

London Borough of Bromley

Decision Maker: HEALTH AND WELL BEING BOARD

Date: 26th March 2015

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
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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 current Work Programme 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 its Work Programme and progress on matters arising from previous meetings.**

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: Matters Arising and the Work Programme should be actioned in accordance with statutory obligations.
 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 Work Programme is attached as **Appendix 2**. The Work Programme is fluid and evolving. Future meeting dates have now been added on the basis of the latest Calendar of Meetings drafted by the Democratic Services Manager, Mr Graham Walton. The Calendar of Meetings is subject to ratification by the GP&L Committee in May 2015. The meetings are scheduled so that generally speaking they will be held approximately two weeks after CCG Board meetings which will facilitate more current feedback from the CCG to the HWB.
- 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 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.

APPENDIX 1

Health and Wellbeing Board

Matters Arising/Action List –26th March 2015.

Agenda Item	Action	Officer	Notes	Status
10 BCF Updates. (16/10/14)	BCF progress updates to be provided to the Board. A BCF update will be drafted for the March 2015 meeting.	Richard Hills	It was proposed at the meeting on 16/10/14 that from time to time, BCF progress updates would be provided to the Board. This was raised again at the meeting on 29/01/15. A standing item will now remain on the HWB agenda for the overall integration programme including BCF.	Ongoing
8 Care Act Impact (16/10/14)	An update be provided to Board Members after the Autumn Statement regarding BCF funding and the Care Cap.	Terry Parkin	At the previous HWB meeting, it was noted that more accurate financial data may be available for calculations after the Chancellor had made his autumn statement.	New Action
9 Primary Care Developments (29/01/15)	The HWB should be updated as appropriate concerning progress on the development of primary care co-commissioning.	Mark Needham/ Angela Bhan.	It was requested at the HWB meeting on the 29/01/15 that the HWB should be updated as appropriate concerning progress on primary care co-commissioning.	Ongoing

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

Title	Notes
Health and Wellbeing Board—26th March 2015	
JSNA 2015 Update	
Work Programme and Matters Arising	
Winterbourne View Recommendations Update	
Better Care Fund Update	
Update on Community Services Integration	
Orpington Health and Wellbeing Centre Report	
Task and Finish Group Updates	
Health and Wellbeing Board—June 4th 2015	
Work Programme and Matters Arising	
Primary Care Co-Commissioning Update	
Winterbourne View Recommendations Update	
2015 – 18 Health & Wellbeing Strategy – Outline	
Integration Programme	
Health and Wellbeing Centre-Orpington	
Health and Wellbeing Board—October 8th 2015	
Work Programme and Matters Arising	
Integration Programme	
JSNA 2015 – sign off	
2015 – 18 Health & Wellbeing Strategy – sign off	
Health and Wellbeing Board—February 11th 2016	
Work Programme and Matters Arising	
Integration Programme	
Winterbourne View Recommendations Update	
Health and Wellbeing Board—21st April 2016	
Work Programme and Matters Arising	
Integration Programme	

Outstanding items to be scheduled	
Care Act Progress Updates	
Shortage of GP Provision in Bromley Town Centre	
Co-Commissioning Updates	
Care Act Update	
Progress updates on Task and Finish Groups	
Proposal for how paediatric Diabetes could be addressed jointly between the Local Authority and Bromley CCG focussing on a preventative approach.	

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
26th March 2015	17 th March 2015	18 th March 2015
4 th June 2015	26 th May 2015	27 th May 2015
8 th October 2015	29 th September	30 th September 2015
11 th February 2016	2 nd February 2016	3 rd February 2016
21 st April 2016	18 th March 2016	21 st March 2016

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.

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.

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)
Bromley Safeguarding Children Board	(BSCB)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Child Sexual Exploitation	(CSE)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
Common Assessment Framework	(CAF)
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)
Local Safeguarding Children's Boards	(LSCB)
Long Acting Reversible Contraception	(LARC)
Multi Agency Planning	(MAP)
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)
Multi-Agency Sexual Exploitation	(MASE)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
National Reporting and Learning Service	(NRLS)
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 and Outcomes Framework	(QOF)
Quality, Innovation, Productivity and Prevention programme	(QIPP)
Queen Mary's, Sidcup	(QMS)
Secure Treatment Unit	(STU)
Serious Case Review	(SCR)
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)