

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 26 March 2015

Present:

Councillor Peter Fortune (Chairman)
Councillor David Jefferys (Vice-Chairman) and Councillor Diane Smith (Vice-Chairman)
Councillors Mary Cooke, Ian Dunn, Judi Ellis, Robert Evans and William Huntington-Thresher

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Dr Andrew Parson, Clinical Chairman

Linda Gabriel, Healthwatch Bromley
Janet Tibbalds, Community Links Bromley

Also Present:

Colin Maclean (Community Links Bromley), Dr Agnes Marossy (Bromley Health Authority), Paula Morrison (Public Health Authority) and Councillor Pauline Tunncliffe

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Helen Davies, Cllr Angela Page and Cllr Terence Nathan. Apologies were also received from Dr Nada Lemic, and Agnes Marossy acted as her substitute. Apologies were received from Terry Parkin, and Stephen John acted as substitute.

Apologies were also received from Cllr Ruth Bennett. Apologies were also received from Ian Dallaway from Community Links Bromley, and Janet Tibbalds attended as substitute.

2 DECLARATIONS OF INTEREST

Dr Andrew Parson declared an interest in his capacity as a GP.

3 MINUTES OF LAST MEETING

The minutes of the previous meeting of the Health and Wellbeing Board that was held on the 29th January 2015 were agreed.

It was noted that Cllr Mary Cooke had sent apologies for absence that had not been recorded.

The paper and online minutes had since been amended to record this.

4 CHAIRMAN'S UPDATE

The Chairman referred to the recent “Monitor” report that highlighted concerns about the financial position of the Princess Royal University Hospital.

The Chairman of the Health Scrutiny Committee stated that LBB had acted swiftly as soon as the details of the report were known. LBB had made immediate contact with Roland Sinclair (CEO King’s), and with Mike Turner from Monitor. The matter would be scrutinised by the HSC on the 15th April 2015, and the HSC would report back to the HWB.

RESOLVED that the Health Scrutiny Committee report back to the HWB concerning Monitor’s report on the PRU, subsequent to the meeting of the HSC on the 15th April 2015.

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

A question was received by Mrs Sue Sulis, but it was decided that the question was more appropriate to the Care Services PDS Committee and was referred accordingly.

6 VERBAL UPDATE ON COMMUNITY SERVICES INTEGRATION

A verbal update on Community Services Integration was provided by Dr Angela Bhan from Bromley CCG.

The Board were informed that progress was ongoing and that a joint specification for integration had to be formulated.

It was also noted that the CCG had agreed a one year extension to the Bromley Healthcare contract, and that this would enable the possibility of new procurement options to be looked at later.

RESOLVED that the Community Services Integration update be noted.

7 BETTER CARE FUND - GOVERNANCE & WORK PROGRAMME

The Better Care Fund—Governance and Work Programme report was drafted by the Strategic Commissioner. The purpose of the report was to provide a Better Care Fund (BCF) update, and also an update on the work of the JICE (Joint Integrated Commissioning Executive) which meets to oversee health and social care integration work. The report was also going to the HWB as Health and Wellbeing Boards have a key role in promoting the integration process.

The update on the report was provided at the meeting by Dr Angela Bhan, Chief Officer at Bromley CCG.

The Board were informed that integration work had been temporarily delayed as the CCG had to wait until the end of March 2015 for the release of funding from NHS England. It was explained to the Board how the total funding of £20.837m would be split in the 2015/16 financial year. The Board noted that BCCG were acting as lead commissioners on a joint project to model out of hospital services for Bromley, and that these services would be working in line with the original BCF plans submitted to NHS England In November 2014.

The Board were updated concerning the progress made in developing Bromley's BCF integration objectives, and were informed that the JICE had been developing plans at a high level, and had brought in additional fixed term management capacity to support development and integration.

The CCG and JICE were seeking to provide joined up services that would provide VFM, and were looking to fill service gaps. These services would operate according to sound policy and practice.

The Board noted that the Bromley BCF Plan could be broken down into seven schemes:

1. Step Up/Step Down—increase bed availability—this would provide better support for hospitals
2. Provide more support for those going into Care Homes—and also to provide improved levels of medical cover and training
3. Dementia
4. Self-Management—the aim being to reduce the number of hospital admissions
5. More support for Carers—with the aim of reducing the number of residential placements
6. Resilience—plans were being developed to more fully integrate health and social care around 7 day working
7. Establishing an integrated care record—the idea being that one set of records would be kept and regularly updated, and that this data would be shared between health and social care.

The importance of the work of the JICE was expanded upon as it would be the JICE that would develop and sign off projects, and the JICE would be responsible for reporting back to the relevant governance structures, including the Health and Wellbeing Board. It was noted the HWB's task and finish groups would also function in the role of key governance groups.

Dr Bhan reminded the Board that a number of risks had been identified, and that the financial risk of underachievement would fall to the CCG as the lead commissioner of acute service. To reduce the effect of risk, the JICE would establish an ongoing risk and issues log.

Dr Bhan concluded by stating that a high level programme would be developed, and that it was intended that leads would be established for each of the seven schemes outlined previously.

A Member referenced the BCF Plan (number 2) concerning increased medical cover in care homes, and asked how this would be achieved. The response to this question was that a new model was being developed over the next six months and that more input was required from visiting medical officers. Dr Andrew Parson pointed out that more involvement was required not just from GP's , but all relevant professionals, and that it was important to try and utilise all relevant capabilities and capacities.

A Member asked for clarification of what was meant by “compromised working relationships between the CCG and the Local Authority” and it was explained that this was a reference to possible conflicts relating to resource and capacity. It was also noted by the board that the proper use of “step up/down” beds required careful advance planning so that a proper flow of bed use could be established.

A Member raised the issue of extra pressures on local health and social care services created by the influx of retirement flats for the elderly, in most of these cases it was estimated that the average age of retirees taking up this accommodation would be 78. Dr Bhan acknowledged that more would need to be done to try and deal with these extra pressures.

A Member raised the matter of the importance of joined up transport services, so that those involved in the physical transportation process were adequately briefed about the clients that they were transporting.

The Chairman requested that BCF updates be incorporated onto future agendas as a standing item until further notice.

RESOLVED:

(1) that the Better Care Fund—Governance and Work Programme report be noted

(2) that the HWB acknowledge the key role of the JICE as the key senior officer group tasked with the oversight and delivery of the schemes outlined in the BCF

(3) that the HWB recognise that there were differing governance structures between partner bodies, and that this would necessitate the JICE taking executive decisions in the spirit of the BCF.

(4) that BCF updates be incorporated onto future agendas as a standing item until further notice.

8 VERBAL UPDATE ON WINTERBOURNE VIEW RECOMMENDATIONS

The Winterbourne View Recommendations update was provided by the Assistant Director for Adult Social Care.

The Committee heard that this update related to nine clients. Two had been moved to “step down” accommodation, one had been moved to independent accommodation in the community, and the others were regarded as currently being appropriately placed.

RESOLVED that the Winterbourne View update be noted.

9 INTEGRATED HEALTH & SOCIAL CARE FOR PEOPLE WITH DEMENTIA AND COGNITIVE IMPAIRMENT

The update on this report was provided at the meeting by Dr Angela Bhan.

The report for the integration of health and social care for people with dementia and cognitive impairment was drafted jointly by the Director of Commissioning and the Clinical Commissioning Manager from Bromley CCG.

Members were reminded that the Board had agreed to prioritise dementia, based on the needs of the local population and on the JSNA (Joint Strategic Needs Assessment). The work on improving dementia services in Bromley would be driven by the JICE, overseen by the HWB, and funded via the BCF.

The HWB were reminded of the large numbers of people in Bromley with dementia, and that numbers were projected to increase. It was estimated that by 2030 there would be 6,151 people living in Bromley with dementia.

The Board heard that in the short term it was important that:

1. Support be given to Local Care Networks
2. Consideration be given to investing in the specialist services provided by Oxleas
3. Reductions be made in the number of admissions to Care Homes and Hospitals

It was suggested to the Board that it should look at developing a specific vision for improving dementia care in line with BCF plans.

Dr Bhan outlined the proposed HWB Strategy Outcomes for dementia:

- Early intervention diagnosis for all
- Improved quality of care for people with dementia in hospital
- Strategies to enable better living at home and in care homes
- Reducing the use of anti-psychotic drugs
- Improved community personal support services

The Board were reminded that an investment plan had been agreed through the BCF for £1m per annum for the next two financial years for dementia services.

Dr Andrew Parson stated that dementia was a big challenge in Bromley due to the aging population, and stressed the importance of developing an adequate dementia register. He also expressed the importance of the need to support staff around the use of anti-psychotic drugs, and the need to boost primary care responses with good referral times and after care support.

The Committee heard that early diagnosis was beneficial as the various options in terms of treatment could be examined earlier; it was felt that a holistic approach was important, and that there should be more co-ordinated help from the voluntary sector. A Member drew the Board's attention to studies undertaken by the World Health Organisation that demonstrated the efficacy of non-medical means of intervention that had been shown to help, and these included memory training, exercise and the avoidance of unnecessary drugs.

A Member expressed the view that what was required was to examine root cause analysis, which would probably reveal that GP's do not have the time to make proper early dementia diagnoses.

Dr Bhan responded that what was required was to make more effective use of the excellent services and resources that were already in existence, e.g., Local Care Networks. She also expressed the view that work should be undertaken to examine how GP's could be enabled; it was suggested that it may be a good practical step if GP surgeries appointed a "dementia champion".

The Assistant Director for Adult Social Care informed the Board that a Dementia Stakeholder event had recently been held to identify who was doing what, and that this information was being collated and disseminated.

There was some discussion that went on concerning the secondary care provision provided by Memory Clinics, and it was noted that Bromley was under performing against the national dementia diagnosis target of 67%-- at 49.99% in London, when measured in January 2015. The Board heard that the current level of demand for assessment, diagnosis and follow up treatment was unsustainable within existing resources, and this would be more so if the target of 67% was achieved.

In view of these issues it was proposed that Oxleas would reconfigure current staff and services to integrate with the re-introduction of a NICE compliant post diagnostic pathway, which would include cognitive stimulation and other prescribed interventions. The Board also heard that as part of the new service

model, it was intended that an outreach function to GP localities would be set up to assist with screening and post diagnostic support.

RESOLVED:

(1) that the Dementia and Cognitive Impairment report be noted

(2) that the HWB agree to support plans for BCF funding to be diverted to the Bromley Health and Social Care Dementia Pathway, and that this process would be overseen by the CCG Chief Officer and by the LBB Executive Director of Health and Care Services via the JICE

(3) that the Assistant Director (LBB) of Adult Social Care, update the Board when the data from the Dementia Stakeholder event was available for dissemination.

10 PROPOSALS AND PROCESS FOR THE 2015 JSNA

This report had been drafted by Dr Agnes Marossy, Consultant in Public Health.

The report was brought before the HWB as it had previously been agreed that JSNA updates reports would be presented to the HWB.

Dr Marossy explained that the JSNA would focus on 5 key areas for analysis:

- Housing and Homelessness
- Older People's Health
- People in Care Homes
- Excess Winter Deaths
- Vulnerable Young People

There was also going to be a section on Populations of Interest, and that was going to be broken down into the following areas:

- Children and Young People
- Older People
- Learning Disability, Physical Disability & Sensory Impairment
- Mental Health and Wellbeing
- End of Life Care
- Carers
- Alcohol and Substance Misuse

The new report would also incorporate updates on issues raised in the last JSNA, and it was hoped to complete the draft of this report around October/December 2015.

RESOLVED that the Proposals and Process for the 2015 JSNA report be noted.

11 HEALTHWATCH BROMLEY REPORT AND PRESENTATION - GP ACCESS IN THE LONDON BOROUGH OF BROMLEY

A report and presentation had been prepared by Healthwatch Bromley concerning GP Access in the London Borough of Bromley.

The key findings of the report were:

- Most people were very satisfied or satisfied with the opening hours of their GP surgery
- Many expressed frustration with the booking system
- Many had difficulties in obtaining appointments
- The number of actual appointments available were significantly lower than perceived
- Additional support needs were rarely catered for
- Patient participation Groups were largely unknown

The Chairman queried how the survey was conducted and it was explained that Healthwatch used the services of Focus Groups, and that in addition they went to visit GP surgeries under statutory powers, and spoke to patients, practice managers and reception staff.

The Board were informed that many patients complained of waiting for a long time in the surgery, even if attending on time for their appointment, but were happy with the service that they received when speaking to their GP.

A Member enquired if accessibility issues had been discussed. The response to this was that this was not part of the remit of the survey. Dr Parsons commented that all GP practices would have undergone a disability assessment. A Member queried the demographics of the survey and it was revealed that the patients surveyed were largely in the 40-50 age group.

A Member asked if there was any evidence of surgeries offering health checks. Dr Parsons clarified that some patients did attend for routine follow ups, and some came for screening and NHS Health Checks.

Dr Bhan thanked Healthwatch for their report, and for all of their hard work. She suggested that the CCG should have further discussions with Healthwatch to decide how best to move forward. After these discussions, an update report would be sent to the CCG, HWB and GP surgeries.

RESOLVED that

(1) the Healthwatch report on GP Access in LBB be noted

(2) the CCG meet with Healthwatch to discuss the report further

(3) an update report be drafted for the attention of the CCG, HWB, and GP surgeries.

12 UPDATE ON TASK AND FINISH GROUPS

Councillors updated the Board with respect to the ongoing work of the Task and Finish Groups as outlined later in the minutes.

13 DIABETES WORKING GROUP UPDATE

Councillor Ruth Bennett was the Lead for the Diabetes Task and Finish Group, but was not available on this occasion to provide an update.

14 OBESITY WORKING GROUP UPDATE

Councillor Angela Page was the Lead for the Obesity Task and Finish Group, but was not available on this occasion to provide an update.

15 CHILDREN'S MENTAL HEALTH WORKING GROUP UPDATE

Councillor Judi Ellis provided an update on work being undertaken by the Task and Finish Group dealing with children's mental health. Cllr Ellis explained to the Board that the Task and Finish Group was focusing on:

- Prevention
- Ongoing support
- Problems with in-patient beds

Bromley "WHY" would be published in the near future, and this would provide useful new data, and would show the relationship between data spikes.

The Task and Finish Group was looking to engage with community groups and schools, and work was ongoing to pull everything together.

RESOLVED that the update concerning the work of the Task and Finish Group for Children's Mental Health be noted.

16 DEMENTIA WORKING GROUP UPDATE

Councillor William Huntington Thresher provided an update on behalf of the Dementia Working Group. Various groups had been invited to meet with the Working Group, including the Bromley Dementia Action Alliance. The plan was that the various groups could be linked together, and then linked into LBB services. The Groups would also meet to consider aspects of dementia friendly societies, and dementia friendly communities. Another objective would be knowledge dissemination.

The Board were informed that a conference had been held on the 11th March 2015—"Living Well with Dementia". Feedback would come to the Board in due course. It was planned that there would be a dementia awareness day in May 2015.

RESOLVED that the update from the Task and Finish Group dealing with dementia be noted, and that feedback from the recent "Living Well with Dementia" conference be provided to the HWB in due course.

17 QUESTIONS ON THE HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

There were no questions on the information briefing.

18 WORK PROGRAMME AND MATTERS ARISING

The Board reviewed its Work Programme and progress made concerning matters arising from previous meetings.

RESOLVED:

(1) that the Matters Arising and Work Programme report be noted.

(2) that Better Care Fund Governance and Integration Programme updates be added as a standing item to the Work Programme until further notice.

19 ANY OTHER BUSINESS

Linda Gabriel outlined efforts that Healthwatch Bromley had undertaken to improve public awareness of their activities and role in the community. These included better outreach work with faith communities, community groups, Beckenham SPA, schools, and with Healthwatch Bromley Hubs.

RESOLVED that the Healthwatch update be noted, and that a brief update report on these activities would be emailed to Members after the meeting,

20 DATE OF NEXT MEETING

The date of the next meeting was confirmed as June 4th 2015.

The Meeting ended at 3.30 pm

Chairman

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