

## **HEALTH AND WELLBEING BOARD**

Minutes of the meeting held at 1.30 pm on 18 July 2019

### **Present:**

Councillor David Jefferys (Chairman)  
Councillor Robert Evans (Vice-Chairman)  
Councillors Marina Ahmad, Yvonne Bear, Mike Botting,  
Mary Cooke, Judi Ellis, Keith Onslow, Colin Smith and  
Diane Smith

Janet Bailey, Director: Children's Social Care  
Kim Carey, Director: Adult Social Care  
Rachel Dunley, Head of Service: Early Intervention and Family  
Support  
Dr Nada Lemic, Director: Public Health  
Dr Andrew Parson, Clinical Chairman: Bromley Clinical  
Commissioning Group  
Mark Cheung, Bromley Clinical Commissioning Group  
Colin Maclean, Community Links Bromley

### **18 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Gareth Allatt and Dr Angela Bhan, and Councillor Colin Smith and Mark Cheung attended as their respective substitutes. Apologies for absence were also received from Jim Gamble QPM, Harvey Guntrip, Lynn Sellwood and Barbara Wall.

Apologies for lateness were received from Councillor Keith Onslow.

### **19 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **20 MINUTES OF THE MEETING OF THE HEALTH AND WELLBEING BOARD HELD ON 16TH MAY 2019**

In respect of Minute 7, Councillor Evans highlighted that during a discussion regarding the underspend of the Improved Better Care Fund (iBCF) being linked to the development of a Bromley care home, it had been stated that a Business Case report on its development was imminent. The Leader of the Council noted that the development of a Bromley care home had initially been his idea, and a way of getting money into capital. The Leader had spoken with the Chief Executive,

Portfolio Holder and Director: Adult Social Care, and due to the costs of the development not “stacking up” against the regulatory costs, a Business Case was no longer being made. The money had now been un-ring fenced for use in other areas, and Members would be cited to the details in due course.

The Chairman advised the Board that in relation to Minute 11, the Chairman’s Annual Report 2018-19 had been provided to the meeting of Full Council on 15<sup>th</sup> July 2019.

**RESOLVED that the minutes of the meeting held on 16<sup>th</sup> May 2019 be agreed.**

**21 QUESTIONS BY COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

**22 BROMLEY CLINICAL COMMISSIONING GROUP: ANNUAL ENGAGEMENT REPORT 2018/19**

**Report ECHS19058**

The Board considered the Bromley Clinical Commissioning Group’s (CCG) Annual Engagement Report 2018/19.

Bromley CCG was responsible for commissioning health care services based on local needs for the people of Bromley, and had a legal duty under the Health and Social Care Act to ensure patients and residents were given a voice in commissioning processes and decisions.

The Annual Engagement Report 2018/19 provided a comprehensive record of the work undertaken to meet Bromley CCG’s public involvement legal duties during the past year, and emphasised the ongoing commitment to work with partners to engage patients on integrated programmes of care and joint commissioning. Bromley CCG had established a communications and engagement sub-group to manage the communications and engagement needed for the One Bromley programmes. The CCG had subject matter experts who were experienced in managing patient engagement programmes; constructive relationships with local community groups and patient representatives; and an understanding of the challenges and approaches to engaging wider with seldom heard communities.

The Annual Engagement Report 2018/19 was approved by the Governing Body of the Bromley CCG at its May 2019 meeting. It was noted that since the report had been published, the Improvement and Assessment Framework (IAF) ratings had since been released, and Bromley CCG were pleased to advise the Board that their ‘green star’ rating by NHS England had been maintained in the area of engagement.

One project that had been undertaken by the Bromley CCG was to narrow the gap

of health inequalities in the borough. The CCG had been selected as part of a pilot which identified that groups living in a number of areas of Bromley had higher rates of hospital admissions due to respiratory conditions. The CCG targeted these areas with leaflets providing information on flu vaccinations and how to keep well over winter. In addition, targeted clinical sessions were also undertaken at GP practices, all of which had contributed to Bromley having the highest uptake in London for the over 65's, pregnant women and children aged 2 years, and second highest uptake for children aged 3 years. Bromley CCG had spoken at a London event about this work, showcasing their system working and how they had promoted an integrated approach by joining forces with partners for a common outcome. Bromley CCG had been approached by the Healthy London Partnership which was hoping to apply what had been undertaken in Bromley to inform the national flu campaign for social care staff.

In response to a question from the Chairman, the Head of Communications and Engagement – Bromley CCG said that the work to target these communities and provide information about the flu vaccinations had resulted in reduced hospital admissions the previous year. Feedback from patients was not yet available, and it was noted that they may not even be aware that this targeted work had been part of an intervention. Each year there was a 'winter pressures campaign', which provided lots of information about using the right service, at the right time and promoted self-care.

A Board Member questioned what focus there was on the needs and access available to primary care services for the Gypsy, Roma and Traveller communities. The Director of Organisational Development – Bromley CCG said that the geography of the primary care network had assisted how they engaged with these communities, and public and patient groups at GP practices supported this. The Local Authority also had its own communication network, which allowed them to engage directly with these groups. The Head of Service: Early Intervention and Family Support advised Board Members that public health nurses visited the Star Lane traveller site, and this was something that Bromley CCG could collaborate with. In response to a question, the Head of Service: Early Intervention and Family Support said that the team of public health nurses did not currently visit the traveller site in Biggin Hill, and that she would confirm if the site at Old Maidstone Road was visited following the meeting.

A Board Member asked if there was an update in relation to the emerging social prescribing link workers. The Deputy Managing Director – Bromley CCG said that social prescribing was a key part in the development of their work and how these were rolled out would be interwoven with care pathways, and built on.

Another project undertaken by Bromley CCG had been partnership work to help improve the emotional and mental wellbeing of children and young people. Partners engaged with had included carer networks, Children Looked After, schools, after school clubs and charities and identified the need for support and much earlier intervention.

A Board Member highlighted that Bromley CCG would be trialling a four week waiting time for access to specialist NHS children and young people's mental

health services, and asked how this scheme was performing. The Head of Communications and Engagement – Bromley CCG confirmed that following the meeting, an update could be provided in relation to the four week CAMHS waiting time pilot. In response to a question, the Head of Communications and Engagement – Bromley CCG said that since the report had been written and published, they were looking at programmes to integrate children’s care services across Bromley, and ‘youth’ had been added as a key priority area going forward.

A Board Member noted that Bromley CCG had recruited young commissioners who would be part of the decision making process and involved in the delivery of improved emotional and wellbeing services. It was queried how this would work, and if the Health and Wellbeing Board would be able to hear from these young commissioners directly. The Head of Communications and Engagement – Bromley CCG said that five young commissioners had been recruited by the CCG who had been involved in the CAMHS co-production programme. However, the landscape had changed somewhat, and the scheme had been paused while some of the arrangements in place were being reviewed. It was intended to add further young commissioners to the group of five already identified, and this could be revisited once it gathered pace. It was agreed that further information could be provided following the meeting, and that an update on how the CCG would be working with young commissioners be presented to the meeting of the Health and Wellbeing Board on the 30<sup>th</sup> January 2020.

**RESOLVED that the Bromley Clinical Commissioning Group’s Annual Engagement Report 2018/19 be noted.**

## **23 INTEGRATED COMMISSIONING BOARD UPDATE**

The Board considered an update on the work of the Integrated Commissioning Board.

The Integrated Commissioning Board had been developed to support the Local Authority and Bromley CCG to work more closely together in relation to commissioning activities. A detailed work programme was provided, which listed the key priorities going forward.

A Board Member noted that an action listed was to review the joint commissioning arrangements for CLA, and queried if the NHS and CCG were to play a bigger role in looking after these children. The Deputy Managing Director – Bromley CCG responded that this was divided into health input and contributions, allowing a joint approach to the package of care that was provided.

In response to a question, the Director: Public Health said that the Joint Strategic Needs Assessment priority areas were on track, and she had met with all the Programme Leads. All priority area groups had been established, and action plans were being produced. It was planned that an overarching update across all priority areas would be provided to the meeting of the Health and Wellbeing Board on the 21<sup>st</sup> November 2019. A Board Member noted that the LBB Consultant in Public Health had recently attended a meeting of the Voluntary Sector Strategic Network

(VSSN), and would be mapping out specialisms, structures and working arrangements.

**RESOLVED that the update be noted.**

## **24 DELAYED TRANSFER OF CARE (DToC) PERFORMANCE UPDATE**

### **Report ECHS19069**

The Board considered an update in relation to the Delayed Transfer of Care (DToC) performance.

*'Managing Transfers of Care' was one of the four National Conditions in line with the vision for integrated care, that were included in the 2019-20 Better Care Fund Policy Framework, published on the 10<sup>th</sup> April 2019. It was surmised that: 'A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans'.*

Bromley had reflected the national reductions, and exceeded the proposed trajectory for the 2018/2019 period. There had not yet been a performance trajectory issued for 2019/2020, however there was a commitment to further improving performance against national figures.

With regards to local and national performance, nationally there was an overall increase in DToC figures for the first quarter of 2019/20. Bromley had followed this trend and the figures for Health DToCs, although higher than previous months, were still lower than in the same quarter of the previous year. For April, and part of May 2019, the elevated position was attributed to several complex patients, both in and out of borough, requiring specialist placements.

Whilst managing delays well within the borough, Bromley also faced the challenge of managing patients placed outside of the borough. In April, 156 out of 186 total bed days were attributable to Bromley patients in out of borough hospitals which Bromley did not have social work staff based in. For May, it had been 169 out of 246 total bed days. To reduce these figures, a number of Trusted Assessors pilots had begun with neighbouring boroughs, which would allow their Social Workers to carry out assessments on Bromley's behalf, and vice versa.

A Board Member questioned why there had been such an increase from 9 NHS bed days in April, to 103 NHS bed days in May. The Operational Service Manager – Bromley CCG said that the national database showed the reasons for these delays. The increase had been due to a combination of there being fewer delays in April for patients transferring to nursing homes and residential homes, and complex patients, including mental health patients and young people, needing to be placed in May. During May, one complex patient had equated to 30 bed days. Board Members noted that it would be helpful to know how many patients the

information on the number of bed days related to.

In response to a question, the Operational Service Manager – Bromley CCG said that the 31 bed days listed for both NHS and Social Care reasons had been for one Oxleas patient with mental health issues. The patient needed 24 hour health care, and could not be discharged until a bed became available in an appropriate setting. It was confirmed that this had now been resolved. The Director: Adult Social Care advised the Board that occasionally there were patients that it was a struggle to find placements for, and although being located in an acute bed was not ideal, it was sometimes necessary to limit the number of times a patient was moved. A Board Member queried how it was possible to have patients with delayed transfers of care for both NHS and Social Care reasons. The Director: Adult Social Care responded that they were using the national definitions of where responsibility sat, and a small number of patients required joint care packages of support. It was agreed that these definitions and an example of a case would be provided to Board Members following the meeting.

In response to a question, the Operational Service Manager – Bromley CCG confirmed that delays were counted on a weekly basis, and that the “clock started” once a patient was medically fit for discharge. The Estimated Date of Discharge (EDD) was a prediction of when a patient was going to be medically fit for discharge – both clinically fit, therapy fit and socially ready. The EDD was set by the Multi-Disciplinary Team (MDT), and if it was changed, it was their decision to do so. A Board Member asked what happened if a patient in a hospital bed was declared medically fit for discharge, and then became deconditioned or sick. The Director: Adult Social Care responded that patients would be placed on and off the list, depending on whether they were well enough to leave hospital. These patients would be monitored closely, and reviewed by the Multidisciplinary Team before being placed back on the list when they were ready.

A Board Member highlighted that some of the data relating to delayed transfers of care were cases that could not be controlled, and asked if it was known how many of the bed days were attributed to the Princess Royal University Hospital (PRUH). The Operational Service Manager – Bromley CCG responded that the national database recorded this information, and only a few of the bed days were attributed to the PRUH. Another Board Member asked if trends were being considered to identify problems in the system that contributed to the delays. The Director: Adult Social Care responded that she was now responsible for Commissioning Services, and would be looking to align services, look at trends and fill any gaps. Work would be undertaken with the CCG to make sure that the right services were commissioned. The Chairman suggested that at the end of the year, a small group of Board Members, including Councillor Mary Cooke and Councillor Judi Ellis, could meet with the Director: Adult Social Care to discuss the information on the DToC that was required by the Health and Wellbeing Board to ensure it met its statutory duties.

**RESOLVED that the update be noted.**

## **25 ONE BROMLEY / SYSTEM REFORM**

The Deputy Managing Director – Bromley CCG informed Board Members that the latest version of the NHS Long Term had been published, and included a focus on working together and integration. The Integrated Care System would be looking at the commissioning landscape across London, and the rest of the country. It was proposed that six London CCG's (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) be merged to form a single South East London CCG. These CCG's already work together closely, however it was important that they did not lose what they did locally and ensured that the right level of services were provided.

The Chairman noted that there were lots of changes taking place, and that the orientation of the Integration Board going forward would become clearer by the autumn. There was a very close working relationship with the CCG, and Bromley had a very different community to some of its neighbouring boroughs.

A Board Member asked if work was undertaken with CCG's in Kent, as it was noted that some areas of Bromley were located closer to Kent than the boroughs proposed in the merger. The Deputy Managing Director – Bromley CCG responded that as a result of how the NHS was organised, Bromley CCG was included as part of the London area, and there were already a number of strongly relationships established with some of the neighbouring CCG's. Not much work was undertaken with Kent, however it was noted that they were also going through the same changes as London.

**RESOLVED that the update be noted.**

## **26 RAVENSBOURNE SCHOOL'S PERIOD POVERTY PILOT SCHEME: INTERIM UPDATE**

The Director: Public Health reminded the Board that Benjamin McGowan, Bromley Youth Council had attended a previous meeting to deliver a presentation on the work being undertaken in relation to the issue of period poverty. A school conference had since taken place, which was very well attended, and ten schools had joined the pilot scheme which would start in September 2019. Ravensbourne School had produced an educational pack of information and resources which would be trialled by the other schools. Things were progressing very positively, and an update on the scheme would be provided to the Health and Wellbeing Board later in the year.

Councillor Ahmad informed the Board that she had been pleased to attend the Bromley Period Poverty Summit, which had been the first of its kind across London. It was something really positive to "shout about", and it was heart-warming that this was being led by young people. In addition to the educational pack, sixth formers were going into schools to talk about menstrual education, and succession planning was in place to educate the next group of pupils that would take this forward. Councillor Ahmad emphasised that this was a very positive initiative.

A Board Member questioned if Treasury funding would help to solve the problem of period poverty. It was queried how much was spent by an individual on a monthly basis for sanitary products, and considered that education on budgeting may be what was required. Councillor Ahmad responded that the funding provided for a pilot scheme in Scotland had not solved the issue, and for the rest of the UK there had not been any clarification of a budget or what that money would go towards. It was highlighted that the cost per month for sanitary products would be dependent on the individual needs of a person, and that there were lots of complex reasons as to why they may be affected by period poverty. More information would be sought about Treasury funding for Period Poverty initiatives and this would be circulated to Members for information.

**RESOLVED that the update be noted.**

## **27 VIOLENCE AGAINST WOMEN AND GIRLS**

The Head of Service: Early Intervention and Family Support advised the Board that the contract for work relating to Domestic Abuse and Violence (DA&V) sat within Early Intervention. The contract delivered by Bromley and Croydon Women's Aid was due to finish at the end of March 2020. There had been a lot of interest in the future contract, which was currently live on the Due North website and would close in a months' time. Related to this work, a Violence Against Woman and Girls (VAWG) Coordinator had been selected, for whom pre-recruitment checks were currently being undertaken. The new VAWG Coordinator was due to start in early August, and a comprehensive list of people she was due to meet with was being established. Part of this role would be to produce a new strategy for VAWG.

A Board Member asked if there were any services to support men who were victims of domestic abuse and violence. The Head of Service: Early Intervention and Family Support responded that although it affected a smaller number of people, it was still an issue, and had been written into the specification for the new contract, and they would wait to see what was included in the bids in relation to this. There was currently a 'One Stop Shop' service in Bromley, however this had proved to be a challenge as it was not gender specific, and perpetrators would sometimes attend to see what support would be offered to victims. Female victims were signposted to refuges in Bromley, which allowed only female children and male children under the age of 12 years to be placed with them. Male victims were signposted to specialist male providers, which unfortunately were fewer in number.

Board Members asked what the length of the current, and future, DA&V contracts were. The Head of Service: Early Intervention and Family Support said that the current contract had been for 2+1 years, which had been exercised. Funding from the Mayor's Office for Policing and Crime (MOPAC) had previously been awarded every four years, but this had now changed to every two years. As the current contract was the first of a two year block, the future contract was for 1+2+2 years. In response to a question, the Head of Service: Early Intervention and Family Support confirmed that the new contract was for the same value as the current contract.

The Chairman noted that a family violence awareness day was planned for the 25<sup>th</sup> November 2019.

**RESOLVED that the update be noted.**

## **28 JOINT MENTAL HEALTH STRATEGY**

The Deputy Managing Director – Bromley CCG advised Board Members that a draft version of the Joint Mental Health Strategy had been presented to the CCG's Clinical Executive and the Adult Care and Health Policy Development and Scrutiny (PDS) Committee. Good public engagement had taken place, and a Task and Finish Group had been established by the Council's PDS Committee. It had been a very successful collaboration, which aimed to ensure continuous joint working.

There had been a large amount of feedback, with over 120 submissions and comments received. It was therefore taking longer than expected to sign off the document, but it was hoped that this would be completed by the autumn.

**RESOLVED that the update be noted.**

## **29 HEALTH AND WELLBEING BOARD INFORMATION ITEMS**

There were three Health and Wellbeing Board Information items comprising:

- Collaborative working – Bromley CCG and LBB Public Health (Report ECHS19070)
- Special Free School (Report ECHS19071)
- King's College Hospital NHS Foundation Trust: CQC Inspection Report

The Chairman informed the Board that the King's College Hospital NHS Foundation Trust: CQC Inspection Report had been discussed at the meeting of the Health Scrutiny Sub-Committee on the 2<sup>nd</sup> July 2019. Councillor Cooke, Chairman of the Health Scrutiny Sub-Committee advised that representatives from King's would be attending the next meeting to provide a short presentation on what actions had been taken in relation to the Trust's Improvement Plan, thus far. Councillor Cooke extended an invitation for Board Members to attend this meeting, which would take place on Tuesday 8<sup>th</sup> October 2019 at 5.30pm.

**RESOLVED that the Information items be noted.**

## **30 MATTERS OUTSTANDING AND WORK PROGRAMME**

### **Report CSD19120**

The Board considered its work programme for 2019/20 and matters outstanding from previous meetings.

A number of items were added to the forward rolling work programme for the Health and Wellbeing Board as outlined below:

- Air Quality Action Plan (21<sup>st</sup> November 2019)
- Update on the Young Commissioners scheme (30<sup>th</sup> January 2020)

It was noted that the Chief Executive would be attending the meeting on the 21<sup>st</sup> November to observe the work of the Health and Wellbeing Board.

**RESOLVED that the work programme and matters outstanding from previous meetings be noted.**

### **31 ANY OTHER BUSINESS**

The Chairman informed the Board that the London Youth Games had concluded over the weekend of the 6<sup>th</sup> and 7<sup>th</sup> July, and had seen Team Bromley crowned champions for the fourth consecutive year. The Chairman had written on behalf of the Health and Wellbeing Board to pass on their congratulations.

The Chairman also passed on his congratulations to NHS colleagues as Bromley CCG had maintained its 'Good' headline rating on the 2018-19 CCG Improvement and Assessment Framework. It was noted that an 'Outstanding' rating had been received in relation to the criteria of Patient and Community Engagement.

The Chairman informed Board Members that the meeting on the 19<sup>th</sup> September had been cancelled, but it was anticipated that the remaining meetings would take place as planned. It was intended that from the next meeting, the Health and Wellbeing Board would become paperless, with the caveat that Board Members could contact the clerk to request that papers be provided routinely, or for a particular meeting.

**RESOLVED that the issues raised be noted.**

### **32 DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Board would be held at 1.30pm on Thursday 21<sup>st</sup> November 2019.

The Meeting ended at 3.02 pm

Chairman