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DATE: 13 November 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:

Christopher Evans	Community Links Bromley
Frances Westerman	Healthwatch Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on
THURSDAY 21 NOVEMBER 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 18TH JULY 2019 (Pages 1 - 10)

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 15th November 2019.**

5 BROMLEY WINTER ASSURANCE PLAN UPDATE (Pages 11 - 20)

6 SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND) REFORMS UPDATE (Pages 21 - 28)

7 HEALTH AND WELLBEING STRATEGY: JSNA PRIORITY AREAS (Pages 29 - 42)

8 AGEING WELL IN BROMLEY (VERBAL UPDATE)

The Ageing Well in Bromley Strategy can be accessed via the following link:

[Ageing Well in Bromley](#)

9 BETTER CARE FUND AND IMPROVED BETTER CARE FUND PERFORMANCE UPDATE - Q1 AND Q2 (Pages 43 - 62)

10 ONE BROMLEY UPDATE (Pages 63 - 70)

11 BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT (Pages 71 - 146)

12 TRANSITIONAL SAFEGUARDING WORKSHOP (VERBAL UPDATE)

13 RAVENSBORNE SCHOOL'S PERIOD POVERTY PILOT SCHEME (VERBAL UPDATE)

14 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

The Information Item comprises:

a DELAYED TRANSFER OF CARE (DTC) PERFORMANCE UPDATE
(Pages 147 - 150)

15 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 151 - 158)

16 ANY OTHER BUSINESS

17 DATE OF NEXT MEETING

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 18 July 2019

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Marina Ahmad, Yvonne Bear, Mike Botting,
Mary Cooke, Judi Ellis, Keith Onslow, Colin Smith and
Diane Smith

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
Dr Andrew Parson, Clinical Chairman: Bromley Clinical
Commissioning Group
Mark Cheung, Bromley Clinical Commissioning Group
Colin Maclean, Community Links Bromley

18 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Gareth Allatt and Dr Angela Bhan, and Councillor Colin Smith and Mark Cheung attended as their respective substitutes. Apologies for absence were also received from Jim Gamble QPM, Harvey Guntrip, Lynn Sellwood and Barbara Wall.

Apologies for lateness were received from Councillor Keith Onslow.

19 DECLARATIONS OF INTEREST

There were no declarations of interest.

20 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 16TH MAY 2019

In respect of Minute 7, Councillor Evans highlighted that during a discussion regarding the underspend of the Improved Better Care Fund (iBCF) being linked to the development of a Bromley care home, it had been stated that a Business Case report on its development was imminent. The Leader of the Council noted that the development of a Bromley care home had initially been his idea, and a way of getting money into capital. The Leader had spoken with the Chief Executive,

Portfolio Holder and Director: Adult Social Care, and due to the costs of the development not “stacking up” against the regulatory costs, a Business Case was no longer being made. The money had now been un-ring fenced for use in other areas, and Members would be cited to the details in due course.

The Chairman advised the Board that in relation to Minute 11, the Chairman’s Annual Report 2018-19 had been provided to the meeting of Full Council on 15th July 2019.

RESOLVED that the minutes of the meeting held on 16th May 2019 be agreed.

**21 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC
 ATTENDING THE MEETING**

No questions had been received.

**22 BROMLEY CLINICAL COMMISSIONING GROUP: ANNUAL
 ENGAGEMENT REPORT 2018/19**

Report ECHS19058

The Board considered the Bromley Clinical Commissioning Group’s (CCG) Annual Engagement Report 2018/19.

Bromley CCG was responsible for commissioning health care services based on local needs for the people of Bromley, and had a legal duty under the Health and Social Care Act to ensure patients and residents were given a voice in commissioning processes and decisions.

The Annual Engagement Report 2018/19 provided a comprehensive record of the work undertaken to meet Bromley CCG’s public involvement legal duties during the past year, and emphasised the ongoing commitment to work with partners to engage patients on integrated programmes of care and joint commissioning. Bromley CCG had established a communications and engagement sub-group to manage the communications and engagement needed for the One Bromley programmes. The CCG had subject matter experts who were 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.

The Annual Engagement Report 2018/19 was approved by the Governing Body of the Bromley CCG at its May 2019 meeting. It was noted that since the report had been published, the Improvement and Assessment Framework (IAF) ratings had since been released, and Bromley CCG were pleased to advise the Board that their ‘green star’ rating by NHS England had been maintained in the area of engagement.

One project that had been undertaken by the Bromley CCG was to narrow the gap

of health inequalities in the borough. The CCG had been selected as part of a pilot which identified that groups living in a number of areas of Bromley had higher rates of hospital admissions due to respiratory conditions. The CCG targeted these areas with leaflets providing information on flu vaccinations and how to keep well over winter. In addition, targeted clinical sessions were also undertaken at GP practices, all of which had contributed to Bromley having the highest uptake in London for the over 65's, pregnant women and children aged 2 years, and second highest uptake for children aged 3 years. Bromley CCG had spoken at a London event about this work, showcasing their system working and how they had promoted an integrated approach by joining forces with partners for a common outcome. Bromley CCG had been approached by the Healthy London Partnership which was hoping to apply what had been undertaken in Bromley to inform the national flu campaign for social care staff.

In response to a question from the Chairman, the Head of Communications and Engagement – Bromley CCG said that the work to target these communities and provide information about the flu vaccinations had resulted in reduced hospital admissions the previous year. Feedback from patients was not yet available, and it was noted that they may not even be aware that this targeted work had been part of an intervention. Each year there was a 'winter pressures campaign', which provided lots of information about using the right service, at the right time and promoted self-care.

A Board Member questioned what focus there was on the needs and access available to primary care services for the Gypsy, Roma and Traveller communities. The Director of Organisational Development – Bromley CCG said that the geography of the primary care network had assisted how they engaged with these communities, and public and patient groups at GP practices supported this. The Local Authority also had its own communication network, which allowed them to engage directly with these groups. The Head of Service: Early Intervention and Family Support advised Board Members that public health nurses visited the Star Lane traveller site, and this was something that Bromley CCG could collaborate with. In response to a question, the Head of Service: Early Intervention and Family Support said that the team of public health nurses did not currently visit the traveller site in Biggin Hill, and that she would confirm if the site at Old Maidstone Road was visited following the meeting.

A Board Member asked if there was an update in relation to the emerging social prescribing link workers. The Deputy Managing Director – Bromley CCG said that social prescribing was a key part in the development of their work and how these were rolled out would be interwoven with care pathways, and built on.

Another project undertaken by Bromley CCG had been partnership work to help improve the emotional and mental wellbeing of children and young people. Partners engaged with had included carer networks, Children Looked After, schools, after school clubs and charities and identified the need for support and much earlier intervention.

A Board Member highlighted that Bromley CCG would be trialling a four week waiting time for access to specialist NHS children and young people's mental

health services, and asked how this scheme was performing. The Head of Communications and Engagement – Bromley CCG confirmed that following the meeting, an update could be provided in relation to the four week CAMHS waiting time pilot. In response to a question, the Head of Communications and Engagement – Bromley CCG said that since the report had been written and published, they were looking at programmes to integrate children’s care services across Bromley, and ‘youth’ had been added as a key priority area going forward.

A Board Member noted that Bromley CCG had recruited young commissioners who would be part of the decision making process and involved in the delivery of improved emotional and wellbeing services. It was queried how this would work, and if the Health and Wellbeing Board would be able to hear from these young commissioners directly. The Head of Communications and Engagement – Bromley CCG said that five young commissioners had been recruited by the CCG who had been involved in the CAMHS co-production programme. However, the landscape had changed somewhat, and the scheme had been paused while some of the arrangements in place were being reviewed. It was intended to add further young commissioners to the group of five already identified, and this could be revisited once it gathered pace. It was agreed that further information could be provided following the meeting, and that an update on how the CCG would be working with young commissioners be presented to the meeting of the Health and Wellbeing Board on the 30th January 2020.

RESOLVED that the Bromley Clinical Commissioning Group’s Annual Engagement Report 2018/19 be noted.

23 INTEGRATED COMMISSIONING BOARD UPDATE

The Board considered an update on the work of the Integrated Commissioning Board.

The Integrated Commissioning Board had been developed to support the Local Authority and Bromley CCG to work more closely together in relation to commissioning activities. A detailed work programme was provided, which listed the key priorities going forward.

A Board Member noted that an action listed was to review the joint commissioning arrangements for CLA, and queried if the NHS and CCG were to play a bigger role in looking after these children. The Deputy Managing Director – Bromley CCG responded that this was divided into health input and contributions, allowing a joint approach to the package of care that was provided.

In response to a question, the Director: Public Health said that the Joint Strategic Needs Assessment priority areas were on track, and she had met with all the Programme Leads. All priority area groups had been established, and action plans were being produced. It was planned that an overarching update across all priority areas would be provided to the meeting of the Health and Wellbeing Board on the 21st November 2019. A Board Member noted that the LBB Consultant in Public Health had recently attended a meeting of the Voluntary Sector Strategic Network

(VSSN), and would be mapping out specialisms, structures and working arrangements.

RESOLVED that the update be noted.

24 DELAYED TRANSFER OF CARE (DToC) PERFORMANCE UPDATE

Report ECHS19069

The Board considered an update in relation to the Delayed Transfer of Care (DToC) performance.

'Managing Transfers of Care' was one of the four National Conditions in line with the vision for integrated care, that were included in the 2019-20 Better Care Fund Policy Framework, published on the 10th April 2019. It was surmised that: 'A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans'.

Bromley had reflected the national reductions, and exceeded the proposed trajectory for the 2018/2019 period. There had not yet been a performance trajectory issued for 2019/2020, however there was a commitment to further improving performance against national figures.

With regards to local and national performance, nationally there was an overall increase in DToC figures for the first quarter of 2019/20. Bromley had followed this trend and the figures for Health DToCs, although higher than previous months, were still lower than in the same quarter of the previous year. For April, and part of May 2019, the elevated position was attributed to several complex patients, both in and out of borough, requiring specialist placements.

Whilst managing delays well within the borough, Bromley also faced the challenge of managing patients placed outside of the borough. In April, 156 out of 186 total bed days were attributable to Bromley patients in out of borough hospitals which Bromley did not have social work staff based in. For May, it had been 169 out of 246 total bed days. To reduce these figures, a number of Trusted Assessors pilots had begun with neighbouring boroughs, which would allow their Social Workers to carry out assessments on Bromley's behalf, and vice versa.

A Board Member questioned why there had been such an increase from 9 NHS bed days in April, to 103 NHS bed days in May. The Operational Service Manager – Bromley CCG said that the national database showed the reasons for these delays. The increase had been due to a combination of there being fewer delays in April for patients transferring to nursing homes and residential homes, and complex patients, including mental health patients and young people, needing to be placed in May. During May, one complex patient had equated to 30 bed days. Board Members noted that it would be helpful to know how many patients the

information on the number of bed days related to.

In response to a question, the Operational Service Manager – Bromley CCG said that the 31 bed days listed for both NHS and Social Care reasons had been for one Oxleas patient with mental health issues. The patient needed 24 hour health care, and could not be discharged until a bed became available in an appropriate setting. It was confirmed that this had now been resolved. The Director: Adult Social Care advised the Board that occasionally there were patients that it was a struggle to find placements for, and although being located in an acute bed was not ideal, it was sometimes necessary to limit the number of times a patient was moved. A Board Member queried how it was possible to have patients with delayed transfers of care for both NHS and Social Care reasons. The Director: Adult Social Care responded that they were using the national definitions of where responsibility sat, and a small number of patients required joint care packages of support. It was agreed that these definitions and an example of a case would be provided to Board Members following the meeting.

In response to a question, the Operational Service Manager – Bromley CCG confirmed that delays were counted on a weekly basis, and that the “clock started” once a patient was medically fit for discharge. The Estimated Date of Discharge (EDD) was a prediction of when a patient was going to be medically fit for discharge – both clinically fit, therapy fit and socially ready. The EDD was set by the Multi-Disciplinary Team (MDT), and if it was changed, it was their decision to do so. A Board Member asked what happened if a patient in a hospital bed was declared medically fit for discharge, and then became deconditioned or sick. The Director: Adult Social Care responded that patients would be placed on and off the list, depending on whether they were well enough to leave hospital. These patients would be monitored closely, and reviewed by the Multidisciplinary Team before being placed back on the list when they were ready.

A Board Member highlighted that some of the data relating to delayed transfers of care were cases that could not be controlled, and asked if it was known how many of the bed days were attributed to the Princess Royal University Hospital (PRUH). The Operational Service Manager – Bromley CCG responded that the national database recorded this information, and only a few of the bed days were attributed to the PRUH. Another Board Member asked if trends were being considered to identify problems in the system that contributed to the delays. The Director: Adult Social Care responded that she was now responsible for Commissioning Services, and would be looking to align services, look at trends and fill any gaps. Work would be undertaken with the CCG to make sure that the right services were commissioned. The Chairman suggested that at the end of the year, a small group of Board Members, including Councillor Mary Cooke and Councillor Judi Ellis, could meet with the Director: Adult Social Care to discuss the information on the DToC that was required by the Health and Wellbeing Board to ensure it met its statutory duties.

RESOLVED that the update be noted.

25 ONE BROMLEY / SYSTEM REFORM

The Deputy Managing Director – Bromley CCG informed Board Members that the latest version of the NHS Long Term had been published, and included a focus on working together and integration. The Integrated Care System would be looking at the commissioning landscape across London, and the rest of the country. It was proposed that six London CCG's (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) be merged to form a single South East London CCG. These CCG's already work together closely, however it was important that they did not lose what they did locally and ensured that the right level of services were provided.

The Chairman noted that there were lots of changes taking place, and that the orientation of the Integration Board going forward would become clearer by the autumn. There was a very close working relationship with the CCG, and Bromley had a very different community to some of its neighbouring boroughs.

A Board Member asked if work was undertaken with CCG's in Kent, as it was noted that some areas of Bromley were located closer to Kent than the boroughs proposed in the merger. The Deputy Managing Director – Bromley CCG responded that as a result of how the NHS was organised, Bromley CCG was included as part of the London area, and there were already a number of strongly relationships established with some of the neighbouring CCG's. Not much work was undertaken with Kent, however it was noted that they were also going through the same changes as London.

RESOLVED that the update be noted.

**26 RAVENSBOURNE SCHOOL'S PERIOD POVERTY PILOT SCHEME:
INTERIM UPDATE**

The Director: Public Health reminded the Board that Benjamin McGowan, Bromley Youth Council had attended a previous meeting to deliver a presentation on the work being undertaken in relation to the issue of period poverty. A school conference had since taken place, which was very well attended, and ten schools had joined the pilot scheme which would start in September 2019. Ravensbourne School had produced an educational pack of information and resources which would be trialled by the other schools. Things were progressing very positively, and an update on the scheme would be provided to the Health and Wellbeing Board later in the year.

Councillor Ahmad informed the Board that she had been pleased to attend the Bromley Period Poverty Summit, which had been the first of its kind across London. It was something really positive to "shout about", and it was heart-warming that this was being led by young people. In addition to the educational pack, sixth formers were going into schools to talk about menstrual education, and succession planning was in place to educate the next group of pupils that would take this forward. Councillor Ahmad emphasised that this was a very positive initiative.

A Board Member questioned if Treasury funding would help to solve the problem of period poverty. It was queried how much was spent by an individual on a monthly basis for sanitary products, and considered that education on budgeting may be what was required. Councillor Ahmad responded that the funding provided for a pilot scheme in Scotland had not solved the issue, and for the rest of the UK there had not been any clarification of a budget or what that money would go towards. It was highlighted that the cost per month for sanitary products would be dependent on the individual needs of a person, and that there were lots of complex reasons as to why they may be affected by period poverty. More information would be sought about Treasury funding for Period Poverty initiatives and this would be circulated to Members for information.

RESOLVED that the update be noted.

27 VIOLENCE AGAINST WOMEN AND GIRLS

The Head of Service: Early Intervention and Family Support advised the Board that the contract for work relating to Domestic Abuse and Violence (DA&V) sat within Early Intervention. The contract delivered by Bromley and Croydon Women's Aid was due to finish at the end of March 2020. There had been a lot of interest in the future contract, which was currently live on the Due North website and would close in a months' time. Related to this work, a Violence Against Woman and Girls (VAWG) Coordinator had been selected, for whom pre-recruitment checks were currently being undertaken. The new VAWG Coordinator was due to start in early August, and a comprehensive list of people she was due to meet with was being established. Part of this role would be to produce a new strategy for VAWG.

A Board Member asked if there were any services to support men who were victims of domestic abuse and violence. The Head of Service: Early Intervention and Family Support responded that although it affected a smaller number of people, it was still an issue, and had been written into the specification for the new contract, and they would wait to see what was included in the bids in relation to this. There was currently a 'One Stop Shop' service in Bromley, however this had proved to be a challenge as it was not gender specific, and perpetrators would sometimes attend to see what support would be offered to victims. Female victims were signposted to refuges in Bromley, which allowed only female children and male children under the age of 12 years to be placed with them. Male victims were signposted to specialist male providers, which unfortunately were fewer in number.

Board Members asked what the length of the current, and future, DA&V contracts were. The Head of Service: Early Intervention and Family Support said that the current contract had been for 2+1 years, which had been exercised. Funding from the Mayor's Office for Policing and Crime (MOPAC) had previously been awarded every four years, but this had now changed to every two years. As the current contract was the first of a two year block, the future contract was for 1+2+2 years. In response to a question, the Head of Service: Early Intervention and Family Support confirmed that the new contract was for the same value as the current contract.

The Chairman noted that a family violence awareness day was planned for the 25th November 2019.

RESOLVED that the update be noted.

28 JOINT MENTAL HEALTH STRATEGY

The Deputy Managing Director – Bromley CCG advised Board Members that a draft version of the Joint Mental Health Strategy had been presented to the CCG's Clinical Executive and the Adult Care and Health Policy Development and Scrutiny (PDS) Committee. Good public engagement had taken place, and a Task and Finish Group had been established by the Council's PDS Committee. It had been a very successful collaboration, which aimed to ensure continuous joint working.

There had been a large amount of feedback, with over 120 submissions and comments received. It was therefore taking longer than expected to sign off the document, but it was hoped that this would be completed by the autumn.

RESOLVED that the update be noted.

29 HEALTH AND WELLBEING BOARD INFORMATION ITEMS

There were three Health and Wellbeing Board Information items comprising:

- Collaborative working – Bromley CCG and LBB Public Health (Report ECHS19070)
- Special Free School (Report ECHS19071)
- King's College Hospital NHS Foundation Trust: CQC Inspection Report

The Chairman informed the Board that the King's College Hospital NHS Foundation Trust: CQC Inspection Report had been discussed at the meeting of the Health Scrutiny Sub-Committee on the 2nd July 2019. Councillor Cooke, Chairman of the Health Scrutiny Sub-Committee advised that representatives from King's would be attending the next meeting to provide a short presentation on what actions had been taken in relation to the Trust's Improvement Plan, thus far. Councillor Cooke extended an invitation for Board Members to attend this meeting, which would take place on Tuesday 8th October 2019 at 5.30pm.

RESOLVED that the Information items be noted.

30 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD19120

The Board considered its work programme for 2019/20 and matters outstanding from previous meetings.

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

- Air Quality Action Plan (21st November 2019)
- Update on the Young Commissioners scheme (30th January 2020)

It was noted that the Chief Executive would be attending the meeting on the 21st November to observe the work of the Health and Wellbeing Board.

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

31 ANY OTHER BUSINESS

The Chairman informed the Board that the London Youth Games had concluded over the weekend of the 6th and 7th July, and had seen Team Bromley crowned champions for the fourth consecutive year. The Chairman had written on behalf of the Health and Wellbeing Board to pass on their congratulations.

The Chairman also passed on his congratulations to NHS colleagues as Bromley CCG had maintained its 'Good' headline rating on the 2018-19 CCG Improvement and Assessment Framework. It was noted that an 'Outstanding' rating had been received in relation to the criteria of Patient and Community Engagement.

The Chairman informed Board Members that the meeting on the 19th September had been cancelled, but it was anticipated that the remaining meetings would take place as planned. It was intended that from the next meeting, the Health and Wellbeing Board would become paperless, with the caveat that Board Members could contact the clerk to request that papers be provided routinely, or for a particular meeting.

RESOLVED that the issues raised be noted.

32 DATE OF NEXT MEETING

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 21st November 2019.

The Meeting ended at 3.02 pm

Chairman

Report No.
CSD19175

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 21st November 2019

Title: Bromley Winter Assurance Plan: Update

Contact Officer: Clive Moss, Urgent Care Lead
Integrated Commissioning , Bromley Clinical Commissioning Group
Tel: 07864 969 693 E-mail: clive.moss@nhs.net

Ward: N/A

1. Summary

This report is to provide an overview on the development of the Bromley System Winter Plan 2019/20. The Winter Plan builds on the ongoing One Bromley Urgent and Emergency Care programme, which is designed to deliver the One Bromley vision of developing an integrated urgent and emergency care system.

For the past few winters LB Bromley (LBB), NHS Bromley CCG (BCCG) and King's College Hospital Princess Royal University Hospital (KCH PRUH) have made financial investment to provide additional capacity to the system during winter months to ensure patients are seen in the appropriate care setting. This includes schemes to support patients, clients and healthcare professionals in secondary, community and primary health and social care.

The report briefly outlines the overall winter plan and in more detail, the proposed spend for this year's winter schemes (for full breakdown of winter scheme spend see Appendix 1).

2. Reason for Report going to Health and Wellbeing Board

The Bromley System Winter Plan is being presented to the Health and Wellbeing Board as part of the local assurance scrutiny and assurance process.

The Health and Wellbeing Board are requested to support and challenge the local system to ensure the elements included in the report are delivered and the local system works together to respond to the challenging seasonal demand.

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

The Health and Wellbeing Board is requested to note the update and comment on the propose winter schemes. The Bromley A&E Delivery Board will provide operational oversight over the schemes and the winter plan. Bromley has developed this integrated plan detailing how the whole system will work together to manage the significant additional pressures that we see throughout winter months to

ensure Bromley residents are able to have access to the services they need. The Plan is essential in ensuring all partners are supporting the acute hospital so very sick patients that need hospital based care are able to be seen in a timely way.

Health & Wellbeing Strategy

1. Related priority: Diabetes Hypertension Obesity Anxiety and Depression Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems Children Referred to Children's Social Care Dementia Supporting Carers

Financial

1. Cost of proposal: Estimated Cost via BCF - £646k (CCG) £1,047k (LBB)

Non BCF - £992k (King's – non BCF) 2. Ongoing costs:

3. Total savings: Not Applicable

4. Budget host organisation: LBB/ CCG/ King's

5. Source of funding: BCF funding for LBB/CCG spend only.

6. Beneficiary/beneficiaries of any savings: N/A

Supporting Public Health Outcome Indicator(s)

Yes

4.11 - Emergency readmissions within 30 days of discharge from hospital

4.13 - Health related quality of life for older people

4.15iii - Excess winter deaths index (3 years, all ages)

4.15iii - Excess winter deaths index (3 years, over 85)

4. COMMENTARY

4.1 Bromley System Winter Plan:

Over the past few winters, the local health and social care system has felt increased pressure during the winter months, with most health and social care services seeing a surge of activity and demand, with a more complex range of patient needs. Additional challenges include seasonal presentations of influenza and norovirus. These additional pressures on the health and social care system affect all ages but are primarily from older and frail people. Bromley health and social care system leaders have developed the plan to manage safely and effectively the additional pressures during this period.

The plan was developed through the Bromley A&E Delivery Board, which delivers a whole systems approach to planning, improved performance and the development of a coherent local service framework for urgent and emergency care. This approach includes coordinated planning for and management of winter pressures, and other periods of enhanced demand on the care system. The Board is facilitated by Bromley CCG and London Borough of Bromley, working in partnership with providers such as King's College Hospital, Greenbrook Healthcare, Oxleas NHS Foundation Trust, Bromley Healthcare, Bromley GP Alliance, Bromley Third Sector Enterprise, St Christopher's and London Ambulance Service.

For the first time we have asked Bromley's voluntary sector to contribute to the Winter Plan including their hospital aftercare services, as well as their community services. The CCG/LBB will also be providing flu vaccinations to Bromley Well staff who have contact with clients. The CCG and LBB are engaged with a project looking at providing healthcare services to Bromley's Homeless Shelter over winter.

The plan (not attached due to size) contains within it:

- System Escalation Protocols for Managing Surges
- Winter Scheme Spend (included below)
- Further Winter Planning including Infection Control / Flu plans, minor breach reduction plans, improving ambulance handover plans, borough based and South East London contact list and provider assurances of managing demand and capacity.

The A&E Delivery Board is responsible for the oversight and management for the plan. The plan will be a live document throughout winter to ensure all information is kept up to date as possible.

4.2 Bromley System Winter Resilience Schemes 19/20:

From a review of previous winters and evaluation of each organisation's recent winter schemes, stakeholders agreed that increasing capacity in existing services, whilst strengthening the community reactive / urgent response offer would be an effective use of resources for this winter. The proposal for this year builds on lessons learnt from the previous year and focuses on three joint strategic themes which are:

- Avoiding unnecessary hospital attendances
- Maintaining hospital flow
- Reduction in delayed discharges through integrated working.

The Winter Resilience funding schemes set out below have been considered with an integrated approach by the CCG and London Borough of Bromley (please note not all scheme costs have been finalised and are estimated in Appendix 1) in response to winter preparation discussions had at both

the SEL Winter Debrief in June and the Bromley A&E Delivery Board on 25th June and 9th September respectively.

4.2.1 Attendance and Admission Avoidance

- **Additional Rapid Response Capacity** - Provide healthcare professional support (including ANPs) to mitigate against the increase in demand for GP home visits by providing timely provision of visits therefore reducing demand on primary care and preventing escalation of need and potential hospital admissions. This includes trialling **telehealth monitoring** of wearable armbands that monitors patient's vital signs and produces a live feed with alerts to a web based platform. This will allow for more complex patients to be cared for in the community whilst providing assurance to the hospital consultant about their wellbeing. Alerts would be monitored via the Bromley Healthcare Care Coordination Centre triggering a response from Rapid Response with any variation from baseline.
- **Additional GP hub appointments** - Providing additional hub appointments in both existing hubs and additional hub slots during key pressure times meaning more people to be seen in primary care, mitigating increase in Urgent Care Centre (UCC) attendance. We are exploring an additional GP hub on the PRUH Site if there is space within the hospital to facilitate this. Following Lambeth and Southwark successful roll out at St Thomas's, Bromley are proposing a similar model at PRUH or at a GP practice near the hospital to better manage the increase in UCC attendance over the winter period in the evenings and weekends. This will be dependent on space on the PRUH site and is being finalised for December. The hub would see patients deemed suitable to be seen within a primary care setting. Appointments will be bookable from primary or secondary care.
- **Weekend dressings clinic** – piloting a weekend clinic as an alternative to UCC or the PRUH Ambulatory Unit for dressings. This would be aligned to the new weekday nurse clinics at Bromley Crown Medical Practice and would be bookable by primary care also.
- **Winter Communications Campaign 19/20** – targeted leaflets for patients across Bromley, recommending flu /pneumococcal and shingles jabs and how to get them. Also information on NHS 111, GP hubs and getting the right care in the appropriate setting. There is additional funding to increase flu vaccination uptake in key patient cohorts and also health care professionals by undertaking communication and engagement campaign in line with national programme. Locally working with Primary Care, Social Care, Bromleag Care Practice and community providers to vaccinate patients, and provider front line health and social care professionals.
- **Additional social care staffing capacity** (London Borough of Bromley funded) to enable a quick and efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familiar with the local area and Bromley procedures and processes.

4.2.2 Maintaining Flow:

- **Additional capacity in the Urgent Care Centre (UCC)**
 - **A floor co-ordinator role** in evenings and weekends, supporting patient flow, to impact positively on waiting time management and escalation with ED leading to improved 4 hour performance.

- **Additional Healthcare Assistant capacity** which allows clinical staff to focus on treating and discharges more patients with HCAs completing for example ECGs, observations, plastering.
- **Additional GP rota fill** funding over Christmas / NY period which last year resulted in 100% rota fill across both sites including bank holidays and weekends enabling the UCCs to support ED and see as many patients as possible
- **Rapid patient testing for flu** in hospital which will enable quicker confirmation of flu which has been proven to help control potential outbreaks and also help flow as patients whom would have been otherwise been isolated or put in a side room as a precaution, would no longer need this, therefore freeing up capacity.
- **Respiratory pathway development** will enable freeing up of COPD consultant and nurse time to develop an integrated pathway for COPD patients.

4.2.3 Reduction in Delayed Discharges

- **Additional capacity into community services**
 - **7 day community in reach into Hospital** to support 7 day working and an improved and integrated discharge patient experience between hospital and community and also support to the front door frailty team.
 - **Clinical Triage function within Bromley Healthcare Care Coordination (CCC)**. All referrals from hospital and community to pass through a clinical team in the CCC who will identify the required clinical input and arrange directly with the required community clinicians. Referrers will no longer be required to understand multiple pathways that lead to confusion and a lack of appropriate referrals. Instead, referrals will be made based on patient need rather than by service. This will be aided by Oxleas and Bromley Well integrating into the CCC and support the vision of an integrated single point of access into community services.
 - **Urgent response capacity within community physiotherapy and occupational therapy teams** to enable early supported hospital discharge for patients needing ongoing therapy maintenance. The additional staffing will allow us to a faster urgent response route for therapies where required to ease winter pressures.
- **Additional capacity into London Borough of Bromley social services such as:**
 - **Intensive Personal Care Service** offering night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks (available for the full year).
 - **Fast Response bridging for Reablement providing** personal care within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.
 - **Deep clean / handyman service** providing quick efficient service to clean the home environment and move furniture etc. to enable care and equipment to be provided (available full year)
 - **Twelve dedicated Extra Care Housing Assessment Flats** available within 24 hours to enable patients awaiting longer term placements to step down from hospital back into the community. Three of the flats are dedicated Discharge 2 Assess step down beds.

Each scheme will have a robust monitoring and evaluation process ensuring that the agreed KPIs are delivered. The KPIs are noted in Appendix 1. For the King's College Hospital PRUH winter scheme spend please see Tab 3 'KCH PRUH' in Appendix 1.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

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

7. LEGAL IMPLICATIONS

There are no legal implications

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

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

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Bromley CCG and London Borough of Bromley have been working very closely with all local partners to ensure that we focus on meeting the needs of local residents this winter. Commissioners and providers aim to maximise the impact and value of care this winter through schemes funded from ‘winter pressures’ monies. The focus, as described in the paper, is on additional schemes that have been put in place, but there are also a number of existing commitments to improved services and business as usual, for example, the Bromleag Care practice for our care home residents is offering flu vaccination to staff as well as residents. The aim of the additional resource is to keep people as well as possible in their homes, assist patients through the emergency care pathway and to ensure safe, high quality and timely discharge from hospital.

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

2019/20 CCG Winter Schemes

A & E Delivery Board:	Bromley
Completed By:	Clive Moss, Urgent Care Lead Bromley CCG
Total Budget:	£646,000

Winter Schemes						
Organisation	Scheme Title	Scheme Description	Scheme length	Estimated Cost	Expected Impact	Key Performance Indicator
Bromley Healthcare	Community in-reach in PRUH	Creation of a hospital based team of community clinicians to support the discharge process and front door frailty from the hospital. Working 8am to 6pm across 7 days a week	Oct-March	Part of Existing Community Contract with the CCG.	Having a community based clinician based in the PRUH will help facilitate a pull model of discharge as well as supporting the discharge process while new systems are embedded. This will build on the pilot scheme which has been in place since July 19 and has evidenced a positive impact on flow	Reduction Length of Stay Reduction in admissions Reduction in readmissions
	Clinical triage function within the Bromley Healthcare Care Coordination Centre	All referrals from hospital and community to pass through a clinical team in the CCC who will identify the required clinical input and arrange directly with the required community clinicians. Includes initial project management support for three months to deliver UEC changes.	Dec-March	£164,500	Referrers will no longer be required to understand multiple pathways that lead to confusion and a lack of appropriate referrals. Instead referrals will be made based on patient need rather than by service	Reduce ED attendances Reduce admissions for patients presenting to ED Reduce re-admissions Reduction Length of Stay Improved patient experience
	Telehealth monitoring	Implementation of the current telehealth system, a wearable armband that monitors patients vital signs and produces a live feed with alerts to a web based platform	Nov-March	£25,471	This would allow for more complex patients to be cared for in the community whilst providing assurance to the hospital consultant about their wellbeing. Alerts would be monitored via the CCC triggering a response from Rapid Response with any variation from baseline.	Reduce ED attendances / maintain people in own homes Improved patient experience
	Urgent response capacity within community therapy teams	Additional headcount in community occupational therapy and physio to facilitate a more urgent response for patients discharged from hospital over winter.	Dec-March	£66,176	Currently community physio and OT services are not set up to provide the kind of urgent response that is often required to facilitate a hospital discharge, waiting times have also acted as a deterrent for referrals from Primary Care. This additional staffing will allow us to set up a 2 day response route for therapies where required	Reduce re-admissions Reduction in waiting times Reduction Length of Stay Improved patient experience
	Additional Rapid Response Capacity to Primary Care	Provide healthcare professional support (including ANPs) to undertake GP home visits, reducing demand on GP call outs	Dec-Feb	£71,000	To support increase in demand for home visiting providing timely provision of visits to reduce demand on primary care and preventing escalation of need such as hospital admission.	95% Utilisation of ANP home visiting capacity utilised by GP Practices
Bromley Healthcare / Bromley GP Alliance	Weekend Dressing Clinic	Nurse Clinic 11-3pm Sat/Sunday for dressings to redirect patients who are being followed up in UCC or Ambulatory Unit. Will be aligned to BGPA dressing clinics run every weekday.	Dec-March	£17,480	Reduction in inappropriate attendances to UCC / follow ups to Ambulatory Unit.	Reduction in dressing appointments in UCC/Ambulatory.
Bromley GP Alliance	Additional GP Hub appointments	Providing additional hub appointments during key pressure times. Providing new Hub at PRUH for patients who require primary care type intervention who come to Urgent Care Centre or A&E. Weekdays 6-9pm / Weekends - 11am-3pm	Dec-Mar	£120,000	Increase in surges in UCC from patients coming after 4pm who could be seen in primary care setting. More people to be seen in primary care mitigating increase in UTC attendance. Reduce impact of surges on UCC - Reduction in 4 Hour Breaches - Reduction in ED Handover breaches	95% Utilisation of bookable appointments by UCC/ED 95% Utilisation of bookable appointments by GP Practices
BGPA	GPOOH over Christmas and New Year GPOOH resilience	Additional capacity for GPOOH over Christmas and New Year period where previous years' there had been an surge in demand.	1st Dec-31st Jan	£13,838	More people to be seen in primary care mitigating increase in UTC attendance	100% rota fill
Greenbrooks	Floor Co-Ordinator pilot and Additional Healthcare Assistants (HCAs)	1. A floor co-ordinator 6-10pm weekdays and Weekends to ensure flow is managed in PRUH UCC in times of increased attendance 2. Additional HCA cover in both UTC sites to add capacity over winter 3. GP Enhanced rates to ensure hard to fill sessions are filled in Dec-Jan.	Oct-Mar	£69,000	Maintain required performance during increased attendances. Reduction in Emergency Department attendances Reduction in admission Delivery of triage and 4 hour target Increased patient satisfaction over peak periods Ensuring complete rota fill across evenings and weekends to ensure more	98% Type 3 Performance
CCG	Winter Communications	100,000 Winter Leaflet for Bromley Residents including information on vaccinations, NHS 111 and GP Hub information. Information poster for Care Homes detailing support they can access across the system.	All Winter	£10,000	Ensure patient uptake of flu / pneumococcal / shingles vaccinations is as high or higher than last year. Ensure healthcare staff in the community are aware of the need to get vaccinated and how to get vaccinated.	10% increase in Patient / Staff Flu Vaccinations across providers.
King's College Hospital	Respiratory rapid access	Consultant and nurse funding to support redesign of respiratory pathway between the community and hospital. Funding will include consultant and nurse time to design new pathway, along with time to support community colleagues with advice and guidance through winter for patients with respiratory needs.	Dec-March	£30,000	Similarly to the above we do not currently have rapid access to specialist respiratory advice in the community. By designing this it will not only enhance hospital discharge allowing for strong links to be set up with the PRUH respiratory team but will also allow for rapid access to those with a long term issue in order to prevent an admission.	Completion of acute / community pathway design.
	Near patient testing for flu	Near Patient flu testing to ensure side room capacity is only utilised when necessarily.	Dec-March	£20,000	Increase flow through hospital, freeing up side room capacity.	Reduction in side room utilisation for flu patients. Reduction in unnecessary bed moves
Total Spend				£607,465		

2019/20 Winter Schemes - DRAFT

A & E Delivery Board:	Bromley
Completed By: Tricia Wennell/Carol Brown	London Borough of Bromley
Total Budget:	£1,047,540

Winter Schemes								
Organsation	Scheme Title	Scheme Description	Cost	Expected Impact	Priority this scheme addresses	Timescale for Implementation	Key Performance Indicator	Lead Person and contact details
London Borough of Bromley	Intensive Personal Care Service	Night sits, live in care, temporary & emergency placements, increases to existing packages for a maximum of up to four weeks available for the full year.	£140,000	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19 (full year)	Reduction in Length of stay / delayed discharges	Carol Brown
London Borough of Bromley	Fast Response/Bridging for Reablement	Personal care provided within 2 - 4 hours of request to meet care needs to facilitate discharge prior to ongoing services being available.	£19,840	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19	Reduction in Length of stay / delayed discharges	Carol Brown
London Borough of Bromley	ECH step down schemes	8 dedicated Assessment flats available within 24 hours with an exit stratgey	£182,000	Facilitate discharge and avoid re-admission or social admission	1 to 6	1st october 19	Reduction in Length of stay / delayed discharges	Carol Brown
London Borough of Bromley	Deep Clean/Handyman Service	Providing quick efficient service to clean the home environment and move furniture etc to enable care and equipment to be provided. Available for the full year	£30,000	Facilitate Discharge and avoid admission to hospital and care homes	1 to 6	1st october 19 (full year)	Reduction in Length of stay / delayed discharges	Carol Brown
	Staffing	Providing quick efficient assessment service to vulnerable adults and their carers ensuring timely intervention with skilled staff who are familier with the local area and Bromley procedures and processes. Available for the full year	£675,700	Facilitate Discharge and avoid admission to hospital and care homes. Mitigate significant risk in recruiting agency staff at short notice	1 to 6	1st october 19 (full year)	Reduction in waiting time for D2A and Complex assessments in community. Reduction in cost of higher priced D2A packages of care.	Carol Brown, Alex Pringle, Jane Campbell, Ruth Wood.
Total Spend			£1,047,540					

2019/20 CCG Winter Schemes - KCH PRUH

A & E Delivery Board:	Bromley
Organisation	KCH PRUH
Completed By:	Elliott Ward
Total Budget:	In baseline £1m

Winter Schemes							
Organisation	Scheme Title	Scheme Description	Scheme length	Estimated Cost	Expected Impact	Key Performance Indicator	Lead and Contact Details
PRUH	Funded: Patient Flow Co-Ordinators:	Clinical Administration role to chase diagnostics requested & results, bridge to gap between ward teams and ToCB. Calling nursing homes, care homes etc to facilitate early return of patients. Ensure patient discharge checklists completed (eNDS, transport, D/C lounge notified, patient has keys, NOK informed etc). Posts attached to/ reports into Service Management Teams. Currently one post in operation, 2 to be added	6 months October to March	£33,100	Reduction in LoS. Based on current post holder = c200 YoY bed days a month across wards covered	YoY LoS on FlowCo Wards compared with non FlowCo Wards	Paul White paulwhite3@nhs.net
PRUH	Funded: RMN for ED	Safety: Dedicated RMN to support patients on a mental health pathway within the department	Commence business as usual from winter 2019/20	Winter only cost £58,000	Improved safety for mental health and other patients in ED awaiting assessment and/or bed	MH Datix in ED	Hannah Jackson hannahjackson1@nhs.net
PRUH	Business case: Weekend Inpatient MRI (funded pilot)	Weekend MRI lists	Commence business as usual from winter 2019/20	Winter only cost £58,000	Prevention of MRI diagnostic delays, including discharge dependent at weekends.	LoS MRI inpatient waiting list on Monday morning	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
PRUH	<i>Paediatric medical staffing</i>	Additional registrar to support early review of patients in ED	6 months October to March	£102,220	Reduction in wait for paed specialty in ED during peak periods	Wait for paediatric specialist opinion	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
PRUH	Business case: Paediatric assessment unit (funded pilot)	Ambulatory paediatric service	Commence business as usual from winter 2019/20	tbc	Reduction in paediatric waits in ED and paediatric admissions	YoY paediatric admissions Pathway utilisation	Alison Mitchell-Hall a.mitchell-hall1@nhs.net
PRUH	ED Expansion Business Case (to be considered October Investment Case)	Expansion of ED - fit to sit, resus.....	Commence business as usual from winter 2019/20	c.£1.5m capital c.£10k/month revenue	Reduction in ambulance handover delays, 4 hour breaches due to waits to be seen due to no confidential space to assess patients and improved patient safety	Ambulance handover delays 4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: HCA for ED waiting room	Safety: Dedicated HCA for waiting room to ensure repeated observations and basic care requirements met for patients who are experiencing prolonged waiting times	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost c. £30,000	Improved patient safety for patients in ED waiting area	Recording of repeated observations in timescales stipulated	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: Transfer team	Clinical support for transfer admitted patients to reduce delays to transfers due to waits for clinical support to porters	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £42,600	Improved ED flow	Ambulance handover delays 4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: PRUH ED B5 Float nurse	Based within majors but provide flex to help in subacute or an additional fit to sit nurse to help increase flow through these areas including; RAT, triage- early abx, fluids and obs etc in those who are waiting for cubicles	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £65,000	Improved ED flow through sub-acute, fit to sit and majors as required	4 Hour performance	Hannah Jackson hannahjackson1@nhs.net
PRUH	ED Expansion Business Case: Additional ED shifts to meet ECIST decision maker recommendations	Senior clinical-decision maker to improve triage, to improve use of non-ED based medical and surgical pathways, and to reduce delays for first clinician. 12:00 to 20:00	Commence business as usual from winter 2019/20	Sub-set of ED Business Case - Winter only cost £120,000	Improved patient direction at ambulance front door	Wait to first clinician Utilisation of ambulatory pathways	Hannah Jackson hannahjackson1@nhs.net
PRUH	Business case: Churchill Ward Transition Team	Team of Health Care Assistants to support the discharge of patients from Churchill Ward into the community, providing care in patients' own homes after discharge and bridging packages of care.	If approved, start in winter as business as usual	Winter only cost £48,000	Reduction in LoS. 2017 pilot saved 136 bed days across 6 weeks for Churchill patients	YoY LoS for Churchill	Paul White paulwhite3@nhs.net
PRUH	Business case: Inpatient cardiology ACS Nurse	Expand current 5 day working to 7 days and cross cover for annual leave. Current service improves waiting time for ACS cases with quicker diagnostics and treatment	If approved, start in winter as business as usual	Winter only cost £34,000	More consistency to the reduction of LoS seen with current nurse from over 7 days for M8 and CCU to average 5 days or fewer.	YoY LoS for M8 and CCU	Paul White paulwhite3@nhs.net
PRUH	Business case: Inpatient cardiology support weekends (primarily echo-cardiography)	Improve waiting time for patients with suspected acute heart failure and valvular disease including infective endocarditis	If approved, start in winter as business as usual	Winter only cost £28,5000	Reduction in LoS for M8 and CCU	YoY LoS for M8 and CCU	Paul White paulwhite3@nhs.net

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Report No.
CSD19176

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: THURSDAY 21ST NOVEMBER 2019

Title: SPECIAL EDUCATIONAL NEEDS AND DISABILITY (SEND)
UPDATE

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

Ward: Borough-wide

1. SUMMARY

The Health and Wellbeing Board is asked to comment on this update on the SEND Reforms work.

2. REASON FOR REPORT GOING TO HEALTH AND WELLBEING BOARD

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

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

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

Health & Wellbeing Strategy

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

Financial

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

Supporting Public Health Outcome Indicator(s)

Not Applicable:

4. COMMENTARY

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

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

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

- 4.2 Bromley is managing a continued and unprecedented increase in demand for provision for children and young people who have SEND with significant pressure on High Needs Funding and local provision. Currently 2,449 Bromley children and young people have an EHCP (October 2019) and a further 5,845 aged 2 to 19 with SEN Support (January 2019 census).
- 4.3 Since 2014, there has been a 15% increase in the number of children with statements or EHCPs compared with an 8.4% increase in the school age population. A lower proportion of Bromley children with an EHCP (26%) attend a mainstream school than for London as a whole (39%) or nationally (34%). More Bromley children (than nationally) attend a non-maintained or independent school, in many cases outside the borough, although local specialist provision is often of better quality.
- 4.4 **Our Journey to Excellence: SEND Strategic Vision and Priorities 2019-22** is an extension of the previously published Vision and Priorities that covered the period 2018/19. In March 2019, the SEND Governance Board endorsed the development of a three-year vision and priorities, based on five key areas of focus, building on the improvement journey:

Priority 1: The right provision at the right time is available for children and young people who have SEND, accessing universal and targeted services

Priority 2: There is good local specialist provision and support for children and young people who have SEND

Priority 3: We have consistent, transparent, timely and coordinated services across Education, Health and Care

Priority 4: We are delivering effective coordination of SEND Services 0-25

Priority 5: We are effectively engaging children, young people and their families

- 4.5 The 2019-22 SEND Strategic Vision and Priorities is supported by an annual rolling action plan. The 2019-20 action plan was endorsed at the SEND Governance Board in September 2019 and delivery of the plan has now commenced.

5. OFSTED/CQC LOCAL AREA SEND INSPECTION

- 5.1 As reported to the Health and Wellbeing Board in May 2019, it was anticipated that the Ofsted/CQC SEND Local Area inspection would take place within this calendar year. The inspection was announced on Monday 9th September and took place between 16th and 20th September. The inspection provided a real opportunity to evidence the local area's hard work and our shared commitment to improving our services and support for children and young people who have special educational needs and/or disabilities and their families.

- 5.2 The inspection focused on three key areas:

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

- 5.3 During the inspection week, inspectors from Ofsted and CQC held a series of meetings and focus groups, which included staff from the Council and Bromley Clinical Commissioning Group. In addition, there was broad representation from partners, providers and families across the local area at the focus groups, which covered 16 areas:

- Early years
- Identification of SEND and early intervention
- Vulnerable groups with SEND
- Support for children with disabilities and transition to adulthood
- Outcomes and impact of local area improvements on raising standards
- Assessment and meeting needs
- Universal family nursing
- School nursing

- Health visiting
- SEN panel arrangements
- Joint commissioning
- Social participation
- Community nursing
- Therapies
- Multi-disciplinary diagnostic pathways in health
- Social emotional and mental health

5.4 Inspectors also visited a number of schools and settings during the week. The visits included meetings with leaders and governors, parent/carers and also children and young people. Inspectors also had an opportunity to review individual files for children and young people.

5.5 A closed session took place with a group of parent carers, which provided an opportunity for direct contact between parent carers and the inspectors. In addition, a separate meeting took place with a group of children and young people who were able to provide their views about Bromley to help inspectors understand about their lived experience.

5.6 Through the self-evaluation of the local area, we were able to provide inspectors with areas of strengths, together with the focus for improvements. The strategy and action plan reflect our commitment for improvement.

5.7 The inspection report has been finalised, however due to the general election, cannot now be published due to the pre-election period. The report will be published after the general election and until this time, we are unable to provide any details of the findings.

6. KEY AREAS OF PROGRESS

6.1 During the inspection week, Bromley had the opportunity to demonstrate what we have achieved, together with our areas for improvement.

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

- The SEND Training Collaborative has been established, with a programme of training and support now being delivered across the local area
- The Nurture Group Network has seen 19 schools working in partnership, with the aim of increasing the number of schools working towards the Nurture Mark and an increase in schools wanting to establish nurture provision
- The Bromley Graduated Approach Framework sets out guidance for schools and setting in meeting the needs of children and young people who have SEND
- Training for health visitors around Speech language and communication needs through the Healthy London Partnership

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

- The primary outreach team is in place to reduced the number of permanent exclusions
- 51 mainstream schools are now part of the School Wellbeing Service
- A new part-time KS4 Alternative Provision vocational offer is now in place

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

- Successfully bid for a new Special Free School for children who have social communication difficulties and associated challenges around mental health and behaviours
- Quality assurance process is in place to support increased oversight for children and young people placed at independent schools and those outside Bromley
- Reshaped our speech and language service for mainstream schools

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

- Implemented a new engagement framework to add clarity to the systems in place and the impact that the 'voice' our children and young people are having
- Bromley Parent Voice held their first award ceremony to celebrate effective practice
- Recruited a full time joint post across the Council and CCG to oversee and develop the Local Offer

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

- Implemented the EHC Online Portal from September 2019
- The multi-agency Autism Partnership Project has been established to drive improvements across the local area for children and young people who have ASD and their families
- SEND Matters is our monthly newsletter which
- Monthly SEND Matters Live events for parent carers, which focus on themes that they have identified
- Redesigned our statutory decision making process, with strengthened and more robust decisions
- Launched the SEND Network Champions, including Member champion
- Recruited a full time quality assurance lead to oversee improvements in working practices and EHC Plans
- 100% of Bromley GPs are now able to provide the 14+ learning disability health check

7. FOCUS FOR IMPROVEMENT

7.1 The self-evaluation clearly outlined areas for improvement, which are incorporated into the 2019-20 action plan. Within the actions agreed, we have identified 18 key areas that will be of the utmost priority.

- Strengthen and refine the the local SEND dataset to improve accountability
- Improve engagement with children and young people
- Improve the profile and content of the Local Offer
- Fully embed the SEND Quality Assurance and Practice Improvement Framework
- Embed the EHC online portal to improve transparency
- Improve the quality of our EHC plans converted from statements
- Embed our SEND network champions to promote effective SEND practice and build confidence across the professional and parent network.
- Increase the take up of Disability Access Fund by Early Years settings.
- Improve Transition for children preparing for adult life
- Consolidate overview and insight of special schools to a new single point of contact.
- Improve timeliness and quality of the EHC plans.
- Improve recording of the primary need for children and young people
- Continue the parent information sessions so that parents feel they can contribute meaningfully to their child's assessment
- Create additional local provision to meet the needs of children and young people
- Drive rapid improvements to training and development across the Autsim Partnership
- Embed increased and earlier access to appropriate emotional and mental health support
- Continue to focus on the attainment gaps for pupils who have SEND
- Reduce the number of permanent exclusions in secondary schools

8. 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.

9. 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

10. COMMENT FROM THE DIRECTOR OF EDUCATION, LB BROMLEY

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

Comments are welcomed from the Health and Wellbeing Board on the progress being made to implement the SEND Reforms and further improve the services and support available to children and young people with SEND and their families.

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

Report No.
CSD19177

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 21st November 2019

Title: Joint Health & Wellbeing Strategy update

Contact Officer: Dr Nada Lemic, Director of Public Health
Tel: 020 8313 4220 E-mail: Nada.Lemic@bromley.gov.uk

Ward: Borough-wide

1. Summary

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

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

2. Reason for Report going to Health and Wellbeing Board

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

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

3.1 The HWB is asked to:

- 1) Note the update on progress towards the action plans

Health & Wellbeing Strategy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: No Cost
 3. Total savings: Not Applicable
 4. Budget host organisation: Not Applicable
 5. Source of funding: Not Applicable
 6. Beneficiary/beneficiaries of any savings: Not Applicable
-

Supporting Public Health Outcome Indicator(s)

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

4. COMMENTARY

4.1 Action plan development update – high level summary

Following the last Health & Wellbeing Board meeting, arrangements have been made for the Health & Wellbeing Strategy delivery of priority areas. The priority areas have been discussed with proposed leads. The following high level action plan sets out the progress made so far for each priority area and provides a summary of the next steps with timescales.

Priority	Progress	Next Steps	Timescale
Cancer	Plan developed and implementation started	Undertake pilot of respiratory pathway. Continue work on Smoking Ottawa model pilot.	March 2020
Obesity	Plan developed for Childrens. More work needed on action plan for adults	Develop action plan for adults	2020
Diabetes	Plan developed and implementation started	Undertake bespoke audit	April 2021
Dementia	Plan in development	To complete development of action plan	2020
Adults Mental Health	Plan developed and implementation started	Development of the action plan for the strategy	To be complete by February 2020
Homelessness	To be linked to action plan for homelessness strategy once this is published	Link action plans	2020
Learning Disability	Plan developed and implementation started	Strategy in progress, first draft to be complete by November.	November 2019 for first draft
Drugs and alcohol in young people	Plan developed and implementation started	Continue implementation	Ongoing
Youth Violence	Plan developed and implementation started	Commence work on embedding a multi-agency Public Health Approach to tackling SYV in Bromley	Ongoing
Adolescent Mental Health	Priority within Childrens strategy	Children's strategy	Ongoing

4.2 Action Plans development update for priority areas:

The tables in the appendices show the details of each of the draft action plans for each of the ten priority areas.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

Not Applicable.

7. LEGAL IMPLICATIONS

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

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

Not Applicable.

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Not Applicable.

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

Appendix

Priority Area 1 – Cancer

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Reducing cancer incidence by reducing key risk factors: smoking, obesity and alcohol consumption.	The incidence of cancers is still rising in Bromley with 1,600 new cancer registrations every year.	<p>System-wide working to address key risk-factors for cancer</p> <p><u>Smoking</u></p> <ul style="list-style-type: none"> - Joint working between PH, CCG, BHC, Bromley Well, GPs and King's to include smoking cessation into respiratory pathway - Work towards achieving the NHS Long-term plan objectives regarding high risk people (pregnant women, sick smokers, people with mental health problems) - Work towards implementing Ottawa model in hospitals - Work with GPs to support smoking cessation pathway <p><u>Obesity</u></p> <ul style="list-style-type: none"> - Fully implement Tier 3 service - Develop workplace obesity reduction programme for CCG and LBB staff <p><u>Alcohol</u></p> <ul style="list-style-type: none"> - Work with GP practices on alcohol reduction programme - Consider expanding Public Health offer and inclusion into 	<p>Respiratory pathway developed and implemented.</p> <p>Reduction in smoking rates in high risk groups Monitoring the achievement against CQUIN</p> <p>Ottawa model implemented at King's</p> <p>Evaluation completed. Number of staff participating in the programme</p> <p>NHS checks outcome audit</p>	<p>March 2020</p> <p>Ongoing</p> <p>Ongoing</p> <p>March 2020</p>	<p>Pathway agreed, pilot planned</p> <p>Increase in referrals</p> <p>Bromley pilot in progress</p> <p>Preliminary results will be available in Nov</p>

		workplace programme			
Reducing cancer mortality by improving uptake of screening programmes.	Cancer is Bromley's number one killer with around 3,800 deaths every year.	<p>Implement Cervical screening uptake project:</p> <ul style="list-style-type: none"> - To conduct a Health Equity Audit to identify areas to focus on - Identification of non-responders to screening - Work with GP practices to improve coding <p>Work with Communications and Engagement Network to help promote screening campaigns.</p> <p>Work with CRUK on areas that they support:</p> <ul style="list-style-type: none"> - Bowels screening - Breast screening 	<p>Number of GP practices participating</p> <p>Number of campaigns supported and/or implemented.</p>	Sept 2020	Cervical screening project in primary care planned

Priority Area 2 – Obesity (adults & children)

Adults

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
See action plans for diabetes and cancer for linked priority areas					
More detail to be developed around adults obesity					

Children

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Broad strategic approach	Tackling obesity needs a whole system approach	Set up working group including Public Health, Environmental	Develop proposal for HWB	Dec 2019	

		Health, School Nurses, Bromley MyTime, Children and Family Centres			
Mapping of local data and local assets	Required for local proposal to HWB	Summary available to the working group	Proposal specific and based on local need and assets	By Apr 2020	

Priority Area 3 - Diabetes

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Identification and management of people at high risk of developing diabetes	Number of people at risk of developing diabetes is still rising. Currently, there are approximately 30,000 people in Bromley with non-diabetic hyperglycaemia.	<p>Increase number of people identified through NHS health check</p> <p>Increase number of people identified and coded with Non-diabetic hyperglycaemia (NDH)</p> <p>Increase number of people participating in diabetes prevention lifestyle programmes e.g. NDPP and Walking Away from Diabetes, Freshstart</p> <p>Increase number of people with NDH having annual review: HbA1c, Height, Weight BMI, BP.</p> <p>Needs based education programme for Primary Care staff, in collaboration with BETH</p>	<p>NHS Health Checks data</p> <p>APCP KPI 1 (or CCG EMIS Search and report)</p> <p>NDPP data Walking Away from Diabetes data</p> <p>No current dataset that fits this. Will need bespoke audit</p> <p>Educational needs survey results Education sessions developed and numbers attended</p>	<p>Quarterly or annually (Aug 2019 or 2020) or</p> <p><i>To be confirmed when this data will be available</i></p> <p>Quarterly - April 2020</p> <p>April 2021</p> <p>April 2020</p>	<p>2018-19 NHS Health Check data 352 people with raised HbA1c 42-47mmol/mol, 69 people with raised HbA1c \geq 48mmol/mol</p> <p>2018-19 524 referred to NDPP, 1614 referred to WAFD</p>
Improved management of people with established diabetes	National Diabetes Audit is showing that Bromley is still achieving relatively low results in some care processes.	<p>Reduce variations in care by:</p> <ul style="list-style-type: none"> - Further analysis of data by GP practice - Develop a programme of work with 	<p>Comparison by GP practice</p> <p>Education</p>		

		poorly performing practices	programme data		
		Increase number of patients in structured education programme			
Increase understanding of patients with diabetes	We do not have sufficient knowledge about patient characteristics so unable to design and commission more individualised and targeted services	Profiling of patients and risk stratification.	Development of patient profiles.		

Priority Area 4 – Dementia

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Produce an action plan for HWB priority 4 and then explore the possibility of a Dementia Strategy for Bromley	To improve health and social care delivery within the borough through an informed action plan.	Action plan has been developed with actions for each directorate to improve outcomes for adults with Dementia.	Through a working group with representation of the Council, CCG, Service Users, providers and the voluntary organisation who will monitor and oversee implementation.	April 2020	

Priority 5 – Adults Mental Health

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Develop and publish the joint Mental Health Strategy	The Bromley Joint Mental Health and Wellbeing Strategy 2019/20 - 2025 sets out the joint vision of Bromley Council and NHS Bromley CCG to support communities and individuals to have good	Engagement with all of the key stakeholders to ensuring that the strategy priorities are jointly developed, owned and responded to.	The approval of the strategy by the CCG and LBB	November 2019	Strategy updated and shared with the LBB PDS member Task and Finish Group (September 2019) Approvals to be sought from LBB and CCG (Sept-Nov)

	<p>mental health and wellbeing. The strategy sets out an approach in which the Council and CCG will work together with partners to prevent children and adults reaching a crisis point through the provision of a strong prevention and early intervention offer.</p> <p>The strategy also puts in place a joint plan for the provision of a number of important services for people with mental health challenges, including good advice and information, talking therapies, employment and training schemes, mental health support in schools and supported housing. For those people who have been in hospital due to their mental health, the strategy sets out a new integrated approach to recovery and rehabilitation so that – when they are able to – people will be better able to live more independently outside of services.</p>				<p>resulting in the publication of the strategy</p>
Develop and publish the joint Suicide Prevention Plan	Nationally we have been asked to develop suicide prevention plans locally	Working with the Suicide Prevention Steering Group to develop the content	Press release Social media posts	September 2019	The plan was launched on 10 th September 2019 with a press release
Encourage	This is a key	Working with	Data on	September &	Communication

members of Council staff undertake the Zero Suicide Alliance on line suicide awareness training	priority area in the action plan for the suicide prevention strategy	Thrive London to disseminate this across Bromley and the rest of the region	numbers of staff who have completed the training	October 2019	sent to staff to raise awareness to the training and encourage them to complete it
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Priority 6 – Homelessness

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Develop and publish the homelessness strategy	To improve health and social care delivery within the borough through an informed strategy with up to date guidance and policy	Action plan developed with actions and clear timescales	TBC	TBC	

Priority 7 – Adults with Learning Disability

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Develop and publish Learning Disabilities Strategy	To improve health and social care delivery within the borough through an informed strategy with up to date guidance and policy.	Action plan has been developed with actions for each directorate to improve outcomes for adults with learning disabilities.	Through a working group with representation of the Council, CCG, Service Users, providers and the voluntary organisation who will monitor and oversee implementation.	TBC	
Undertake a health needs assessment for people with learning disabilities	To identify the health and wellbeing needs of people with learning disabilities in Bromley	Completion of a needs assessment working closely with partners and other stakeholders	Publication and promotion of the recommendations from the needs assessment	TBC	
Improved Health outcomes for Adults with Learning Disabilities	Individuals have said they need support to improve their health and well-being. Key areas include access to easy read, increased	<ul style="list-style-type: none"> Integrate healthy living and well-being KPI's in contracts Ensure individuals with LD are 	<ul style="list-style-type: none"> Increased KPI's for annual health checks and screening programs. Increased number of activities which 	TBC	

	health checks, support to lose weight, eat healthily and access activities which promote well-being.	considered in all Council and CCG contracts to improve outcomes	<p>promote health and well-being.</p> <ul style="list-style-type: none"> Increased number of people using preventative services such as accessing GP's and Bromley well 		
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Priority 8 – Drugs and alcohol in young people

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Developing a more comprehensive picture of substance misuse in Bromley and increasing the numbers engaging with support services	Hospital admission rates for substance misuse for 15-24 year olds in Bromley have in recent years been higher than London and England. The most recent data indicates this rate is now declining.	Gain a better understanding of the data, in particular in relation to the 15-24 age group. Understanding the substance use of the young adults and strengthening pathways for service users transitioning from young people to adult services.	<p>Monitoring presentations to A& E; including age & gender of those attending</p> <p>Monitoring referrals of 18 to 24 year olds to Bromley Changes and CGL.</p>	2019-20	<p>Work closely with PRUH to analyse data.</p> <p>Explore potential for GP trainee deep-dive analysis project</p>
Strengthening the whole system approach to prevention of and response to harmful health behaviours of young people using a progressive universalism approach (with	Risk behaviours often occur together, Engaging in one risk behaviour is a risk factor for other behaviours that can be detrimental to health. Evidence	Use the recent SHEU (School Health Education Unit) survey of Year 10 students (14 & 15 year olds) to better engage schools and parents as well as young people on this	<p>Monitoring delivery of universal and targeted programmes.</p> <p>Monitoring numbers in contact with the support service; number of referrals & assessments,</p>		<p>Public Health is working closely with the substance misuse service to identify where enhanced engagement with targeted groups needs to take place.</p> <p>A mapping exercise looking at gaps, where some schools are not engaging</p>

<p>a targeted element for known vulnerable groups of young people)</p>	<p>relating to underage sexual activity indicates a positive correlation between regular substance use & the early onset of risky sexual activity</p> <p>Approximately 80% of lifetime alcohol use is initiated before the age of 20 (CMO 2013). Locally, there are concerns about the use of alcohol and some substances amongst some young people.</p>	<p>agenda.</p> <p>Ensure there is a joined up approach to supporting young people to choose health enhancing rather than harmful risk behaviours</p> <p>Work with the Substance Misuse Provider Service to ensure evidence based effective prevention programmes are delivered universally with an enhanced offer for vulnerable young people, such as young people already known to the Youth Offending Service.</p> <p>Working with key stakeholders to ensure that prevention work is targeted appropriately.</p> <p>Support training for frontline practitioners in services, such as YOS, around identification</p>	<p>number of young people exiting the service in a planned way and the number of young people re-presenting to the service</p>		<p>with the prevention offer is currently being undertaken.</p>
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		and brief intervention.			
Hidden Harm – support for young people affected by their parents substance misuse	It is known that high level of alcohol consumption is now the cultural norm amongst a substantial number of the local adult population. Alcohol and substance misuse related problems are not always well recognised & children of substance-misusing parents face particular problems.	<p>Improve communication and joint working with key partners such as Social Care and schools.</p> <p>Work with key partners, such as Primary Care, to increase people's awareness of the potential harmful effects of excessive alcohol use.</p> <p>Increase the visibility of the support service including co-location with Primary Care.</p>	<p>Monitoring progress against work plan for the Hidden Harm worker</p> <p>Monitoring safeguarding children performance data.</p> <p>Monitoring numbers of EIFS referrals</p> <p>Monitoring number of CAFs being contributed to by Bromley Changes.</p> <p>Monitoring schools engagement</p>		<p>CGL are funding a Hidden harm worker, to strengthen identification and support for CYP affected by parental alcohol/substance misuse. This worker will work closely with the adult substance misuse support service to increase family engagement.</p> <p>A working group has been established with Public Health, Early Intervention Family Support & Bromley Changes.</p> <p>Collaborative working with Education's SEMH Forum has been established. A training and Awareness session will be delivered to the forum in June to develop work with the schools in supporting children with substance misusing parents.</p>

Priority 9 – Youth Violence

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
Proactive weapon sweeps in	To keep deadly weapons off streets	Undertaking weapon sweeps supported by local	Regular weapon sweeps conducted as part of our	Monthly impact days	

public places	Utilising opportunities to remove knives from areas known to be frequented by gangs	community on community impact days.	community impact days.		
Test purchasing To reduce access to knives through face to face retail purchase	To proactively reduce the ability for young people to purchase knives is reduced	Frequent programme of test purchasing undertaken in hotspot SYV areas.	Response to test purchases No underage sales of knives by local retailers More retailers in borough signed up to blade safe scheme	All retailers that sell bladed articles visited by LBB Trading Standards by Mar 2020	
Embed a multi-agency Public Health Approach to tackling SYV in Bromley	To advocate a joint partnership led approach to tackling the root cause of SYV	Bringing all relevant parties together Multi-agency working to define and monitor SYV problem Reduce risk and vulnerabilities and implement early intervention.	Regular well attended meetings with minutes. Effective list of actions that benefit service users. Successful early interventions diverting YP away from SYV Reduction in youth re-offending rates?	in line with SBP strategy 2020 -2024	

Priority 10 – Adolescent mental health

Priority Areas	Brief description as to why priority area has been chosen	How will you achieve success?	How will this be measured?	Timeline	Update on activity to date and future plans
This area will be included in the Children's strategy as part of the work of the children's executive board	Children and young people's plan – priority 5: emotional wellbeing and mental health.				

Report No.
ACH19011

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 21 November 2019

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

Title: **Better Care Fund (BCF) and Improved Better Care Fund (iBCF)
19/20 Quarter 1 and Quarter 2 Performance Report**

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

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

Ward: All Wards

1. Summary

This report provides an overview of the performance of both the Better Care Fund and the Improved Better Care Fund 2019/20 on both expenditure and activity for quarter 1 and 2 (period between April 2019 and up to the end of September 2019).

2. Reason for the report going to Health and Wellbeing Board

The purpose of this report is to provide the Health & Wellbeing Board with an overview of the first two quarters performance for the Better Care Fund and the Improved Better Care Fund for 2019/20.

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

That the Health & Wellbeing Board notes the performance and progress of both the BCF and iBCF schemes as well as the latest financial position for quarter 1 and 2 of 2019/20.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: BCF: £23,854k for 2019/20; iBCF: £6,313k in 2019/20

2. Ongoing costs: BCF: £23,854k for 2019/20; iBCF: £6,313k in 2019/20

3. Total savings: n/a

4. Budget host organisation: LBB

5. Source of funding: Section 31 Grant, Ministry of Housing, Communities & Local Government (previously DCLG)

6. Beneficiary/beneficiaries of any savings: London Borough of Bromley and Bromley CCG

Supporting Public Health Outcome Indicator(s)

Not Applicable:

4. COMMENTARY

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

Better Care Fund - Performance Metrics

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

a. Non-elective admissions (emergency admissions)

	<u>NE Admissions</u>	<u>Actual Quarter Performance#</u>	<u>Quarterly Plan</u>	<u>Variance</u>
<u>Apr-19</u>	2134			
<u>May-19</u>	2249			
<u>Jun-19</u>	2092	6475	6589	-114
<u>Jul-19</u>	2392			
<u>Aug-19</u>	2193			
<u>Sep -19</u>	Published in Nov 19	4585 (Jul & Aug)	6659	N/A

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

- 4.6 Quarter 1 saw non-elective admissions into the hospital reported within plan with the first five months of the year showing no clear trend upwards or downwards.
- 4.7 Work is progressing on a number of schemes as part of the One Bromley programme aimed at reducing the pressure on the non-elective admissions, particularly in the run up to the winter months. This includes the continued evolution of the integrated care network pro-active care

pathway, development of the @home scheme and also the implementation of pathways to support frail patients inside and outside hospital.

4.8 At the time of this report, September figures were not available (due to the reporting schedule). Consequently we do not currently have a complete picture for quarter 2.

b. Delayed Transfers of Care (DToCS)

4.9 For 2019/20 Bromley's target has increased from 10.31 bed days per day to 12.5. This is the overall figure for Bromley which includes DToC's due to both NHS and/or Social Care.

4.10 Quarter 2 data is available for July & August 2019, with September 2019 data due to be published in mid November 2019. However the table below (2019/20 Actuals) illustrates progress:

		19-20 plans			
		Q1 (Apr 19 - Jun 19)	Q2 (Jul 19 - Sep 19)	Q3 (Oct 19 - Dec 19)	Q4 (Jan 20 - Mar 20)
Delayed Transfers of Care (delayed days)	Number	1137	1150	1150	1137

		19-20 actuals#			
		Q1 (Apr 19 - Jun 19)	Q2 (Jul 19 - Sep 19)	Q3 (Oct 19 - Dec 19)	Q4 (Jan 20 - Mar 20)
Delayed Transfers of Care (delayed days)	Number	633	274 (Jul & Aug)		

Actual performance derived from NHS England Delayed Transfers of Care Data 2019/20
<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

c. Admissions to residential care

		Planned FYE 19/20	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	Qtr 4 Actual
Long term support of older people (aged 65 and over) met by admission to residential and nursing homes per 100,000 population (57,626 in Bromley)	Number	425.0 (245 admsns)	112.5 (65 admsns)	216.3 (125 admsns)		

4.11 As detailed in the table above (c) the admissions to residential care are currently on course to exceed our target of 425.0 per 100,000 of the population. Due to the continuing drive to promote independence by supporting people in their own homes, more people are being admitted to residential placements with enduring, ever increasing and more complex needs. This in turn is resulting in the reduction of the average length of stay, therefore resulting in a higher turnover of admissions.

4.12 One of the LBB primary aims is to support people in their own home for as long as is possible. Where this is no longer feasible the aim is to ensure that the best possible care is delivered within the allocated resources.

4.13 The progress made in delivering more robust Transfer of Care pathways (as detailed within DToC narrative) is complemented through the delivery of temporary bridging reablement, where existing markets cannot pick up this demand. LBB are also working with our voluntary sector to strengthen their service offer and pathways between our statutory and voluntary/charitable sector to maximise early intervention and prevention opportunities. For example via the partnership with Bromley Well.

d. Reablement

		Planned/ Target 19/20	Qtr 1 Actual	Qtr 2 Actual	Qtr 3 Actual	Qtr 4 Actual	Qtr 4 Actual 18/19
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual %	90.1%	98.6%				93.1%
	Number	446/495	73/74	Not available until the end of December 19	Not available until the end of March 20	Not available until the end of June 20	(339/364)

4.14 There is a 91 day lag on reablement data. This resulted in the 2018/19 Q4 HWB report not including the 'actuals' which are incorporated in the table above. Due to the same lag, Q1 'number' is a partial indicator.

4.15 Since quarter 4 (18/19) we have maintained current commitments around the delivery of reablement as well as linked this with our early intervention and prevention offer through joint working with our voluntary sector and at the point of discharge from the hospital. Robust plans are in place to maintain performance and ensure early planning, so that Reablement opportunities for local residents can be maximised. We are also strengthening the alignment between Reablement and Bromley Well, in order to maximise opportunities for preventative work that can be done with residents following a period of crisis in the community or following discharge from an acute ward.

4.16 The Take Home and Settle service, delivered by Bromley Well has significantly increased the number of residents accessing early intervention services post discharge from hospital and positively impacted on the number of residents with multiple re-admissions following discharge from an acute setting.

Update on BCF Schemes

i) Self-Management & Early Intervention – Bromley Well

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

4.18 The service is designed to help the residents of Bromley to stay well through a range of early intervention and prevention Interventions (Pathways) and targets those clients who may be at risk of needing long term packages of care or at risk of a hospital admission. This service also seeks to address a number of wider issues that affect an individual's personal outcomes such as housing, debt, health and social issues.

4.19 Bromley Well has 10 pathways which are detailed below:

- Single Point of Access
- Young Carers

- Adults with Long Term Health Conditions
- Elderly Frail
- Employment and Education
- Adults with Learning Disabilities
- Adults with Physical Disabilities
- Carers Support services
- Mental Health services
- Support to the Sector

Adults with Long Term Health Conditions (LTHC)

4.20 Practical Support continues to be one of the main service facets. During quarter 1 and quarter 2 for example, 318 people had support and care plans developed.

4.21 The performance indicator which denotes whether or not people felt more confident, following training, to make positive lifestyle changes to support good health and wellbeing averaged at 97%.

4.22 Work is underway to include the Bromley Healthcare Dental Service within the LTHC support groups to provide talks on oral hygiene and information about dental services that are available within Bromley. The LTHC team in partnership with Blood Pressure UK & Bromley Public Health facilitated its second 'Know Your Numbers' blood pressure awareness event at Bromley Library. Individuals were given information about how to manage / lower their blood pressure as well as information on forthcoming health & wellbeing workshops in Penge & Orpington beginning in September 2019.

4.23 The LTHC team has provided four support groups including people from Darrick Wood, St Andrews Church & Sycamore Lodge as well as Stress Busting Support groups for the Bromley Well Adult Carers service & an ongoing Fibromyalgia Support group which is facilitated by two peer health mentors.

4.24 The Self-Management Groups and Professional Training element of the service has included Health and Well-Being workshops at Newman Court, Sheridan Lodge, Penge and Orpington Village Hall. The team are planning potential future workshops in Stanley Glynn Lodge, Evelyn Rogers Court, Merlin Court & Ralph Perring Court following the Lifestyle Coordinator providing talks with the residents at these sheltered schemes.

Elderly Frail Pathway

4.25 This pathway includes the following services:

- Take Home and Settle
- Sitting Service
- Handyperson
- Hospital After Care (6 - week hospital aftercare)
- Befriending

4.26 The Sitting Service and Take Home and Settle Service are underperforming due to the following issues:

Take Home and Settle

- i) The provider organisation has been a member of staff down since the end of May 2019. However the provider has stated that the annual target of 500 will be met by the end of the year. Volunteer illness has also impacting on the service over quarter 1 and 2.

Sitting Service

- ii) There has been a drop in referrals due to not having the 'hospital link' post in place, however the new recruit will be addressing this and increasing the number of successful referrals.

4.27 Conversely the befriending service is over performing and has already exceeded its full year target.

Employment and Education

4.28 There has been positive progress in quarter 1 and quarter 2, resulting in employment targets for people with LTHC, mental health issues and learning disabilities being met or exceeded. The targets for physical disabilities are also on track.

4.29 The service worked with the following organisations to help generate outcomes for their clients:

KeyRing / Coventry University / Superhero Series / Jarrett and Lamb / Dream Abstract Design / Ignition Brewery / Food for the Soul / Wimbledon Football club / Tesco / Lush / Penge Green Gym / the Factory Outlet Shop / Mytime Active / Beckenham library / Primark / Crispy Cream / Moss Bros / McDonald's / Coop funeral services / Peabody Trust / TfL.

Learning Disability Pathway

4.30 During quarter 1 and quarter 2 outreach visits were made to Bromley Jobcentre Plus and Disability Training delivered at which the Support Officer attended. The numbers of people with autism being referred to the service has continued to increase.

4.31 Drop-ins are all currently being delivered bi-weekly at Bromley Jobcentre Plus, Mottingham Community Learning Shop and Cotmandene Community Resource Centre.

4.32 Tribunals were attended to challenge DWP benefit decisions; one for Employment and Support Allowance (ESA) and four for Personal Independence Payment (PIP). In one case PIP was reinstated, securing an extra £148.85 per week and a back-payment of £13,992.

4.33 This service has met or exceeded all of the targets.

Physical Disabilities

4.34 The monthly workshops have focussed on the themes of budgeting, dealing with/avoiding falling into debt and awareness of loan sharks. Workshops are popular with the last two oversubscribed.

4.35 Clients have been supported at face to face assessments and medical appointments. This support is necessary for some clients that find these situations stressful and difficult and who may ultimately not attend their appointments and lose financial assistance.

4.36 The telephone support volunteers continue to provide support to people that make contact. Clients have also been supported to complete successful applications for blue badge, taxicard and Dial-a-Ride, reducing isolation.

4.37 The service is meeting the set targets, and exceeding the target for ‘% of clients who report an improvement in independence through feedback surveys’ (92%).

Carers

4.38 There are four strands to this service mental health carers, young carers, mutual carers and adult carers. However the original performance targets were developed merging the activity for all of the strands. In order to get a better picture of what is being delivered by service strand and develop some realistic targets, this will be reviewed as part of the service review.

4.39 49 new Mental Health Carers were seen in Q2, 22 new Mutual Carers with 47 families supported already this year against an annual target of 30.

4.40 The mental health carers services have delivered a range of activities from family-centred sessions to multi-disciplinary meetings with other pathways in Bromley Well, and other agencies e.g. Bromley Community Counselling Service, Oxleas NHS Foundation Trust and Recovery Works.

4.41 The service has developed some tailored projects e.g. Surviving Well which provides support for women who have suffered domestic abuse in the past and have mental health issues related to that.

4.42 The young carers service has delivered leisure activities to meet the high demand of young carers currently accessing the service. Activities are varied to meet a diverse range of needs including emotional support through to peer networking. A trip to the O2 and Oxygen Trampoline Park for the older carers aged 11+ was well attended. There was an activity at Downe Scout Activity Centre for younger aged carers.

4.43 The mutual carers service held workshops, lunches, cookery classes and support groups during quarter 1 and 2.

Mental Health Pathway

4.44 The service has already met the full year targets for contacts along with other targets such as referrals to Recovery Works.

4.45 During the two quarters, Coffee Connection Groups were delivered within the community, as well as a full summer programme of peer support projects including: a walking group, a cultural visit, mindfulness workshops and an introductory course to the Five Ways to Wellbeing. All groups were well attended and clients provided positive feedback.

4.46 The service won the ‘Mind Network Excellence Award for Partnerships and Profile’, a short video was produced about the service and the award is due to be collected in November 2019

4.47 Production of a Parent’s Support Pack was successfully completed and issued via LBB to schools, GPs, Children and Family Centres and local media and services to support parents over the summer holidays.

Support to the Sector

4.48 The Bromley Well Partnership Manager and Chair have met with new CEO of Community Links. The CEO is aware of historical underperformance and is planning to meet other board members to discuss what is needed and will produce a revised action plan once that has been done.

4.49 Commissioners are currently reviewing the service delivery options, which will take into consideration that the service is not providing consistency of service in regards to the improvement plan.

ii) Dementia Universal Service

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

4.51 The monitoring information, demonstrates that the service is being delivered in accordance with the service specification. When a referral is received, a member of staff makes initial contact within 3 working days to visit clients/carers within 10 working days with a view to assess their needs and provide them with relevant information. NHS Oxleas (Bridgeways) continues to provide on average 65% of initial referrals to the Hub.

4.52 GPs use the Single Point of Entry (SPE) process to make referrals directly to the Hub.

4.53 In quarter 1 and quarter 2 the Hub continued to capture an increased number of people who are re-referred to the service. This is primarily influenced by the fact that individuals health and/or mental condition are deteriorating and therefore, may need to access additional information and/or services as their individual situation changes or they need very light touch support in order to maintain their independence as long as possible.

4.54 The Hub includes:

- General Post Diagnosis Support Service
- Dementia Advice and Navigation Service
- Community Development and Support Service
- Dementia Skills Training.

4.55 The Dementia Advice and Navigation Service caseload has remained high, 120 new clients and 208 cases carried forward from the previous quarters with an average of 66 cases per Dementia advisors.

4.56 During quarter 1 Bromley's first Community Dementia Conference titled "Let's Talk Dementia" was held at the Odeon Cinema. The speakers included the Alzheimer's Society's Head of Research, Development and Evaluation, while several local contributors also addressed the event. Dementia Action Week also took place at the end of quarter 1, resulting in many events taking place around the borough including animal therapy, music and dance.

4.57 During quarter 1 and quarter 2 the dementia café network continued to grow and the cafes are well supported by those with dementia and their carers. They also provide a good vehicle for distributing information and monitoring peoples wellbeing and access to services.

4.58 During quarter 1 and quarter 2 the Hub continued build upon Bromley Borough's 'Working toward a dementia-friendly community status' developing and maintain partnerships with leisure centres, schools, faith groups, GPs and the PRUH and local shops and businesses

4.59 The Befriending/Volunteer element of the service delivered nearly on average 270 volunteer hours in each quarter.

4.60 The Dementia Skills Training continues to deliver to professions (including Extra Care staff) and carers. Carers have also had access to the home coaching service. This evaluation feedback for this service illustrates a high satisfaction rate, for example 100% of participants stated that the information provided in the session would enhance the care and support they were providing.

iii) Update on progress for Integration of Health and Social Care

4.61 During quarter 1 and quarter 2 of 2019/20 both LB Bromley and Bromley Clinical Commissioning Group (BCCG) continued to strengthen joint working arrangements.

4.62 During quarter 1 and 2 the Bromley Health and Care System has:

- Guaranteed that work is underway to take the partnership to its next stage. For example, the Bromley Health and Wellbeing Strategy (2019-2023) sets out our vision for how, through joint working, we will ensure that people in Bromley live independent, healthy and happy lives, and how we will tackle health inequalities.
- Primary care and community care are at the heart of the NHS Long term plan which sets out an ambition for all GP practices to come together with neighbouring and associated practices in “Primary Care Networks” (PCN) to meet the needs of local populations. In Bromley this means our local practices coming together with community services, social care and other providers of health and care services around the needs of local patients.
- Improved DToC performance by continuing to deliver multidisciplinary support and treatment to elderly/frail people through the three Integrated Care Networks and continued to improve hospital discharge arrangements through the Transfer of Care Bureau/ Discharge to Assess initiatives. The Mental Health DToC partnership group across the LA, CCG and Oxleas Foundation Trust has continued its weekly meetings and discussions around current and potential DToCs lead to immediate resolutions with direct support from the Director of Adult Social Care.
- The system continues to promote the validation process, with regular further scrutiny of data shared via SEFT (Secure Electronic File Transfer). This enables a proactive and efficient method of disputing unrecognised DToCs, resulting in the withdrawal of some out-of-borough publications. Whilst managing delays well within the borough, Bromley faces the challenge of managing patients placed out of borough. To reduce these figures a number of Trusted Assessor pilots have begun with our neighbouring boroughs (Croydon, Lewisham, Bexley and Greenwich).
- The joint commissioning strategy for mental health has been approved by LBB and CCG.
- The Better Care Fund Plan 2019/21 has been approved by the CCG and LBB.
- The Joint Ageing Well Strategy has been approved by Executive and Adults PDS.
- The joint Learning Disability Strategy has been significantly progressed and is in draft format

Update on iBCF Schemes

4.63 The iBCF schemes reflect the three grant conditions that the fund be used only for the purposes of:

- Meeting Adult Social Care needs
- Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- Ensuring that the local social care providers market is supported.

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

- 4.1 The ASYE Lead continues to meet with all newly qualified Social Workers (NQSWS) and is working closely with their line managers to ensure all aspects of the programme are adhered to including ensuring that 100% of NQSWS have all learning agreements and probation forms in place. The role involves support, advice and guidance.
- 4.2 The ASYE lead continues to assess social work staff, completing their Practice Educator Professional (PEPs) qualifications to ensure all students and their practice assessors are supported to meet the standards required. This includes joint assessment with universities.
- 4.3 In order to ensure that Bromley benefits from best practice, the ASYE attends the Skills for Care Network, Forums and Moderation Panel and ADASS monthly meetings.

Wake up to Care

- 4.4 The project aims to identify, recruit, induct and train those interested in becoming a carer but do not wish to undertake formal study and provide them with a clear development pathway.
- 4.5 LBB, via the Head of Workforce Development, operate in a similar way to a recruitment agency. New carers are offered a permanent contract within one of the partner organisations and are supported by Workforce Development while they work (e.g. providing specialist development covering the 15 Care Certificate Standards and access to LBB private, voluntary and independent sector training offer).
- 4.6 Bromley Workforce Development commission an independent practice educator to oversee the new carers' practice during the first 6-12 months of their employment.
- 4.7 The offers of employment for quarter 1 and 2 were as follows:
 - Glebe Housing Association – 4
 - Clairleigh Nursing Home - 7
 - Mission Care- 3
 - Nellsar Ltd - 2
 - LBB Reablement Team – 4

Process and Systems

- 4.8 The aim of this work stream is to improve social care process and systems. This involves the Project Officer working across the integrated care networks, continuing care and assistive technology.
- 4.9 These are the current project areas:
 - Integrated Care Networks (ICN)
- 4.10 Performance management systems have been developed and are in place to assist the collection of LBB data.
- 4.11 There is continued work on developing performance indicators and outcomes with project officer for the ICNs/ Continuing Care/Assistive Technology to produce evidence on the effectiveness of this service and inform future planning.
 - Just Checking

- 4.12 Just Checking is a Home Activity Monitoring Service (Assistive Technology). The aim of this service is to provide lifestyle home monitoring, which can be used to inform and support person-centred planning and promote independence.
- 4.13 The service is available to adults with a Learning Disability and to Older People and during the one year contract LBB officers will be evaluating if this type of service provision a) makes a difference to determining the levels of need and b) can deliver savings.
- 4.14 Service continues to develop slowly but officers are taking measures to ensure that the service is promoted across all of the Adult Social Care Teams (crucially at the time of initial assessments).
- Adult Social Care Systems
- 4.15 During quarter 1 and 2, the workplan has included a review of the Customer Journey with regards to referral and assessment. There has been the introduction of a new referral and assessment format within the Early Intervention Team. The aim is to improve staff efficiency by gathering the right information at the right time; thereby having the ability to make decisions at an earlier stage. This also facilitates signposting to other appropriate interventions

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

- 4.16 The iBCF funded continuing care officers have been proactively engaging and working with colleagues in adult social care, providing training and advice. They have also been challenging assessments and decisions to ensure the right decision is being made in regard to funding.
- 4.17 Ongoing training sessions were arranged for September 2019 and November 2019. The outcome of the training will be to continue to enhance LBB and CCG working relationships, whilst maximising the understanding of each organisations role and responsibilities in regard to eligibility for continuing care. The training is providing an integrated approach to the assessment of need for continuing care.
- 4.18 Care management staff are now becoming familiar with the continuing care framework and this should ensure that LBB finance contributions are being appropriately assessed and agreed.

Public Health - Supporting JSNA Priorities

- 4.19 The project objective is to support clients moving to a position of stability, improved health and well-being employment and positive engagement with the drug treatment service. The funding has supported an interim role (1 year).
- 4.20 The post holder has:
- a) acted as an interface between both the adult and young people substance misuse services and a range of stakeholders, focusing on forging partnerships, developing pathways and building capacity rather than delivering face to face interventions with families.
 - b) provided a legacy and built skills, knowledge and capacity. It is anticipated that by intervening early, there will be better outcomes for families.
- 4.21 Key deliverables of the project are:
- Bespoke packages of substance misuse training to key partners
 - LBB Guidance for Working with Substance Misusing Families
 - Conference on Working with Substance Misusing Families
 - Substance Misuse Screening tools for partner agencies
 - Substance Misuse pathways for partner agencies into substance misuse treatment

4.22 One of the key deliverables for quarter 1 and quarter 2 was to establish the following workshops:

- Drugs and Alcohol Awareness - 3rd July 2019
- Safeguarding and substance misuse - 2nd October 2019
- Assessment skills and treatment pathways - 8th January 2020
- Treatment Aims; Harm Reduction, Recovery or Abstinence - 1st April 2020

4.23 In addition to the workshops, other achievements include developing a partnership with Job Centre Plus and 'Change Grow Live' (who work with families and friends of people affected by drug or alcohol use to help develop and maintain strong, loving and stable relationships critical to successful recovery); to support substance misusing parents in securing and maintaining employment. The Social Work Assessment Tool has also been revised.

Enhanced Health in Care Homes

4.24 The aim of this project is to review and implement recommendations from the NHS England national vanguard paper Enhanced Health in Care Homes (EHCH). EHCH sets out a number of recommendations, for example progressing Enhanced Primary Care and developing joined-up commissioning and collaboration between health and social care.

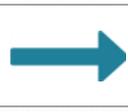
4.25 Bromleag Care Practice mobilisation is underway. This will result in eleven homes having registered their patients with the new practice. The care homes pharmacists are due to start with Bromleag in October 2019. The practice manager started on 16 September 2019.

Support for Integrated Care Networks (ICNs)

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

- Effective working relationships between all professionals and learning from each other, as well as sharing of information and a desire and enthusiasm from both health and social care and the voluntary sector to make integration a positive experience for service users.
- A speedier response to referrals, assessment and turnover of cases.
- Early intervention by providing relevant information to service users is assisting in supporting service users to maintain their independence and making informed choices.
- Data continues to demonstrate that a significant amount of referrals are undertaken by Health and Age UK, with input from care managers within the ICN. This is resulting in early intervention and signposting, which in turn is having a positive impact, by avoiding crisis situations but more importantly maintaining independence for the service user at home.

4.27 ICN activity:

LBB Staff commenced in the ICN Hubs from April 2018		Apr-Jun '19	Jul-Sept '19
	Contacts with ICN in Quarters	359	424
	Referred to Adult Social Care	18%	16%
	Referred to Care Navigators (Age UK)	57%	46%
	Referred to Bromley Health Care	56%	41%
	Referred to Oxleas	12%	14%
	Referred to St Christopher's	9%	8%
	Received a care package who had not previously	3%	1%
	Unchanged care package in Quarters	6%	12%
	Increases in care package in Quarters	6%	4%
	Decrease in care package in Quarters	13%	15%
	Independent Carer's Assessments	2	4
	Total contacts with ICN since January 2017	Jan2017 – Jun 2019 3445	3869
	Average age of users	82	83
	are Females	60%	58%
	are Males	40%	42%

Discharge to Assess (D2A) in Extra Care Housing

- 4.28 There are 14 step-down flats at 3 sites. The project is seeking to reduce the occupancy rate in each stepdown in order to deliver the preferred 6 week period. Step down may be delayed where service users have safeguarding needs or where there have been issues with securing tenancy agreements for those qualifying for permanent ECH residency. However action has been taken to address this via closer working with the housing provider.
- 4.29 The additional stepdown stock is at full capacity with occupants from the D2A pathway. A flexible approach has been adopted whereby if the additional stock is not available, and an alternative stepdown flat is vacant, then this will be offered to clients from the D2A pathway.
- 4.30 The hospital D2A & Extra Care Housing teams are working closely together, with the support of the project lead, to maximise on efficiencies wherever possible.
- 4.31 Performance is being measured via weekly updates and management reports

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

- 4.32 This project has been commissioned with the aim of having a positive impact on vulnerable people through investment into safeguarding and adult social services. IBCF money was allocated to provide additional resources Oxleas NHS Trust, The Priory and SLAM to ensure the authority is compliant with its safeguarding duties and delegations under the Care Act 2014.
- 4.33 Additional staff to manage safeguarding casework have now been recruited and the project manager is also in post.
- i) LBB and SLAM
- 4.34 A Project group was formed with SLAM in respect of the Bethlem Hospital site in early October 2017 with membership from the senior team at SLAM and LBB. An established project action plan was created to guide the work of the group.
- 4.35 Amended safeguarding referral pathways have been successfully implemented to ensure that Bromley has oversight of all safeguarding across the site. LBB/SLAM quality assurance referral and investigation standards for the Bethlem Royal Hospital site has been developed and implemented for the management to follow.
- 4.36 Regular meetings were held with both SLAM and the police in relation to AWOLS and gathering information as to the risks on the site.
- 4.37 Given that the aim of this project has been successfully completed, the final project group meeting took place in March 2019.

- 4.38 Quarterly quality assurance meetings continue with representation from both SLAM and LBB

ii) LBB / Oxleas Safeguarding Project Group

- 4.39 An LBB/Oxleas safeguarding project group was formed in October 2018 to seek to improve safeguarding process and practice between LBB and Oxleas. The group have been focusing on developing ways in which both parties can work together to improve safeguarding practices.
- 4.40 A proposal has agreed to utilise the experience and skills of our LBB Adult Mental Health Safeguarding Team (AMHST) to work closely with Oxleas to improve processes and practice in

line with statutory requirements. This proposal was implemented in May 2019 with the agreement of both parties.

- 4.41 The LBB AMHST now have oversight of all safeguarding activity and referrals, co-ordinating joint working practices and raising awareness of safeguarding process.
- 4.42 Oxleas staff has been well represented at the LBB safeguarding training courses level 3 and 4 in May 2019. There is a number of Oxleas staff now on a waiting list to attend these courses with further dates being under review.
- 4.43 The project group has now implemented revised referral pathways to provide LBB with an oversight of safeguarding activity across the Trust and to ensure that we receive regular and accurate data. This is to be implemented with effect from May 2019.

The Direct Payments Lead

- 4.44 The Operational Direct Payments Lead continues to promote an increase in the number of direct payments actions over quarter 1 and 2 include:
- regular Direct Payment Project Board meetings
 - regular in house 'Self-Directed Support' meetings with relevant attendees from Adult Social Care and Liberata to support the design, development and implementation of greater take up of Direct Payments.
 - meetings with Direct Payment Champions with representation across social care teams who meet on a regular basis.
 - Agreeing team targets for DP numbers and establishing a weekly performance report which is sent to all managers outlining the Direct Payment take up rate.
- 4.45 LBB has launched its Direct Payments pre-payment card which supports the Government's personalisation agenda: "In order to support the aim of personalisation as an approach which gives the individual receiving care and support choice and control, payments systems need to be inclusively designed".
- 4.46 The cards also provide benefits for the council, for example a robust process for budget monitoring and management.

Market Development and Support and Care Homes

- 4.47 The Market development and Support project continues to be coordinated by the joint LBB/CCG care homes project which has the following three work streams:
- (a) Strategy development
 - (b) Health and social care offer to care homes
 - (c) Quality
- 4.48 In terms of key milestones, the Residential and Nursing Homes Joint Commissioning Group has overseen progress in relation to:
- The roll out of NHS Mail for care homes – 18 of the homes now have NHS mail addresses
 - The implementation of the new GP support service to care homes – 30 homes will be registered with the new practice by the end of October 2019.
 - Maximising the use of Red Bags, resulting in 40 or the 43 homes adopting the process – ongoing embedding and retraining taking place.

- Activity Coordinator Forum delivered - 19 homes attended the event and this will now be an ongoing forum
- Care Pulse resource page produced and site is now live. This will enable staff to locate care home vacancies as they arise.
- Co-ordinate My Care (CMC) is being piloted by two homes. This means that patients care plans are patient lead and e-electronically shareable with professions.
- Market Position Statement for Care Homes is in development

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

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

6. FINANCIAL IMPLICATIONS

- 6.1 BCF underspends of £806k during 2018/19 have been carried forward into the new 2019/20 financial year to be used against BCF projects.
- 6.2 The budget and expenditure for both the Better Care Fund and the Improved Better Care Fund are detailed in the tables below:
BCF:

Commissioner	Scheme Name	2019/20 budget £'000	2020/21 budget £'000
LBB	Reablement capacity	870	887
CCG	Winter Pressures Discharge (CCG)	659	672
LBB	Winter Pressures Discharge (LBB)	1,048	1,069
CCG	Integrated care record	385	393
LBB	Integrated care record - staffing contribution	56	57
CCG	Intermediate care cost pressures	638	651
LBB	Community Equipment cost pressures	431	440
LBB	Dementia universal support service	531	542
CCG	Dementia diagnosis	632	645
LBB	Extra Care Housing cost pressures	427	436
CCG	Health support into care homes/ECH	320	326
CCG	PSIS Contract	1,714	1,748
CCG	Risk against acute performance	1,374	1,401
CCG	Transfer of Care Bureau	575	587
LBB	Transfer of Care Bureau - staffing contribution	48	49
LBB	Protecting Social Care	9,155	9,338
LBB	Disabled Facilities Grants - CAPITAL	2,153	2,196
CCG	Carers Funding	538	549
CCG	Reablement Funds	971	990
LBB	Reablement Funds	321	327
LBB	Contract reduction	153	156
LBB	Programmes Team	37	38

CCG	Community Equipment cost pressures	159	162
LBB	Community and Social Care Development Fund	659	672
	Total Recurrent Budget	23,854	24,331

IBCF	2019/20	2020/21	2021/22
	£'000	£'000	£'000
	BUDGET	BUDGET	BUDGET
Transformation of Social Care (Adults, Mental Health and LD) / workforce development	60	60	60
CHC Care Manager	55	55	55
Finance Lead to support IBCF and BCF	85	85	85
Assistive Technology	25	25	25
Transitions Programme Lead	50	50	50
Support for Integrated Care Networks (ICNs)	779	779	779
Discharge to assess in Extra Care Housing (ECH)	180	180	180
Safeguarding – SLAM	156	156	156
LD Growth as part of the Medium Term Financial Strategy	1,500	1,500	1,500
New IBCF offsetting growth	3,423	1,710	1,710
Total committed spend	6,313	4,600	4,600
Grant allocation (In Year)	-6,313	-4,600	-4,600

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

7. LEGAL IMPLICATIONS

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

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

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

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

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

- Plans to be jointly agreed;
- NHS contribution to adult social care is maintained in line with inflation;

- Agreement to invest in NHS commissioned out-of-hospital services, which may include 7 day services and adult social care; and
 - Managing Transfers of Care
- 7.5 The Improved Better Care Fund Grant determination is made by the Secretary of State under section 31 of the Local Government Act 2003. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported.
- 7.6 The Council is required to:
- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
 - Work with the relevant Clinical Commissioning Group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19 (revised 2019-20)
 - Provide quarterly reports as required by the Secretary of State

Non-Applicable Sections:	
Background Documents:	None

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Report No.
CSD19178

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 21st November 2019

Title: One Bromley Update

Contact Officer: Mark Cheung, One Bromley Programme Director – Integrated Care,
Bromley Clinical Commissioning Group
Tel: 020 3930 0108, E-mail: mark.cheung@nhs.net

Ward: N/A

1. Summary

One Bromley will enable partners and services in Bromley to work as a single system to deliver integrated care. The strategic aims of One Bromley are to improve the health and wellbeing of the Bromley population. Providers and commissioners (CCG & LBB) from sovereign boards committed to working together to develop a single Local Care Partnership (LCP) delivering on joint priorities. One Bromley will bring together partners as a single system coordinating care for the most at-risk and vulnerable individuals.

2. Reason for Report going to Health and Wellbeing Board

This report is to provide an update on the development of One Bromley focusing on:

- The context and development of One Bromley
 - Opportunities of an integrated approach across health & social care
 - Current status of the Bromley placed based Local Care Partnership (LCP) system
 - Outline of key programmes, initiatives and enabler workstreams including progress and next steps
-

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

To note

Health & Wellbeing Strategy

1. Related priority: [Delete as appropriate] Diabetes Hypertension Obesity Anxiety and Depression
Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems
Children Referred to Children's Social Care Dementia Supporting Carers

Financial

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

Supporting Public Health Outcome Indicator(s)

Yes

4. COMMENTARY

4.1 BACKGROUND

One Bromley System Development Summary:

4.2. Long Term Plan & Integrated Care System Approach

Integrated Care is central to the delivery of the NHS Long Term Plan (LTP) published in 2019. The LTP sets out different levels of commissioning and providing. These ambitions include:

- Local health commissioners and providers working much more closely with local authorities to aid the commissioning and delivery of integrated and personalised care
- Local Care Partnerships (LCPs) are established between local providers and commissioners to work for local populations
- Integrated Care Systems (ICS) are developed that are contiguous with single CCGs
- General practices working together in Primary Care Networks (PCNs) to ensure a population based approach to providing primary and community care, and other services

Work is also being taken forward to implement changes to commissioning across South East London, increasing collaboration across the CCG within the South East London STP and this in turn is supporting the development of a place based commissioning model at local level.

4.3 Background to One Bromley as a Local Care Partnership (LCP)

One Bromley LCP is comprised of the signatories to the Bromley Alliance, which was signed in October 2017. One Bromley is a partnership of commissioners, all major local NHS and non-NHS providers and the Third Sector Enterprise which aims to work together as a single system to:

- Enhance and improve the range, quality and effectiveness of services available to local people
- Enable partners and services in Bromley to work as a single system to deliver integrated care

One Bromley will strengthen this approach by continuing to bring together providers, voluntary services and commissioners to build on the existing good work and deliver even more personalised and integrated care. This plan is to build on successes such as the Integrated Care Networks and replicated this across many other programmes of care. Patients need support from health and care professionals that act as one team and work for organisations that behave as one system.

4.4 Achievements to Date

One Bromley continues to support the transformation of health and social care in Bromley. Local organisations need to increase their focus on population health and work collectively to improve health and wellbeing. Bromley is already seeing substantial improvements for patients and for organisations in working together in this way, in outcomes and quality:

- 26% reduction in urgent hospital admissions & 22% reduction in unelective inpatient admissions for those patients who are 13 weeks post their MDT on the proactive care pathway (2,966 patients). This represents an estimated Emergency Department cost save of £81k (443 fewer contacts) and Unelective Inpatient Admission cost save of £267k (259 fewer contacts) across the same period.
- Pathway changes such as the virtual respiratory pathway, community heart failure, end of life and diabetes
- 8 Primary Care Networks including all practices in Bromley have been established as the basis of a population based approach. Currently 24 practices in Bromley are providing online consultations with a further 10 practices pending.

- @home service has been piloted to create a more integrated, community based system that prevents the need for hospital attendance and admission Pilot was successful in increasing number of patients supported by community healthcare services after discharge from hospital. The learning from the pilot is being taken forward through the streamlining of community pathways out of hospital to provide a single point of access for patients leaving hospital who require health and care support.
- A review of the Transfer of Care Bureau, located in the hospital, has been completed and there is a programme of work currently in place to improve the efficiency of the service it delivers to those patients requiring a supported discharge.
- Bromley has continued the improved DToC position of 2018/2019 into the first two quarters of 2019/2020 remaining below the set trajectory.
- A joint approach to improving the health and wellbeing of patients in care and nursing homes through the establishment of a special general practice exclusively for this population. To date, 31 Care homes have mobilised to the Bromleag Care Homes practice contract.
- The new Orpington Health & Wellbeing centre opened in September 2019. This is a significant achievement where the new centre includes services from various providers including GPs, Community services & others. Work is about to start on the new MRI suite.
- The Wave 4 funded increased Utilisation of Beckenham Beacon project is also well under way and due to complete at the end of November with Oxleas moving in and joint working across seven organisations in Bromley.
- Mental Health Wellbeing trailblazer in schools has commenced with 2 hubs (teams) working in schools to support C&YP with mental health challenges
- Investment in CAMHS via the mental Health Investment Standard has increased staff skill mix and capacity

4.5 One Bromley Workplan

One Bromley schemes will be delivered via a phased approach. Phase 1 will focus on UEC and management of winter pressures.

Key schemes in phase 1:

- Proactive Care
- U&EC including @home service
- Frailty pathway
- End of Life care
- Care homes

Key schemes in phase 2:

- Outpatient Transformation
- Primary Care Networks
- Diabetes
- Mental Health
- Children and Young People

Enablers

- Workforce and Organisational Development
- Communications and Engagement
- Finance
- Estates
- Business Intelligence and Population Health Management
- Contracting and Organisational Structure
- Digital and IT

These workstreams do not represent the full scale of the work of the partnership but have been selected as areas where various principles of integrated care could be applied.

4.6 Next Steps/ Progress

At a high level, work is being taken forward on the development of a LCP model in Bromley which will be aligned to the South East London STP and Bromley placed based commissioning. The following provides an overview and update on progress of some One Bromley schemes spanning health and social care:

4.6.1 Frailty

Commissioners (CCG & LBB) and Bromley Alliance providers are supporting the delivery of a number of initiatives as part of the One Bromley Task & Finish Group including:

a) Front door frailty identification/ MDT and assessment

A pilot initiative at the front door of Emergency Department (ED) is currently underway to focus on identification and effective management of frailty patients to reduce unnecessary hospital admissions. This will involve:

- Front door MDT approach to identify and initiate a Clinical Geriatric Assessment for patients with moderate frailty presenting at ED or admitted overnight.
- Identifying the most appropriate discharge pathway for patients not requiring medical interventions and admission across health & social care

The pilot was reviewed at a workshop event in September 2019 (what worked well, what can be improved upon and opportunities). The outline business case has been approved by King's and the next steps will be the development of a staffing model.

The new Frailty consultant is piloting a new approach to frailty scoring in Medical Unit 7 at the PRUH. This is to provide the better patient centred care in the right setting including community provision. Initial results have been promising with a reduction in hospital length of stay from approximately 30 days to less than 6 day. Plans are underway to mirror this approach on AMU.

b) Ambulatory frailty

Establishing a community frailty ambulatory service at Orpington Hospital for winter 2019/20 to enable the effective management of eligible patient:

- Step up provision to support the management of frailty across health & social care
- Step across from PRUH including ED
- Close working with Bromley@ Home service for continuity of care

The pilot will be launched during different phases- Phase 1 will commence in November 2019.

4.6.2 Proactive Care

The Joint Operational Group continue to implement changes and refinements to the Proactive care pathway to increase referrals into the pathway from outside primary care and streamline the referral process.

A workshop event will be held in December to review the implementation and improve:

- Approach in identifying the right patients and electronic frailty index
- Utilising effective incentives to drive change
- Alignment with other schemes such as frailty and 'super utilisers'
- Development of a case management approach considering the role of:
 - Primary Care Networks
 - Community Matron/ Nursing
 - Social prescribing and the wider role of the third sector

4.6.3 Urgent & Emergency Care

a) Winter planning

Joint with LBB/ CCG/ KCH plans have been approved identifying a number of schemes utilising winter resilience funding to manage pressures during the period. This includes increasing capacity across the system such as more primary care appointments, additional nurse and therapy support in the community, additional capacity in social care and the use of technology to support the monitoring of patients and residents.

b) Transfer of Care Bureau (ToCB)

A ToCB review workshop was held on 13th September 2019 to align staffing and structures with the needs of the service users. KPI's for the service are also being explored.

c) Community pathways

Externally there is an ongoing review of the pathways out of the hospital and the processes required. The focus is streamlining referrals into a single point of access to our community partners as well as strengthening the support from third sector workers to pull from hospital. For LBB/ CCG this includes the Rehabilitation and Reablement pathway and D2A workstreams.

d) Front door avoidance

Front door avoidance with emergency intervention teams working in ED alongside the frailty team. The high intensity user case manager role has been developed to case manage these patients. Quick access to community services is being provided to support patients in their own homes; this includes additional care manager support in ED. The post is being recruited to currently for appointment this winter.

4.6.4 Flu Campaign

One Bromley organisations are working together to support delivery of the winter plan. This includes encouraging take up of the flu/ shingles/ pneuvaccine both for residents at risk and staff working across the One Bromley LCP.

4.6.5 Mental Health

The CCG and LBB are working on delivering a joint Mental Health & Wellbeing strategy focusing on:

- Prevention & early intervention
- Multi- Disciplinary approach to treatment
- Complex and long-term support/ Recovery & Rehabilitation

A joint mental health pilot has been agreed and a basic model put in place to run a pilot in the Cray's plus another PCN. The pilot would provide dedicated mental health support in the community providing both medical (a consultant and a nurse) and social support via a Care Navigator (I.e. links with MIND and recovery works etc.).

Other initiatives being taken forward include:

- Shared care
- Extending mental health group programmes based in the community (lifetime membership approach)

4.6.6 Children & Young People (C&YP)

The C&YP programme is structured around 5 main areas:

- Healthy Start
- Co-ordinated Care
- Acute & Urgent Care
- Child & Adolescent Mental Health Services (CAMHS)

- Children with complex care needs (working closely with LBB)

To note the following areas of progress:

- The design of a potential 'at Home' service model is progressing along with the associated business case for evaluation.
- NHSE/I reviewed the Bromley CAMHS system on 30/31 October 2019. The outcome of this work is the development of an action plan to take forward the integration of the Oxleas CAMHS-Bromley Y Wellbeing service model.

4.6.7 One Bromley Communication & Engagement

The One Bromley Communications and Engagement group (a sub-group of the Bromley Communications and Engagement Network) has been established to support successful delivery of the One Bromley programmes and priorities. All One Bromley partners are represented and the group meets monthly. To date the group has developed the following:

- A comprehensive C&E strategy for One Bromley
- Branding for One Bromley
- Internal and external newsletters
- Website presence and content
- Engagement programmes to support One Bromley priorities such as Outpatient Transformation, frailty services and primary care networks.
- Integrated staff flu campaign to encourage take up and share good practice.
- Delivered a patient conference to gather views on One Bromley programmes.

4.6.8 Business Intelligence & Population Health Management

A new programme of work is being established that will develop into several potential enabler workstreams, broadly covering the following topics:

- Data Sharing
- Warehousing
- Business Intelligence
- Population Health
- Analytics
- Performance

Several pieces of work are underway to drive this programme forward. Planning has commenced to develop a Digital, Information and PHM and BI Working Group, which will serve to inform and address the programmes overall topics. Representatives of One Bromley are engaged in the new Population Health Development Programme in South East London being run by NHS England, which has the potential to provide opportunities for development and support for local Population Health Analytics initiatives. We are also developing the outcomes and monitoring processes for the Performance & Outcomes group. See 4.7 below.

4.6.9 Co-Ordinate My Care (CMC)

Coordinate My Care (CMC) is an NHS clinical service that was launched in August 2010 to deliver integrated, coordinated and high quality medical care, built around each patient's personal wishes. CMC houses an urgent care plan which is created jointly by the patient and their healthcare professional. It lists the patient's wishes and care preferences, including practical and logistical information.

A workshop has been set up for the 5th December, with key stakeholders to increase CMC usage. Despite some clear benefits to using CMC and the drive across London that it should be the care planning system of choice, there are several difficult blockages to work through that are hindering and in some cases stopping the uptake of increased utilisation. The aim of this workshop is to Increase the utilisation of CMC as the system of choice for care plans for frail, end of life and long term condition patients across One Bromley provider organisations. This will be achieved by working through and proposing solutions to the main blockages. These suggestions will then form workstreams to be delivered by a Task and Finish group to be set up post workshop.

4.7 Performance & Monitoring

The One Bromley, Performance & Outcome Group has recently been established to support the operational, performance management and economic and qualitative evaluation of a number of schemes that form part of One Bromley. The aim is to manage the performance and delivery of agreed outcomes for identified One Bromley Programmes and projects. Performance & outcomes will be measured at three levels:

1. One Bromley Strategic objectives (e.g. Improve health and wellbeing outcomes and reduce health inequalities across Bromley)
2. KPIs (e.g. Reduction in emergency admissions)
3. Local process measures (e.g. Patients seen through the pro-active pathway. Number of referrals. Waiting time etc.)

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

N/A

6. FINANCIAL IMPLICATIONS

N/A

7. LEGAL IMPLICATIONS

N/A

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

N/A

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The One Bromley local care partnership continues to develop with an ambitious and wide ranging programme of work which brings improvements and benefits to patients and residents within the Borough of Bromley.

Report No.
ACH19021

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 21 November 2019

Title: BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19

Contact Officer: Bulent Djouma, Bromley Safeguarding Adults Board Manager
Adult Services, London Borough Bromley
Tel: 020 8313 4176 E-mail: bulent.djouma@bromley.gov.uk

Ward: Borough-wide

1. Summary

- 1.1 Under the section 43 (1) of the Care Act 2014 the Local Authority is required to establish a Safeguarding Adults Board. The primary objective of the Board is to help and protect adults in Bromley by co-ordinating and ensuring the effectiveness of Board partners. The Board has an unrestricted remit in what it is able to do to achieve its objectives.
 - 1.2 The Board is required, under Schedule 2 (4) the Care Act 2014 to produce an annual report outlining its achievements and those of its members in relation to the Board's strategic objectives. The Board must send a copy of the annual report to the Chief Executive of London Borough of Bromley, the Leader of the Council, the Bromley Metropolitan Police Service Borough Commander, CEO of Bromley Clinical Commissioning Group, Chair of the Health and Wellbeing Board and Healthwatch.
 - 1.3 Under section 44 of the Act the Board is also required to publish any findings and recommendations from any Safeguarding Adults Reviews undertaken. The Safeguarding Adults Review (SAR) Committee made the decision to commission a SAR in respect of one case in June 2018, the executive summary of which was published in March 2019.
-

2. Reason for Report going to Health and Wellbeing Board

- 2.1 The purpose of this report is to provide the Health and Wellbeing Board with an overview of Bromley Safeguarding Adults Board's (BSAB) Annual Report 2018/19.
-

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

- 3.1 The Health and Wellbeing Board is requested to take note of the Bromley Safeguarding Adults Board's Annual Report 2018/19.

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: Safeguarding Adults Board

5. Source of funding: Grant Funding

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

4. COMMENTARY

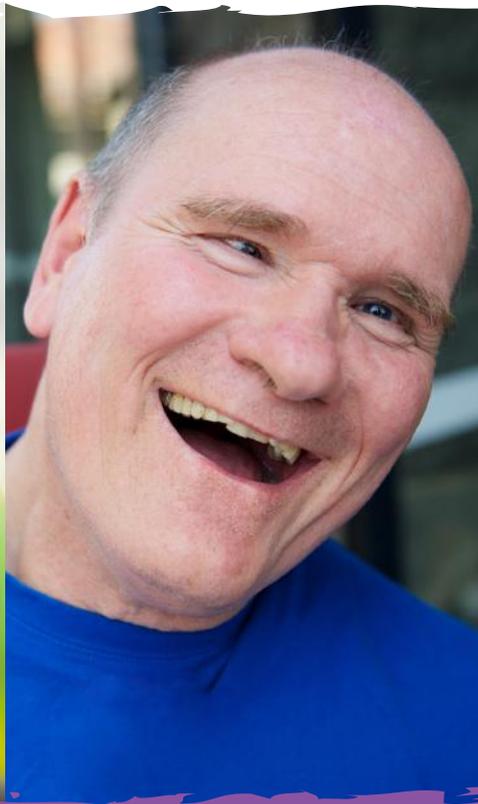
- 4.1 Lynn Sellwood is the Independent Chair of the Board having taken on this role in March 2017. The Board fulfils its statutory obligations in ensuring that representatives from Bromley CCG and the Metropolitan Police Service attend the Board. The Board is facilitated by a broad range of representatives from across the Borough as well as Lay Members.
- 4.2 The Board's Annual Report 2018/19 provides information regarding the work that has been undertaken during the year. Specific reference is made to the key priorities for the past year, which were Fire Safety in Homes, Self-Neglect, Hoarding and Domestic Abuse.
- 4.3 The Board's partners have provided information on their work in respect of adult safeguarding. Further information is provided outlining the safeguarding picture in Bromley, adult safeguarding statistics, board structure and financial contributions.
- 4.4 The report acknowledges the completion of its first Safeguarding Adults Review, where self-neglect was the key theme, the findings of which encourages further multi-agency working.
- 4.5 The Board is required to collect safeguarding data and submit this to the NHS Digital Safeguarding Collection (SAC). The information provided helps NHS Digital gain an understanding of the safeguarding landscape for England. This data is outlined in the report appendices.

Non-Applicable Sections:	Impact on Vulnerable People and Children, Financial and Legal Implications, Implications for other Governance Arrangements, Board and Partnership arrangements, including any policy and financial changes required to process the item, and comment from the Director of Author Organisation
Background Documents: (Access via Contact Officer)	Bromley Safeguarding Adults Board Annual Report 2018/19

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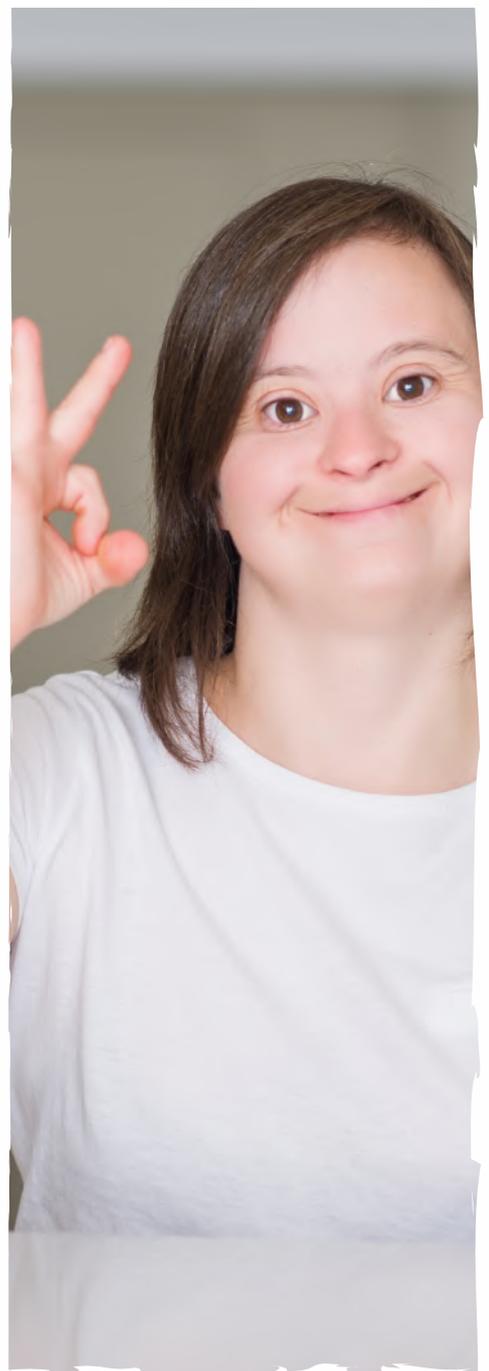


**BROMLEY
SAFEGUARDING
ADULTS
BOARD**



ANNUAL REPORT 2018 TO 2019

“Bromley is a place where preventing abuse and neglect is everybody’s business”



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I. FOREWORD

I am delighted to present the Bromley Safeguarding Adults Board (BSAB) annual report for 2018 to 2019.

During the last year we have been focussing on widening participation and improving our communication with professionals and the public, including:

- publishing two newsletters
- delivering a range of presentations to community groups
- using our safeguarding video to raise awareness across the borough

During Safeguarding Awareness Week in November 2018, we supplemented our scheduled training programme with short, hour-long training on specific topics. These were well received by the attendees and therefore we will repeat our bite-size training during 2019.



Our annual conference took place in October 2018. This provided another opportunity for practitioners and managers across the borough to come together to consider and address our priority areas. The conference also covered a range of issues across local, London and national levels.

We commissioned a Safeguarding Adults Review (SAR) in 2018 which was published in June 2019. It is important that all our members understand the learning from this process and that we can demonstrate that things will change as a result.

We were also part of a SAR which was commissioned by the Lewisham Safeguarding Adults Board (LSAB). The presentation of the action points was presented to the Board in March 2019 and the actions will be monitored to ensure that lessons learned are embedded within services.

A SAR is a very important part of the work of the Board and enables us to put into practice what we learn when things go wrong.

We have additionally focused on addressing new and emerging areas of safeguarding, such as Modern Day Slavery and Human Trafficking, both of which are issues that Bromley is not immune from.

We have made a good start in working with the newly established Bromley Safeguarding Children Partnership (BSCP) and have a shared interest in looking at teenagers and young adults who are in transition from Children to Adult services.

I would like to thank everyone involved in the work of the Board. Their time, passion and professionalism is the reason why I am so confident that the Board will achieve its objectives.

I look forward to another year where we work together, in the face of diminishing budgets, to keep the vulnerable people of Bromley safe from harm.

Best wishes



LYNN SELLWOOD
INDEPENDENT CHAIR

2. EXECUTIVE SUMMARY

The London Borough of Bromley continues to grow with a population of over 331,000, one of the largest in London. Our typical service users are those aged over 75, who suffer from neglect or physical abuse in their own home by someone known to them. However, 24% of service users are aged 18-64. This is a picture that is consistent with the rest of the country.

We have continued to work hard to ensure that we are supporting these vulnerable residents, and have continued to focus on our key thematic priorities of self-neglect, hoarding, domestic abuse and fire safety in homes. These priorities have been included in our training agenda delivered to professionals within Bromley.

This year saw the completion of our first Safeguarding Adults Review, where self-neglect was the key theme. The findings from this paved the way for further multi-agency working, setting specific objectives for the year ahead.

Our Board members have continued with their support with safeguarding practices, highlighting their key achievements for this year and priorities for the year ahead. We have also welcomed new members to the Board from the Department of Work and Pensions, Met Detention Custody Suites, and St Christopher's Hospice.

We continue to work with the Children's Safeguarding Partnership team in tackling issues surrounding vulnerable individuals who transition into adulthood. We also co-fund training on domestic abuse and honour-based violence.

This year we supported the development of the Suicide Prevention Strategy for the Bromley Health and Wellbeing Strategy, focusing on managing and preventing suicide within the borough.

We will continue to focus on Making Safeguarding Personal, which ensures that a person-centred outcome is achieved for all safeguarding enquiries. Our strategic priorities will continue to drive our work around Self-Neglect & Hoarding, Domestic Abuse, Fire Safety in Homes, whilst addressing issues arising from our awareness of Modern Day Slavery.

In the year ahead we will agree our strategy for 2020 to 2023, which will incorporate our findings from our public engagement consultations and align with existing partner strategies.

3. WHO LIVES IN BROMLEY

330,000+
resident population

18% aged 65+

19% from a BAME*
background

19% have a mental health
diagnosis

* Black, Asian and minority ethnic



44,400+
people live with a
long-term health
problem or disability

75.2%
of those expected to
have dementia are
diagnosed

39,700+
adults aged 18-64 have
a mental health diagnosis

It is estimated that
4,900+
adults aged 18-64 have
a learning disability

14,598

people accessed services from Bromley Well

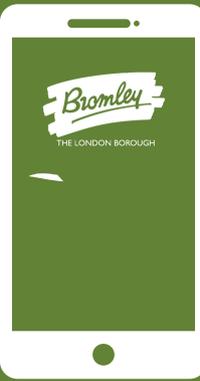
of which

8,545

people came via the Single Point of Access

23,400+

calls received by the Council's Adult Early Intervention Service



1,950

calls per month, on average

6,500+ referrals to the Council's adult social services

4,300+

people aged 18+ accessing long-term support

691

adults in residential care

406

adults in nursing care



4. THE NATIONAL CONTEXT

Issues surrounding the improper treatment of vulnerable adults are still prevalent across the country, and these continue to affect our communities.



However, highlighting these issues in mainstream TV programmes, such as Panorama which recently exposed the Whorlton Hall scandal, supports with raising awareness with both professionals and the general public.

The updating of key local and national documents, such as the *London Multi-Agency Adult Safeguarding Policy and Procedures* in April 2019, which promotes a shared approach to safeguarding, improves practice through learned experience. This document takes professionals further towards putting the adults at the centre of their own experience, continuing the journey to *Make Safeguarding Personal*.

The Care Quality Commission (CQC) report on the *State of Adults Social Care 2017/18* which was published in October 2018 highlighted the issues around capacity in delivering services and inequity of care between regions. However, it was noted that when people did receive services these were largely good.

The publication of the Government's anticipated *Green Paper on Social Care*, which is further delayed in 2019, is expected to improve services by addressing issues such as how social care is funded.

CASE STUDY

DEMENTIA

A logo consisting of a light purple oval with a green, hand-drawn style border. Inside the oval, the words "OUR IMPACT" are written in a simple, sans-serif font, with "OUR" on the top line and "IMPACT" on the bottom line.

OUR
IMPACT

Mrs B was brought to the Bromley Healthcare Vulnerability Panel for discussion.

Mrs B was living with dementia and diabetes and lived on her own with no family nearby. District Nurses (DN) were administering insulin twice a day and monitoring her blood sugar levels. The patient was known to be verbally abusive and challenging but started to become increasingly agitated after a period of time. DN's ensured that the same staff went in to try and reduce the patient's agitation. The patient on one occasion physically assaulted a member of staff with an object. The patient was reviewed by her GP and joint visits completed with her care manager.

It was discussed at the Vulnerability Panel and decided that changing the patient's medication to enable visits to be reduced to once a day should be discussed with their GP. It was also considered to change the location where insulin was administered within the home so that staff did not need to leave the patient at any time in order to have easy access to the door if necessary.

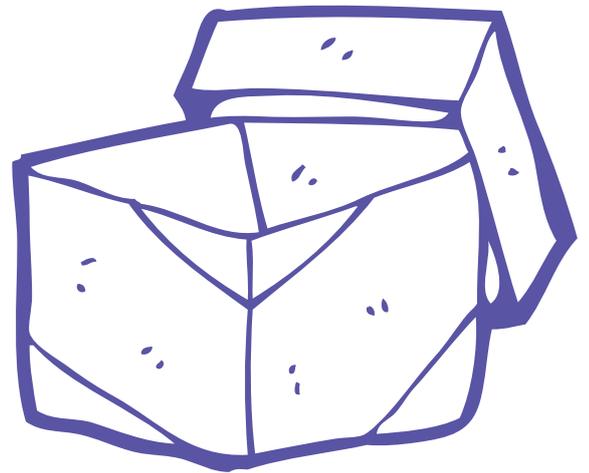
An Integrated Care Network meeting was held following this to discuss concerns together with Mrs B's GP, Care Manager, Oxleas dementia support staff and Community Matrons.

The patient is now less challenging and there has been no recent incidents reported of the patient physically abusing staff. The patient's diabetes is now also effectively being managed and it is reported she is more settled. We continue to review the needs of this patient under Bromley Healthcare Integrated Care Network (ICN).

5. OUR KEY PRIORITIES FOR 2018 TO 2019



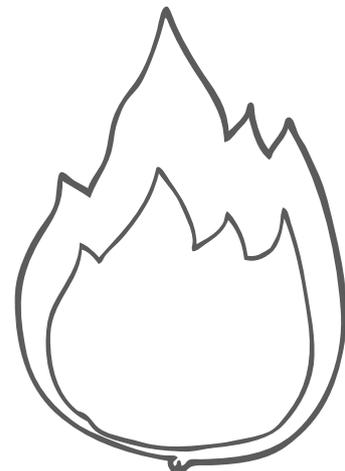
SELF-
NEGLECT



HOARDING



DOMESTIC
ABUSE



FIRE SAFETY
IN HOMES

Priority

Self-neglect



Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding or tending appropriately to any medical conditions they have. This can result in poor health and wellbeing, as well as impacting on those surrounding the individual including the public.

In extreme cases self-neglect can be the leading cause of an individual's death.

Self-neglect makes up approximately 12% of safeguarding referral cases in Bromley, an increase of 2% compared with the previous year.

IN RESPONSE WE HAVE:

- Delivered our first SAR where self-neglect was the key theme of this evaluation and the findings from this provides scope for future learning for all agencies involved.
- Continued raising the awareness of self-neglect through various professional training, which was also included in our Safeguarding Awareness Week in November 2018.
- Reviewed and updated our self-neglect policy for multi-agency response, focusing on early intervention whilst maintaining a personal approach to those affected.

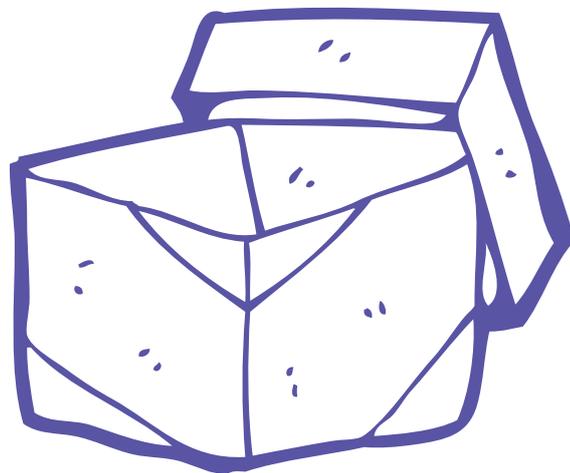
12%

of safeguarding cases related to self-neglect

Priority

Hoarding

Hoarding is considered as the compulsive collection of items that are typically stored in a chaotic manner. Although items collected often have little value, these are perceived as being useful or valuable in the future.



The impact of hoarding can affect the health of the individual as well as their personal relationships. It can also put their life, and others, at risk with some incidences resulting in fires.

IN RESPONSE WE HAVE:

- Continued with addressing individual cases through our Self-Neglect and Hoarding Panel whilst also providing specialist multi-agency advice and support to all agencies.
- Developed a business plan for purchasing a hoarding project via funding from the Improved Better Care Fund (iBCF), which will provide professional support to those who hoard, using a holistic approach.
- Since April 2018, we have reviewed 27 cases, of which, a total of 11 cases have been concluded with a successful outcome.

27

cases have been reviewed
by the Self-Neglect
and Hoarding Panel

Priority

Domestic abuse



Domestic abuse affects people of every age, race, disability, gender or sexuality, and can either be physical, emotional, sexual or financial, or it can be a combination of all of these. It can include an incident or a pattern of incidents of controlling, coercive, degrading, threatening and violent behaviour.

2,801

cases of domestic abuse reported to the Police

Domestic abuse is not only towards a partner. It can also take place between family members or by carers. Although the majority of domestic abuse is committed by men towards women, there are an increasing number of victims who are men.

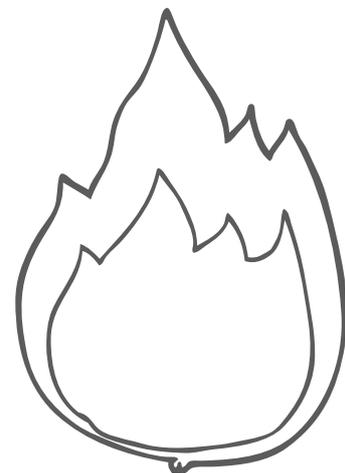
2,801 cases of domestic abuse were reported to the Metropolitan Police in Bromley during 2018.

IN RESPONSE WE HAVE:

- Provided presentations to frontline staff on Recognising Abuse and Domestic Abuse in the Older Community during our Safeguarding Awareness Week in December 2018.
- Worked with partner organisations in identifying areas of Domestic Abuse training given to staff.
- Developed awareness of this subject matter via our campaign video and our Alerters Guide published on the Board's website.
- Worked closely with the Children's Board.

Priority

Fire safety in homes



The most effective way of keeping residents safe from fire is to help them understand the common risks in order to reduce these.

Working together with the London Fire Brigade, we continue to refer people for a home fire safety visit where we have concerns that a person's living conditions may pose a risk to them.



3,390

Home Fire Safety Visits
completed

IN RESPONSE WE HAVE:

- Conducted 3,390 Home Fire Safety Visits which is a 2.3% increase from last year.
- Provided an online safeguarding training package for all Bromley-based London Fire Brigade staff.
- Identified a Safeguarding Adult Review Champion within the London Fire Brigade team, who supports with the development of safeguarding practices from learnings of SARs.

SELF-NEGLECT

Mrs A was a 90 year old lady living alone in her own property, with family living abroad. She was referred to Oxleas Mental Health Services as she required support with her memory and cognition; however, she objected to the interventions from workers.

Mrs A started to self-neglect and lacked insight into her developing dementia. After her morning care visit she would often go out walking in her local area and make various purchases which she could not remember doing and would take various buses and forget which route she was on. There were regular calls to the Police from members of the public and shop staff who had found her when she had lost her way and needed to be returned home. When returned home, very little food was found in her fridge, therefore the Police further expressed their concerns. A safeguarding adults concern was raised and allocated to a Safeguarding Adult Manager in the Trust.

A Community Psychiatric Nurse (CPN) was allocated, who held a Multi-Disciplinary Meeting which included her family, Police, care agency, a dementia specialist day centre and Oxleas Mental Health Legislation Advisor. A safeguarding plan was implemented that required support from various agencies, as well as her son who had lasting power of attorney.

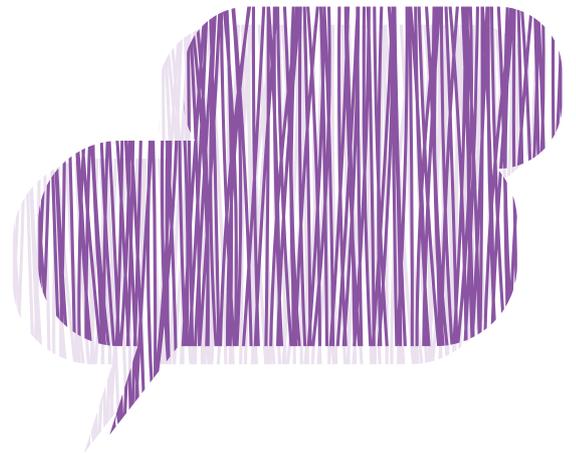
Under the terms of Making Safeguarding Personal, Mrs A's wish of wanting to maintain her independence was considered, giving her the freedom to go for daily walks.

The Safeguarding Enquiry was concluded and a mental health practice review group agreed on a suitable care package to meet her identified needs in accordance with the Care Act 2014. The support put in place was to maximise Mrs A's ability to enjoy her home life, without depriving her of her liberty.

6. OUR KEY ACHIEVEMENTS FOR 2018 TO 2019

ENGAGEMENT

- We delivered a series of presentations on adult safeguarding to a range of key professionals in our partner organisations, such as the Bromley Adult Education College and the Bromley Dementia Hub, as well as members of the public. Councillors were also provided with a presentation, further strengthening engagement amongst the network.
- We distributed 300 leaflets to our partner organisations, which provided a directory of support services available. These were grouped in their specialist categories such as disabilities, mental health, age related, family services and fraud.
- We held sessions with Clarion Housing Group, the UK's largest Housing Association, to raise awareness of the Board's remit as well as a range of safeguarding issues.



leaflets distributed with
details of available services



ANNUAL CONFERENCE

- Our annual conference took place on 2 October 2018 with the theme of A User Focused Approach: Predicting and Preventing.
- The conference included 11 speakers from CQC, 39 Essex Chambers, the Disclosure and Barring Service (DBS) and NHS England.
- The five extended sessions included topics on -
 - self-neglect
 - domestic abuse
 - SARs
 - improving the effectiveness of Multi Agency Risk Assessment Conferences (MARAC)
 - Making Safeguarding Personal
- The event was attended by 134 professionals across the borough, all from various organisations. Many expressed that how they can implement lessons learnt in practice and are more familiar with resources accessible in the borough.



attendees at the
2018 annual conference



COMMUNICATION

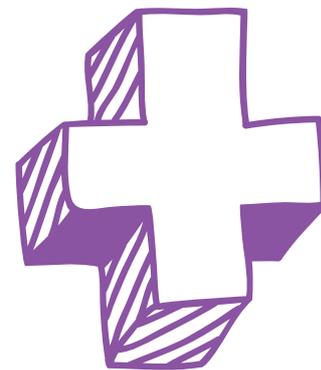
- Our Communications Task and Finish Group merged with our Service User Engagement Group, to form our Communications and Service User Engagement Group, creating a dynamic team of professional expertise.
- Our promotional video campaign went live on our website, as well as other media platforms, reinforcing the message of 'safeguarding is everyone's business'.
- We launched our newsletter for partners, outlining both local and national safeguarding business.
- Our Safeguarding Awareness Week was extended to a fortnight this year, which took place in various borough locations, such as the Princess Royal University Hospital, Beckenham Beacon and the Walnuts Library, with a range of topics including -
 - an Introduction on Safeguarding Adults Review for Frontline Professionals
 - Modern Day Slavery
 - Domestic Abuse in the Older Community
 - Mental Capacity Act
 - a discussion on referral thresholds



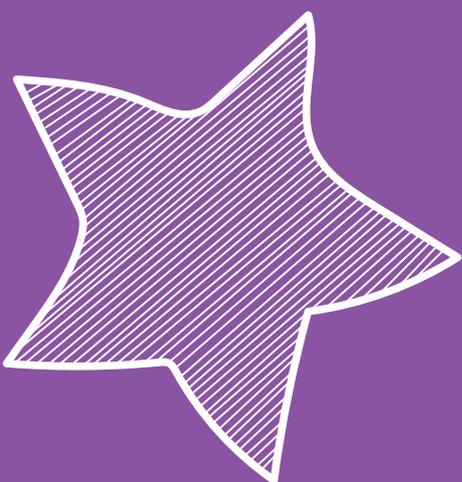
views of our
Safeguarding video



RECRUITMENT TO THE BOARD



- We continue to link in with organisations in the borough and have welcomed the following new members to the Board -
 - Department of Work and Pensions (DWP)
 - Metropolitan Detention Custody Suites
 - St Christopher's Hospice



SARS

- We delivered a presentation on Introduction to Safeguarding Adults Reviews for Frontline Professionals during our Safeguarding Awareness Week.
- Six cases were submitted to the SAR Committee and 2 of which have progressed to a full SAR being commissioned.
- We have reviewed and updated our SAR policy to provide further guidance to frontline professionals.



AUDITS

- The audits completed by the Quality Assurance Team have identified that care management practice is keeping adults safe.
- Team Leaders are utilising audits reports and selected cases in group and individual care manager supervision.
- We are engaging with the people who use our service and we are adopting a strengths based approach, focusing on what is important in the person's life. In safeguarding cases, adults are being asked what they want as an outcome of the safeguarding and staff are working with the adult and relevant others to support the adult to achieve their identified outcomes.



120

cases audited
in the Council



- There is good evidence that the safeguarding process has identified and recorded risk. In most cases decision making is clear and risk management is addressed in care and support planning. Within the process, the adult is kept at the centre of the risk assessment plan and where there are risks identified, the adults' capacity to make decisions in relation to those risks is evidence.
- Mental Capacity Assessments are being completed using the five statutory principles of this Act where appropriate. Our staff are utilising advocacy and support including independent Mental Capacity Advocates.



Bromley
Safeguarding
Children
Partnership

JOINT WORKING WITH THE BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP (BSCP)

- We have worked with the BSCP to co-fund staff training on domestic abuse cases and honour based violence training.
- We provided support and guidance in relation to adult safeguarding with a Learning Review that was undertaken by the BSCP.
- We have used the Modern Day Slavery Sub-Group to address Modern Slavery in partnership to address issues affecting both children and those who transition into adulthood.



LOCAL CONSULTATIONS



- We supported the development of the Suicide Prevention Strategy for the borough's Health and Wellbeing Strategy, focusing on managing and preventing suicide with the borough.
- We were involved with a self-neglect initiative driven by Community Links Bromley and Professor Michael Preston-Shoot who is the Professor Emeritus (Social Work) at University of Bedfordshire.

NATIONAL CONSULTATIONS



- We are a member of the Safeguarding Adults Board Managers Network and we were appointed as the representative of the Professional Steering Group Network.
- We attended a conference by the Local Government Association (LGA) focused on Making Safeguarding Personal and Risk. Contributions to this meeting supported the development of the LGA's policy documents around this topic.
- We are a member of the Modern Day Slavery Leads Group.
- We undertook a temperature check around Making Safeguarding Personal for London Association of Directors of Adult Social Services (ADASS).
- We provided feedback to London ADASS on the Multi-Agency Policy and Procedure document.



POLICIES & PROCEDURES

- We modified and published our Alerters Guide which provides guidance for the public and professionals around the identification and reporting of suspected abuse.
- We produced or updated 20 policies, including the Pressure Ulcer Protocol and the Self-Neglect and Hoarding Protocol.



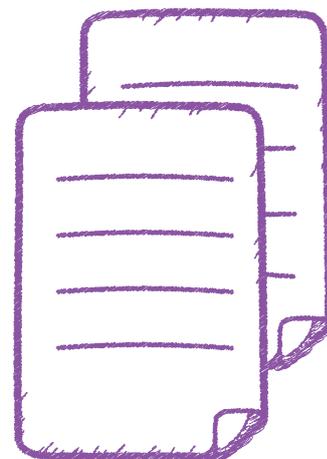
7. THE WORK OF OUR SUB GROUPS

POLICIES & PROCEDURES

CHAIR

Paul Sibun

**Adult Safeguarding Manager,
NHS Bromley Clinical Commissioning Group (CCG)**



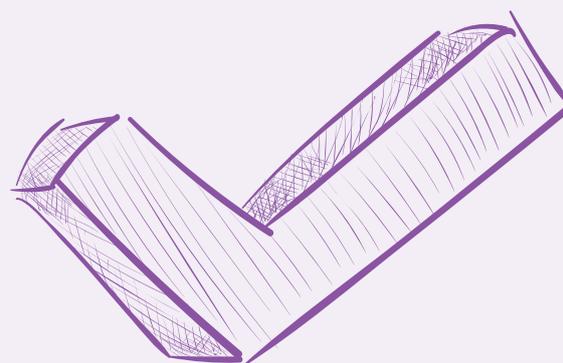
- National policies and changes in legislation are communicated to Board partners to ensure local policies are compliant.
- Develop new Board Policies and Procedures and review those existing Policies as required:
 - New Falls and Safeguarding Policy and Pressure Ulcer Protocol developed
 - Safeguarding Adults Review (SAR) policy is being reviewed to reflect good practice

PERFORMANCE, AUDIT & QUALITY

CHAIR

Heather Payne

**Head of Adult Safeguarding,
King's College Hospital NHS Foundation Trust**



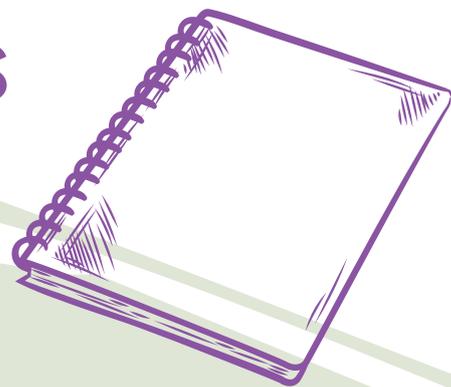
- The sub-group have focused on promoting Making Safeguarding Personal and embedding this into practice.
- One adult learning review was disseminated within this group which identified good practice and areas of service improvement.
- The group re-assessed what data to collect, which includes monitoring the number of high risk cases reviewed at the Self-Neglect and Hoarding Panel, as well as the number of safeguarding referrals made to the Council.
- The Safeguarding Audits are presented to this group.

TRAINING & AWARENESS

CHAIR

Antoinette Thorne

**Head of Workforce Development,
London Borough of Bromley**



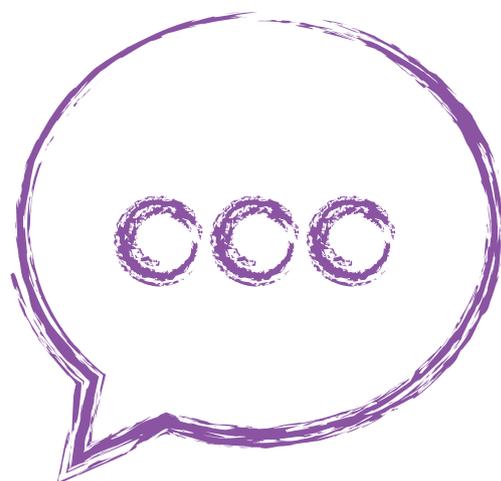
- This group identified better ways of disseminating information, including agreeing proposed work on edits to the Board website.
- The group is looking at how the NHS Intercollegiate document, Adult Safeguarding: Roles and Competencies for Health Care Staff, is embedded into practice.
- The BSAB Multi-Agency Training Programmes delivered a total of 707 training courses across six agencies as well as the private, charity and voluntary sector.
- A total of 1,674 e-learning courses were completed by professionals in the borough who work with adults at risk.

COMMUNICATIONS & SERVICE USER ENGAGEMENT

CHAIR

Mary Mason

**Assistant Chief Executive,
Bromley Mencap**



- The group produced and launched its first newsletter for professionals which outlines both local and national information.
- A proposal for recruiting a Safeguarding Champions network was developed, with the aim of empowering community groups to share key safeguarding messages.
- A branding appraisal exercise was undertaken to review and refresh the Board's marketing material including the re-design of a new Board logo.
- Service user consultation strategies were identified with the aim to engage with those from hard to reach backgrounds.

SELF-NEGLECT & HOARDING PANEL

CHAIR

Sara Bean

**Tenancy Sustainment Team Leader,
Clarion Housing Group**

- The monthly meetings held by the group, which considers high-risk individuals who self-neglect and hoard are well attended by multi-agencies.
- A total of 27 cases were presented during the year of which 11 have already been concluded with a successful outcome.
- A proposal is under consideration for a project that aims to reduce the number of people who self-neglect and hoard by providing support to those in need.

MODERN DAY SLAVERY

CHAIR

Fasil Bhatti

Lay Member

- We have contributed to developing a Modern Day Slavery and Human Trafficking Policy for the borough.
- National data on Modern Day Slavery was collected, which contributed to painting a local picture amongst neighbouring boroughs.
- Raising general awareness of this issue amongst professionals has helped in identifying Modern Day Slavery cases in Bromley.



DOORSTEP CRIME

Mr J was 88, lives alone and has been diagnosed with dementia. He has a sister Sylvia, who lives some distance away but visits as much as she can and they talk regularly on the phone.

Mr J was brought to the attention of Bromley Trading Standards by a member of Age UK Bromley and Greenwich's Care Navigation Team, who recalled the Trading Standards training session on scams and doorstep crime from when she joined Age UK around 2 years ago.

She recognised that Mr J's home showed signs that he could be a victim of scams - his home was bursting with 'stuff' and he was ordering unnecessary medical products. There were boxes and packets of joint capsules, jiffy bags full of supplements and masses of scam mail telling Mr J about new 'cures' for his arthritis and other ailments.

Mr J was being targeted by scammers in the post and on the telephone and persuaded to purchase goods that he was told would benefit his health but were very expensive. Mr J had all the medication he needed from his GP.

Alongside all the help and support that Mr J was receiving from Age UK and the Bromley Dementia Support Hub, action was taken by Trading Standards to minimise the future risks of financial abuse to Mr J:

- the scam letters were taken away
- letters were written informing the scammers to remove Mr J's details from their mailing and telephone lists
- a call blocker was installed to reduce the number of phone calls reaching Mr J
- Mr J and his sister were coached and supported to recognise a scam and what to do
- contact was made with the National Trading Standards Scams Team to provide them with intelligence to assist in their investigations to trace the perpetrators of the scams

As much support as possible was put in place for Mr J and his contact with and payments to the scammers was certainly decreasing, yet soon after he was targeted again, this time by doorstep criminals. They claimed that he had problems with his roof and persuaded him that work needed doing. No quote or paperwork was given and Mr J agreed to the work as he believed them when they said it really needed to be done. He paid £1,300 but it's not at all clear what work has actually been carried out.

Mr J hadn't realised that he had been the victim of a doorstep crime and only mentioned in passing to his sister that he had some roof repairs carried out. Fortunately, she knew who to contact and immediately alerted Trading Standards on the Rapid Response number and officers visited Mr J the next morning. The Police had also been contacted by a neighbour and visited Mr J as well. They made contact with Trading Standards to report on the crime, as they were recently trained about the work that Trading Standards can do in such cases.

Fortunately, when Mr J received a call a few days later from the roofer, he was aware that it was not a genuine call and told them he wouldn't be paying any more money. He alerted his neighbour who contacted Trading Standards again and officers revisited Mr J to reinforce the message about not agreeing to work by traders on the doorstep or over the phone.

8. THE WORK OF OUR BOARD MEMBERS



LONDON BOROUGH OF BROMLEY: ADULT SOCIAL CARE



Dirk Holtzhausen

Development Manager Adult Safeguarding

ACHIEVEMENTS 2018/19:

The 'SLaM' Project

The Bromley Metal Health Safeguarding Project began in November 2017. It aimed to address some of the issues being experienced by the South London and Maudsley (SLaM) NHS Trust at its large hospital site based in Beckenham; the Royal Bethlem Hospital. The site has 24 national and regional inpatient units, and over 300 patients. It includes an 89 bedded forensic medium secure facility, and local psychiatric acute wards for Croydon. Under the Care Act 2014, the Council has responsibility for leading all safeguarding concerns emerging from this hospital.

The Project, consisting of a one Team Leader, one Senior Care Manager and one Administrative Assistant, has gained a thorough working knowledge of the inpatient units at the Bethlem site, developed effective working relationships with the key staff members in each of those units, key managerial staff including the SLaM Head of Safeguarding and service managers.

A number of joint safeguarding awareness training sessions have taken place - these have included helping staff to understand how Safeguarding under the Care Act 2014 works and how the interface with Bromley safeguarding processes work.

The Project has been supported throughout by a series of strategic meetings involving senior staff from both Bromley and SLaM, which have reviewed the activity of the team, and, as learning from operations developed, agreed a set of working principles. Overall the Project, which came to an end in June 2019 was regarded as highly successful by all involved and represents an outstanding example of large organisations working together closely to improve the service delivery of jointly held responsibilities. A routine audit of the team's work was carried out by Bromley Safeguarding Adults Board, and Bromley Audit team, in December 2018. The audit found that the work of the team was highly consistent and completed to a good standard across 10 domains of safeguarding activity it looked at. The plan is now for the function of the team in leading safeguarding at The Bethlem to be mainstreamed into baseline services.

Safeguarding Referrals

It was recognised that there were issues at the entry point for referrals and screening of safeguarding referrals. This meant that some safeguarding concerns were not being processed in a timely fashion. To counter this additional staff were employed to clear the backlog, and to ensure all concerns were looked and screened within timescale. This issue was resolved and now there is constant monitoring of the referral and screening information.

Consultant Lead Practitioners (CLP)

The two Consultant Lead Practitioners have instigated and maintained regular joint supervision sessions with all the Safeguarding Adults Managers. These sessions ensure that new information such as changes in guidance is discussed and give the opportunity for discussion about particular safeguarding issues that have been encountered and managed. These sessions are well attended and give all Safeguarding Adult Managers employed by the Council the opportunity to keep practice up to date, to be aware of how others manage difficult issues, and to have the chance to share practice.

ACHIEVEMENTS 2018/19:

London Borough of Bromley: Oxleas Project

In early 2019 a joint work stream involving Oxleas NHS Foundation Trust, and the Council was established to support Oxleas to demonstrate the safeguarding activities within Oxleas. Oxleas has a number of Council staff, including AMHPs working within their organisation that they manage. The Bromley Mental Health Project Team is offering a support, consultancy and a monitoring service to Oxleas around their safeguarding activity. This began on 1st May 2019.

Review of Adult Social Care front door

To conclude the review of our business processes at the front door where we are considering the efficiency of the referral processes and ensuring the correct implementation of thresholds.

Training

Joint safeguarding training for Children Services and Adult Social Care is planned to take place after April 2020. The training will focus on current matters e.g. the different safeguarding thresholds and processes, transition from 17 to 18 and implications for safeguarding, how to recognise abuse/neglect in adults/children and the Mental Capacity Act 2005.

The Level 4 Safeguarding Adult Managers training will now include a module on performance management.

Classroom Supervision training is planned for Adult Social Care staff. This will directly benefit Safeguarding Adult Managers attending this course.



ACHIEVEMENTS 2018/19:

1. We continue to ensure that all staff and volunteers are trained regularly in safeguarding and that safeguarding forms an integral part of our supervision process. Training days and team meetings have had safeguarding as a theme.
2. Senior staff attended the Board's annual conference in order to cascade information to their teams.
3. Volunteers are supported appropriately in their safeguarding role.

PRIORITIES 2019/20:

1. Our aim is to continue embedding safeguarding in the work undertaken by all staff and volunteers, particularly in our new services.
2. We will work with Bromley Third Sector Enterprise (BTSE) and Bromley Well to ensure safeguarding is promoted through all services.
3. All future services to have safeguarding as an essential element.



Claire Lewin

Head Nurse Safeguarding Adults



ACHIEVEMENTS 2018/19:

1. Strengthened safeguarding practice in primary care by:
 - a. Securing funding to continue to implement the Identification and Referral to Improve Safety (IRIS) project for domestic abuse support across primary care in Bromley.
 - b. The named GP for Safeguarding Adults:
 - i. Led on disseminating information by creating a Vulnerable Adults Register to aid detection on presentation to primary care following the release of the Royal College of GPs safeguarding adult's toolkit; and
 - ii. Delivered GP Training covering a variety of safeguarding topics facilitated by subject matter experts.
2. Contributed to workstreams as a core member of the Care Home Programme Board. The Safeguarding Adults team successfully established and recruited to the post of Care Home Quality Liaison Nurse to support this strategy. This role will support clinical quality assurance of care delivery in care homes through positive interventions, referrals in training and care delivery, and support of adults at risk when quality, safeguarding or provider concerns are identified.
3. Pro-actively contributed to, and supported the work of, the BSAB by:
 - a. Completing a Safeguarding Adults at Risk Audit (SARAT) process and BSAB challenge event to assess, monitor and improve Bromley CCG safeguarding adult's arrangements; and
 - b. Providing oversight, from a health perspective, of all the functions of the BSAB.
4. Reviewed and updated our Safeguarding Adults through Commissioning Policy, Standards and Guidance to ensure that we and the services we commission are compliant with current legislation and statutory guidance, with regards to safeguarding adults at risk.



PRIORITIES 2019/20:

1. To consider the recommendations from a South East (SE) London Safeguarding mapping and gap-analysis exercise, providing the opportunity to shape our future safeguarding strategy and ensure that safeguarding is represented in new and existing collaborations, that we will build upon as we further develop the commissioning structure in SE London, in support of the NHS Long Term Plan:
 - a. From April 2018, the six CCGs in SE London have built on existing collaboration to commission services more efficiently and effectively for local people in each borough and across SE London. As such, NHS Bromley CCG is now part of the 'NHS South East London Commissioning Alliance'; and
 - b. 'One Bromley' brings the CCG together with local health providers, the Council and Bromley Third Sector Enterprise to more formally work together and deliver seamless, personalised and joined up care for individuals, in order to improve outcomes, independence and quality of life for the people of Bromley.
2. To ensure that practice improvements and lessons learnt from safeguarding audits and reviews in SE London are implemented across the health economy in Bromley when appropriate, including but not limited to SARs and Domestic Homicide Reviews.
3. Preparation for the implementation of the new Mental Capacity (Amendment) Act 2019 by developing a Deprivation of Liberty Safeguards (DoLS) delivery plan.
4. Following the publication of the Adult Safeguarding: Roles and Competencies for Health Care Staff intercollegiate document, provide support and oversight to Bromley health providers in their implementation of these guidelines.

Constanze Sen

Chief Executive Officer (CEO)

ACHIEVEMENTS 2018/19:

1. Increased training provision on domestic abuse in partnership with Adult Social Care complemented by free training provided to voluntary sector, community groups and statutory agencies.
2. Invited for a second time to speak at the BSAB's annual conference to raise awareness of domestic abuse in the context of adult safeguarding.
3. Improvement of internal safeguarding processes including the implementation of a Safeguarding Leadership Team including all managers of frontline staff.

PRIORITIES 2019/20:

1. Continue to improve internal processes in relation to monitoring of and learning from safeguarding referrals.
2. Improved communication including communication of case studies in relation to safeguarding cases and successful partnership working with statutory agencies.
3. Widening of training and awareness provision within Bromley including provision of Coercive Control training.



Charlotte Dick

Named Adult Safeguarding Lead

ACHIEVEMENTS 2018/19:

1. There are weekly pressure ulcer meetings to discuss every new pressure ulcer regardless of where acquired that have been reported by Bromley Healthcare staff. Where there are potential lapses in care these patients cases will be brought to the monthly Pressure Ulcer Panel. The monthly panel meeting is chaired by the Head of Safer Care and attended by the CCG, the Council, the Tissue Viability Nurse Specialist, Pressure Ulcer Safer Care Specialist, Adult Safeguarding Lead, service leads and caseload holders. Once cases are reviewed a decision is made as to whether there were lapses in care. If there are no patients to present at the panel in any month the panel members will still meet and review actions agreed from previous panels and look at themes occurring.
2. The Pressure Ulcer protocol was implemented within Bromley Healthcare in March 2019. Even at an early stage the safer care team have assessed that the tool is prompting staff to consider safeguarding when identifying a pressure ulcer. The Named Adult Safeguarding Lead and the Head of Safer Care have carried out sessions to raise awareness with Council staff on the Bromley Healthcare process for when pressure ulcers are reported. The training also provides an insight into how the safer care team works and different roles within the services. We continue to work in partnership with the Council and regular safeguarding meetings continue.
3. The Named Adult Safeguarding Lead continues to work with the Head of Learning and Development to ensure all staff are up to date with safeguarding training. The Adult Safeguarding Lead has continued to be an active member of the NHS England London Safeguarding provider leads group and has participated in the Safeguarding Provider leads Intercollegiate Guidance workshop. Safeguarding training compliance continues to increase within Bromley healthcare.



PRIORITIES 2019/20:

1. We will embed Mental Capacity Act amendment reforms including the new Liberty Protection Safeguards into our Mental Capacity Act policy and provide training and guidance for all relevant staff. The Safeguarding Lead will continue to attend the NHS England Safeguarding provider meetings to ensure that we contribute and provide feedback where appropriate. Mental Capacity Act templates will be updated and integrated into the electronic patient records systems to ensure all our staff are considering capacity when delivering care.
2. Improve the identification and reporting of patients who are identified as self-neglecting or hoarding. Bromley Healthcare will be working on developing a protocol for patients refusing care or treatment to be used by staff. We will continue to work with the Council to ensure that all patients identified are provided with the correct support.
3. We will continue to work towards improving training compliance in all areas of safeguarding and this will continue to be a priority for 2019 to 2020. The Safeguarding Adults lead will continue to work with the Head of Learning and Development to ensure all training is regularly reviewed and ensure all health care staff competencies are in line with the Safeguarding Adult Intercollegiate document. We aim to develop and implement a safeguarding training passport for staff to record all safeguarding education and learning.

Dominic Parkinson

Head of Services

ACHIEVEMENTS 2018/19:

1. Working together with the Council's Policy Review Committee we updated our Safeguarding Policy, which our Board of Trustees agreed will be reviewed annually.
2. An online safeguarding training is now in place to improve the understanding and compliance of new staff. This is in addition to Council training that staff will complete within the first 6 months.
3. Safeguarding now also forms part of the staff's organisational induction for new starters.

PRIORITIES 2019/20:

1. Looking ahead, safeguarding is to be a regular agenda item in the Board of Trustees meetings.
2. The Board of Trustees will seek to appoint a Safeguarding Lead.
3. Safeguarding is a standard item on the Managers Meeting agenda and Senior Management Team meetings.





Sara Bean

Tenancy Sustainment Team Leader

ACHIEVEMENTS 2018/19:

1. Clarion Housing has reviewed its safeguarding procedure following a merger, and has now consolidated both agencies' procedures into one policy. Safeguarding Champions have been appointed within each area of the business, who meet regularly providing support and advice to all.
2. We have now introduced a framework where a detailed report on safeguarding cases raised feeds up to our group executive team and a Board member has a responsibility for safeguarding these.
3. We actively participate in the Self-Neglect and Hoarding Panel (SNaHP) for the Board, and have contributed to new initiatives.

PRIORITIES 2019/20:

1. We would like to continue building our engagement with the SNaHP.
2. We would like to gather statistics on safeguarding alerts in Bromley as part of the development of our key performance indicators.
3. We aim to undertake training on mental health issues and look at the practical role safeguarding plays when working with this client group.



LONDON BOROUGH OF BROMLEY: HOUSING



Tracey Wilson

Head of Compliance and Strategy

ACHIEVEMENTS 2018/19:

1. We commissioned a housing survey for 1,000 residents in Bromley to identify the housing and support needs of older people, to determine and forecast the future need for Extra Care Housing. This also helped to support the Older Peoples' Housing Strategy.
2. We have worked closely with Clarion Housing Group to jointly identify vulnerable clients and work together to prevent eviction.
3. We have carried out a Rough Sleepers headcount and identified every person we found rough sleeping and a plan has been put in place for each person.

PRIORITIES 2019/20:

1. We are expanding our money advice service to promote financial resilience - to ensure people who approach us requiring assistance are provided with money advice to maximise income and sustain tenancies where appropriate.
2. We will be setting up a working group to identify families who are the most intensive users of housing, social and health services and provide support to ensure a joined up approach and achieve the best possible outcome across all areas for the family with the aim of improving resilience and independence.
3. A&E Frequent Attender Multi-Disciplinary meetings – this is a multi-agency panel put in place this financial year to look at our response to frequent visitors to A&E in order to look at our responses and how we can work together to stabilise the client and also prevent further visits to A&E where appropriate.



Janice Pilgrim

Team Leader

ACHIEVEMENTS 2018/19:

1. We have adjusted our referral forms so that we always ask every client we contact following referral whether they have working smoke alarms and whether they would like the Fire Brigade to visit to carry out a free home safety check. If they would like a check, we can refer directly to the Fire Brigade at that point, even if a Rehabilitation Worker will not be visiting for a while due to waiting list constraints. We also ask again during the assessment in case anything has changed.
2. We had a representative from the Trading Standards team come to speak at the quarterly Service User Forum some time ago. This mainly covered doorstep, telephone and online scams. Our Volunteer Coordinator also arranged for the team to speak at a local social group for visually impaired service users.
3. At our most recent Service User Forum we had a representative from NatWest Bank to speak on aspects of financial safeguarding including issues around online shopping, online banking and recognising scam emails, letters through the post, romance scams etc.

PRIORITIES 2019/20:

1. We plan to ensure that all members of the Bromley Kent Association for the Blind (KAB) team have up-to-date training in Adult Safeguarding.
2. As a team we will continue to remain alert to potential signs of safeguarding issues.
3. We will arrange additional talks on safeguarding issues to raise awareness among our service users and our volunteers on how to spot safeguarding issues and how to get support in dealing with them.

KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Heather Payne

Head of Adult Safeguarding

ACHIEVEMENTS 2018/19:

1. Safeguarding adults remains a key priority for Kings College Hospital NHS Foundation Trust (KCH). In 2018/2019 the Trust has worked proactively to develop our safeguarding service including a more joined up approach with the Child and Midwifery Safeguarding services as part of the 'Think Family' ethos. Work includes the integration of the adult and child safeguarding committees to a joint quarterly meeting which has been well received by internal and external colleagues.
2. Mental Capacity has been a focus for 2018 to 2019. The Safeguarding Adults service has worked alongside our Legal Services to host MCA 'big talks'. These sessions are held over the lunch period and attendees hear from guest speakers from 39 Essex Street on new judgements on Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). These are popular sessions that are well attended by clinical staff. KCH hosted the Lambeth Together Mental Capacity Act awareness day which focussed on Best Interests and Advanced decisions. This day was open to professionals and service users and received positive feedback.
3. KCH is committed to ensuring its workforce is sufficiently skilled in safeguarding training. Over the last year training compliance figures have seen a quarter on quarter improvement for adult safeguarding training. It has been acknowledged by the Prevent Regional Lead that the Trust has made one of the best improvements nationally for its Prevent training compliance.



PRIORITIES 2019/20:

1. The KCH SGA service will focus on working with the Council and other external colleagues to improve the conclusion and timeliness of Section 42 enquiries. The Trust is also seeking the support of the BSAB to see an improvement in this area of work.
2. There will be a focus on service user feedback and involvement to influence safeguarding practice and policies.
3. The KCH Safeguarding Service supports frontline staff meet their mandatory training requirements. While significant progress has been made over the past year in terms of achieving training compliance figures, the service recognises there is a considerable amount of work to do to align the current programme with the Intercollegiate Document (August 2018) guidelines by March 2021. During 2019 to 2020 the service will work alongside internal and external colleagues to develop this programme.

Simon Brownings

Station Commander

ACHIEVEMENTS 2018/19:

1. We now have a SAR Champion - an experienced member of the central safeguarding team has undertaken SAR Champion training. We intend to use this individual's enhanced understanding of the SAR system to develop a more coordinated and consistent approach internally to learning from SARs.
2. We now have an online safeguarding training package - an online training package for all staff went live in 2018 and this is the first time a universal safeguarding training provision has been introduced internally.
3. We have updated our Hoarding Policy - following the update to our Safeguarding Adults Policy, our corresponding Hoarding Policy was also updated in 2018. The main change to this policy was the categorisation of higher-level hoarding as a safeguarding issue under the 'self-neglect' umbrella.

PRIORITIES 2019/20:

1. Better SAR coordination - we will be using the knowledge of our newly trained SAR Champion to introduce a more coordinated approach to how we contribute to, and learn from, SARs resulting from fatal fires. For example we will use a new, dedicated safeguarding area on our intranet to help disseminate the learning from SARs and highlight best practice.
2. Enhancing training programme - we will review the completion rates of our online training programme to ensure all members of staff have received this input. We are also scoping options to build upon our basic training provision, with a view to providing additional input for those staff members with greater responsibility for adult safeguarding.
3. Target 'self-neglect' further through engagement with Care Industry - we are aiming to tackle 'self-neglect' fire risk issues (such as hoarding, bed-bound smoking and unsafe use of flammable health products) through targeted engagement with the care providers. We will also be raising the issue of self-neglect fire risks directly with some of the people most affected by these, through engagement at our Older People's Forum.



LONDON SOUTH EAST COLLEGES

Dith Banbury

Group Head of Safeguarding

ACHIEVEMENTS 2018/19:

1. We have created dedicated full-time specialist safeguarding team that works across all campuses to safeguard and promote the wellbeing of adults as well as young people – 43% of this year's casework has involved students aged 18+.
2. We have delivered safeguarding training for staff across the College which includes and highlights specific safeguarding concerns relevant to adults e.g. homelessness, domestic abuse, mental ill-health.
3. We have started to deliver workshops to adult students on how to safeguard themselves and, where relevant, their children.

PRIORITIES 2019/20:

1. We plan to extend our work to support students who are in the process of transitioning from children's to adult services including Young Care Leavers and those who have previously received support from Child and Adolescent Mental Health Services (CAMHS).
2. We will work with staff to increase awareness of the vulnerabilities of young adults aged 18+ to exploitation, such as County Lines, gang association and sexual exploitation.
3. We intend to strengthen staff knowledge and capacity to support adult students with mental ill-health, particularly those who are self-harming and with suicidal ideation.

ACHIEVEMENTS 2018/19:

1. Included a workshop within our away day to explore how our teams feel we should be communicating about safeguarding to our service users, carers and families. An assortment of literature was discussed and reviewed from other safeguarding boards and services and we summarised how we might like to promote safeguarding via leaflets and information about each type of abuse.
2. Continued to promote and pay attention to safeguarding within our courses and user groups and training sessions with our service users by discussion and empowering the service users to identify and report abuse.
3. Focussed on social media and the impact of this on safeguarding for our service users. This was incorporated into the health awareness and education sessions within some of our day opportunity services.



PRIORITIES 2019/20:

1. Pilot any new leaflets/information planned and prepared by the BSAB Communications and Service User sub-group within our forums and feed back to the BSAB.
2. Work with the Council to ensure timely feedback on any referrals made to them for clients we are continuing to work with going forward.
3. Safeguarding will be a standing item on all regular team meeting agendas as an opportunity and a forum for discussion.

David Williams

Detective Chief Inspector

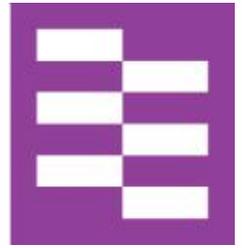


ACHIEVEMENTS 2018/19:

1. A dedicated Safeguarding Senior Leadership team was implemented so there are clear and dedicated points of contact within the Police.
2. Creation of the South Basic Command Unit (BCU) which has merged the policing response across Bromley, Croydon and Sutton to allow greater efficiencies and more dedicated safeguarding staff.
3. Completed the Self-Assessment process (SARAT) which identified that relationships between police and partner agencies are working well.

PRIORITIES 2019/20:

1. Embed multi-agency Safeguarding Adults training for officers working within Bromley, with the aim of having a higher proportion attending.
2. Dissemination of learning across all portfolios from local and national Safeguarding Adult Reviews.
3. Refine and develop referral pathways to partners and Council Co-ordinators so there is earlier notification of risk, or serious incidents, coming to notice of the police in relation to vulnerable adults.



Katie Nash

Interim Head of Service

ACHIEVEMENTS 2018/19:

1. Through the Board we ensured that there is appropriate representation at Level 2 Multi Agency Public Protection.
2. "Risk is everyone's business" training has been rolled out to all staff in Bromley – this included Safeguarding as a key priority.
3. Presentation was provided to the Bromley Safeguarding Adults Board on the management of sex offenders in the community by Probation and the Police.

PRIORITIES 2019/20:

1. The National Probation Service will create a data set to monitor Safeguarding checks and Safeguarding referrals for cases managed in Bromley. This will enable Senior Probation Officers, in supervision with Probation staff, to track performance to ensure appropriate Safeguarding measures are in place.
2. Bromley staff are to complete safeguarding adults training on areas such as Modern Day Slavery and Female Genital Mutilation.
3. To continue to disseminate Bromley Safeguarding Adult information to staff for information and continued professional development.



Stacy Washington

Head of Safeguarding Adults and Prevent

ACHIEVEMENTS 2018/19:

1. We have continued to achieve above the 85 % target set by NHS England for training staff in WRAP (workshop raising awareness of prevent) our most recent Quarter 4 2018/19 training data shows that 98% of our staff are trained in Prevent Awareness and 95% in WRAP.
2. We have made improvements to our electronic patient record (RIO) safeguarding adult forms to make them more user friendly for staff and have worked with the Trust's Business Informatics Team to produce a new improved reporting function for safeguarding adults utilising the trusts iFox system.
3. We have commenced a roll out of face-to-face level 3 safeguarding adult training including domestic abuse and modern day slavery awareness across the trust for staff in all our mental health, community health services and with a version specifically for our managers. This will ensure we are compliant with the new levels of training and competency included in the intercollegiate guidance for Safeguarding adults published in 2018.

PRIORITIES 2019/20:

1. To improve the data quality in our reporting function utilising the trusts informatics system iFox to provide the Council with safeguarding adult concern data for their annual safeguarding adults collection (SAC) and CCGs with data for the trust performance monitoring. To use the data for analysis so that data extrapolated from iFox can be further analysed and used to improve service responses to safeguarding.
2. To provide specialised domestic abuse training for staff in the trusts adult services and improve the information provided on the Trust intranet for domestic abuse support and services locally for staff to utilise. The SGA team are also working with the Trust task force looking at improving sexual safety in our inpatient areas.
3. With the increased number of SARs being commissioned across the borough to develop a flow chart for allocating work for SARs within the organisation and disseminating and embedding the learning from SARs in the organisation.

Ana Goncalves

Director of Clinical Services

ACHIEVEMENTS 2018/19:

1. A group-wide safeguarding and protection hub was created for all staff to access.
2. The face-to-face safeguarding training pack was re-designed in response to comments fed through the divisional safeguarding structures.
3. Built in group supervision as a standing agenda item in regional safeguarding meetings to encourage learning across sites and sharing best practice.

PRIORITIES 2019/20:

1. To implement a new 3 year safeguarding strategy.
2. To introduce a safeguarding sub-group network to allow information to be communicated through from the subgroup to the group committee and vice versa.
3. To build safeguarding into existing structures, for example the Reducing Restrictive Practice Forum.



Vincent Docherty

Head of Patient and Family Support



ACHIEVEMENTS 2018/19:

1. We significantly increased the uptake of Level 1 and Level 2 of both the Children's and Adults Safeguarding training within the organisation.
2. We successfully captured the views of patients' wishes and concerns regarding safeguarding actions via the "How are you?" proformas.
3. We completed our first Safeguarding Adults at Risk Audit Tool (SARAT) audit.

PRIORITIES 2019/20:

1. Ensure safeguarding training is achieved across the organisation in line with the intercollegiate guidelines.
2. The organisation is cognisant and comfortable with the liberty protection standards.
3. We participate fully in any SARS and disseminate learning from completed SARs.

MODERN DAY SLAVERY: DOMESTIC SERVITUDE



Miss C was born in the UK and sent to live with her grandparents in Nigeria at the age of one. Miss C was referred to the Learning Disability team from her GP in April 2017, stating she had returned to the UK from Nigeria following the death of her grandparents who were her main carers.

Miss C was assessed by the Learning Disability Clinical Psychologist whose report stated that language and cultural bias will put her at a disadvantage of undertaking the cognitive test but concluded that Miss C had a significant learning disability. She was then assessed by the Learning Disability team to identify her care and support needs.

In May 2018, three days per week day centre service was agreed and her mother was notified but declined to take this up as she stated Miss C was out of the borough for 2 months.

Miss C was allocated to worker SW in September 2018 to identify services and to review the services in place. SW revisits taking up daycentre provision already in place with Miss C's mother, but she declines on the basis that the weather is too cold and due to Miss C's medical condition and a previous collapsed lung she explained that Miss C will be unable to attend until the warmer months in the New Year.

In December 2018 Miss C's mother contacted 'Duty' requesting urgent visit by SW stating that her daughter is at risk from her brother. In January 2019 a joint visit and review was carried out with two social workers.

Miss C's mother requested respite to travel to Nigeria for 4 weeks.

Miss C went into respite in March 2019; she was taken to the respite centre with no funds despite SW informing her mother that this will be required. Her mother stated that she did not want her out in the community. Miss C was dressed with gloves and a hat to cover her head on her arrival at the respite centre. This hat was later discovered to be concealing a gash to her forehead that required stitching at the hospital.

During the planned stay in respite, Miss C made disclosures to staff. It quickly became apparent that the adult was in fact a victim of modern day slavery. The clothing she brought was torn and soiled. Respite staff alerted care management to their concerns who in turn immediately informed the police. Respite staff out made provision for her immediate needs of clothing, shoes and personal hygiene items.

The police commenced an investigation which is still ongoing, they gained access into Miss C's family home and went into her bedroom to confirm her disclosures.

The adult is being supported in accordance with her wishes not to return to her former London 'home' and to remain safe.

As Miss C's mother informed professionals Miss C could not speak English, professionals relied on Miss C's mother's account to understand Miss C's needs. The respite staff have since reported that the needs described in her assessment are not congruent with Miss C's needs and abilities.

Miss C remains in respite; funds have been obtained from the NRPF so she is not destitute. An NRM form has been completed and sent for national monitoring. A solicitor has been contacted to support with regularising her status with Legal Aid. She now has relatives calling, claiming to be looking for her and missing her. On the advice of police we their access to her have been declined until the completion of the investigation.

9. KEY PRIORITIES FOR 2019 TO 2020

Our key strategic priorities for 2019/20 will continue to drive forward work around **Self-Neglect & Hoarding, Domestic Abuse, Fire Safety in Homes**. We will also continue addressing issues faced with **Modern Day Slavery** at a local and national level.

We are committed to achieving the following in the forthcoming year:



Write our strategy for 2020 to 2023, which will incorporate our findings from our public engagement consultations and tie in with existing partner strategies.



Deliver presentations to the public and professionals across the borough around Adult Safeguarding.



Identify communication and awareness needs for the Board, which will include -

- the commissioning of a new website
- the development of a package of poster campaigns
- expanding the Board's Newsletter content and distribution



Audit agencies across the private, voluntary and independent sectors, encouraging that they include appropriate reference to adult safeguarding in their policies and procedures.



Explore joint working opportunities with the Bromley Safeguarding Children's Partnership.



Deliver the BSAB Annual Conference.



Consult partners to identify any training and awareness requirements in relation to adult safeguarding.



Review all referrals made to the Safeguarding Adults Review committee and disseminate any learning across the borough. When required, we will commission Safeguarding Adult Reviews in-line with the statutory requirements.

APPENDICES

I – INCOME AND EXPENDITURE

SPEND	INCOME
Temporary/Agency Staff - £33,006	<i>Balance brought forward from 2017/18 - £39,153</i>
Training Expenses - £18,854	Contributions from Bromley CCG - £15,000
Printing & Stationery - £59	Contributions from Health Partners - £22,500
Conference Expenses - £6,213	Contributions from Metropolitan Police - £5,000
Publicity - £260	Contribution from Other Departments - £15,000
Miscellaneous - £1,117	Fees/Charges for Conference - £2,700
TOTAL SPEND – £59,509	TOTAL INCOME – £99,353
CARRY FORWARD TO 2019/20 – £39,844	

2 – TRAINING FIGURES

COURSE TITLE	NUMBER DELIVERED	ATTENDANCE
Safeguarding Adults: Raising Awareness	6	81
Management Responsibilities for Safeguarding Adults (for service provider managers)	2	20
Deprivation of Liberty in the Community	2	28
DOLS Application to Practice	3	42
DOLS Core Awareness	3	54
Domestic Abuse Foundation	6	49
Domestic Abuse Intermediate	3	21
Domestic Abuse Advanced	1	9
Enquiry Skills	3	38
Financial Abuse	2	30
Fire Risk & Safety	2	41
Friend Against Scams	5	82
Managing the Adults at Risk Process	2	16
Mental Capacity Act (MCA) Application to Practice	3	47
MCA Core Awareness	3	51
MCA for Team Managers	1	15
Safeguarding and the Care Act	1	15
Self Neglect & Hoarding	3	49
What is Sexual Violence?	2	19
TOTALS	53	707

Me Learning April 2018- March 2019

Breakdown of number of courses completed on the Me Learning site

COURSE TITLE	NO. COMPLETED
Autism Awareness	131
Care Act*	4
Data Protection Law, Definitions and Principles	174
Deprivation of Liberty Safeguards	50
Domestic Abuse	82
Female Genital Mutilation	109
Gangs & Youth Violence	57
Handling Violence and Aggression at Work	52
Hate Crime	34
Human Trafficking and Modern Day Slavery	44
Information Sharing and Consent for people working with Children	66
Mental Capacity Act	60
Mental Health, Dementia and Learning Disability (Awareness) - for Health & Social Care	40
Online Safety - Risks to Children	138
Online Safety for Parents and Carers	31
Safeguarding Awareness	73
Safeguarding Adults - Level 1	464
Safeguarding Adults - Level 2	102
Safeguarding Against Radicalisation - The Prevent Duty	224
Safeguarding Children - Level 1	748
Safeguarding Children - Level 2	292
Safeguarding Children with Disabilities	115
TOTALS	3,090

3 – MEMBERSHIP

INDEPENDENT CHAIR

Lynn Sellwood

CORE PARTNERS

LONDON BOROUGH BROMLEY

- **Adult Social Care** - Interim Director Adult Social Care *Kim Carey*
- **Housing Services** - Director: Housing, Regeneration and Planning *Sara Bowrey*
- **Public Health** - Director: Public Health *Dr Nada Lemic*
- **Public Protection** - Head of Trading Standards and Community Safety *Rob Vale*

NHS BROMLEY CLINICAL COMMISSIONING GROUP

- Director of Quality, Governance & Patient Safety *Sonia Colwill*

METROPOLITAN POLICE SERVICE

- Detective Chief Inspector *David Williams*

OTHER PARTNERS

HEALTH SERVICES

- **Bromley Healthcare** - Director of Nursing *Fiona Christie*
- **GP/Primary Care** - Named GP for Adult Safeguarding *Dr Tessa Leake*
- **Kings College Hospital NHS Foundation Trust** -
 - Deputy Chief Nurse *Jo Haworth*
 - Head of Adult Safeguarding *Heather Payne*
- **Oxleas NHS Foundation Trust** - Head of Safeguarding Adults and Prevent *Stacy Washington*
- **South London and Maudsley NHS Foundation Trust** - Deputy Director Forensic Offender Health *Emma Porter*

EMERGENCY SERVICES

- **London Ambulance Services** - Head of Safeguarding *Alan Taylor*
- **London Fire Brigade** - Borough Commander *Terry Gooding*

PROBATION SERVICES

- **CRC Probation** - C&P Manager *AJ Brooks*
- **National Probation Service** - Interim Head of Service *Katie Nash*

VOLUNTARY SECTOR

- **Advocacy for All** - Chief Executive *Jon Wheeler*
- **Age UK Bromley and Greenwich** - Chief Executive *Mark Ellison*
- **Bromley and Croydon Women's Aid** - Chief Executive *Constanze Sen*
- **Bromley, Lewisham & Greenwich Mind** - Chief Executive *Dominic Parkinson*
- **Bromley Mencap** - Chief Executive *Eddie Lynch*
- **Bromley Third Sector Enterprise** - Partnership Manager *Toni Walsh*
- **CGL Bromley Drug and Alcohol Service** - Service Manager *Jonathan Williams*
- **Community Links Bromley** - Chief Executive *Christopher Evans*
- **Kent Association for the Blind** - Chief Executive *Eithne Rhyne*

PRIVATE HEALTH, CARE AND HOUSING SECTOR

- **BMI Healthcare** - Director of Clinical Services *Lucy Jefcoate*
- **Priory Group Hospital** - Director *Denise Telford*
- **Registered Social Landlords** - *Sara Bean* (Clarion Housing)
- **St Christopher's Hospice** - Head of Patient and Family Support *Vincent Docherty*

EDUCATION

- **Bromley Adult Education College** - Head of Centre *Elena Diaconescu*
- **London South East Colleges** - Head of Safeguarding and Designated Lead Officer *Clive Ansell*

INDEPENDENT ORGANISATIONS

- **Department for Work and Pensions** - Borough PA Manager *Liz Waghorn*
- **Lay Members** - *Fasil Bhatti and Harvey Guntrip*

ELECTED MEMBERS

London Borough of Bromley

- Portfolio Holder Adult Care and Health *Cllr Diane Smith*
- Portfolio Holder Public Protection and Enforcement *Cllr Kate Lymer*

REPRESENTATIVES FROM OTHER PARTNERSHIPS

- **Bromley Safeguarding Children Board** - Independent Chair *Jim Gamble*
- **Community Safety Partnership** - Chair *Cllr Kate Lymer*
- **Health and Wellbeing Board** - Chair *Cllr David Jefferys*

4 – DATA COLLECTION

The data in this section was collected by the London Borough of Bromley's Performance and Information Team, as all councils in England are required to submit their safeguarding data to NHS Digital – the national provider of information for commissioners, analysts and clinicians in health and social care.

NHS Digital is responsible for compiling the Safeguarding Adults Collection (SAC), which provides an overview of safeguarding trends across the country.

What are safeguarding concerns and enquiries?

A concern occurs where a safeguarding matter is first raised with Adult Care Services through our Adult Early Intervention Service, where it will be reviewed and risk assessed. If the concern is deemed to be sufficiently serious then it will be escalated as a section 42 enquiry under the Care Act. This will allow safeguarding staff to undertake a full review and take formal action to safeguard an adult at risk.

Where a concern does not meet the threshold for enquiry this will usually be managed using a different mechanism, such as via our care management teams, health teams and local support services.

Safeguarding referrals into the London Borough of Bromley

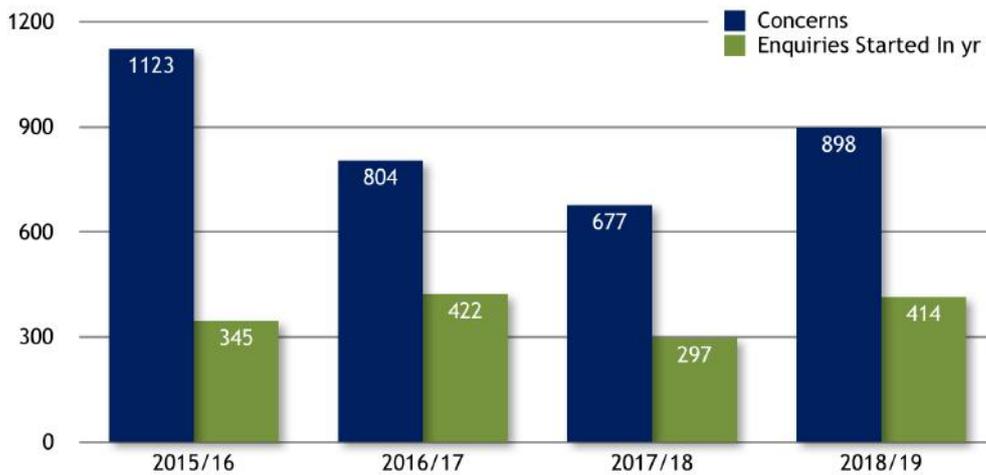
Bromley received 898 concerns which led to a total of 414 enquiries, a conversion rate of 46%. This represents a 33% increase in concerns from the previous year, which has resulted in a 39% increase in the number of enquiries from the previous year.

There has been a decrease in the number of enquiries concluding with a finding that was partially substantiated, which fell by 24%. However, the number of cases that concluded with a finding that was wholly substantiated increased by 10% from the previous year.

What is the picture for Bromley?

The safeguarding picture for Bromley has remained consistent, with those most at risk of neglect or acts of omission. The majority of these victims are likely to suffer abuse in their own home or by someone known to them.

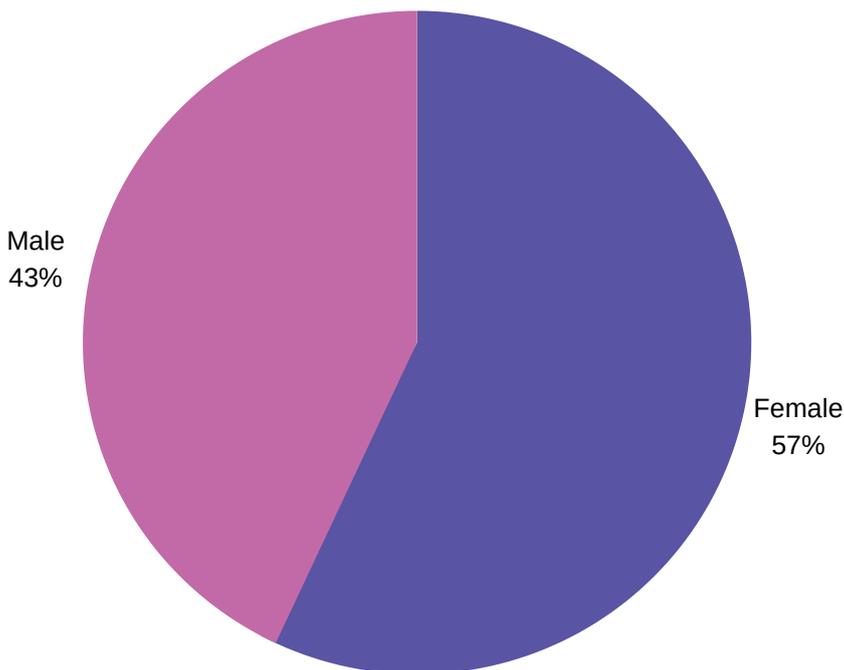
I. CONCERNS AND ENQUIRIES



The graph compares the number of concerns and enquiries over the last 4 years. Although this year saw a 39% increase of enquiries compared with last year, this number was less than the peak seen so far in 2016/17.

	2015/16	2016/17	2017/18	2018/19
Percentage of concerns progressing to enquiries	31%	52.5%	43.9%	46.1%

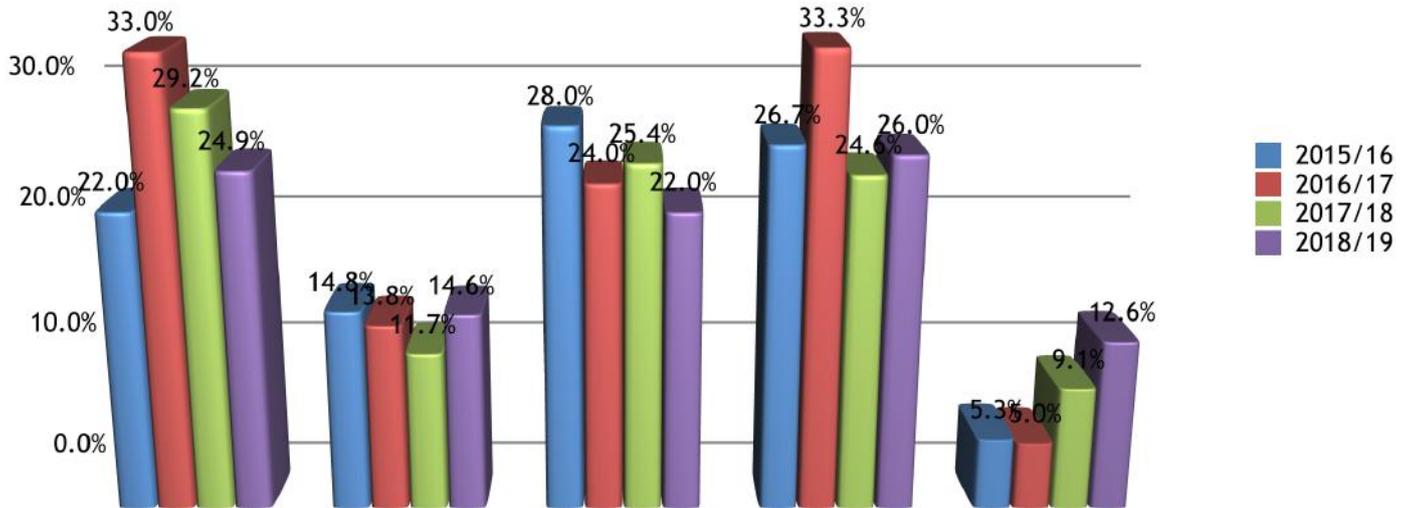
2. GENDER OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES



There has been an increase in the number of male safeguarding enquiries raised compared with last year, leading to an increase from 40% to 43%. However, the overall pattern is in-line with national statistics with the majority of cases being female.

- Female - 254
- Male - 192

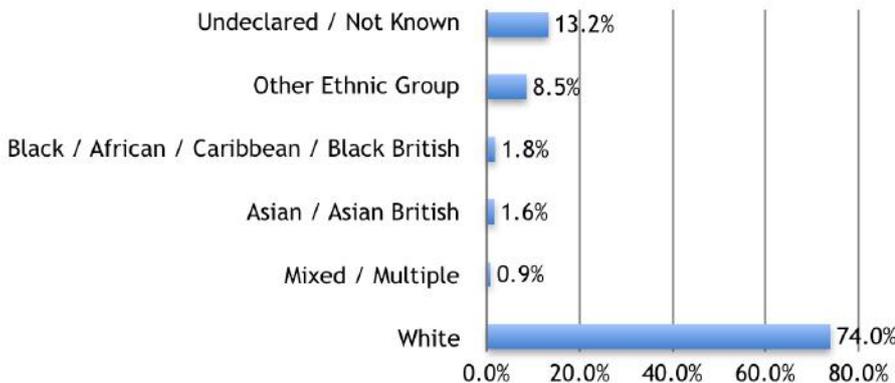
3. AGE OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES (%)



The age of individuals involved in safeguarding enquiries remains variable. Over the last 3 years, there is a decline in the number of safeguarding enquiries in those aged 18-64; the majority of the adult population. However, there continues to be a sharp increase in those aged 95+. A contributing factor is the increase of the ageing population here in Bromley.

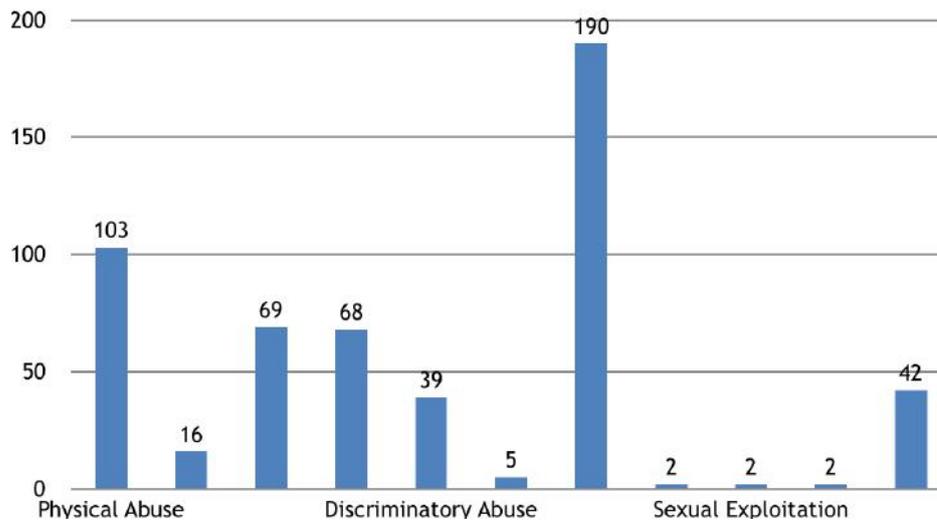
4. ETHNICITY OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES (%)

2018/19



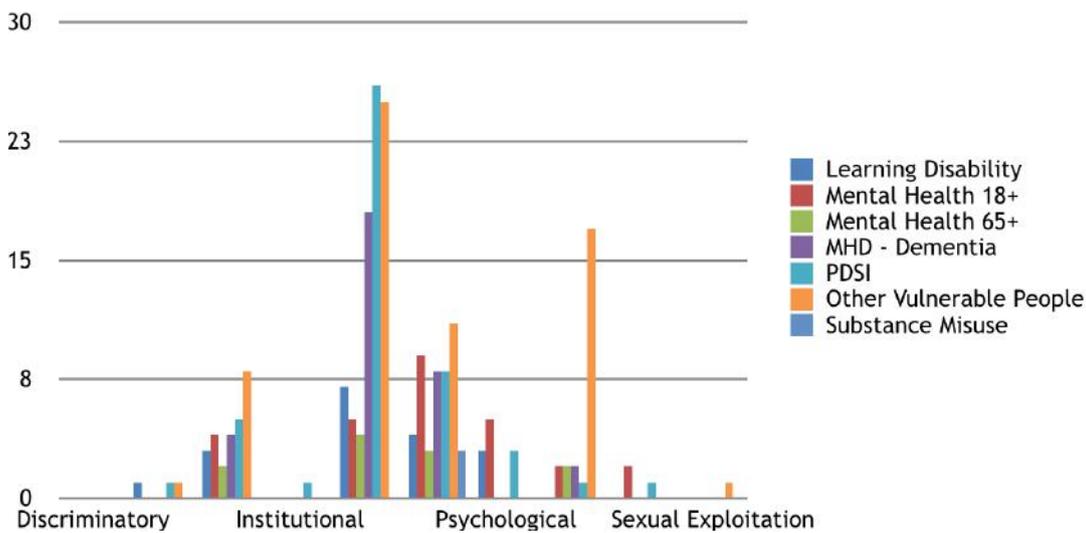
Currently ethnic minorities make up 20% of Bromley's demographic, of those 14% have been involved in safeguarding enquiries raised in 2018/19. The majority (74%) of enquiries involved those of white ethnic origin.

5. TYPES OF ABUSE

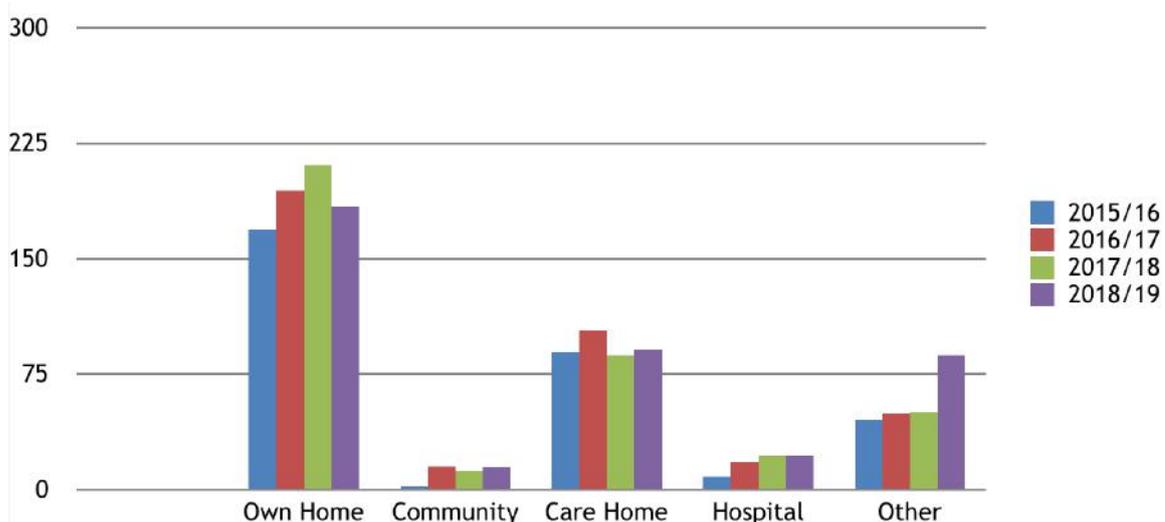


6. PRIMARY SUPPORT REASON AND PRIMARY ABUSE

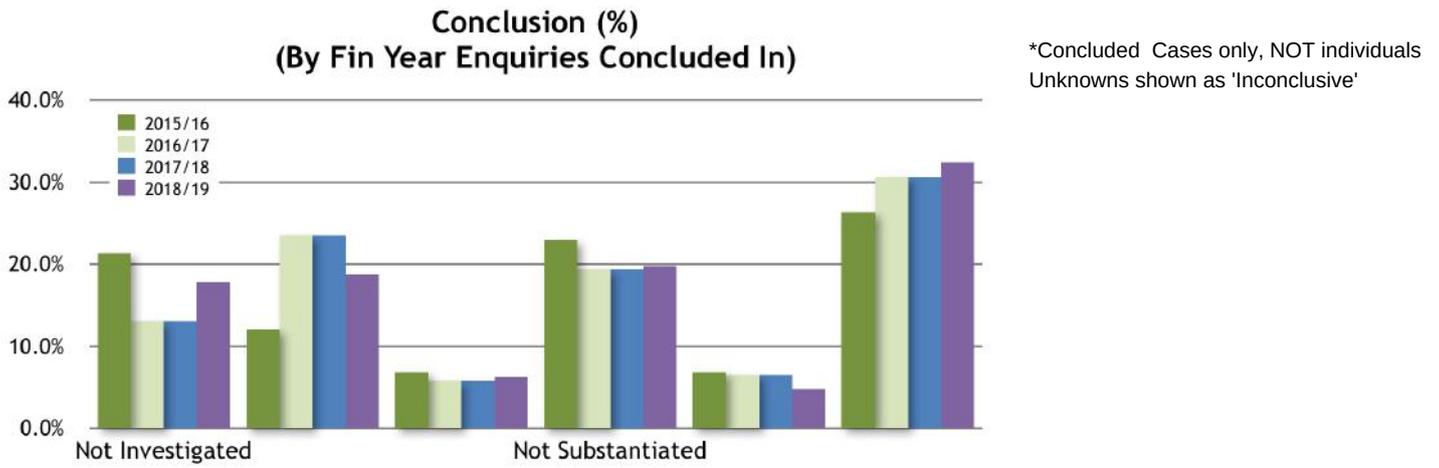
Nature of Primary Abuse (Enquiries Concluded During 18/19)



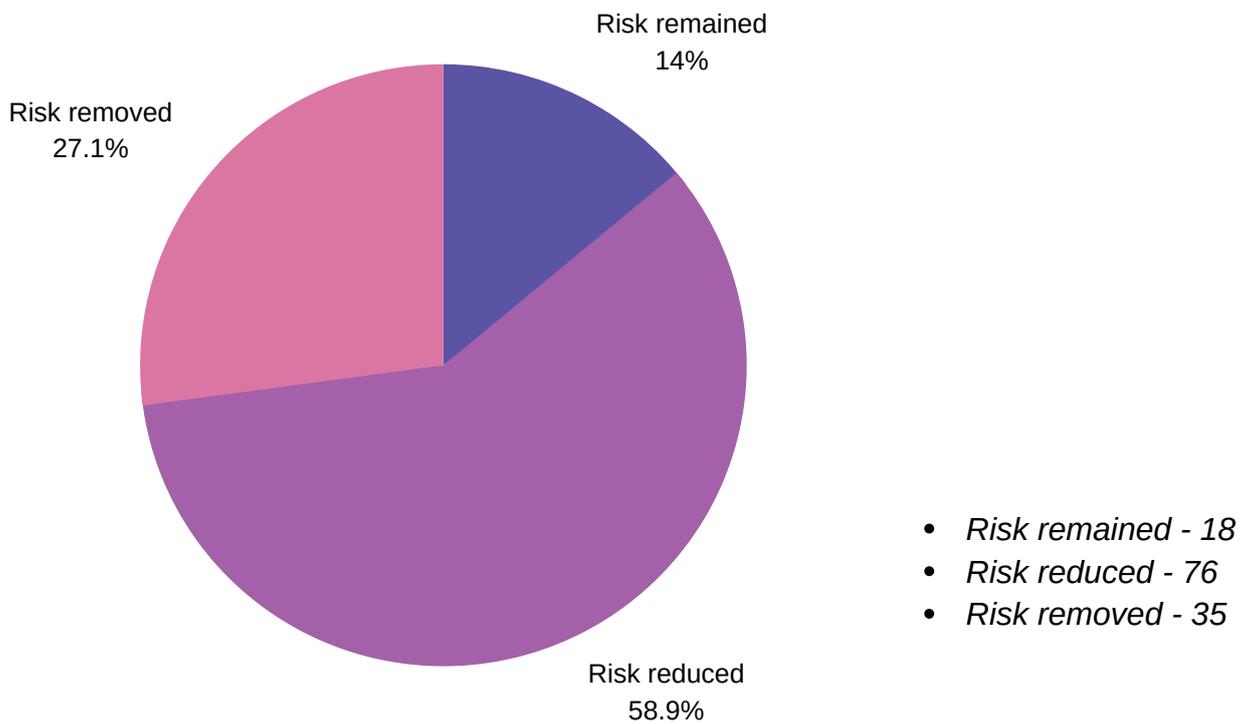
7. LOCATION OF ABUSE FOR CONCLUDED ENQUIRIES



8. OUTCOME FOR CASES CONCLUDED FROM 2018/19 (%)



9. RISK OUTCOMES, WHERE RISK WAS IDENTIFIED (%)



IO. OUTCOMES FOR INDIVIDUALS INVOLVED IN THE SAFEGUARDING ENQUIRY AND THE PERPETRATOR

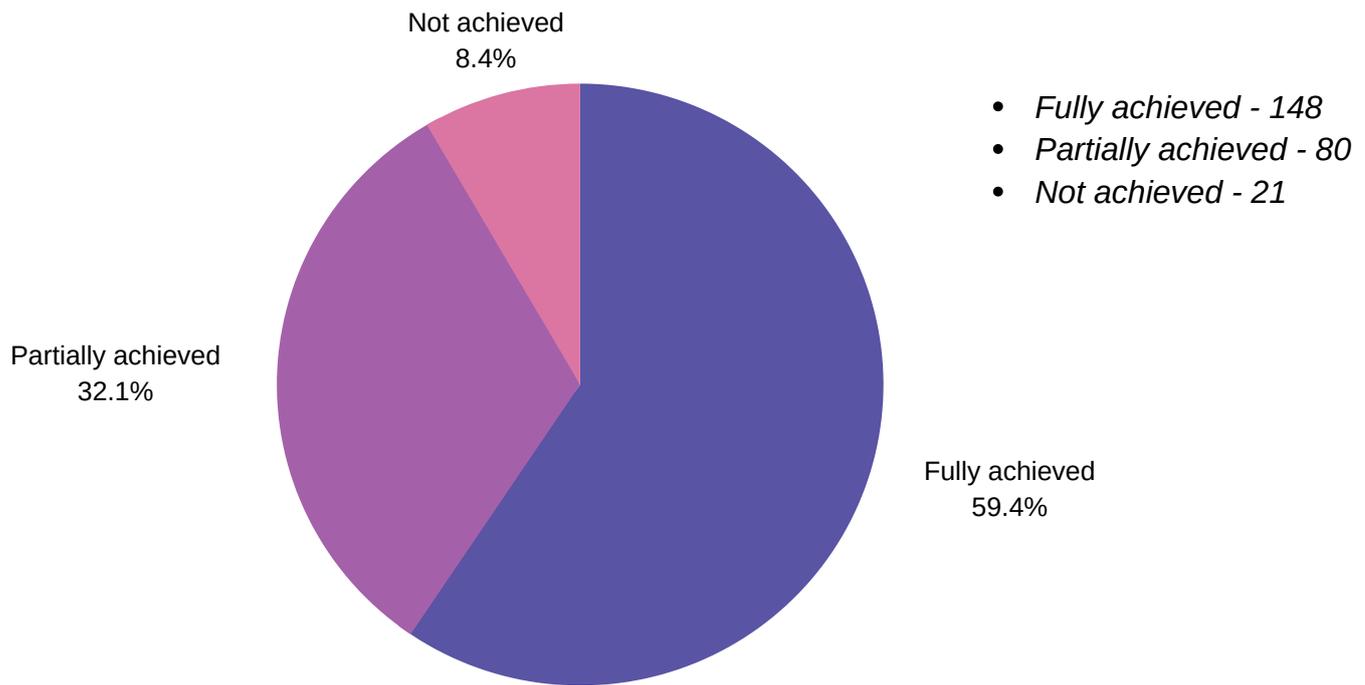
Victim Outcomes For All Concluded Enquiries During - 2018/19 (By Primary Type Of Abuse)

	Discriminatory	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omission	Physical	Psychological	Self Neglect	Sexual	Sexual Exploitation
Application to Court of Protection	0	0	1	0	1	0	0	0	0	0
Community Care Assessment and Services	0	0	0	0	3	2	0	5	2	0
Guardianship/Use of Mental Health act	0	0	2	0	0	1	1	1	0	0
Increased Monitoring	0	4	13	2	33	19	5	6	4	1
Management of access to finances	0	0	4	0	0	0	0	0	0	0
Moved to increase / Different Care	0	0	2	0	16	7	3	4	0	1
No Further Action	0	0	30	3	93	35	11	22	5	0
Other	0	0	6	1	10	11	1	8	1	0
Referral to advocacy scheme	0	0	0	0	0	0	1	0	0	0
Referral to Counselling / Training	0	1	1	0	0	0	0	0	0	0
Restriction/management of access to alleged perpetrator	0	0	2	0	1	3	5	0	0	0
Total	0	5	61	6	157	78	27	46	12	2

Perp Outcomes For All Concluded Enquiries During - 2018/19 (By Primary Type Of Abuse)

	Discriminatory	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omission	Physical	Psychological	Self Neglect	Sexual	Sexual Exploitation
Action by Care Quality Commission	0	0	0	1	3	2	0	0	0	0
Action by Commissioning/ Placing authority	0	0	1	0	1	2	0	0	0	0
Action by Contract Compliance	0	0	0	0	2	0	0	0	0	0
Action under Mental Health Act	0	0	0	0	0	1	0	1	0	0
Carer's Assessment Offered	0	3	0	0	3	2	1	0	1	0
Community Care Assessment and Service	0	0	0	0	1	1	1	1	0	0
Continued monitoring	0	1	5	1	26	12	4	6	0	0
Counselling/Support/training/treatment	0	1	0	1	7	3	0	0	0	0
Criminal Prosecution	0	0	1	0	1	0	0	0	0	0
Exoneration	0	0	0	0	3	0	1	0	0	0
Management Action - Disciplinary, Supervision etc	0	0	3	0	14	3	0	0	0	0
Management of access to Vulnerable Adult	0	0	2	0	1	5	1	0	1	0
No Further Action	0	0	30	3	87	37	6	29	4	1
Police Action	0	0	9	0	1	2	3	0	1	0
Referral to POVA/ISA List	0	0	0	0	0	1	0	0	0	0
Referral to registration body	0	0	1	0	0	0	0	0	1	0
Removal from Property/ Service	0	0	1	0	0	3	3	0	0	0
Total	0	5	53	6	150	74	20	37	8	1

II. MAKING SAFEGUARDING PERSONAL (MSP)



In 80% of enquiries concluded from 2018/19 the individual or their representative was asked whether they had any desired outcomes. Where a desired outcome was expressed, this was fully or partially met in 92% of enquiries.



Produced by:

Adult Services
London Borough of Bromley
Civic Centre
Stockwell Close
Bromley BR1 3UH



**BROMLEY
SAFEGUARDING
ADULTS
BOARD**

Report No.
CSD19179

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 21st November 2019

Title: DELAYED TRANSFER OF CARE (DToC) PERFORMANCE UPDATE

Contact Officer: Danielle Burnage (Author)
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Ward: Borough Wide

1. Summary

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

1.2 This paper provides:

- * Local Performance Update
- *Update on out of borough hospital activity
- *Mental Health DToC update

2. Reason for Report going to Health and Wellbeing Board

This paper provides an information update to the Health and Wellbeing Board

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

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

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

4. COMMENTARY

April 2019 – August 2019 the number of delays attributable to Social care stands at 571 days this is compared with 667 days for 18/19 over the same period, a decrease of 96 days or 14%.

The two main contributors for delays are ‘time taken to find a residential bed’ at 32.3% and ‘Completion of assessments’ at 29.2% both accounting for 61.5% of the overall delays.

5. LOCAL PERFORMANCE UPDATE

The below chart identifies all DToC’s attributable to Health, Social or both for Bromley between April 19 and August 2019. The system has continued to perform better than the nationally set target each month.

Figure 1.

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
ASCOF 2c(1) Average Daily rate of delayed transfers of care for NHS Organisations in England, acute and non-acute, per 100,000 population aged 18+, by Local Authority with Social Services OVERALL	Number of Days	186	246	201	146	128								907
	TARGET No. Of Days	375.0	387.5	375.0	387.5	387.5	375.0	387.5	375.0	387.5	387.5	350.0	387.5	4563
	Per 100k	72.6	96.1	78.5	57.0	50.0								354.2
	Avg BPD (Per 100k)	2.4	3.1	2.6	1.8	1.6								8.2
	18/19 - Avg BPD (Per 100k)	4.8	3.1	1.8	3.6	3.5	2.4	1.3	1.8	1.0	1.8	1.5	3.5	2.5

Figure 2 highlights those DToCs attributable to social care only –

Figure 2.

ASCOF 2c(2) Average daily rate of delayed transfers of care for NHS Organisations in England, acute and non-acute, per 100,000 population aged 18+, by Local Authority with Social Services ATTRIBUTABLE TO SOCIAL CARE ONLY	National Data from NHS	Number of Days	177	112	118	91	73							571	
		TARGET No. Of Days	219	226.3	219	226.3	226.3	219	226.3	219	226.3	226.3	204.4	226.3	2665
		Per 100k	69.1	43.7	46.1	35.5	28.5								223.0
		Avg BPD (Per 100k)	2.3	1.4	1.5	1.1	0.9								1.7
		18/19 - Avg BPD (Per 100k)	2.1	1.3	0.8	1.9	2.4	2.1	1.3	1.5	1.0	1.3	1.2	2.4	1.6
	Local data	Number of Days	73	42	26	11	26								178
		Avg BPD	2.4	1.4	0.9	0.4	0.8								1.2
		18/19 - Avg BPD	1.5	1.1	1.2	2.0	3.4	3.8	2.5	1.0	0.9	0.8	1.7	2.4	1.9

6. UPDATE ON OUT OF BOROUGH HOSPITALS

Only 24% of recorded DToCs for the first two quarters of 2019/2020 are from within the local borough hospital (Princess Royal University Hospital, Farnborough). The remaining 76% is made up of out of borough hospitals and Mental Health Hospitals (36%). Re-enstating the previously developed process for agreeing Bromley delays in out of borough hospitals is underway to ensure only agreed delays are reported nationally. In addition, Trusted Assessor processes are now in place with Croydon, Lewisham, Bexley and Greenwich which will reduce the delays around assessments for out of borough hospital and utilises resources in a more effective way across the system.

7. MENTAL HEALTH DT0C VALIDATION PROCESSES AND PERFORMANCE IMPROVEMENT

- 7.1 The Mental Health DToC partnership group across the Local Authority, CCG and Oxleas Foundation Trust has continued its weekly meetings, utilising processes previously developed to facilitate proactive discharges. Discussions around current and potential DToCs lead to immediate resolutions with direct support from the Director of Adult Social Care.
- 7.2 The Local Authority, CCG, Oxleas Foundation Trust and Kings College Hospital NHS Trust are proactively developing models of joint working to reduce the number of DToCs across both inpatient sites. Joint working utilises the skills of each organisation to progress issues in a more timely way.

8. FINANCIAL IMPLICATIONS

- 8.2 Under schedule 3 of the Care Act 2014, an NHS trust may require a local authority to pay a specified sum upto £155 per day for which a person's discharge from hospital is delayed because of the council's failure to carry out an assessment or arrange services to meet eligible needs
- 8.3 It was suggested that should local areas not meet their Delayed Transfer of Care targets set nationally, there would be a financial implication on iBCF funding. However, a joint letter from the Secretary of State for Health and for Department of Communities and Local government to the Leader of the Council dated 5 December 2017 confirmed that 'there will be no impact on your additional iBCF allocation in 2018/19.' There has been no updated communication regarding 2019/20 or 2020/21 allocation based on performance.

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

Report No.
CSD19168

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 21st November 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
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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
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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
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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
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Legal

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

1. Summary of Procurement Implications: None.
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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.
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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 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 feedback gathered by the LBB RE Advisor during RE Network meetings indicated that although the document had been distributed to all schools, it had not necessarily reached the RE Co-ordinators.</p> <p>An updated document, to include the dates for Ramadan 2020, would be made available for all schools to access via the Bromley Education Matters website.</p>	<p>Completed</p>
<p>Minute 20 18th July 2019</p> <p>Minutes of the Meeting of the Health and Wellbeing Board held on 16th May 2019</p>	<p>Members to be cited with the details in relation to why a Business Case for the development of a Bromley care home was no longer being made.</p>	<p>Director: Adult Social Care</p>	<p>Update to be provided at the meeting.</p>	<p>In progress</p>
<p>Minute 22 18th July 2019</p> <p>Bromley Clinical Commissioning Group: Annual Engagement Report 2018/19</p>	<p>Clarification of whether the Gypsy Traveller site at Old Maidstone Road was visited by the Public Health Bus.</p> <p>An update to be provided in relation to the four week CAMHS waiting time pilot for access to specialist NHS children and young people’s mental health services.</p>	<p>LBB Head of Service: Early Intervention and Family Support</p> <p>Head of Communications and Engagement – Bromley CCG</p>	<p>The Gypsy Traveller site at Old Maidstone Road is not included in the Public Health Bus visit, as the site does not sit within the London Borough of Bromley.</p> <p>NHSE / Associate Director of Integrated Commissioning (Bromley CCG) reviewed the Bromley Oxleas CAMHS / Bromley Wellbeing model on 30th-31st October 2019, to help support the waiting time pilot. A report was now awaited – although initial feedback was</p>	<p>Completed</p> <p>Completed</p>

			<p>positive about the local service model, there were concerns about the leadership / commissioning capacity to drive forward transformation.</p> <p>The Wellbeing in Schools project is now underway with teams working in schools. A detailed performance update is expected in January 2020.</p>	
<p>Minute 24 18th July 2019</p> <p>Delayed Transfer of Care (DToC) Performance Update</p>	<p>Definitions of both NHS and Social Care delayed transfers of care, and an example of a case, to be provided to Board Members.</p> <p>At the end of the year, a small group of Board Members to meet with the Director: Adult Social Care to discuss what DToC information was required by the Health and Wellbeing Board to ensure it met its statutory duties.</p>	<p>The Director: Adult Social Care</p> <p>The Director: Adult Social Care, Councillor Cooke, Councillor Ellis</p>	<p>Definitions were emailed to Board Members on 04/11/19.</p> <p>It has been suggested that this meeting take place post the Christmas / New Year increase in demand, allowing the chance to review the actions planned as part of the Winter Planning for this year.</p>	<p>Completed</p> <p>In progress</p>
<p>Minute 26 18th July 2019</p> <p>Ravensbourne School's Period Poverty Pilot Scheme: Interim Update</p>	<p>More information to be sought about Treasury funding for Period Poverty initiatives and this would be circulated to Members for information.</p>	<p>Clerk</p>	<p>Information was emailed to Board Members on 04/11/19.</p>	<p>Completed</p>

HEALTH AND WELLBEING BOARD WORK PROGRAMME

30 th January 2020	
Annual Public Health Report	Dr Nada Lemic
Mytime Active Update	Gillian Fiumicelli / Mytime
Update on DToC Performance	Danielle Burnage
Better Care Fund and Improved Better Care Fund Performance update – Q3	Kelly Sylvester
FGM Update	Mimi Morris-Cotterill
Communications Update	Susie Clark
Bromley Communications and Engagement Network – Activity Report	Susie Clark / Tim Spilsbury
Bromley Winter Assurance Plan Update	Clive Moss
Bromley Health and Wellbeing Centre Update	Phil Chubb / Mark Cheung (CCG)
Primary Care Commissioning Update	Dr Angela Bhan / Dr Andrew Parson
Young Commissioners Scheme Update	James Postgate (CCG)
Bromley Local CAMHS Transformation Plan	James Postgate (CCG)
Trailblazer Programme Update	James Postgate (CCG)
Bromley Safeguarding Children Board Annual Report	Jim Gamble / Joanna Gambhir / Kerry Davies
Air Quality Action Plan	Dr Hedley Pugh
Information Item: Local Dementia Profile	Dr Nada Lemic
Work Programme and Matters Outstanding	Democratic Services
19 th March 2020	
Update on DToC Performance	Danielle Burnage
Integrated Commissioning Board Update	CCG / LBB
Ageing Well in Bromley Update	Kelly Sylvester / Gerry Clark
Work Programme and Matters Outstanding	Democratic Services
May 2020 (TBC)	
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 – Q4	Kelly Sylvester
Work Programme and Matters Outstanding	Democratic Services

Unprogrammed Outstanding Items:

Elective Orthopaedic Centres (CCG)

Improvements in Services for Dementia Suffers (LBB/CCG)

Homeless and Vulnerable People on Bromley Streets: Signposting Support for the Public (referral from Safer Bromley Partnership)

**LONDON BOROUGH OF BROMLEY
HEALTH & WELLBEING BOARD****Constitution**

(11 Elected Members, including one representative from each of the two Opposition Parties; the two statutory Chief Officers (without voting rights); two representatives from the Clinical Commissioning Group (with voting rights); a Health Watch representative (with voting rights) and a representative from the Voluntary Sector (with voting rights). The Chairman of the Board will be an Elected Member appointed by the Leader. The quorum is one-third of Members of the Board providing that elected Members represent at least one half of those present. Substitution is permitted. Other members without voting rights can be co-opted as necessary.

1. Providing borough-wide strategic leadership to public health, health commissioning and adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts.
2. Commissioning and publishing the Joint Strategic Needs Assessment (JSNA) under the Health and Social Care Act.
3. Commissioning and publishing a Joint Health & Wellbeing Strategy (JHWS) – a high level strategic plan that identifies, from the JSNA and the national outcomes frameworks, needs and priority outcomes across the local population, which it will expect to see, reflected in local commissioning plans.
4. Receiving the annual CCG commissioning plan for comment, with the reserved powers to refer the CCG commissioning plan to the NHS Commissioning Board should it not address sufficiently the priorities given by the JSNA.
5. Holding to account all areas of the Council, and other stakeholders as appropriate, to ensure their annual plans reflect the priorities identified within the JSNA.
6. Supporting joint commissioning and pooled budget arrangements where it is agreed by the Board that this is appropriate.
7. Promoting integration and joint working in health and social care across the borough.
8. Involving users and the public, including to communicate and explain the JHWS to local organisations and residents.
9. Monitor the outcomes and goals set out in the JHWS and use its authority to ensure that the public health, health commissioning and adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the Borough.
10. Undertaking and overseeing mandatory duties on behalf of the Secretary of State for Health and given to Health and Wellbeing Boards as required by Parliament.
11. Other such functions as may be delegated to the Board by the Council or Executive as appropriate.