

Decision Maker: HEALTH AND WELLBEING BOARD

Date: Thursday 30 January 2014

Title: HWB MEMBER DEVELOPMENT & ENGAGEMENT PROGRAMME

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Chief Officer: Executive Director of Education, Care & Health Services

1. SUMMARY

This report provides an update on the development activity that has taken place to date with members of the Health & Wellbeing Board (HWB). It also proposes:

- 1) A continuing development and engagement programme;
 - 2) The development of ward-based profiles benchmarked alongside Bromley as a whole to give all elected Members a better understanding of health and wellbeing of residents locally in their wards;
 - 3) A series of GP practice visits to be arranged for Board members and elected Members to broaden the understanding of how the NHS operates in that sector.
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2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 1) To update the Board on progress made to date on the development work with Board members and the future programme of activity.
 - 2) To seek interest from the Board for the proposal to develop health and wellbeing ward profiles and to understand what data or information needs to be specifically included.
 - 3) To gauge interest from members of the Board in participation of GP practice visits.
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3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

The development & engagement programme will be led by the London Borough of Bromley, with required input and leadership from partner organisations including the Bromley Clinical Commissioning Group (BCCG), Healthwatch and Community Links Bromley for specific actions.

Health & Wellbeing Strategy

1. Related priority: **All priorities:** Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers.

Financial

1. Cost of proposal: The proposal has no new costs but has to fulfil statutory requirements. However there is a potential for not accessing funding and the greatest possible cohesion by the Board is part of the necessary local infrastructure to make sure that the funding is allocated back to Bromley. The Integrated Transition Fund (ITF) – now called the Better Care Fund – is a top slice off existing funding – mainly that of the BCCG but also an element from the Council. The funding can only be gained for Bromley from NHS England when it is signed off by both the Council and BCCG.

2. Ongoing costs: N/A

3. Total savings (if applicable): N/A

4. Budget host organisation: The Council is responsible for providing the necessary administrative and other support needed to make sure that the HWB can function effectively in its own right and as part of the wider system of joint working across Bromley to maximise the wellbeing of the borough's residents.

5. Source of funding: N/A

6. Beneficiary/beneficiaries of any savings: To the extent that improved integration of commissioning and provision of services leads to financial savings in the future, then these will be apportioned through discussion as part of the joint arrangements between the Local Authority (LA) and BCCG.

Supporting Public Health Outcome Indicator(s)

The HWB is responsible for developing the Health and Wellbeing Strategy for the borough. The Strategy is based on the Joint Strategic Needs Assessment (JSNA), a technical document that sets out by ward and the borough as a whole how Bromley compares to London and England across a wide range of health and wellbeing indicators.

3. COMMENTARY

- 3.1. Bromley's Health & Wellbeing Board (HWB) has been fully operational since its statutory inception on 1st April 2013 following a period of operation in shadow format. In this time, the new Board has developed and established itself, strengthening relationships in particular between the BCCG, the LA and the Third sector.
- 3.2. It is important for the Board to build on the investment made in its development during the shadow year. The NHS planning framework for 2013/14 described Health & Wellbeing Boards as, '...the key partnership forum for determining local priorities and providing oversight on their delivery.' HWBs also have a core function to promote integration with this being reinforced through policy changes including the new Better Care Fund (formerly Integration Transformation Fund) of £3.8bn from 2015 which will require joint sign off by the LA and CCGs of local plans.
- 3.3. To date, three development events have taken place, all facilitated by an external facilitator, Peter Gluckman. This report summarises the headline messages, recommendations, conclusions and next steps of these activities as well as proposals for future development activity and engagement.

1st Development Workshop, 4th July 2012

- 3.4. All members of the Board were invited to this first event with an aim to begin the programme of developing the capacity of the Bromley HWB. It also aimed to collaborate effectively in delivering joint commissioning and health improvement after April 2013 by strengthening a shared view of the leadership agenda, joint priorities and combined effort to implement the Health and Wellbeing Strategy.
- 3.5. The workshop enabled members to have mature and open discussions about complex and tricky issues that have tripped up other Health and Wellbeing Boards (e.g. the role of Members and Officers sitting on the same Council subcommittee within a statutory framework that does not fit local government governance arrangements). Further thinking was required on this topic to agree arrangements that would work for Bromley.
- 3.6. Board members also acknowledged that BCCG and London Borough of Bromley strategies needed to be aligned with the Health & Wellbeing Strategy's priorities and objectives. Commitment was made to create a rolling programme of all priorities, to review the Strategy and be prepared to make changes and identifying champions and associated clinical leads for individual priority areas.
- 3.7. Those attending the workshop agreed to the need for reviewing partnership schemes, clarifying the role of the Voluntary Sector Partnership Board in engaging partners more effectively, supporting the establishment of the BCCG, and clarifying governance structures for the Board within the Council and within NHS structures.
- 3.8. Finally, the workshop recommended further events for Cabinet and the HWB to discuss the relationship between the Council Cabinet, HWB as a subcommittee of the Executive, and the wider body of elected Members. An event for elected Members who are not part of the HWB was also recommended to understand its role, its relationship to the Council, the BCCG and its place in the wider range of health and social care organisations in Bromley. The workshop also felt a 2nd development event to reflect on the Board's development was necessary.

2nd Development Meeting, 10th October 2013

- 3.9. The second development session was a meeting for senior officers from the LA and BCCG to discuss the barriers, enablers and potential additional solutions in order to achieve the Board Chairman's ambition for '*the Bromley Health and Wellbeing Board to work as a collaborative board with as much evidence-based effort as possible and whose purpose is set out in an ambitious and practical implementation plan that impacts positively in improving the health of local people.*' This meeting was also used to plan for the third development workshop for all members at the end of October 2013 (see below).
- 3.10. The meeting agreed on the HWB being the engine room of integration and the future work programme needed to reflect this aspiration. A new level of trust was acknowledged as being required and was essential if real progress was to be made. Budget discussions continued to be a block to success; however progress was being made to resolve the several budget-related issues identified. The new Chairman of the HWB was considered a strong base on which to take forward integrated commissioning and provision.
- 3.11. It was agreed that a member development and engagement work programme was developed, specifically to look at reviewing the existing funding arrangement to reduce budgetary tensions, to ensure the opportunities arising in the near future are exploited in partnership with BCCG and the Council, co-ordinated activity for integrated commissioning underwritten in a Section 75 agreement, and to overcome cultural differences through a programme of initiatives to champion integration and partnership working along with raising the profile and work of the HWB across the borough.

3rd Development Workshop, 31st October 2013

- 3.12. The most recent development workshop brought together all members (who were available) of the Board with an aim to exploring how to add value to existing thinking, proposals and plans. It aimed to agree future process for determining Health & Wellbeing priorities and to create an environment in which candid but courteous inter-agency discussions could take place maximising the achievement of agreed goals and ensuring the combined impact of joint investment. The workshop also aimed to agree on how the Board could add material value to existing thinking, proposals and plans so that it enhances the health and wellbeing of local residents.
- 3.13. The workshop discussed the core role of the Board in that its primary responsibility was to set strategy. The high expectations of HWBs nationally was noted along with the need for the Board to stay flexible, focused and to provide strong leadership. The reality of different values and cultures needed to be seen as useful rather than a difficulty and the importance of trust and strong working relationships was critical to future success.
- 3.14. The need to make the Board's work interesting to elected Members and clinical leads who are not members of the Board is critical along with how best to engage with the hospital sector. Optimal balance was still not yet in place between transparent decision-making, the opportunity for the Board to discuss matters in a workshop format and capacity for the Council to fund public engagement around the strategy.
- 3.15. Governance formed a key part of the discussions particularly with how decisions are endorsed back at each partner's governing body. Budget tensions were acknowledged as still remaining and identified as a continuing blocker to future progress of the Board's ambitions. The BCF is a great opportunity to put the relationships on the right footing for the future.

- 3.16. The Third sector summarised the involvement of the voluntary, community and social enterprise sector in five words: connectivity, involvement, responsive, innovative and commitment.

Future Development & Engagement Programme

- 3.17. The third and most recent workshop acknowledged that development of trust and strong working relationships between Board members and their organisations is central to achieving anything beyond the bare statutory minimum. It was therefore agreed that a continuing programme of development activity took place.

- 3.1. The programme is currently being drafted and working towards the following aims:

1. To promote joint working across the widest possible spectrum of health and social care, including supporting moves to both pooled budgets and joint commissioning as appropriate'
2. To ensure the BCF opportunities arising in the near future are exploited in partnership with the BCCG and the Council through development of a joint approach;
3. To overcome cultural differences through a programme of initiatives to champion integration and partnership working between the BCCG and the LA;
4. To raise the profile and work of the Health & Wellbeing Board across the borough.

- 3.2. Specific actions arising from this programme might include:

- Lead officers from the BCCG and the Council to work towards pooling budgets using the opportunities provided by the BCF.
- Agree in principle integrated commissioning approach underwritten through an overarching Section 75 agreement and starting with mental health services for approval by HWB in March 2014;
- To hold a fourth development session for both board members and elected Members with a specific focus on respective governance arrangements of each organisation – possibly in the summer 2014;
- For the BCCG to consider inviting another senior elected Member to join its governing body;
- To develop ward-based profiles for elected Members to better understand health and wellbeing of their residents;
- To engage Board members in strategic work such as sub groups and delivery groups reporting to the Board in order to ensure buy-in and to allow a detailed focus on certain aspects of work;
- To review the size and composition of the Board following its first statutory year and how it links to the wider health, care and other systems;
- Arrange a series of GP practice visits for Board members and elected Members;
- Consider how patient, service user and public engagement take place within the framework recently developed for Bromley and so far as possible, using existing forums and arrangements.

Ward-based Health and Wellbeing profiles

- 3.3. It is important to raise the profile of health and wellbeing across the borough particularly for elected Members to understand local need, prevalence and activity that is benchmarked against the borough as a whole. In tandem with the development of the 2014 JSNA, ward health profiles are proposed which will show the levels of a range of health outcome indicators for each ward and provide a comparison between wards and the borough. Alongside each profile will sit a map showing key features of the ward where data allows.
- 3.4. The ward profiles are based on similar profiles developed for GPs. They will include indicators specific to each ward across two key areas, determinants of health and health outcomes. Determinants of health include areas such as demography, housing, deprivation and employment and lifestyle indicators. Health outcomes will present life expectancy, disease prevalence and other social care indicators as they become available. Ward profiles will be accompanied by a definitions document setting out the specific description, source and unit of each indicator.
- 3.5. The profiles will also include a rank across all 22 Bromley wards for each indicator. It is however important to note that a high or low rank does not necessarily determine good or bad performance, it is a positional score of that ward compared to other wards in the borough. Percentile rank will also be presented to illustrate low, medium or high need/outcome.

GP practice visits

- 3.6. As part of the development and engagement programme, a series of visits to GP practices are to be arranged for primary care professionals to informally meet board members and ward representatives to develop mutual understanding of the range of primary care services in Bromley and their relationship with social care, acute health and specialist health services.
- 3.7. GP practices are to be invited to voluntarily participate in the visits through the BCCG's weekly GP bulletin. Ideally, visits will take place between February and April 2014 at a mutually convenient date and time.
- 3.8. Board members are invited to express their interest in these visits and also to recommend other health services in the borough they may wish to informally speak to.

4. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

The London Borough of Bromley is committed to the integration of health and social care, and welcomes the role of the HWB in promoting that aim. The work plan described within this Report will certainly facilitate that, and along with the Executive of the London Borough of Bromley, should play a key role in reducing duplication and overlap in both commissioning and provision of services.

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| Non-Applicable Sections: | FINANCIAL IMPLICATIONS, LEGAL IMPLICATIONS, PERSONNEL IMPLICATIONS. |
| Background Documents: (Access via Contact Officer) | |