

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 6 October 2016

Present:

Councillor David Jefferys (Chairman)
Councillor Diane Smith (Vice-Chairman)
Councillors Ruth Bennett, Stephen Carr, Ian Dunn, Robert Evans,
Colin Smith and Pauline Tunncliffe

Stephen John, (Assistant Director: Adult Social Care)
Dr Nada Lemic, (Director of Public Health)
Matthew Trainer, (South London NHS Area Team Lead - NHS
England)
Dr Angela Bhan, (CCG Chief Officer - Consultant in Public
Health)
Harvey Guntrip, (Lay Member-Bromley CCG)
Annie Callanan, (Independent Chair - Bromley Safeguarding
Children Board)
Linda Gabriel, (Healthwatch Bromley)
Colin Maclean, (Community Links Bromley)

Also Present:

Agnes Marossy, Lorna Blackwood, Jackie Goad, Folake Segun,
Rory Macfarlane, Dr Ruchira Panajape

74 APOLOGIES FOR ABSENCE

Apologies were received from Kay Weiss.

Apologies were also received from Dr Andrew Parson and Dr Ruchira Panajape attended as substitute.

75 DECLARATIONS OF INTEREST

There were no declarations of interest.

76 MINUTES OF THE HWB MEETING ON 2ND JUNE 2016

It was noted that the reference in the previous minutes to the 'Royal Voluntary Society in Bromley' (Minute 63) should be amended to 'Royal Voluntary **Service** in Bromley'.

Subject to this amendment the minutes were agreed as a correct record.

77 QUESTIONS FROM COUNCILLORS OR MEMBERS OF THE PUBLIC

No questions had been received.

78 UPDATE FROM THE CHILDREN'S SOCIAL CARE SERVICES IMPROVEMENT GOVERNANCE BOARD

The update concerning the Children's Social Care Services Improvement Governance Board was provided by the Council Leader, Councillor Stephen Carr.

The Board had been established immediately subsequent to the findings of the Ofsted report into Children's Services. The Board consisted of Members, Senior Officers, and representatives from the police, BSCB, the CCG and a Schools' Representative. The Board had met on a regular basis since its formation.

The Ofsted report had resulted in 22 recommendations. The Governance Board had drafted Terms of Reference and an Action Plan to ensure that all of the recommendations would be implemented. The Improvement Plan had been given high priority and so multiple drafts had been produced before the plan was finalised. The Action Plan was extended to cover the whole of Children's Services, and not just the areas highlighted by Ofsted. It was noted that there were two work streams identified by Ofsted as being good. The Board had initially met weekly, and this was subsequently changed to fortnightly meetings.

Members heard that the Action Plan had been scrutinised by the Care Services PDS Committee and the Executive & Resources PDS Committee before being approved by Executive. The Improvement Plan also went to Full Council for final approval and sign off. The Independent Commissioner for Children's Services had submitted her recommendations to the Minister, and LBB were awaiting a response. Additionally, a new Deputy Chief Executive and Executive Director of Education, Care and Health had been appointed.

The Leader felt strongly that the Governance Board should have an Independent Chairman and it was the case that a suitable candidate was being sought. The HWB would be informed of developments going forward. Improvements had been made to quality assurance, staff caseloads, improving staff numbers, and also with making improvements to the Court Team. It was also the case that more appropriate housing would need to be provided for those leaving care. The Leader stated that he welcomed scrutiny from partner organisations and scrutiny committees.

Cllr Ruth Bennett asked when the Commissioner's report to the Secretary of State would be published. It was responded that the report would be due sometime in October. It was noted that the Commissioner had been supportive, helpful, and that LBB were not expecting any surprises in the report; it was still the case however that LBB were unsure of what the final recommendations would be. Cllr Robert Evans commented that it would be the Minister who would make the final decisions.

Colin Maclean referenced the Borough Officers Strategic Partnership Forum which was chaired by the Leader and which discussed the new Building a Better Bromley vision and collaborative working; this meeting had been held the day prior to the HWB meeting. The membership of the Partnership Forum comprised the Leader, LBB Directors, Chief Officers from the MPS, LFB, CCG, DWP, Community Links and London South East Colleges. The Forum met to ensure that statutory requirements were being fulfilled, which included the proper functioning of Children's Services.

The Independent Chair of the Bromley Safeguarding Children's Board (BSCB) stated that they also had to develop an Action Plan and had significant ongoing work to do after Ofsted had stated that the BSCB required improvement. The BSCB Development Day this year (25th October 2016) would be used to look at how the BSCB could improve outcomes and be more effective in the future. As part of this, an Improvement Plan for the Board had been developed and BSCB had secured the support of Rory McCallum, the Professional Advisor to the Chair of the City and Hackney Safeguarding Children's Board as the facilitator for the Development Day.

Dr Bhan stated the CCG had been pleased with the responses to the Ofsted report, and with being part of the solution. On the positive side, an opportunity had arisen for various organisations to revise systems. The CCG were in the process of organising a mock CQC inspection of themselves and their partners.

Post meeting note:

The Statutory Direction issued to LBB from the Department for Education was published on the DFE and Bromley Council websites on 10th October 2016.

79 HEALTH AND SOCIAL CARE INTEGRATION UPDATE

It was suggested that this update may be better titled as 'Integrated Care Network Update'.

Dr Bhan made the point that the emphasis over the last two months for the CCG had been concentrating on work relating to children. However, it was still the case that the CCG and LBB had been working collaboratively on health and social care integration which was still being funded by the Better Care Fund (BCF). Lorna Blackwood had been leading this for LBB, and had been working closely with the CCG. Part of this work involved looking at social care implications.

It was noted that Dementia Hubs had been set up and financed by the BCF and that there had been a national drive to increase diagnosis rates for dementia. Access to the hubs was not only via GP's, but also via Oxleas and the third sector. It was felt that it would be a good idea if data concerning the dementia hubs could be brought back to the HWB, part of the data should relate to the discharge of patients. Various winter initiatives were being developed as well as the Transfer of Care Bureau.

Dr Bhan felt that good progress had been made concerning the development of the ICN's (Integrated Care Networks), and expressed her thanks for the support that had been received from the HWB and partners. It was now the case that standard ICN operational procedures and protocols were being written up.

Dr Bhan explained that in the future, GP's would have the option to refer complex cases to a Multi-Disciplinary Team (MDT). A pilot for this would be in place by the end of November 2016. The plan was for 3 MDT's to pick up 10 patients each at any given time, and that over the course of a year they would manage 1600 patients. At the time of writing, no significant extra burden was expected to be placed on LBB in terms of social care provision. Further development was required in terms of dealing with the housing needs of people in care homes. This was likely to take the form of an upgraded version of the Visiting Medical Officers Scheme, but was currently in an early stage of development.

Good progress had been made with developing the Frailty Unit in Orpington, including the provision of new geriatric services. Dr Bhan informed the Board that 1/3 new geriatricians had been recruited, but more were required. Care Navigators had been recruited to help the public 'navigate' the new system. The Frailty Unit (FU) would have 36 beds (and chairs) and would open in January 2017. It was anticipated that the size of the Unit would gradually expand, and would provide a step up service for people in the community. All parties involved were working very hard to make the new FU successful.

The Leader was pleased to hear of the progress made in developing the ICN's. He asked Dr Bhan what the impact would be on social care due to the increased volume of referrals, as this would have an impact on capital and resources. He also asked if the funding for any social care referrals would come from the BCF. Dr Bhan responded that she anticipated that currently there would be no extra demands on social care resources. However, she did mention that it remained to be seen if there were new needs that may need to be met. Dr Bhan stated that the objective of the FU was to reduce the number of hospital admissions, and also to reduce the need for packages of care from social care. It was anticipated that use would be made of the third sector to assist with reablement, and to counter the negative effect of isolation. Dr Bhan was confident that LBB had the relevant systems in place, and it was the case that BCF monies were available for another 3 years to assist.

Cllr Diane Smith expressed concern at what she perceived to be a limited number of beds in the FU, and asked what measures would be in place to ensure that enough step up beds would be available. Dr Panajape answered that the FU at Orpington would work differently, and that the FU was integral to a proactive frailty pathway. The plan was that under the new system, the focus would be on identifying patients that were escalating in need, and would therefore benefit from being cared for by the MDT. It had been proven that patients benefited from multi-disciplinary case management, and that referrals to the FU would need to come from a gerontologist.

Colin Maclean referenced the Bromley Third Sector Enterprise (BTSE). This was a new venture that had been established by some of Bromley's key charities.

The aims of BTSE were to:

- Provide a single point of access and signposting to the voluntary and community sector (VCS) health and social care provision in the London Borough of Bromley
- Enable the VCS to be a core provider of health and social care services in and around the London Borough of Bromley

It was also the case that Community Links were working on developing a social prescribing scheme.

Matthew Trainer was glad that the FU was not going to be treated as an extension to hospital treatment, and stated that care pathways had to change to reduce pressure that was building up in the system. He felt that too much care in previous models had been required to be given to those who were in a position of crisis; this was very detailed, costly and technical. Patients that spent too much time in hospital were in danger of developing muscle wastage and infections. He expressed the view that the current NHS model was unaffordable. The Chairman felt that it would be a good idea to have an FU update at the next meeting.

RESOLVED that the ICN update be noted, and that a further update be brought to the next meeting of the Board, which would include an update on the development of the Frailty Unit.

80 HEALTHIER SOUTH EAST LONDON PRE-CONSULTATION ENGAGEMENT FOR PLANNED ELECTIVE CARE REPORT

Dr Bhan provided the Elective Care update. She informed the Board that inpatient orthopaedic centres still existed on 7 sites, and that the associated rehabilitation services were working well. An Evaluation Panel had been set up to evaluate site options for the development of the new orthopaedic centres against the criteria developed by clinical and patient groups and signed off by the CCG Committee in Common (CiC). The task of the Evaluation Panel was to assess the suitability of potential sites against financial and non-financial criteria. It was hoped that the determination of the site would be by non-financial criteria if possible. It was intended that one site be located in inner London, and one in outer London.

The scores for each option against non-financial criteria were listed in the report:

- Guy's and Lewisham 1.15
- Guy's and Orpington 2.15
- Orpington and Lewisham 1.08

So based on non-financial criteria, the 2 favoured sites would be Guy's and Orpington. The CiC would meet again on 8th November, and it was anticipated that the Evaluation Panel would have completed its work by then, and this would have

included a financial evaluation of the proposals.

It was noted that for the orthopaedic centre proposal to go forward it would have to demonstrate the following criteria:

- that the proposal did not destabilise any hospital
- that trauma services could be maintained at A&E departments
- that the proposal was affordable and made a positive financial contribution

Cllr Ruth Bennett expressed the view that some of the objections from the public had been made on the basis of dis-information, and that this would need to be countered. Dr Bhan mentioned that some consultation had already been undertaken, but a full consultation was planned. It was anticipated that the implementation of the orthopaedic elective care centres would act as a prototype for similar centres of excellence in other disciplines.

Mr Trainer stated that it was not the case that the NHS were looking to strip resources, but that the aim was to facilitate an efficient consolidation of resources. It was important that people understood this, as demand was outstripping funding. Cllr Dunn referred to the conditions outlined in the report for an orthopaedic centre proposal to go forward. He asked how it could be demonstrated that '*trauma services can be maintained at our A&E departments*'. Dr Bhan responded that outpatients and day surgery still had to function as normal. Duty rotas would be maintained to ensure that trauma centres had the correct level of medical input.

Councillor Diane Smith asked how the financial arrangements would be handled when people had treatment in the Elective Care Centre from outside the borough. Dr Bhan assured that the correct lines of communication would be put in place between social services departments. It was the case that a model was already working in south west London. Mr Stephen John commented that under the Social Care Act, there was a statutory obligation for the responsible social services department to pick up costs. Dr Panajape explained that pre and post-operative arrangements, along with rehabilitation would remain unchanged.

81 STEPPING UP TO THE PLACE-INTEGRATION SELF ASSESSEMENT TOOL

A document had been allocated to the agenda entitled, 'Stepping up to the Place: Integration Self-Assessment Tool'. This was a document that had been drafted by The Association of Directors of Adult Social services (ADASS), the Local Government Association (LGA), NHS Clinical Commissioners and the NHS Confederation. The aim of the publication was to show what a fully integrated, transformed system should look like.

The self-assessment tool consisted of 2 core modules, and 2 optional modules.

The Core Modules were:

- Do you have the essentials for the integration journey?

- How ready for delivering integration is your health care system?

The Optional Modules were:

- Effective governance for delivering integration
- Effective programme management for delivering integration

Rory Macfarlane (London Councils) was in attendance to answer any questions concerning the self-assessment tool.

It was decided that the self-assessment tool be noted, but should be taken away and carried forward outside of the current meeting. It was noted that the LGA had a budget to assist in the implementation of the steps outlined in the tool. It was agreed that Mr Macfarlane and Lorna Blackwood would meet after the meeting to discuss the self-assessment tool further.

82 HEALTHWATCH ANNUAL REPORT

The presentation on the Healthwatch Annual Report 2015-2016 was given by Linda Gabriel.

Three broad areas of work were identified:

- Mental Health
- Children and Young People
- Access to Primary Care Services

Engagement with young people identified that children and young people needed to be given more information and an insight into mental health at a younger age.

In terms of signposting, roughly a third consisted of directing people to GP surgeries, followed by hospitals. A pie chart showing 'positive stories by service type' showed that people's positive experiences were primarily with community health services.

The Board heard that during 2015/2016 Healthwatch used their powers to conduct 'Enter and View' visits to 6 Extra Care units, and made various recommendations subsequently.

Healthwatch undertook a project to gain better understanding and appreciation of Bromley residents' attitudes towards pharmacies. Ten pharmacies across the borough were visited, focusing on topics such as dispensing; promotion of healthy lifestyles, signposting and patient feedback. From the views and experiences gathered, it was evident that patients and service users felt they received a high quality of service from local pharmacies.

Healthwatch explored attitudes towards mental health and service access in the borough. They gathered the views, opinions and experiences of 109 residents and

service users. The majority of respondents agreed that there was not enough mental health support in the community.

Healthwatch felt that they had made a difference in the community by:

- Publishing 5 reports that focused on priorities.
- Playing an active role in gathering the views and experiences of homeless people for the borough's Homeless Health Needs Audit.
- Facilitating consultation with local people who access HIV services.
- Holding an event to raise awareness about the importance of self-care.
- Providing intelligence to the CQC, prior to the inspection of King's College Hospital.
- Delivering public engagement as part of the IAPT and Mental Health Employment Service review.
- Involvement in the development of the 'Our Healthier South East London' Programme.
- Engagement with over 200 members of the public as part of the CCG's Phlebotomy Services consultation.

Ms Gabriel informed the Board that Healthwatch had decided to continue with the same priorities for 2016/17 which were:

- Mental Health
- Children and Young People's Wellbeing
- Access to Primary Care Services

Mr Trainer mentioned that he was aware of a GP surgery that was using its practice address to help homeless patients register for various services, and that processes needed to be improved for homeless people to get access to medication. The Chairman stated that the issue of homelessness was being looked at in the next Joint Strategic Needs Assessment (JSNA).

It had been noted that the issue of sexual health and gender identity was a project that Healthwatch were looking to explore in the near future. Councillor Pauline Tunnicliffe highlighted that the number of young people identifying themselves as 'bisexual' had increased by 45% in the last 3 years. She asked if there was any link between this and mental health. Ms Gabriel replied that the focus of Healthwatch had been on the ability to access services rather than on identifying medical correlations. This being the case, no correlation had yet been identified.

Cllr Tunnicliffe stated that she had been informed that anti-depressants did not work well for young people, so were they being prescribed less?

Dr Panajape responded to this query. She stated that she was not aware of any evidence that supported the claim that anti-depressants were less effective for young people. It was true that young people were more volatile, and that the risk factors may increase as a result. She expressed the view that a holistic approach was required along with occupational therapy.

Cllr Diane Smith enquired if Healthwatch had been looking into issues concerning access to primary care services, specifically new GP surgeries. Ms Gabriel responded that Healthwatch had been looking into existing service quality, and not at new service provision. It was resolved that this matter be added as a future agenda item.

RESOLVED that the matter of new GP service provision be added as an agenda item for the next meeting.

83 BRIEFING ON SMOKING AND MENTAL HEALTH

The Board looked at the briefing note on smoking and mental health written by Dr Agnes Marossy. The briefing had been drafted in response to the report produced by ASH (Action on Smoking and Health) entitled; 'The Stolen Years: The Mental Health and Smoking Action Report'. This report had been developed in collaboration with 27 leading mental and public health organisations.

It was noted that 40% of people with a mental health condition smoked; this figure increased to up to 70% for people that had been discharged from a psychiatric hospital.

Dr Marossy informed the Board that work on the JSNA for 2017 included data searches of GP surgeries to include the identification of patients with mental health conditions who smoked. It was also the case that Oxleas, with support from the 'Stop Smoking Service' had implemented smoke free sites for their acute services, and were working on making the long stay wards smoke free. The commissioned contract for the 'Stop Smoking Service' included the targeting of priority groups including pregnant smokers, routine and manual labour workers and smokers with mental health conditions.

The Specialist Stop Smoking Service had undertaken 'Stop Smoking' training with staff at Community Options (they were a charity who supported people with severe and enduring mental health problems, and were commissioned to provide services in Bromley).

The Stop Smoking Service was currently commissioned from Bromley Healthcare, and this contract was due to end on 31st March 2017. The service would be decommissioned as the Executive had made a decision to cut the budget for this service. Dr Bhan expressed concern about the effects of decommissioning the service, and felt that this would be a problem going forward, and that it would have an adverse effect on the health of many people.

Cllr Ruth Bennett asked if a person's mental health needs may in fact be made worse if they stopped smoking, and how was it possible to monitor if a person had

given up or not? Dr Lemic responded that there was no evidence to support the hypothesis that giving up smoking would worsen the mental health conditions of people with mental health needs. It was possible to test individuals to ascertain if they had given up smoking or not; a machine was used to test carbon monoxide levels.

84 MOU BETWEEN THE HEALTH AND WELLBEING BOARD, AND THE BROMLEY SAFEGUARDING CHILDREN'S BOARD

The Working Agreement between the HWB and the BSCB was well received by the Board.

The Chairman referred members to Appendix A, (Role and Responsibilities: S7). He recommended that the reference to the HWB as an 'executive' body be replaced with the word 'statutory' as the HWB was not an executive body. With this adjustment, all parties were happy to approve the agreement.

Mr Stephen John felt that it would be beneficial if another MOU was drafted between the HWB and the Adult Safeguarding Board.

RESOLVED that subject to the adjustment detailed above, the MOU between the HWB and the BSCB be approved and signed off.

85 UPDATE FROM THE MENTAL HEALTH SUB GROUP INCLUDING CAMHS TRANSFORMATION PLANS

The update from the Mental Health sub group was provided by Mr Harvey Guntrip.

The sub group had met prior to the main meeting of the HWB, and Mr Guntrip summarised the meeting as follows:

The Chair introduced the following aims to members and sought general agreement on the terms and conditions under which the sub group would operate.

1: To understand the wider mental health needs for the population of Bromley.

2: To map existing and proposed provision across the Borough and cross borders.

3: To investigate key issues impacting on effective delivery of mental health services across the Borough and facilitating strong partnership working across all agencies.

4: To propose a joint LBB/CCG strategy for a cost effective mental health service across the Borough.

Discussion was held concerning these aims, and general agreement was reached, including a commitment from all present to aid in the facilitation of joint working across all agencies. The sub group agreed that the current membership was the

appropriate size and composition for the task, and that other invitees would be called as appropriate to items on the future agendas.

Daniel Taegtmeyer (CAMHS Transformation Plan Lead from Bromley CCG) introduced a paper:

‘CAMHS Transformation and Mental Health of Children and Young People (CYP) in Bromley’.

A wide ranging discussion around the topic took place and general support of the aims of the plan was given. All members committed to working closely in the development of the plan and to ensure its long term success.

Stuart Thompson (Mental Health Interim Commissioner Bromley CCG) introduced a paper:

“Developing Mental Health and Wellbeing for Bromley”

Discussion around the broad range of topics contained in the paper took place and Stuart and Lorna confirmed they would work closely to ensure any commissioning intentions would be well rehearsed by both LBB and CCG to ensure maximum impact. Members agreed that a combination of the CAMHS and the Mental Health and Wellbeing plans would constitute the backbone of an overall Bromley Strategic Plan for Mental Health and the sub group would assist in developing this plan in future meetings. The sub group concluded that future meetings would run in tandem with Health and Wellbeing Committee dates and that ongoing conversations around the topics would continue outside the meetings as appropriate.

Mr Guntrip informed the HWB that it was the intention of the sub group to chart and print a strategy document with real time frames that would be presented to the Board for discussion. It was suggested that as the CAMHS Transformation Plans needed to be signed off by October 31st, that authority be delegated to the Chairman and Vice Chairman of the HWB for sign off.

Dr Bhan felt that the strategy of the Mental Health Sub Group should be clinically led, and that something else should be set in place to enable this. She felt that it was fundamental to have clinicians involved, and that a broader engagement was required.

Annie Callanan referenced school counsellors, and expressed the view that they should all be BACP (British Association for Counselling and Psychotherapy) trained and registered. This was not currently the case. A paper drafted by Jenny Selway would be presented to the Schools Partnership Board with this recommendation.

86 PHLEBOTOMY UPDATE

It was noted that procurement matters were being developed by the CCG.

87 WORK PROGRAMME AND MATTERS ARISING

The Work Programme and Matters Arising report was noted.

It was noted that a JSNA update would be provided to the Board in December.

The Board were informed that an agenda planning meeting had been scheduled for 31st October.

In terms of future agenda items it was agreed that access to GP services be added as an agenda item for the next meeting. Cllr Dunn suggested that an update from IMPOWER would be beneficial.

RESOLVED that

(1) A JSNA update be brought to the next meeting

(2) Access to GP services be added as an agenda item for the next meeting

88 OTHER BUSINESS

The Chairman asked members if they felt it was a good idea to have a 'Health and Wellbeing Week', with a possible exhibition at the reference library. Any thoughts around this should be emailed to the Committee Clerk with the Chairman copied in.

89 DATE OF NEXT MEETING

The date of the next meeting was confirmed as December 1st 2016.

The Meeting ended at 3.30 pm

Chairman