

HEALTH AND WELLBEING BOARD

Date: Thursday 29th January 2015

Report Title: UPDATE ON HEALTH & WELLBEING PRIORITY TASK & FINISH GROUPS

Report Author: Steven Heeley, Education, Care & Health Services,
London Borough of Bromley
Tel: 0208 461 7472 Email: steven.heeley@bromley.gov.uk

Chief Officer: Terry Parkin, Executive Director, Education, Care & Health Services
Dr Nada Lemic, Director of Public Health.

1. SUMMARY

- 1.1. The Health & Wellbeing Board endorsed at its last meeting the approach to establishing four “Task and Finish” groups to manage the identified key priorities from the nine Health & Wellbeing Strategy priorities. These four priorities are Diabetes, Dementia, Obesity, and Children with Mental & Emotional Health problems.
 - 1.2. This report updates the Board on the progress to date with the first group meetings.
-

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 and four were selected as key priorities last July.
-

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

- 3.1. The Board is asked to note the progress to date of the Task and Finish groups. Board Members are invited to make any initial observations on their involvement so far.
-

Health & Wellbeing Strategy

1. Related priorities: Diabetes, Children with Mental & Emotional Health Problems, 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
-

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 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. At the July 2014 Board meeting, it was agreed that four priorities – Dementia, Diabetes, Obesity, and Children with Mental & Emotional Health Problems – 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.
- 4.4. The Board further endorsed the establishment of “Task & Finish” working groups for each of the four key priorities at the October 2014 meeting. These groups are chaired by elected members sitting on the HWB, with other board members also represented on each of the working groups. The following sets out each of the groups' membership of Board Members:

Dementia

Priority Lead: Councillor Huntington Thresher

Other Board Members: Councillor Evans, Councillor Smith, Councillor Jefferys

Diabetes

Priority Lead: Councillor Bennett

Other Board Members: Councillor Dunn, Councillor Jefferys, Mrs Linda Gabriel (Healthwatch Bromley), Dr Nada Lemic (Director of Public Health), Dr Andrew Parsons (Clinical Chairman)

Obesity

Priority Lead: Councillor Page

Other Board Members: Councillor Nathan.

Children with Mental & Emotional Health Problems

Priority Lead: Councillor Ellis

Other Board Members: Councillor Cooke & Mrs Linda Gabriel (Healthwatch Bromley).

- 4.5. Alongside the above board members, each of the groups is supported by appropriate commissioning and clinical leads from Bromley CCG and the Local Authority.
- 4.6. The groups have each been tasked with initially reviewing the present activity underway or proposed for the respective priority along with reviewing the agreed outcomes using the available commissioning resources. 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. The groups each have Terms of Reference to this effect.

- 4.7. Each group has now met for the inaugural meeting. The following provides a brief update on the progress of each of the priority groups:

Dementia

The dementia group began with a presentation on the current burden in the borough with over 4000 people in Bromley suffering from the condition. This is expected to rise by 308 by 2016 and by 680 people by 2020. The borough is currently underperforming (49.5%) on the overall diagnosis rate of the condition which nationally has been set at 67% as a minimum. It was noted however that Bromley had a good service provision through the Memory Clinic and the quality of the liaison assessment in hospitals.

The group acknowledged the good work to date of the Bromley Dementia Action Alliance and felt it would be sensible to work more closely with them to achieve greater things across the borough. The aim to become a Dementia Friendly Community was also discussed and agreed for further investigation to be reported back to the next meeting. The Council will be holding a 'Living With Dementia' conference on 11th March 2015 and the group was keen for this to be wide reaching within the community. The group also looked at the proposed schemes through the Better Care Fund for dementia and how these would benefit.

Diabetes

The group discussed the burden of diabetes in Bromley, acknowledging that the borough was in a good position with its identification of the condition. GPs were also incentivised to diagnose. Prevalence figures are therefore fairly accurate in comparison to other boroughs. It was confirmed that the increase in prevalence was largely amongst type 2 sufferers and highlighted the cost of the current burden on the NHS, thought to be around 10% of total budget.

A mechanism already existed to identify high risk of diabetes through existing NHS healthchecks with a pilot currently underway with 10 GP practices to involve them in a year-long programme for patients. The sub-group agreed to work on developing a clear pathway for diabetes prevention. They also agreed that more information needed to be provided to patients on the risk of diabetes particularly targeting high risk population groups.

The diabetes group agreed to:

- Increase the % of the population doing physical activity;
- Reduce the overall weight of the borough's population
- Keep under review the diabetes prevention programme, evaluated by NICE, to promote the benefits arisen from it;
- Look at synergies and joint working with the obesity sub-group;
- Work with South London CCGs through the sub-regional commissioning group to look at benchmarking against other local boroughs;
- Find ways of identifying and targeting hard-to-reach groups;
- Utilise different ways of approaching and engaging with community groups.

Obesity

The group discussed the current burden of obesity in Bromley with the headline Message being that the borough has the third highest prevalence of excess weight in London at 65% of the population either overweight (>25 BMI) or obese (>30 BMI), representing approximately 208,820 adults. This both higher than the England average (63.8%). The borough's estimated prevalence of obesity is 21.8% which represents 52,672 adults. The diabetes prevalence in the borough which had increased from 2.73% in 2003/04 to 5.2% in 2012/13 with 13,681 on the diabetes register. The implications and impact were also discussed.

The Council's Public Health team were working with Weight Watchers to deliver a pilot Healthy Weight 12 week programme aiming to reduce weight of individuals by 5-7%.

The group agreed to undertaking an asset mapping exercise, the development of a healthy weight pathway and a Tier 3 Weight Management Plan. They also agreed that there were synergies with the diabetes group and that joint working opportunities could be useful.

Children with Mental & Emotional Health Problems

The group were informed that a Children's Mental Health Needs Assessment had been completed in December 2012 along with a Self Harm Prevention Strategy. The Bromley Y service was accepted and acknowledged as a good offering to those with concerns and issues but was significantly overstretched. An Emotional Wellbeing Forum had also been set up for secondary schools in order to support teachers who deal with pastoral care in schools and was recognised as a useful forum for schools to suggest solutions and new initiatives.

A suicide awareness training had been delivered to some secondary school staff and the training programme was being reviewed to look at whether it can be tailored to offer to GPs. Of most benefit to young people was building resilience to deal with stress and the necessary techniques to manage. Concern was raised about primary age children were exhibiting teenage traits. It was acknowledged that speech and language are very important as difficulties with this often lead to mental health issues at a later stage.

The group received a presentation on the new Community Wellbeing Service which was now a single point of access to emotional and wellbeing services, child and specialist child and adolescent mental health services in Bromley. The new service provided prompt and timely decisions on referrals based on mental health need and risk, high quality, consistent prioritisation and allocation, professional and qualified advice, easy access to information about child and adolescent mental health services, and training and consultation for professionals.

The group had been timely established to think about how the new service and all other initiatives on offer could move forward in the borough. Identified actions included reviewing how better to engage with faith, uniformed and non-uniformed groups to provide better resilience in young people, disseminating good practice, focusing on speech and language services, and to look at early prevention ideas.

5. FINANCIAL IMPLICATIONS

- 5.1. Work of the priority groups is 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.

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.