

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 24 July 2014

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Mary Cooke, Robert Evans, William Huntington-Thresher, Terence Nathan, Angela Page and Charles Rideout

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:

Dr Agnes Marossy (Bromley Health Authority)(LBB Consultant in Public Health)

1 Apologies for Absence

Apologies for absence were received from Dr Nada Lemic, Councillor Ian Dunn, and from Councillor Judi Ellis. Councillor Charles Rideout served as a substitute for Councillor Ellis.

2 Minutes of the meeting held on 20th March 2014 and Matters Arising

The minutes were agreed subject to the following amendments relating to Minute 65: Health Care Facilities in Bromley.

- It was stated that the reference in the third paragraph to the Dysart Surgery "*which was not of an adequate standard*" was a rather vague statement. It was noted that this could be interpreted to mean that the GP services provided were not of an adequate standard, whereas this was not the case. It was acknowledged that the reference to "*which was not of an adequate standard*" referred solely to the infrastructure of the premises.
- It was further noted that the Dysart Surgery was not unique in serving the town centre, but there were also surgeries in London Lane and South View that similarly served the town centre.

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

It was noted that written questions had been submitted by Mrs Sue Sulis. The Chairman stated that the answers to these questions would be sent out in due course.

The Chairman expressed concern that there were occasions when the Board were receiving questions that were not relevant to the work of the Health and Wellbeing Board, and would be more appropriate for other Committees. It was also the case that in some instances, members of the public were submitting the same questions to multiple committees. This was a matter that the Chairman was looking to address.

4 Pharmaceutical Needs Assessment 2015-18

The Board were updated with respect to the Pharmaceutical Needs Assessment (2015-2018) document that was currently being drafted. It was noted that this was the formal document concerning the needs for pharmaceutical services in the area. It was intended to clarify what was needed at a local level to guide current and future commissioning of pharmaceutical services. The Board heard that there were legislative regulations that existed setting out the statutory duty of the HWB to finalise the PNA by 1st April 2015. The regulations also set out the matters that must be considered and details of the sixty day consultation process.

The Board were informed that the PNA would outline current provision, and also what would and would not be required for the future. This would then enable NHS England to respond intelligently to commercial queries. It was noted that Pharmacies could challenge commissioning decisions made by NHS England, and so it was important that the PNA was a robust and accurate document. NHS England commercial decisions could be subject to legal challenge and possibly Judicial Review.

Due to the importance of the PNA document, the Board were informed that a specialist provider had been appointed to deliver the PNA; this was Primary Care Commissioning. It was also the case that a Steering Group had been established to agree the structure and framework of the PNA. The Board were advised of the communications process that had been undertaken as background research to pick up data to be used in formulating the PNA; this included communications with pharmacy contractors and also with patients.

The Committee were made familiar with timescales;

- Draft PNA to HWB by 2nd October 2014
- Final Version of PNA to HWB by 29th January 2015
- PNA to be published by 31st March 2015

At this point the Chairman noted that the acronym “DAC” should be added to the HWB glossary.

A Member commented that the PNA update report was good and added that the Board should consider:

- What areas needed to be pushed
- How far the Board would want to take it
- What could be done in terms of innovation

It was heard that the HWB was welcome to make suggestions, and that the LPC (Local Pharmaceutical Committee) would be keen to extend the scope of commercial pharmacy.

A Member made an enquiry about the relationship between the PNA and commercial service innovation. It was noted that the PNA was restricted to the statutory requirements, and that everything else would be determined by free market forces.

A Member queried why the HWB had to get involved with examining the PNA’s of other authorities. It was explained that this primarily related to cross border issues.

A Member queried the statement connected to the PNA Structure and Framework document that referred to the “*statement of commissioning intentions for the HWB*”. It was clarified that the HWB did not undertake commissioning, but that rather this was the remit of NHS England.

A Member queried what the “100 hours” referenced, and it was explained that this was a reference to the number of hours that pharmacy services should be available to the public per week.

There was another query raised with reference to the definition of “Locality”, and it was noted that Dr. Agnes Marossy would send out further information to the Board to clarify this.

RESOLVED that:

- 1. The PNA 2015-2018 update report be noted**
- 2. The HWB agree to review the PNAs of other boroughs as referenced in section 4.7 of the report.**

5 South East London Commissioning Strategy 2014-2019

This report was drafted to provide an update on the five year NHS Commissioning Strategy for South East London that is being developed in partnership with NHS England and also with five adjoining CCGs. It was noted that the Strategy was

designed to focus on the most important health issues for people in the region as identified in the south east London Case for Change. The HWB was informed that the Strategy built on local plans, including the Health and Wellbeing Strategy. It also drew upon the Joint Strategic Needs Assessment and on existing best practice.

There was concern raised by a Member that this Strategy may not provide the best outcomes for Bromley residents, and that this should be the focus of the HWB. Other Members perceived matters differently, stating that the JSNA for each Borough was given priority, and that the Strategy would benefit all in terms of economies of scale and collaboration.

A Member expressed confusion with regard to milestones. It was clarified that the first target date of submitting a draft strategy document had been hit. The next target date for a revised version of the Commissioning Strategy would be in September, and this would be before the Board was due to meet next. It was anticipated that the September draft would not change substantially from the one that had already been submitted. The HWB were promised that they would be kept informed of developments. It was noted that the Strategy was evolving, and that it was a work in progress. A Member expressed the view that it was a good thing for Boroughs to come together, but that the Governance was hard to understand.

The HWB was made aware that the Chief Executive of NHS England had sent out a letter with respect to the possibility commissioning. It was noted that there was no framework attached to the letter. One hundred and eighty (including Bromley) recipients responded to the letter indicating that they would be interested in exploring this strategy further.

It was noted that the new commissioning strategy would be a considerable culture shift for many GP's, but most had expressed interest, understanding that NHS resources were tight, and that economies of scale were required to facilitate achievable outcomes.

A Member remained sceptical regarding the strategy, and was concerned that another level of bureaucracy was being created, and expressed the viewpoint that the interests of Bromley residents should be decided within Bromley.

The Chairman asked if it would be possible to "unwrap" the decision. The Board were advised that it would be difficult to unwrap everything, but that a partial withdrawal may be possible.

In conclusion, attention was drawn to the fact that the Governing Body that made decisions also consisted of HWB Members, and that this would make communication and updates easier.

RESOLVED that:

- 1. The update report on the South East London NHS Commissioning Strategy be noted**

2. The CCG will report back to the HWB with respect to the Commissioning Strategy at regular intervals.

6 2013/14 JSNA update

The Board heard that the aim of the JSNA (Joint Strategic Needs Assessment) was to provide an understanding of the current and future health and wellbeing needs of the population over both the short and longer term. In delivering this understanding, it would inform strategic planning commissioning services and interventions, so achieving better health and well-being outcomes, and reduce inequalities. It was explained that the JSNA was currently in a draft format, and had been circulated to stakeholders for comment.

The JSNA was concerned with the following elements:

- Population
- Life expectancy and Disease
- Diabetes
- Hypertension
- Cancer
- Sexually transmitted infections
- Abortion rates
- Uptake of childhood immunisations
- Smoking
- Obesity
- Housing
- Issues affecting children and young people
- Dementia
- Older People
- Learning Disabilities
- Sensory Impairment and Physical disability
- Mental Health
- End of Life Care
- Carers
- Substance Misuse
- Alcohol
- Frequent attenders to Unscheduled Care

The Board were informed that the final version of the JSNA document would be presented to them at the HWB meeting in October, and that the sign off process would need to be agreed. It was agreed that the Chairman of the HWB sign off the final version.

The Vice Chairman (Cllr David Jefferys) queried the methodology involved in obtaining the data concerning hypertension, and expressed concern over many of the issues affecting young people.

A Member introduced the topic of female genital mutilation and queried if FGM could be incorporated into the JSNA. The Board were advised that FGM was not currently incorporated into the JSNA, but the Board could direct what areas of concern should be considered. With respect to FGM, it was noted that work was being undertaken in this area, and that information would be sent to GP's shortly. A Member raised the issue of Food banks, and asked if it had been looked at. The Chairman recognised that the matter had been discussed extensively at a recent Full Council meeting. After discussion, the Board suggested that the issue of nutrition could be looked at as part of the wider JSNA strategy.

A Member stated that it was also important to consider the impact of removing the automatic right to free school meals after Key Stage 1.

The Vice Chairman (Cllr David Jeffreys) expressed concern regarding the seemingly low rate of take up for the seasonal flu vaccination. However, the Board were assured that the rate of take up for the over sixty five age group was better than most London boroughs.

A Member referenced the note on the report stating that the rate of diabetes in children and young people had fallen; it was queried as to why diabetes was therefore listed as a high priority on the JSNA report. In response to this, the Board were appraised that a recent report had come to light indicating that the rate of type 2 diabetes was as expected.

The Board were advised that the five JSNA priorities were:

- Diabetes
- Adult Obesity
- Smoking
- Alcohol Misuse
- Dementia

RESOLVED that:

- 1. The JSNA update report for 2014 be noted**
- 2. The signatories to the Foreword of the JSNA are agreed.**

7 HEALTH AND WELLBEING STRATEGY PRIORITIES AND THEIR DELIVERY

The HWB was briefed concerning the current position of the Health and Wellbeing Strategy Priorities and their Delivery. It was noted that this strategy was key in implementing the needs identified in the JSNA. The current strategy consisted of nine priorities, but it was suggested that this number should be reduced to provide focus on key strategic priorities. As well as identifying the 2014-2015 priorities, the HWB Strategy Priority report was also drafted to include proposals for a model of governance.

It was suggested that the following be adopted as key priorities:

- Diabetes
- Dementia
- Obesity
- Emotional wellbeing of young people.

It was recommended to the Committee that these priorities be adopted, and that subsequent to this, focus be made on integration and pooled budgets. The Board were informed that the Mayor of London was likely to promote the emotional wellbeing of young people as a priority, and this would mean that funding would be available. The Board were advised that the priorities should be agreed at the meeting. The HWB supported the priorities and the need for better integration of commissioning.

Reference was made to JICE (Joint Integrated Commissioning Executive) and the role that JICE had in exploring integration issues; it was noted however that JICE lacked proper governance, and that it may be appropriate for the HWB to take on this role. It was decided that the HWB would advise the Executive Director of Education, Care and Health Services with respect of which HWB Members may be suitable candidates to sit on JICE.

RESOLVED that:

- 1. The model of governance outlined in the report to facilitate the integration process be accepted**
- 2. The new four Key Priorities for the Health and Wellbeing Strategy be adopted**
- 3. The HWB to report back to the Executive Director of Education, Care and Health Services, with respect to HWB Members providing governance support to JICE.**
- 4. A Joint Integrated Commissioning Board be established to drive the work of integration**

8 Health and Wellbeing Board Matters Arising and Work Programme

Members of the Board were asked to consider the Health and Wellbeing Board's Work Programme for 2014/15 and to consider progress on matters arising from previous meetings of the Board.

It was noted that a previous "matter arising" concerned the JSNA agenda item dated 28/11/13. This was the action where the Voluntary Sector had requested an easy to read executive summary.

An easy to read Executive Summary was incorporated into the JSNA report for this agenda.

RESOLVED that the matters arising and work programme be noted.

9 Any Other Business

Better Care Fund Timetable:

It was noted by the Board that the deadline for submission of revised BCF plans had now been set at 19th September 2014, and that the date for the presentation of findings to Ministers was set at 13th—17th October 2014.

The Board considered the September date to be challenging. The matter was compounded because the LBB Executive were next due to meet on 21st August 2014, and so the Board would have to finalise plans before then.

The Board agreed that the Chairman should move this issue forward in order that plans could be finalised in time to present before the Executive. It was also agreed that details of the Plan would be circulated to the Board before the next meeting.

New Co-opted Members:

The Executive Director of Education, Care and Health Services suggested that the Board give consideration to the adoption of new Co-opted Members. The thinking behind this was that the adoption of new key Co-opted Members would increase the cohesiveness, and effectiveness of the Board, making it more integrated, efficient, and able to get things done more effectively.

It was suggested that the following be considered:

- A representative from Kings
- A representative from Bromley Healthcare
- The Chair of Adults and Children's Safeguarding
- A representative from CCG
- A representative from NHS England

The Vice Chairman (Cllr Diane Smith) suggested that it may be a good idea to have a representative with a mental health background on the Board, possibly from Oxleas or a similar organisation. This was seconded by another Member. The Chairman agreed that it would be a good idea to get the main strategic players on board.

RESOLVED that:

- 1. The BCF plans would be drafted in time to present to the LBB Executive in August, and the Chairman would move this forward**

- 2. The Board seek to appoint several new strategic partners to the Board as Co-opted Members.**

10 Date of Next Meeting

The Board would next meet on 2nd October 2014.

The Meeting ended at 3.30 pm

Chairman

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HEALTH AND WELLBEING BOARD

24TH JULY 2014

3. QUESTIONS FROM MEMBERS OF THE PUBLIC FROM MRS SUSAN SULIS, COMMUNITY CARE PROTECTION GROUP

1. STUDY ON THE EFFECTS OF THE 'BEDROOM TAX' ON LOW INCOME TENANTS, PUBLISHED THIS WEEK BY THE DEPARTMENT OF WORK AND PENSIONS.

This report found that thousands of low income tenants have been plunged into "heat or eat" hardship as result of the bedroom tax.

- (a) How many tenants in Bromley have been affected by these changes?
- (b) What is the Council doing to ameliorate their impact?
- (c) Are the effects monitored for Health Inequality Impacts?

(a) The introduction of the housing benefit spare room subsidy aims to ensure that support is provided only for the number of bedrooms that a household need. This legislative change brings the calculation of housing benefit for social sector tenants closer in line with those renting from private landlords which already took into account the size of accommodation required by the household.

As at 2.10.2014 there were 1407 households affected by the spare room subsidy. Of the 1407 households, 1167 have their housing benefit reduced by 14% and 240 by 25%. The number has reduced from 1800 in April 2013 when the change was introduced.

(b) The authority provides a range of support and advice to assist those households affected by the legislative change to take steps to ameliorate the potential impact.

To assist as a safeguard against resultant hardship, the Government's Discretionary Housing Payment (DHP) contribution for Bromley increased and the policy for use of the DHP was presented to Members of the Executive and Resources PDS Committee on 18th July 2013. Currently 378 tenants are receiving DHP assistance to effectively top up the shortfall in housing benefit. Some of this support is time limited to enable claimants time to find more affordable accommodation or move into employment.

The London Borough of Bromley does not own a housing stock and housing associations provide the social housing in the borough. As such Bromley has very limited information as to the "state" of an individual's rent account, or the reason as to why any arrears have accrued. Officers have however worked closely with our housing association partners and have developed a range of protocols around support and assistance to those affected by the spare room subsidy. The majority of

housing associations have specialist officers working with their tenants who are affected by the spare room subsidy to ameliorate risk of financial hardship, rent arrears and potential eviction.

The Benefits Section does meet regularly with representatives from the housing associations, both at an operational and management level. Attendees of these meetings have all been advised as to the existence of DHP's and the content of Bromley's policy. Publicity of the scheme both locally and nationally has led to a large request in DHP applications (estimated at a 300% increase in Bromley), for consideration against the said policy. During 2013/14 awards of discretionary housing payments exceeded the Government's contribution.

The housing needs service also has a small dedicated team who work with those households affected by the range welfare reform changes including the spare room subsidy. The officers work in partnership with the DWP, housing associations and a range of agencies to provide advice and assistance regarding options to resolve any negative impact of welfare reform including access to training and employment, moving to more affordable accommodation, budgeting and so forth.

(c) The housing needs section monitor the outcomes for all households they are working with and are also working with RSLs to monitor the impact of the spare room subsidy on their tenants and to feed this into the regional and national research being undertaken. In addition the joint strategic needs assessment does include the impact of housing and welfare reform in terms of assessing health needs and so forth.

2. PROVISION OF BREAKFAST CLUBS AND FREE SCHOOL MEALS IN AREAS OF MULTIPLE DEPRIVATION.

- (a) How many Breakfast Clubs operate, and in which wards?
- (b) In each ward in quintiles 1,2, and 3, how many children are assessed as needing free school meals?
- (c) What provision for these meals is made during holiday periods?
- (d) How many children live in poverty in each of these wards?

The Council does not hold information specific to parts (a) to (c).

(d) The 2014 JSNA ward profiles include an IDACI score for each ward. IDACI stands for Income Deprivation Affecting Children Index and is defined as the percentage of children aged 0-15 living in income-deprived households. Families are classed as income-deprived if they are in receipt of income support, income based jobseekers allowance or pension credit, or child tax credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs.

3. USE OF £769,000 PUBLIC HEALTH BUDGET UNDERSPEND FROM 2013/14.

Other local authorities, Labour and Conservative, are spending money from their Public Health Budgets to support charities helping those suffering from food poverty.

If Councillors wished, could they remove the barrier of the £8,400 commercial rental threatening the closure of the Orpington Foodbank, by funding this from the Public Health budget?

The Oak Community Church (OCC) occupied, on a temporary basis, a Council property in Cotmandene Crescent rather than return to their original premises in Ranmore Path. The OCC subsequently chose not to return to Ranmore Path and agreed to take a lease of and pay a rent for the property in Cotmandene Crescent.

A report to the Executive and Resources PDS Committee on 10th October 2013 set out the reasons for the Council's decision to demand commercial rent from the OCC. This included commercial property factors; the need to maximise income; the established policy that Council properties should be let at market rent to ensure transparency and to avoid hidden subsidies when letting to charitable organisations; estate management issues; that the letting of 111 Cotmandene Crescent at nil rent was only a temporary arrangement following the fire at Ranmore Path; the services provided by the Foodbank; views of the OCC about the benefits of Cotmandene Crescent over Ranmore Path; and the existence of OCC's own property in Chipperfield Road.

The Public Health Grant is a ringfenced budget specifically for the Local Authority to discharge its public health responsibilities.

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