

London Borough of Bromley

HEALTH AND WELLBEING BOARD

Date: Thursday 16th October 2014

Report Title: HEALTH & WELLBEING PRIORITIES AND WORKING GROUPS

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1. SUMMARY

- 1.1. Following the annual refresh of the Health & Wellbeing Strategy as set out in a report to the Health & Wellbeing Board (HWB) in January and the recently updated 2014 Joint Strategic Needs Assessment (JSNA), the Board agreed in July to four key priorities being selected for the remainder of the current municipal year, namely dementia, diabetes, obesity and the emotional wellbeing of young people.
- 1.2. This report updates the Board on the arrangements to date with establishing “Task & Finish Groups” for the four key priorities.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1. The Bromley Health & Wellbeing Strategy 2012–15 is a key responsibility of the HWB, setting out how it will meet the needs identified within the JSNA through a number of locally determined priorities. Nine priorities formed part of the initial Strategy agreed in 2012.

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- 3.1. The Board is asked to endorse the proposed approach to managing the four key health and wellbeing priorities through to May 2015 and agree the draft Terms of Reference for “Task & Finish” working groups.
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Health & Wellbeing Strategy

1. Related priorities: Diabetes, Hypertension, Obesity, Dementia.

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)

4. COMMENTARY

Introduction

- 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 annually review and refresh it in order for it to remain relevant and in accordance with emerging needs identified in the annual JSNA.
- 4.2. The Strategy identifies six important principles:
- Setting out the vision of what we want to achieve for health and wellbeing across the Borough;
 - Identifying key priorities for improving health and wellbeing;
 - Driving and influencing the delivery of health care in the borough;
 - Providing an inclusive, overarching and co-ordinating framework which integrates with other local strategies;
 - Improving the quality of life, increase life expectancy, reduce health inequalities and promote mental and physical wellbeing for our residents; and,
 - Engaging with local partners and communities to ensure local needs are being met.
- 4.3. The current Strategy has nine agreed priorities as follows:
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|--------------------------|--|
| • Diabetes | • Children with Mental & Emotional Health Problems |
| • Obesity | • Children Referred to Social Care |
| • Hypertension | • Children with Complex Needs and Disabilities |
| • Anxiety and Depression | |
| • Dementia | |
| • Support for Carers | |
- 4.4. A range of activities and groups were established to improve outcomes in these areas. A report to the HWB in January 2014 [Report [HWB14003](#)] set out the progress against agreed 2013/14 actions and also set out the 2014/15 actions.
- The four key priorities and associated working groups**
- 4.5. At the July 2014 Board meeting, it was agreed that four priorities – Dementia, Diabetes, Obesity, and Emotional Wellbeing of Young People – were given a greater focus in order to bring together those working in the respective areas to ensure the best possible use of the expertise, knowledge and resources available to the borough.
- 4.6. The Board agreed to a governance structure in order to drive integration of services and to provide the necessary greater focus to the above priorities. This governance will be provided through the Joint Integrated Commissioning Executive (JICE) with regular updates to the Board. The establishment of “Task & Finish” working groups from the JICE is further proposed to take each of the four above key priorities. The working groups will be chaired by elected members sitting on the HWB, with other board members also represented on each of the working groups along with appropriate commissioning and clinical leads from Bromley CCG and the Local Authority.
- 4.7. The “Task and Finish” Groups will be required to initially review the present activity underway or proposed for the respective priority along with reviewing the agreed outcomes using the available commissioning resources in order to build a detailed SWOT analysis. This will then

require to be translated into an appropriate gap analysis before the working group agrees upon an ambitious but realistic action plan which would include stretch targets to ensure the most is made of the opportunities presented through the partnership working catalysed by the Health and Wellbeing Board.

- 4.8. Each of the working groups will be provided with a review of present activity and outcomes and will include a review of recent reports and strategies, the 2014 JSNA on the latest evidence regarding the specific priority, commissioning plans, details of national campaigns and action, and any links to observatory information.
- 4.9. A draft Terms of Reference for each of the four working groups is presented in **Appendix 1** with a draft structure and appointments made to date set out in **Appendix 2**.
- 4.10. The Chairman of the Health & Wellbeing Board notes the importance of active involvement from Board Members on their respective working groups and therefore proposes to reduce the frequency of Board meetings through to the end of May 2015 in order to account for the increased Member workload to attend and participate in these groups.

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 work programme but will be developed across the year.
- 5.2. Pre-determined funding for schemes within the Better Care Fund would also potentially contribute to the delivery of specific actions agreed on by the working groups, where relevant such as dementia.

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 AUTHORIZING ORGANISATION
Background Documents: (Access via Contact Officer)	None.