

HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 1.30 pm on 2 February 2017

Present:

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

Dr Nada Lemic, Director of Public Health

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member-Bromley CCG

Linda Gabriel, Healthwatch Bromley
Janet Tibbalds, Community Links

Also Present:

Jenny Manchester, LBB Business Support
Raj Matharu and Dinesh Patel-Local Pharmaceutical Committee
Jackie Goad, Chief Executive's Department
Dr Agnes Marossy, Bromley Health Authority

108 APOLOGIES FOR ABSENCE

Apologies were received from Jim Gamble, the Chairman of the Bromley Safeguarding Children's Board.

Apologies were also received from Stephen John, and Colin Maclean.

Janet Tibbalds attended as substitute for Colin Maclean.

109 DECLARATIONS OF INTEREST

Cllrs Colin and Diane Smith declared interests concerning agenda item 17, which was an item dealing with end of life care. This was because a relative worked at St Christopher's Hospice.

110 MINUTES OF THE MEETING HELD ON 1ST DECEMBER 2016

The minutes of the meeting held on 1st December 2016 were agreed as a correct record.

111 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC

No questions were received.

112 SOCIAL ISOLATION--DEVELOPING A LOCAL CAMPAIGN

The report on Social Isolation was written and presented by Jenny Manchester, LBB Strategic Business Support.

The report was presented to HWB members to provide an update on the Adult Services Stakeholder Conference on Social Isolation that took place on 23rd November 2016.

The report recommended that the HWB and LBB work together in developing a campaign to signpost people that may be experiencing social isolation. If the HWB agreed to support the campaign, an action plan and suggested next steps for partners would be brought to the HWB meeting on March 30th.

The Board heard that social isolation meant that an individual was more likely to experience various types of abuse, and that the elderly were more likely to develop clinical dementia.

The Board were appraised that a recommendation from the Conference was that LBB develop a new 'social isolation' resource on the Bromley MyLife website. It was further recommended that a campaign to signpost resources for people experiencing social isolation be rolled out. It was suggested that an awareness week in the Autumn be put in place.

The Conference recommended that the matter of social isolation be reflected in the future HWB strategy and priorities.

The Chairman expressed the view that social isolation should be addressed as a priority. Dr Bhan felt that this was an excellent initiative that would link well with the work being undertaken on Integrated Care Networks (ICNs). Dr Bhan thought that social isolation could be incorporated into 'Building a Better Bromley'. She wondered if KPIs around a joint project would be required. Cllr Carr had no problem with this idea in principle, but felt that greater clarification on how the KPI's would be measured was required. He asked how the figures for social isolation were being measured. Ms Manchester clarified that the same measuring tools were being used across all boroughs .The Chairman asked if the data was 'age corrected'. Ms Manchester responded that the survey undertaken was robust and comprehensive. Cllr Carr suggested that the issue concerning the future measurement of KPIs may be something that Jackie Goad could investigate further.

Cllr Bennett queried why so many people felt isolated when there were lots of ways that they could engage in the community. She wondered if there were psychological reasons for this, and if these individuals could be identified. Janet Tibbalds explained that some people would be happy with low level contact. She felt that others may not engage for a variety of reasons which could include no access to IT, ill health and grief.

The Chairman suggested that it may be a good idea for some of the attendees at the Conference to attend the next HWB meeting.

Cllr Evans expressed his thanks to Jenny Manchester for organising the conference, and felt that it had highlighted a problem that needed urgent attention. Now was the time for action.

RESOLVED that

- (1) the HWB and LBB work together in developing a campaign to signpost people that may be experiencing social isolation**
- (2) an Action Plan for all partners be brought to the next HWB meeting**
- (3) LBB develop a new ‘social isolation’ resource on the Bromley MyLife website**
- (4) an ‘Awareness Week’ be scheduled for the Autumn**
- (5) the matter of ‘social isolation’ be reflected in the HWB Strategy**

113 PRESENTATION FROM THE LOCAL PHARMACEUTICAL COMMITTEE

A verbal update was given by Mr Raj Matharu and Dinesh Patel with the aid of an infographic.

The Board was informed that the Department of Health was pressing ahead with funding cuts which could cause major difficulties to the community pharmacy network. A recent report by Price Waterhouse Coopers showed that community pharmacy provided £3 billion net value to the NHS by providing 12 enhanced services.

The Board heard that the £3 billion net value of savings could be broken down as follows:

1. £1.1bn NHS cash savings
2. £600m in benefits to patients
3. £1bn worth of benefits to the public sector and the wider economy
4. £242m of NHS treatment costs avoided

The Board were informed that two million people had signed a petition opposing the cuts and that the Local Pharmaceutical Committee (LPC) was supported by the Local Government Association. Community pharmacies were now faced with the problem of reconfiguring services with a 12% reduction in funding. Mr. Matharu stated that local pharmacies were now looking at cutting hours and staff levels, and many were likely to close in the next couple of years. To make matters worse, local pharmacies would have problems with exiting from lease agreements.

Dr Bhan commented that there were issues around who commissioned what from whom. It was currently the case that pharmaceutical contracts were still within the remit of the NHS and not the CCG. It was possible that in the future a minor ailment service could be negotiated between local pharmacies and the CCG. Mr. Mathura pointed out that local pharmacies found it a major challenge to engage with the standard tendering process. He suggested that a different approach be adopted outside of the standard process to help local pharmacies to engage in the commissioning of services.

Cllr Colin Smith was concerned to learn that no compensation scheme existed to aid local pharmacies to rationalise and to assist with the termination of commercial leases. Dr Bhan suggested that the HWB could write to NHS England to highlight these issues and try and gain support for funding to assist with the termination of commercial leases.

Cllr Ruth Bennett expressed the view that there were too many pharmacies in London and that rationalisation was necessary.

RESOLVED that a letter from the HWB be written to NHS England to highlight the problems faced by local pharmacies in exiting commercial leases and to request support in dealing with these issues.

114 PRIMARY CARE CO-COMMISSIONING REPORT

Jessica Arnold (Head of Primary and Community Care, Bromley CCG) submitted a report to the HWB. The title of the report was ‘Primary Care Commissioning, Access and Resilience’.

The report was presented to the HWB for information, comment and discussion, and the Board was briefed on the report by Dr Bhan.

The report outlined the key updates relating to the primary care function of Bromley CCG, these were:

- Moving from the co-commissioning of general practice with NHS England towards fully delegated commissioning from 1st April 2017.
- Recent improvements to primary care access, in particular during evenings and weekends
- Investments into general practice planned as part of the GP Forward View programme.

The Board was updated concerning Level 3 full delegation of Primary Care Commissioning, and the advantages and possible disadvantages of delegated commissioning were outlined. Bromley CCG had submitted their plans for fully delegated commissioning to NHS England in December 2016, and a decision was expected in mid-February 2017. If approval was received, then the transition process would commence on 1st April 2017.

If approval was given, a new Primary Care Commissioning Committee would be established. This would function as the highest level of governance for primary care matters and would replace the former SEL Joint Committee. It was expected that all six SEL CCGs would be approved for fully delegated commissioning from April 2017.

The Board was updated concerning the GP Forward View, and the development and implementation of the Forward View Plan. It was noted that the General Practice Forward View (GPFV) was launched in April 2016. This was a plan that was designed to stabilise and transform general practice backed by a multi-billion pound investment to redress historic underinvestment in the service. The GPFV stated that if general practice failed, then the NHS would also fail.

Dr Bhan mentioned some of the GPFV investments for Bromley:

- £185,000 for vulnerable practices
- £89,000 for online consultations
- £1.1m for improving access

The GPFV investments in Bromley were noted. The Board was appraised that Bromley CCG was currently in the process of developing a detailed prioritisation and action plan for the resilience and workforce elements of the local GPFV plan. Once the Plan had been approved, it could be published and implemented swiftly.

The Board was appraised concerning Primary Care Access Hubs which had been set up since 1st December 2015 to offer additional GP appointments. A third Hub had been established since December 2016, and further expansion was planned for the future. The Board was appraised that the Hub service was being provided by the Bromley GP Alliance, and that a new contract had recently been agreed. The new contract would mean that the service would continue to be provided by the Bromley GP Alliance up to 31st March 2018. In the interim, Bromley CCG would be undertaking a competitive procurement process in line with statutory obligations. It was hoped that a new GP Access Hub could be sited in the centre of Bromley.

The Board noted the current position relating to the review of PMS contracts, and of the GMS equalisation process. The investment made into general practice under the PMS contract and planned GMS equalisation would be £12.26 per weighted patient—totalling £3.5m per annum. The plan was that going forward; all practices would provide the same levels of service. This would include improved screening rates, increasing the uptake of the flu vaccine, and more online consultations. This would also help to support GPs to transition to the ICN structure.

Dr Bhan updated the Board concerning the Integrated Case Management Local Improvement Scheme. The scheme had been operating since 1st December 2016 and was regarded as a significant step forward in the implementation of Integrated Care Networks in Bromley. The good news was that currently 37 of Bromley's 45 practices were participating in Integrated Case Management.

It was noted that funding had been received by Bromley CCG for the development of a Health and Wellbeing Centre. The plans and business case for this were in an early stage of development.

The Board heard that the Care Quality Commission (CQC) were currently in the process of inspecting all London GP practices. The outcomes for Bromley at the time of writing the report were as follows:

- 1 practice was rated as outstanding
- 18 practices were rated as good
- 3 practices 'required improvement'
- 23 had not been inspected

The CCG was working closely with those practices that required improvement.

The Vice Chairman enquired how investment would be shifted from the acute sector to primary care. Dr Bhan stated that some of the money would come from the GPFV. The shifting of resources would be a longer term plan. It was also intended not to increase money going into hospitals, but to divert money so that more complex patients could be looked after in the community.

Cllr Evans referred to the possible disadvantages of delegated authority for commissioning mentioned in the report. He asked what level of monitoring of interventions would take place, and if there would be uniformity. He also referred to any improvement plans that may be recommended by the CQC, and if the CCG would be involved in overseeing the improvement plans.

Dr Bhan responded that the CQC ratings were a useful measure of quality that could aid the CCG with scrutiny, and that these indicators, combined with patient feedback were useful. The CCG had set up a Primary Care Team to improve General Practice, and that a Primary Care Needs Assessment was being developed.

Cllr Evans asked if the CCG would have sufficient funding for proper intervention and monitoring. Dr Bhan clarified that no extra funding had been provided to date. However, some people had been brought back to south east London to assist.

Harvey Guntrip expressed the view that full delegation should result in a more open process as control would then be local.

RESOLVED that the report be noted and that Dr Bhan email the Committee Clerk to advise of the outcome of the full delegation application for commissioning.

115 ICN AND FRAILTY UNIT UPDATE

The Integrated Care Network (ICN) and Frailty Unit update was provided by Dr Bhan.

The Frailty Unit (FU) had opened in Orpington during the first week in January,

and 26/38 beds were occupied. The remaining beds could not be filled due to staffing issues. The patients liked the environment. It was noted that no one could be admitted to the FU without the agreement of a geriatrician. There was no data for outcomes yet. There would be a winter ICN update at the next HWB meeting.

The Chairman was pleased with progress and expressed his thanks to Kings for their excellent work.

RESOLVED that the briefing be noted and that a further update in March would provide data for outcomes.

116 UPDATE FROM THE MENTAL HEALTH SUB GROUP

Harvey Guntrip briefed the HWB that a meeting had taken place recently of the Mental Health Strategic Partnership Board. This dealt with a number of cross border mental health issues and included young people and adults. He assured that much work was going on around mental health. Mr Guntrip would provide a more detailed update to the HWB at the March meeting.

117 JSNA 2016 PRESENTATION AND AN UPDATE ON THE HWB STRATEGY

The presentation was given by Dr Agnes Marossy, Consultant in Public Health.

It was noted that the purpose of the JSNA was to identify the current and future health and wellbeing needs of the people of Bromley, taking into account existing services. The content of the 2016 JSNA was:

- The Population of Bromley: Demography
- The Health of People in Bromley
- In Depth Areas
- Domestic Violence
- Housing and Homelessness
- Sexual Health
- Alcohol Use in Bromley

There were also updates on Populations of Interest which were:

- Children & Young People
- Physical Disability & Sensory Impairment
- End of Life Care

It was noted that the population of Bromley was rising, and was expected to keep doing so and that the percentage of elderly people was also expected to continue increasing. The report highlighted that inequalities in life expectancy existed in Bromley, and the lowest life expectancy for both males and females was in the Crystal Palace Ward.

The three primary cause of death in Bromley were:

- Circulatory Disease – 29.1%
- Cancer – 29.0%
- Respiratory Disease – 13.3%

The Board noted that Bromley was ranked as the sixth highest prevalence of excess weight in London, 63.8% of Bromley's population were either overweight or obese, which represented approximately 197,392 adults. There were nearly 30,000 people in Bromley at risk of diabetes.

Dr Marossy outlined some data pertaining to domestic abuse as follows:

- 2480 DV Offences in 2015-16
- 65% unreported
- Most victims and perpetrators in the 21 to 30 year age group
- Many children were affected (81 have attended Bromley Children's Group Work Programme).

A graph was displayed that showed that the percentage of homeless applications being accepted was increasing.

The Board was concerned to note that there had been a 225% increase in the use of temporary accommodation since 2011 (projected to reach 1387 households in 2017). The current profile of households in temporary housing included:

- 80% of families with dependent children/ pregnancy (63% lone parents)
- 1724 school aged children in temporary accommodation (934 out of borough)
- More than 280 households have been in temporary accommodation for over two years

Dr Marossy briefed the Board on a data that had been accumulated after a Single Homeless Needs Audit:

- High physical and mental health needs
- Frequent users of emergency services
- Poor access to preventative health care
- Need more consistent approach at hospital discharge.

The Board noted an update on sexual health data as follows:

- There were rising rates of syphilis and gonorrhoea (above national average).
- The highest rates were in the North West of the Borough
- The highest risk factor groups were men who had sex with men (MSM) and young people aged 15 to 24 years

It was also the case that rates of HIV were increasing.

There was some good news to report in that the rate of teenage pregnancies had decreased.

The Board were reminded of the current HWB priorities which were:

- Obesity - still significant health needs
- Diabetes - still significant health needs, but services improved and developed e.g. NDPP
- Dementia – hubs, Dementia Alliance
- Young People's Mental Health

Dr Marossy concluded the presentation by suggesting a HWB Strategy based on pathway based priorities for vulnerable groups. A vulnerable group could consist of the homeless, those suffering from domestic abuse, the elderly, the socially isolated, or those with mental health issues. The health and wellbeing of children would also be integral to any revised strategy.

Dr Lemic agreed that a revised HWB Strategy was now required. She welcomed input from Board members concerning this.

Mr Guntrip suggested that as there was an ever increasing number of the aged in Bromley, it would be a profitable if employers spent some time with employees in helping them with holistic retirement planning. The Chairman agreed that consideration should now be given as to how people in their 70's and 80's could be kept fitter and less frail. The parameters needed to be extended.

Dr Bhan noted the increasing numbers of the population that were reaching the age of 100+, and that there was an increasing number of the elderly attending A&E who were aged 90+.

Mr Guntrip suggested that LBB could consider a fostering service for older people. Cllr Evans responded that this service already existed with 'Bromley Shared Lives.'

Cllr Colin Smith commented that these issues had been discussed for the last 20 years, but that people were disinterested. What would be required was an effective communications strategy so that people would pay attention.

Cllr Carr felt that it was important to avoid duplication. He wondered how much success around health matters locally, was correlated to national schemes and national advertising/marketing. He referred to diabetes, and wondered what the factors were that resulted in successful outcomes.

Dr Lemic referenced the Diabetes National Programme and stated that it was possible to evaluate what had worked on a national level, and apply these principles locally. It was the case that media influence was confirmed. Local strategies had been applied that were working and bearing fruit, and these included compressed morbidity. It was important to continue with what was working well and benefit from economies scale where possible.

RESOLVED that the JSNA and HWB Strategy Update be noted, and that members feed-back to Dr Marossy or Dr Lemic if they wished to make any suggestions for the revised HWB Strategy.

118 CHILD WELLBEING NEEDS ASSESSMENT AND REVIEW OF PUBLIC HEALTH AND JOINTLY COMMISSIONED CHILDREN'S SERVICES

The Child Wellbeing Needs Assessment had previously been disseminated via an information briefing, and a hard copy was tabled by Dr Selway at the meeting.

A separate report had been incorporated into the agenda which was the 'Review of Public Health and Jointly Commissioned Children's Services.' Incorporated into this report was an Executive Summary of the main findings of the Needs Assessment.

It was noted that the Needs Assessment was to be presented to the Children's Improvement Board. The Chairman asked if there were any comments on the Needs Assessment. Dr Bhan responded that with respect to the Appendix at the end of the report, it would have been useful if approximate timescales had been incorporated.

RESOLVED that the Child Wellbeing Needs Assessment and Review of Public Health and Jointly Commissioned Services Report be noted.

119 QUESTIONS ON THE INFORMATION BRIEFING

No questions were received on the information briefing.

120 REPORT ON PERFORMANCE AGAINST THE WINTER PLAN

The Winter Review—Urgent and Emergency Care report was drafted by Michael Maynard—Urgent Care Lead at Bromley CCG. The verbal update at the meeting was given by Dr Bhan.

The report focused on the following three areas:

- The performance of the Bromley Urgent Care System in Winter 2016/7 to date
- The Winter schemes that had been identified to manage surge and capacity issues
- An update on the progress of new schemes

The report noted that nearly £1.5m funding for Winter pressures had been agreed from the Better Care Fund (BCF).

Dr Bhan mentioned that Winter to date had been difficult, and that there had been a 9% increase in mortality rates nationally; the mortality rate for London had increased by 12%.

Cllr Dunn asked how many times the PRUH had moved into 'escalation' states. Dr Bhan outlined the 'Opel' escalation states and stated that at the beginning of January, the PRUH had moved into Escalation 3 status, and that there had also been a number of 12 hour trolley breaches.

It was noted that at the end of the Winter period there would be a formal review of all the schemes and lessons learnt, so that the effectiveness of the interventions be evaluated. Subsequent to this, a further update would be brought to the HWB.

RESOLVED that a further update on performance against the Winter Plan be provided to the Board at the meeting on 30th March 2017 if possible.

121 PHLEBOTOMY UPDATE

Dr Bhan stated that 240 phlebotomy appointments per week were being accommodated over 2 sites. A third site was being sourced.

It had been suggested that LBB Civic Centre may be able to be used as the third site.

Jackie Goad would investigate further with Property Management.

RESOLVED that Jackie Goad investigate with LBB Property Department to find out if it would be possible to host a phlebotomy clinic at Bromley Civic Centre.

122 EMERGING ISSUES

The Chairman stated that there had not been much feedback concerning this, but noted that the issue of 'Falls' seemed to be an emerging issue that would seem to require future attention.

123 REPORT ON ALCOHOL USE IN BROMLEY

Report ES16069 on Alcohol Abuse In Bromley was submitted for scrutiny to the Public Protection and Safety PDS Committee on 29th November 2016.

The report provided an update on alcohol abuse in Bromley.

The report went to the Health and Wellbeing Board for their attention and information.

RESOLVED that the report on alcohol abuse in Bromley be noted.

124 LETTER FROM DAVID MOWATT CONCERNING END OF LIFE CARE AND THE RESPONSE FROM THE HEALTH AND WELLBEING BOARD

The Board noted the letter from David Mowat concerning end of life care, and the subsequent response to the letter from the HWB.

125 WORK PROGRAMME AND MATTERS ARISING

CSD 17032

The Board noted the Matters Arising and Work Programme report.

126 ANY OTHER BUSINESS

No other business was discussed.

127 DATE OF THE NEXT MEETING

The next meeting was scheduled for 30th March 2017.

The Meeting ended at 3.10 pm