

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 20 March 2014

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Judi Ellis, Robert Evans, Peter Fookes, Ellie Harmer, William Huntington-Thresher and Charles Rideout

Dr Nada Lemic (Director of Public Health) and Terry Parkin (Executive Director: Education, Care & Health Services (Statutory DASS and DCS))
Dr Angela Bhan (Chief Officer - Consultant in Public Health) and Dr Andrew Parson (Clinical Chairman)
Linda Gabriel (Healthwatch Bromley) and Sue Southon (Chairman, Community Links Bromley)

Also Present:

Councillor Pauline Tunnicliffe

57 Apologies for Absence

All Members were present.

58 Minutes of Last Meeting and Matters Arising

Councillor Fookes asked for an update on the "Dementia Friendly Authority". A paper on this had been circulated at the meeting.

RESOLVED that the minutes of the meeting held on 30th January 2014 be approved.

59 Questions by Councillors and Members of the Public Attending the Meeting

3 Questions were received from Mrs Sue Sulis and one from Mrs Rosemary Cantwell. The questions and answers are appended to these minutes at appendix A.

60 Questions of the Health and Wellbeing Board Information Briefing

No questions were received on the HWB Information Briefing.

61 Winterbourne View Update

The Board received the scheduled update on Winterbourne View. Although nationally it had proved hard to reduce the numbers of the most challenging individuals from a hospital setting. However, officers were confident that in Bromley the very small numbers in placements locally were placed for a fixed period in a facility as close to their home address as possible, and reviewed regularly, and that they were continually monitored to meet the good practice guidelines.

The report also set out the In Depth Review process which came from the Winterbourne View Joint Improvement Programme.

RESOLVED that the report is noted.

62 Better Care Fund

Officers submitted a report on the position with the Better Care Fund (BCF). The two-year local plan was submitted to NHS England on 14th February 2014 for ratification as part of the CCGs Strategic and Operational Plans.

The Board considered the latest update on agreeing the final submission due to go to NHS England by 4th April 2014.

NHS England had provided feedback on specific points the CCG and Bromley needed to work on.

Dr Bhan outlined the various planning requirements for the CCG; the 5 year plan which was due for completion by 30 June, Bromley's 2 year operating plan due by 4th April and the Better Care Fund also due for submission on 4th April. In addition Bromley was refreshing its 5 year strategic plan by 4th April. She explained that there needed to be a sensible and realistic balance of priorities to ensure the right services were put in place to reduce the pressure on the Borough and Social care.

Councillor Jefferys raised concern that one of the recommendations required the Board to "champion" the local plan in the community but given the tight timescales wondered if this would be possible.

Officers explained that in terms of consultation the existing channels were used and discussions with various groups were ongoing.

Dr Bhan explained that there would be a lot of engagement from the "bottom up" and engagement with various agencies such as Healthwatch Bromley. Feedback on the public/patient feedback was one of the priorities and engagement with people with various chronic conditions.

The Portfolio Holder was happy to delegate the responsibility to the Board Chairman, Cllr. Fortune. However he raised concerns regarding the tight timescale. He was also concerned that it was clear that the CCG Board had yet to agree the plan and wondered what would happen if they did not agree.

Officers reported that they were in regular contact with the CCG so this should not be an issue but if there difficulties then Bromley would accept the assistance offered by NHS London to mediate.

The Chairman assured the board that he would keep them informed of developments.

RESOLVED that:

- 1. The current progress with the Better Care Fund Local Plan is noted.**
- 2. It is agreed authority be delegated to the Chairman of the Board to sign off the Local Plan final submission to NHS England in consultation with both the Local Authority and the CCG;**
- 3. It is agreed the Local Plan is championed in the community and the positive communication of the Plan to respective colleagues, providers and service users is supported.**

63 Bromley CCG Two Year Plan

Officers submitted a report outlining the process for developing, and the key messages from, Bromley CCG's 5 year Strategic Plan and 2 year Operating Plan. It represented a refresh of the existing Strategic Plan, based on the Joint Strategic Needs Assessment and Health and Wellbeing Strategy, framed within the context of current Operating Framework requirements. It included the development of the Better Care Fund, financial forecasts and the QIPP plan. The final Operating Plan would be submitted by 4 April. The Strategic Plan would be submitted as part of a SE London Strategic Plan during June.

This presentation was drawn from a draft Integrated Plan which was considered by the CCG Governing Body on 13 March. It would form the basis of the CCG's final Operating Plan submission on 4 April, subject to finalisation of provider contracts, financial risk issues and the Better Care Fund Plan. The Strategic Plan would form part of the SE London Strategic Plan, which was due for completion in June. The draft Integrated Plan was available on the CCG website as part of the Governing Body papers for 13 March 2014.

Officers highlighted the Quality Innovation and Productivity Plan (QUIPP). They noted that part of the QUIPP was looking at a way of

reducing GP referrals for certain procedures such as grommets and tonsillectomies. It also aimed to encourage care of the “whole” person and encourage services that would support people and reduce the need for hospital admissions. For this reason it was very important that GP practices were involved. However it was noted that the GP’s would be unable to undertake this alone so the ProMISE team would also be used. The purpose was to predict problems before they occurred. This element of work would also involve social care.

Members raised concerns that that there were staffing issues. Dr Bhan explained that the CCG was aware of this. At present a number of agency staff were being used where it had not been possible to recruit permanent staff.

In relation to equipment some Board members were concerned that some equipment was not recovered. Officers explained that it was not cost effective to recover lower value items. It was recognised that it was reliant on people advising they had equipment to be recovered.

In relation to the JSNA members noted the high incidence of certain diseases. These would be identified through health checks. It was noted that the prevalence of hypertension was reducing but the numbers of people dying of heart disease was still too high. The slides represented the national figures and Bromley’s detection rate was better. It was recognised that things would take time to improve and trends would need to be observed over time. With regards to Mental Health provision it was noted that the capacity at Green Parks House had seasonal variations and concerns were raised that these variations would still be met if there was a shift of resources.

Dr Bhan clarified the position with Green Parks House that, although there were seasonal peaks, only 70% of beds were occupied by Bromley and 30% by other boroughs. The CCG wanted other boroughs to provide their own beds. The commissioning arrangements needed to be changed to overcome the beds shortages. Other boroughs would only be allowed to use the bed if it was free and not needed for a Bromley patient.

RESOLVED that the report is noted.

64 Pharmaceutical Needs Assessment

The Pharmaceutical Needs Assessment (PNA) for Bromley was the formal document of the needs for pharmaceutical services in the area intended to identify what was needed at a local level to guide the current and future commissioning of pharmaceutical services that could be delivered by community pharmacies and other providers.

The Health and Wellbeing Board (HWB) had a statutory responsibility to publish a new PNA by 1st April 2015. Since 1st April 2013, every

Health and Wellbeing Board (HWB) in England had a statutory responsibility to publish and keep up to date statements ("Supplementary Statements") of any changes in pharmaceutical services of the population in its area. The current PNA had been updated and Supplementary Statements were now required to be published. A process for developing the new PNA was proposed.

The PNA would need to be considered by the Care Services Policy Development and Scrutiny Committee.

RESOLVED that

- 1. It is agreed that the Supplementary Statement can be published**
- 2. The proposed approach for the delivery of the PNA by 1st April 2015 is approved.**

65 Health Care Facilities in Bromley

Local ward members in Bromley Town had raised concern about the adequate future provision of primary care provision given the anticipated increase in new residents from new residential development.

The Board considered a report which provided an update on the progress to date with increasing the provision of healthcare services in Bromley Town Centre.

There was currently only one GP surgery, Dysart Surgery, serving the town centre, which was not of an adequate standard and needed to be re-located. In addition there was a proposal to include a new multi GP surgery, together with the new free School, in the disused DSS building at Bromley South. The relocation of the Dysart Surgery and the new surgery would address the current need.

The board commented that it would not want a single handed GP surgery at Bromley South as this would not address the shortage.

The Board commended the ward members on bringing this issue to its attention. A recommendation would be made to NHS England for consideration of an additional GP practice. NHS England wanted to be involved in the HWB and it was agreed it should be invited to a future board meeting.

The Board also wanted NHS London to provide a statement on this issue.

RESOLVED that:

- 1. The report is noted**
- 2. That NHS England are invited to a future meeting of the Board.**
- 3. That NHS London are asked to provide a statement on the issue of a shortage of GP provision in Bromley Town Centre.**

66 Any Other Business

None

67 Date of Next Meeting

The next meeting would be arranged after the 4th June and would the clerk would inform Members of the Board.

The Meeting ended at 3.24 pm

Chairman

Appendix A

PUBLIC QUESTIONS TO HEALTH AND WELLBEING BOARD.

THE 'BETTER CARE PLAN' & THE CRISIS IN A&E WAITS; & CANCELLED AND DELAYED OPERATIONS AT THE PRINCESS ROYAL UNIVERSITY HOSPITAL. (ref. News Shopper article 12 March 2014 "Hospital delays left me suicidal")

From Susan Sulis Secretary, Community Care Protection Group.

Q.1 The BCP proposes to cut funding for Acute care, to fund Community Care, but reports on the poor performance in A&E require recruitment of large numbers of extra staff, and increased bed availability.

How can these measures be reconciled with the proposed cuts in funding?

Response

In line with Government policy there is a strategy that care should be shifted from the Acute sector into a Community setting. Not only is it better for many patients to be treated in their own home or close to home rather than in a hospital setting but also better value for money can be obtained for tax payers.

It is true that more staff recruitment is needed for A&E, partly because there is a large reliance on agency staff at the moment. As well as providing continuity, recruiting permanent staff can also reduce agency costs. By increasing Community Care more people can be discharged to their home or to other forms of community care which in turn reduces the pressure on hospital beds so that bed availability can be improved.

Q.2 An elderly man was reported to have waited 20 months so far for a knee replacement operation, which had been cancelled 6 times. He claims that "the PRUH is suffering from a beds crisis".

How can the proposed cuts in Acute funding improve this situation?

Response

We appreciate the frustration when any operation is cancelled. There has certainly been pressure on the hospital system across London in recent months which has unfortunately led to some cancelled operations, although it should be noted that operations are sometimes delayed for clinical reasons. A huge amount of work is going into improving processes so that beds can be freed up. As mentioned in the answer to Q1, bed availability can be improved without necessarily needing to increase overall numbers.

Q.3 When will a Public Consultation take place on the “Better Care Plan”, and what is the timetable for producing the consultation documents?

Response

Both the Local Authority and Bromley’s Clinical Commissioning Group are engaging with service users and the public through their existing channels to inform the Better Care Fund (BCF) submission rather than a specific public consultation. Whilst the tight submission timescales limit the extent of consultation through these channels, we will continue to engage with service users, especially through Healthwatch Bromley who sit on the HWB, and within our Patient Advisory Group throughout the 2014/15 planning year. In this time we aim to finalise and determine how these new funding arrangements may impact on users and the possible benefits from greater integration.

Our existing consultation has included the recent jointly commissioned adult social care conference, attended by over 150 service users and their representatives across the voluntary sector where both the Local Authority and CCG described at a high level their commissioning plans before breaking into a series of workshops where delegates were afforded the opportunity to both comment on existing services and inform and shape our plans going forward.

A joint event with our strategic providers in the voluntary sector early in 2014 also allowed us to engage on the possibility of jointly funding community services through the BCF and how we can jointly commission effectively. As well, an online survey of adult carers in Bromley was undertaken between September and October 2013 as part of the Local Authority and BCCG virtual service user panel. The Carers Survey directly reached approximately 1,400 known carers and received 271 responses. The results from the Carers Survey were used to inform the Adult Services Stakeholder Conference held on 19 November 2013. Individual commissioning and provider agencies will also be able to use the results to inform their provision of services.

From Rosemary Cantwell

1. The Winterbourne Review was where staff were prosecuted under the Mental Health Act 1983. As such, I am requesting information about how many people London Borough of Bromley has responsibility for as **hospitalised** patients under the Mental Health Act 1983.

Response

We have 43 people with a learning disability and/or mental health issue currently as inpatients under the Mental Health Act.