London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Agenda

Monday 17 June 2013
4.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Councillor Marcus Ginn (Chairman) Councillor Helen Binmore Andrew Christie, Tri-borough Director of Children's Services Dr Tim Spicer, Chair of H&F CCG Tri-borough Director of Adult Social Care Tri-borough Director of Public Health A Local Healthwatch representative

CONTACT OFFICER: Sue Perrin
Committee Co-ordinator
Governance and Scrutiny
☎: 020 8753 2094
E-mail: sue.perrin@lbhf.gov.uk

Reports on the open agenda are available on the Council's website:
http://www.lbhf.gov.uk/Directory/Council_and_Democracy

Members of the public are welcome to attend. A loop system for hearing impairment is provided, along with disabled access to the building.

Date Issued: 06 June 2013

London Borough of Hammersmith & Fulham

Health & Wellbeing Board
Agenda

17 June 2013

Item		Pages
1.	**MINUTES**	1 - 7

To approve as an accurate record and the Chairman to sign the minutes of the meeting of the Shadow Health & Wellbeing Board held on 25 March 2013.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

If a Member of the Board, or any other Member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4.	**MEMBERSHIP AND TERMS OF REFERENCE**	8 - 13

This report sets out the membership and the terms of reference of the Board, as agreed at the Annual Council meeting on 29 Mat 2013.

5. APPOINTMENT OF A VICE-CHAIRMAN

The Board is asked to elect a Vice-chairman from amongst its members for the 2013/2014 municipal year.

6. WORK PROGRAMME 14 - 17

The Board's proposed work programme for the municipal year is set out as Appendix 1 to this report.

The Board is requested to consider the items within the proposed work programme and suggest any amendments or additional topics

7. OUT OF HOSPITAL PROGRAMME UPDATE FOR HAMMERSMITH & FULHAM 18 - 38

This report updates the Board on progress made by the CCG, Tri Borough and partners in delivering the Out of Hospital (OOH) Strategy, identifying key achievements since the previous report whilst also considering the long term objectives.

The appendices, which contain the detail for each area of update included in the OOH strategy, have not been printed.

8. JOINT HEALTH & WELLBEING STRATEGY 39 - 68

The Shadow Health & Wellbeing Board agreed the Joint Health & Wellbeing Strategy. This report asks the Board to agree the next steps.

9. JOINT STRATEGIC NEEDS ASSESSMENT

This report will follow.

10. LOCAL HEALTHWATCH 69 - 72

This report informs the Board on the key role of Healthwatch Hammersmith & Fulham.

The Healthwatch Hammersmith & Fulham work plan will be tabled.

11. DATES OF NEXT MEETINGS

The Board is asked to note that the dates of the meetings scheduled for the municipal year 2013/2014 are as follows:

9 September 2013
4 November 2013
13 January 2014
24 March 2014

London Borough of Hammersmith & Fulham

Shadow Health & Wellbeing Board

Minutes

25 March 2013

PRESENT

Councillor Marcus Ginn, Cabinet Member for Community Services (Chairman)
Eva Hrobonova, Deputy Director of Public Health
Abigail Hull, H&F CCG
Dr Susan McGoldrick, H&F CCG
Trish Pahley, LINk representative
Dr Melanie Smith, Director of Public Health
Dr Tim Spicer, Chair of H&F CCG
Martin Waddington, Director ASC Procurement & Business Intelligence and H&F Borough Director
David Evans, Senior Policy Officer
Sue Perrin, Committee Co-ordinator

Guests
Cath Attlee, Assistant Director, Joint Commissioning Adults
Suzy Blackledge, Team White City Programme Director
Peter Okali, Director of CaVSA

1. MINUTES AND ACTIONS

The minutes of the meeting held on 21 January 2013 were approved, subject to the amendment of item 4 'Everyone Counts: Plans for Patients 2013/2014', final paragraph resolution to read:

RESOLVED THAT:

The Board recommended that **one of** the following two proposals for the quality premium be taken forward:

- Child Immunisation and MMR
- Flu vaccination

and that **two** of the following be taken forward:

- Enhancing Quality of Life: Long Term Conditions
- Physical Health Checks: Severe and Enduring Mental Illness
- End of Life: Care and Planning

The CCG subsequently decided to take forward:

- Child Immunisation and MMR
- Enhancing Quality of Life: Long-term Conditions (specific to diabetes)
- Physical Health Checks: Severe and Enduring Mental Illness

2. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Helen Binmore and Andrew Christie.

3. DECLARATIONS OF INTEREST

4. THE WHITE CITY COMMUNITY BUDGET

Suzy Blackledge and Cath Attlee presented the report, which set out the outline business case for a Community Health and Wellbeing Hub around the White City Collaborative Care Centre (WCCCC).

White City had been granted pilot 'Neighbourhood Budget' status by the Government. The proposal was to link into the Team White City Neighbourhood Community Budget, in order to pilot a programme, which could be rolled out through the Borough. Work with residents was ongoing over the whole remit of services. In addition, feedback had been captured from a number of engagement events with residents, patient groups and providers.

The outline business case was a work in progress and would be submitted through the approval process. It aimed to articulate the development of the hub with resources already available, thereby ensuring maximum value of the WCCCC. On the basis of residents' feedback, eight projects had been identified to contribute to the delivery of a Hub and to help generate community ownership.

There was commitment from Public Health and the Clinical Commissioning Groups in the White City area for 2013/2014, but currently no firm commitment for 2014/2015.

Abigail Hull queried the specific link to the current WCCCC plan. Ms Blackledge responded that the WCCCC would be a new physical asset and the Hub would integrate with it., for example planning permission for events and weekends would potentially allow the centre to be used by the community, in addition to its health and social care role. Dr Susan McGoldrick added that the Hub was on the agenda for the H&F CCG and their comments would be included in the next draft.

Dr Melanie Smith considered that recommendations in respect of governance arrangements should be brought to the HWB, whereas funding commitments should be discussed with individual agencies.

Dr McGoldrick noted the importance of a link to general practices.

RESOLVED THAT:

The Shadow Board noted and, subject to the detail around services and the budget being further explored, endorsed the proposals.

ACTION:

The final proposals for the Health and Wellbeing Hub to be circulated to members.

Action: Suzy Blackledge/Cath Attlee

5. JOINT HEALTH & WELLBEING STRATEGY: DELIVERY PLANS

The Board considered the delivery plans for the priorities in the Health & Wellbeing Strategy (with the exception of the mental health services delivery plan, which was expected to report in June) and the next steps.

Members commented as follows:

- Priority 2: To deliver the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.
  The cover sheet should be re-written to show how the priority would be delivered.
- Priority 3: Supporting young people into a healthy adulthood.
  The work in respect of the relationship between the HWB and the Children's Trust Board should be delegated to the Children's Trust Board.
- Priority 4:Every Child has the best start to life.
  The actions were not considered to be actions for the HWB.
- Priority 5: Childhood Obesity
  It had not been agreed whether the stakeholder conference should be bi-borough or tri-borough, and a date had not been set.
- Priority 6: to develop better access for vulnerable people to sheltered housing.
  The lack of accommodation was a major weakness in the Out of Hospital Strategy. Adult Social Care was working with Housing to address the issue of quality, choice and suitability of housing for older people in the borough. Living in suitable accommodation would allow older people to manage their health and care needs at home rather than having to be admitted to hospital or placed in short or long term nursing care. A GP representative would be invited to join the work group.
- Priority 8: Develop a shared strategy for sexual health across tri-borough with a focus on those communities most at risk of poor sexual health.
  The strategy should be brought to the HWB.

RESOLVED THAT:

- A progress report would be provided at each meeting (approximately one page each).

.

- Board actions should be removed from this document and brought back in one year's time.

Action: All

- The format for actions should be standardised.

Action: David Evans/Martin Waddington

6. ESTABLISHMENT OF A HEALTH & WELLBEING BOARD: GOVERNANCE ARRANGEMENTS

The Board considered the proposed terms of reference and membership.

RESOLVED THAT:

The Shadow HWB recommended to Council that it:

1. Established a Health & Wellbeing Board for the London Borough of Hammersmith & Fulham with the proposed membership and on the basis set out in the report.
2. The Council consulted the HWB on the proposal to make a direction on the entitlement of the Council's non-councillor representatives to vote as set out in paragraph 7.3 of the report.

7. PROPOSAL RE VOLUNTARY SECTOR REPRESENTATION ON THE H&F HWB

Peter Okali, Director CaVSA presented the report, which set out three options for the voluntary and community sector representation on the HWB for the Board's consideration:

Option 1: Voluntary Sector Health and Social Care representation has full membership status on the Board.

Option 2: Voluntary Sector representation has 'observer' or 'non-voting' membership status.

Options 3: There is no formal Voluntary Sector representation on the Board and engagement with the Sector takes place across a range of other fora and mechanisms.

Mr Okali stated that whist the potential conflict of interest between the Sector's role as providers of services and the Board's commissioning responsibilities was recognised, the preference was for the involvement of a specific Health and Social Care Representative with full membership status (option A). A Voluntary Sector representative would be able to contribute the views and experience of the wider Sector and bring a slightly broader range of experiences than Healthwatch.

The Board considered that the Voluntary Sector Council Representative for Health and Social Care was not necessarily the most appropriate, and that the Children, Young People and Families Representative would be equally appropriate. Mr Okali

responded that a Representative with a health and social care background would have a good understanding of the system and would also have a range of support from CaVSA and across the Sector. There were strong lines of communication between the Representatives and the Sector.

The Board considered the three options and the following points were made:

- Representatives did not need to be voting members to fully participate in discussions.
- The health voluntary sector was becoming more important, and there could be a case for representation of this sector.
- The HWB could involve the voluntary sector through consultation and attendance at appropriate meetings, rather than as a Board member.

Mr Okali commented that engagement with the voluntary sector 'when required' would result in the Representative not being fully briefed, with no background information or an understanding of the challenges and with no support.

The Board also considered that there could be an issue in respect of CaVSA's role as a provider, and that should CaVSA be a Board Member, it might be appropriate to also invite acute providers to attend the HWB.

Mr Okali was asked to leave the meeting for the Board to discuss the proposal.

The Board considered that it was the role of Healthwatch to represent service users. The other role of a voluntary sector representative would be to represent the sector as a provider, and this was thought inappropriate, given that other providers, such as acute health care trusts, would not be invited to sit on the Board.

There was some concern about whether a Representative would actually represent the Sector, rather than their own organisation's agenda.

RESOLVED THAT:

1. The HWB recognised the valuable role of the Voluntary Sector, and would continue to engage and involve the Sector.

2. There would be no formal Voluntary Sector representation on the Board (option 3).

3. Engagement and involvement of the Voluntary Sector would be reviewed at a future meeting.

8. PHARMACEUTICAL NEEDS ASSESSMENT

Dr Melanie Smith the report, which summarised the responsibilities of the HWB, which would become responsible for the Pharmaceutical Needs Assessment (PNA) from 1 April 2013, and identified some areas of concern, which would need to be addressed in order that the Board could discharge this responsibility.

RESOLVED THAT:

The Shadow Board noted the report.

9. HEALTHWATCH HAMMERSMITH & FULHAM

Trish Pashley presented the update report for Hammersmith & Fulham Healthwatch, which would be launched officially on 18 April. All members of the HWB were invited to contribute to the launch event. In addition, Healthwatch would welcome the views of the Board on areas for prioritisation in 2013/2014, as set out in the report.

RESOLVED THAT:

The Board noted the report.

10. WORK PROGRAMME

RESOLVED THAT:

1. The work programme be noted.

2. The Commissioning Board should be invited to join the June meeting.

Action: Sue Perrin

11. DATES OF MEETINGS, 2013//2014

The Board noted the following provisional dates for 2013/2014:

17 June 2013
9 September 2013
4 November 2013
13 January 2014
24 March 2014

Meeting started: 4.00 pm
Meeting ended: 6.00 pm

Chairman .....

Contact officer: Sue Perrin
Committee Co-ordinator
Councillors Services
☎: 020 8753 2094
E-mail: Sue.perrin@lbhf.gov.uk

h&f the low tax borough	**London Borough of Hammersmith & Fulham** **HEALTH & WELLBEING BOARD** **17 JUNE 2013**
MEMBERSHIP AND TERMS OF REFERENCE	
Report of the Director of Law	
Open Report	
Classification: For Information **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Jane West, Executive Director of Finance and Corporate Governance	
Report Author: Sue Perrin, Committee Co-ordinator	**Contact Details:** Tel: 020 8753 2094 E-mail: sue.perrin@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1 The report sets out the new membership of this Committee and its terms of reference, as agreed at the Annual Council Meeting held on 29 May 2013.

2. RECOMMENDATIONS

2.1 The Committee is asked to note its membership and terms of reference.

2.2 The Committee is asked to respond to the Council's proposal to make a direction on the entitlement of the Council's non-Councillor representatives to vote.

3. INTRODUCTION

3.1 The Council agreed the membership and terms of reference at the Annual Council Meeting held on 29 May 2013.

4. TERMS OF REFERENCE

4.1 In accordance with the statutory duties and powers given to the HWB by the Health and Social Care Act 2012 it is proposed that the terms of reference of the Board are as follows:

(i) To provide organisational leadership by agreeing the vision and strategic priorities for health and wellbeing in Hammersmith & Fulham, as part of the Joint Health & Wellbeing Strategy.

(ii) To ensure commissioning decisions are based on clear evidence for improving outcomes and integrating services.

(iii) To drive the development and implementation of the Joint Health & Wellbeing Strategy (JHWS) and take joint action to facilitate progress.

(iv) To oversee the development and use of the Joint Strategic Needs Assessment (JSNA) by the Council and H&F CCG.

(v) To oversee the development and maintenance of the Pharmaceutical Needs Assessment (PNA).

(vi) To ensure effective public and patient engagement and involvement in the development and provision of health and wellbeing services.

(vii) Wherever possible, to promote the effective integration of health and social care services across the three boroughs of Hammersmith & Fulham, Kensington & Chelsea and Westminster.

Membership

4.2 The core membership of the HWB, which is set out below, is compliant with the Health & Social Care Act, 2012:

- Cabinet Member for Community Care
- Chair of H&F CCG
- Cabinet Member for Children's Services
- Tri-borough Director of Adult Social Care
- Tri-borough Director of Children's Services
- Director of Public Health
- A Local Healthwatch representative

4.3 The HWB also has the power to appoint additional persons to the Board.

4.4 Each nominating body will be asked to nominate a primary representative and a deputy, both of whom will be permanent appointments and will be expected to understand the business of the Board and the deputy would have the authority to make decisions in the event that the Board member is unable to attend a meeting.

4.5 The legislation requires that the councillor members of the Board are nominated by the Leader.

Table:

Nominating organisation	Nominee position	Reason for proposal	Nominated deputy
London Borough of Hammersmith & Fulham	Cabinet Member for Community Care	Councillor nomination from the Leader as per Health and Social Care Act 2012	To be confirmed
London Borough of Hammersmith & Fulham	Cabinet Member for Children's Services	Councillor nomination from the Leader as per HSCA 2012	To be confirmed
London Borough of Hammersmith & Fulham	Tri-borough Director for Adult Social Care	Statutory member as per HSCA 2012.	H&F Borough Director
London Borough of Hammersmith & Fulham	Tri-borough Director for Children's Services	Statutory member as per HSCA 2012.	Children's Services Director
London Borough of Hammersmith & Fulham	Tri-borough Director of Public Health	Statutory member as per HSCA 2012.	Deputy Director of Public Health
Healthwatch	To be confirmed	Statutory member as per HSCA 2012.	To be confirmed
Hammersmith & Fulham Clinical Commissioning Group	Chair	Statutory member as per HSCA 2012.	Deputy Chair

4.6 The Chairman shall be appointed by Full Council.

4.7 Members shall elect a Vice-chairman from among the Board's membership.

4.8 The Act provides that the NHS Commissioning Board must appoint a representative for the purpose of participating in the preparations of JSNAs and the development of JHWSs, and to join the HWB when it is

considering a matter relating to the exercise, or proposed exercise, of the NHS Commissioning Board's commissioning functions in relation to the area and it is requested to do so by the HWB.

4.9 The HWB will meet five times during the municipal year. During 2013/2014, the HWB will meet on:

17 June 2013
9 September 2013
4 November 2013
13 January 2014
24 March 2014

4.10 The Board's meetings will be subject to the normal access to information rules and therefore, unless exemptions apply which allow for business to be conducted in private, will be held in public.

Other Governance Issues

Quorum

4.11 It is proposed that the quorum for meetings will be three voting members.

Decision-making: consensus and voting

4.12 The Board will seek to work by consensus. Nevertheless, on occasions there may be differences between partner organisations represented on the Board. It is envisaged that where possible these will discussed and resolved in advance of the meeting. Any unresolved difference will, where possible, be noted in the HWB report in question. Furthermore if, at the meeting when the matter has to be determined, consensus cannot be reached, the decision will be made by a vote (in accordance with the provisions in the Council's standing orders).

4.13 Unless the Council directs otherwise following consultation with the Board, officer and non-councillor members of the Board will also be entitled to vote.

Interests

4.14 Members must declare any conflicts of interest at appropriate times. Non-councillor members of the HWB will be subject to the Council's Code of Conduct and the requirements to register and declare disclosable pecuniary interests.

Developing understanding and embedding best practice

4.15 The Board will endeavour to learn and understand the business of other Board members' organisations and build in opportunities to establish roving meetings and site visits where appropriate.

4.16 The Board will ensure all local, regional and national best practices is taken into consideration when developing plans and services for the borough.

Communication

4.17 The Board will endeavour to communicate the aims and business of the Board to all stakeholders, communities and populations, and establish robust two way communication channels for all.

Review

4.18 A review of membership and terms of reference will take place following the set up of the Board, then annually.

Accountability

4.19 Accountability of HWB Members will depend on their relevant parent organisation:

- Accountability of the Council will come through Scrutiny Committees, Local HealthWatch and the democratic process.
- Accountability of the CCGs will come through assessment by the NHSCB, lay people on the CCG Board, and the duties to involve, consult and publish an annual report.
- Accountability of HealthWatch will be to the Council, and to the local community.

Relationships and Intersdependencies

4.20 There are a number of key relationships the Board will need to develop, foster and understand. Locally, the Board will develop effective mechanisms to link to the Scrutiny Committees, the Pharmaceutical Needs Assessment (PNA) Working Group and any JSNA Working Groups, tri borough HWBs, the Commissioning Support Unit (CSU), other local statutory groups, the Voluntary and Community sector and the community itself.

4.21 Regionally and nationally key relationships will be fostered with NHSCB, Public Health England (PHE), and an understanding developed of the business of the Care Quality Commission (CQC), Monitor, Healthwatch England, and others.

4.22 An understanding of where business is done, and what statutory boards and other decision making bodies exist across the borough, will allow the HWB to function more efficiently and effectivley.

4.23 Regionally and nationally key relationships will be fostered with NHSCB, Public Health England, and an understanding developed of the business of the Care Quality Commission, Monitor, Healthwatch England and others.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

h&f the low tax borough	**London Borough of Hammersmith & Fulham** **HEALTH & WELLBEING BOARD** **17 June 2013**
WORK PROGRAMME AND FORWARD PLAN 2013-2014	
Report of the Director of Law	
Open Report	
Classification - For Scrutiny Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Jane West, Executive Director of Finance and Corporate Governance	
Report Author: Sue Perrin, Committee Co-ordinator	**Contact Details:** Tel: 020 8753 2094 E-mail: sue.perrin@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1 The Committee is asked to give consideration to its work programme for this municipal year, as set out in Appendix 1 of the report.

2. RECOMMENDATIONS

2.1 The Committee is asked to consider and agree its proposed work programme, subject to update at subsequent meetings of the Committee.

3. INTRODUCTION AND BACKGROUND

3.1 The purpose of this report is to enable the Committee to determine its work programme for this municipal year 2013/14.

4. PROPOSAL AND ISSUES

4.1 A draft work programme is set out at Appendix 1, which has been drawn up in consultation with the Chairman, having regard to actions and

suggestions arising from previous meetings of the Shadow Health & Wellbeing Board.

4.2 The Committee is requested to consider the items within the proposed work programme and suggest any amendments or additional topics to be included in the future

5. OPTIONS AND ANALYSIS OF OPTIONS

5.1. As set out above.

6. CONSULTATION

6.1. Not applicable.

7. EQUALITY IMPLICATIONS

7.1. Not applicable.

8. LEGAL IMPLICATIONS

8.1. Not applicable.

9. FINANCIAL AND RESOURCES IMPLICATIONS

9.1. Not applicable.

10. RISK MANAGEMENT

10.1. Not applicable.

11. PROCUREMENT AND IT STRATEGY IMPLICATIONS

11.1. Not applicable.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

LIST OF APPENDICES:

Appendix 1 - List of work programme items

APPENDIX 1

Hammersmith & Fulham Health & Wellbeing Board
Work Programme 2013/14

Agenda Item	Issue and/or decision	Report Sponsor/Author
Meeting Date: 17 June 2013	***Report Deadline: 31 May 2013***	
Membership and Terms of References	To endorse terms of reference as agreed at Annual Council.	Cllr Marcus Ginn/Sue Perrin
Appointment of Vice-chairman	To elect a vice-chairman from amongst the members for the 2013/2014 municipal year.	Cllr Marcus Ginn: *Oral Report*
Better Care, closer to home: Out of Hospital Strategy	Progress and how the HWB can support the development of the next steps.	Tim Spicer
Joint Health & Wellbeing Strategy	To formally adopt the strategy.	Martin Waddington/ David Evans/All priority owners
Joint Strategic Needs Assessment	Update	Eva Hrobonova
Local Healthwatch 2013/14	Local Healthwatch work programme and how it can feed into the work of the HWB	Local Healthwatch HWB Representative (Trish Pashley/Paula Murphy, Local Healthwatch)
Meeting Date: 9 September 2013	***Report Deadline: 23 August 2013***	
Keep Smiling Outreach Pilot in White City	Evaluation Report	Cllr Marcus Ginn/ Suzy Blackledge, Deloite/Dr Claire Robertson
Joint Strategic Needs Assessment 2013/14 and work programme and H&F CCG Commissioning Priorities 2014/15	The JSNA will be presented to inform the discussion around the CCG Commissioning intentions.	Eva Hrobonova/ Tim Spicer

Agenda Item	Issue and/or decision	Report Sponsor/Author
Joint Health & Well-being Strategy and Everyone Counts: Plans for Patients 2013/2014 – Mid year review	Review of performance.	Martin Waddington
White City Collaborative Care Centre	Looking ahead to the opening of the White City Collaborative Care Centre in 2014. The key issues which need to be addressed how the HWB can contribute to a smooth and successful completion of the project.	Tim Spicer
Meeting Date: 4 November 2013	***Report Deadline: 18 October 2013***	
H&F CCG Draft Commissioning Intentions 2014/15	HWB endorsement of CCG's Commissioning Intentions.	Tim Spicer
Meeting Date: 13 January 2014	***Report Deadline: 23 December 2013***	
Joint Health & Wellbeing Strategy	Following consultation, to endorse the strategy.	Martin Waddington/ David Evans/All priority owners
Public Health in Hammersmith & Fulham	Following the transition of public health; Mid year progress, issues and how the HWB can support the next steps.	Public Health
Meeting Date: 24 March 2014	***Report Deadline: 7 March 2014***	
Pharmaceutical Needs Assessment	Delivery	Public Health
Review of HWB Membership		Cllr Marcus Ginn
2014/2015		

h&f the low tax borough	**London Borough of Hammersmith & Fulham** **HEALTH & WELLBEING BOARD** **17 June 2013**
TITLE OF REPORT: Out of Hospital Programme Update for Hammersmith & Fulham	
Report of: Interim Director of Adult Social Care and Chief Officer, H&F CCG	
Open Report	
Classification - For Information **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Sue Redmond & Daniel Elkeles	
Report Author: Robert Sainsbury Deputy Managing Director	**Contact Details:** Tel: 020 33504288 E-mail: robert.sainsbury@nw.london.nhs.uk

1. EXECUTIVE SUMMARY

The Report is an update on progress for the Out of Hospital (OOH) Strategy in Hammersmith & Fulham. It updates members of the Health & Wellbeing Board (H&WBB) on progress made by the CCG, Tri Borough and partners in delivering the OOH Strategy, identifying key achievements since the previous report whilst also considering the long term objectives.

The appendices attached within the report contain the detail for each area of update including in the OOH strategy.

2. RECOMMENDATIONS

Members are asked to consider the progress of the OOH Strategy for Hammersmith & Fulham and provide observations to the accountable officers and OOH Delivery Board.

3. INTRODUCTION AND BACKGROUND

The Out of Hospital Strategy for Hammersmith & Fulham is a key priority for the CCG in delivering its overall strategic and commissioning objectives.

Significant progress has been made in progressing the OOH strategy through partnership working under the governance of the Out of Hospital Delivery Board. This paper provides an update for members regarding key areas of progress. In particular, the report will describe progress for the following key areas;

- Shaping a Healthier Future (SAHF)
- Whole Systems
- Integration between Health & Social Care (CLCH & the Tri Borough)
- Establishing Urgent Care Boards
- Joint out of Hospital Schemes update
- Virtual Ward update
- Community Nursing Review update
- White City Collaborative Care Centre (WCCCC) update
- ICP update and plans for 13/14

.

The Out of Hospital Strategy is the CCGs delivery mechanism for its main strategic and commissioning objectives, including much of the QIPP Programme.

The OOH Strategy addresses the need to rebalance the whole system of care away from an over reliance on acute hospitals with a move towards greater use of primary and community based services. It is believed that this approach will reduce the demand on acute hospitals but more importantly will improve the quality of care provided to our residents/patients.

Key aims identified in the strategy are;

- To demonstrably improve outcomes for service users and their carers
- To improve Health and Social Care provision and ensure that patient experience is seamless
- To empower our patients to make choices regarding their own health and support them in managing their care.
- To address inequity in care and provide equitable access to care for the residents of Hammersmith and Fulham

4. PROPOSAL AND ISSUES

The Health & Well Being Board is requested to note the progress for the OOH strategy. Proposal and issues are identified in the main body of the report against each area of update.

5. OPTIONS AND ANALYSIS OF OPTIONS

There are no options presented with this update report, members are asked to note progress.

6. CONSULTATION

Key sections of the report relate to formal consultation of the Shaping a Healthier Future programme.

7. EQUALITY IMPLICATIONS

A full equality impact assessment has been undertaken for the Integration proposals for Hammersmith & Fulham (Tri Borough & CLCH) and presented to Cabinet in November 2012.

8. RISK MANAGEMENT

The Out of Hospital delivery Board will review all risks concerning project delivery.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers
1	Hammersmith and Fulham CCG Out of Hospital Strategy and North West London Shaping a Healthier Future, Hammersmith & Fulham Health and Wellbeing Strategy; LBHF Mandate for Adult Social Care.

Report Contents

Item	Summary Pages	Supporting Documents
1.Strategic Overview SAHF update	6	**Appendix 1** 2013 05 21 Example Progress Reporting P:
2.Whole Systems	7	**Appendix 2&3** WSIC update for HF Members v0 6.ppt WSIC update for Collaboration Board 2
3.Tri Borough & CLCH Integration	8	
4.Establishing Urgent Care Boards	9	**Appendix** CWHH A+E_plan_310513.pc
5.H&F OOH Schemes Update; Community Independence Team Health & Social Care Coordinators Hybrid Workers End of Life Care Dementia & Cantab	11&12	**Appendix 5** Copy of GB CofC Project List 29 05 13.
6.Virtual Ward Update	13-15	**Appendix 6&7** Virtual Ward Working Group 28th May Ager DRAFT VW SERVICE SPECIFICATION FOR
7.Community Nursing Review	16-18	**Appendix 8** AD1 SDIP Milestone Schedule - CLCH - v8 HF June gov body CN.pptx
8.White City Collaborative Care Centre Update	19-20	
9.0 Integrated Care Pilot (ICP) Update	21	**Appendix 9** ICP Business Case Revised Version.docx

1.0 Strategic Overview 'Shaping a healthier future' (SAHF)

On 19 February 2013, the Joint Committee of Primary Care Trusts (JCPCT) agreed with all the recommendations put forward by the 'Shaping a healthier future' (SAHF) programme following public consultation. The programme addresses the need to rebalance the whole system of care away from an over reliance on hospital based care with a move towards greater use of primary and community based services. It is believed that this approach will reduce the demand and pressures placed upon hospitals but most importantly will enhance the quality of care for the residents of Hammersmith & Fulham.

These proposals are not just about changes to hospital care, they also aim to improve the care that residents receive outside of hospitals. The strategy proposes an investment of £190m to improve out-of hospital care in the whole of the North, West and Central London area by improving GP access, local health centres or 'hub's along with a focus for Health and Social care provision centred at the patients' own home.

1.1 Hammersmith and Fulham

For Hammersmith & Fulham the OOH and Strategy and Transformation teams will focus on;

- Developing plans for three sites to support five networks of care in the north, centre and south of the borough including the use of Charing Cross Hospital as a hub/health centre offering primary care, therapies and further diagnostic services.
- Developing satellite sites that will provide co-ordinating functions to ensure coverage of all five networks.
- Develop and Implement plans to increase the funding of out-of-hospital services by £17m a year.
- Support plans to redesign estate with capital investment of between £17-41m, including £15m local hospital services at Charing Cross Hospital, £1–25m in hubs/health centres (including Charing Cross Hospital), and up to £1m in primary care across the locality.
- Establishing a Non Elective Transition Workstream for Hammersmith & Fulham with focus on Hammersmith and Charing Cross Hospitals. The workstream will review progress for OOH development and progress made by the CCG and providers in developing new pathways for patients under the changes implemented by SAHF.
- Appointing a Zone lead to take forward the transition requirements of SAHF and support the CCG/OOH team.

1.2 Judicial and Independent Reconfiguration Panel Review (IRP)

An application for judicial review of the SAHF proposals has been made by Ealing Council, and this is now being progressed along with an independent reconfiguration panel review. The Secretary of State has also referred the programme to the IRP with full report by Sep 2013. All CCG's and providers have been informed of this through the Collaboration Board.

2.0 Whole Systems

It is recognised that patients and users of Health and Social care services across Hammersmith & Fulham increasingly experience fragmented services leading to duplication and confusion for residents. Whilst good progress has been made by the CCG, Council, Acute and Community services to develop improved collaborative working it is recognised that services need further development. The Whole systems approach supports the Health and Social Care system to operate a system of shared values, vision and objectives and therefore enabling Integrated care.

Our strategies share common patient-centred goals and themes around integrated care with a shared vision of providing better, more coordinated care for our populations. In keeping with this vision, the aim is to develop with patients, service users and carers a common framework of what integrated care means locally for patients/users and what measures the programme should use to evaluate successful delivery of patient-centred care.

Health and Social care partners are planning to undertake a mapping exercise with OOH programme leads to draw out the key linkages and themes. An initial workshop is proposed in mid June to launch the process

On 14th May, Norman Lamb Minister for Care and Support announced an invitation for local areas to submit an Expression of Interest to be 'pioneers' in demonstrating an innovative and ambitious approach to integrating care. The Department of Health is seeking 10 Pioneer sites across England, consisting of ambitious and visionary localities.

The following key messages can be taken from the announcement from the Minister;

- Integration is not an option – it is a requirement & person-centred care will become the norm across the health and social care system.
- All localities are required to develop plans for integration.

The proposed governance structure shared previously with the North West London Collaboration Board has been refined and initial meetings to establish the governance structure for the Board will be set up in June. Co-design work has kicked off in a number of areas; the programme is looking for support from CCGs and Local Authorities in providing leads to further progress the design work across each of the programme work streams.

3.0 Health & Social Care Integration

A key requirement in delivering the Out of Hospital Strategy is further improving the relationship between Health and Social Care provision. In November 2012 the H&F Cabinet & CCG Governing Body were presented with the full cabinet report proposal for the Integration of Adult Social Care and Central London Healthcare NHS Trust (CLCH). Since Nov2012 the Tri Borough Council along with the 3 CCG's (Central, West London and Hammersmith & Fulham) have developed further plans to review the Integration proposal and status to ensure the initiative meets the changing needs of Health & Social Care.

The Council and CCG's along with CLCH are undertaking a number of positive steps to ensure the aspirations around integration become a reality and that all the organisations involved in this important work bring the right focus to bear. GP input and leadership is essential to delivering the health and social care integration programme and the partnership governance structures are being set-up to support this. Key areas of development to note include;

- A Partnership Board has been established and will include the 3 CCG Chairs and lead Cabinet Members for Adult Social Care (ASC). This is due to meet for the first time in early June (13th June). The Partnership Board will oversee both commissioning and service delivery led integration initiatives and will ensure these are aligned and work is coordinated.

- A jointly appointed interim Director for Adults Community Health and Social Care has been appointed by Tri-Borough and CLCH (with CCG input) to lead the community services integration Programme – Neil Snee has been appointed and a start date will be announced shortly.

- The jointly appointed interim Director will lead the work with Tri-Borough ASC, CLCH and GP Practices to develop plans to design an integrated targeted operating model.

The Tri Borough, CCG's and CLCH will provide further update in relation to the above actions and next steps in October 2013 and there will be a further update provided for Governing Body and Health & Wellbeing Board members.

4.0 Developing Urgent Care Boards

On 9th May NHS England issued important guidance on “Improving A&E performance”. This was in response to long waiting times in A&E departments in many parts of the country leading to not only poor quality patient experience but also impacting on patient safety and reduced clinical effectiveness. In particular the guidance reinforced the imperative to deliver the operational standard of 95% of patients being seen and discharged within 4 hours as set out in the NHS Constitution. National performance had deteriorated significantly over the last 6 months.

A deadline of the 31st May 2013 was set for each Health System to submit a plan covering:

- An urgent recovery programme with significant attention given by local and national commissioners and providers to all factors which can help recover the standards, (including clear performance management).
- A medium term approach to ensure delivery over the next winter period. This will include care system planning as well as a review of the levers and incentives in the system.
- In the longer term, the implementation of the urgent care strategy in order to deliver safe and sustainable services

The CCG responded to two key immediate requirements:

- An initial Recovery Improvement Plan for each Trust (at site level) produced, and agreed by the local Urgent Care Board, and sent to NHS England by 31 May
- Urgent Care Boards must be either established, or Terms of Reference revised, for each Trust, to be convened so that they can review and agree a draft Recovery Improvement Plan in line with 31 May deadline

Urgent Care Boards covering the three local Acute Providers with A+E departments will be in place by June 2013 and they will oversee both current performance and the medium and longer term approaches to the delivery of sustainable urgent care performance. For Hounslow and the West Middlesex Urgent Care Board is already in place and meeting and its terms of reference have been reviewed to ensure they meet the requirements in the latest guidance. A Tri-borough Urgent Care Board is being put in place covering Central London, West London and Hammersmith and Fulham CCGs and which will commence meeting in early June.

The Urgent Care Boards provide a forum for all partners to monitor progress against the Out of Hospital Strategy and to support problem solving for immediate, medium and longer term issues.

Appendices 4 & 5 provide the full detail for the A&E Recovery Plan and statement from Hammersmith & Fulham CCG and partners to NHS England.

5.0 Out of Hospital Schemes Update

The following updates are provided below regarding the OOH schemes currently being reviewed by the OOH Board.

5.1 Community Independence Service
The Community Independence Team is a newly formed service, joining the Hospital at Home Nurses and Therapists with the Social Care Reablement team. This integrated health and social care team is made up of Nurses, Occupational Therapists, Physios, Reablement Coordinators and Health and Social Care Assistants operating from 8am-8pm 7 days a week. This service forms a key function in delivering the Virtual Ward model across H&F as the service is already able to provide Integrated assessment and support to patients from Nursing, Therapy and Social Care professionals.

The service provides admission avoidance and early supported discharge for patients with integrated intermediate care support for up to 6 weeks. The service is able to respond rapidly to crisis referrals within 2 hours of telephone contact.

It should be noted that the service recently conducted a successful 8 week winter pressures pilot (February-March 2013) at Charing Cross Hospital, in reaching to support early discharge from A&E, MAU and downstream wards. During this 8 week period the team supported 45 patients to transition home, 73% from A&E/MAU and 27% from downstream wards. The CCG has awarded CIS funding to extend this pilot for a further a 12months which will be expanded to cover Hammersmith Hospital.

5.2 Health and Social Care Co- ordinator Project
The Health and Social Care Coordinator 12 month pilot will be coming to an end in June 2013. A formal evaluation of the pilot has commenced and the learning will be used to inform the future development of the role which will be aligned to the Virtual Wards.

The pilot has been split into two phases. The first phase focused on contacting those patients who had been discharged from a non elective admission with a Section 2 or 5 notification. The second and current phase has extended the cohort to all patients discharged from a non elective admission from an Imperial Trust site. From August 2013, GP practices will be able to access a summary of the activity that the HSCC team had with their patient cohort during both phases of the pilot.

Actions to note

- Members will be provided with a full 12 month evaluation of the pilot post June 2013.

5.3 Hybrid Worker Health and Social Care Project

In February 2013 the Hybrid Health and Social Care Project introduced a new 12 month pilot service provided by Allied HealthCare which brings together basic health care and home care together, so that both elements can be provided in the home by a single 'hybrid worker'.

The pilot tests the benefits of providing integrated care at home and its ability to facilitate improvements in service user outcomes, system efficiency, release expert nursing capacity and a reduced reliance on hospital based care and long term care.

Currently Allied Healthcare are delivering approximately 320 hours of care per week to 19 patients. Each week 2-3 new patients are joining the scheme which has a maximum capacity of approximately 40 patients. This scheme forms particular relevance to the Virtual Ward initiative and Community Nursing Review as the initiative is intended to enable Registered District Nurses to relinquish tasks to unqualified nurses where a registrant is not required to perform them. The benefits of the scheme should enable increased nursing time for case management and the Hybrid Workers also offer continuity of care for patients based on an enablement model.

5.4 Dementia Project

Plans are being developed between Adult Social Care and West London Mental Health Trust for the configuration of an integrated dementia team, aligning social workers with the Cognitive Impairment Team and embedding dementia specialists within the integrated locality teams to be implemented later in the year.

In March 2013 CantabMobile was also implemented across 5 H&F GP practices as part of a pilot initiative to support screening for dementia. CANTABMobile is an early detection tool which delivers reliable early screening for diagnosis in memory variations and cognition. This tool provides easy to use IPAD based assessment to inform decisions about the need for care. In June the project team will conduct a review of the 5 practices to examine how the tool has been ultislised and its ability to facilitate diagnosis, triage and onward referrals for patients with dementia.

5.5 End of Life Care (EOLC)

The quarterly End of Life Care Operational Group met in April 2013 to review EOLC activity over the last quarter. 138 patients had been fully transferred from Adastra based system to new System C by mid March. Since then there had been substantial use of new system with multi professional input specifically around placing community based patients on Co-ordinate my Care (CMC).

Historically data has often been boosted by Nursing Home residents being placed on the system however recent input has been for community patients living at home but the next phase of the programme will have particular focus on care homes to support efforts in reducing LAS conveyances and unnecessary admissions to Hospital. Where neighbouring boroughs/CCGs

activity on CMC appears to have plateaued, HF CCG members activity on CMC continues to rise which is a positive reflection of the hard work being undertaken by GP Practices and the wider network working for H&F EOLC patients. An audit of impact and use on CMC on patient preferences would support continued use of CMC.

All network representatives reported improvements in the take up and use of CMC and EOLC processes. The Inclusion of EOLC within the network plan has been welcomed with a strong financial incentive to build and share care planning and preference information via CMC for consented patients who are on practices' palliative care registers. There are still a few practices not using CMC and work is underway to work with these few remaining practices to ensure the initiative is offered to their patients.

Within acute settings both Specialist Palliative Care Teams (C&W/Imperial) have had training and have now been issued with login/usernames issued and have full access. CMC access by A&E departments remains a problem due to Information Governance issues. GP practices are reporting that discharge summaries are not being received quickly enough and this is more critical for a patient at End of life. Both issues are being taken foward by members of the operational Group.

5.7 Patient Self-Management

A key strategic and commissioning objective for the CCG is to drive forward plans to enable patients to make more ownership, responsibility and control of their Health and Social Care. The CCG has experienced significant success through initiatives such as the Expert Patient Programme but it recognises that these initiatives are isolated to condition specific concerns and therefore exclude significantly high number of patient groups.

The CCG is developing a programme of work to further expand the provision of the Expert Patient programme to go beyond the scope of condition specific initiatives and support patients in the general self-management principles of their condition.

Other key work streams include;

- Further pathway development using the ICP in a patient centred approach
- Establishing an improved befriending service for patients in the High Risk category to have the support when required but build on self-help where possible.
- Establishing peer mentors for patients
- Improving the uptake of Direct Payments
- Increasing carers support forums
- The implementation of Telecare and Telehealth

5.7 OOH Programme Leadership

In January 2013 a new OOH Programme Manager was appointed for Hammersmith & Fulham. Given the scale and scope of the OOH Strategy the CCG is also in the process of appointing to the following key roles.

- Deputy OOH Programme Manager/QIPP Delivery Manager
- OOH Project Lead for Mental Health Services
- OOH Project Lead for IT
- OOH Project Lead for Planned Care
- OOH Project Lead for the White City Collaborative Care Centre

The CCG OOH team will also work closely with the newly appointed zone lead for SAHF in Hammersmith and Fulham along with the Strategy and Transformation Team.

5.8 Governance

The OOH Delivery Board which is joint chaired by the Chair of H&F's Governing Body and Martin Waddington Director for LBHF will monitor all aspects of the OOH Strategy including scrutiny of the above OOH schemes and emerging OOH themes. Updates the H&F Governing Body and H&WB Board will also be presented as required or on a minimum of a quarterly basis.

Appendix 6 provides a summary of all OOH programmes reviewed through the OOH Delivery Board in June 2013.

6.0 Virtual Wards

6.1 Principles of a Virtual Ward

The Virtual Ward model is anticipated to be an enabler to deliver reductions in Acute activity by supporting the principles of improved case management and care co-ordination, therefore complimenting the H&F Out of Hospitals strategy, QIPP and the CCG's Commissioning Intentions. The initiative is a joint Health and Social Care scheme. It is anticipated to operate in similar fashion to inpatient wards, using similar multi professional staffing, systems and daily routines, except that the people being cared for stay in their own homes throughout. Key Principles include;

- Home Based Care
- Multi-Disciplinary Teams
- The same administration system/paperwork
- An enablement model for specific periods of time/intervention based on optimum outcomes for the patient
- Effective risk stratification to Identify patients at High Risk of admission to Hospital
- Ensuring people have access to the right person at the right time
- There is a focus on preventative/early intervention based care – wherever possible to support avoiding hospital admissions
- The model is expected to reduce the length of a hospital stay when admission is necessary by supporting the discharge process
- Reduce the need for complex care packages and institutional placement such as Nursing Homes
- Avert crises by providing the right amount of care when needed
- Co-ordinate communication by providing a named person for all contact
- Access will be facilitated by professionals and in some models patients
- The VW's is anticipated to operate a SPA system for access

6.1 Virtual Ward Working Group

In May 2013 the CCG established a working group to develop a Virtual Ward model for H&F based around the Network footprint. The purpose of the working group was
to consider the general purpose and function for Virtual Wards in Hammersmith and Fulham, consider models of operation and to determine next steps towards model development and implementation. The working group consisted of;

- GP's
- CCG OOH Team
- Acute Consultant (Imperial)
- Acute Service Manager (Imperial)
- Social Care Managers (Tri Borough)
- Service Manager (Central London Community Healthcare NHS Trust)
- Head of Nursing (Central London Community Healthcare NHS Trust)
- Practice Nursing staff

The group set out to agree the principles of a Virtual Ward model and plans for implementation.

6.3 Proposed Team Composition

The Virtual Ward model will be implemented through a multi professional team with a joint working agreement for Phase 1. Evaluation of the model is intended to inform future service development for a more formal provider requirement and service specification being devised. The team is based on the already established Communty Independence service with improved links to GP's and specialist staff.

Team composition includes;

- GP's
- Community Nurses
- Social Workers & Reablement staff
- Therapists
- Access to specialist Dr's in Acute settings
- Close links to specialist services such as Mental Health professionals CPN,SW's.

6.4 Benefits Realisation

The anticipated benefits of Virtual Wards include;

- Improved case co-ordination and case management leading to prevention of crisis and admission to Hospital.
- Better outcomes for patients
- Reduced duplication of assessment and more seamless referral
- Improved workforce efficiency
- Improved Information sharing or shared access/Inter-Operability.

6.5 Next steps

Key points and actions from the 28th May Virtual Ward Working Group include;

- All in attendance (GP reps from each Network, CLCH community nursing staff, CCG staff, council staff) agreed the principles of the Virtual Ward which "is a group of health care professionals who together are responsible for meeting the health and social care needs for all patients registered with a group of practices that are part of the network" and that it aligned closely to the notion of a Whole Systems approach.

- It was agreed that the Community Independence Service model has been working well in managing those patients at risk of admission to hospital or discharged needing intensive support. It was agreed that this service should be integral to the rollout of a Virtual Ward model in

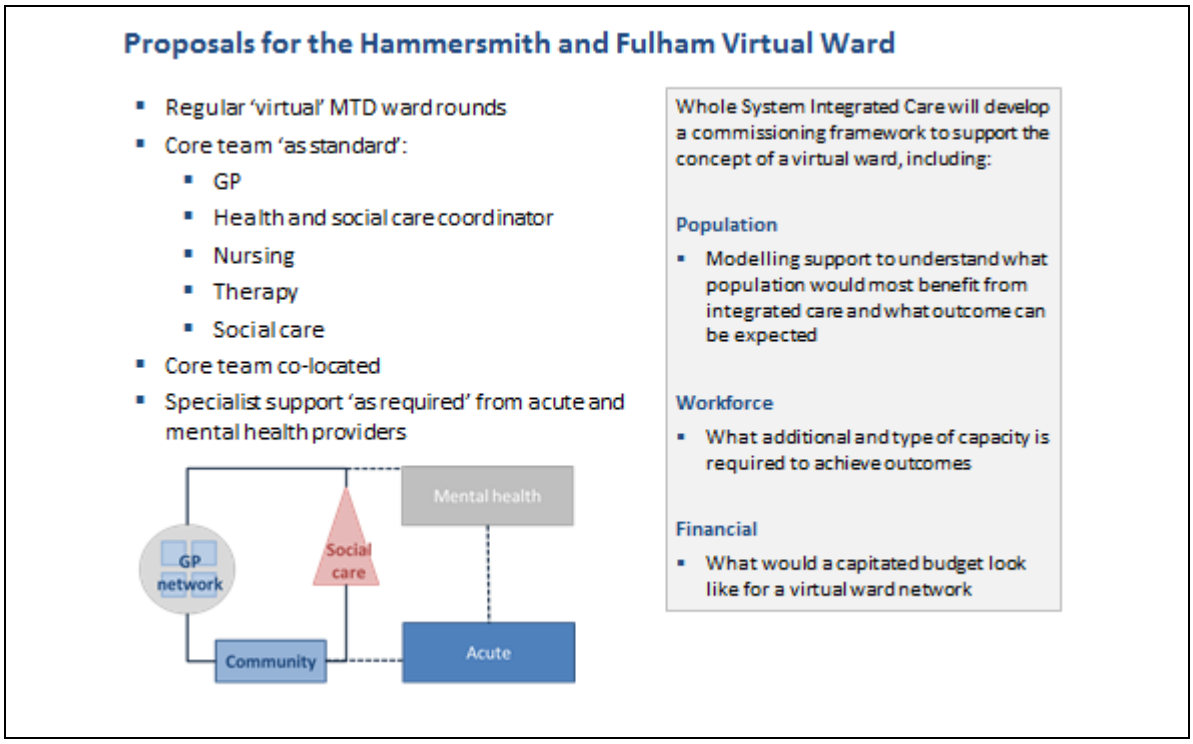
H&F and should receive greater investment to increase the capacity of the service.

- The CLCH community nursing services team already work with the CIS and it was stated that the interface between the two is strengthened particularly given the fact that district nursing is being aligned to Networks and that each network will have an attached community matron (being recruited to)

- It was proposed that Networks would manage the Virtual Ward and would be supported by Health and Social Care Coordinators given that the existing Health and Social Care Coordination project will be coming to and end (June)

- It was recognised that Networks will need to consider additional GP resource to support the Virtual Ward. The Working Group will submit a service specification and business case for consideration to the CCG's Investment Committee in due course and the model has been reviewed at the CCG Governing Body Seminar on the 4th June 2013

- The Working Group acknowledged that access to specialist services including consultants is key; the Psychiatry hotline was given as a good example. It was suggested that ICP MDG could be developed to incorporate new innovate ways to use and access consultant time.



Appendix 7 provides details from the Virtual Ward Working Group

7.0 Community Nursing Review

Throughout May 2013 the CCG and Strategy and Transformation team undertook the first phase of a Community Nursing review in conjunction with GP's and CLCH. The exercise consisted of a scoping period to understand the current issues and concerns expressed around Community Nursing, supported by a questionnaire and subsequent workshops.

The next phase of the review involved the development of a Service Development & Improvement Plan SDIP (Appendix 8) The SDIP focuses on the delivery of Key objectives set for CLCH by the CCG's with the intention of improving the Community Nursing Service.

The CCG outlined the following areas of delivery for CLCH;

7.1 Adopt the design principle of networks and distributed delivery and organisation of services around patient registration using the NHS number as an identifier. CLCH will be required to reconfigure Nursing Teams to the alignment of GP Networks across H&F. GP's will have direct links to the Networks Matron, Team leader and will be provided with the Nursing workforce configuration supporting practices.

Rationale: This change will enable a number of services including General Practice, Community Nursing and Social Care to better co-ordinate care around the specific needs of the patient, to empower the patient, carers and family to improve patient experience and outcomes.

Actions

- Agree a timetable for co-locating community nursing teams to enable improved contribution to local networks.
- Agree a timetable for linking all CLCH service contributions to networks.
- Agree common standards for responsiveness (and a method of auditing them)

Timescale- completion by Sep 2013.

7.2 Over 2013/14 migrate district nursing services to a single clinical IT system enabling One Patient, One Record, One Plan.

Rationale

i) To improve patient care, patient experience and outcome.
ii) To improve patient safety by the professionals involved in an individual's care contributing to a single patient record.

iii) To empower patients by enabling an individual's goals and views to be consistently available to those contributing to an individual's care.
iv) To improve the level or value chain co-ordination by adopting a common and auditable approach to workflow.
v) To enable activity monitoring and the demonstration of VFM.

Actions

- Agree a timetable and alignment for co-location with migration to IT platform; agree timetable as above.

- Agree and adopt a common workflow methodology in order to minimise risk of information loss, error and delay and the consequent risk to patient care and safety.

Timescale- We would require one pilot Network to have a single system in place by Sep 2013, with full roll out by Sep 14 or earlier if possible.

7.3 Recognise the principle of GP's being the clinically accountable co-ordinator of care and the presumed focus of resource allocation and prioritisation for service contributions.

Rationale – the current norm of patient experience is of fragmentation and service incoherence with no one clearly responsible and accountable for the coordination of care. The vast majority of patients with community nursing needs and or social care needs also have medical needs.

Actions
- Agree and deliver weekly reports at practice, network and CCG level current lists of registered patients including information about nature of intervention, intended duration of intervention, source of referral.
- Agree, as part of the move towards a virtual ward approach, a process by which an individual with multiple needs can be discussed o a timely basis.
- Agree targets for community nursing teams to support care planning and case management with GP's.

Timescale – by July 2013.

7.4 Establish an improved system to support Governance and Patient Safety monitoring.

Rationale; to deliver a consistent approach to system error reporting and adopt common Quality reporting software and methodology;

Actions

- Agree reporting tool and timetable for roll out.

- Agree improved governance arrangements aligned to networks/practices with a focus on learning and incident avoidance based around a quality framework.

7.5 Consumables: Provider to achieve improved efficiency around consumable expenditure with a target set for 20% reduction in key areas.

Rationale - Areas of increased expenditure/cost pressure include; dressings, nutritional supplements, continence products and equipment prescribing.

- Agree revised practice and processes around prescribing, authorisation and stock take/management in order to achieve efficiency savings.
- Agree to have regular updates on expenditure/utilisation broken down by Network and provided on a monthly basis.

Timescale – by June 2013

7.6 Demonstrate improved responsiveness and Improved Case Management.

Rationale – In support of our Out of Hospital strategy we would anticipate improved community nursing responsiveness and case management to meet H&F admission avoidance targets. Targets need to be aligned to commissioning intentions set for acute services with community services being a key enabler for delivery. To enable improved case management we would require regular nursing review of patient care plans with complete transparency around caseloads.

Actions

- Agree targets linked to responsiveness of community nursing teams around admission avoidance and align to networks.
- Agree targets for care planning reviews.
- Agree process for sharing caseload information to inform workforce planning and demonstrate activity shift from acute to community services.
- Agree monitoring process by teams and networks.

The SDIP will be monitored through H&F's Out of Hospital Delivery Board along with the new Joint Partnership Board including the Tri Borough and CCG's.

8.0 White City Collaborative Care Centre

8.1 Building Development

The WCCCC construction continues to make good progress and remains on schedule for completion in April 2014, the programme is supported by the fortnightly working group meetings with the design team where all aspects of the Construction phase requirements are suitably addressed. Since the previous update for Governing Body members there has been a change to the design of function for the changing places toilet at the WCCCC. The Local Authority with charitable partners have agreed to fund changes to the changing places facility in order to provide access for residents using the adjacent park. Costs are estimated to be around £21K and the Council have agreed to fund capital costs from S106 funding.

8.2 Clinical Services

Current and expected clinical services are being mapped to the space available within the new building to establish room utilisation, service demand and capacity. CLCH are working well to map services from current locations and more support has been offered to Chelsea & Westminster NHS Foundation Trust to enable Child Development Services at St Dunstan's Clinic to be mapped to the new facilities in the new centre. The outcome of this mapping may require a review of lease and licensing arranging with and between providers as the degree of room use by providers is clarified.

Engagement with patients and providers remains an important process to help ensure the building feel right with services providing patients with a good experience of care. A second diabetes workshop was held in May to support the development of an integrated diabetes model for patients living in the north of the borough. CCG White City Lead Dr Peter fermie was supported by GP Diabetes lead Dr Tony Willis together and Diabetes Consultant Nick Oliver from Imperial. The workshop attended by 25 people focused on how a joined up model of diabetes services could be constructed to provide patients with a good experience of care. Further workshops are now needed to support providers to identify what needs to change in order to support co-ordinated care.

Discussions are ongoing with the GP Practices on developing models for delivering patients with a good experience of GP reception services including improved access and information.

Sylvie Pierce who has been leading the engagement and service development workstream will be taking a three month sabbatical from mid-May 2013 and the WCCCC Board has been asked to consider suitable resources to continue the productive and vital engagement work that Sylvie has shaped. Work has started to develop a job description for a centre manager and this will go to the next WCCCC Board in June. Hana Charlesworth, Communications Officer has developed a proposal for a competition to name the Health Centre that will run from Mid-June to the end

of August. The public will be invited to submit proposals with a mixed panel agreeing the final name to be announced in mid September at the White City Festival.

The Council and CLCH have now met to agree the use of the 56 office desks located on the first floor within the Council's designated area. Mobile working and hot-desking arrangements alone will not provide sufficient space for all CLCH children and adult services staff based at the current White City Health Centre and off site office space may need to be considered.

8.3 Key Areas of Focus

- **IT at WCCCC:** The level of co-ordination between services will determine the IT resources that will be needed to enable agreed models of co-ordination. The WCCCC Board have agreed for each provider IT platform to be installed to the WCCCC building with the ability to integrate systems as appropriate in line with strategic objectives.

- **Patient Experience:** The CCG recognises that it needs to work with providers to develop an improved patient experience at the WCCCC. This workstream had been supported by Sylvie Pearce Director of Earth Regeneration up until May 2013. The CCG have now appointed Tim Pullen (Project Manager) to support this area of development.

- **Office Space:** As detailed above there is significant progress in this area with most providers now beginning to specify requirements. This area of work will continue to be scrutinised by the WCCCC Board.

- **Increasing GP Access:** The CCG is reviewing all estate options under the remit of SAHF and in doing so will understand the potential for improved access at the health centre hubs for patients across Hammersmith & Fulham.

- **Health & Wellbeing Hub:** A working group has been established to review the potential for improved health and wellbeing activity at the new WCCCC. The group is reviewing the potential for the site to support improved access for patient education initiatives such as the Expert Patient Programme. Other areas of focus include; an information hub, a carers clinic, medicines management group and patient peer/mentors.

9.0 Integrated Care Pilot Update

Over the last 18 months the Integrated Care Pilot (ICP) has been established across the locality of Hammersmith and Fulham. It has the potential to be a core enabler of network development and wider integration if appropriately aligned to the CCG's vision.

Feedback with both commissioners and providers has indicated that the next year of pilot needs to be characterised by both wider efforts to further integrate care, and a much more localised and bespoke model needs to be developed at CCG level. In Hammersmith and Fulham the vehicle to do this is through the Out of Hospital Strategy.

Specifically in 2013/14 the ICP Pilot will:

- Change the ICP from a centralised to a de-centralised model based on the commissioning intentions and strategic objectives of the CCG.

- Align the ICP to the CCG's Out of Hospital Strategy and Board Governance process for oversight of project delivery.

- Acknowledge the lessons learned from the ICP thus far and recommendations for changes to the IT infrastructure and review of risk stratification process and patient groups for focus in 2013/14.

- Measure the Quality of Care Planning

- Support the CCG developing an Innovation fund review mechanism at a local level.

- Support the development of the ICP's alignment to developing integrated services along with the Virtual Ward, MDG and Network structure for Hammersmith and Fulham.

The CCG recognises that the ICP has become an important mechanism for driving forward service integration, particularly through the establishment of Multi Disciplinary Groups (MDG's). The CCG wants to build on the success of integrated working by extending these principles to the development of the Virtual Ward model and ensuring that the initiative is developed alongside the ICP/MDG framework.

Appendix 9 provides the ICP Business Case for 2013/14 submitted to the H&F Governing Body in April 2013.

h&f the low tax borough	**London Borough of Hammersmith & Fulham** **HEALTH & WELLBEING BOARD** **17 June 2013**
Joint Health & Well-being Strategy: Update and Next Steps	
Report of the Interim Tri-borough Director for Adult Social Care	
Open Report	
Classification - For Decision **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Sue Redmond, Interim Tri-borough Director for Adult Social Care	
Report Author: David Evans, Senior Policy Officer	**Contact Details:** Tel: 020 8753 2154 E-mail: david.evans@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1. The Shadow Health & Well-being Board has agreed the Joint Health &Well-being Strategy. This report asks the Board to agree the next steps.

1.2. The Council is also developing the Community Strategy 2014-2022 over the Summer/Autumn 2013 and the next steps will need to include consultation on the Joint Health & Well-being Strategy and priorities as part of the Community Strategy process.

2. RECOMMENDATIONS

2.1. To agree the next steps as:

- Including consultation on the Joint Health & Well-being Strategy as part of the programme to develop the Community Strategy with specific events for key stakeholders including Healthwatch H&F.
- Agree the Health & Well-being Strategy for consultation as set out in Appendix 1.
- That the Joint Health & Well-being Strategy is presented for the Council's Cabinet and the CCG Board to endorse.

3. REASONS FOR DECISION

3.1 The Joint Health & Well-being Strategy has been agreed and the next steps are to consult with the wider community and partners, oversee the delivery of the priorities and to ensure that these are reflected in the Community Strategy.

4. INTRODUCTION AND BACKGROUND

4.1. All local authorities are legally required to produce both a Community Strategy and a Joint Health & Well-being Strategy.

4.2. Over Summer/Autumn 2013 the Council will be revising the Community Strategy which was agreed in 2007. The Community Strategy 2014-2022 should set out the longer term vision for the local area and be the subject of consultation with the wider community. The current Community Strategy, sets down seven key priorities as the "building blocks for opportunity":

- To provide a top quality education for all;
- To regenerate the most deprived areas of the borough;
- To provide better housing opportunities;
- To deliver high quality, value for money public services;
- To deliver a cleaner, greener borough;
- To tackle crime and anti social behaviour;
- To set the framework for a healthy borough

4.3 The Joint Health & Well-being Strategy (JHWS) should meet the needs identified in the Joint Strategic Needs Assessment (JSNA) and is produced by the Health and Wellbeing Board, rather than the Council or the CCG. It is not about taking action on everything at once, but about setting a small number of key strategic priorities for action, that will make a real impact on people's lives. JHWSs should translate JSNA findings into clear outcomes the board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address identified need. The priorities are listed below and the Consultation Draft of the Health and Well-being Strategy is attached as Appendix 1 for comment and agreement:

- Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.
- Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.
- Every child has the best start in life
- Tackling childhood obesity
- Supporting young people into Healthy Adulthood
- Better access for vulnerable people to Sheltered Housing.
- Improving mental health services for service users and carers to promote independence and develop effective preventative services.

- Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.

5. CONSULTATION AND ENGAGEMENT

5.1 Leading on from the Health &Well-being Strategy consultation event in November 2012, the Strategy has been developed and is now at a stage where further engagement with the wider community and partners is appropriate and there is an opportunity to synchronise this process with the development of the Community Strategy 2014-2022.

5.2 This will enable clear links to be made between the two strategies, avoid confusion and duplication as well as realising better value for money by running a single consultation exercise rather than two.

5.3 The aim of consulting on the Health & Well-being Strategy will enable local people and stakeholders to contribute their views and to fine tune the final strategy before the Health &Well-being Board endorses it in January 2014.

5.4 The table below sets out the timeline for the Community Strategy development. It is not envisaged that the agreement and implementation of the Health & Well-being Strategy would be delayed as planning a separate consultation and engagement programme would follow a similar timeline.

Timing	**Actions**	**Participants**
June 2013	Convene meeting of strategic partners to consider draft outline Community Strategy and agree the process for development. **[Introduce the Health & Well-being Strategy to wider strategic partners]**	*Public sector partners:* NHS, Police and Fire. *Third sector:* umbrella organisations and key Community groups. *Private sector:* Hammersmith BID, Shepherds Bush and Fulham Business Forums.
July 2013	Follow up meetings with individual partners to agree detail of input. **[Opportunity to discuss both the Community Strategy and Health & Well Being Strategy with NHS providers, Healthwatch H&F and the Housing, Health and Adult Social Care Select Committee]**	As above.
August 2013	First stage drafting completed	Council officers with

Timing	Actions	Participants
	of the Community Strategy.	contributions from partners.
September 2013	First draft agreed by strategic partners for wider consultation.	Strategic cross-sector partners as listed above.
October-November 2013	Consultation on first draft with wider community. **[Health & Well-being Strategy presented for consultation as part of this process]**	Local businesses, community organisations and borough residents.
December 2013	Strategic partners to agree final draft of the Community Strategy. **[Final Health & Well-being Strategy agreed at Health & Well-being Board 13 January 2014]**	Strategic cross-sector partners as listed above.
January 2014	New Community Strategy published. **[Health & Well-being Strategy published]**	

5.5 It is envisaged that each of the stages of the Community Strategy process would include specific elements which would feature the Health & Well-being Strategy and benefit from engaging with a wider cohort of stakeholders and community groups and individuals than might be the case if it was limited solely to health and well-being related interests.

5.6 It is planned that specific events will be arranged for Healthwatch H&F and the Housing, Health and Adult Social Care Select Committee. Where requested other stakeholders will also be accommodated.

6. UPDATE ON PROGRESS AGAINST HEALTH & WELL BEING PRIORITIES

6.1 In recent months there have been a number of key interim appointments made by LBHF to the integration programme to strengthen our work with GPs and to join up community health and social care services around GP practices:

- Sue Redmond, Interim Tri-borough Executive Director for Adult Social Care. Sue will perform this key leadership role pending the appointment of a permanent Executive Director which has been recently advertised.

- Neil Snee, Interim joint Director of Adults Community Health and Social Care. Neil will lead the integration programme and work with GPs to join up community health and social care services around GP practices.

- Gillian Vickers, Interim Director of Adult Social Care Operations. Gillian will lead and support the current ASC operations senior management with responsibility for day-to-day ASC operations until the future integrated ASC Operations and CLCH Nursing and Rehab management structure has been developed and agreed by Members, GPs and CLCH partners.

6.2 These appointments will be key in supporting the delivery of the Health & Well-being Strategy and priorities

6.3 At the 25 March meeting of the Shadow Board, it was requested that a brief update report is made to each meeting on each of the strategy's priorities. The reports are included as Appendix 2, with the exception of the priority on "Integrated health and social care services which support prevention, early intervention and reduce hospital admissions". Sue Redmond will present an update on this priority at the meeting.

6.4 Two issues which have been highlighted in the update reports and which the Board may want to address in its role of promoting integration, are:

- Priority 6: Sharing information on sheltered housing

- Priority 8: The need for a named contact at the CCG for sexual health commissioning.

7. THE NEXT STEPS

7.1 Over the coming months it is intended that the next steps will include:

- The consultation and engagement exercise as set out in paragraph 5.
- Following feedback from the consultation and engagement exercise final agreement of the strategy by the Board at its meeting on 13 January 2014.
- Submitting the strategy to the CCG Board and the Council's Cabinet for their endorsement in early 2014.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None	N/A	N/A

Appendix 1

Hammersmith and Fulham Health and Wellbeing Strategy

2013-2015

Consultation Draft

Contents

Forward

To be inserted

Cllr Marcus Ginn

Cabinet Member for Community Care

Chairman of the Hammersmith & Fulham Health &Well-being Board

Dr Tim Spicer

Chair of the Hammersmith & Fulham Clinical Commissioning Group

Vice- chairman of the Hammersmith & Fulham Health & Well-being Board

1. The Need for Change

Hammersmith & Fulham faces major challenges over the next decade, including significant health inequalities and increasing pressure upon financial resources. We need to work with local communities to make sure that they have services which support them to be independent and to make sure that, whatever their conditions, they can live a full and active life and receive services in their own homes or as close to where they live as possible.

The scale of the challenge is illustrated by the significant variation in life expectancy between the most and least deprived areas in the Borough. This difference in life expectancy is a 7.9 year gap for men and a 5.4 year gap for women. This gap has widened over the last five years and increases in life expectancy have been driven primarily by improvements in the more affluent areas, with life expectancy in the more deprived areas remaining almost the same.

Looking to the future there are a number of areas where health needs will change and increase.

- A rise in the number of older people over the next two decades combined with a relatively low number of unpaid carers is expected to have a dramatic impact on demand for services.

- Illnesses such as dementia, more prevalent among older populations, will become increasingly common. Currently, there are likely to be around 1,250 patients in Hammersmith and Fulham with dementia and by 2025, this is likely to be in the region of 1,500 patients. Other public health concerns for the older population, such as social isolation, may become more common as may physical and sensory disability and reduced mobility.

- Unless behaviour and services change, people may experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer.

- Changes in the environment, behaviour and social norms mean it is very likely we will see an increase in obesity and diseases associated with it, as well as an increase in alcohol related harm.

- Medical and social care advances have been leading to significant increases in the life expectancy of children with complex needs. This vulnerable population group may therefore need support over longer periods.

The reforms to promote integration and partnership working at the local level are tools to help us tackle some of these challenges and build on the strong history in H&F of joint working between the NHS and other key partners in the borough.

Building on this legacy, the new Health and Wellbeing Board (HWB) brings together the Council and NHS with the aim of achieving integrated services across the health and social care sector in order to improve the health and wellbeing of our local population.

Public health has also changed, with the Council taking on new responsibilities for public health services.

2. The Vision: Stronger Communities, Healthier Lives

Our vision for health and well-being in the borough is:

- To enable local people to live longer, healthier and more prosperous lives.
- To enable our residents and communities to make a difference for themselves
- To ensure our residents have good access to the best services, advice and information
- To provide our residents with choice and services which meet their local needs
- To keep our community a safe, cohesive and vibrant place to live, work, learn and visit.
- To build on our strong history of working together to build integrated health and social care offers which improve the quality and sustainability of care

3. Priorities

The Board has identified its priorities for the next two years as:

- Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.
- Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.
- Every child has the best start in life
- Tackling childhood obesity
- Supporting young people into Healthy Adulthood
- Better access for vulnerable people to Sheltered Housing.
- Improving mental health services for service users and carers to promote independence and develop effective preventative services.

- Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.

It is expected that the pace of change over the next two years is unlikely to slacken; therefore there is a need to ensure that there is sufficient flexibility to keep pace with that change and to provide an opportunity to review these priorities for 2014/15.

4. Role of the Board

The Hammersmith and Fulham Health and Wellbeing Board will be inclusive and collaborative, working together to add value and develop a whole system approach to commissioning and the delivery of high quality, cost effective services for the borough. The Board will be focussed and decisive, being driven by the aim to have a positive impact on the lives of the residents of Hammersmith and Fulham and improve their health and wellbeing.

The new arrangements provide an opportunity for system wide leadership, to achieve more together than individual agencies could achieve alone. It will create a distinct and new identity, carrying new functions with the potential to deliver transformational change across the health, care and wellbeing landscape.

The emerging model for Community Budgets will be a vehicle for the Board to achieve its ambitions and requires further consideration to be made of how that might be realised.

5. The Strategy

The Strategy will provide a baseline against which we will measure success in developing integrated services which deliver real outcomes for residents. The next two years will continue to be a period of change when new relationships between the new structures and emerging organisations begin to mature. The Strategy will therefore need to be dynamic and flexible to accommodate these growing pains.

The Strategy will act as the framework to guide commissioning across health, public health and social care (adults and children). The Local Authority, the CCG and the NHS England will hold each other to account for commissioning in line with our shared priorities and values as expressed in this Strategy.

The Strategy will provide a framework and guide for the development of other plans which will address specific health and wellbeing issues.

The strategy is a two year strategy covering 2013 to 2015 to accord with the Kensington and Chelsea and Westminster HWSs, since the three councils share a number of services including adult social care, family and children's services and public health. Bearing this in mind it will probably be opportune to review the strategy for 2014/15 to take account of developments in the preceding twelve months.

The Joint Strategic Needs Assessment (JSNA) has also been an important part of shaping the priorities of both the Council and CCG locally and are reflected in the Health & Well-being Strategy, a summary of which is included as Appendix 1.

6. Delivering Outcomes

An outcomes based approach will be adopted when developing priorities, considering how work can focus on improving those outcomes that matter most to the population. These will need to be relevant and meaningful to the public, and to the work of the Board, and will be able to be measured and compared between areas and over time, to be broken down to focus on inequalities, and available from existing data.

A delivery plan is being developed for each priority and outcome, which will also reference all other relevant plans, policies and strategies. It will identify the work, resources and partnerships needed in order to achieve the desired outcome.

7. Our Approach

The combination of the HWBs, local democratic accountability and the new architecture for public health offer real opportunities for mutual influence on commissioning strategies, and allow for whole system plans and service models to be embedded into day to day operating practices and mechanisms.

Building on existing successful partnerships, developing trusting relationships across organisations, and engaging and communicating will be essential in order for the Board to be successful in delivering the aims and objectives of this strategy. Consideration must be given to partnership arrangements such as lead commissioning, integrated provision and pooled budgets (using section 75 NHS Act 2006 flexibilities), with attention also being given to operational integration as well as to the integration of commissioning.

8. Measuring success

It is important to have clear and measurable objectives in order to assess the impact and performance of the work of the Board. The Board will produce an annual report and engage with stakeholders and the wider audience to ensure that work is focussed, targeted and addressing the greatest current need. Adopting outcomes in line with national outcomes frameworks (public health, adult social care, NHS outcomes frameworks, and children's and young people's outcome strategy) where possible allows the use of readily available data.

9. Next Steps

The Joint Health & Well-being Strategy has been developed to reflect local needs and sets out the priorities for the next two years. In order to keep up with the current and anticipated pace of change means that there will be a need to review our priorities regularly to ensure they are still relevant.

This is a draft strategy which sets the baseline for joint working across public services in Hammersmith & Fulham. Over the Summer and Autumn we will be building on the November 2012 event through a number of consultation events which will also link into the work being undertaken as part of the Community Strategy consultation.

Appendix 1 - JSNA

Hammersmith & Fulham Health and Wellbeing Board
Joint Health &Well-being Strategy Headline Report
17 June 2013

Priority 1: Integrated health and social care services which support prevention , early intervention and reduce hospital admissions.

A report will be made at the meeting.

Priority 2	**Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.**
Lead Officer (HWB Member)	Rob Sainsbury Deputy Managing Director on behalf of (Dr Tim Spicer, Chair of H&F CCG)
Desired outcome	To deliver a high quality, modern health and social care facility within which health and social care providers will deliver co-ordinated care and also inform and support individuals, carers and their families so that they can be proactive in their own care. This improved integration of health and social care will also support a shift from unscheduled to scheduled care and reduce hospital admissions. Patients and local residents should expect to receive a good experience of health and social care services provided in the building. The WCCCC will be a key resource in the area to provide wellbeing activities. The WCCCC will provide a hub of services in the north of the borough mainly covering the following wards: College Park and Old Oak Wormholt and White City Askew Shepherd's Bush Green
Progress towards achieving outcome over the period	**Building Development** The WCCCC construction continues to make good progress and remains on schedule for completion in April 2014, the programme is supported by the fortnightly working group meetings with the design team where all aspects of the Construction phase requirements are suitably addressed. Since the previous update for Governing Body members there has been a change to the design of function for the changing places toilet at the WCCCC. The Local Authority with charitable partners have agreed to fund changes to the changing places facility in order to provide access for residents using the adjacent park. Costs are estimated to be around £21K and the Council have agreed to fund capital costs from S106 funding. **Clinical Services** Current and expected clinical services are being mapped to the space available within the new building to establish room utilisation, service demand and capacity. CLCH are working well to map services from current locations and more support has been offered to Chelsea & Westminster NHS Foundation Trust to enable Child Development Services at St Dunstan's Clinic to be mapped to the new facilities in the new centre. The outcome of this mapping may require a review of lease and licensing arranging with and between providers as the

	degree of room use by providers is clarified. Engagement with patients and providers remains an important process to help ensure the building feels right with services providing patients with a good experience of care. A second diabetes workshop was held in May to support the development of an integrated diabetes model for patients living in the north of the borough. CCG White City Lead Dr Peter Fermie was supported by GP Diabetes lead Dr Tony Willis together and Diabetes Consultant Nick Oliver from Imperial. The workshop attended by 25 people focused on how a joined up model of diabetes services could be constructed to provide patients with a good experience of care. Further workshops are now needed to support providers to identify what needs to change in order to support co-ordinated care. Discussions are ongoing with the GP Practices on developing models for delivering patients with a good experience of GP reception services including improved access and information. Sylvie Pierce who has been leading the engagement and service development workstream will be taking a three month sabbatical from mid-May 2013 and the WCCCC Board has been asked to consider suitable resources to continue the productive and vital engagement work that Sylvie has shaped. Work has started to develop a job description for a centre manager and this will go to the next WCCCC Board in June. Hana Charlesworth, Communications Officer has developed a proposal for a competition to name the Health Centre that will run from Mid-June to the end of August. The public will be invited to submit proposals with a mixed panel agreeing the final name to be announced in mid September at the White City Festival. The Council and CLCH have now met to agree the use of the 56 office desks located on the first floor within the Council's designated area. Mobile working and hot-desking arrangements alone will not provide sufficient space for all CLCH children and adult services staff based at the current White City Health Centre and off site office space may need to be considered. **Key Areas of Focus** • **IT at WCCCC:** The level of co-ordination between services will determine the IT resources that will be needed to enable agreed models of co-ordination. The WCCCC Board have agreed for each provider IT platform to be installed to the WCCCC building with the ability to integrate systems as appropriate in line with strategic objectives. • **Patient Experience:** The CCG recognises that it needs to work with providers to develop an improved patient experience at the WCCCC. This workstream had been supported by Sylvie

	Pearce Director of Earth Regeneration up until May 2013. The CCG have now appointed Tim Pullen (Project Manager) to support this area of development. • **Office Space:** As detailed above there is significant progress in this area with most providers now beginning to specify requirements. This area of work will continue to be scrutinised by the WCCCC Board. • **Increasing GP Access:** The CCG is reviewing all estate options under the remit of SAHF and in doing so will understand the potential for improved access at the health centre hubs for patients across Hammersmith & Fulham. • **Health & Wellbeing Hub:** A working group has been established to review the potential for improved health and wellbeing activity at the new WCCCC. The group is reviewing the potential for the site to support improved access for patient education initiatives such as the Expert Patient Programme. Other areas of focus include; an information hub, a carers clinic, medicines management group, community cafe and a patient peer/mentors group.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	Monitored via the White City Collaborative Care Centre and OOH Boards
Key partners and stakeholders	The WCCCC is a joint Health and Social Care initiative, progress for the project is monitored via the joint OOH Board.
Budgets related to this work	None to report for this period.
Other information	No further information

Priority 3	**Every child has the best start in life**
Lead Officer	Andrew Christie, Executive Director for Tri-borough Children's Services
Desired outcome	Following further research and consultation, we will publish a refreshed strategy which outlines the needs identified, the Health and Wellbeing Board actions in this area and how we will measure success. These outcomes and actions will also be reflected in the 2014 Strategic Plan for Children. Key outcomes, based upon the Hammersmith & Fulham 2013/14 Mandate and the existing Strategic Plan for Children are likely to include: • Children and families know where to get the most effective advice and help with their health when they need it • Children are protected from preventable communicable diseases • Disabled children and their families receive the services and support they need to lead ordinary lives • Children have better oral health • Fewer children are classified as obese as they start and finish their primary education • Children and young people receive support at an earlier stage to improve their emotional wellbeing
Progress towards achieving outcome over the period	**What are Children's services trying to get to?** • **Families 'targeted' earlier for help** • **Best use of current resources / services** • **Savings in reducing multiple referrals / assessments** • **Reducing costs of 'hospital admissions' etc** • **Improvements in family health** • **Improvements in school readiness** **Actions Identified** • Ensure that children and families receive the help they need at an earlier stage. • Continue to develop outcomes focused, evidence based programmes to build the capacity of vulnerable families via the Family Support Programme to support their children effectively towards positive outcomes (effective parenting skills, school readiness, health and work readiness) without the need for long

	term intervention from statutory services. • Work with partners to lower the proportion of children living in poverty, and to ensure that fewer children have poor health, education and welfare outcomes that are known to relate to poverty. • Re-commissioning of Children's Centre services, including a review of opportunities for a Tri-borough approach. • Commissioning of additional childcare places to meet the requirements of the early education offer for two year olds.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	**What are our draft current agreed measures (subject to baseline of our evidence being available by Autumn 2013)?** • Children's Trust Board to develop recommendations and advise on action planning • Children's Trust Board to agree key performance measures
Performance (local, regional, national)	Actions and DRAFT performance measures to be discussed and finalised following the next LBHF Children's Trust Board meeting on July 1st 2013. Further work to take place with Tri-borough partners to identify shared priorities and performance measures to enable compare and contrast and the development of joint strategies.
Key partners and stakeholders	To be determined by the Children's Trust Board with support from Health and Wellbeing Board as required. Ongoing joint work with Tri-borough authorities.
Budgets related to this work	To be determined.
Other information	No further information

Priority 4	**Tackling childhood obesity**
Lead Officer	Obesity Lead in the Triborough Public Health Team (Health and Wellbeing Board Member – Dr Eva Hrobonova).
Desired outcome	Increase in percentage of children of healthy weight in reception and year 6
Progress towards achieving outcome over the period	A small Triborough group of relevant experts is being established to consider the viability of a two tier programme approach. The first tier would comprise of a whole population (Triborough) visible intervention/s similar to New York and the second a geographically defined small locality, targeted spectrum of interventions approach to deliver tangible results over and above those achieved by services to date.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	**Establish LBHF (or Tri-borough) healthy weight implementation group to set priorities based on gap analysis and evidence based** Detail about this deliverable and its progress is outlined above. **Align services provision and efforts of relevant stakeholders across the borough to these, agree plan of action including re-commissioning services where relevant** A wider stakeholder group will be established once evidence based framework for action is agreed. We are taking a preliminary paper outlining our approach to the LBHF Children Trust meeting on 1st July. Included in the paper will be an analysis of obesity prevalence and deprivation in the borough. **Timescales** It is important to note that strategies to prevent childhood obesity must be sustained over the long term, to see change in overweight and obesity prevalence. To see a sustained downward trend this will take at least 5 to 10 years. New York has started to see small decrease in childhood obesity, more apparent in white than black population, after 15years of complex interventions.
Performance (local, regional, national)	**Improving Uptake of Healthy Start** The Healthy Start Scheme provides vouchers for low income families which can be exchanged for milk, baby formula or fruit and vegetables as well as free vitamins for pregnant women, new mothers and children up to the age of 4. Only an estimated 78% of residents of Hammersmith and Fulham, who are eligible for the vouchers, claim them. In addition there has

	been an under utilisation of the coupons to obtain the free vitamins. To improve take-up of the Healthy Start Scheme as a whole and increase the take-up of vitamins, a targeted one year promotional campaign for Healthy Start commenced in April with Health Visitors and other early years settings. This has included giving a first bottle of mother's vitamins and children's to new mothers at the 6 week visit. Numbers of bottles distributed have gone from approximately 100 bottles a month in March 2013 to nearly 400 in April 2013.
Key partners and stakeholders	Wider council stakeholders include planning, play, leisure, environmental health, transport, community safety. There is a need to explain and agree their role in achieving the objective of an increase in the percentage of children of a healthy weight. Members of the Public Health team have been engaging individually and collectively with members of other council departments and outside of the organisation explaining and agreeing their role in delivering on public health outcomes. We are building trust and knowledge of these colleagues and are getting closer to some concrete actions and agreements.
Budgets and services related to this work	To follow the agreement of the approach
Other information	No further information

Priority 5	**Supporting young people into Healthy Adulthood**
Lead Officer	Andrew Christie, Executive Director for Tri-borough Children's Services
Desired outcome	Following further research and consultation, we will publish a refreshed strategy which outlines the needs identified by this research, the Health and Wellbeing Board actions in this area and how we will measure success. These outcomes will also be reflected in the 2014 Strategic Plan for Children. Key outcomes, based upon the Hammersmith & Fulham 2013/14 Mandate and the existing Strategic Plan for Children are likely to include: • Young people feel safe in their communities • Young people receive support at an earlier stage to improve their emotional wellbeing • Young people are confident about making positive choices in their relationships with others • Young people are less likely to become parents when they are teenagers • Young people attend school regularly and barriers which prevent achievement in school are addressed • Young people make successful transitions to further and higher education, training and employment which reflect their potential
Progress towards achieving outcome over the period	• A piece of research work lead by Eva Hrobonova is currently being undertaken by her registrar Vaishnavee Sreeharan. • A first draft of this work will be circulated to key commissioners in early June for comment and will be finalised by the Autumn. • Children's commissioning intends to use the recommendations from this piece work to develop joint commissioning work programme in late 2013. • As with the 'Best start in life' this work will be developed through the LBHF Children's Trust Board **Actions Identified** • An ongoing focus on ensuring that children feel safe in their communities. • Re-commissioning youth services to ensure a more targeted approach; including a review of opportunities for Tri- or Bi-borough approaches • Improving standards in all schools, improving school attendance and reducing numbers of young people not in education, employment or training. • Targeting young people in need to enhance their life chances. This will include children and young people who experience

	domestic violence, mental health problems, teenage parents and young offenders. • Offering a high quality service to young offenders with a strong emphasis on restorative justice and early help to prevent escalation of difficulties. • Effective support for care leavers to maximise their life chances.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	• Research completed and report published in Autumn 2013 • Children's Trust Board to discuss recommendations and advise on action planning. • Children's Trust Board to agree key performance measures.
Performance (local, regional, national)	Actions and DRAFT performance measures to be discussed and finalised following the next LBHF Children's Trust Board meeting on July 1st 2013. Further work to take place with Tri-borough partners to identify shared priorities and performance measures to enable compare and contrast and the development of joint strategies.
Key partners and stakeholders	To be determined
Budgets related to this work	To be determined
Other information	No further information

<table>
<tr><td>Priority 6</td><td>To develop better access to suitable housing for vulnerable older people</td></tr>
<tr><td>Lead Officer</td><td>Martin Waddington, (Sue Redmond)</td></tr>
<tr><td>Desired outcome</td><td>More people living in suitable accommodation as they age, which will allow them to manage their health and care needs at home rather than having to be admitted to hospital or needing to be placed in short or long term nursing care.</td></tr>
<tr><td>Progress towards achieving outcome over the period</td><td>1. Agreement from H&F Business Board to fund a Project Manager for 8 weeks to scope identified sites in the borough for a potential new build extra care schemes of 25 – 105 units.
2. Bid to be submitted on 4th June for DCLG funding for a Housing Options Advisor for Older People, working specifically to promote awareness about later life housing & care options amongst older people and professionals.</td></tr>
<tr><td>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</td><td>
<table>
<tr><th>Deliverable</th><th>Timeline</th><th>RAG</th></tr>
<tr><td>1. All key strategic documents to reference housing for older people – JSNA, Market Position Statement</td><td>Complete April 2013</td><td>G</td></tr>
<tr><td>2. Mechanisms in place for reporting housing data to the board, to record the impact that housing has in numerical and cost terms (falls, hyperthermia etc...)</td><td>On track September 2013</td><td>A</td></tr>
<tr><td>3. Mechanisms are in place to capture structured data from older people about their future housing expectations</td><td>At risk June 2013</td><td>R</td></tr>
<tr><td>4. Analyse to what extent current housing options for older people is meeting demand and need, the level of unmet need in the community and consult on what the current ‘younger old’ population will want from housing for older people, to inform any future investment</td><td>At risk November 2013</td><td>R</td></tr>
<tr><td>5. There is a process for engaging with developers, which may include plans to release health or social care land for development</td><td>On track June 2013</td><td>G</td></tr>
<tr><td>6. Understand to what extent unsuitable housing impacts on people’s health and care needs as they get older</td><td>On track November 2013</td><td>G</td></tr>
<tr><td>7. Consult with partners in Health regarding their understanding of sheltered housing and other housing options for older people and what gaps they may have identified and improve links between Housing and CCGs to deliver on shared, agreed outcomes</td><td>On track July 2013</td><td>G</td></tr>
<tr><td>8. Pilot methods of improving access to sheltered housing, e.g. allocations and referrals (via ASC and Health rather than Housing), ASC managed housing, assistance/incentives to move, positive promotion</td><td>At risk November 2013</td><td>R</td></tr>
</table>
</td></tr>
<tr><td>Performance (local, regional, national)</td><td>Performance measurements have not yet been benchmarked.</td></tr>
<tr><td>Key partners and stakeholders</td><td>There are on-going issues with partners in Housing, who are withholding information (such as details of the review of sheltered housing), which is delaying progress in areas such as piloting improved access into sheltered</td></tr>
</table>

	housing. The new housing allocations policy is still in a transitional stage, so getting access to information on unmet need etc. is problematic.
Budgets related to this work	None at present
Other information	No further information

Priority 7	**Improving mental health services for service users and carers to promote independence and develop effective preventative services.**
Lead Officer	Shelley Shenker (Sue Redmond, Tri-borough Executive Director Adult Social Care)
Desired outcome	1. To develop an agreed 3/5 year strategy (aka Big Plan) to meet the changing needs and aspirations of people with mental health problems in H&F as part of a wider tri-borough approach to inform the commissioning and delivery of services.
Progress towards achieving outcome over the period	Discussions are being undertaken with H&F CCG (and the other two CCGs) to co-design the proposal with the aim of gaining commitment to developing this approach.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	The aim is to develop the strategy between May and October 2013 and a key objective in the coming weeks will be to engage with H&F CCG to commitment. A Tri-borough Big Plan setting out clearly: • The current and anticipated population of people with mental health problems and their changing health and social care needs (including analysis of children and young people with mental health needs to inform future needs for adult services) • A map of current services and developments already in progress, including current spend and benchmarking of the 3B spend against other authorities • A summary of the financial context for NHS and Council for the next five years and the implications for service commissioning • A summary of current policy and best practice in mental health services • Identification of key issues and concerns from people with mental health problems and carers to inform priorities for the future • A 3/5 year strategy identifying up to 10 areas for development and the targets to be achieved over that period, to include: • Housing • Employment • Health – primary, community, specialist • Care Needs • Active in the Community • Person centred plans and budgets • Carers • Keeping safe 2. • Performance measurements to show progress towards targets over the strategy period
Performance (local, regional, national)	A plan will be developed against which the performance of the Council and the NHS can be accountable to local service users and carers and the wider community. This will include a clear framework of priorities against which specific development projects or contract

	renegotiations can be set.
Key partners and stakeholders	High level commitment is required from Adult Social Care, NHS, Housing and Children's Services Effective engagement of all stakeholders, particularly service users and carers is crucial to achieve ownership of the Big Plan
Budgets related to this work	Identification and commitment to appropriate resources will be undertaken as part of the development of the strategy and delivery plan.
Other information	No further information

Priority 8	**Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.**
Lead Officer	Ewan Jenkins (Dr Eva Hrobonova)
Desired outcome	Maintenance and improvement of sexual health outcomes; delivery of seamless and accessible SH/HIV services; good working relationships are established across relevant commissioning organisations (LA, CCG, NHSCB)
Progress towards achieving outcome over the period	• All services in place prior to 1 April 2013 continued and transferred to new commissioning organisations. No immediate loss of service provision as a result of transition.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	• Sexual Health Joint Strategic Needs Assessment published in March 2013 (available at https://www.jsna.info/download/get/sexual-health-jsna-2013/15.html) • Planning started towards identifying key priorities for service review, service improvement and possible procurement initiation. Key areas under consideration include Young People's services and HIV services. Key planning meeting to be held on 17 Jun 2013. Work plan to be further developed following this meeting.
Performance (local, regional, national)	• Chlamydia screening rates require improvement. Service improvement will form part of work plan. • Provisional data from Quarter 1 2012 (Jan – Mar 2012) indicate low numbers of conceptions in under 18s in Hammersmith and Fulham. The rate of under 18 conceptions in the borough remains lower than both London and England. • HIV Late Diagnosis data for 2011 (most recent available) indicate a 13% reduction in very late diagnosis in Hammersmith and Fulham against the 2004/05 baseline. Target reduction was 15%. Hammersmith and Fulham was the best performing borough in London in 2011 for proportion of late diagnoses and 4th best performing borough for proportion of very late diagnoses.
Key partners and stakeholders	• Relationships have continued with HIV Treatment and Care Commissioners for London. Formerly part of the London Specialised Commissioning Group, these Commissioners are now in the NHS England London Regional Office. The Tri-Borough Sexual Health Commissioner is a member of the Expert Advisory Group which informs service redesign of HIV Treatment and Care services. • The Sexual Health Commissioner and a Senior Public Health Officer have met with Healthwatch to discuss their draft work programme which is likely to include a priority regarding Young People and Sexual Health. • As yet, it is not clear if there is a named officer from Hammersmith and Fulham CCG leading on the commissioning of

	sexual health contracts that were transferred to them. It would be beneficial to have a lead contact in the CCG with whom the Sexual Health Commissioner could develop a working relationship.
Budgets related to this work	• Significant work has been undertaken to project expenditure for 2013/14 in respect of Genito-Urinary Medicine services. This will inform robust budget management over the course of the year.
Other information	No further information

h&f the low tax borough	**London Borough of Hammersmith & Fulham** **HEALTH & WELLBEING BOARD** **17 June 2013**
TITLE OF REPORT Healthwatch Hammersmith and Fulham	
Report of the Healthwatch Representative to the Health and Wellbeing Board	
Open Report	
Classification - For Review & Comment **Key Decision: No**	
Wards Affected: All	
Report Author: Paula Murphy	**Contact Details:** Tel: 020 8968 6771 E-mail: paula.murphy@hestia.org

1. EXECUTIVE SUMMARY

1.1 The aim of Healthwatch Hammersmith and Fulham (Healthwatch HF) is to give citizens and communities a stronger voice to influence and monitor the provision of health and social care services provided within their locality.

1.2 The community membership of Healthwatch HF is supported by a Local Committee and the tri-borough charity[1] 'Healthwatch Central West London.'

1.3 Under the provisions of the Health and Social Care Act, Healthwatch HF has a statutory seat on the Health and Wellbeing Board.

1.4 Further to community and stakeholder engagement, Healthwatch HF has identified the following draft priorities for our 2013/14 work plan:

- Out of Hospital Care (including unscheduled care for older people, migrant communities and under 5's)
- Young people and sexual health
- Learning disability

[1] Application to register Healthwatch Central West London with the Charity Commission in progress

2. RECOMMENDATIONS

2.1 Healthwatch Hammersmith and Fulham would welcome the views of this Board on our work priorities and potential for complementary working.

- How can the Healthwatch HF work plan contribute to the HWB HF strategy?
- How can patient and user views be integrated in to commissioning decisions?
- Are there gaps the Board would wish to see Healthwatch HF address?

3 REASONS FOR DECISION

3.1 The Board notes the work plan of Healthwatch Hammersmith and Fulham and is clear on the key role Healthwatch HF can take in engaging and communicating.

4 BACKGROUND AND PROPOSALS

4.1 Healthwatch Hammersmith and Fulham has three main aims:

- To provide information to the general public about local health and social care services;
- To enable local people to have a voice in the development, delivery and equality of access to health and care services and facilities and;
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinizing, reviewing and monitoring local health and care services and facilities.

Providing information

4.2 Healthwatch Hammersmith and Fulham will provide information to the general public through a weekly email bulletin, quarterly newsletter, website, social networks, themed workshops aligned to the priorities of the Health and Wellbeing Strategy, community events, seminars and meetings.

4.3 We will also provide a new phone and web-based signposting service to support people to access information on local well-being services.

Development, delivery and equality of access to health and care services

4.4 Healthwatch will support H&F Mencap with their sub-regional 'Making the System Work For Me' project. This project will support people with learning disabilities to assess the quality of local services through peer research. We are also working with commissioners, service users and families to support the development of a co-productive approach to service design and delivery across the Tri-borough.

4.5 We are also developing qualitative research to explore access to and the experience of young users of sexual services. This will include chlamydia, contraception and HIV and aim to inform commissioning intentions and improve wider public health outcomes.

4.6 Healthwatch Hammersmith and Fulham will also develop work to support the 'Out of Hospital' strategy. We are planning qualitative research on unplanned care for target groups e.g. older people, under 5's. This will support our work on user involvement with the Whole System Integrated Care programme and the development of the Outline Business Case for Charing Cross.

4.7 Further to the recent Hammersmith and Fulham LINk reports, we will continue to monitor hospital discharge and mental health service provision in the borough.

4.8 We will also continue our 'enter and view' assessments of local services to inform our work programme on quality.

4.9 Healthwatch Central West London (including Healthwatch HF) is also prioritising co-production on personalisation in 2013/14.

4.10 Healthwatch KC will submit evidence to Healthwatch England and the Care Quality Commission. Healthwatch England is developing a strategy to support Local Healthwatch to ensure local consumers of health and social care can exercise their right to be heard and their right to redress. Healthwatch Central West London will report on the local environment to benchmark against the national picture.

Training and development

4.11 Healthwatch Hammersmith and Fulham will provide a free, training programme for local members from September 2013. Training courses will include:

- How to participate
- Understanding the health and social care landscape
- Enter and view
- Acting as an authorised representative
- Patient and public engagement in commissioning
- Understanding quality.

LOCAL GOVERNMENT ACT 2000
LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	n/a		