

London Borough of Bromley
PART ONE - PUBLIC

Decision Maker: **HEALTH AND WELL BEING BOARD**

Date: **16th October 2014**

Decision Type: Non Urgent Non-Executive Non-Key

Title: **Health and Wellbeing Board Matters Arising and Work Programme**

Contact Officer: Stephen Wood, Democratic Services Officer
Tel: 0208 313 4316 E-mail Stephen.wood@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: N/A

1. Reason for report

- 1.1 Board Members are asked to review the Health and Wellbeing Board's work programme for 2014/15 and to consider progress on matters arising from previous meetings of the Board.
- 1.2 The Action List (Matters Arising) and Glossary of Terms are attached.

2. **RECOMMENDATION**

- 2.1 **The Board is asked to review it's Work Programme and progress on matters arising from previous meetings.**
- 2.2 **The Board is also asked to note the revised procedure for dealing with public questions and the reduced number of meeting dates this municipal year.**

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents:	Previous matters arising reports and minutes of meetings.

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Excellent Council; Supporting our Children and Young People; Supporting Independence; Healthy Bromley
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Financial

1. Cost of proposal: No Cost for providing this report
 2. Ongoing costs: N/A
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £367,636
 5. Source of funding: 2014/15 revenue budget
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Staff

1. Number of staff (current and additional): There are 10 posts (8.75fte) in the Democratic Services Team
 2. If from existing staff resources, number of staff hours: Maintaining the Board's work programme takes less than an hour per meeting
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Legal

1. Legal Requirement: None
 2. Call-in: Not Applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of the Health and Well Being Board.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

- 3.1 The Matters Arising table is attached at **Appendix 1**. This report updates Members on matters arising from previous meetings which are ongoing.
- 3.2 The current 2014/15 Work Programme is attached as **Appendix 2**. The Work Programme is fluid and evolving.
- 3.3 In approving the Work Programme members of the Board will need to be satisfied that priority issues are being addressed, in line with the priorities set out in the Board's Health and Wellbeing Strategy and Terms of Reference which were approved by Council in April 2013.
- 3.4 The Chairman proposes to reduce the frequency of Board meetings given the establishment of Task and Finish Groups around Health & Wellbeing priorities and the related work and time commitment to attend meetings for all Board Members in between.
- 3.5 The relevance and appropriateness of questions to previous board meetings have been reviewed. In the majority of instances, the Chairman felt submitted questions were more relevant for other Council PDS Committees rather than the Health & Wellbeing Board and would ultimately receive a quicker response going via the PDS. He has therefore decided that from this meeting onwards, all questions received by the Board will be reviewed and referred directly to the relevant PDS Committee, or other meetings where appropriate, at the next available opportunity for answering unless the question is directly relevant to the Health & Wellbeing Board. All questions and respective answers will continue to be recorded in the minutes of the Board meeting in the usual way.
- 3.5 For Information, **Appendix 3** shows dates of Meetings and report deadline dates.
- 3.6 For Information, **Appendix 4** outlines the Constitution of the Health and Well Being Board.
- 3.7 **Appendix 5** is the updated Glossary.

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APPENDIX 1

Health and Wellbeing Board

Matters Arising/Action List – 16/10/2014

Agenda Item	Action	Officer	Notes	Complete
JSNA	Voluntary Sector requested an easy to read executive summary.	Nada Lemic/ Angela Bhan	Provided for July 24th 2014 Meeting.	24/07/14
	Consideration of whether to include FGM.	HWB	Board could push for this to be incorporated if required.	TBC
Questions	Review of nature of questions coming to the Board	Chairman	Questions will be referred to more appropriate meetings unless they relate directly to the work of the Board.	31/07/14
Health Care Facilities in Bromley. (20/03/14)	Recommendation to be made to NHS England for an additional GP Practice. NHS England to be invited to a future meeting. NHS London to be asked for a statement on the shortage of GP provision in Bromley Town Centre	Steve Heeley	NHS England proposed to be co-opted in a non-voting right to the Board. They will then be asked to comment more widely on GP provision.	Ongoing
PNA	Details of “Localities” to be provided	Dr Agnes Marossy	Provided by Dr Marossy on 25th July 2014, and distributed by email.	25/07/14
Glossary	“DAC” to be added	Steve Heeley	Other abbreviations added following meeting.	25/07/14
AOB-New Co-opted Members	Board to move forward with the appointment of New Co-opted Members.	Steve Heeley	Report to the October Board meeting.	Ongoing
AOB BCF Timetable	Plan to be drafted in time for next Executive.	Richard Hills	Special Executive meeting held on 19/09/14 to discuss.	BCF proposals approved by Executive

**HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2013/14**

Title	Notes
Health and Wellbeing Board—16th October 2014	
JSNA sign-off	
PNA draft for consultation	
Better Care Fund Submission	
Bromley Healthwatch – Annual Report	
Winterbourne View Recommendations Update	Every other meeting
HWB Strategy 2014/15 Exception Reporting	
Work Programme and Matters Arising	
Health and Wellbeing Board—29th January 2015	
PNA sign off	
Child Deaths report	
H&W Priorities – Task & Finish Group updates	
HWB Strategy 2014/15 Exception Reporting	
Work Programme and Matters Arising	
Health and Wellbeing Board—26th March 2015	
HWB Strategy 2014/15 Exception Reporting	
Work Programme and Matters Arising	

Outstanding items to be scheduled

Proposal for how paediatric Diabetes could be addressed jointly between the Local Authority and Bromley CCG focussing on a preventative approach.

The issue of NHS England being invited to speak has not been resolved.

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Dates of Meetings and Report Deadline Dates

The Agenda for meetings MUST be published five clear days before the meeting. Agendas are only dispatched on a Tuesday.

Report Deadlines are the final date by which the report can be submitted to Democratic Services. Report Authors will need to ensure that their report has been signed off by the relevant chief officers before submission.

Date of Meeting	Report Deadline	Agenda Published
16th October 2014	7 th October 2014	8 th October 2014
29th January 2015	20 th January 2015	21 st January 2015
26th March 2015	17 th March 2015	18 th March 2015
21st May 2015	12 th May 2015	13 th May 2015

A link to the agenda is emailed to the Board on the publication date. Hard copies are available on request.

Questions

Questions from members of the public to the meeting will be referred directly to the relevant policy development and scrutiny (PDS) committee of the Council, or to other meetings as appropriate, at the next available opportunity unless they relate directly to the work of the Board.

A list of the questions and answers will be appended to the corresponding minutes.

Minutes

The minutes are produced within 48 hours of the meeting. They are then sent to officers for checking. Once any amendments have been made they are sent to the Chairman and once he has cleared them they are sent, in draft format, to members of the board. Please note that this process can take up to two weeks.

The draft minutes are then incorporated on the agenda for the following meeting and are confirmed. Following this approval they are published on the web.

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London Borough of Bromley**Constitution****Health & Wellbeing Board**

(11 Elected Members, including one representative from each of the two Opposition Parties; the two statutory Chief Officers (without voting rights); two representatives from the Clinical Commissioning Group (with voting rights); a Health Watch representative (with voting rights) and a representative from the Voluntary Sector (with voting rights). The Chairman of the Board will be an Elected Member appointed by the Leader. The quorum is one-third of Members of the Board providing that elected Members represent at least one half of those present. Substitution is permitted. Other members without voting rights can be co-opted as necessary.

1. Providing borough-wide strategic leadership to public health, health commissioning and adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts.
2. Commissioning and publishing the Joint Strategic Needs Assessment (JSNA) under the Health and Social Care Act.
3. Commissioning and publishing a Joint Health & Wellbeing Strategy (JHWS) – a high level strategic plan that identifies, from the JSNA and the national outcomes frameworks, needs and priority outcomes across the local population, which it will expect to see reflected in local commissioning plans.
4. Receiving the annual CCG commissioning plan for comment, with the reserved powers to refer the CCG commissioning plan to the NHS Commissioning Board should it not address sufficiently the priorities given by the JSNA.
5. Holding to account all areas of the Council, and other stakeholders as appropriate, to ensure their annual plans reflect the priorities identified within the JSNA.
6. Supporting joint commissioning and pooled budget arrangements where it is agreed by the Board that this is appropriate.
7. Promoting integration and joint working in health and social care across the borough.
8. Involving users and the public, including to communicate and explain the JHWS to local organisations and residents.
9. Monitor the outcomes and goals set out in the JHWS and use its authority to ensure that the public health, health commissioning and adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the Borough.
10. Undertaking and overseeing mandatory duties on behalf of the Secretary of State for Health and given to Health and Wellbeing Boards as required by Parliament.
11. Other such functions as may be delegated to the Board by the Council or Executive as appropriate.

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GLOSSARY:**Glossary of abbreviations – Health & Wellbeing Board**

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Any Qualified Provider	(AQP)
Autistic Spectrum Disorders	(ASD)
Behaviour, Attitude, Skills and Knowledge	(BASK)
Better Care Fund	(BCF)
Black African	(BA)
Body Mass Index	(BMI)
British HIV Association	(BHIVA)
Bromley Clinical Commissioning Group	(BCCG)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
Community Learning Disability Team	(CLDT)
Director of Adult Social Services	(DASS)
Director of Children's Services	(DCS)
Disability Discrimination Act 1995	(DDA)
Dispensing Appliance Contractors	(DAC)
Emergency Hormonal Contraception	(EHC)
Essential Small Pharmacy Local Pharmaceutical Services	(ESPLPS)
Female Genital Mutilation	(FGM)
Florence – telehealth system using SMS messaging	(FLO)
Health & Wellbeing Board	(HWB)
Health & Wellbeing Strategy	(HWS)
Health of the Nation Outcome Scales	(HoNOS)
Hypertension Action Group	(HAG)

Improving Access to Psychological Therapies programme	(IAPT)
In Depth Review	(IDR)
Integration Transformation Fund	(ITF)
Intensive Support Unit	(ISU)
Joint Health & Wellbeing Strategy	(JHWS)
Joint Integrated Commissioning Executive	(JICE)
Joint Strategic Needs Assessment	(JSNA)
Kings College Hospital	(KCH)
Local Medical Committee	(LMC)
Local Pharmaceutical Committee	(LPC)
Local Pharmaceutical Services	(LPS)
Long Acting Reversible Contraception	(LARC)
Medicines Adherence Support Service	(MASS)
Medicines Adherence Support Team	(MAST)
Medium Super Output Areas	(MSOAs)
Men infected through sex with men	(MSM)
Mother to child transmission	(MTCT)
Multi-Agency Safeguarding Hubs	(MASH)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
Nucleic acid amplification tests	(NATTS)
Patient Liaison Officer	(PLO)
People living with HIV	(PLHIV)
Pharmaceutical Needs Assessment	(PNA)
Policy Development & Scrutiny committee	(PDS)
Primary Care Trust	(PCT)
Princess Royal University Hospital	(PRUH)
Proactive Management of Integrated Services for the Elderly	(ProMISE)
Public Health England	(PHE)
Public Health Outcome Framework	(PHOF)
Quality, Innovation, Productivity and Prevention programme	(QIPP)
Queen Mary's, Sidcup	(QMS)
Secure Treatment Unit	(STU)
Sex and Relationship Education	(SRE)
Sexually transmitted infections	(STIs)

South London Healthcare Trust	(SLHT)
Special Educational Needs	(SEN)
Supported Improvement Adviser	(SIA)
Tailored Dispensing Service	(TDS)
Unitary Tract Infections	(UTI)
Urgent Care Centre	(UCC)
Voluntary Sector Strategic network	(VSSN)
Winterbourne View Joint Improvement Programme	(WVJIP)