

HEALTH AND WELLBEING BOARD

Date: Thursday 24th July 2014

Report Title: Health & Wellbeing Strategy Priorities and their Delivery

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1. SUMMARY

- 1.1. The Bromley Health & Wellbeing Strategy 2012–15 is a key responsibility of the Health & Wellbeing Board (HWB), setting out how it will meet the needs identified within the Joint Strategic Needs Assessment (JSNA) through a number of locally determined priorities. Nine priorities formed part of the initial Strategy agreed in 2012.
 - 1.2. Following the annual refresh of the Strategy as set out in a report to the HWB in January and the recently updated 2013-14 JSNA, this report proposes a reduced number of priorities identified from the prioritisation process of the JSNA. It is important for the Board to select key strategic priorities for action, that will make a real impact on Bromley residents' lives.
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2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1. To update the Board on the ongoing work to update Bromley's Health & Wellbeing Strategy, include proposals for a model of governance for integration and for identifying the 2014-15 priorities.
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3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

For the Health & Wellbeing Board to:

- 3.1. Agree a model of governance for work on integration;
- 3.2. Agree that a joint integrated commissioning board should be established to drive work on integration of health and social care as given in paragraphs 4.8; and
- 3.3. Consider and comment on the prioritisation matrix set out in 4.4 and identify a small number of priority actions that might form the basis of our Health and Wellbeing Strategy for the Municipal Year 2014-15 as given in paragraphs 4.9 and 4.10.

Health & Wellbeing Strategy

The Health & Wellbeing Strategy outlines the priorities (based on the JSNA) agreed by the Health & Wellbeing Board together with the proposed actions and expected outcomes.

Financial

1. Cost of proposal: Within existing budgets.
 2. Ongoing costs: Within existing budgets.
 3. Total savings (if applicable): Not applicable.
 4. Budget host organisation: Not applicable.
 5. Source of funding: Not applicable.
 6. Beneficiary/beneficiaries of any savings: Not applicable.
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Supporting Public Health Outcome Indicator(s)

The Health & Wellbeing Strategy will record progress against the relevant Public Health Outcome Indicators.

4. COMMENTARY

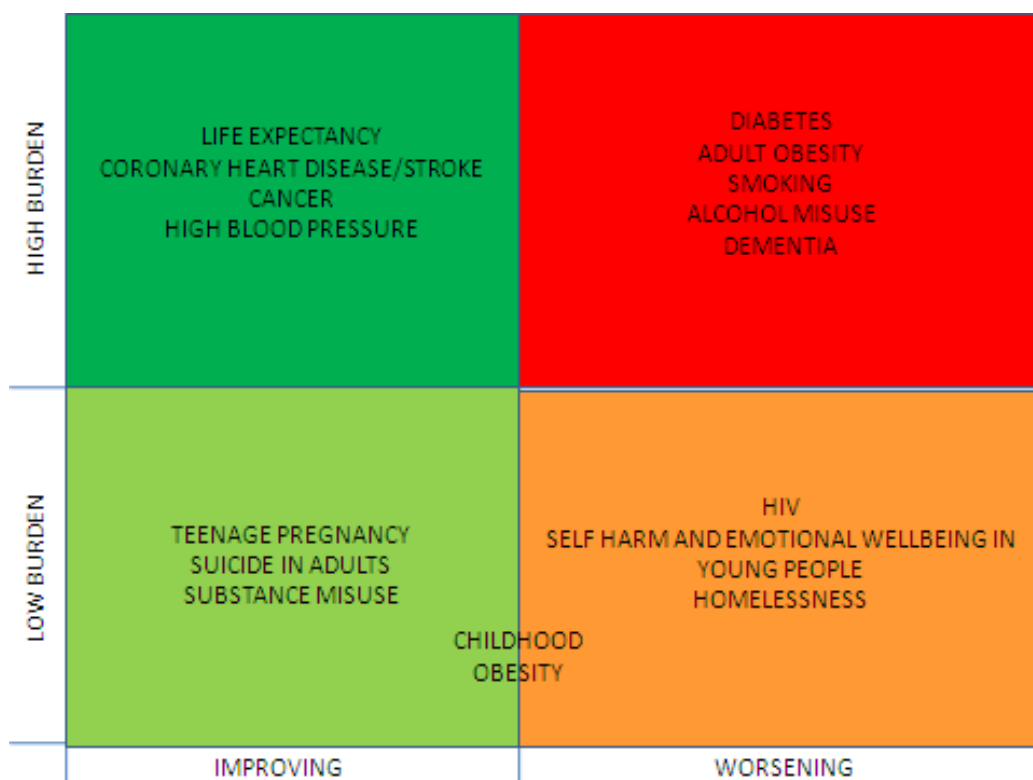
4.1. The Health & Social Care Act 2012 places a duty on Health & Wellbeing Boards to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health & Wellbeing Strategy (JHWS). Bromley's existing Strategy was agreed in 2012 with a commitment to annual review and refresh it in order for it to remain relevant and in accord with emerging needs identified in the annual JSNA.

4.2. The current Strategy has nine agreed priorities as follows:

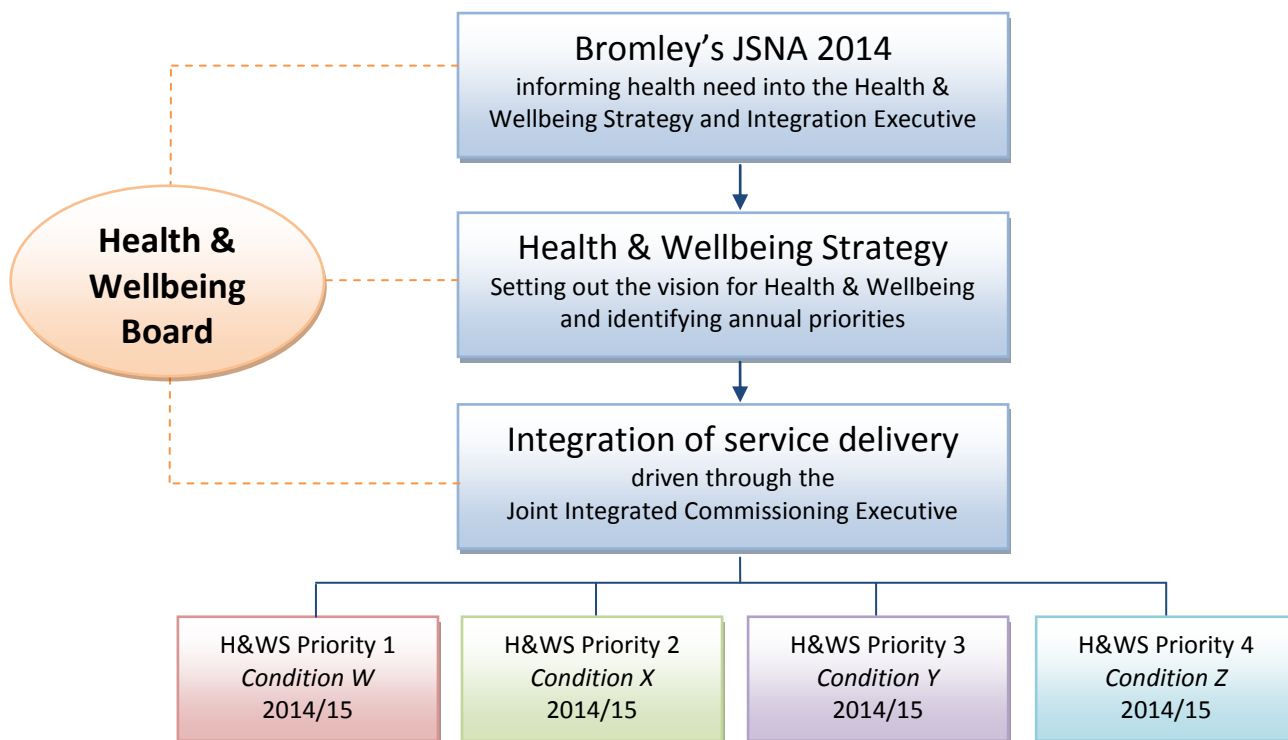
- Diabetes
- Obesity
- Hypertension
- Anxiety and Depression
- Dementia
- Support for Carers
- Children with Mental & Emotional Health Problems
- Children Referred to Social Care
- Children with Complex Needs and Disabilities

4.3. Progress on each of the nine priorities was given to the Board at the January 2014 meeting [Report HWB14003] with a summary of the main achievements over the last two years along with a red, amber and green rating (RAG) based on the progress against the three year outcomes.

4.4. The 2014 JSNA is near completion with an Executive Summary presented to the Board. In this, specific need across the borough is identified in order to inform discussion on the selection of priorities for the Health & Wellbeing Strategy. The final chapter on the 2014 JSNA includes a prioritisation process which includes the following matrix populated to show the relative priorities of the key issues.



- 4.5. The red box represents the highest priority issues according to this framework. The orange box should be considered as a warning box, i.e. areas where more in-depth work is necessary to understand and manage evolving problems.
- 4.6. In addition, the acute Trust running the Princess Royal University Hospital (PRUH) continues to report very high numbers of unplanned admissions through attendance at their Accident and Emergency department.
- 4.7. In order for the Board to effectively focus upon and be accountable for the Strategy's priorities going forward, it is recommended that significantly fewer than nine priorities are agreed for 2014-15, and that a high level joint officer board is established to oversee progress on these priorities.
- 4.8. The Bromley Clinical Commissioning Group (BCCG) and the London Borough of Bromley (LBB) have been working for the last year now on mechanisms for promoting better integration of commissioning. Integration to a limited degree is seen in mental health and children's commissioning but more needs to be done to bring efficiencies. An officer group, the Joint Integrated Commissioning Executive (JICE) exists to explore issues of integration but lacks governance. It would therefore be wholly appropriate for the HWB to provide that governance.
- 4.9. If the HWB agrees that this would be desirable, it could then use this model to drive improvement in the areas chosen for a focus. The present membership of the JICE is as follows:
- Chief Operating Officer, BCCG
 - Director of Commissioning, BCCG
 - Executive Director, ECHS
 - Assistant Director – Commissioning, ECHS
 - Lead Commissioner, ECHS
- 4.10. The Board may wish therefore to add one or two of its members to that executive to provide it with a strong governance oversight for integration.
- 4.11. The establishing of priorities in the past has focused on conditions. The recommendation to the HWB is that this model continues but is managed in a significantly different way. The Board should use the JICE to drive integration of services for our residents. The benefits of such integration are well known, not least as they can reduce significantly the numbers of professionals residents come into contact with through the management of their often very complex conditions but also, as we have begun to see with the proMISE programme, act in such a way as to maintain independence for longer allowing residents to stay in their homes reducing both emergency admissions but also the numbers moving into specialist residential care.
- 4.12. The following diagram sets out how the above model would work:



4.13. The HWB should task the JICE to develop a set of Terms of Reference to be approved by the respective governing bodies and then produce a work plan focusing on the integration of service delivery to residents with reducing the numbers of unplanned admissions a key performance indicator of that work.

4.14. The HWB should identify a small number of 2014/15 priorities from the 'red' sector in 4.4 above as exemplars of how those benefits might be realised. Evidence would suggest that the following would benefit significantly from this approach:

- Diabetes
- Dementia
- Obesity
- Emotional Wellbeing of Young People

4.15. It is not feasible for all conditions or population groups identified in the prioritisation matrix to be taken forward as a priority. This does not however mean that no action is being taken to address needs or improve services within the borough.

5. FINANCIAL IMPLICATIONS

5.1. We would expect the work to be undertaken through existing budgets but with better targeting of resources to see reductions in system costs, for example, through fewer emergency admissions, or reduced numbers of placements in nursing or other residential settings. These cannot be quantified at the outset of this programme but will be developed across the year.

5.2. The drive for integrated service delivery forms the basis of the Better Care Fund. At this point in time, it is unclear the financial implications of this on existing and pooled budgets.

6. LEGAL IMPLICATIONS

6.1. Under the Health and Social Care Act 2012 it is a statutory responsibility of local authorities and clinical commissioning groups (CCGs) to prepare JSNAs and JHWSs, through the Health and Wellbeing Board.

7. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

7.1. The Health & Wellbeing priorities, integration of service delivery and the proposed model of governance requires the full agreement and support from the London Borough of Bromley, Bromley’s Clinical Commissioning Group and all other partners of the Health & Wellbeing Board.

Non-Applicable Sections:	COMMENT FROM THE DIRECTOR OF AUTHOR PUBLICATION.
Background Documents: (Access via Contact Officer)	2014 Joint Strategic Needs Assessment (JSNA) Update report – 24 th July 2014. Annual Refresh of the 2012 Health & Wellbeing Strategy report [HWB14003] – 30 th January 2014.