that their voice informs every level of our commissioning system from planning, monitoring and buying services for our local population.



Throughout this report, you can read examples of how we are engaging patients in all these stages of commissioning. Some examples are shown in the following diagram.



Over the last year, we have also used more coproduction approaches in our work. This includes our work with children and young people to redesign and improve the support and care they receive for their emotional and mental wellbeing needs and the development of an Ageing Well Strategy for Bromley.



NHS
Bromley
 Clinical Commissioning Group

” Co-production is for the whole NHS. It is how we should all be working – doing with and not for, or to, people – not just sometimes, but all the time. The recently published, ‘Co-production Model’ has been developed by patient leaders...

David McNally, Head of Experience of Care at NHS England



5. How we engage

We engage and involve the public and other stakeholders in a variety of ways. This engagement is critical as it enables us to make decisions which are underpinned by a clear understanding of public views, concerns and aspirations. Knowing what people think about existing health services in Bromley is also vital to helping us improve patient experience in the future.

Our approach to patient involvement is always informed by whether patients can influence a process. If they can or should be able to, we then consider what we already know, using information captured through previous engagement and patient experience information collected through our providers (ie friends and family test, patient opinion and complaints). This provides us with a starting point in order to plan what else we need to find out and who in particular we need to hear from. We then reach people using different techniques such as surveys, events, focus groups, face to face interviews, outreach engagement in schools, youth groups, community services, workshops, social media, articles in the local newspapers and through our commissioned services. Critical to the success of our engagement is maintaining strong and effective relationships with local services, communities and partners.

Examples of how we engage:

- Be clear that there is something that can be influenced.
- Consider the best approach depending on service area, what we need to know and who we need to hear from.
- Through our [Patient Advisory Group](#).
- Through the voluntary sector, charities, Healthwatch and community groups including LGBTQ+ groups, Diabetes UK support groups, MIND, Mencap, Age UK and Bromley Well (an organisation we commission to support people to stay emotionally



and physically well and be independent).

- At public events.
- Promotion through the local media.
- Through practice participation groups – particularly to improve primary care services.
- Through local providers – especially important if we need views from those with lived experience.
- Schools, youth forums and after school clubs.
- Public places such as libraries and coffee shops (particularly popular with older people in our area).
- Digital, print, surveys, patient interviews (at home on occasion), information campaigns, social media etc.
- By having Browsealoud on the website we are able to produce information in different languages and formats required. We have proactively produced material in easy read when engaging with people with learning disabilities.
- Public question and answer sessions at each of our Governing Body and Primary Care Commissioning meetings.
- [Bromley Maternity Voices](#) (which has a lay chair and lay members as part of the committee).
- Review of complaints from providers.
- The Bromley Communications and Engagement network which is chaired by Healthwatch and includes the local authority, third sector and local providers. This partnership approach enables us to reach more communities – especially those who are harder to hear from.



6. Patient Advisory Group

Our patient advisory group (PAG) is one of our most precious resources. It is made up of local residents who want to make a real difference to local health services and are willing to give up their time, on a voluntary basis, to do this.

In March 2019, there were 195 members. Anyone who uses Bromley health services can join the PAG. The PAG provides flexibility for members in the way they can get involved which helps us to attract

In March 2019 there were 195 people on our Patient Advisory Group. Membership is spread reasonably evenly across the borough.

membership from people of all ages and those who have work commitments. The range of opportunities to make a difference include responding to surveys, feeding back on public information, active involvement in committees, equal partner on procurement panels for services, service redesign focus groups, testing our approach to engagement and taking place in quality visits to local providers. Every year we hold a thank you event for those who have been activity involved, which also provides us with the opportunity to gather views on how we work with members.

In response to feedback from some PAG members, this year we introduced our Patient Conference and held the first one in January 2019. The event provides us with an opportunity to bring together PAG and Patient Participation Group chairs and vice chairs (linked to GP practices) together to feedback the impact of their involvement, ask for their views on how we strengthen the way we involve them and on our strategic programmes of work. The report on the January event is [available on our website](#). The outcomes have been shared with a number of decision making groups and committees.

We support our PAG members to actively participate. We have developed a '[Welcome Pack](#)' for all new members and have arranged training and other support when required.

What do our PAG members say?

The PAG is a beacon of excellence that should be shared across other boroughs.

I have been involved in a number of procurements which are very interesting. I thought the online system of recording views worked very well.

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

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

The CCG has rightly received recognition for its sterling work and for giving the community the opportunity, a platform to get involved in Bromley's healthcare. All credit to those who organise meetings and seminars and I hope to see an even wider network following. The voice of Bromley must continue to be heard and hopefully, to resound and echo further.



7. Standards and duties

The CCG has a legal duty, as set out in the Health and Social Care Act 2012, to engage with patients and the public in regard to service provision.

In Bromley, engagement with the public is always undertaken in a meaningful and timely way so that they have real influence in what we do. Outcomes of engagement are used to help deliver priorities and improve services. You can read more about the impact and outcomes of involving patients and the public over the last year [in section 8](#).

NHS England undertakes a robust assurance process to ensure that CCGs are meeting their statutory duties in regard to public and patient involvement. In 2018, the CCG was rated as Green Star (outstanding), for the work we are doing. We are delighted with this result but it does not stop us from continually seeking areas for improvement in how we are involving and listening to all parts of our local community.

The areas we are measured against by NHS England, in order to meet our statutory duties for public and patient participation are:

1. Involve the public in governance.
2. Explain public involvement in commissioning plans/business plan.
3. Demonstrate public involvement in annual reports.
4. Promote and publicise public involvement.
5. Assess, plan and take action to involve.
6. Feedback and evaluate.
7. Implement assurance and improvement systems.
8. Advance equality and reduce health inequalities.
9. Provide support for effective involvement.
10. Hold providers to account for engaging patients.

This section provides information on how we are meeting those requirements.

7.1 Involve the public in governance

The [CCG constitution](#) sets out our commitment to public and patient engagement and a clear vision for how we will deliver this. This is evidenced in the CCG's strategic documents including the [Operating Plan](#), [Annual Report and Accounts](#), [Engagement Strategy](#) and this Annual Engagement Report. We have a specific section set up on the CCG website which provides a range of information about how to get involved and the impact that patients have on commissioning of services.

The Governing Body and Primary Care Commissioning Committee both include lay members and Healthwatch. Meetings are held in public with opportunities for questions from those attending. These meetings are promoted in the local paper, on the CCG website and through social media. Questions and answers are published on the CCG website. A report on our [public engagement activity and outcomes is taken to the Governing Body every six months](#) and [Healthwatch Bromley is asked to provide an independent view of our activity each year](#).

7.2 Explain public involvement in commissioning plans/business plan

The CCG's [Engagement Strategy](#) sets out our approach to meet our statutory duties to engage. It reflects the commitment throughout the whole of the CCG to genuinely and purposefully involve people to ensure the patient and public voice is influencing decision making. This commitment is replicated through all our key documents including our Operating plan and Annual Reports. Patients are actively involved in service redesigns and developments which are fed into our commissioning plans.

Patients have a key role in helping us set our priorities. We use their feedback together with local and national drivers to help inform our commissioning intentions. The development of this year's intentions has been informed by ongoing engagement with patients and a [priority setting workshop we held in February 2018](#). How we used the outcomes of that workshop to inform our priority areas is available in [a report on our website](#).

LONG TERM IMPACT

In 2015, the CCG commissioned Boots to deliver a redesigned community warfarin service on the high street. Feedback from patients influenced the redesign of this service and patient representatives were on the procurement panel. Since implementation, the services has provided quicker appointments, better access for people across the borough, improved patient satisfaction and reduced pressure on hospital services. The use of finger prick testing has led to a reduction of over 22,000 thousand intravenous bleeds.

Patients are also always involved in our procurement processes. This includes informing the design of service specifications and being part of procurement and moderation panels to decide on new providers of care.

7.3 Demonstrate public involvement in annual reports


Our annual report and accounts for 2018/19 includes information on how the public has influenced our work over the reporting year. This annual engagement report is produced to support that information and provide more detail on the breadth of work that is undertaken. Each year we also produce a summary version of our annual report and accounts to provide easy to access information about the work of the CCG. This 'Review of our Year' is presented at our Annual General Meeting and is available on the CCG website. It includes outcomes from the engagement we have done over the year.

7.4 Promote and publicise public involvement

Since setting up the CCG's Patient Advisory Group four years ago, we have seen membership rise to 195¹ members – many of whom are very active in our work. Anyone who uses Bromley health services can join and can get involved as much or as little as they like. Information on how to join the PAG is on the [CCG website](#). We promote joining the PAG in a variety of ways including through digital (ie website and social media) and print advertising (see advert opposite which was used in the local newspaper), outreach events, through partners and established groups. PAG members are informed about training packages offered by NHS England to support how they get involved.

¹ Number correct as of March 2019
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HAVE YOUR SAY IN BROMLEY!



Do you live in Bromley and use local health services? Are you interested in having more of a say on how these services are provided? If so, then we would love to hear from you.

NHS Bromley Clinical Commissioning Group (CCG) is the local NHS organisation responsible for planning, monitoring and buying the vast majority of health services for people in Bromley. The CCG is committed to putting patients and carers at the centre of all that we do and involve them in all the different stages of our business.

Involving you and your family makes complete sense to us because it enables us to understand what works and what doesn't work in our local services. Knowing what you think about health services in Bromley is also vital to helping us improve patient experience in the future.

To help us do this, we have a Patient Advisory Group (PAG) which is made up of local people. Our PAG members are influential and instrumental in our work. We value their contribution and views and they are always our first port of call when we are seeking a public or patient opinion.

If you join our PAG, you can get involved as little or as much as you like and help to influence real change in Bromley services. We have exciting opportunities always coming up. This can range from answering an online survey, attending a focus group to look at the redesign of a service or even sitting on a panel that is making decisions about what services we procure.



WHAT DO OUR PAG MEMBERS SAY?

"What is important is that you feel you are being listened to, that your opinion counts and that you can contribute to future service improvements. I see it as giving something back to the community".

"I have been part of various projects which have been interesting and important. I have attended workshops and focus groups and was also an evaluator on the re-procurement of community health services in Bromley. The views of service users and patients are most important and if people can make time, their experiences are essential to those looking to improve services".

If you want to find out more about how patients have influenced our work, visit our website at www.bromleyccg.nhs.uk

To join the Bromley PAG, please email BROCCG.PatientQuery@nhs.net, or call 01689 866524 to speak to a member of our team.

We have also been working with practice based Patient Participation Groups (PPGs) to get more of their members to join the PAG. In January 2019, we held a patient conference with our PAG and PPG chairs and vice chairs to get views on some of our strategic programmes, feedback how they have directly influenced local services and test how we engage with them in order to strengthen our approach further.

We work through our local providers and voluntary organisations to reach people with lived experience. Opportunities to have a say on plans are promoted through community newsletters, charities and established groups. Over the last year we have focused on reaching more communities who are seldom heard, particularly children and young people. This has been aided by liaising with schools, youth groups and services that work directly with young people. In 2019, Your Voice in Health and Social Care started to work with our Maternity Voices Partnership (MVP) to ensure that the voices of women who suffer poorer outcomes and disadvantages from having a baby are feeding into our transformational plans for maternity care. At the annual MVP development day, members assessed how the partnership can better reach these women and engage them to help inform the work priorities for the year.

7.5 Assess, plan and take action to involve

We have robust governance processes in place which ensure that our engagement activity is embedded across the CCG and the commissioning cycle. We also ensure that our activity meets the statutory guidelines set out by NHS England for excellence in public participation. Prior to embarking on any engagement activity, a bespoke communication and engagement plan is produced to support the relevant programme area. Our engagement approach is informed by an Equality Impact Assessment which ensures that those people most likely to be impacted by our plans are identified and we do our best to reach them. These plans are part of our routine business processes, which have been improved further during 2018. By planning public engagement early whilst at a formative stage, we are confident that patients can influence plans in a meaningful way.

To inform our communication and engagement planning, we consider existing sources of intelligence, engagement outcomes and other insight. This can include information from surveys, other programmes of work, friends and family test, engagement undertaken by our partners (such as Healthwatch Bromley and health care providers), other patient experience or quality data from our

LONG TERM IMPACT

In 2015/16, members of our patient advisory group, the voluntary sector and Healthwatch were involved in the design of our proactive care pathway. This pathway supports our most vulnerable patients by providing a multi-agency package of care that meets their individual needs. The aim is to keep them well and avoid any emergency admissions to hospital.

Since the pathway was set up over 3,000 patients have been referred. For those who previously had emergency admissions to hospital, this has reduced by 23.6%.

providers and the outcomes of equality impact analysis. These can be rich sources of intelligence and data which can contribute to the overall picture of services. We also use an ‘Engagement Tracker’ at our [Bromley Communications and Engagement Network meetings](#). This enables us to know and receive the outcomes of engagement being done by our providers, the council, Healthwatch and the voluntary sector. It helps avoid repetition and ensure we are all benefiting from the patient experience and feedback intelligence we are gathering. It also supports the development of more formalised integrated working and sharing of information across the Bromley health and care system.

Through our work we work to embed the national six principles for engaging people and communities which are:

- Care and support is person centred: personalised, coordinated, and empowering.
- Services are created in partnership with citizens and communities.
- Focus is on equality and narrowing inequalities.
- Carers are identified, supported and involved.
- Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers.
- Volunteering and social action are recognised as key enablers.

7.6 Feedback and evaluate

The CCG has a [‘you said, we did’ page on the website](#) which is dedicated to providing feedback on the outcome of our engagement with the public and patients. Included on that page are a number of reports which describe the engagement we have done and how the outcomes have been used to inform our work. We also produce a [quarterly Stakeholder Bulletin](#) which is distributed widely to patient representatives, partners and other stakeholders. It is also published on the CCG website. The bulletin includes information on the work we are doing and uses a ‘you said, we did’ format to illustrate how patient voices have impacted on service development and delivery. We are also starting to provide more information on how we have considered feedback but not been able to use it. We do this using a ‘you said, we considered, but we couldn’t do and this is why’. We believe that it is important to also explain how we have considered feedback and why it may not have then been used to inform a

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programme of work. We also use events, comprehensive and visual event reports, direct emails, phone calls, social media etc to report back on outcomes and close the feedback loop.

As well as these publications, we also strive to provide feedback face to face. We use our Patient Conference held twice a year, to feedback the impact patients have had; and visit schools and community groups etc to explain how we have used their feedback in our programmes of work.

7.7 Implement assurance and improvement systems

This annual Engagement Report is used to provide assurance to our Governing Body and Bromley partners on how we are involving local people and meeting our statutory and legal duties. It includes an assurance statement from Healthwatch. We also produce a mid-year review which is presented to the Governing Body in public. All of the papers that are considered at the senior CCG committees and Governing Body have to show evidence of what public engagement has been undertaken to shape and inform plans.

Periodically we ask for feedback from patients on our engagement activities such as events and focus groups to see how we can make any necessary improvements. This has included feedback on venues for events, timing and quality of speakers. At our patient conference in January 2019, we asked for direct feedback on the way we engage to help us strengthen our approach.

7.8 Advance equality and reduce health inequalities

Equality impact assessments are required when planning our engagement. This enables us to assess who is likely to be most impacted by our plans and who should be therefore targeted to provide views. We collect equality information on people who we engage with so that we can understand which parts of the community we are hearing from and then try to fill any gaps. For example, during our engagement to inform the Ageing Well Strategy, a review half way through showed that we needed to hear from more Black, Asian and Minority Ethnic groups, so we proactively arranged to meet with groups that include representatives from those communities.

We worked with NHS England as one of the first London CCGs to take part in a 'deep dive' around our health inequalities. The review done by NHS England and NHS Right Care showed that Bromley is one of the least deprived areas in England. Despite this there are pockets of deprivation. The review identified some target areas of the borough where our engagement should be focused to help reduce health inequalities. For example, data showed that Bromley Common, Keston, Orpington and Cray Valley areas had high ambulatory and urgent care centre attendance rates. Therefore through our winter planning we focused on those areas with leaflet drops providing information on

self-care and flu jabs. Clinical training with practice nurses on managing asthma was also arranged focused on those areas.

We have undertaken some outreach work with local community groups that represent the views of people who are seldom heard. This has included groups supporting young people and Lesbian, Gay, Bi-sexual, Transgender and questioning+ people, children and young people and those from Black, Asian and Minority Ethnic groups.

PAG members have been involved in our self-assessment for meeting requirements of the Equality Act. More information on how patient engagement has helped with a narrowing in health inequalities is included in [section 12](#).

7.9 Provide support for effective involvement

All new PAG members are provided with a welcome pack which we developed to help inform them about the work of the CCG and provide useful information to support them to get involved. Training opportunities, offered by NHS England, to enable patient voices to effectively participate are shared with our PAG members, a number of whom have attended different courses. Those on our procurement panels are provided with training and support to use our Delta procurement system so that they can review bids and score appropriately.

In the autumn of 2018, we went to GP meetings to remind our membership about the work we do to engage with patients and meet our statutory duties. All practices have patient participation groups (PPGs) and we are keen to encourage those patients to join our PAG in order to get more involved in borough wide engagement. A toolkit has been developed for PPGs to help them to function well and the Head of Communications and Engagement attends the PPG Network meetings which is a group facilitated initially by the CCG to bring PPG members together to share good practice.

All new CCG staff are encouraged to meet a member of the Engagement Team to understand the organisation's commitment and approach to public engagement. Guidance templates and advice is provided to individual staff when planning appropriate

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LONG TERM IMPACT

In 2017 we asked the public for their views on our plans to no longer support prescribing of routine over the counter medicines for minor ailments. We received 547 responses to our survey and also gathered more feedback at a range of outreach events. 83.64% of respondents agreed or somewhat agreed with the proposals and 84.71% agreed or somewhat agreed that GPs should spend less time treating people who could buy self-care medication and health supplements without a prescription.

The implementation of these changes has resulted in 65,000 fewer prescriptions for self-care medicines and is likely to have resulted in a similar number of GP appointments being freed up to enable patients with more complex conditions to be seen. During 2018/19, spend on self-care medication reduced by 257,000 which can be reinvested into other health care.

engagement. The guidance provides clear step by step advice on why we engage, how this should be done and how it needs to be evaluated and reported. Members of our staff have also attended training arranged by NHS England to support better patient engagement.

7.10 Hold providers to account for engaging patients

We expect all our commissioned providers to involve the public and patients. This is part of our contractual process. The procurement of new services requires potential bidders to set out how they will engage the community and add wider social value by using the outcomes of patient engagement to inform and improve service delivery. Providers collect patient experience data from those using their services. This is reported at the CCG's Clinical Quality Review Groups and outcomes are fed into the work of the CCG to inform redesign and review of services. Gathering this information is extremely important as it enables the CCG to know how patients are finding local services and what improvements need to be put in place to improve quality and experience.

Improvements are also made based on feedback received either through complaints or quality alerts.

We also, through the Bromley Communications and Engagement Network, collect information on how providers are engaging patients directly in local improvements. Examples include:

Oxleas:

- Engage with adult service users to gather views and experiences of being treated in an acute mental health ward. This is to help inform a review of female Psychiatric Intensive Care Unit provision.

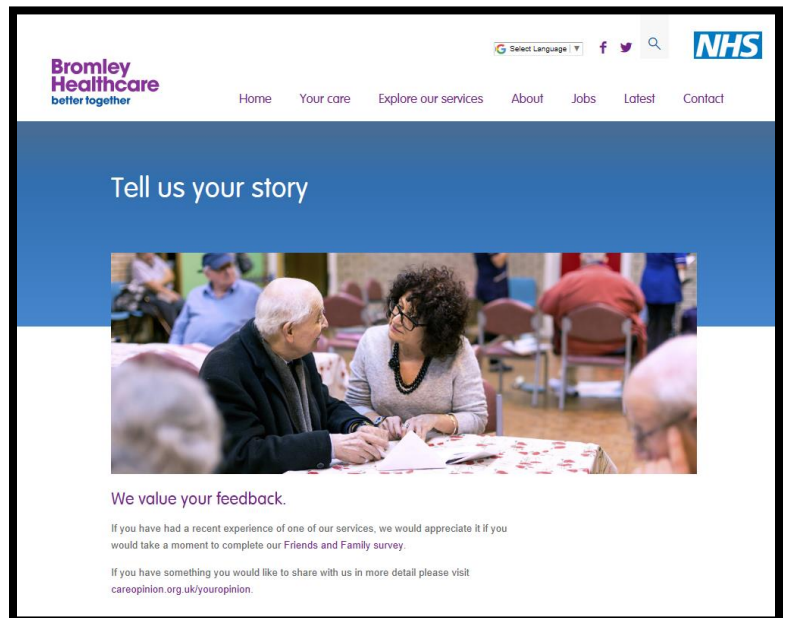
The screenshot shows the Oxleas NHS website. At the top left is the Oxleas NHS logo with '70 YEARS OF THE NHS 1948-2018' and the tagline 'Improving lives'. To the right is a yellow box with 'HELP IN A crisis!'. Further right is a search bar with 'Oxleas NHS Foundation Trust' and a search button. Below the search bar is a language selection dropdown and 'Powered by Google Translate'. The main navigation menu includes 'Services', 'About', 'Advice', 'Patient experience', 'Membership', 'GPs', 'Jobs', and 'News'. The 'Patient experience' page is active, showing a breadcrumb 'Home > Patient experience'. A sidebar on the left lists: 'How are we doing?', 'How to make a complaint', 'Our patient experience team', 'Our patients' stories', 'Your comments', and 'Carers'. The main content area is titled 'Patient experience' and contains text about monitoring service users and carers' views. A photo of Dr Michael Witney is shown on the right, with his name and title: 'Dr Michael Witney, Director of Therapies and Trust Patient Experience Group Chair'.

- Operates Research Net, which is a weekly meeting in Orpington of people with mental health conditions. The CCG has used this group to inform some of our commissioning.

- Recruit service users to take part in pan London workshops for the Perinatal Mental Health services. Links have been set up with Coccon, a family support charity to recruit further volunteers who will be co-facilitating workshops for other women and families affected to help inform the steering group.
- Service users are involved in interview panels.
- Annual members meeting and Improving Quality event in September 2018. Governor elections over the summer had an excellent response and 12 new governors will join.
- A lived experience practitioner programme is supporting a number of people with lived experience to be employed by the Trust.

Bromley Healthcare (BHC):

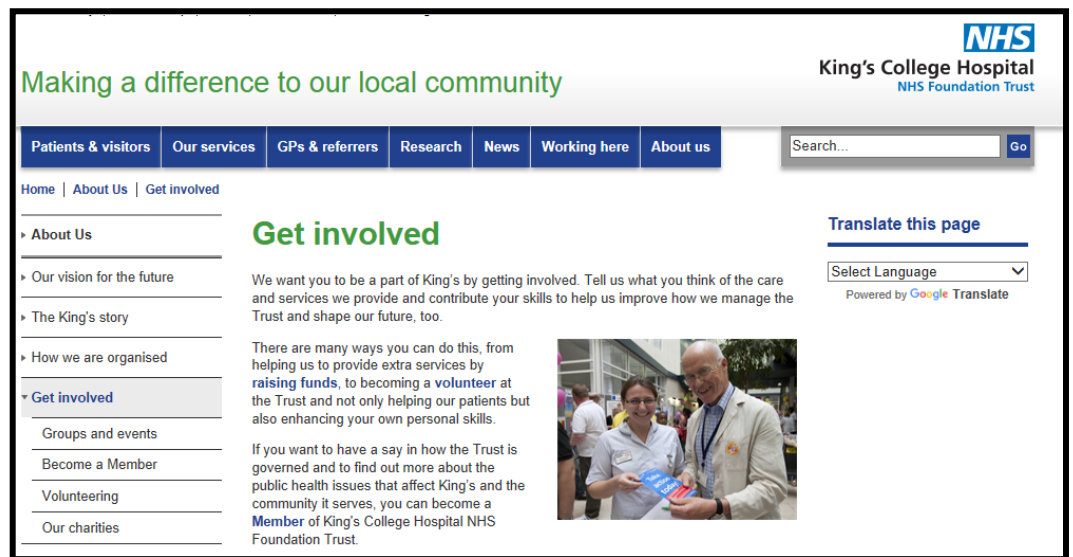
- Has a patient reference group which is supported by Healthwatch Bromley. The group meets quarterly to enable local people to share their experiences of community services and provide views on proposed activities and plans.
- Engaged with young people and patients to review the BHC website. This included some patient 'mystery shopping' to inform the redesign of the website.



- BHC uses Care Opinion to gather views on services. Care Opinion has teamed up with 'Talking Mats' on a project to support people with dementia to record their views on using services. This enables people to provide views using pictures and stories.
- A mystery shopping exercise was done to get feedback on the new Care Co-ordination Centre.

King's:

- A joint project is taking place with Oxleas to gather feedback from young people attending the PRUH A&E with a mental health issue. Outcomes of this engagement will help inform any operational improvements and also the co-design of children's emotional and mental wellbeing services being led by the CCG.



- A joint project with Age UK Bromley and PRUH frailty team is gathering feedback from older people and their relatives about discharge from the PRUH. Interviews with service users will take place towards the end of the year and outcomes will be used to inform the frailty service development at the PRUH.
- King's hold regular talk back sessions with their members, patients, governors and staff. Three of these have been held at the PRUH and covered, cancer care, dementia and critical care. There was also a community event with around 70 people to meet the new Chairman of the Trust and discuss special financial measures.
- Patients are helping to inform the development of the 'Getting It Right First Time transformation programme focused on orthopaedic surgery at Orpington Hospital.

LONG TERM IMPACT

Patients informed our redesign of musculo-skeletal services. They asked us to include the option to self-refer to the service. Since this was introduced, up to 83% of patients are now self-referred. There is a reduction in the numbers that do not attend appointments, shorter waiting times and less pressure on GP appointments for musculo-skeletal issues.



8. Impact of patient/public voices

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

Throughout this section you can read how involving the public and listening to what they tell us, has directly contributed to and is supporting delivery of our strategic priority areas and our commissioning intentions.

8.1 Transforming primary care services

8.1.1 PRIMARY CARE NEEDS ASSESSMENT

Purpose: In 2017, we launched our Primary Care Needs Assessment in order to understand patients' needs for primary care services and the needs of those delivering the services. This has been a long term programme to inform a sustainable model of primary care services.

Activity: We engaged with a variety of groups, including those who are seldom heard to inform the new model of primary care.

They told us:

- Issues with appointments (access, length, number of problems you can talk about)
- Continuity (episode of care, being known at the surgery, vulnerable groups)
- New ways of working (active signposting, new roles, group consultations, online consultations)
- Prevention
- Knowledge

After undertaking a similar process with practice staff, we learnt:

- There are not enough GPs
- There are not enough nurses
- Increasing workload
- Low use of other skilled roles

Who we spoke to	What we asked
<ul style="list-style-type: none"> • Public • Parents of children with complex needs • People with heart disease • Ethnic minority groups (Afro-Caribbean Elders, Asian women) • Practice participation group • People with Learning Disabilities • People with mental illness • Blind people • People with multiple sclerosis • Young carers 	<ul style="list-style-type: none"> • How quickly you get an appointment • Who you see (Preferred GP, Any GP, Nurse, other) • Whether the person who sees you knows you/your family • Whether the health professional listens to your concerns. • Whether you are involved in decisions about your care • Is the service just for when you are ill, or is it for helping you to stay well?

Outcomes: The outcomes of the primary care needs assessment have been fed into the development of the CCG's primary care strategy. This strategy sets out that in order to meet the challenges in primary care, there is more need for:

- GP practices working together to care for whole populations of people in a given locality
- Sharing staff between GP practices
- Sharing space at practice premises
- Offering services jointly

We tested these outcomes at our Patient Conference held in January 2019 with 58 members of our Patient Advisory Group and practice participation groups. Generally there was support for this collaborative practice approach with the caveat that patients should still have the choice of seeing their own GP in their own practice. A report on the outcomes of those discussions is available [on our website](#).

To support more collaborative working, groups of practices in two parts of the borough have applied for additional support to work more closely together to improve the care that can be provided to patients. This will include pooling expertise, sharing staff and systems, having better peer support for staff and help to manage workloads. It will also provide more opportunities to further develop the services that can be provided to patients.

The NHS Long Term Plan, published in January 2019 sets out the ambition to develop Primary Care Networks (PCNs) which will support practices working more collaboratively together, typically serving communities of around 30,000 to 50,000 people. Bromley general practices have been requested to work together into PCNs covering registered populations of 30,000-50,000 patients by 15 May 2019, under the new NHS England GP contract reforms (published in January 2019). From July, significant additional investment will be made into general practice to facilitate collaborative working and a new, more resilient model of general practice.

As part of the PCN development, Bromley CCG is encouraging GP practices to meet with their PPG and seek views from their patients about the most important areas to prioritise in the early months of PCNs.

A comprehensive 'you said, we did' report on the outcomes of the primary care needs assessment is available on [the CCG website](#).

8.1.2 DIGITAL IMPROVEMENTS

PRACTICE WEBSITES

Purpose: Funding was allocated for the improvement of digital services as part of the NHS GP Forward View. Based on feedback², the CCG used this funding to help improve practice based websites. An audit of practice websites was undertaken which showed that only 11 sites had full compatibility with smartphones and tablets, there was inconsistent information on local services including out of hours and lack of translation facilities. The new sites would have improved design and content management systems. Patients would have better access to information about their practice and be able to use the on-line services available to them (such as booking appointments etc) from a variety of devices.

² Issues with practice based websites were highlighted by the Bromley Healthwatch GP Patient Information Audit and through feedback from practice based Patient Participation Groups.

Activity: Two sessions with the new provider of the websites were held with practice staff and patient representatives (including one member with additional accessibility requirements). The group considered the proposed website designs and content management systems and provided feedback.



You said, we did:

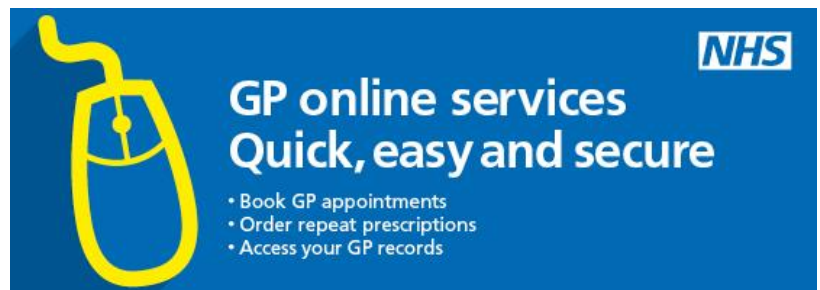
You said: 'We want websites that are easier to navigate and that make information and resources easier to find'.

We did: 'Commissioned a standard template website. This new template improves the layout of information and improves accessibility and navigation on the sites'.

Outcomes: As the new sites become available (the first pilot went live on 5 October 2018) the practices have been encouraged to work with their PPGs on the content.

GP ONLINE

Purpose: GP online services enable patients to book or cancel appointments, request repeat medication and view medical records. We promoted this facility extensively during 2017 and in 2018 wanted to get the views of patients on how they were using it to help to encourage more patients to sign up.



Activity: A workshop with Patient Advisory Group members was held and 11 practice participation groups were visited to gather views. They were asked

- How quick was it to sign up to the service?
- How easy is the service to use?
- How has it helped you book GP appointments more quickly?
- Do you use it for repeat prescriptions and has this feature been useful?

Outcomes: Further promotion of the service has led to Bromley currently having 35% of the total registered population signed up to use Patient Online. Figures show that almost half of the transactions relate to ordering repeat prescriptions. The benefits to the practice include freeing up the

telephone lines, saving admin and reception time, more convenience for patients and patients being able to see their medical records.

GP ONLINE CONSULTATIONS

Purpose: GP online consultations enable patients to use software that will enable them to seek self-help, find their local pharmacy or consult with their GP electronically usually through the practice website. Practices were offered the opportunity to pilot these online consultations and we wanted to get the views of patients to inform the introduction in Bromley.

The response was very quick and I saw a doctor face to face earlier than if I had booked an appointment myself.

Activity: We went out to speak to a number of patient participation groups based in GP practices and also proactively sought the views of people with mental health conditions to see if this way of interacting with GP services may encourage more people to seek support.


Outcomes: We are working with nine early adopter practices to pilot this way of working and a clear evaluation framework has been developed locally to identify the benefits of these systems but also any barriers or risks before rolling out to all practices across the borough. Between July and September across four practices in Bromley, there have been 209 visits to the websites to seek online consultations. Of these visits, 18 patients sought self-help (via local pharmacy or NHS UK) and 25 had an online consultation with their GP. Although these numbers are relatively small, we expect them to rise as improved practice websites are rolled out.

Registered patients can submit their non-urgent problems and usually get a response within 48 hours. Initial figures show around 30% of patients go on to require a face to face appointment after the online consultation, with the other 70% of online consultations being resolved via self-help, telephone call or prescription sent to their pharmacy of choice.

8.1.3 GP PRACTICE CHANGES

Purpose: The Trinity GP Practice in the north of Bromley was to be taken over by a new provider of medical services after the GP partners retired. We wanted to let patients know about the changes and ask for their views on what they valued about the current service and any improvements they would like to see.

Activity: We held two patients meetings, one in the day and another in the evening. Twenty patients attended. They asked questions about the appointment system, workforce levels and continuity of care, out of hours care, the new provider and how services compared with other practices. This feedback was taken into account when agreeing the contract with the new providers.



You said, we did:

You said: We need same day appointments in place like we do have now. **We did:** It is up to the practice to run an appointment booking system that meets the needs of their patients. The CCG will work with the new provider to ensure the appointment system works well.

You said: There needs to be continuity of care and enough GPs to provide this. **We did:** The CCG sought a new provider who employs GPs substantively to stay for the duration of the contract rather than employing short term locum GPs.

Outcomes: The new provider took over on 1 October

2018. All patients were informed by letter and a further three patient meetings were set up to answer questions, provide information on the services on offer and how they can get more involved in shaping services within the practice.

8.2 Engaging with young people

8.2.1 IMPROVING EMOTIONAL AND MENTAL WELLBEING FOR CHILDREN AND YOUNG PEOPLE

Purpose: Using a co-productive approach to put in place an improved model of service delivery to meet the emotional and mental wellbeing needs of children and young people in Bromley.

Co-production is an approach that ensures people delivering services and those using them are equal partners in the design, delivery and review of services. It recognises that all parties have vital contributions to make to improve the quality of life for people and communities.

We already knew from previous engagement with young people and parents that they want more focus on support and early intervention in order to reduce the risk of them going into crisis and needing more intensive support. We wanted to test those views with a broader reach of young

people and proactively engage them; service providers; schools; youth services; voluntary sector; and other organisations that support young people in co-producing an improved model of care.

Activity: The programme of work commenced in October 2017 and involved talking to a wide range of young people about their mental health and emotional wellbeing. This included going into schools, running focus groups and workshops and asking for views through a survey. Sessions with held with children who are particularly seldom heard including those with

communication difficulties, children who are looked after, young carers and those with special educational needs and disabilities. From this work we co-produced a set of improved outcomes that would need to be delivered.

A network alliance and co-design group was established and between August and December we engaged further to feedback to those who we had heard from previously and to seek further views to inform the development of a [new service specification](#) for the services.

This included:

- A church group event in Orpington
- A focus group with students at Nightingale which is an alternative provision for students in years 7-11 who have a mental health condition and are unable to access mainstream provision
- Youth Forums at the Bromley and Downham Youth Club
- Bromley Schools
 - Biggin Hill Primary School
 - Bromley Forest School (BEECHE)
 - Highfield Junior School
 - Southborough School
 - St Nicholas CE School (secondary)
 - St Olaves Grammar School (secondary)
 - Worsley Bridge Primary School

Some groups we have engaged with



- A Bromley and Downham Youth Club Parents Evening event.
- Visit to JusB - A youth charity in Bromley providing activities for young people, between 10 years and 23 years, during term and holiday periods, encouraging young people to develop their self-esteem, meet new people and discover new skills and talents.
- A CAMHS focus group with young people currently receiving treatment.
- A focus group with students at the Bromley Sensory Support Service.
- Visit to Turnaround - a volunteer based charity project with a proven track record of providing effective one-to-one numeracy, literacy and English language support to adults and children.

Focus Groups and discussions centred on the design of the service specification and what should be included. Children that felt most comfortable expressed their thoughts by drawing images of ideal settings for treatment. Games were used with younger children to encourage them to open up and share thoughts about what the best service could look like.

Visits were also done to charities and voluntary sector organisations to explain the work we are doing and gathering their input on behalf of the children and young people they support and interact with.

We also successfully bid for NHS Citizen Exemplar Funding to support the engagement with young people further which will be used to help us support and mentor some young commissioners who will be working closely on the co-delivery process and holding the new services to account.

Outcomes: In 2019, we published the new [service specification](#) for emotional and mental wellbeing services for young people which has been directly influenced by children and young people. This specification outlines our ambitions to commission a service with innovative people and organisations that are equally ambitious and passionate about children and young people's wellbeing. It sets out our objectives to ensure that all children and young people in Bromley are equipped to keep well in the community, are resourceful and able to bounce back from adversity; can access the right support at the right time and in the right place for them; feel and are seen as part of the solution; able to contribute to their and other's wellness and live in a community where there is positive awareness of support for emotional wellbeing and mental health.

The work we have done with young people also influenced our successful bid for Mental Health Trailblazer funding of £2.4 million which will be used in schools to establish Mental Health Support Teams to develop models of early intervention for mild to moderate mental health issues as well as providing help to staff who work in the schools. The teams will act as a link with local children and young people's mental health services and be supervised by NHS staff.

In Bromley we will also be trialling a four week waiting time for access to specialist NHS children and young people's mental health services.

More information on this programme of work is available on the [CCG website](#).

8.2.2 SUPPORTING YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

Purpose: As part of our work to improve emotional and mental wellbeing services for children and young people, we arranged a SEND employability day in May 2018. We wanted to ensure we heard from children with special education needs and disabilities on our plans.

Activity: We worked with the Information Advice and Support Service which provides free impartial information, advice and support for children and young people with SEND. A day focused on employment and employability skills as a tool to promote and maintain emotional and mental wellbeing amongst a group that can struggle to find work. At the event we welcomed a range of partners who talked to the young people about local services and opportunities for future employment. This included how the CCG works, the Bromley Healthcare Diabetes and Community Team, Department of Work and Pensions, Bromley and Lewisham Mind, Bromley Mencap, Bromley Council, Bromley Y and how we safeguard young people. A tour of some



You said, we did:

You said: We want a service specification that is transparent, clear and about co-producing a service with the community, for the community. **We did:** We have produced a service specification with patients and the public which is open and transparent and asks for providers that are innovative and that work together to produce the best service possible for children and young people.

You said: We need support in finding the right service to use at the right time. We don't know where to start. **We did:** We are producing a Directory of Services for emotional and mental wellbeing services in Bromley which includes advice, support and details of those organisations that can help.

You said: We need a service that includes those over 18 as the transition to adult services is poor. **We did:** Our new service will be for young people up to the age of 25.

You said: We want to be part of the process of choosing the right provider for these services and holding them to account. **We did:** We have recruited young commissioners who will part of the decision making process and involved in the delivery of improved services.



clinical areas at the Beckenham Beacon was undertaken so questions could be asked of different healthcare professionals.

The young people were asked to share their thoughts and put into their own words the health and wellbeing outcomes that had been developed with almost 2,000 children in Bromley.

Outcomes: The views from the young people were fed into the coproduction programme for improving emotional and mental wellbeing services. A copy of the full report is available on the [CCG website](#).

ATTENDEES SAID: “We learnt there are 358 different job roles in the NHS and feel more confident about applying for roles. We learnt that attitude and personality are as important as skills”

“We learnt that Bromley Mencap’s job match service can help us find and retain work”

“We found out that even though the NHS gets a lot of funding, there is not enough to go around everyone and people have to make decisions about where it is spent”.

“We felt very proud of the NHS and all the people working there”.

CONTRIBUTORS SAID: “It is important that Bromley is committed to ensuring that children and young people and families are listened to and involved in the decisions which affect their lives. The feedback from the day will be used to inform the Preparing for Adulthood pathways work”.

Bromley Council

“It was an absolute pleasure to take part in the Co-Production exercise and not only get to discuss topics unfamiliar to the students such as emotional intelligence but also to help them achieve the manifestations of what they held up as most important by building representations of such things as empathy and self-esteem out of pipe cleaners. There were some really poignant and imaginative offerings. The provision and care they have received up to this point bares testimony to the hard work MIND, Bromley Mencap, NHS and CCG are putting in. The idea of working together as providers, clinicians, and so on in partnership is not new but when it works like this to achieve these aims it is fantastic”. **Department of Work and Pensions**

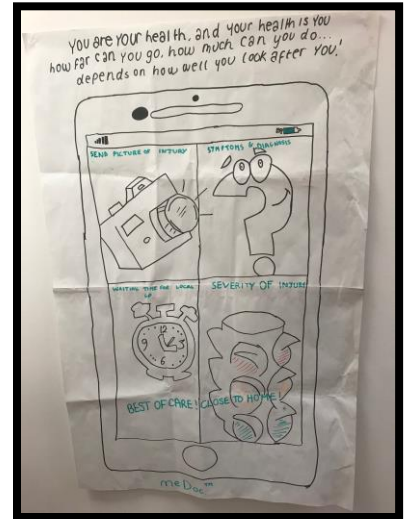
“Being a partner of this event was a great and much needed experience for the Supported Internship students studying at London and South East Colleges (LSEC), Bromley. Thank you to the CCG for this opportunity and we hope every Supported Intern can benefit from an event like this in the future. Joint working with these strong partners will help create more future employment opportunities for our young people”. **Bromley Mencap**

8.2.3 CHOOSE THE RIGHT SERVICE

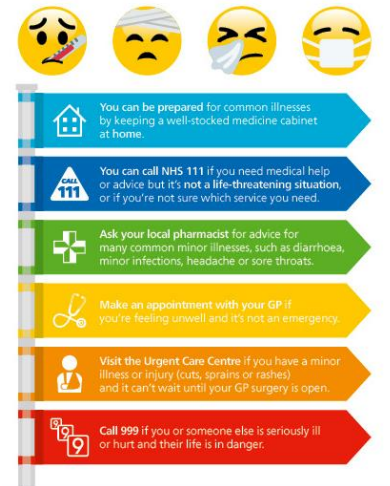
Purpose: To encourage younger people to use the right service when they are ill. We knew from previous engagement with young people that a great number are not sure what is available and where to go for help.

Activity: We spoke to a group of young people at the Bromley and Downham Youth Club and also took part in a weekend event with 60 young people with the National Citizenship Service. We asked young people where they would go to for different ailments. They were asked to design something to guide others to use the right service. There were some very inventive ideas such as phone apps that invited people to send pictures of their condition or rate how severe they thought their condition was.

Outcomes: A poster was designed which we used in our winter campaign. It was published in the local papers as a 'cut out and keep' guide.



Designed by young people from the Bromley and Downham Youth Club
Clinical Commissioning Group



8.2.4 USING SERVICES IN BROMLEY



Purpose: Following a mock Ofsted inspection into children's safeguarding services, we wanted to understand from young people, particularly those seldom heard such as young carers about their understanding of what services are available to them.

Activity: Although the engagement activity was undertaken in 2017, the outcomes from this work were shared during 2018 to inform improvements.

The survey we developed to gather views was aimed at young people over 11 and we also commissioned some engagement with children in primary schools. 182 completed the survey and over 100 were engaged face to face. 67%
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I am worried about the health of a family member
I worry about going to school
I am worried about my own health
I worry about not doing well at school
I worry that I don't get enough sleep
I worry about how I look and feel
I feel stressed and am not coping
I worry that I don't have enough time to do homework
I feel forced in a relationship to do things I do not want to do
I worry about getting into trouble at school
I worry about not feeling safe at school
I worry about online bullying
I worry about arguments at home
I worry about bullying
I worry about not having any friends
I worry about not having enough food to eat
I worry about not hurting myself
I don't feel safe at home
I worry about not having enough money
I worry about another person's drug and alcohol use

of the CYP identifying themselves as young carers in the survey reported that they did not feel supported in their caring role. For those that did feel supported it was generally by another family member, with only two respondents reporting that they are supported by a professional. In one case it was a health worker, and in the other case, it was Young Carers Bromley. 85% of young carers identified in the survey reported that they knew “who to speak to if they needed help or could not cope”.

Outcomes: The report on outcomes of the survey and face to face engagement is available on our [website](#). It has been widely distributed to health professionals and through multi-agency networks such as the Bromley Safeguarding Children’s Board, the Children and Young People’s Programme Board and all of the organisations who supported implementation of the survey and the face to face sessions.

The results of the report have been incorporated into the Joint Strategic Health Needs Assessment (JSNA) for children and young people, which is used to inform local decision making. A Directory of Services for young people’s emotional and mental wellbeing is being produced and will be widely disseminated to schools and colleges. The outcomes of this work have been fed into the coproduction programme on emotional and mental wellbeing.

8.3 Ageing Well in Bromley

Purpose: In order to develop a joint Ageing Well Strategy for Bromley, it was critical that local people worked with us and shared their feedback. The strategy looks at the current and future population trends and needs across the borough and how best to support people to live happily, healthily and independently.



Activity: To inform our engagement approach, we held a pre-engagement workshop with 18 members of our Patient Advisory Group. We sought their views on what needed to be in the strategy and how we could reach older people to gather their views. The outcomes of that workshop are available on the [CCG website](#). Participants told us to aim the strategy at those over 65, use positive language as many older people are fit and well and go to places such as coffee shops, support groups and day centres to get views.

Over seven weeks in the summer of 2018, we worked jointly with Bromley Council to reach people and gather their views. A survey was informed by patient representatives and published. Mid-way through the process, we reviewed where feedback was coming in from and proactively targeted

further groups (those representing BAME communities in particular) to ensure we captured their views. We targeted a range of groups including Bromley Breatheasy group, Asian Cultural Association, Age UK fitness classes and community art groups. We also attended a range of care homes and assisted living facilities, as well as community hubs such as the Bertha James day centre.

The outreach engagement was supported by AGE UK and other community groups and included visiting befriending groups, armchair exercise sessions, Asian cultural society, cafes and libraries, men in sheds project, day centres, community centres and lunch clubs.

Around 35 engagement sessions were held in community settings together with a well-attended public meeting.

Following the end of the engagement process, we held co-design groups involving members of the public to review the outcomes, test any assumptions and agree the next steps. Outcomes were also presented to Bromley GPs.

Outcomes:

79% of respondents said they “socialise, participate and make my own choices” all or most of the time.

78% said they ‘feel healthy and can get the health and care services I need when I need them’

88% said their ‘home meets their aspirations and needs’.

89% said they ‘are safe and felt safe and trusted people around them’.

The new Ageing Well Strategy, together with the engagement outcomes report will be published in the spring of 2019. A co-delivery group involving the public will be established to oversee delivery of the strategy.



8.4 Phlebotomy

Purpose: The PRUH phlebotomy walk in service needed to be relocated to enable that hospital space to be used for more critical hospital services. In order to assess the impact of making changes, the CCG asked patients using the clinic for more information about why they use that service, how long they have waited, how far they have travelled and how they got there.

Activity: We developed a survey that was handed out in the phlebotomy clinic. Questions were tested with one of our Patient Advisory Group members and we enlisted the help of hospital volunteers to encourage people to complete it whilst they were waiting. 231 patients responded to the survey over a two week period. A full report on the outcomes of this engagement is available on the CCG website.

Headline feedback showed:

- 67.11% of patients surveyed travel over a mile to the PRUH clinic. 57.33% travelled by car. 22.67% of those parked at the hospital.
- The most common reason patients attended the clinic was *convenience* (35.40%), closely followed by *my GP/nurse sent me here* (33.19%)
- 44.24% of patients waited up to 60 minutes, with a further 18.89% waiting longer than an hour. 2.3% waited in excess of two hours to be seen.
- Short waiting times were identified as the most important factor for patients, followed by short distance and access to a walk-in service.
- The vast majority of patients (74.66%) said they had no concerns about the service. Of those who did express a concern, in the vast majority of cases this was about waiting times.



You said, we did:

You said: Waiting times at the walk in clinic at the Princess Royal University Hospital are too long. **We did:** This service has been re-provided through bookable appointments at the Summercroft GP practice which will dramatically reduce waiting times.

You said: We want access to both bookable and walk in phlebotomy services. **We did:** We have increased the number of bookable phlebotomy appointments available through GP practices and retained the walk in clinics at Beckenham Beacon and Orpington Hospital.

Outcomes: The outcomes of the engagement helped to inform the re-provision of the hospital walk in service in nearby community settings including bookable appointments at the Summercroft GP practice which is next door to the Princess Royal University Hospital.

In order to meet the increased demand for community based phlebotomy, the CCG also arranged for thousands of additional booked appointments to be offered through three GP phlebotomy hubs located across the borough. Walk in phlebotomy services continue to be provided at Orpington Hospital and Beckenham Beacon. Patients using the bookable appointment community phlebotomy service experience minimal waiting times at locations across the borough in Bromley, Farnborough, Orpington and Penge. Friends and Family feedback tells us that 90.07% of patients waited less than 10 minutes. 96.77% of patients would recommend the service to their friends and family.

A new feature enables patients to directly book their phlebotomy appointment. A text reminder service is operated by the Booked Appointment Service.

8.5 Medical support to care home residents

Purpose: To seek views on our plans to commission a new GP service for those people living in residential care in Bromley. This service would provide general practice care for all care home residents and those in extra care housing. By having a dedicated GP service there will be a greater focus on individual needs and more joined up working.

Activity: We held a patient focus group to gather views on what needed to be in the service specification for the service. Those who took part had either direct experience of residential or care homes or from family and friends who had used services. Interviews with care home residents were also undertaken. A patient representative was part of the procurement process. A full report on the focus group is available on the [CCG website](#).

Outcomes: A new general practice service specifically for people living in Bromley's care homes has been created. We know that people in care homes have a higher rate of hospital attendances and admission and more long term conditions and medication needs. The GP service will provide proactive (ward round) and reactive (urgent) care to the 1,800 people living across Bromley's 40+ homes. The service will use doctors, nurses and pharmacists to work with the care homes as well as the patients and their families to avoid unnecessary hospitalisation and improve the quality, access and experience of primary care for these patients.

8.6 Health checks for people with learning disabilities

Purpose: People with learning disabilities (PWLD) are entitled to a NHS health check every year with their GP. The health check helps to keep them well and find problems early on so the right care can be provided. The aim was to improve the uptake of these checks by understanding people's experiences of the check and finding out why some were not coming forward for one.

Activity: A survey, put into easy read format, was developed and sent out through appropriate networks to reach people with learning disabilities. The survey was tested by Bromley Mencap prior to launch.

Outcomes: At the time of publication, the survey has been extended to gather additional views. The outcomes of the survey will be analysed and used to make any necessary improvements to the health check service such as:

- Whether PWLD are aware of the health check.
- What promotion we might need to do to increase uptake.
- The support we need to provide to help with accessing the health check.
- Learning for GP practices to improve the health check experience for PWLD.

8.7 Informing our commissioning plans

Purpose: It is critical that feedback from patients gathered both through patient experience and direct engagement is used to help inform our priorities and development of commissioning intentions with local providers. This helps us to ensure that services are meeting the needs of patients.

Activity: In February 2018, we held an event at Bromley Baptist Church with patient representatives to seek views on priorities to help inform our [Operating Plan](#).

Outcomes: These views were considered by the CCG's leadership and commissioning teams and a report on the outcomes of the workshop is available on our [website](#). In October, we published a [you said, we did report](#) on how we had used these discussions to inform our commissioning intentions with local providers.

8.8 Health and Wellbeing Centres

Purpose: The CCG is developing two new Health and Wellbeing centres in Bromley. One in Orpington and the other located in central Bromley. These are part of a long-term programme to improve health services in Bromley. Both centres will house a range of primary care, community and hospital care and wellbeing services including diagnostics.

Activity: Patient representatives have been recruited to be part of the Project Board for each Centre. Wider groups of patients have attended several focus groups for both centres to influence the design, site layout, accessibility and for the Bromley Centre, the location. Their suggestions have been incorporated into the building plans.



Outcomes: These programmes are ongoing. The Orpington Health and Wellbeing Centre is due to open towards the end of 2019, and the Bromley Health and Wellbeing Centre a couple of years later.

8.9 Improving community health services

Purpose: In 2017, the CCG procured community health services for adults and children and wanted to ensure that these services would meet the needs of Bromley residents.

Activity: Those using these services were asked for their views to inform the new service specification. This was done through a survey and in face to face sessions at the point of using services. Now that the new contracts are in place, we reviewed what patients told us during the engagement process and what has been done in response to that feedback. You can read the [original report on the engagement](#) on the CCG website.

Outcomes: In 2018, we published the 'you said we did' report on the outcomes from the community health services engagement on the [CCG website](#).



You said, we did:

You said: We need easy access to services within a reasonable time when in need, this is especially crucial for people with ongoing or long-term conditions. **We did:** Bromley Healthcare has established the Care Co-ordination Centre. The Centre offers a single point of contact for all patients, families, carers and professionals. It operates 24 hours a day, 365 days a year with its core hours of operation being between 8am and 10pm. The Centre arranges all appointments, manages referrals including the triage of referrals to ensure appointments are offered in a timely manner.

You said: Some district nurses are late because they are so busy; this makes my appointment feel rushed. Because no specific appointment times are given I have to stay in all day, for a rushed appointment. **We did:** The new Care Co-ordination Centre helps to manage appointments. A scheduling system is being explored for use in services where home visits are required, such as district nursing. This system will enable accurate appointment times to be offered to patients, and enough time with each patient to manage their needs.

8.10 Maternity services

The CCG funds a Maternity Voices Partnership (MVP) which is made up of service users, patient advocates, statutory partners and maternity services to inform and improve the delivery of high quality maternity care. The MVP meets six times a year and regularly gathers feedback from service users.



BROMLEY
Maternity
Voices

Working in partnership to improve maternity services


Purpose: To work in a partnership approach to seek feedback from women in Bromley on their experiences of maternity services in order to inform services and improve experiences and outcomes.

Activity: Members of the MVP have taken part in a number of different workstreams and activities to help improve maternity care in Bromley and raise the profile of our work across London. This includes:

- Informal meetings of active service user volunteers
- Walked the patch at the Princess Royal University Hospital to hear directly from women and families about their experiences
- Joined a baby massage group in the Glades to get feedback from mothers and families.
- Been involved in a number of committees related to maternity care to ensure that the user voice is heard.
- Made contact with targeted groups of parents about their experiences of maternity care.
- Co-produced a training session for GPs on infant feeding.
- Provided feedback to the PRUH maternity service on practical improvements that can be introduced to improve the maternity experience such as information on induction of labour and signage within the hospital.
- Contributed to research by King's College London on healthy eating in pregnancy.

Outcomes: Some improvements have been made based on the feedback collected. This includes:

- A request that an alert is put on Badgernet (the electronic maternity notes) to inform clinical staff if a woman has previously experienced childhood abuse or sexual abuse.
- Women due to give birth are informed that they can take fans into the maternity suites as these are often too hot.
- The CCG will ensure that baby formula sponsorship is no longer used at GP education events to ensure that consistent advice is provided in regard to breastfeeding
- Used social media channels to recruit more MVP volunteers, promote the work of the MVP and inform women about maternity services and new developments.


You said, we did:

You said: We would find it helpful to know the name of the midwife who will be providing my antenatal care.

We did: Introductory letters from midwives have been amended so that the names of the team are provided. Signage has been put up in antenatal clinics giving the name of the midwife running the clinic.

The CCG is keen to ensure that the MVP is reaching women who are seldom heard and who have poorer outcomes from having a baby. In January 2019, Your Voice in Health and Social Care, a charitable organisation that specialises in community engagement with the seldom heard, was commissioned to support the MVP to reach more seldom heard communities and recruit representatives from these communities to the committee. A new lay chair of the MVP was recruited in January 2019 after the tenure of the previous chair ended.

8.10.1 Mindful mums

Purpose: The CCG recommissioned the Mindful Mum Resilience Programme for a further two years. The programme delivers a peer facilitated, core-resilience coping strategies course designed to support perinatal women, regardless of mental health diagnosis or history, to stay well during this high risk period. It also facilitates peer support groups for women with lived experience of perinatal Mental Health to help others in a similar situation.

The impact of poor mental health can be greater for women during this period, and if left untreated can in some cases lead to maternal suicide.

Activity: The programme has been co-designed by women with lived experience of perinatal mental health issues, based on the Mind Resilience Model (2012). It has been a huge success since it was launched and over 600 women have benefited from support to look after their wellbeing and build resilience during a time of great change.

Women who have used Mindful Mums tell us that they really value the social and peer support, improved confidence and learning new skills. The project has also recruited and trained 29 volunteers, who are local mums with their own experience of perinatal mental health issues. Volunteers report positive benefits from delivering the Mindful Mum services.

Outcomes: An evaluation of the service shows the positive impact on mums using it. This includes an overall increase in their wellbeing scores, improved confidence and feeling generally happier/more positive.

“Excellent course, I have enjoyed every minute of it. The ladies running the course have been amazing. Thank you!”

“I have enjoyed the befriending support. We have had some really good sessions and various outings. I feel I have gained confidence as a mum. I am grateful that such a service was available to me.”

8.11 Procuring improved services

The CCG ensures that patient representatives are part of all procurement panels for new or redesigned services. During the reporting year, this has included patients involved in procurements for:

- Tailored dispensing service
- Medicine optimisation service
- South east London wide NHS 111 integrated service
- GP service for care homes
- Diabetes education provider
- Improving Referrals Into Safeguarding

Patients are involved as equal partners on the procurements and are responsible for scoring and moderating the bids that are received. Training on our Delta Procurement system is provided to enable them to contribute fully.

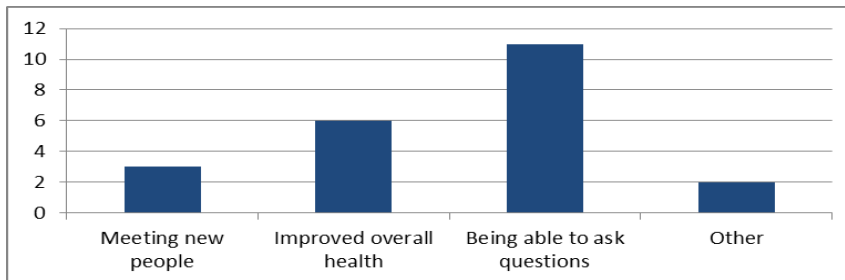
8.12 Supporting patients to take good care of their health

Our patient heart support group was established in 2016 and continues to go from strength to strength, with excellent attendance and many meetings are oversubscribed. The CCG established this group following feedback from patients and also supports a volunteer patient committee to run the group and plan the speakers for the meetings.

Over the last year, talks at the group have been informed by those who attend and have included topics such as:

- Angina
- Warfarin and AF medication
- Bromley Well services
- Digital services
- Cardiac medicines
- First Aid

Feedback is collected at each meeting. At a recent meeting, participants shared what benefit they find from the sessions.



We plan to adopt a similar approach to support patients to take better control of their long term conditions. This includes a patient experience group for those people being treated for cancer.

8.13 Improving care across south east London

The CCG is part of the south east London Sustainability and Transformation Partnership along with Bexley, Greenwich, Lambeth, Lewisham and Southwark CCGs. Our STP is called Our Healthier South East London (OHSEL). It has evolved from a commissioner-led strategy – established in 2013 - into a partnership between local commissioners and providers, working with local authorities, patients and the public. The STP (full version and summary) was published on 4 November 2016 and was one of the first in the country to be made public. Local people and patients were directly involved in the development of the plan through attending either a borough focused deliberative event or through wider community engagement on the case for change.

The models of care developed through OHSEL are the product of several years of partnership working between clinicians, commissioners, council social care leads, hospital and have been informed by extensive engagement with local communities, patients and the public. We also continue to hold south east London wide Equalities Steering and Stakeholder Reference Group meetings to ensure our plans are assured around patient and public engagement and equalities issues. In 2018 patients were involved in informing a number of programmes and developments. More information is available on the [OHSEL website](#) and some highlighted are covered below:

8.13.1 Elective orthopaedic clinical network

Orthopaedic surgery is one of the main reasons for people having operations in south east London. Formed in 2018, our orthopaedic clinical network is working to ensure consistent, high quality standards in planned surgery across south east London. The network is comprised of healthcare professionals and a patient representative with personal experience of receiving elective orthopaedic care at Orpington Hospital. Findings from a focus group held in Orpington Hospital, as well as other patient feedback, are also informing the orthopaedic clinical network.

To ensure all orthopaedic patients receive appropriate support and understand how their care will be delivered, clinicians from our three NHS hospital trusts, supported by our patient representative, have reviewed and updated patient pre-operative education called “joint school”. All hip and knee joint replacement patients are strongly encouraged to attend a ‘joint school’ prior to attending surgery. The changes made will support more patients to have a positive experience of care and achieve best outcomes from their surgery.

This year the network agreed an ideal pathway for delivering hip and knee replacements. It aims to adopt this across all our hospitals to ensure patients have access to excellent service where ever they are treated.

8.13.2 Integrated south east London NHS 111 service

In February 2019, the new integrated south east London NHS 111 service was launched.

Provided by the London Ambulance Service, the service is available 24 hours a day and will provide a new Clinical Assessment Service comprised of GPs, pharmacists and nurses who will provide clinical consultations to residents. The service can provide patient information, issue prescriptions to a pharmacy of choice, book a GP appointment, and, if necessary, refer people to emergency services. Even when a GP practice is closed, residents will be able to access this service and will be directed to NHS 111 and 111 online.

Patients across south east London have informed and influenced this new service. Two patient engagement events were held and a survey was sent out to local people across south east London (SEL). Feedback was used to inform the development of the specification for the service which was approved by the south east London Clinical Commissioning Groups.

After this initial engagement, a [‘you said, we did’](#) report was published and groups that have access issues were targeted for further views. This activity included:

We were fully involved in the development of the new enhanced NHS 111 integrated urgent care service (IUC) for south east London and in the procurement which awarded the contract to the London Ambulance Service. Since then, we have continued to be involved in the mobilisation of the new service. We have been impressed with the transparency of the process and the willingness of clinicians and managers involved answering our questions and taking our views into account. We have felt part of the team. We hope and believe that the IUC service now launched will see many more patients given health advice by clinicians or booked directly into an appropriate NHS service. It will serve patients better and ensure that people get the right care at the right place for their needs and therefore make better use of resources.

Paul Brown and Moh Okrekson - Patient representatives

- Information sent to Bromley Deaf Access group; the response received included the importance of providing advice relating to staff training, promotion of the service, and the use of deaf friendly language.
- Engagement session held with a Vietnamese group in Lewisham .
- Information sent to a KeyRing who supported Speaking Up – Southwark (a group for people with learning disabilities) to get their views on the new design for 111.
- Information sent to Metro (a SEL wide LGBT group).
- Engagement session with Our Healthier South east London Patient and Public Advisory Group. Two members were recruited to the SEL 111 Programme Board and Integrated Urgent Care Procurement Evaluation Panel.

All of the feedback received was incorporated into the revised service specification.

Two patient representatives are now permanent members of the programme board. They contributed to the scoring of the bids for the service and took part in workshops to finalise questions used in the procurement. Training was provided to enable them to fully contribute to the procurement process.

During the mobilisation of the new service, the patients have sat on the SEL Integrated Urgent Care (IUC) Mobilisation Programme Board, the Alliance Leadership Team (responsible for building relationships between 111, the GP out of hours services and GP federations), the Clinical Advisory Group (responsible for agreeing patient pathways, standard operating procedures and clinical profiling of services on the Directory of Services) and the Communications and Engagement Group (responsible for informing stakeholders about the changing service). The patient representatives will remain on our programme board as we move into the benefits realisation stage of the project. One of the patient representatives is also a permanent member of the SEL IUC Clinical Governance Group.



9. Partnership Working

Effective partnerships are critical to the success of our engagement with residents. We are fortunate in Bromley to have strong relationships with providers, other commissioners and the voluntary sector.

This enables us to have more reach into local communities and to share the outcomes of engagement across the whole of the Bromley health and care system.

9.1 Bromley communications and engagement network

The Bromley Communications and Engagement Network was established by the CCG in 2015 and is chaired by Healthwatch Bromley. It brings together representatives from providers, the council, voluntary sector and the CCG to work together on joint priorities, campaigns and engagement with local people. The Network is sponsored by the Bromley Health and Wellbeing Board and presents a summary of activity to the Board each year. This is available on our [website](#). The network has an engagement tracker which is used to record all engagement activity going on across the Bromley system so that we can share outcomes and avoid duplication.

9.2 Patient experience data

All of our commissioned providers collect patient experience data which is shared with and considered by the CCG. Healthwatch Bromley produces a comprehensive quarterly [Patient Experience report](#), using their new Feedback Centre, capturing the experiences of patients using local services. These reports are considered at the CCG's Quality Assurance Sub-Committee. Patient experience data comes from complaints, quality alerts, friends and family tests, patient opinion etc.

9.3 Working across south east London

We work with other CCGs in south east London (SEL) in a collaborative way to support our Sustainability and Transformation Partnership (STP). A number of our Bromley patient representatives are part of SEL STP programmes. One of our PAG members represented the patient voice on the recent procurement of [SEL NHS 111 services](#) which is described in [section 8](#). We also work collaboratively together through monthly Communications and Engagement workstream meetings and a quarterly stakeholder reference group which meets to consider and respond to different programmes of work prior to any further public or stakeholder involvement. Information on how patients have influenced the various programmes of SEL work is available on [the Our Healthier South East London website](#).



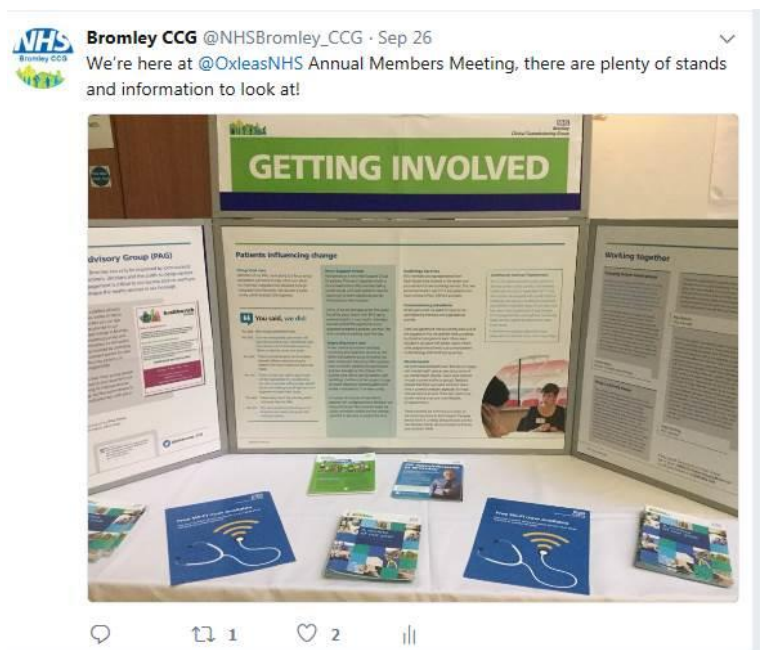
10. Providing information

Providing information to the public is another part of our engagement approach. We use a variety of methods to get information out to local people. We attend events in the borough to inform people about the work we are doing and encourage them to get involved in our work. We have successfully recruited more PAG members using this approach.

10.1 Campaigns

We have run a number of campaigns over the last year, often to coincide with national campaigns and awareness weeks which are focused on meeting the known health needs of Bromley residents. The aim is to provide people with information about how they can improve their health, take better care of themselves and support self-care. We promote these campaigns through a variety of ways to try and get the messages out as far as possible.

- News story on our website with links to national data and other relevant information.
- Social media such as twitter.
- Through our internal networks as many of our staff live in Bromley.
- Our weekly GP bulletin.
- The Bromley network which includes the third sector, Healthwatch Bromley, the council and health providers.
- Through an advertorial in the Bromley News shopper.



Over the last six months, awareness campaigns have included:

- Stay Well this Winter (six month campaign – particularly focused on flu vaccination)
- Bromley Local Offer for children with special educational needs and disabilities
- Ask About Asthma
- GP Online Services

In the winter of 2018-2019, we used health inequalities intelligence provided by NHS Right Care to inform a targeted winter health campaign. This included posting clear

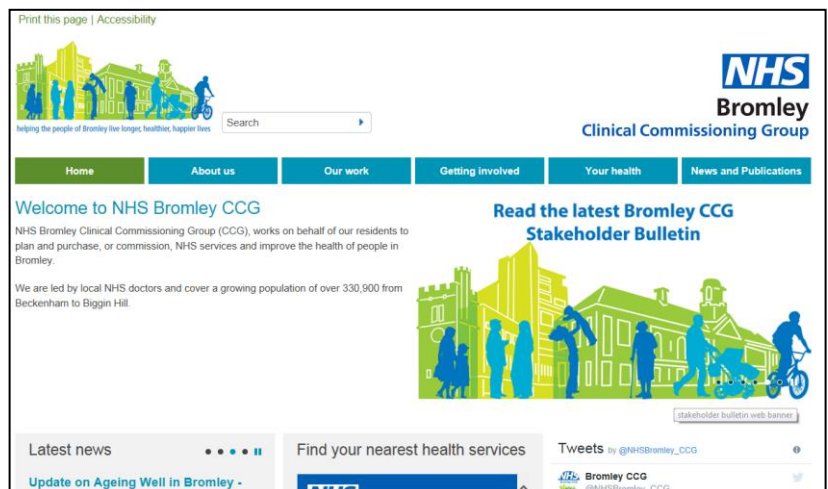


information about keeping well and having a flu jab to a number of households in areas that had higher rates of emergency admissions to hospital from respiratory conditions.

10.2 Publications

10.2.1 Stakeholder Bulletin

We produce a quarterly stakeholder bulletin to let the public know about our work and the outcomes of patient involvement. This is emailed to PAG members and a range of stakeholders including Bromley MPs, key councillors, voluntary sector groups, Healthwatch and other partners. It is also posted on our website and we tweet about it in order to reach a wider audience.



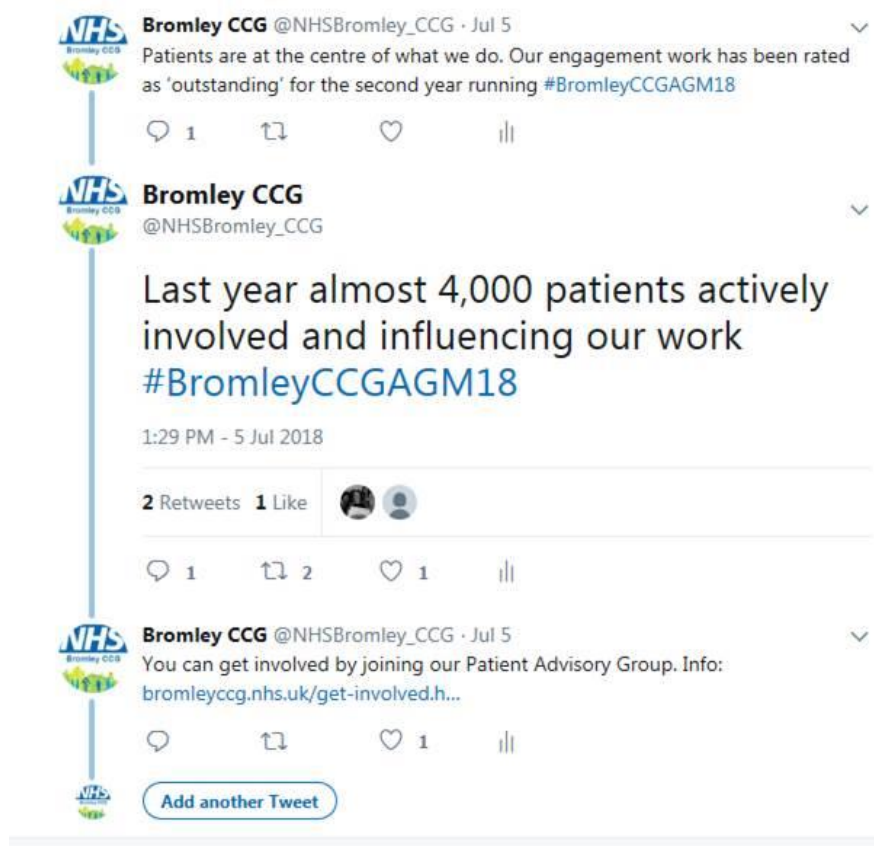
The bulletin is just one of a number of ways in which we ‘close the loop’ when we seek the views of patients and the public. We are always seeking innovative ways of feeding back how patients have influenced our work and over the last year have done this through updates on our website, through social media, face to face at events and workshops, special newsletters for particular groups, email directly to those involved and returning to the groups we have talked to. [You can read previous copies of the bulletin on the CCG website.](#)

10.3 Digital

10.3.1 Website

We provide a wide range of information on our website about how to get involved in our work. This is all included in a section called [Getting Involved](#). On these pages, we post the outcomes from our engagement work and advertise current opportunities to get involved.

We have Browsealoud on our website. This webscreen reader software is available on every page. It adds speech, reading and translation functions which aim to improve access and participation for people with Dyslexia, low literacy levels, English as a second language and those with mild visual impairments. Online content can also be read aloud in multiple languages. Between 1 April 2018 and 27 February 2019, there were 1,340 toolbar loads (how many times someone has launched the Browsealoud system by clicking on the logo and expanding the toolbar) and 1,977 speech requests (how many times someone has asked the system to perform a function for them, such as convert text to an audio file or change the appearance of the page). During that period, the most common languages our website pages were translated were:



French (41.7%)	Bengali (25%)	Slovak (16.7%)
Afrikaans (3.3%)	Polish (8.3%)	

We will use this information when targeting particular communities with health information.

The Browsealoud software helps us meet the Accessible Information Standard, and can also be used as a tool in Practices to translate leaflets and patient information as required. We have also produced easy read versions of materials when engaging with people with learning disabilities.

10.3.2 Social Media

We use Twitter to promote our activities and opportunities to engage with local people and other stakeholders.

On 18 March 2019, we had 4,561 followers on Twitter. Our followers range from members of the public, local businesses, partner organisations, charities and other NHS organisations across the country.

Since 1 April 2018 to 18 March 2019, our posts on Twitter have amassed 197,400 impressions. An impression is every time a user or organisation has been exposed to our content on their Twitter feed. This has been achieved by localising content, lifting key messages from our initiatives to gather more interest and joining in with twitter conversations through the use of #hashtags. We also work closely with partner organisations by retweeting each other's information to enable it to reach more people.



11. Supporting effective involvement

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

STAFF	TRAINING	MEETINGS	PROCUREMENTS	Expenses
<p>Promote training opportunities available from NHS England.</p>	<p>We have offered training opportunities to our PAG members through London wide training courses. A number have taken up this opportunity. We also trained members on our Delta procurement system.</p>	<p>Attended and supported PPG network meetings to explain how to get more involved in Bromley wide issues.</p>	<p>Training provided on our Delta Procurement System to help patient reps read bids and score appropriately.</p>	<p>We have an out of pocket expenses policy to cover travel and carer responsibilities for those who get involved.</p>
<p>Attendance at team meetings to explain engagement approach and go through programme engagement templates and processes.</p>	<p>We have 1 to 1 meetings to support people to get involved.</p>	<p>In response to feedback, set up a Bromley Patient Conference to bring together patient representatives and provides an opportunity to explain how they can get involved as well as the impact of their involvement?</p>	<p>Support and briefings are provided by the programme lead to those involved in procurements and service redesigns.</p>	
<p>We meet with staff as part of their induction process and on an individual basis to go through C&E plans.</p>				

Section 12



12. Reducing health inequalities

There are more than 330,900 people living in Bromley, a number which continues to grow. We have a greater number of older residents than any other London borough and a growing number of children and families. Despite being a relatively prosperous borough, there are numerous pockets of higher deprivation and poorer health outcomes.

It is critical that we understand the makeup of our population in order to commission services that will meet their health needs and deliver high quality care for all. We take action to promote equality and reduce the gap in health inequalities in all the communities we serve.

We ensure that our actions and working practices meet with the spirit and intention of the Human Rights Act (1998) and the Equality Act (2010) which consolidates existing equality legislation for these protected characteristics:

age	disability	gender
gender reassignment	marriage and civil partnerships	pregnancy and maternity
race	religion or belief	sexual orientation

12.1 Engaging communities

Engaging the right communities and hearing the voices of those most impacted by our plans is critical to effective commissioning. We use equality impact assessments prior to any programme engagement. It helps us identify those most impacted so we can reach out and hear what they have to say. It also enables us to consider inequalities and health inequalities when planning and

implementing commissioning decisions so that services are accessible and delivered in a way that respects the needs of each individual and does not exclude anyone. In Bromley, we work through our voluntary sector organisations to help us reach a range of different communities.

We also proactively seek out groups who have poorer health outcomes and experiences to understand how improvements can be made. We do this through:

- Providing information about what we are doing in Bromley and how to get involved in a variety of different formats. This can include written information, support groups, using systems used by partners (such as the voluntary sector) to reach particular communities.
- Focusing our work on reaching particular communities – such as young people, those with learning disabilities, older people and people who suffer poorer health outcomes. For example in 2019, we commissioned Your Voice in Health and Social Care to proactively engage with women who are more disadvantaged and have poorer health outcomes from having a baby to help strengthen maternity services.
- Involving patients to help narrow the gap in health inequalities. There are many examples of this throughout the report, including examples of the longer term impact of patient involvement.

We collect equality data when engaging so that we can measure who we are hearing from and identify any gaps. For example this year, we assessed survey responses to the Ageing Well Strategy midway through the process. This showed us that we hadn't heard from many people from a Black, Asian or minority ethnic background. Therefore we set up outreach events to reach representatives from those communities. It is critical that we continue to reach and develop relationships with diverse communities, especially those who are seldom heard. This entails proactively planning our involvement, identifying resources and sources of support to enable us to do this.

12.2 Reducing Health Inequalities

The CCG was chosen as a pilot site by NHS Right Care and NHS England to identify a number of healthcare areas where there are potential opportunities for addressing equality and tackling health inequalities. The 'right care pack' that was provided was considered by our Equality and Diversity Group and the intelligence it provides is used to inform development of Equality Impact Assessments for various programmes. The pack identified that people living in a number of areas of Bromley had higher rates of emergency hospital admissions due to respiratory conditions. We used this information in our keep well over winter campaign. Leaflets, providing clear information on how to keep well over winter and get protected from the flu were posted to homes in those target areas.

We also used intelligence in the pack to inform clinical training. Targeted training sessions within the areas we would like to improve were held. Bromley unplanned hospitalisations for asthma were high across the borough, this was discussed with Bromley's Lead Practice Nurse and a session was run for all Primary Care Nurses around prevention and managing respiratory conditions. Other sessions are also being planned with Bromley GPs and helping them to build a practice area profile.

In March 2019, we took part in a national NHS England round table discussion to consider how the health inequalities ambitions set out in the NHS Long Term Plan could be delivered. This included sharing examples of good practice in Bromley and considering what tools and support would be useful for NHS organisations to use to ensure they are making tangible reductions in health inequalities. One of the key elements of this is community engagement and ensuring we are reaching and hearing the voices of those most likely to have health inequalities and suffer poorer health outcomes.

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

- Involving patients in the self-assessment of our Equality Delivery System (EDS2) return.
- Ensuring our engagement approach takes account of the requirements of the EDS2.

In the summer of 2019 we plan to involve patient representatives in a review of our equality and diversity priorities and objectives.

12.3 Patient impact on reducing health inequalities

There have been a number of improvements put in place by the CCG to help narrow the gap in health inequalities, many of which have involved the voice of patients to inform and influence their development. Sometimes it can take longer than the reporting year to see the impact of these changes. Examples include:

- **Improving health for people with learning disabilities** - Doctors in Bromley are encouraging people with learning disabilities to make sure they have their annual health check with their GP. The check helps to keep them well and pick up any problems at an early stage. In Bromley only half of those entitled to the check are actually having one. Through this engagement we want to understand what is preventing people from having a check and what we can put in place to make it easier to have one.

- **Primary Care Needs Assessment** – to understand what local people need from their GP services, we went to a variety of local groups that support people who we seldom hear from. This included those with learning disabilities, mental health conditions and black, Asian and minority ethnic communities.
- **Improving care for people in residential homes** – we interviewed residents and had a PAG member on the procurement for a new GP service that will be provided to those in residential and supportive housing. This is a vulnerable cohort of patients who have experience huge variation in access, integration and proactive care.
- **Improving access to primary care services** – patients have informed online and digital services available from GPs including virtual consultations and accessing appointments and information online. Ten practices in Bromley are now in the process of piloting online consultations. This is in the early stages of implementation and usage will be monitored to monitor the number of appointment slots that are saved by providing online consultations. An online consultation user group has been established for practices to share new ways of working.
- **Over the counter prescribing proposals** – We engaged the public on our plans to no longer support the routine prescribing of over the counter medicines. This included proactively identifying and reaching communities more likely to be impacted such as those on lower incomes and the elderly. Since the introduction of these changes during this reporting year, 65,000 fewer prescriptions have been dispensed which has saved £257,000. This has also likely to have freed up many GP appointments.
- **Patients were involved in the development, design and evaluation of our proactive care pathway.** The pathway is part of our Integrated Care Network model of care. Patients with complex health needs, who are at risk of hospital admissions are identified by their GP and proactively cared for by a multi-disciplinary team of staff to help keep them well and living independently at home. Since the new pathway started, 3,251 patients have been referred from 42 GP practices. For patients where there have been previous emergency admissions to hospital, this has reduced by 23.6%.
- **Co-producing children's services** - we have been working with young people and partners across Bromley to co-produce improvements to emotional and mental wellbeing for children and young people in Bromley. We plan to produce a robust and sustainable system of support and treatment that improves the emotional wellbeing and mental health of the population as a whole and provides evidence based services. We have reached young

people in a variety of ways through schools, home schooling service, homelessness support group, after school clubs, young carers and children with communication difficulties. Bromley is one of only a small number of areas to be successful in gaining funding to introduce specialist mental health support teams into schools. The pilot scheme will see £2.4m invested in Bromley services over two years, including with a new approach to reduce waiting times for services.

- **Phlebotomy** – engagement undertaken during 2018 and in previous year to inform accessibly to phlebotomy services has seen a sharp increase in the availability of bookable blood test appointments. There are now 36,144 additional bookable appointments available at a number of GP surgeries.

12.4 Accessible Information



We are committed to making our information accessible to our local population. We have information [on our website](#) which provides more detail on how we strive to do this. To support people who may have visual impairments or for whom English is not their first language, we have Browsealoud on our website ([see section 10.13](#)). It aims to improve access and participation for people with Dyslexia, low literacy levels, English as a second language and those with mild visual impairments. Online content can also be read aloud in multiple languages.

We will continue to use the software to support delivery of the Accessible Information Standard requirements and provide data on usage in regular reports to our Governing Body. All of our printed materials include how people can get the information in alternative formats.

We also consider the accessibility needs of people who attend our meetings – for example arranging signers or hearing loops where required.



13. Looking ahead

With the publication of the NHS Long Term Plan in January 2019, the future delivery of health care is very much focused joined up working, with organisations working together to deliver personalised and effective care for patients. We are already working as a Bromley communications and engagement system to consider how patients can get involved in the various programmes of integrated care that are within the One Bromley partnership and this will need to continue over the next few years.

Priorities include:

- Ensure appropriate patient engagement in the delivery of programmes within the One Bromley Integrated Care Partnership including the establishment of a new Patient Network.
- Continue with the co-production approach in the delivery of improved integrated services for children and young people.
- Co-deliver the Ageing Well Strategy for Bromley.
- Enable patients to influence local primary care networks which will bring together GP practices to serve larger practice populations.
- Provide advice to the new chair of the Maternity Voices Partnership to ensure the voices of disadvantaged women are influencing the transformation of maternity care in Bromley.
- Deliver two patient conferences a year to enable patient representatives to provide feedback on our strategic programmes.
- Engage on the schemes that aim to bring care out of hospital into the community including services for Ear, Nose and Throat, respiratory and an outpatient transformation programme.
- Continue a focus on hearing the voices of the seldom heard to inform service delivery, with the aim of helping to narrow the gap in health inequalities.
- Ensure we meet all our statutory and legal duties and seek to continuously improve.

14. Assurance statement from Healthwatch Bromley

Healthwatch Bromley is pleased to be invited to comment on NHS Bromley Clinical Commissioning Group's (CCG) Annual Engagement Report for 2018/19. We are also pleased with their commitment to produce this report every year to evidence how they are meeting their legal duties to engage with our local population. Healthwatch Bromley highly commends Bromley CCG for this report.

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

Of particular note we are pleased to see the patient advisory group being recognised as a key facilitative engagement tool and that there are currently 195 members, and the introduction of the first patient conference in 2019.

Holding providers to account for engaging patients is a key contractual process and we are delighted to see responsibility being taken to ensure this happens and the engagement is effective and meaningful. Through the CCG facilitated Bromley Communications and Engagement Network, the CCG are able to collect information on engagement and target improvement. In addition it is reassuring to see a commitment to engaging with young people, especially focusing on mental and emotional wellbeing and supporting young people with special educational needs and disabilities.

Bromley continues to be demographically one of London's older boroughs and as such it is vitally important that the Ageing Well Strategy for Bromley has been developed jointly, and involved and engaged local people to share their feedback and develop the strategy.

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

Mina Kakaiya
Operation Manager



healthwatch
Bromley

If you would like a copy of this report in another format, such as large print or translated, please contact broccg.patientquery@nhs.net or call 020 3930 0100

NHS Bromley Clinical Commissioning Group
www.bromleyccg.nhs.uk
@NHSBromley_CCG

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Integrated Commissioning Board – April 2019 – March 2020 Work Programme

July 19 Update DRAFT

Theme 1: Joint Commissioning Framework, Strategies and Projects					
Priority area	Actions	Success Criteria	Timescale	Lead	Update
1.1 Support and enable implementation of the Health & Wellbeing Strategy (2018-2022) as the core framework for prioritising and shaping joint work programmes to address needs and transform services in Bromley	Collaborate on joint strategic initiatives to address the priorities identified in the H&WB Strategy: <ul style="list-style-type: none"> • Cancer • Obesity • Diabetes • Dementia • Suicide prevention • Homelessness • Adults with a learning disability • Drugs & alcohol in young people • Youth violence • Adolescent mental health 	Achievement of delivery milestones and outcomes as described in the Health & Wellbeing Strategy.	Formal review of progress – October 2019 and March 2010	Nada Lemic	On track
1.2 Develop, approve and implement joint commissioning strategies	To complete, approve & commence implementation: <ul style="list-style-type: none"> • Joint Ageing Well Strategy • Joint strategy for adult mental health services To produce and approve joint commissioning strategies for: <ul style="list-style-type: none"> • People with learning disabilities • Autism Spectrum Disorder (ASD) 	Formal approvals through LBB & CCG governance. Implementation commences & progress review at 6 monthly intervals.	Approvals: March 2019 (AW and MH) October 2019 (LD) To be determined (ASD)	Paul Feven/ James Postgate	Ageing Well Strategy being finalised with PH; MH Strategy with Member Task and Finish Group; LD Strategy on track
1.3 Joint market management of the residential and nursing sector in Bromley	<ul style="list-style-type: none"> • Conduct analysis of LBB and CCG placements • Identify key needs from the residential and nursing market • Develop and launch integrated market position statement 	Data analysis Market position	March/April 19 July/August	Paul Feven/ James Postgate	On track

	<ul style="list-style-type: none"> Develop and implement discussions with providers in order to successfully obtain VFM placements within Bromley Develop joint approach to market oversight in terms of quality and sector development 	statement	2019		
1.4 Commissioning Architecture (a) Further develop integrated Commissioning arrangements for health and social care	<ul style="list-style-type: none"> Design and implement a proposed model of integrated commissioning, including a joint team, in the context of wider reforms within the local health and social care system Design a model and process for the future governance, oversight and management of joint commissioning arrangements between the partner agencies and obtain formal approvals. Jointly appoint to a single Director post to lead integrated commissioning arrangements on behalf of both partner agencies Explore opportunities for the co-location of all members of the integrated commissioning team on a single site 	Approaches, models & leadership for future integrated commissioning arrangements and appropriate governance prepared and approved by partner agencies	Implementation – October 2019 to March 2020	Paul Feven/ James Postgate	On track
1.5 Commissioning Architecture (b) Further develop and implement an Integrated Commissioning framework	<ul style="list-style-type: none"> Develop systems and processes to integrate performance reporting, outcomes measurement and quality assurance across jointly commissioned services Develop joint arrangements to enable best practice and innovation in service procurement across agencies wherever possible Strengthen local arrangements/joint protocols to procure and monitor individual care placements (in or out of borough), sharing resources and expertise across health and social care in an integrated approach. 	Commissioning systems, processes and reporting are increasingly integrated. Joint delivery of the ICB work programme through effective deployment of CCG and LBB commissioning resources on a collaborative basis.	Review progress October 2019	Paul Feven/ James Postgate	On track
1.6 Commissioning Architecture (c) Collaborative Resource Management	<ul style="list-style-type: none"> Develop and recommend proposals for investment of BCF/IBCF and S75 funded programmes against agreed joint commissioning priorities for 2019/20 Receive and review performance, finance and programme update reports for initiatives supported through joint 	Resources reviewed and priorities agreed for 2019/20 ICB received quarterly integrated	April 2019 From April 2019/ongoing	David Bradshaw	On track

	resources	performance & finance reports. Remedial actions taken where required			
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Theme 2: Services for Children & Young People					
Priority area	Actions	Success Criteria	Timescale	Lead	Update
2.1 Develop, approve and commence implementation of a comprehensive commissioning work programme for Children & Young People	<ul style="list-style-type: none"> Prepare a comprehensive commissioning work programme for Children & Young People that draws together the broad range of health & social care service developments and initiatives in an integrated approach. Consider scope and opportunities for the creation of an Integrated Care Partnership (ICP) approach to the development and delivery of health and social care services for Children & Young People. 	<p>Commissioning work programme scoped and approved.</p> <p>Implementation commences</p> <p>Multi-agency workshop to consider ICP.</p> <p>If approved, ICP programme development commences</p>	<p>April 2019</p> <p>May 2019 onwards</p> <p>April 2019</p> <p>May 2019</p> <p>Formal review – September 2019</p>	Hilary Rogers/Penny	In April/May, the One Bromley Executive approved the scope of a Children's Integrated Partnership (ICP) programme in Bromley. This programme consists of four workstreams which have been designed in partnership with key providers.
2.2 Child & Mental Health Services (CAMHS)	<ul style="list-style-type: none"> Complete the co-production process for the design of future service model for the Community Wellbeing Service (Tiers 1 and 2) Finalise service specification for the future service model 	Implementation of the new service model in collaboration with service providers and co-production partners	New service in place by March 2021	Paul Feven/James Postgate	On track, pending decision at Executive in July 19
2.3 Special Educational Needs and Disability (SEND)	<ul style="list-style-type: none"> Complete the preparation of a joint commissioning strategy for SEND (1.2 above) and continue to collaborate on the commissioning and delivery of relevant SEND priorities and services. Continue to support collaborative approaches to the 	<p>Health & social care full collaboration with SEND reform programme</p> <p>Joint commissioning</p>	April 2019	Jared/Hilary	Working to SEND Partnership Board, a joint commissioning strategy for SEND has been

Theme 2: Services for Children & Young People

Priority area	Actions	Success Criteria	Timescale	Lead	Update
	implementation of SEND reforms	strategy prepared, approved & implementation commenced.			developed for 2019/20.
2.4 Children Looked After (CLA) – joint packages of care	<ul style="list-style-type: none"> Review joint commissioning arrangements for CLA, including the processes and resources that support placement decisions for individuals, to ensure that the needs of children are appropriately and effectively met through a collaborative approach. Complete a review of respite care provision & identify future service requirements/resources 	<p>Review joint health and care services for CLA.</p> <p>Establish an enhanced health offer for CLA, including care leavers.</p> <p>Provide an enhanced CAMHS offer for CLA and care leavers.</p> <p>Review short breaks/respite for children and families and set out a future approach for these services.</p>	<p>June 2019</p> <p>September/October 2019</p> <p>September/October 2019</p> <p>September/October 2019</p>	Janet Bailey/ James Postgate	Working to the Corporate Parenting Board, a health offer for CLA workstream has been established to improve health outcomes to CLA and care leavers. As part of this work, exploratory discussions are underway to establish an improved CAMHS offer for CLA/care leavers as a priority. The review of short breaks/respite is also underway and being led by a commissioning officer.

Theme 2: Services for Children & Young People

Priority area	Actions	Success Criteria	Timescale	Lead	Update
2.5 SALT – review and commission new model	<ul style="list-style-type: none"> Conduct needs analysis Conduct gap analysis in terms of service and resources required Propose new model of service 	Review needs, identify gap and propose new model of service	Needs analysis – April 19 New service in place September 19	Paul Feven/ James Postgate	On track with decision for Executive in July 19

Theme 3: Integrated Care (Adults)

Priority area	Actions	Success Criteria	Timescale	Lead	Update
3.1 Collaborate with health and social care partners across Bromley to enable the strategic development of the ‘One Bromley’ Integrated Care Partnership	<ul style="list-style-type: none"> Enable and support initiatives for the progressive integration of health and social care services between partner agencies as ‘One Bromley’ in the context of national drivers set out in the NHS Long Term Plan. Maintain and further develop the work of the Integrated Care Networks delivering the proactive care pathway Support ‘One Bromley’ in prioritising the sustainable delivery of urgent & emergency care services. Progress implementation of an enhanced health & care support service for care homes, including the mobilisation of new arrangements for the delivery of medical/GP support for care homes 	Enable and support the ‘One Bromley’ programme to achieve scheduled integration goals in 19/20 Increase the numbers of people and range of conditions supported through the ICNs Reduction in emergency admissions to hospital and delays in discharge from hospital Enhanced team implemented & APMS contract mobilised	Formal review – October 2019 Review – September 2019 Review – June, September, December 2019 April 2019	Angela Bhan/Mark Chueng	The One Bromley Integrated Care Partnership has been established with a single One Bromley Executive to lead changes.

Theme 3: Integrated Care (Adults)

Priority area	Actions	Success Criteria	Timescale	Lead	Update
3.2 Personalised Care	<ul style="list-style-type: none"> Support & promote commissioning initiatives that enable the collaborative delivery of the NHS England 'Universal Personalised Care' approach across different settings/range of needs: <ul style="list-style-type: none"> - Shared decision-making - Enabling choice - Personalised care and support planning - Social prescribing and community based support - Supported self-management - Personal health budgets/Direct payments/integrated personal budgets 	Increase in the range of personalised care arrangements available and the numbers of people accessing.	Review – December 2019	James Postgate	Bromley CCG has met its targets to increase personalised care in the borough. All continuing healthcare (CHC) services are now provided via a personal health budget as a default. A project officer is now in place and will be exploring joint LBB/CCG personalisation in order to meet the December 2019 deadline.
3.3 End of Life Care (EoLC): Improve identification of people coming to the end of their life; Enable the integration, personalisation & co-ordination of EoLC services	<p>Commission EoLC services that enable:</p> <ul style="list-style-type: none"> Primary Medical Services (EoLC registers, Advanced care plans, MDT reviews) in place Promote 'Coordinate My Care' (CMC) for advanced care plans @Home pathway development to provide alternatives to hospital based services Implementation of enhanced health & care support team in care homes (see 3.1 above) 	<p>Support PMS services delivery, with increased numbers on primary care registers with advanced care plans & MDT reviews</p> <p>Increase in CMC utilisation</p> <p>Implement pathway & reduction in hospital emergency /EOLC admissions</p>	<p>Review – September 2019</p> <p>Review – October 2019</p> <p>October 2019</p>	James Postgate/ Daniel Knight	On track

Theme 3: Integrated Care (Adults)

Priority area	Actions	Success Criteria	Timescale	Lead	Update
		Implement enhanced team	April 2019		
3.4 Domiciliary Care	<ul style="list-style-type: none"> Review and recommission service Joint approach across LBB (adults and children) and CCG Sustainable market arrangements	Needs addressed within new commissioning arrangement Joint approach in place	Service Model – September 19 Revised spec Dec 19 2021 new service	Paul Feven/ James Postgate	On track
3.5 Learning Disabilities	<ul style="list-style-type: none"> Collaborate locally and with south east London colleagues on the Transforming Care Programme (TCP), ensuring that an appropriate range of services are commissioned to meet the identified needs of people with learning disabilities. Review as part of LD Strategy and LBB Transformation Programme 	Continue to actively case manage individual clients within the TCP, enabling individuals to be appropriately supported outside NHS facilities where possible	LD Strategy – Sept 19 Transformation Board proposals – Sept 19	Paul Feven/ James Postgate	On track
3.6 Adult Mental Health	<ul style="list-style-type: none"> Progress the implementation of the Joint Strategy for Adult Mental Health Services (see 2.1 – once approved), including: 	Scope to transform service delivery through an Integrated Care Partnership approach Prevention and early intervention services Recovery and rehabilitation - including s117	April 19	Paul Feven/ James Postgate	Currently awaiting final member oversight via PDS Task and Finish Group
3.7 Occupational Therapy	<ul style="list-style-type: none"> Review across health and social care, potentially via joint workshop involving LBB, CCG and hospital 	Review of provision and outcomes for service users	Paper to ICB September 2019	Kim Carey/ Angela Bhan	On track

Theme 3: Integrated Care (Adults)

Priority area	Actions	Success Criteria	Timescale	Lead	Update
3.8 Community Equipment	<ul style="list-style-type: none"> • Joint action to manage budgetary pressures • Review process for issuing equipment • Review provision across health and social care 	Review of provision and outcomes for service users	Paper to ICB – December 2019	Kim Carey/ Angela Bhan	On track

London Borough of Bromley

Report No.
ECHS19070

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 18th July 2019

Title: Collaborative working – Bromley CCG and LBB Public Health

Contact Officer: Dr Nada Lemic, Director of Public Health
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Dr Angela Bhan, Managing Director, NHS Bromley Clinical Commissioning Group
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Ward: Borough-wide

1. Summary

1.1 The report presents the current collaborative framework and arrangements between Bromley CCG and LBB Public Health.

2. Reason for Report going to Health and Wellbeing Board

2.1. The recent review by the Department of Health and Social Care recommended that the NHS worked much more closely with local authorities on public health so that commissioning is more joined-up and prevention embedded into a wider range of health services.

2.2. To present the current joint working and collaboration in place between Bromley CCG and Public Health this is already contributing to the above recommendation.

2.3. To provide an opportunity for the Health and Wellbeing Board to appraise the existing partnership arrangement and to consider further opportunities for collaboration, particularly in the context of the delivery of key priority areas identified within the Joint Health and Wellbeing Strategy.

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

3.1 The HWB is asked to:

- 1) Note the range of collaboration and partnership working between Bromley CCG and Public Health.
- 2) Consider further collaboration and joint working, focusing on delivery of the key priority areas identified within the Joint Health and Wellbeing Strategy.

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 The Section 75 agreement between Bromley CCG and Public Health provides the framework for collaboration and mutual support in delivering the key functions of public health in local authority (see Appendix).

4.2 The well-established agreement facilitates the strong link with CCG and their support to include health protection and medicines management.

4.3 Set out below are the evidence of joint working and existing partnership between Bromley CCG and Public Health under the current arrangement.

5. JOINT WORKING AND COLLABORATION

5.1. Children and Young People

- CCG support shaping the delivery of the Healthy Child Programme in Bromley and participate in the Health Support to Schools Steering Group and the Infant Feeding Strategic Group
- CCG provides clinical advice and support to the procurement of the new 0-19 Public Health Nursing Service and the annual commissioning of Public Health and Early Intervention and Family Support programmes delivered through Children and Family Centres
- Public Health supports the CCG in commissioning of CAMHS, paediatric and maternity service
- Safeguarding – Public Health lead on Child Death Overview Panel (CDOP)

5.2. Adults

- Public Health and CCG work jointly on the implementation of South London prevention initiatives, including Tier 3 Obesity pilot weight management programme, NHS Diabetes Prevention Programme, Diabetes Structured Education.
- Public Health provides support for commissioning of cardiology services, including cardiac rehabilitation
- CCG supports the Public Health Vascular Prevention Programme through some direct commissioning which includes: Diabetes service (which includes areas of prevention); Cardiac Rehabilitation and Exercise programmes.
- There is a joint approach to users of substances who have co-occurring mental health and alcohol/drug use conditions (COMHAD).
- CCG and Public Health work together on the implementation of the NHS England CQUIN (Commissioning for Quality and Innovation). This includes incorporating smoking and alcohol brief advice indicators for Acute, Community and Mental Health Providers into CCG contracts.
- CCG supports PH programmes by ensuring Making Every Contact Counts are embedded in their provider contracts and service specifications.
- Public Health compiles the GP practice profiles along with other data analysis that support CCG commissioning.

5.3. Pathway developments

- CCG act as a key stakeholder and working with Public Health, leads on pathway development for prevention of long term conditions including obesity, respiratory, diabetes, cardiovascular disease and cancer.

- Cancer and Diabetes are priorities within the Health and Well-being Strategy and CCG and Public Health have developed joint action plans to address key areas of prevention and early intervention e.g. new cervical screening initiative in primary care.
- CCG provides clinical leadership and support for developing and initiating a primary care alcohol pathway and model for early identification and intervention
- Clinical and commissioning support for managing complex and vulnerable adults who are frequent attendees
- Public Health and CCG work jointly on prevention of sexually transmitted diseases (STIs). The CCG commissioned a prevention pathway of offering STI testing and LARC (long acting reversible contraception) to women at the time of booking a termination appointment.

5.4 Other joint initiatives

- Director of Public Health is a member of the CCG Clinical Executive at which PH commissioning intentions and developments are discussed and from which CCG clinical input and advice are sought. Equally, through the Clinical Executive, Public Health support and activities are agreed.
- There has been a long-term joint working on the local Joint Strategic Needs Assessment and the Health and Well-being Strategy.
- CCG Managing Director chairs the local Health Protection Committee and the local Immunisation group and has direct influence over the management and handling of issues arisen from these fora.
- CCG supports immunisation and screening programmes through working with GP practices and ensuring good uptake.
- Joint working on screening and immunisation has ensured excellent results and improved outcomes – Bromley is the third best for screening uptake, best for over 65 year old flu vaccination uptake and top for MMR vaccination in London.
- Public Health Infection prevention nurse leads on infection control for the CCG
- Medicine management team from the CCG provides advice and support to PH on a range of prescribing matters.
- CCG supports and has direct input into Public Health's clinical governance framework. This is done through the CCG's Head of Medicine Management who is a standing member of the Public Health Clinical Governance Advisory Group.
- Clinical and service quality assurance from CCG via the CCG quality framework (Clinical Quality Review Group) on PH commissioned services
- Public Health provides support to the CCG on management of the Individual Funding Requests (IFR) and development of the SEL Treatment Access Policy.
- Delivery of joint training to primary care – CCG and Public Health co-ordinate training events for primary care e.g. Academic Half days.

5.5. Building on the breadths of the above joint working and collaboration, the Health and Well-being Board may wish to consider how this could be further strengthened and used to support the delivery of the Health and Well-being Strategy priorities.

6. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

6.1 Improvements to population health will have a positive impact on the individual health of vulnerable people and children.

7. FINANCIAL IMPLICATIONS

Not Applicable.

8. LEGAL IMPLICATIONS

8.1 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).

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

Not Applicable.

10. 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

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Report No.
ECHS19071

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: THURSDAY 18TH JULY 2019

Title: SPECIAL FREE SCHOOL: INFORMATION PAPER

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 receive this information report on the Special Free School programme in Bromley.

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 information. 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 BACKGROUND

- 4.1.1 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 is implemented through effective joint governance (SEND Governance Board) which is driving and sustaining 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.
- 4.1.2 The SEND Strategic Vision and Priorities 2018 – 2019 includes Priority 3: A suitable range of local specialist provision is available to meet the needs of children and young people with complex needs. The proposed establishment of a new special free school and centre of excellence is in pursuance of this priority area.
- 4.1.3 In summer 2018, the DfE launched the next wave of free school bids inviting Local Authorities to submit an expression of interest (EOI) for a special school (no more than one) which:
- demonstrates local need;
 - helps manage pressure on High Needs Funding;
 - does not create new provision for children who would otherwise be attending a mainstream school.

4.2 EXPRESSION OF INTEREST (EOI) FROM BROMLEY

- 4.2.1 Bromley's EOI sought to establish a 54-place junior special school for children with autistic spectrum disorders (ASD) and associated learning difficulties such as high anxiety and/or behaviour that challenges.

5. SUFFICIENCY OF PROVISION

- 5.1 Nationally and locally, there has been a significant increase in the number of children with a complexity and severity of needs which warrant an education, health and care (EHC) assessment and EHC plan which determines the special educational provision the child needs. Children's needs and the overall increase in the child population are resulting in more children requiring special education provision.
- 5.2 Bromley has responded by expanding its good local special schools and developing additionally resourced provision (ARP) in mainstream schools, creating 236 additional places since 2010. However, there is a gap in local provision for children with ASD and associated learning difficulties. This cohort of children is well-provided for in Key Stage 1 (through special schools ARPs) but three of the ARPs are in infant schools so a significant number of children (currently 66) are placed in non-maintained and independent schools from the

age of 7. Once settled, most children remain in that placement until they leave educational provision at age 19 or 25.

- 5.3 Glebe School (secondary special school) has been expanded to provide for children with a higher level of need including ASD. However a gap remains at Key Stage 2. Bromley's free school proposal, therefore, focuses on filling that gap and developing a pathway through primary and into secondary education.

6. PARENTS' VIEWS

- 6.1 Parents consistently highlight the gap in local provision for children with ASD and some parents report feeling that their children are not always welcome in the local community and within local schools. They point out that lengthy home to school travel can be particularly distressing for children with ASD. Parents also want provision which supports and develops children's wider development, including health, care and social needs, by provided integrated therapies and wrap around activities outside the school day. This proposal offers the opportunity to develop such provision locally so that children can grow up and go to school within their local community.

7. COST

- 7.1 The average cost of a specialist placement in a non-maintained or independent day school is £37,000 compared with £27,000 for similar state maintained special schools locally. Developing local provision to meet the needs of this cohort of children is, therefore, also cost effective, particularly if children then remain in local secondary education.

8. LOCATION

- 8.1 To support the EOI, the LA is asked to identify a proposed location and site and the DfE advises that preference will be given to proposals where the site offers value for money and the timely opening of the provision.
- 8.2 Bromley owns the site and building for the Hawes Down Centre (Hawes Lane, West Wickham) which is part of a campus with Hawes Down Primary School (which has an ARP) and Glebe School offering synergy with the aims for the proposed provision. In addition to the potential benefits of its location, the site is available and is likely to need little adaptation. Langley Park Primary School occupied the site until August 2018 (while their new building was completed) and the ESFA had carried out works to form classrooms. At the same time, the building has been used by voluntary sector groups providing short breaks for children with SEN/D so there are sensory and soft play facilities installed.

9. OUTCOME OF THE SUBMISSION

- 9.1 Bromley Council was notified by the DfE in March 2019 that it was one of 39 local authorities nationally that had been successful in its bid to be part of the joint special and AP free school wave. Only five London boroughs are included in this wave (Bromley, Bexley, Newham, Kingston on Thames, and Richmond on Thames).

- 9.2 Interested Academy Trusts (“proposer groups”) now have the opportunity to submit an application to open new schools in these areas based on specifications written by the local authorities. Trusts have until the end of September to submit their bids to the DfE.
- 9.3 Evaluation of the bids will take place in the Autumn and will be made in partnership with the DfE and the local authority. Bromley Council plans to fully include the CCG, Bromley Parent Voice and the local area Autism Partnership in the evaluation process.
- 9.4 The successful Trusts will not be announced until Winter 2019/20.

10. ENGAGEMENT EVENT

- 10.1 An engagement event for Trusts interested in bidding to provide the new special free school was held on 22nd May at the Hawes Down Centre. There were 32 attendees 17 of whom were representing 7 individual Trusts. Presentations were made by the local authority and Bromley Parent Voice to expand on the vision in our specification.
- 10.2 By being based at the Hawes Down Centre, attendees were able to tour the proposed site for the new school. Representatives from across the local area were also in attendance and took part in a networking opportunity with the interested Trusts to finish the event.

11. NEXT STEPS

- 11.1 A further engagement event is planned for 4th September to provide interested Trusts with more information on our proposal to create a Multi-Agency Centre of Excellence at the Hawes Down Centre as well as the role and requirements of an additionally commissioned outreach service which will be developed with the successful Trust to complement the support services already available in Bromley.
- 11.2 The Centre of Excellence will coordinate and deliver a range of support, advice activities and training to children and young people with autism and their families. It will address the gaps in the local area identified by parents and families including social opportunities and training for parents in partnership with professionals. It will deliver the action plan from the Autism Partnership Group which will provide support and oversight of the Centre to ensure it can respond to changing needs in the borough and complement services and support already available.
- 11.3 The event will also provide an opportunity for interested Trusts to meet with parent and local area representatives to ensure their views help shape their bids.

12. 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.

13. 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.

14. 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 proposal to establish a special free school and centre of excellence in order to 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

Report No.
CSD19120

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 18th July 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	Update	Status
<p>Minute 3 16th May 2019</p> <p>Minutes of the Previous Meeting</p>	<p>The LBB Communications Executive agreed to feedback to the authors of the One Bromley – Stakeholder Briefing, the suggested inclusion of the Voluntary Sector Strategic Network (VSSN) as a partner.</p>	<p>LBB Communications Executive</p>	<p>This was referred to the CCG, who produce the newsletter.</p>	<p>Completed</p>
<p>Minute 7 16th May 2019</p> <p>Better Care Fund and Improved Better Care Fund</p>	<p>The Director: Adult Social Care agreed that a response would be provided to the Board in relation to the Quarter 4 underspends of £750k (BCF) and £1.5m (iBCF).</p> <p>The Head of Early Intervention, Prevention and Community Services Commissioning agreed to Confirm figures in relation to:</p> <ul style="list-style-type: none"> - the BCF Employment and Education scheme, regarding employment targets and employer engagement, and - further information on the collaboration with Bromley and Croydon’s Women’s Aid to develop a support group for women subject to domestic violence experiencing common mental health problems. 	<p>LBB Director: Adult Social Care</p> <p>Head of Early Intervention, Prevention and Community Services Commissioning</p>	<p>It is confirmed that the underspends in the BCF and iBCF can be carried forward to fund demands within this financial year. Further information in relation to the Disabled Facilities Grant was circulated to Board Members via email on 8th July 2019.</p> <p>Information relating to the BCF Employment and Education scheme was circulated to Board Members via email on 8th July 2019.</p> <p>An Innovation Fund bid has been submitted and approved for the Bromley Well Mental Wellbeing and Bromley and Croydon Women’s Aid support group.</p>	<p>Completed</p> <p>Completed</p>
<p>Minute 9 16th May 2019</p> <p>Special Educational Needs and Disability (SEND) Update</p>	<p>Response to questions raised by Board Members in relation to the Special Educational Needs and Disability (SEND) Update report to be provided by the Head of Service: Special Educational Needs and Director of Education</p>	<p>LBB Head of Service: Special Educational Needs / Director of Education</p>	<p>A copy of the questions and responses was provided at Appendix A of the minutes of the meeting.</p>	<p>Completed</p>

<p>Minute 14 16th May 2019</p> <p>Ramadan 2019 – A Guide for Schools</p>	<p>Information to be provided as to how the document was distributed to schools, and if it was known how many schools had used the document.</p>	<p>Clerk</p>	<p>The LBB Head of Service for Early Years, Schools Standards and Adult Education confirmed that the document had been circulated to schools via the School Circular, and to members of the SACRE. The document was also loaded on to the Fronter system for schools to access it.</p> <p>There was no data available regarding the number of schools that had used the document. However, the LBB RE Advisor would be asked to gather feedback on the document from schools during RE Network meetings.</p>	<p>In progress</p>
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HEALTH AND WELLBEING BOARD WORK PROGRAMME

21st November 2019	
Health and Wellbeing Strategy: JSNA Priority Areas	Dr Nada Lemic
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update – Q1 and Q2	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 Winter Assurance Plan: Update	Dr Angela Bhan / Clive Moss (CCG)
Bromley Winter Assurance Plan	Bulent Djouma
Bromley Local CAMHS Transformation Plan	James Postgate (CCG)
Ageing Well in Bromley Update	Kelly Sylvester / Gerry Clark
Loneliness Summit Report	Denise Mantell
Trailblazer Programme Update	James Postgate (CCG)
Bromley Health and Wellbeing Centre Update	Phil Chubb
Bromley Communications and Engagement Network – Activity Report	Susie Clark / Tim Spilsbury
Bromley Safeguarding Adults Board Annual Report	Lynn Sellwood
Bromley Safeguarding Children Board Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Work Programme and Matters Outstanding	Democratic Services
30th January 2020	
Annual Public Health Report	Dr Nada Lemic
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update – Q3	Kelly Sylvester
Verbal Update on Implementation of the Recommendations of the Falls Task and Finish Group	Dr Nada Lemic / Mark Cheung
FGM Update	Mimi Morris-Cotterill
Communications Update	Susie Clark
Bromley Winter Assurance Plan Update	Clive Moss
Primary Care Commissioning Update	Dr Angela Bhan / Dr Andrew Parson
Work Programme and Matters Outstanding	Democratic Services
19th March 2020	
Update on DToC Performance	Danielle Burnage
Verbal Update on Implementation of the Recommendations of the Falls Task and Finish Group	Dr Nada Lemic / Mark Cheung
Integrated Commissioning Board Update	CCG / Paul Feven
Ageing Well in Bromley Update	Kelly Sylvester / Gerry Clark
Work Programme and Matters Outstanding	Democratic Services
May 2020 (TBC)	
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update – Q4	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	CCG / Paul Feven
Ageing Well in Bromley Update	Kelly Sylvester / Gerry Clark
Work Programme and Matters Outstanding	Democratic Services

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

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