

# Health & Wellbeing Board

## Agenda

**Monday 4 November 2013**

**4.00 pm**

**Courtyard Room - Hammersmith Town Hall**

### **MEMBERSHIP**

Councillor Marcus Ginn, Cabinet Member for Community Care (Chairman)  
Dr Tim Spicer, Chair of H&F CCG (Vice-chairman)  
Councillor Helen Binmore, Cabinet Member for Children's Services  
Peter Brambleby, Interim Tri-borough Director of Public Health  
Liz Bruce, Tri-borough Director of Adult Social Care  
Andrew Christie, Tri-borough Director of Children's Services  
Trish Pashley, Local Healthwatch representative

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[http://www.lbhf.gov.uk/Directory/Council\\_and\\_Democracy](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: 25 October 2013

# Health & Wellbeing Board Agenda

4 November 2013

<u>Item</u>		<u>Pages</u>
<b>1. MINUTES AND ACTIONS</b>		1 - 6
	To approve as an accurate record and the Chairman to sign the minutes of the meeting of the Health & Wellbeing Board held on 9 September 2013.	
<b>2. APOLOGIES FOR ABSENCE</b>		
<b>3. DECLARATIONS OF INTEREST</b>		
	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.	
<b>4. WORK PROGRAMME</b>		7 - 10
	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 to be included in the future.	

**5. HAMMERSMITH & FULHAM CCG COMMISSIONING INTENTIONS  
2014/2015**

This report will follow.

**6. FURTHERING THE BOROUGH OF OPPORTUNITY: A SHARED  
VISION FOR HAMMERSMITH & FULHAM 2014-2022** 11 - 45

The consultation draft sets out a new shared vision for the development of Hammersmith & Fulham over the next eight years.

**7. JOINT HEALTH & WELLBEING STRATEGY: UPDATE** 46 - 71

This report updates on progress against health and wellbeing priorities.

**8. CHILD ORAL HEALTH IMPROVEMENT INITIATIVES** 72 - 82

This report updates on child oral health improvement initiatives delivered in the London Borough of Hammersmith & Fulham since 2011, including an overview of the 'Keep Smiling Programme,' a school-based outreach programme.

**9. PUBLIC HEALTH BUSINESS PLAN UPDATE** 83 - 87

This report updates on the first meeting of the JSNA Steering Group and current progress on the JSNA work programme.

**10. INTEGRATION TRANSFORMATION FUND: ORAL UPDATE**

**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:

13 January 2014  
24 March 2014

# Agenda Item 1



London Borough of Hammersmith & Fulham

## Health & Wellbeing Board Minutes

Monday 9 September 2013

### **PRESENT**

#### **Committee members:**

Councillor Marcus Ginn, Cabinet Member for Community Care (Chairman)  
Councillor Georgie Cooney, Cabinet Member for Education (from 5pm)  
Dr Peter Brambleby, Interim Tri-borough Director of Public Health  
Andrew Christie, Tri-borough Executive Director of Children's Services  
Eva Hrobonova, Deputy Director of Public Health  
Trish Pashley, Healthwatch Representative  
Sue Redmond, Interim Tri-borough Executive Director, Adult Social Care  
Dr Tim Spicer, Chair of H&F CCG (Vice-chairman) (to 5pm)

#### **In attendance:**

Janet Shepherd, Director of Nursing and Patient Experience for North West London, NHS England  
David Evans, Senior Policy Officer  
Sue Perrin, Committee Co-ordinator

### **12. MINUTES AND ACTIONS**

#### **RESOLVED THAT:**

- (i) The minutes of the Health & Wellbeing Board held on 17 June 2013 be approved and signed as a correct record of the proceedings.
- (ii) The Board noted that the Council, having consulted the Health & Wellbeing Board (HWB) and having regard to the recommendation of the HWB, directed that the Clinical Commissioning Group representative and the local Healthwatch representative are entitled to vote, but that Council officers on the HWB are not entitled to vote.

### **13. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Helen Binmore and from Dr Peter Brambleby for lateness and from Andrew Christie for leaving early

#### **14. DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **15. WORK PROGRAMME**

##### **RESOLVED THAT:**

- (i) The work programme be noted.
- (ii) The Board noted that a half day workshop, facilitated by the Kings Fund, would be held on the 8 October 2013, at Hammersmith Town Hall.
- (iii) The workshop should review the HWB generally and the CCG's Clinical Commissioning Intentions and specifically alignment with those of the Council and Public Health.

#### **16. CLINICAL COMMISSIONING INTENTIONS**

Dr Tim Spicer presented the report on the CCG's Commissioning Intentions 2014/2015. Whilst the commissioning intentions were published on an annual basis, the process was ongoing, with strategic objectives being developed over a number of years. The commissioning intentions were derived from the Joint Strategic Needs Assessment (JSNA), but there were multiple drivers beyond the JSNA such as the Shaping a Healthier Future (SaHF) re-configuration proposals.

The report set out the basis for developing the commissioning intentions. Dr Spicer stated that QIPP (Quality, Innovation, Productivity and Prevention) had to be achieved annually, and savings were in the region of 5% per annum. All stakeholders would be involved to a greater extent in developing commissioning intentions over time. The report set out the engagement with individuals and teams currently.

The report also set out the timeline for developing commissioning intentions and the key milestones. The key strategic challenges included meeting the needs of the population as identified in the JSNA and ensuring measurable changes in outcomes across the HWB priorities. A table illustrated how the commissioning intentions themes had structured the 2014/2015 service delivery and their fit with the key strategic drivers.

The CCG was currently working with stakeholders to update each of the key areas of the 2013/2014 commissioning intentions. An unscheduled care update had been provided as a draft example. Dr Spicer stressed the importance of patient empowerment and involvement in overall care.

Councillor Ginn opened the discussion on alignment of commissioning between the Council, CCG and Public Health and joint commissioning where appropriate. It was suggested that the starting points should be the strategic

fit of the CCG commissioning intentions with the HWB strategic priority areas. There needed to be clarity about how resources could be re-deployed to bring about change and the barriers to change.

The key strategic challenge would be to ensure measurable changes in outcomes across the HWB priorities, to be delivered within the context of a recurring QIPP gap and future comprehensive spending round. Joint commissioning of services could deliver best value for money.

Councillor Ginn referred to Public Health commissioning and procurement and the need to cross reference with the CCG commissioning intentions. The Public Health re-procurement timetable was phased over three years and this was being challenged in view of the need to integrate with co-commissioners and to develop a framework against which commissioning outcomes could be measured.

Dr Spicer referred to the October timeline for refining/developing commissioning intentions and ensuring final alignment with the JSNA refresh and fit with HWB strategy to achieve required changes. Currently there were block contracts with providers, which were difficult to relate to outcomes and to identify which aspect had brought about change in health status.

Members acknowledged the need to move towards an overarching commissioning plan, and that areas on which to focus could be considered at the HWB workshop.

Councillor Ginn referred to the transfer of public health to the Council and the issues of finance and service gaps between providers. Establishing the true cost of services was difficult due to block contracts which had been put in place, and were difficult to investigate where they did not relate to a stand alone service.

Mr Christie stated that some joint commissioning arrangements were not absolutely right and that H&F CCG was talking to colleagues to agree alignment. Dr Spicer added that overall there were similarities, but frequently there were different processes for something not materially different.

Dr Brambleby queried what the CCG would achieve in one year in terms of quality. Dr Spicer responded with the following key examples: engendering a change in patient experience; patient access to their medical records and involvement in care plans; and a reduction in patients in hospital beds who did not need to be there.

Councillor Ginn proposed that the workshop focused on the areas suggested in the report: Out of Hospital, Joint Commissioning, CLCH, Mental Health, Nursing Homes and Children.

**RESOLVED THAT:**

- (i) The report be noted.

- (ii) Update reports be considered at the workshop and at the next meeting.

## **17. JOINT STRATEGIC NEEDS ASSESSMENT: UPDATE**

Ms Hrobonova presented the update report, which included the Employment Support JSNA Deep Dive, awaiting sign-off by each of the three HWBs.

The first JSNA Steering Group meeting would take place on 18 September, and would begin to assess the priorities and future direction of the JSNA work programme.

The current deep dive JSNAs were: learning disabilities, physical disabilities and tuberculosis. Future deep dives were: child poverty and alcohol. An application was pending for veterans' health.

Councillor Ginn queried the mutual relationship between the HWB and Public Health. Dr Brambleby responded that the HWB was responsible for approving the commissioning plan, and public health for quality assurance and the establishment of a steering group. In addition, the JSNA supported commissioning.

Dr Brambleby continued that the ways in which the HWB and Public Health monitored each other included: lines of accountability such as the national annual update of local authorities' performance in respect of the health of their populations; each borough helping people with disabilities back into work; and the annual report on the health of the population which was a requirement of the Director of Public Health. Ms Hrobonova added that the HWB could issue quite specific directives in respect of commissioning intentions to ensure that the JSNA had been fully taken into account.

Dr Spicer stated that the interface between mental health, physical disability and employment informed commissioning intentions, but there remained some way to go to meet different levels of need.

### **RESOLVED THAT:**

- (i) The report be noted.
- (ii) The Employment Support JSNA Deep Dive be approved.
- (iii) The update report to include the JSNA needs achieved through the commissioning intentions.

**Action: Peter Brambleby/Eve Hrobonova**

## **18. NHS FUNDING TO SUPPORT SOCIAL CARE 2013/2014**

This item was deferred on the grounds that the report is a draft for the 2013/14 allocations and there is a need for it to proceed through the CCG governance process before it is presented to the Health & Well-being Board.

**19. INTEGRATION TRANSFORMATION FUND**

Mrs Redmond introduced the report in respect of a fund of £3.8 billion nationally to ensure closer integration of health and care services from 2015/2016, referred to as the Integration Transformation Fund (ITF). The ITS was being funded from existing sources of funding, including existing CCG budgets.

Localities where spend would take place would be identified and they would be asked to develop a local plan by March 2014 covering the two years 2014/2015 and 2015/2016.

**RESOLVED THAT:**

- (i) The report be noted.
- (ii) The Board to be updated on the joint spending plans.

**20. PARTNERSHIP AGREEMENT WITH THE NHS**

Mrs Redmond introduced the report which explained the background to the development of a new partnership Agreement for the Commissioning of Health, Wellbeing and Social Care between the London Borough of Hammersmith & Fulham and NHS Hammersmith & Fulham CCG.

**RESOLVED THAT:**

The report be noted.

**21. DATES OF NEXT MEETINGS**

4 November 2013

13 January 2014

24 March 2014

Meeting started: 4pm

Meeting ended: 5.30pm

Chairman .....

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Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.



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# Agenda Item 4

	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>HEALTH &amp; WELLBEING BOARD</b>  <b>04 November 2013</b>
<b>WORK PROGRAMME AND FORWARD PLAN 2013-2014</b>	
<b>Report of the Director of Law</b>	
<b>Open Report</b>	
<b>Classification - For Scrutiny Review &amp; Comment</b>	
<b>Key Decision: No</b>	
<b>Wards Affected: All</b>	
<b>Accountable Executive Director:</b> Jane West, Executive Director of Finance and Corporate Governance	
<b>Report Author:</b> Sue Perrin, Committee Co-ordinator	<b>Contact Details:</b> 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**

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

### **LIST OF APPENDICES:**

Appendix 1 - List of work programme items

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

**Appendix 1**

Agenda Item	Report Sponsor/Author
<b>Meeting Date: 17 June 2013</b>	
Membership and Terms of Reference Appointment of Vice-chairman Out of Hospital Programme Update Joint Health & Wellbeing Strategy Joint Strategic Needs Assessment: Update Local Healthwatch Work Programme	
<b>Meeting Date: 9 September 2013</b>	
H& F CCG Commissioning Intentions 2014/2015: Development Process & Emerging Intentions Joint Strategic Needs Assessment 2013/14 and work programme Integration Transformation Fund NHS Funding to Support Social Care 2013/2014 Partnership Agreement with the NHS	
<b>Meeting Date: 4 November 2013</b>	
Community Strategy H&F CCG Commissioning Intentions 2014/15 Integration Transformation Fund Update Joint Health & Well-being Strategy Update Keep Smiling Outreach Pilot in White City Update Public Health JSNA Update	
<b>Meeting Date: 13 January 2014</b>	
<b>Report Deadline: 23 December 2013</b>	
Evaluation of home fire safety visits to adult social care service – 20 mins Presentation	LFB Borough Commander Steve Lumb
Integration Transformation Fund 2014/2016: Draft Plans	Cath Attlee
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
White City Collaborative Care Centre+	Tim Spicer/Tessa Sandwell

<b>Agenda Item</b>		<b>Report Sponsor/Author</b>
<b>Meeting Date: 24 March 2014</b>		<b>Report Deadline: 7 March 2014</b>
Housing for People with Learning Disabilities and for Older People, and Specifically Better Use of Existing Stock		Martin Waddington
Integration Transformation Fund 2014/2016: Plans		Cath Attlee
Pharmaceutical Needs Assessment Delivery		Public Health
Review of HWB Membership		Cllr Marcus Ginn
<b>2014/2015</b>		

# Agenda Item 6

	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>HEALTH &amp; WELLBEING BOARD</b>  <b>4 November 2013</b>
<b>FURTHERING THE BOROUGH OF OPPORTUNITY: A SHARED VISION FOR H&amp;F 2014-22 – CONSULTATION DRAFT</b>	
<b>Report of the Divisional Director</b>	
<b>Open Report</b>	
<b>Classification - For Review &amp; Comment</b>	
<b>Key Decision: NO</b>	
<b>Wards Affected: All</b>	
<b>Accountable Executive Director:</b> Jane West, Executive Director, Finance and Corporate Governance	
<b>Report Author:</b> Peter Smith, Head of Policy and Strategy	<b>Contact Details:</b> Tel: 020 8753 2206 E-mail: peter.smith@lbhf.gov.uk

## 1. EXECUTIVE SUMMARY

- 1.1. The current Community Strategy for Hammersmith and Fulham was published in 2007 and runs to 2014. Under the terms of the Local Government Act 2000, there is a statutory obligation on all local authorities to consult partners and the wider community on a shared vision for the local area and to publish a 'sustainable community strategy' that sets out this shared vision and the means by which it will be delivered.
- 1.2. The attached document is a new draft community strategy that the Council and its partners have agreed as a strategic vision for consultation with local stakeholders and the wider community. The consultation period ends on 16 December and a new Community Strategy will be published in January 2014.

## 2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board is invited to comment on the draft Strategy and, in particular, to agree and/or seek revisions to the section titled, 'Improving Health and Wellbeing'.

### **3. INTRODUCTION AND BACKGROUND**

- 3.1. The Strategy document has been drafted by Council officers and key partners over the course of the Summer. It draws upon existing strategies to present an overarching vision for the future of the borough. The draft has been agreed for consultation by the Council and its partners and is now subject to an eight week period of consultation.
- 3.2. The section titled, 'Improving Health and Wellbeing' draws on the draft Health and Wellbeing Strategy.

### **4. PROPOSAL AND ISSUES**

- 4.1. It is proposed that the new strategy document is adopted by the Council and its key partners as an agreed joint vision for the future of the borough. Under the terms of the Local Government Act 2000, a sustainable community strategy should be agreed by key partners and published by the local authority.

### **5. CONSULTATION**

- 5.1. The document is published on the Council website for the purpose of public consultation. Hard copies have also been circulated to H&F libraries. Presentations are to be made to the Borough Youth Forum, the Third Sector Network and the Council's Overview and Scrutiny Board. The consultation deadline is Monday 16 December.

### **6. FINANCIAL AND RESOURCES IMPLICATIONS**

- 6.1. H&F Council will meet the costs of consultation and publication of the final strategy document.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	Existing strategies all in the public domain.		

#### **LIST OF APPENDICES:**

**APPENDIX 1 :FURTHERING THE BOROUGH OF OPPORTUNITY: A SHARED VISION FOR H&F 2014-22 – CONSULTATION DRAFT**

CONSULTATION DRAFT



# Furthering the Borough of Opportunity

**A SHARED VISION FOR  
HAMMERSMITH & FULHAM  
2014-22**

Hammersmith & Fulham Council



This document sets out a new shared vision for the development of Hammersmith & Fulham over the next eight years. This vision has been formulated by Hammersmith & Fulham Council and its key partners and is presented here for public consultation.

If you have any comments or views on this vision please submit these by email or letter to:

**Peter Smith**

Head of Policy and Strategy  
London Borough of Hammersmith & Fulham  
Hammersmith Town Hall  
King Street  
London W6 9JU  
Email: [peter.smith@lbhf.gov.uk](mailto:peter.smith@lbhf.gov.uk)

The deadline for responses to this consultation is 16 December 2013

This draft community strategy for Hammersmith & Fulham has been endorsed by senior representatives of the following organisations:

Hammersmith & Fulham Council  
Metropolitan Police  
H&F Clinical Commissioning Group  
Jobcentre Plus  
London Fire Service  
Community and Voluntary Sector Association  
HammersmithLondon (Business Improvement District)

# Contents

Foreword.....	3
Borough profile.....	5
Review of the community strategy 2007-14.....	6
Annual residents survey 2012.....	8
Encouraging greater involvement in our neighbourhoods.....	10
Delivering a borough of opportunity.....	12
Providing better housing opportunities.....	18
Providing a top quality education for all.....	20
Providing a cleaner, greener borough.....	23
Creating safer communities.....	25
Improving health and wellbeing.....	27



# Foreword by the Leader of the Council

Hammersmith & Fulham is the 'Borough of Opportunity' and our vision for 2022 is to continue to work hard to bolster local economic growth, prosperity and opportunities for our residents and borough-based businesses.

By 2022 I want to see enhanced prospects in the way of better housing options, reduced unemployment, better training opportunities and a better choice of schools. I want to see improved infrastructure - better transport links, reduced traffic congestion and greener streets. I want to see more flourishing and cohesive neighbourhoods - more working families, less crime and stronger, healthier communities.

The Council and our partners recognise that we cannot do this on our own. We want to inspire our neighbourhoods and communities to work with us on continuing to make sure that H&F remains the best place to live in London.

Together we have signed up to seven key priorities for delivering our vision for the borough in the years ahead. These are:

- Encouraging greater involvement in our neighbourhoods
- Regenerating the most deprived areas of the borough
- Providing a top quality education for all
- Providing better housing opportunities
- Providing a cleaner, greener borough
- Tackling crime and anti-social behaviour
- Improving health and wellbeing

We want to see more localised control of local services:- greater decentralisation, more devolved powers and greater social responsibility within our neighbourhoods. In the face of a continuing squeeze on public spending we need to reduce the demand for public services and work together to maintain the necessary support for the most vulnerable in society.

We already have a fantastic community spirit in H&F, wonderful parks, some of the best schools in London and falling crime. By working together we can make our borough and the communities we serve even stronger in the years ahead.



**Cllr Nicholas Botterill**

Leader, Hammersmith & Fulham Council



## Demography

Hammersmith & Fulham is a small and densely populated west London borough with a population of 182,500 (2011 Census). The population increased by 10% over the ten years between the last two Census's and, with major regeneration programmes planned for the north of the borough, we expect further population growth over the coming years. By 2022 the projected population of the borough will exceed 200,000.

The population is ethnically diverse with 43% of residents born overseas and 14.5% of households with no speakers of English as a main language. A high proportion of residents are young and single - 29% of households consist of a single person under pensionable age and 56% of residents aged 16 and over have never married. Three quarters of all residents are of working age (aged 16-64), which is the third highest proportion in the country.

## Local economy

Hammersmith & Fulham is the fifth most competitive economy in the country (Huggins Competitive Index 2010). There are 17,000 businesses in the borough, generating £9.3bn to the borough economy. Business survival rates are relatively low, however, with a high business death rate and high churn.

74% of adults (aged 16-74) are economically active: 66% are in employment, 5% are unemployed, 3% are students and 26% are economically inactive. The professional, scientific and technical activities sector is the largest source of employment, accounting for 16% of all residents' jobs. 42% of residents are employed as managers, directors, senior officials or professionals.

## Levels of deprivation

According to the Index of Multiple Deprivation (IMD), published in 2010 by DCLG, Hammersmith & Fulham is measured the 55th most deprived local authority in England (out of 326) and the 13th most deprived in London. The most deprived wards in the borough are all in the northern sub

area. College Park and Old Oak ranks 75th most deprived out of 628 wards in London, Wormholt and White City ranks 120th, Shepherd's Bush Green ranks 138th and Askew ranks 178th. Residents in these wards tend to have the poorest housing, income, employment and health outcomes of the population in the borough.

## Housing

Historically Hammersmith & Fulham has had a very high average house price when compared to other parts of the country and most other London boroughs. The borough remains a very attractive place to live. At March 2013, the average price for a property sold in the borough was almost £603k, over 1.6 times higher than the average price for London as a whole. Along with very high prices in the borough, the average monthly rent in the private rented sector is also high. The average rent across all types of properties in the borough is close to £1,500 per month, the 6th highest in London and over three times the average for England as a whole. According to the 2011 Census, the private rented sector now makes up almost one third of the borough's housing tenure.

31.2% of households who live in Hammersmith & Fulham live in social housing (either council or other landlord). This is the 9th highest of all London boroughs and is ranked 314th out of 326 local authorities.

## Transport

Hammersmith & Fulham is situated on key strategic road and rail routes between central and west London. The busiest roads are Great Western Road (A4) and Westway (A40).

The borough is served by 5 underground lines, one overground line and one national rail line. The busiest tube station is Hammersmith (Piccadilly and District Lines), followed by Shepherd's Bush (Central Line). There are over 60 daytime and night time bus routes serving the borough. Almost all of the borough's households live within 400m of a bus route.

# Review of the community strategy 2007-14

In 2007 we set out a vision with challenging objectives for the next seven years. Through hard work and joint endeavour we have delivered on all of those objectives. The full feedback report on all performance indicators benchmarked in the last Community Strategy will be published at a later date.

## **A top quality education for all**

We said we would raise educational achievement. The proportion of 7 year olds achieving Level 2 or above in reading, writing and maths has increased across the board since 2007, as has the proportion of 11 year olds achieving Level 4 or above in science, maths and English. The performance in our secondary schools is equally impressive with more pupils achieving 5+ GCSEs with English and mathematics at age 16.

We said we would improve parental choice of schooling to encourage more people to send their children to H&F schools. The proportion of local children educated in our state primary schools has increased from 65% to 74% in the last three years, and the proportion of local children entering our state secondary schools has increased from 38% to 52%.

We also said we would reduce surplus school places. In primary schools the figure has been reduced from 12% to 10.8% and in secondary schools it is down from 33% to 9.1%.

We have also delivered on increasing the number of permanent placements for looked after children, improving their educational achievements and, therefore, enhancing their opportunities in life. We have also overseen a reduction in the number of 16 year olds not in education, employment or training from 7.7% to 4.3%.

## **Tackling crime and anti-social behaviour**

We said we would reduce crime and disorder. The number of domestic burglaries, violent crimes, robberies and vehicle crime have all substantially reduced since 2007. Residents' fear of crime, however, has only marginally reduced.

We said we would reduce youth crime and the numbers of first time entrants into the youth justice system has reduced from 270 to 91. The proportion of residents who think that people using or dealing drugs is a problem in their area has also reduced from 50% to 42%.

## **Creating a cleaner, greener borough**

We said we would increase recycling rates and we have done so but not as substantially as we would have liked. The proportion of residents satisfied with the recycling facilities, however, has increased substantially.

We said we would protect and improve green space. The number of parks awarded Green Flag status has increased from none to ten since 2007. We also said we would maintain cleaner streets and open spaces. The percentage of residents satisfied with parks and open spaces, with the cleanliness of the borough and with refuse collection have all increased and the percentage of land that falls below an acceptable standard for litter has substantially reduced.

## **Promoting housing opportunities**

We said we would increase home ownership but the percentage of owner occupiers has reduced from 43.5% to 36%. At 33% of all tenures, Hammersmith & Fulham has the eighth highest proportion of private rented housing stock in the country.

We said we would reduce the number of households in temporary accommodation and this has come down from 1830 to 1203. We also said we would improve the quality of social rented housing and the proportion of such housing meeting the Decent Homes standard has increased from 66.13% to 99.6%.

## **Setting the framework for a healthier borough**

Over the last five years, we have seen a reduction of a quarter in death rates for cardiovascular disease (heart disease and stroke) in under 75 year olds. We have also seen a reduction in health inequalities between the local authority area and the England population.

Over 2012/13, 3,240 people set a quit date and 1,651 quit smoking at 4 weeks, which exceeded the target set for the year. NHS Stop Smoking services have been found to be one of the most cost effective approaches to improving health.

Over the same period, 4,276 NHS health checks were provided to 40-74 year olds in the local population.

The 1st April 2013 saw the transfer of public health from the NHS to Local Government. This transfer provides opportunities for councillors, council staff and public health specialists to work together to realise the synergies between local government's existing functions and its new central role in Public Health.

## **Delivering high quality, value for money public services**

We said we would reduce council tax levels annually. We have reduced council tax, year on year, for six of the past seven years. We said we would improve resident satisfaction with efficiency and value for money. The percentage of residents who think the council provides value for money has increased from 45% in 2008 to 61% in 2012.

## **Regenerating the most deprived parts of the borough**

We said we would improve skill levels. The percentage of working age adults (16-64 years) with qualifications has increased from 88% to 93.1%. We said we would increase the number of local businesses. Business registrations have increased from 8,680 to 10,245 (in 2012).

We also said that we would increase employment and reduce dependency on benefits. Despite the intervening recession, the employment rate in the borough has increased from 69.5% to 69.7% and the proportion of working age residents on out-of-work benefits has decreased from 14.1% to 11.4%.



# Annual residents survey 2012

## Resident satisfaction with local services

The Annual Residents' Survey has mapped trends in public perceptions and resident satisfaction since 2006. The latest survey, conducted in 2012 and published in 2013, shows that 85% of local residents are satisfied with the local area as a place to live, with only 7% dissatisfied. This is the highest satisfaction rating, year on year, since the 2006 survey, when 71% were satisfied and 12% dissatisfied. The full survey report can be viewed via the following link: <http://www.lbhf.gov.uk/ars2012>.

## Council services

In 2012, 66% of residents were satisfied with how the Council runs things and 12% were dissatisfied. This compares with a satisfaction rate of 53% in 2006, with 17% dissatisfied in that year. The extent to which people agree that the Council provides value for money has increased from 45% in 2008 to 61% in 2012.

Almost all other services supported by the Council and monitored by the Annual Residents' Survey have also shown increased satisfaction rates over the course of the last Community Strategy:

- Satisfaction with the clearance of litter from public land has increased from 59% in 2006 to 74% in 2012.
- Satisfaction with refuse collection has increased from 70% to 82%.
- Satisfaction with doorstep recycling has increased from 71% to 76% but there has been a decrease in satisfaction with local tips, from 66% to 55%.
- Satisfaction with sport and leisure facilities has increased from 45% to 63%.
- Satisfaction with museums and galleries has increased from 22% to 42%.
- Satisfaction with theatres and concert halls has increased from 39% to 59%.
- Satisfaction with parks and open spaces has increased from 67% to 78%.

In addition Our Adult Learning and Skills Service has increased learner satisfaction rates from 88% in 2009 to 94% in 2012

## Health services

The Annual Residents' Survey has monitored public satisfaction rates with health services since 2010. In that year, 66% were satisfied with their GP and 13% were dissatisfied. Other respondents had either not used the service or were neither satisfied nor dissatisfied. In 2011, the satisfaction rate had risen to 70% and only 10% were dissatisfied. In 2012, the satisfaction rate slipped back to 65% but only 8% were dissatisfied. In the 2012/13 National Patient Survey, results showed that 83% of patients were very or fairly satisfied with their overall experience of their GP surgery, compared to 82% in London and 87% nationally. Satisfaction with hospital services has remained relatively constant over the three years of monitoring. In 2010, 65% of residents were satisfied with hospital services and 6% dissatisfied. In 2011 the satisfaction rate had increased to 68% and those dissatisfied amounted to 5%. In 2012 the figures were 65% satisfied and 7% dissatisfied.

Dental services are the least used of all the health services monitored, with an average of 40% of respondents not using the service over the course of any one year. This explains the lower satisfaction rates than those for GPs and hospitals. In 2010, 43% were satisfied with their local dentist and 7% dissatisfied. In 2011, 42% were satisfied and 7% dissatisfied. In 2012, there was a satisfaction rate of 45%, with only 4% dissatisfied.

## Metropolitan Police

In 2010, 50% of residents were satisfied with the police and 13% were dissatisfied. In 2011, this increased to 63% satisfaction rate, with only 7% dissatisfied. In 2012, the satisfaction rate had dropped to 57% but only 6% were dissatisfied.

## **London Fire Brigade**

A similar proportion of respondents (an average of some 40% over the three years) had not used the fire service as had not used their local dentist. In 2010, 40% were satisfied with the fire service and only 1% were dissatisfied. In 2011, 51% were satisfied and no respondent was dissatisfied. In 2012, 47% were satisfied and 1% were dissatisfied.

## **General concerns and desired improvements**

As well as monitoring structured feedback on residents' satisfaction with services, the Annual Residents' Survey also asks respondents for comments on any issues of concern or where they would like to see improvements made across the borough. Residents' concerns and the Council's responses are published in a 'Listening and Learning' report that can be found at the following [link](#) (post link).

# Encouraging greater involvement in our neighbourhoods

In Hammersmith & Fulham we are committed to devolving power to the community – giving individuals a greater say in the shaping of their local environment and in the design and delivery of their local services. With greater powers, however, comes greater responsibilities and in the coming years we want to see residents of Hammersmith & Fulham taking on greater social responsibilities, becoming less reliant on the state and more in control of their own destiny. We want to develop a renewed sense of shared responsibility for improving the area that we live or work in.

The Council and its public sector partners do not wish to impose public services on local communities but, instead, want to forge a new relationship between residents and public service. The state isn't the expert in designing and prioritising services that are best suited to meet local needs – the experts are those within communities who see those needs and receive those services on a daily basis. Local residents and service users see the waste in a service, they see where the failings are and they can see where changes need to be made to make services more efficient and effective. That is why we want to give local people in Hammersmith & Fulham a much greater say over what services should be funded and how they should be delivered. At a time when there is far less money available to pay for those services we must make best use of available resources and look to the community itself to become more self-sufficient.

We are the Borough of Opportunity and there are some wonderful opportunities on the horizon and we want to make sure that local people are prepared to take advantage of those opportunities as they arise. Our vision for the borough is that, by 2022, more local residents will be working families, with children who are skilled, educated and able to take advantage of the many employment opportunities on their doorstep. We want to see reduced benefit dependency, reduced crime and a lessening of the health inequalities that exist. We want to see a stronger sense of community, galvanised by the greater influence and involvement

residents will have over how public money is spent and how services are delivered.

We will work far harder in all our neighbourhoods to encourage residents to help us overcome some of the challenges we face, from reducing contamination in recycling to promoting mentoring and support projects.

## Supporting the third sector

For many people the third sector is their first interaction with local services. We recognise the powerful role that community groups play in the health and prosperity of our borough.

Hammersmith & Fulham Council is proud of the way we have protected the Third Sector from our own requirements to make substantial savings. Yet, while continuing to protect the third sector, we will do more to support its growth beyond council investment. For every pound the Council invests, an extra £2 is delivered to the third sector, either through delivering volunteering opportunities or by seeking alternative funding. The overall contribution to the borough is worth in the region of £9million. We want that magnification of council investment to grow even further with greater support given to help community groups innovate and grow in a financially self-sustaining way.

The Council and its partners will work harder to support the third sector in connecting with all strands of the communities that they serve and encourage greater participation. We will make it easier than ever for people to contribute to their local groups and for people to access their services. We will support the growth of volunteering in the borough, highlighting volunteering as one of the key paths into employment.

The Council and its partners will also work harder to enable third sector organisations to be more involved in the delivery of local services. We will improve our communication with and support for the sector in accessing new business opportunities and help organisations to make better links with existing services.

## Creating a 'team ethos' in our neighbourhoods

In White City a new partnership is being created between local residents and public services, with the community invited to play a far greater role in their neighbourhood and, potentially, in how local services are delivered. 'Team White City', as the partnership is known, is shining a light on ways people can contribute to their area, it is increasing local accountability and connecting residents with all available opportunities to get on in life.

A Team White City website, which will act as a public service information hub, has been tailored to the needs of the neighbourhood and will be launched in February 2014 (post link). This will relay news and ways for people to become involved in local activities, while promoting local services and opportunities. It will serve to bridge the gap between citizens and the people serving them, relaying live crime information and job vacancies. Through partnership with YouGov, residents will also be encouraged to take part in local decision making to help shape the future of their services.

Team White City will continue to be developed, encouraging maximum local innovation and ideas. This will include the development of support and mentoring schemes, helping neighbours to help themselves. Team White City will seek more involvement in all areas of public services, including the development of a residents' housing panel to help oversee local housing maintenance and repairs.

This concept, around empowering our neighbourhoods, will be rolled out to other areas, such as Earls Court and North Fulham.

Through this strategy we will continue to redefine the connection between the borough's public services and the local community, bringing a much sharper focus to the available opportunities and seeking maximum involvement in how services are delivered.

OBJECTIVES
Increase volunteering placements across the borough by 10%
Support the third sector to continue to grow beyond council investment
Roll out the concept around 'Team White City' to other neighbourhoods, seeking maximum involvement and innovation around local services

In Old Oak and Edward Woods estate we are supporting Community Champions programmes, encouraging residents to train as volunteers to promote health and wellbeing campaigns and services and to link services directly with the views and priorities of local residents. These programmes grew out of the White City Community Champions, who have been working successfully over the past five years to connect the skills and interests of residents with health and wellbeing services.

# Delivering the Borough of Opportunity

We are intent on expanding the 'borough of opportunity' by providing local residents with new education, housing and employment opportunities and, in this way, tackling deprivation, disadvantage and improving health and wellbeing. Despite being one of London's smallest boroughs, H&F has secured three 'Opportunity Areas', as classified by the GLA (Earls Court, White City and Old Oak). These are areas which the Mayor for London has identified as suitable for significant growth and development and the H&F sites alone represent 10% of all opportunity areas in London.

In addition to the physical regeneration programmes across the borough, the council and its partners are connecting people with places by developing job openings, vocational skills training and self employment/enterprise options. Over the last year we have negotiated with land owners and developers more than 1,300 apprenticeships and trainee placement jobs for residents, commitments to local labour recruitment targets (15%) and early notification of job vacancies, whereby local residents will have the opportunity to apply for jobs 10 days in advance of wider public advertisement.

## Earls Court Opportunity Area

The plans for the Earls Court Opportunity Area are well advanced and will mark the start of a major new London neighbourhood and cultural quarter bringing jobs, investment and greater choice of housing for local people over 77 acres of land.

Thousands of new homes and jobs will be created as part of the £8 billion regeneration scheme - which is the biggest new project in the capital since Stratford was transformed by the Olympics. The plans, based on Sir Terry Farrell's masterplan, propose the redevelopment of the Earls Court Exhibition Centres, Lillie Bridge London Underground Depot and the West Kensington and Gibbs Green housing estates.

A total of 8,383 new homes will be built, of which 760 will be replacement estate homes and 740 will be additional intermediate affordable homes. The development will include new shops, offices, leisure

facilities, public open space, a new school, new transport links, healthcare centre and community centre. It will create up to 9,500 new permanent jobs and 1,500-2,000 jobs per year in construction, based on an approximate total of 36,000 construction jobs over an estimated development period of 20 years.

H&F Council, in a joint initiative with the Royal Borough of Kensington and Chelsea, has already secured significant financial commitment from the developers, for employment and skills training and engagement work with local businesses to support employability and economic growth.

OBJECTIVES
7,500 new homes
9,500 new jobs
Brand new homes for ALL estate residents
New mixed use sustainable neighbourhood
Better housing choice for residents
New mixed use sustainable neighbourhood
Public and private open space
Public transport improvements
New community facilities

## White City Opportunity Area

The Council and the Greater London Authority are jointly producing the White City Opportunity Area Planning Framework, which allows for the delivery of a significant number of new homes, student units and jobs in the area. This will include the provision of affordable housing and jobs in the creative and retail industries on the industrial land to the east of Wood Lane.

New social rented homes will be built exclusively for tenants of existing estates in White City West to better meet current housing needs and tackle overcrowding. Subject to further consultation there may be opportunities to offer vacated properties on the White City estates on fixed term, affordable rent

tenancies, or to offer low cost home ownership opportunities. For those able to pay, options can include discounted market sale and shared equity. Over the long term, this will enable more mixed and balanced tenure provision and a greater socio-economic mix across the Opportunity Area. Development proposals have been put forward by Imperial College and Westfield. Other landowners are expected to do the same in the next five years.

Team White City is one of the first 12 'Our Place!' Government sponsored pilots that are seeking to devolve power and funding decisions to the local community. A social enterprise is being established to give residents of the White City Opportunity Area control of their own destiny and to empower the community to tackle long standing problems of worklessness and deprivation.

We will develop a hub for new and small businesses, building on the National Skills Academy accredited retail skills service WorkZone at Westfield London and offering businesses training and support in local growth sectors, e.g. retail, hospitality and leisure. We will develop a hub for new and small enterprises offering businesses training and support in local growth sectors, e.g. life sciences; construction, retail, hospitality and leisure.

In addition, we are establishing the White City FrontLine Job Shop on Bloemfontein Road in response to requests from local people for a job support centre on the doorstep of White City residents and job seekers.

<b>OBJECTIVES</b>
4,500 new homes of different types (including family houses)
1,260 student units
10,000 new jobs on the industrial land to the east of Wood Lane
More community facilities
More public and private open space
Public transport improvements

## Old Oak Opportunity Area

Old Oak comprises over 127 hectares of developable land and is part of the Park Royal Opportunity Area. It is located on the edge of Hammersmith & Fulham, but is adjacent to three other boroughs – Brent, Ealing and Kensington and Chelsea. It comprises railway lands and low density industrial uses and is bound by Wormwood Scrubs to the south, Kensal cemetery to the east, Harlesden to the north, and Park Royal to the west. The Grand Union Canal runs through the centre of the area as do a number of railway lines, making redevelopment difficult and requiring imaginative solutions.

At present the area is land locked with poor local transport access. This has led to a pocket of sustained deprivation in terms of employment opportunities and housing despite being located so close to London's major wealth creating areas. In total, 15 out of the 33 Super Output Areas within 0.6 miles radius of Old Oak Common are in the worst third of deprived areas nationally (IMD 2010).

Following H&F Council's high profile campaign the Government announced in 2012 that, as part of the proposed High Speed rail line between London and Birmingham (to be operational from 2026), there will be a major HS2/Crossrail and Great Western Main Line interchange located at Old Oak Common, which could be the best connected station in the UK with links to:

- Central London and Heathrow (approx 10 mins)
- Canary Wharf (approx 20 mins)
- Birmingham (approx 40 mins)
- Paris (approx 2 hours)

The Council has developed a vision for the Old Oak area in collaboration with the Greater London Authority, Transport for London and the London Boroughs of Ealing and Brent, which could lead to 19,000 new homes and 90,000 jobs located within the area. It also offers the potential to improve access to Wormwood Scrubs which could significantly improve the health and wellbeing of local residents by providing them with opportunities to be physically active outdoors.

The Council, in partnership with the local community, is delivering a series of jobs fairs in Old Oak aimed at supporting job seekers, particularly those with children, to access vocational training and employment.

<b>OBJECTIVES</b>
90,000 jobs in the area
19,000 new homes in the area

### Shepherds Bush Market area

Shepherds Bush Market is identified in the LDF Core Strategy and the White City Opportunity Area Planning Framework as a priority location for town centre regeneration. The market has been in decline for a number of years due to lack of investment in its upkeep, promotion and improvement. The Council has encouraged a scheme to be brought forward through the assembly of adjoining land (including its own land ownership) that has the capacity to generate sufficient Section 106 funds to catalyse the regeneration of the market.

An outline planning permission was granted in March 2012 for a scheme of development that contains 212 new residential units and sets out a fully committed £6.9m of S106 investment in repairs and improvements to the market together with business support and funding.

The Council seeks to secure the long term future of the market and a vibrant mixed use destination providing a new focus in the western part of the town centre. The locally loved Bush Theatre has been relocated to the former Shepherds Bush library building and has added considerably to the cultural life of the area.

The Council has facilitated the development of regeneration proposals for the market primarily through the adoption of a Supplementary Planning Framework and land assembly (including acquiring land directly and in future through its CPO powers if necessary).

<b>OBJECTIVES</b>
212 new homes built
£6.9m invested in improvements to the market

### King Street

Residents will be at the heart of new proposals to regenerate the area around Hammersmith Town Hall - with a height limit of eight storeys for any new developments, i.e. no higher than the current Town Hall extension, which needs to be demolished.

There will be new homes and jobs, a new civic centre and a new public square off King Street with improved access to the river.

### Hammersmith Riverside

Hammersmith is a vibrant town centre, attractive to developers and home to many multinational companies Yet its continued growth is subject to constraint by the multi-lane A4 highway that runs east to west across the borough and which features the ½ mile-long Hammersmith Flyover at its heart.

This Flyover is a mid-20th century solution to the traffic problems of west London but it is not one that will be sustainable long into the 21st century. This elevated section of the A4 has divided our town centre for decades – magnifying traffic noise and polluting our air in the process. As a result, the time has come to replace it and stretches of its approaches with a tunnel – a ‘flyunder’ - to carry the vast volume of longer-distance traffic that crosses the borough each day but has no other business in it. Cities such as Paris, Madrid, Boston and Seoul have embraced tunnelling as a way of reconnecting and reclaiming their communities from sprawling motorways and now west London is ready to benefit economically, socially and environmentally in just the same way.

Replacing the Hammersmith Flyover and its approaches with a ‘flyunder’ has been an idea in gestation for some years. A 2008 submission for the London Festival of Architecture would

have placed the A4 in tunnel from just west of Hammersmith Town Hall to the Hogarth roundabout in Chiswick and, further east, removed the Flyover, redirecting traffic to and from central London around the town centre instead.

In 2012 The West London Link group - made up of architects, consulting engineers and local businesses - unveiled its ideas for replacing the Flyover and a large swathe of the six-lane highway with a tunnel. In doing so, the group showed how the land above could be transformed by building new homes, creating more green space and reconnecting both Hammersmith town centre and many previously-severed streets with the River Thames. Historically the river had been an integral feature of life in Hammersmith but was ostracised by tarmac and traffic when the A4 was extended eastwards in the 1950s.

Despite the recent repairs to the Hammersmith Flyover, further works costing some £60 million are shortly due to take place. This sort of spending is simply unsustainable, especially as West London Link estimates that the structure will need to be replaced, possibly within as little as fifteen years. Even though TfL forecasts that the Flyover will have a much longer life once the repairs have been completed, we believe now is a good time to consider alternatives. Any direct replacement would take at least two years to construct and would involve disruption both for the borough and for transitory traffic. Several options exist, ranging from a short tunnel to directly replace the Flyover, to our preferred option of a longer tunnel from the Hogarth roundabout, near the end of the M4, through to Barons Court. Such a tunnel, around two miles in length, would allow the greatest potential for contributing to the cost of construction through land recovery and suitable redevelopment.

We look forward to working with TfL, our residents and the local business community to consider the various options for a tunnel which, if implemented, will lead to nothing less than an urban renaissance in Hammersmith.

## **Economic prosperity and employment**

The Council's ambition to deliver and influence more effective responses to the socio-economic challenges facing the borough has economic growth, business investment and prosperity and employment opportunities at its core. These challenges include responses to vexed issues like understanding the real causes of high localised unemployment in an area of high vacancies; why we have high new business start-ups yet high business closures and why we have a highly qualified resident population yet deprived areas which feature in the top 10% most deprived areas nationally.

The Council's Economic Development, Learning & Skills team works with entrepreneurs, businesses, 3rd Sector organisations, Job Centre Plus, training and support agencies and employers to ensure that residents and resident businesses benefit from a raft of services and initiatives which seek to address these challenges; deliver customer responsive services and promote the borough as a good place to do business.

Our work aims to achieve social regeneration by reducing welfare benefits dependency and unemployment; creating opportunity through learning, skills and employment as well as securing and supporting inward investment to stimulate growth within new sectors of the economy and create new jobs for residents, whilst ensuring that the existing business base is also supported to compete and flourish in the changing competitive climate. This objective sits well alongside the Council's ambition to regenerate deprived parts of the borough.

We have had some success and over the last year alone (i.e. 2012/13) council services at The Work Zone and OnePlace assisted 974 residents into work; 229 of whom were aged under 25 years. In addition, our retail apprenticeship programme has secured more than 130 opportunities for residents to earn whilst they gain the qualifications needed to build a sustainable career.



In tackling unemployment, we will build our strong partnership with Job Centre Plus and work collaboratively to increase the employment rate; sustainable career paths and financial inclusion particularly in areas with concentrations of deprivation, e.g. social housing estates.

Hammersmith & Fulham has been chosen to initiate the National rollout of Universal Credit, and we look forward to showcasing our ground breaking work which sees JCP staff working in council offices and council staff embedded in JCP offices to deliver seamless services. We are, therefore, well placed to pioneer online services for Universal Credit and Jobsmatch, respond to employers' increasing demands for online recruitment and equip job seekers to compete for jobs digitally.

We welcome Jobcentreplus' Flexible Support Fund in the borough and commitment to work pro-actively and innovatively on the White City Neighbourhood Community Budget.

The business investment team gave advice and support to 1,451 businesses and over 300 businesses attended the H&F Means Business event. Indeed, H&F won Highly Commended, second place, in the London Councils' Best Overall Business Friendly Borough in London competition 2013.

Looking forward, the Council's business investment priorities will continue to focus on comprehensive engagement with borough businesses to bolster development, investment and retention; opening up procurement opportunities to small & medium sized enterprises; high street vitality and starter business support.

We will continue to work with HammersmithLondon (Business Improvement District), West Ken Town Team, Shepherds Bush and Fulham Business fora, Federation of Small Businesses and other partners to maintain high business satisfaction with the borough and to ensure that regeneration acts directly as a catalyst for growth and investment.

We will continue to 'link people with places' and ensure job openings, vocational skills training and self employment/enterprise options are included

in negotiations with land owners and developers across the various regeneration major sites. Last year more than 1,300 apprenticeships and trainee placement commitments for residents were secured, alongside commitments to local labour recruitment targets (15%) and early notification of job vacancies, whereby local residents will have the opportunity to apply for jobs in advance of wider public advertisement.

We will continue to fund 3rd sector services which seek to assist residents to adapt to the welfare reform agenda; reduce dependency on welfare support; empower claimants to have a greater say in the management of their finances; place greater emphasis on securing sustainable employment and independent economic wealth. In doing so our objectives for 3rd sector provision will be to:

- Build financial capability so that residents take a more pro-active and informed role in improving their economic circumstance.
- Motivate residents to consider employment and training opportunities as a route out of poverty and welfare benefits dependency.
- Address low skills attainment by offering information, advice and guidance support and referral to employment support and careers services.

**OBJECTIVES**

Reduce the Job Seekers Allowance register to fewer than 4,500 people by March 2014 (10% reduction from March 2013 register) and continue year on year reductions in line with targets set annually.

Reduce the 16-24 claimant rate by 20% to March 2014, reducing the numbers of people aged 16-24 claiming job seekers allowance to approximately 1,100 and continue year on year reductions in line with targets set annually.

Reduce the number of long term unemployed (12 months or more) by 10% by March 2014 (equating to 775 people and a reduction of 100 from the March 2013 register) and continue year on year reductions in line with targets set annually.

## Adult Learning and Skills

The Council's Adult Learning & Skills Service (ALSS) has continued to build on its success in providing high quality adult education courses to H&F residents. Following a successful Ofsted Inspection in June 2010, the service received Beacon Status from the Learning Skills Improvement Service (LSIS) in 2011. In January 2012, ALSS merged with the Economic Development team in order to deliver seamless employment and training solutions.

The Service will continue to offer a wide range of courses (currently over 400 courses to over 7,000 learners) to both residents and other learners, both at its dedicated Macbeth centre in Hammersmith and across the borough in over 20 schools and community venues. ALSS will continue to work in partnership with the community and voluntary sector and provide courses in a variety of community venues during the day, evenings and weekends.

A broad curriculum will be offered covering three main strands:

- 1) Skills for Work and Employment - including a range of nationally accredited vocational courses leading to employment or further study;
- 2) Personal and Community Development - including courses in Family and Community learning, Mentoring courses and an Agewell programme for older learners;
- 3) Entry into Learning and Skills for Life - including courses offered at Entry level, level 1 and 2 in English and Maths and English for Speakers of Other languages (ESOL) and provision for adults with learning difficulties or disabilities, focusing on independent living skills.

### ALSS STUDENT RETENTION, ACHIEVEMENT AND SATISFACTION RATES

YEAR	Retention	Achievement	Satisfaction
2008-09	95%	88%	88%
2009-10	94%	94%	91%
2010-11	89%	90%	93%
2011-12	91%	93%	94%

### OBJECTIVES

Adult Learning & Skills Service judged good or outstanding in future Ofsted inspections

Year on year increase in the number of borough residents attending adult education courses across the borough

Year on year increase in the number of borough residents achieving qualifications

Year on year increase in the number of borough residents developing skills for employment

# Providing better housing opportunities

We want to rebalance the local housing market in providing more local residents with the opportunity of stepping on to the ladder of home ownership. Homebuy sales continue to provide a step up the housing ladder for local residents on moderate incomes along with increased discounts for the Right to Buy. We will also explore innovative ways to introduce home ownership, including part ownership, to a wider range of residents. For council tenants, we will look to provide an opportunity to buy a part share of their home and investigate a scheme to provide incentives for them to buy in the private sector. For the many social housing tenants in the borough the priority will be to ensure they are provided with effective services.

## Building a Housing Ladder of Opportunity

The Council will implement its new Housing Strategy, "Building a Housing Ladder of Opportunity." This sets out priorities to increase levels of home ownership and focusses on three key objectives:

- Delivering major economic and housing growth;
- Tackling economic and social deprivation;
- Managing a better, streamlined council housing service.

At the same time the Council will implement a suite of policies in support of these objectives:

- The Tenancy Strategy will maximise the use of social housing resources in the borough through the use of fixed-term tenancies;
- The Scheme of Allocation will give greater priority to households who are working or making some other form of community contribution, including ex-service personnel;
- The Homelessness Strategy will ensure the Council continues to provide services for vulnerable people and to use new flexibilities for the use of private sector accommodation.

We will use new arrangements for the management and repair of council homes to drive up the effectiveness of the service to residents. We will use our new Tenancy Agreement to strengthen our response to anti-social behaviour issues.

The Housing Estate Improvement Programme will be extended to other estates to ensure that we are providing local solutions to issues that concern our residents. While the proposed Joint Venture company will introduce the expertise and resources of a private sector partner to assist with the delivery of new homes on sites within the borough.

## Direct delivery

Further to the freedoms and flexibilities introduced by the Localism Act 2011 and the Housing Revenue Account Reform - together with the Council's adopted Housing Strategy (2012) the Council is able to undertake housing development directly, without the need to utilise the Council's arm's length special purpose vehicle arrangements that have previously been put in place.

The three main strands of direct delivery currently being actively pursued by the Council are:

1. Hidden homes programme for small sites - generally less than 5 units per site;
2. Innovative housing built using modern methods of construction for intermediate sites – generally between 5 - 50 units per site;
3. Housing & regeneration Joint Venture to deliver on selected larger Council owned development sites - between 50 - 200+ units per site.

## Housing & regeneration Joint Venture

In order for the Council to deliver at scale on selected larger Council owned development sites, it is considered appropriate for the Council to partner with a credible private sector partner, experienced in effectively managing large scale developments and delivering high quality residential accommodation fit for purpose for the intended end user market. In November 2012 the Council initiated an OJEU procurement exercise to identify a private sector partner to establish a long term (15 years) Joint Venture. Two initial sites have been agreed to be redeveloped through the Joint Venture.

<b>OBJECTIVES</b>
Implement the new housing strategy: 'Building a Housing Ladder of Opportunity'.
Increase to 40% the proportion of social housing lettings to households who are working or making another form of community contribution.
Introduce schemes to increase opportunities for council tenants to move into home-ownership.

# Providing a top quality education for all

## Pre-school

In July 2011, the Council reconfigured its family support services in recognition of the importance of early intervention to prevent issues from escalating, placing greater focus upon improved outcomes for children and their families, and strengthening family support provided to Hammersmith & Fulham residents. Locally based multi-disciplinary family support locality teams were created along with 16 children's centres, providing services focused on improving outcomes for the most vulnerable children and families within the borough.

In addition, Children's Centres across Hammersmith & Fulham continue to provide a range of important early childhood services to LBHF residents from 16 locations. They continue to offer a range of 'universal' support services to all children aged 0-5 years and their families, for example Stay and Play, Baby Massage, Health Development checks, complemented by a range of services focused on children and families with additional needs, for example parenting courses and returning to work. This followed a policy shift by the Coalition Government towards 'targeted' services in 2011, emphasising the importance of early intervention particularly, but not exclusively, for children and families in the early years. The Children's Centre staff use a range of approaches to identify families in need of support, working closely with the local community and collaborating with a network of partner agencies, for example health visitors and midwives, providing a range of early and integrated support to children and their families

The early help provided by the Children's Centres has a particular emphasis on getting children ready for school, using the Early Years Foundation Stage (EYFS) framework to focus on three prime areas of learning critical to making sure children develop healthily and happily. These areas form the foundations on which children can then master the basic literacy skills they need for school. Parents are provided with clear information on how their children are doing, and a new progress check for

every two year old in early education has been introduced, to ensure that children are developing well and any problems will be picked up early.

Families using Children's Centres are provided with activities and sessions through the Boost programme. This enables children to be fed healthy nutritious food and engage in lots of active play so that they grow up a healthy weight and learn to be active through life.

In September 2013, the Government introduced a new national scheme providing early education for some 2 year olds from low income families . Eligibility is based on financial criteria, providing entitlement to a free part-time early education place. Children are also entitled to a free place, regardless of financial eligibility, if they are looked after by the local authority (e.g. foster care). These places can be taken up at a nursery or through a children's centre, with a child-minder or a selected number of nursery and primary schools. The predicted number of families expected to be eligible within Hammersmith & Fulham is 585.

The Community Champions in Old Oak, Edward Woods and White City have been active in promoting support for parents of young children, organising family fun days, children's activities and promoting child oral health.

## Primary and secondary schools

Both primary and secondary schools in Hammersmith & Fulham have continued to build on previous success and we want to ensure that these improvements continue into the future.

Along with shared key measures across all three 'Tri-borough' local authorities, a "mandate" has been agreed which specifies the educational outcomes we expect in Hammersmith & Fulham.

In particular, we will:

- Develop services to enable every child, including those with special educational needs and disabilities to reach their full potential in education.
- Improve standards in all of our schools with a view to meeting the following targets:
  - All schools to exceed the government's floor targets;
  - 80% of children to achieve 5 or more GCSEs at grades A\* to C including mathematics and English;
  - 100% of our schools to be judged as 'good' or 'outstanding' by Ofsted and continuing to make good progress.
- Improve the educational attainment of children in care.
- Address some of the barriers which prevent achievement in school, e.g. Hammersmith & Fulham has one of the highest proportion of children with English as an Additional Language [EAL] nationally.
- Expand popular schools and support the establishment of free schools and academies in order to give parents a choice of excellent schools to best meet their children's needs.
- Encourage schools to work in collaboration, e.g. through hard federations and academy clusters.
- Intervene where schools are under-performing to secure sustained and rapid improvement.
- Develop our services for children with special educational needs.
- Improve school attendance.
- Provide a range of development opportunities to enable children to enjoy learning at school. For example, continue to extend the range of volunteering activities to young people which enable the development of transferable skills.
- Promote high aspirations for the future of young people, beyond statutory education, and assist them to make successful transitions to further and higher education, employment and training.
- Develop our School Organisation Strategy in coordination with other local authorities in the Tri-borough area, ensuring that a range of provision is in place, and that sufficient school places are available to meet the changing demography of the area.
- Continue to investigate whether other education services could be delivered on a Tri-borough basis; ensuring the most efficient use of resources and expertise across the three boroughs.
- Launch a new employability passport to give extra help to young people across Hammersmith & Fulham so that they are better prepared to find their first job once they leave school.
- Implementing the Government's new vision for School Nursing to improve health and wellbeing outcomes for school aged children. This includes school nurses working with families and pupils to reduce health related school absence, providing support to children with medical needs and disabilities within the school environment, championing and supporting young carers, and training and advising school staff on health related issues and healthy school policies.
- Evidence based school health promotion programmes are being developed to address children and young people's priority health issues: emotional health and wellbeing, obesity and nutrition and oral health.
- Increase the rates of children who are a healthy weight at the start and end of primary school.
- Increase the amount of physical activity all children undertake.
- Reduce the numbers of children who start smoking.
- Make sure teens have the right advice about sexual health and contraception.
- Increase the number of 16-19 year olds who are in employment, education and training [EET].
- Increase the number of care leavers who are in employment, education and training [EET].

<b>OBJECTIVES</b>
Develop services to enable every child, including those with special educational needs and disabilities to reach their full potential in education.
Improve standards in all of our schools with a view to meeting the educational targets outlined above.
Increase the number of 16-19 year olds (including care leavers) who are in employment, education and training.

# Providing a cleaner, greener borough

## Waste collections and street cleansing

Clean streets and reliable waste collections are amongst the top priorities for the Council. Resident satisfaction with street cleanliness rose from 69% in 2011/12 to 74% in 2012/13. Providing higher standards of cleanliness also helps to discourage crime and antisocial behaviour, and is essential in regenerating the area.

In caring for our surroundings and improving the street scene, we want to develop a renewed sense of shared responsibility for enhancing the area that we live or work in. The Council's Waste and Street Scene Enforcement team want to work with residents and businesses to operate a zero tolerance approach to littering, fly tipping, and dog fouling, and take robust action against offenders where appropriate.

In common with a number of other authorities, there has been problems with contamination of recycling by some residents and businesses. We will continue to work hard to communicate clearer messages to make recycling easier, and to listen to your feedback to help us help you to recycle more effectively. This will contribute to reduced waste disposal costs. Residents can assist in spreading the simple message to their neighbours that we expect householders to manage their waste responsibly and put it out "in the right way, on the right day".

The Council examines feedback from residents to see how it can improve its services. Attention to detail is important, and the Council will continue to work with its contractor to ensure containers are properly returned to properties after waste collections and that spillages are avoided, if at all possible, or cleared up quickly by street cleaners should they occur.

### OBJECTIVES

Reduce the amount of residual waste collected per household.

Increase the percentage of household waste sent for reuse, recycling and composting to over 25% and reduce the amount that is contaminated.

Seek to improve our street cleansing standards working with our citizens to improve environmental behaviour and reduce flytipping.

## Parks

The Bi-Borough Parks service works to provide good quality parks, cemeteries, leisure and ecological services to the residents of the London Borough of Hammersmith & Fulham and the Royal Borough of Kensington and Chelsea. This involves working with a number of stakeholders, contractors and partners in order to build upon and enhance the standards of parks and open spaces across the area.

The quality of parks and other open spaces in H&F has been formally recognised by the achievement of a number of service awards including the following:

- 10 Green Flags awarded to parks in LBHF (2013);
- LBHF's cemeteries have been awarded a Silver rated service in the Charter for the Bereaved;
- London in Bloom (LBHF) - Gold award for Ravenscourt park and Silver Gilt award for all parks in the borough (2012);
- GLA Safer Park Awards (LBHF) - 4 Silver Awards for South Park, Bishops Park, Normand Park and Brook Green (2012).

In the immediate future there are plans for a major refurbishment of Wormholt Park, focusing on safety and accessibility. There are also plans for improvements to the South Park multi-use games area. We also plan to maintain and improve upon the 10 Green Flag awards. The Council's new public health responsibility affords us the opportunity to consider whether our parks are exploiting all the opportunities to promote health and wellbeing for local residents



In the longer term, and dependent upon funding being secured, there are plans for a large scale refurbishment of Ravenscourt Park. There are plans to improve accessibility in all parks, particularly playgrounds, and to improve existing, and install new, sports facilities. The ambitious target is to achieve 15 Green Flags by 2015.

<b>OBJECTIVES</b>
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Increase the number of parks awarded Green Flags.
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## Water management

In London, as in many other major cities around the world, our management of water as a resource has become unbalanced. We are failing to address the increasing pressure that a growing population places upon this resource, nor are we adapting our water management systems to cope with more varied and unpredictable changes in precipitation.

Most major urban centres in the Western world developed around major river systems. Problems of public health were managed through improved water supply and effective disposal of sewage and waste water. In London this was championed by the Victorian engineer, Joseph Bazalgette, in designing combined sewerage and water drainage systems around those river systems. Today those major cities have much greater populations and have expanded into sprawling metropolises, concreting over much of their green spaces. This has resulted in the need for new thinking in water and sewage management to avoid the overloading of combined sewerage and surface water drainage systems and the waste of valuable fresh rain water.

In 2012 the wettest April to June on record took place in the UK, with floods throughout the country, and yet a hosepipe ban was in force in the South East at the same time. This anomaly is due to the fact that we lack an integrated water management strategy. During periods of heavy rainfall in London the combined sewerage system can become overloaded with surface water run-off, which can result in overflows of raw sewage into

the River Thames. During dry periods we find we have a water shortage because we haven't retained our surface water.

Hammersmith & Fulham Council's Water Management Policy, adopted in 2013, is a first step to ensuring that the authority uses its powers and undertakes its statutory duties to maximise best practice in every sphere, including within its own substantial assets to address local, national and European requirements for better and more sustainable water management. In implementing this policy, the Council is facilitating and initiating a wide range of works to introduce sustainable drainage systems (SuDS) across the borough.

<b>OBJECTIVES</b>
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Expand sustainable drainage systems and green infrastructure across the borough.
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Crime levels in Hammersmith & Fulham have seen significant reductions in recent years, with 2012-13 seeing the lowest levels of crime in the borough since recording began. Despite this encouraging performance crime and antisocial behaviour remain important concerns for residents of the borough and it is our priority to continue to reduce crime and provide a safer environment for those who live in, work in and travel through our borough.

## Crime data

There were 21,747 total crimes in the borough in 2012-13. This compares to 23,373 in the preceding year and an average of 24,810 offences per annum between 2003-04 and 2011-12. Within the context of this 10 year period, 2012-13 saw the lowest levels of crime in a number of categories, including Violence Against the Person, Personal Robbery, Residential Burglary, Motor Vehicle Crime and Criminal Damage. Offences that saw an increase in the last year included Theft of Pedal Cycle, Fraud & Forgery and Sexual Offences.

The number of criminals being caught and brought to justice by the police has also increased, with the number of crimes resulting in a sanctioned detection (i.e. an offence which results in a charge or caution) rising from 25% in 2011-12 to 29% in 2012-13.

## Partnership activity

Since 2007 Hammersmith & Fulham Council has invested over £1million a year to provide extra police in our town centres over and above established police numbers. This will continue in 2013-14, with an extra 42 police officers being paid for by the Council and local businesses (Westfield and Hammersmith London). In addition the Council's Safer Neighbourhoods Division works closely with the police to detect and prevent crime using the Council's comprehensive CCTV network, to close premises where drugs are sold, to evict anti-social neighbours and to enact dispersal zones in areas where residents have concerns about crime and antisocial behaviour. The Council also supports innovative approaches to detecting crime, such

as funding automatic number plate recognition (ANPR) systems and tracking equipment to be used in sting operations to catch offenders committing vehicle theft and burglary.

The police and Council work with the community to prevent crime through a thriving Neighbourhood Watch network in the borough. There are now over 260 streets with active Neighbourhood Watch schemes in them, compared to six schemes operating in 2005.

The new neighbourhood policing model commenced on 24th June 2013. Under this model the police will have greater flexibility to target their own street resources to areas where crime is most prevalent and, therefore, have a significant impact on the levels of overall offending within the borough.

## Consultation

In order to establish borough crime priorities the Council has undertaken an unprecedented level of public consultation, with almost 1,000 responses to the Annual Residents Survey and 1,700 people responding to the specific Crime Consultation. At a more local level the Council and police, in association with the Mayor's Office for Policing & Crime (MOPAC), have been running a series of crime roadshows across the borough, allowing us to develop partnership action plans to tackle the local issues that people have in their streets. The main crime types that concerned our residents were Burglary (59%), Robbery (49%) and Motor Vehicle Crime (48%). 61% of respondents reported feeling very or fairly safe when outside in their neighbourhood after dark, compared with 88% in the daytime.

We will continue to consult on crime and disorder to inform the future strategic assessments. One important aspect of crime we will investigate further will be violence against women and girls. We will map the levels of violence against these groups and consult on a Violence Against Women & Girls Strategy, in partnership with Tri-borough colleagues in Westminster and Kensington and Chelsea.

## Crime priorities

Our local crime priorities are informed every year both by public consultation and by an annual partnership strategic assessment of crime and disorder. The strategic assessment process reviews existing priorities and uses a matrix to “score” crime types to produce a ranked list based upon volume, performance, trends, seriousness and public concern, as well as taking into account social, political, economic, environmental and technological factors. The crime priorities identified from the assessment for 2013-14 are:

- Serious acquisitive crime (focussing on burglary, robbery and vehicle crime);
- Violence, including domestic violence;
- Anti-social behaviour;
- Substance misuse;
- Criminal damage.

Additionally, priority themes identified from the assessment were:

- Public reassurance, engagement and reporting;
- Town centres;
- Young people and gangs;
- Repeat and risk offenders.

In common with the rest of London, the police in Hammersmith & Fulham are also subject to the MOPAC 20:20:20 challenge. In the next five years the police have a target to cut priority crimes by 20%, reduce spend by 20% and increase public confidence in the police by 20%.

There are significant challenges around crime and disorder in the borough, but we have shown that by working together we can drive down crime and make Hammersmith & Fulham a safer place.

## Fire safety

The London Fire Brigade and H&F Council have previously identified the high level of fires in dwellings as a priority for improvement. The London Fire Brigade has a long history of innovative, joint working with adult social care services and by carrying out Home Fire Safety Visits

(HFSV) on those most at risk, the borough has seen a 26% drop in the number of primary fires in dwellings, and the number of people injured in fires has halved (between 2007 and 2012).

However the incidence of fires continues to be high despite these reductions. Fires correlate closely with concentrations of poor physical and mental health, disability, single parent families, social housing and economic inactivity. As such, we will look to expand the HFSV scheme to work with local child and family, housing, employment and health partners.

<b>OBJECTIVES (CRIME AND ANTI-SOCIAL BEHAVIOUR)</b>
Implement the Mayor’s Police and Crime Plan (2013-17) including the 20:20:20 challenge.
Increase positive outcomes for victims of domestic violence through delivery of the Impact project.
Implement recommendations of the 2013 Ending Gangs and Youth Violence review.
Fully utilize new suite of powers introduced by the Anti-social Behaviour Bill.
Reduce reoffending through delivery of the Tri-borough Community Budget pilot.
Implement Local Policing Model and establish Safer Neighbourhood Boards

<b>OBJECTIVES (FIRE SAFETY)</b>
Reduce the number of dwelling fires and associated injuries.
Reduce the number of deliberate firest.
Reduce the number of non-emergency calls to fire alarms and lift release.

# Improving health and wellbeing

Health isn't something we get at the doctor's office. It's something that starts in our families, in our schools and workplaces, in our playgrounds and our parks, on our high streets and in the air we breathe, the food we eat, the water we drink and the homes we live in.

## Future health and social care needs

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 full and active lives 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.

Hammersmith & Fulham has a significantly higher overall premature death rate than the national average. There are around 400 premature deaths a year in the borough. Lung disease, cancer, heart disease and stroke and liver disease are the four main causes of premature death locally.

We recognise that to reduce health inequalities, in addition to providing high quality services for all, we need to provide extra support to the most vulnerable people and to specific communities where certain health conditions may be more prevalent. We will identify the most needy by combining Public Health data with local intelligence gathered from communities to help to focus efforts of mainstream services and, where necessary, to specifically target groups that need extra support.

Looking to the future there are a number of areas where health needs will remain 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 approximately 1,250 people in Hammersmith & 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 that unless we act now it is very likely we will see an increase in obesity and diseases associated with it.
- Over the past year the number of people presenting to our community alcohol support services has tripled. The all-age alcohol-related admission rate in H&F has remained higher than London and England over the period and was the 4th highest in London in 2011/12.
- Child immunisation uptake has improved in the borough but requires constant support to maintain high levels.
- Tooth decay is preventable, yet data suggests oral health is worse among school children in the borough than the London average, and is the most common cause of hospital admission for children and young people.
- Children with complex needs are more likely to survive into adulthood and old age. The life expectancy of children with complex physical and learning disabilities has been improving over time and is likely to lead to an increasing number of children 'transitioning' into adult services each year. Local services have been seeing people with an increasingly complex range of conditions.

- Around a quarter of children in Hammersmith & Fulham were classified as living in poverty in 2012, higher than the national average. This amounts to over 8,000 children, predominantly in the north of the borough. Giving children the best start in life possible is the most effective social and health intervention.
- Smoking is the largest avoidable cause of death and the biggest cause of inequalities. More people smoke in Hammersmith & Fulham than average for London. Supporting people to give up smoking and stopping people starting is the business of councils, GPs, hospitals, schools, the workplace, friends and family. The cost associated with smoking is high and stop smoking services have been found to be among the most cost effective ways to stop smoking.
- The use of other forms of tobacco consumption (such as Khat and Shisha) is a particular issue in the inner London area and use of these substances has a substantial impact on health.
- Hammersmith & Fulham has the 8th highest population with severe and enduring mental illness (SEMI) known to GPs in the country. There continue to be challenges supporting those with SEMI in maintaining good mental and physical health, being in employment, and being in secure housing.
- Inactivity is one of the major causes of disease and early death. Around 1 in 5 people in the borough are physically inactive, doing less than 30 minutes activity per month. Rates in areas of deprivation are lower still. Walking and cycling are activities easily built in to daily life. Using outdoor space is easier if people feel safe.
- More than a third of children of school age in the borough are either overweight or obese - around 6,000-7,000 children locally. The impact and subsequent cost of this is large: nearly half of all diabetes cases and a quarter of all incidents of heart disease can be attributed to excess weight, with it also being a risk factor for cancer later in life. It can also be highly stigmatizing. Early years (0-5 years old) is the time when most dietary habits are acquired and fixed.
- Hammersmith & Fulham has one of the highest reported acute Sexually Transmitted Infection (STI) rates in the country. Whilst the high rate partly reflects effective data collection processes and good rates of screening locally, it also highlights real issues in the local population. The rate of Acute STIs was the 5th highest nationally in 2012, with around a third diagnosed in young people aged 15-24.
- Those sleeping rough in the borough have been found to have very high levels of emergency health care use and poor levels of health which could be avoided with better coordination and support.
- 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 need support over longer periods in future.

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.

It is envisaged that the Health and Wellbeing (HWB) Board and the HWB Strategy will play a significant role in improving health locally through concerted efforts of commissioners and local politicians and residents alike.

## **The vision: Stronger Communities, Healthier Lives**

Our vision for health and wellbeing 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.

### **Priorities**

The Health and Wellbeing 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 in the north of the borough;
- Ensuring that 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 with a focus on those communities most at risk of poor sexual health.

In addition to the above priorities we are committed to improving the lives and life chances of our children and young people in Hammersmith & Fulham and ensuring that children and young people are protected from harm.

### **Public Health**

We will continue to work with colleagues within the Council, local CCGs, third sector and other relevant partners to address a number of health and wellbeing priorities. Activity will include initiatives to reduce inequalities (e.g. conducting a Joint Strategic Needs Assessment on childhood poverty), promote healthy lifestyles (e.g. commissioning in partnership to reduce obesity and increase physical activity), protect health and wellbeing (e.g. smoking cessation, immunization, screening assurance and STI services commissioning) and to address the wider determinants of health (e.g. urban renewal, improving housing conditions and mitigating the impact of overcrowding). There are plans to explore a community programme to target vulnerable groups such as homeless people.

Public Health will re-procure the Health Trainer Service and a smoking cessation service for the local population and carry on procuring NHS Health Checks. We will conduct a Joint Strategic Needs Assessment to assess the use and misuse of alcohol and the health and social consequences of that. These initiatives all target conditions that lead to premature mortality and offer advice to residents to reduce their risk of diabetes, heart disease, stroke and cancer. We will explore and encourage links with local academic institutions to pursue common interest.

### **Child Protection**

We will:

- Ensure children and young people are safe from harm. It is our duty to protect all children which is why we will maintain a high quality social work service during these times of enormous financial pressures;

- Strengthen families, introducing best practice which improves engagement with families and other agencies.

## Corporate parenting

We will:

- Continue to discharge our role as “corporate parents” to ensure that children in care have the same support, encouragement and expectations placed on them that parents would have for their own children;
- Ensure that children who do not live with their birth parents are supported by all agencies to maximise their life chances;
- Ensure children have strong and stable attachments at the earliest possible opportunity, be it in their family of origin or a substitute family according to need;
- Reduce the number of children in care, by providing effective early support and timely permanent placement;
- Find ways to ensure the best possible outcomes are achieved and effective services delivered for children in care, as they transition into adulthood;
- Ensure care leavers are effectively supported to maximise their life chances.

## Children in need

We will:

- Work with all children and young people in need to enhance their life chances. This will include children and young people who experience problems at home including domestic violence, mental health problems, teenage parents and young offenders;
- 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;
- Offer a high quality service to young offenders with a strong emphasis on restorative justice and early help to prevent escalation of difficulties;

- Reduce the level of representation of black young people in the youth offending court.
- Improve the skills of parents of young offenders by involving them in parenting programmes;
- Develop new and innovative investment models for the delivery of public services to children in need, e.g. a project to develop a social impact bond for families with complex needs and in particular, those with children at the ‘edge of care’.

## Early intervention

We will:

- Ensure that children and families receive the help they need at the earliest opportunity;
- Work with partners to improve the quality of early intervention;
- Develop outcomes focused, evidence based programmes to build the capacity of vulnerable families, via the Family Support Locality and Family Recovery Programmes, 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.

## Children with disabilities

We will:

- Involve parents/carers and disabled children and young people in shaping services, so as to ensure that local need is best met;
- Ensure disabled children receive the services and support they need, and provide support to keep them at home with their families;
- Undertake a Tri-borough review of services to children with disabilities to ensure that children with disabilities are supported to live at home wherever possible; to identify the most effective models of early intervention; to improve outcomes for children and their families; to make changes, as appropriate, to meet the requirements of future legislation.

**OBJECTIVES  
(CHILDREN AND YOUNG PEOPLE)**

To enable all children and young people to live safely, and ensure that they are not at risk of harm.

To continue to discharge our responsibilities as corporate parents to ensure that children in care and care leavers are safe, healthy, and succeed.

To carry out the right intervention at the right time in order to improve the life chances and wellbeing of children in need, and where possible meet the needs of children and young people receiving these services in a more cost effective way.

To ensure that all children with disabilities are given the maximum opportunities to enhance the quality of their life and succeed.



 the low tax borough	<b>London Borough of Hammersmith &amp; Fulham</b>  <b>HEALTH &amp; WELLBEING BOARD</b>  <b>4 November 2013</b>
<b>Joint Health &amp; Well-being Strategy: Update</b>	
<b>Report of the Tri-borough Director of Adult Social Care</b>	
<b>Open Report</b>	
<b>Classification - For Decision</b>  <b>Key Decision: No</b>	
<b>Wards Affected: All</b>	
<b>Accountable Executive Director: Liz Bruce, Tri-borough Director for Adult Social Care</b>	
<b>Report Author:</b> David Evans, Service Development Projects Manager	<b>Contact Details:</b> Tel: 020 8753 2154 E-mail: david.evans@lbhf.gov.uk

## 1. EXECUTIVE SUMMARY

- 1.1 The Joint Health & Well-being Strategy (JHWS) is currently out for consultation and is expected to be presented to the Board for final agreement when it meets in January 2014. At the Development Workshop on 8 October a point of discussion was that the strategy priorities need to be more precise and definitive. The Board is asked to consider how the priorities should be more clearly defined.
- 1.2 The Board is asked to consider how it relates to existing governance arrangements for each of the strategy priorities and its role is in progressing the strategy.
- 1.3 The report also highlights an issue which has arisen for Housing and Adult Social Care to share information more effectively on sheltered housing. This is the second time which this matter has been brought to the Board's attention, having been first reported in June 2013. Further action for the Board would be to raise the issue with the Cabinet Member for Housing and the Director of Housing.

## **2. RECOMMENDATIONS**

### **2.1** The Board is asked to consider:

- Its role is in progressing the strategy if the Board is not to duplicate and potentially to confuse existing governance arrangements.
- That each member consider how the Health & Well-being Strategy priorities can be more clearly defined and specified.
- The Chairman of the Board write to the Cabinet Member for Housing and Director for Housing to engage them in the delivery of the priority for better access for vulnerable people to sheltered housing.

## **3. HEALTH & WELL-BEING STRATEGY PRIORITIES**

### **3.1** The priorities agreed in June 2013 for the consultation are:

- 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.

**3.2** The Health & Well-being Strategy will develop over time, given the current scale and pace of change within the health, social care and public health economy it is unlikely that the all of the priorities are going to remain current and relevant for more than two years and the strategy needs to be sufficiently dynamic to reflect the pace of change.

**3.3** The consultation process over the coming weeks will provide opportunities to ensure that the priorities are more specific and defined as highlighted at the workshop on 8 October.

## **4. UPDATE ON PROGRESS AGAINST HEALTH & WELL BEING PRIORITIES**

**4.1** Table 1 summarises the issues which have been highlighted for the Board's attention arising from the update reports on each of the priorities. Appendix 1 has summary reports on each of the priorities.

Priority		Red/Amber/Green Rating	Comment
1	<b>Integrated health and social care services which support prevention, early intervention and reduce hospital admissions</b>	<b>Green</b>	There are currently no issues which need additional support from the Board
2	<b>Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate</b>	<b>Green</b>	There are currently no issues which need additional support from the Board
3	<b>Every child has the best start in life</b>	<b>Green</b>	The detail of the priority is being further developed. There are currently no issues which need additional support from the Board
4	<b>Tackling childhood obesity</b>	<b>Green</b>	There are currently no issues which need additional support from the Board
5	<b>Supporting young people into Healthy Adulthood</b>	<b>Green</b>	The detail of the priority is being further developed. There are currently no issues which need additional support from the Board
6	<b>To develop better access to suitable housing for vulnerable older people</b>	<b>Amber</b>	Support from the Board is required regarding information sharing between Housing and Social Care.  <b>Recommendation: The Chairman of the Board write to the Cabinet Member for Housing and Director for Housing to engage them in delivering the</b>

			<b>priority for better access for vulnerable people to sheltered housing.</b>
7	<b>Improving mental health services for service users and carers to promote independence and develop effective preventative services.</b>	<b>Green</b>	There are currently no issues which need additional support from the Board
8	<b>Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.</b>	<b>Green</b>	There are currently no issues which need additional support from the Board
<b>Key</b>			
<b>Red</b>	There are important and significant issues relating to the delivery of this priority which the Health & Well-being Board could address.		
<b>Amber</b>	There are issues relating to the delivery of this priority which the Health & Well-being Board could address.		
<b>Green</b>	There are no issues relating to the delivery of this priority which the Health & Well-being Board can currently contribute to.		

4.2 Table 1 highlights issues arising for the priority; *To develop better access to suitable housing for vulnerable older people* and there is an opportunity for the Board to raise this with the Cabinet Member and Director of Housing to enable further progress to be made on this priority. It should also be noted that Housing for People with Learning Disabilities and for Older People, and Specifically Better Use of Existing Stock is on the forward plan for the 24 March 2014 meeting.

4.3 Each template in Appendix 1 has details of the governance arrangements for each priority, which are summarised in Table 2. The Board is asked to consider what its role is in progressing the strategy if the Board is not to duplicate and potentially to confuse these arrangements.

**Table 2: Summary of governance arrangements for Health & Well-being Strategy Priorities**

<b>Priority</b>	<b>Governance arrangements</b>
Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.	H&F Out of Hospital Board
Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.	Hammersmith and Fulham CCG has the lead role in ensuring that this priority is delivered.  The project is overseen by a Steering Group for the work, reports

	into the Out of Hospital Board and is reviewed on a regular basis by the Governing Body.
Every child has the best start in life	A Tri-borough Working Group has been set up to coordinate outcomes, priorities and action plans and to identify who will deliver on each outcome either on a Tri-borough or single borough basis.
Tackling childhood obesity	Cabinet members for public health steering group, Children Trust Boards.
Supporting young people into Healthy Adulthood	A Tri-borough Working Group has been set up to coordinate outcomes, priorities and action plans and to identify who will deliver on each outcome either on a Tri-borough or single borough basis.
Better access for vulnerable people to Sheltered Housing.	H&F Business Board
Improving mental health services for service users and carers to promote independence and develop effective preventative services.	The Project Executive Group is the joint tri-borough and CWHH senior management team (call the joint SMT in this paper) reporting to their respective lead members and CCG Governing Bodies. An expert group has been set up to act in an advisory capacity to the Project Executive Group and this expert group will be further informed by other stakeholders.
Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.	Public Health responsibilities are governed by Local Authority processes with the ultimate decision making body being Cabinets.  Clinical Commissioning Group responsibilities are governed by CCG process with the ultimate decision making body being CCG Boards.  NHS England responsibilities will be governed according to their structures and processes.

- 4.4 Table 2 illustrates the diversity of governance bodies which reflects whether the priorities are being addressed through Tri-borough or H&F only arrangements. These are operating effectively and the Board needs to establish a consistent reporting model which enables it to focus efforts in areas where it can most effectively have an impact.
- 4.5 The Board offers an opportunity for the governance boards for each priority to refer issues to it, as a senior and influential “problem-solver” or “trouble-shooter” to enable progress where there may be a barrier to achieving the Health & Well-being Strategy objectives. Focussing on this role offers the Board a means of supporting the delivery of the priorities. However, in undertaking this role the Board would also need to have an overview of outcomes and milestones against which to measure progress.

## 5 THE NEXT STEPS

- 5.1 Over the coming weeks a number of consultation events will be held with various community groups and the strategy will be presented to the Health & Adult Social Care Select Committee on 14 November. The final document will be submitted to the Health & Well-being Board on 13 January 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.	H&F Health & Well-being Strategy: Consultation Draft	David Evans Tel: 020 8753 2154	Tri-borough Adult Social Care, 77 Glenthorne Road.

**Health & Well-being Strategy - Priority overview: Autumn 2013**

Joint Health & Well-being Strategy Headline Report  
4 November 2013

<b>Priority 1</b>	<b>Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.</b>
<b>Lead Officer (Lead HWB Member)</b>	Dr Tim Spicer, Chair of H&F CCG (Liz Bruce, Tri-Borough Executive Director Adult Social Care)
<b>Governance arrangements</b>	H&F Out of Hospital Board
<b>Desired outcome</b>	Whole Systems integration becomes business as usual across health and social care (adults); delivering better outcomes for people more efficiently and enabling the delivery of out of hospital strategies.
<b>Progress towards achieving outcome over the period</b>	<p>This report provides an update on some of the key initiatives of the Out of Hospital (OOH) Strategy in Hammersmith and Fulham following the paper prepared for the Board in June 2013.</p> <p>The strategy is set within the wider context of the Shaping a Healthier Future (SaHF) programme and progress has been made within this programme with the design work for Charing Cross local hospital in working with a number of groups and partners. A Patient and Public Representative Group has been established and a Travel Advisory Group has been formed to oversee the travel action plan. There is also an Equalities working group set up to focus on reducing inequalities within the programme's proposals.</p> <p>The CCG <i>and</i> LA are working with partners from across North West London to develop a Whole Systems approach to integration. The NWL programme team have identified a number of modules which will consider new approaches to integrating finance, commissioning and service models to enable the delivery of high quality integrated care. The CCG are working with the programme team to identify how Governing Body members are represented on the working groups for these modules. An Integration Board and Programme Board will provide governance for the programme across North West London. Patients, people who use services and carers will be involved in each of the modules, as well as through an advisory group and forum.</p> <p>Progress has been noted against a number of key initiatives</p>

within the OOH strategy:

1. **Virtual Wards:** Following agreement of the principles of the virtual ward model we have been working with CLCH and the Community Independence Service to develop how the model will operate. This includes designing the pathway for people who are admitted to the virtual ward including referral routes and the roles of the professionals within the multi-disciplinary team that supports it. We are agreeing the model for medical support to the virtual ward and the role of the GP within the multi-disciplinary team. CLCH have recruited five Health and Social Care Coordinators who will be aligned to each virtual ward and GP Network, and have started the recruitment for Community Matrons who are also part of the core team. Our aim is for phase one of the model to be rolled out from December 2013.
  
2. **System One:** The roll out of the System One IT system across GP Practices is progressing as planned. To date 16 GP practices have moved over to the new system and roll out to the remaining GPs is on track. CLCH have implemented System One within two of its District Nursing teams. GP practices and CLCH are working to gain consent from patients for their System One records to be shared between the GP and District Nursing team. The OOH Board will consider at its November meeting options for the further roll out of System One within the District Nursing service and to establish links to the Single Point of Referral (SPOR).
  
3. **Community Independence Service (CIS) Review:** H&F are part of a Tri-borough review of Community Independence Services for which the overall ambition is to put forward in both NHS and Adult Social Care commissioning intentions the proposal to commission jointly a Community Independence Service. The review will propose a longer term solution to providing an integrated and joint Community Independence Service that support the OOH strategy by preventing hospital admissions and enabling timely discharge. The review will also consider the short term improvements needed to move towards this longer term solution. The review will look to build up on existing work to develop CIS services across the boroughs and we have fed in the experience and learning from the H&F CIS service to date. The



	outcomes of the review will feed into the development of the virtual ward model. Emerging findings from the review will be available after October.
<b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b>	To be determined.
<b>Performance (local, regional, national)</b>	To be determined.
<b>Key partners and stakeholders</b>	To be determined.
<b>Budgets related to this work</b>	To be determined.
<b>Other information</b>	No further information

<b>Priority 2</b>	<b>Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.</b>
<b>Lead Officer</b> (HWB Member)	Tessa Sandall Deputy Managing Director on behalf of Dr Tim Spicer, Chair of H&F CCG
<b>Governance arrangements</b>	<p>Hammersmith and Fulham CCG has the lead role in ensuring that this priority is delivered.</p> <p>The project is overseen by a Steering Group for the work, reports into the Out of Hospital Board and is reviewed on a regular basis by the Governing Body.</p>
<b>Desired outcome</b>	<p>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.</p> <p>The WCCCC will provide a hub of services in the north of the borough mainly covering the following wards:</p> <p>College Park and Old Oak Wormholt and White City Askew Shepherd's Bush Green</p>
<b>Progress towards achieving outcome over the period</b>	<p><b>Building Development</b></p> <p>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. Work has started on the procurement for equipping the Centre.</p> <p><b>Clinical Services</b></p> <p>Work has continued with all the organisations that are moving services into the new site. There is now much greater clarity over room usage and utilisation. All the services that were planned on being moved into the Centre will still do so.</p>

	<p>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.</p> <p>Hana Charlesworth, Communications Officer ran the competition to name the Centre and this culminated in the announcement being made at the White City Festival that the Centre would be called Park View Centre for Health &amp; Social Care.</p> <p>A paper was taken to the OSC that asked the committee to consider whether a UCC would be considered at the WCCCC. Work is ongoing to look at the feasibility of some form of unscheduled care provision from the Centre.</p> <p><b>Key Areas of Focus</b></p> <ul style="list-style-type: none"> <li>• <b>IT at WCCCC:</b> The GP Practices moving into the site will all have migrated on to SystemOne by the end of January. This opens up opportunities for collaboration as there will be a single clinical system in use..</li> <li>• <b>Office Space:</b> Significant progress has been made in finalising the space that will be occupied by the providers and ensuring this space meets their needs.</li> <li>• <b>Increasing GP Access:</b> 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 &amp; Fulham.</li> </ul>
<p><b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b></p>	<p>Monitored via the White City Collaborative Care Centre and OOH Boards</p>
<p><b>Key partners and stakeholders</b></p>	<p>The WCCCC is a joint Health and Social Care initiative, progress for the project is monitored via the joint OOH Board.</p>
<p><b>Budgets related to this work</b></p>	<p>None to report for this period.</p>
<p><b>Other information</b></p>	<p>No further information</p>

<b>Priority 3</b>	<b>Every child has the best start in life</b>
<b>Lead Officer</b>	Andrew Christie, Executive Director for Tri-borough Children's Services
<b>Governance arrangements</b>	A Tri-borough Working Group has been set up to coordinate outcomes, priorities and action plans and to identify who will deliver on each outcome either on a Tri-borough or single borough basis.
<b>Desired outcome</b>	<p>We have reviewed the previous outcomes and identified actions with the Children's Trust Board and have focused more specifically on areas relating to health. This is to reduce the potential duplication from identifying outcomes which might also be the concern of other strategic boards such as the Local Safeguarding Children Board.</p> <p>Key outcomes which remain a priority based upon the Hammersmith &amp; Fulham 2013/14 Mandate and the existing Strategic Plan for Children which relate to Health and Wellbeing include:</p> <ul style="list-style-type: none"> <li>• Children and families know where to get the most effective advice and help with their health when they need it</li> <li>• Important information is shared by all key professionals to ensure children's health and safeguarding needs are met</li> <li>• Children are protected from preventable communicable diseases with a particular emphasis on MMR immunisation</li> <li>• Primary health care professionals including health visitors and school nurses are effectively deployed to ensure children's priority health needs are met</li> <li>• Disabled children and their families receive the services and support they need to lead ordinary lives</li> <li>• Looked after children have access to appropriate health services regardless of where they are placed</li> <li>• Children have better oral health</li> <li>• Fewer children are classified as obese as they start and finish their primary education</li> <li>• Children and young people receive support at an earlier stage to improve their emotional wellbeing</li> </ul>
<b>Progress towards achieving outcome over the period</b>	A Tri-borough Working Group has been set up to cross reference priorities identifying where there are shared outcomes and confirming actions which will deliver these. An action plan is being developed to identify outcomes,

	<p>performance indicators, specific actions to deliver the outcomes and proposed timescales.</p> <p><b>Actions Identified</b></p> <ul style="list-style-type: none"> <li>• Ensure that children and families receive the help they need at an earlier stage.</li> <li>• 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.</li> <li>• 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.</li> <li>• Re-commissioning of Children’s Centre services, including a review of opportunities for a Tri-borough approach.</li> <li>• Commissioning of additional childcare places to meet the requirements of the early education offer for two year olds.</li> </ul>
<p><b>Outputs, deliverables, milestones (stages)</b>  <b>Timeline, and deadline for completion</b></p>	<ul style="list-style-type: none"> <li>• Ongoing development and prioritisation of outcomes and action plan by Working Group. Working Group to expand to include other stakeholders as required.</li> <li>• Children’s Trust Board to discuss and sign off action plan</li> <li>• Tri-borough proposals being developed proposing future Children’s Trust arrangements to ensure outcomes and actions of Health and Wellbeing Strategy are delivered and a coordinated approach to any outcomes which are shared across two or more boroughs</li> </ul>
<p><b>Performance (local, regional, national)</b></p>	<p>Further work taking place with Tri-borough partners to identify shared priorities and appropriate performance measures</p>
<p><b>Key partners and stakeholders</b></p>	<p>Further work taking place with Tri-borough partners to identify shared priorities and appropriate performance measures</p>
<p><b>Budgets related to this work</b></p>	<p>To be determined.</p>
<p><b>Other information</b></p>	<p>No further information</p>

<b>Priority 4</b>	<b>Tackling childhood obesity</b>
<b>Lead Officer</b>	Obesity Lead in the Triborough Public Health Team (Health and Wellbeing Board Member – Eva Hrobonova).
<b>Governance arrangements</b>	Cabinet members for public health steering group, Children Trust Boards
<b>Desired outcome</b>	Increase in percentage of children of healthy weight in reception and year 6
<b>Progress towards achieving outcome over the period</b>	<p>Mapping of relevant services and understanding the evidence base for activities has been undertaken.</p> <p>Stakeholder engagement plan is being developed to inform children and family obesity prevention service review.</p> <p>Recruitment of the project officer has been approved and will commence shortly.</p> <p>The Local Authority has the statutory public health function to commission data collection for the National Child Measurement Programme (NCMP). This is an annual national survey in state maintained schools to ascertain the BMI of all children in Reception and Year 6. This activity is carried out by the school nursing service. Arrangements for the NCMP for this year are currently underway including a review of letters to parents and schools to maximise the opportunity for engagement. There is also a new web-based online system for data collection and submission on which staff have been trained. Year 6 will be measured in the Autumn Term and Reception children measured in the Spring Term. Parents of children who are above or below the expected healthy weight range will receive a letter with their child's measurements together information about the advice and support available.</p>
<b>Outputs, deliverables, milestones (stages)</b>	A two tier programme approach is planned comprising of - first tier as a whole population (Triborough) intervention approach and the second a geographically defined small area, targeted spectrum of interventions approach to deliver

<p><b>Timeline, and deadline for completion</b></p>	<p>tangible results over and above those achieved by services to date while gathering local evidence of effectiveness to be used in future commissioning across the tri-borough.</p> <p>Key deliverables:</p> <ul style="list-style-type: none"> <li>• Recruitment of a project officer</li> <li>• Production of an engagement and project plan</li> <li>• Identification of stakeholders and stakeholder engagement</li> <li>• Indicators and monitoring mechanism to be defined.</li> <li>• Mapping of relevant services and understanding of the evidence base for activities currently undertaken.</li> <li>• A new integrated approach to prevent children and family obesity, including a wide ranging review of relevant services offered across Tri-borough. This will ensure that the new children and family obesity prevention service is complementary to, and aligned with, other related services e.g. Children’s Services, Sport and Leisure Services, School Nursing Services.</li> </ul> <p>The timeline for commissioning and procurement is as follows:</p> <ul style="list-style-type: none"> <li>• Commissioning strategy - by 31 March 2014.</li> <li>• Procurement process to commence in April 2014.</li> <li>• New provider or providers to be mobilised and in place by 1 January 2015</li> </ul>
<p><b>Performance (local, regional, national)</b></p>	<p>To be determined</p>
<p><b>Key partners and stakeholders</b></p>	<p>Wider council stakeholders include planning, play, leisure, environmental health, transport, community safety. There is a need to explain and agree their role in achieving this complex process of putting in place effective interventions to support behaviour change.</p> <p>Engaging CCGs through the process of developing their commissioning intentions by highlighting family healthy weight management as one of the commissioning priorities for Public Health in 2014/15.</p> <p>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.</p>

	<p>We are building trust and knowledge of these colleagues and are getting closer to some concrete actions and agreements.</p> <p>A success in this stakeholder engagement is that an urban designer has been seconded to Public Health from Hammersmith and Fulham Planning Department to support the new a Healthy Parks initiative across Kensington &amp; Chelsea and Hammersmith &amp; Fulham. This will include such activities such as maximising the use of parks from groups who under-utilise them, improved design and review of food available.</p>
<b>Budgets and services related to this work</b>	To follow the agreement of the approach after review of current services and need completed.
<b>Other information</b>	No further information



<b>Priority 5</b>	<b>Supporting young people into Healthy Adulthood</b>
<b>Lead Officer</b>	Andrew Christie, Executive Director for Tri-borough Children's Services
<b>Governance arrangements</b>	A Tri-borough Working Group has been set up to coordinate outcomes, priorities and action plans and to identify who will deliver on each outcome either on a Tri-borough or single borough basis.
<b>Desired outcome</b>	<p>We have reviewed the previous outcomes and identified actions with the Children's Trust Board and have focused more specifically on areas relating more specifically to health. This is to reduce the potential duplication from identifying outcomes which might also be the concern of other strategic boards such as the Local Safeguarding Children Board.</p> <p>Key outcomes which remain a priority and relate to Health and Wellbeing of young people are:</p> <ul style="list-style-type: none"> <li>• Young people know where to get the most effective advice and help with their health when they need it</li> <li>• Important information is shared by all key professionals to ensure children's health and safeguarding needs are met</li> <li>• Young people receive support at an earlier stage to improve their emotional wellbeing</li> <li>• Young people are confident about making positive choices in their relationships with others</li> <li>• Young people are less likely to become parents when they are teenagers</li> <li>• Disabled young people make successful transitions to adulthood</li> <li>• Young people attend school regularly and barriers relating to health and wellbeing which prevent achievement in school are addressed</li> </ul>
<b>Progress towards achieving outcome over the period</b>	<ul style="list-style-type: none"> <li>• A Tri-borough Working Group has been set up to cross reference priorities identifying where there are shared outcomes and confirming actions which will deliver these.</li> <li>• An action plan is being developed to identify outcomes, performance indicators, specific actions to deliver the outcomes and proposed timescales.</li> </ul> <p><b>Actions Identified</b></p> <ul style="list-style-type: none"> <li>• Targeting young people in need to enhance their life chances. This will include children and young people who experience domestic violence, mental health</li> </ul>

	<p>problems, teenage parents and young offenders.</p> <ul style="list-style-type: none"> <li>• Effective support for care leavers to maximise their life chances.</li> <li>• Further actions to meet above outcomes will be added as required</li> </ul>
<p><b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b></p>	<ul style="list-style-type: none"> <li>• Ongoing development and prioritisation of outcomes and action plan by Working Group. Working Group to expand to include other stakeholders as required.</li> <li>• Children’s Trust Board to discuss and sign off action plan</li> <li>• Tri-borough proposals being developed proposing future Children’s Trust arrangements to ensure outcomes and actions of Health and Wellbeing Strategy are delivered and a coordinated approach to any outcomes which are shared across two or more boroughs</li> <li>• Consultation with Borough Youth Forum on Strategy and actions with potential for BYF to carry out more detailed work and consultation on specific issues which are not already being addressed.</li> </ul>
<p><b>Performance (local, regional, national)</b></p>	<p>Further work taking place with Tri-borough partners to identify shared priorities and appropriate performance measures</p>
<p><b>Key partners and stakeholders</b></p>	<p>To be determined</p>
<p><b>Budgets related to this work</b></p>	<p>To be determined</p>
<p><b>Other information</b></p>	<p>No further information</p>

<b>Priority 6</b>	<b>To develop better access to suitable housing for vulnerable older people</b>		
<b>Lead Officer</b>	Martin Waddington, (Liz Bruce)		
<b>Governance arrangements</b>	Reports to H&F Business Board		
<b>Desired outcome</b>	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.		
<b>Progress towards achieving outcome over the period</b>	<ol style="list-style-type: none"> <li>1. Near completion of project to identify suitable sites in the borough for potential new build extra care schemes of 25 – 105 units. Report to go to Business Board end of October.</li> <li>2. Links made with H&amp;F Regeneration Planning department to consider new extra care housing within major regen sites in the borough. Links should influence the review of the Regeneration Core Strategy by updating the strategic policies regarding housing to reflect the need for more older people's housing.</li> </ol>		
<b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b>	<b>Deliverable</b>	<b>Timeline</b>	<b>RAG</b>
	1. All key strategic documents to reference housing for older people – JSNA, Market Position Statement	Complete April 2013	<b>G</b>
	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...)	DELAYED	<b>R</b>
	3. Mechanisms are in place to capture structured data from older people about their future housing expectations	In progress Nov 2013	<b>A</b>
	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	At risk Nov 2013	<b>R</b>
	5. There is a process for engaging with developers, which may include plans to release health, housing or social care land for development	On track Oct 2013	<b>G</b>
	6. Understand to what extent unsuitable housing impacts on people's health and care needs as they get older	DELAYED Nov 2013	<b>R</b>
	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	DELAYED Nov 2013	<b>R</b>

	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	At risk November 2013	<b>R</b>
<b>Performance (local, regional, national)</b>	Performance measurements have not yet been benchmarked.		
<b>Key partners and stakeholders</b>	There are on-going issues with partners in Housing, who have not been forthcoming with information (such as details of the review of sheltered housing), which has delayed progress in areas such as piloting improved access into sheltered housing. The new housing allocations policy is still in a transitional stage, so getting access to information on unmet need etc.. is problematic. Links with Health colleagues are yet to be established – this will happen in the second phase of the project (from November onwards).		
<b>Budgets related to this work</b>	There is Capital funding of £957k committed to building more extra care accommodation (Adults' Personal Social Services Grant).		
<b>Other information</b>	No further information		

<b>Priority 7</b>	<b>Improving mental health services for service users and carers to promote independence and develop effective preventative services.</b>
<b>Lead Officer</b>	Shelley Shenker (Liz Bruce, Tri-borough Executive Director Adult Social Care)
<b>Governance arrangements</b>	The Project Executive Group is the joint tri-borough and CWHH senior management team (called the joint SMT in this paper) reporting to their respective lead members and CCG Governing Bodies. An expert group has been set up to act in an advisory capacity to the Project Executive Group and this expert group will be further informed by other stakeholders.
<b>Desired outcome</b>	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.
<b>Progress towards achieving outcome over the period</b>	<p>The joint SMT have agreed the scope of the project, the governance structure as described above and timescales – it is now due to complete in March 14.</p> <p>An analysis has been done of national and local health and social care strategies/mandates to develop a draft joint vision for mental health services.</p> <p>A desktop analysis of needs, spend and performance as benchmarked has also been undertaken. Existing initiatives at national and local level have been collated to show how they support each point of the draft vision.</p> <p>The expert group met on the 9<sup>th</sup> to review the emerging findings from this desktop analysis. The group includes service users, clinicians working in primary and secondary care, council and health commissioners for a range of care groups, housing department representatives and voluntary sector providers.</p> <p>The group members made comments to refine the draft vision, add from their areas of expertise to the list of existing initiatives and suggest new initiatives to build a plan going forward. This feedback is being collated and written up.</p> <p>Next steps are:</p> <ul style="list-style-type: none"> <li>-Draft plan based on outcomes of 9<sup>th</sup> October workshop to go to Joint SMT by early November (date to be confirmed).</li> <li>-Wider consultation with other stakeholders in November and December.</li> <li>-Expert Group meets again in December to refine the plan</li> </ul>

	<p>based on wider stakeholder feedback.</p> <ul style="list-style-type: none"> <li>- Final draft plan to be approved by joint SMT in January</li> <li>- Final approvals, including from HWB from January to March</li> </ul>
<p><b>Outputs, deliverables, milestones (stages)</b> <b>Timeline, and deadline for completion</b></p>	<p>The aim is to develop plan between October 2013 and March 14.</p> <p>A Tri-borough Big Plan setting out clearly:</p> <ul style="list-style-type: none"> <li>• 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)</li> <li>• A map of current services and developments already in progress, including current spend and benchmarking of the 3B spend against other authorities</li> <li>• A summary of the financial context for NHS and Council for the next five years and the implications for service commissioning</li> <li>• A summary of current policy and best practice in mental health services</li> <li>• Identification of key issues and concerns from people with mental health problems and carers to inform priorities for the future</li> <li>• A 3/5 year strategy identifying up to 10 areas for development and the targets to be achieved over that period, to include: <ul style="list-style-type: none"> <li>• Housing</li> <li>• Employment</li> <li>• Health – primary, community, specialist</li> <li>• Care Needs</li> <li>• Active in the Community</li> <li>• Person centred plans and budgets</li> <li>• Carers</li> <li>• Keeping safe</li> </ul> </li> <li>• Performance measurements to show progress towards targets over the strategy period</li> </ul>
<p><b>Performance (local, regional, national)</b></p>	<p>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.</p>
<p><b>Key partners and stakeholders</b></p>	<p>High level commitment is required from Adult Social Care, NHS, Housing and Children’s Services</p> <p>Effective engagement of all stakeholders, particularly service users and carers is crucial to achieve ownership of the Big Plan</p>


<b>Budgets related to this work</b>	Identification and commitment to appropriate resources will be undertaken as part of the development of the strategy and delivery plan.
<b>Other information</b>	No further information

<b>Priority 8</b>	<b>Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.</b>
<b>Lead Officer</b>	Ewan Jenkins (Dr Eva Hrobonova)
<b>Governance arrangements</b>	<ul style="list-style-type: none"> <li>• Public Health responsibilities are governed by Local Authority processes with the ultimate decision making body being Cabinets.</li> <li>• Clinical Commissioning Group responsibilities are governed by CCG process with the ultimate decision making body being CCG Boards.</li> <li>• NHS England responsibilities will be governed according to their structures and processes.</li> </ul>
<b>Desired outcome</b>	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, NHS England)
<b>Progress towards achieving outcome over the period</b>	<ul style="list-style-type: none"> <li>• Review underway of Young People's Sexual Health Services</li> <li>• Negotiations progressing regarding commissioning of GUM services although there have been delays to this process through lack of agreement on some metrics / key performance indicators with Providers.</li> <li>• Agreement reached to increase capacity for sexual health screening in community settings through the existing community Sexual and Reproductive Health Service. Roll out / implementation from 1 October 2013.</li> <li>• Implementation of pilot scheme to offer HIV testing in Primary Care alongside NHS Health Checks and new patient registrations. 14 practices participating in the Tri-Borough. Practice selection took place through an offer to participate to practices in high prevalence MSOAs who were already offering NHS Health Checks. Testing started in July 2013.</li> <li>• Actively participating in planning processes for possible procurement of London Wide HIV Prevention work. Local briefing will take place. Recommendations will be presented to CELC and Leaders' Committee at London Councils.</li> <li>• Actively participating in Expert Advisory Group to the consultation for reconfiguration of HIV Treatment and Care services commissioned by NHS England.</li> </ul>
<b>Outputs, deliverables, milestones (stages) Timeline, and deadline for</b>	<ul style="list-style-type: none"> <li>• Procurement plan for sexual health services passed through Gate 0 at Westminster City Council. Will inform progress towards procurement of all sexual health services over a defined time frame from now to 2015/16.</li> </ul>



<b>completion</b>	<ul style="list-style-type: none"> <li>• Work continuing to finalise Tri-Borough Sexual Health Strategy. Presentation to stakeholders for comment in November 2013.</li> </ul>
<b>Performance (local, regional, national)</b>	<ul style="list-style-type: none"> <li>• Chlamydia screening rates continue to require improvement. A range of service improvement options have now been developed and are under consideration.</li> <li>• Provisional data from Quarter 2 2012 (Apr – Jun 2012) indicate low numbers of conceptions in under 18s in Hammersmith and Fulham. The rate of under 18 conceptions in the borough for the quarter dropped slightly compared to the previous quarter and substantially compared to the same quarter in 2011. The rate is comparable to the London rate and lower than the England rate.</li> <li>• HIV new diagnoses continue to trend upwards both in England and in London. According to the Survey of Prevalent HIV Infections Diagnosed (SOPHID, Public Health England, September 2013) there were 990 people from Hammersmith and Fulham accessing treatment and care in 2012. This is an increase from 967 in 2011. It represents a rate of 7.73 per 1,000 population (aged 15 to 59), the 11<sup>th</sup> highest rate in London.</li> </ul>
<b>Key partners and stakeholders</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The relationship with the West London Alliance Local Authorities is continuing and strengthening. Primarily this supports the collaborative commissioning of GUM services. However, there may be scope to consider collaboration in terms of other services within the sexual health portfolio. This could offer the opportunity to achieve economies of scale as well as improved patient pathways and consistent outcomes.</li> <li>• There is now a named officer in the North West London Commissioning Support Unit with responsibility for small contracts. Those sexual health contracts which were sent to the CCGs are within his portfolio. The Sexual Health Commissioner has met with and is building a relationship with the NWLCSU Small Contracts Manager.</li> <li>• An new London Network of Sexual Health</li> </ul>

	<p>Commissioners has been established and is lead by two of the London DsPH. The Tri-Borough Sexual Health Commissioning team is actively involved. The network offers the opportunity to address and find solutions to areas of common challenge in delivering sexual health priorities at local, supra-Local and London level.</p> <ul style="list-style-type: none"> <li>• Meetings have taken place over the last quarter with all providers of HIV services in the Tri-Borough. This is part of the preparation required to begin a full review of Tri-Borough HIV services.</li> </ul>
<b>Budgets related to this work</b>	<ul style="list-style-type: none"> <li>• GUM budgets represent the largest proportion of sexual health spend from the Public Health grant. Regular and ongoing monitoring of this budget is taking place. A challenge existed in agreeing payment terms with the main local Providers of GUM services, and this has impacted expenditure in year to date. Agreement has now been reached on payment terms and this challenge is now considered to be resolved.</li> </ul>
<b>Other information</b>	No further information

 <p><b>h&amp;f</b> the low tax borough</p>	<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>HEALTH &amp; WELLBEING BOARD</b></p> <p align="center"><b>4 November 2013</b></p>
<p><b>TITLE OF REPORT</b> Update on child oral health improvement initiatives delivered in the London Borough of Hammersmith &amp; Fulham since 2011, including an overview of the 'Keep Smiling Programme,' a school-based outreach programme</p>	
<p><b>Report of the Interim Director of Public Health</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification</b> - For Information <b>Key Decision:</b> No</p>	
<p><b>Wards Affected:</b> All</p>	
<p><b>Accountable Executive Director:</b> Peter Brambleby, Interim Director of Public Health</p>	
<p><b>Report Author:</b> Katie Wright, Senior Public Health Officer, Tri-borough Public Health Service, and Claire Robertson, Consultant in Dental Public Health, Public Health England</p>	<p><b>Contact Details:</b> Tel: 020 7641 4654 E-mail: kwright2@westminster.gov.uk</p>

## 1. EXECUTIVE SUMMARY

- 1.1. Since the publication in 2011 of the Overview and Scrutiny Committee's Child Oral Health Task Group Report and the North West London Child Oral Health Improvement Strategy, much work has taken place to improve the oral health of children in the London Borough of Hammersmith & Fulham. Highlights include:
- Established a cross-agency Child Oral Health Implementation Group
  - A school-based outreach programme (known as the Keep Smiling Programme), which includes the application of fluoride varnish, supervised brushing sessions using fluoride toothpaste and signposting to local dental practices, was successfully piloted in 5 primary schools and 1 children's centre in White City in 2011/12. This has since been expanded to 6 additional primary schools in the borough during 2012/13 and 2013/14.
  - *Brushing for Life* (the distribution of age-appropriate toothbrushes and toothpaste along with oral health messages by Health Visiting teams at child development reviews) has been re-established.

- New oral health resources have been developed to share consistent, evidence based messages with families around looking after children's teeth and finding an NHS dentist locally.
- Every children's centre has at least one member of staff trained in oral health. Oral health training has also been delivered to Localities Teams, Health Visitors, School Nurses, Family Nurse Partnership and Community Champions (in White City).
- Oral health is linked in with the Healthy Schools Programme commissioned by Tri-borough public health: in order to receive Bronze, schools have to meet objectives around healthy eating and oral health is one of the specialist areas schools can work on to achieve Silver.
- A child oral health day was organised for primary school children across the borough in October 2012: every child received a free toothbrush and toothpaste set, sponsored by Colgate, and a 'brushathon' was held at Queen's Park Ranger's Stadium.

## **2. RECOMMENDATIONS**

- 2.1. That the Board note the continued work that has been undertaken to improve children's oral health within the London Borough of Hammersmith & Fulham since 2011.
- 2.2. That the Board advises on avenues for further engagement around oral health and how GP practices might become more integrated with the child oral health pathway, such as in providing simple oral health messages and signposting to dental practices at immunisation visits; and identifying children more at risk of dental disease and signposting them to appropriate dental services.

## **3. INTRODUCTION AND BACKGROUND**

### **Introduction**

- 3.1. In 2011 the London Borough of Hammersmith & Fulham's Education and Children's Services Select Committee published their Child Oral Health Task Group Report, following concerns about the level of dental disease amongst children in the borough, indicated for example by the National Dental Epidemiology Surveys. The same year, the Dental Public Health Team at NHS North West London published their Child Oral Health Improvement Strategy for North West London. The recommendations made by these two documents were used to develop an action plan to improve children's oral health locally, overseen by a newly established multi-agency Child Oral Health Implementation Group. This provided the opportunity to consolidate existing work programmes and prioritise the development of new initiatives within the borough.
- 3.2. The Dental Public Health Team, on behalf of the Child Oral Health Implementation Group, was asked to provide regular updates to the London Borough of Hammersmith & Fulham Education and Children's Services Select Committee on the implementation of the Children's Oral

Health Task Group's recommendations. At the meeting of 16 April 2013, it was agreed that sufficient progress had been made in implementing the recommendations for future oral health updates to be integrated into the general Public Health updates provided to the committee.

- 3.3. This report provides an overview of the main child oral health improvement initiatives in place within the London Borough of Hammersmith & Fulham and the progress made since 2011. These work programmes contribute to the three domain areas of the Child Oral Health Improvement Strategy:
- Making oral health everybody's business and every contact count
  - Integration of oral health with other Public Health and Children's Programmes
  - Increasing children's exposure to fluoride.
- 3.4. The report begins with a specific update on progress with the Keep Smiling Programme, a school-based oral health outreach programme, which was piloted in White City in 2011/12 and has since been expanded to other schools in the borough.

## Background

- 3.5. Despite improvements in children's oral health over the past 30 years, tooth decay remains a significant public health problem, particularly among young children in disadvantaged communities, with the associated dental problems of toothache, abscesses and extractions. The latest survey data (2011/12), for example, show that 28.4% of children within the borough have experience of tooth decay and those children have on average 4 decayed, missing or filled teeth (dmft). Dental caries are the top reason for hospital admissions for children aged 1-18 years in the borough, responsible for 7% admissions. In 5-9 year olds dental caries account for 20% admissions (2010/11 hospital admissions data).
- 3.6. Good oral health is an integral part of general health and well-being. Oral health affects people physically and psychologically and influences how they grow, enjoy life, look, speak, chew, taste food and socialise, as well as their feelings of social well-being.<sup>1</sup> Poor oral health and associated pain and disease can lead to difficulties in eating, sleeping, concentrating and socialising, thereby affecting health-related quality of life with individual and societal consequences.<sup>2</sup> Often dental treatment for young children (such as extractions of decayed teeth) may only be done under general anaesthetic, which is both distressing for the families concerned and carries a financial burden.
- 3.7. The majority of oral disease, including tooth decay, is preventable. The determinants of oral diseases are known — they are the risk factors

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<sup>1</sup> Locker D. Concepts of Oral Health, Disease and the Quality of Life. In: Slade GD, editor. Measuring Oral Health and Quality of Life. Chapel Hill: University of North Carolina, Dental Ecology, 1997, pp. 11-23.

<sup>2</sup> Department of Health. Choosing Better Health: An Oral Health Plan for England. London: Department of Health Publications, 2005

common to a number of chronic diseases: diet, hygiene, smoking, alcohol, risky behaviours causing injuries, and stress.<sup>3</sup> Increased consumption of sugary food and drinks, poor oral hygiene and lack of exposure to fluoride are particular factors which contribute to poor oral health.

- 3.8. The oral health of children has been identified by the Government as a priority area within public health<sup>4,5,6</sup> and a new public health outcome measure has been developed around tooth decay in children aged 5 years.<sup>7</sup> This recognises the need for local areas to focus on and prioritise oral health and oral health improvement initiatives (which can be very effective in preventing tooth decay), and supports the work which is on-going within the borough.

#### **4. SUMMARY OF PROGRESS: KEEP SMILING AND OTHER CHILD ORAL HEALTH IMPROVEMENT PROGRAMMES**

- 4.1. This update has two sections:

- Keep Smiling Programme (2011/12; 2012/13; 2013/14)
- Other oral health improvement workstreams (reflecting a consolidation of on-going programmes and new areas of work).

#### **Keep Smiling Programme (Primary Schools)**

##### **A. Keep Smiling: Overview**

- 4.2. Keep Smiling is an evidence-based programme, including the application of fluoride varnish, supervised toothbrushing sessions using fluoride toothpaste and sign posting to dental practices, delivered on an outreach basis to primary school children aged 3-7 years:

- The almost universal use of fluoride toothpaste is one of the main reasons for improvements in oral health over the last thirty years.<sup>8</sup> Children who start brushing with fluoride toothpastes in infancy are less likely to experience tooth decay than those who start brushing later. It also stimulates healthy dental behaviour from a young age.
- Fluoride varnish delivery programmes have been shown to be beneficial in reducing tooth decay, based on studies from systematic reviews and randomised controlled trials - fluoride varnish is a concentrated topical fluoride with a resin or synthetic base, designed to

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<sup>3</sup> Sheiham A. Oral Health, General Health and Quality of Life. Bulletin of the World Health Organization. 2007;83(9)

<sup>4</sup> Department of Health. The Operating Framework for the NHS in England 2011/12. London: Department of Health, 2010

<sup>5</sup> Secretary of State for Health. Equity and Excellence: Liberating the NHS. London: Department of Health, 2010

<sup>6</sup> Secretary of State for Health. Healthy Lives, Healthy People – Our Strategy for Public Health in England. London: Department of Health, 2010

<sup>7</sup> Department of Health, Improving Outcomes and Supporting Transparency. Part 1: A Public Health Outcomes framework for England, 2013-2016. London: Department of Health, 2012

<sup>8</sup> Bratthall D, Hansel Petersson G, Sundberg H. Reasons for caries decline: what do the experts believe? European Journal of Oral Sciences. 1996;104:416-22

prolong the contact time between fluoride and dental enamel.<sup>9,10</sup> A Cochrane Review concluded that the application of fluoride varnish by dental professionals was associated with a 46% reduction in decayed, missing, filled surfaces in children.<sup>11</sup> The Department of Health recommends that every child from 3 years has fluoride varnish applied at least twice a year, and 3 times a year if they are at high risk.<sup>12</sup>

- As part of the programme:
  - children take part in two toothbrushing-sessions, and take home a free toothbrush and toothpaste pack with a toothbrushing chart;
  - they receive one application of fluoride varnish, and are signposted to dental practices for future applications, as part of their continuing care;
  - the opportunity is also used to highlight other messages around child oral health, including the importance of reducing sugary food and drink in the diet, and encouraging children to be taken to the dentist for regular check-ups and that NHS dental care is free for children.

#### 4.3. Keep Smiling is a partnership programme:

- During 2011/12 and 2012/13 it was delivered in partnership between the local Primary Care Trust, NHS dental practices, Central London Community Healthcare NHS Trust and the London Borough of Hammersmith & Fulham.
- Due to the new commissioning and delivery landscape within the NHS and Public Health, the programme is currently being delivered in partnership between the London Borough of Hammersmith & Fulham Public Health Team and Central London Community Healthcare NHS Trust, with clinical oversight provided by the Consultant in Dental Public Health at Public Health England.

#### 4.4. As with all child oral health workstreams in the borough, Keep Smiling reports to the borough's Child Oral Health Implementation Group.

### **B. Keep Smiling 1: 2011-12 White City Pilot**

#### 4.5. During early 2012 'Keep Smiling' was piloted in the north of Hammersmith & Fulham (in and around White City). 5 primary schools and 1 children's centre took part in the pilot (Pope John, Old Oak, Canberra, Bentworth, Wormholt Park and Randolph Beresford Early Years Centre).

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<sup>9</sup> Øgard B, Seppä L, Rølla G. Professional Topical Fluoride Applications – Clinical Efficacy and Mechanism of Action. *Adv Dent Res.* 1994;8:190-201

<sup>10</sup> Weintraub J, Ramos-Gomez J, Jue B. et al. Fluoride Varnish Efficacy in Preventing Early Childhood Caries *J Dent Res.* 2006;85(2):172-176

<sup>11</sup> Marinho VC, Higgins JP, Logan S, Sheiham A. Topical Fluoride (Toothpastes, Mouth rinses, Gels or Varnishes) for Preventing Dental Caries in Children and Adolescents. *Cochrane Database Syst Rev.* 2003;(4):CD002782

<sup>12</sup> Department of Health (2009) *Delivering Better Oral Health: An Evidence-based Toolkit for Prevention*, 2<sup>nd</sup> Edition

- 4.6. Uptake for the programme was good, as shown in the table below. Anecdotal evidence from similar fluoride varnish programmes nationally suggests that consent rates tend to range between 40% and 50%.

**Table 1: Number and proportion of children across 5 pilot schools taking part in Keep Smiling 2011/12**

	Number of children taking part	Proportion of children taking part	Range of uptake of consent across schools
Toothbrushing	698	79%	62% to 97%
Fluoride varnish	604	69%	53% to 90%

- 4.7. A full evaluation of the pilot was conducted by the NHS NWL Dental Public Health Team in 2012. Stakeholders taking part in the evaluation (via interviews, focus groups and surveys) reported that the programme:
- raised awareness of dental health among all stakeholders (including parents, children and school staff);
  - provided children with a unique experience of dental teams in a school setting thereby creating a positive image of dental teams (particularly important for children who had not been to the dentist);
  - the children were seen to enjoy the programme and it was reported that the programme promoted positive health behaviour at home.
- 4.8. Recommendations from the pilot were built into the delivery of the programme in 2012/13.

### **C. Keep Smiling 2: 2012/13 Expansion of Pilot**

- 4.9. Following the success of the White City pilot, it was decided to expand the 3-7 year old programme to additional schools in the centre and south of the borough during 2012/13, whilst also offering to re-visit the original 5 pilot schools to run the programme with their new Nursery and Reception intake.
- 4.10. Three of the original pilot schools (Canberra, Wormholt Park and Ark Bentworth – Keep Smiling 1 schools) and three new primary schools (Flora Gardens, Sir John Lillie and Normand Croft – Keep Smiling 2 schools) took up the offer and the programme was delivered between March and June 2013. The new schools were selected based on the proportion of their children eligible for free school meals, used as a proxy indicator for deprivation, and therefore oral health need.
- 4.11. The uptake of the programme across the 6 schools visited in 2012/13 is shown in the table and chart below. The uptake was similar to the White City Pilot. As in White City, uptake varied by school, and by year group within schools. Consent for fluoride varnish tended to be lower than consent for the toothbrushing sessions, and not all children with consent for fluoride varnish were able to receive it (due to a combination of factors,



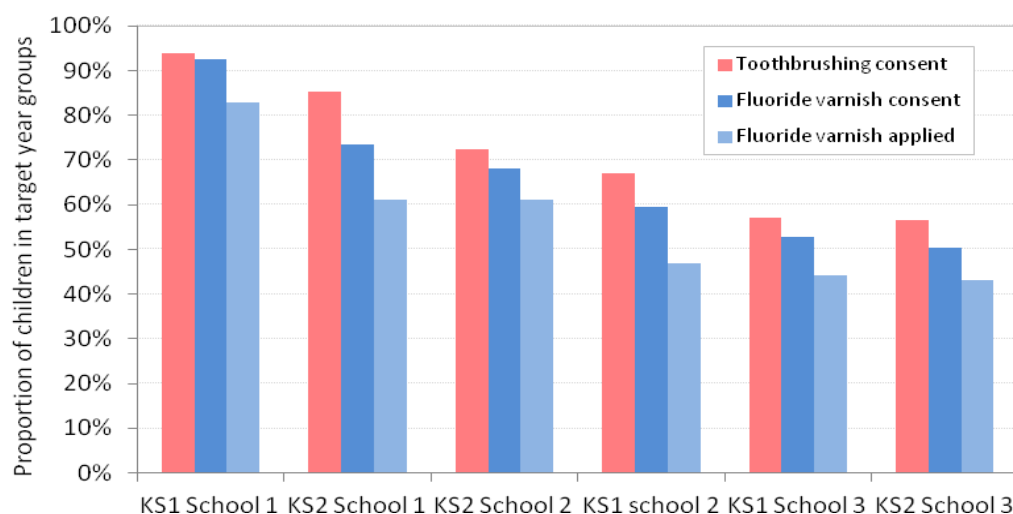
including the child being absent, child refusing on the day or due to the child's personal, medical history).

- 4.12. All of the children (911 children) targeted within the programme (irrespective of toothbrushing and fluoride varnish consent) received a 'Healthy Teeth Health Smiles' leaflet with tips for looking after children's teeth; a 'Finding an NHS Dentist in Hammersmith & Fulham' leaflet; information about fluoride varnish; and a toothbrushing chart. In some schools pupils were also involved in classroom activities on oral health which schools organised to reinforce the messages delivered in the programme.

**Table 2: Number and proportion of children across the 6 targeted schools taking part in Keep Smiling Programme 2012/13**

	Number of children taking part	Proportion of children taking part	Range of uptake of consent across schools
Toothbrushing	632	69%	57% to 94%
Fluoride varnish	448	54%	51% to 93%

**Chart 3: Toothbrushing and fluoride varnish activity by school, Keep Smiling Programme 2012/13**



Note the chart identifies whether the school was a 'Keep Smiling 1' or 'Keep Smiling 2' school.

- 4.13. The qualitative evaluation of the 2012/13 programme conducted with parents, school and dental staff demonstrated that the programme continues to be valued and seen as benefiting the children who take part. The delivery format is seen to work smoothly, with minimum impact on school staff, and staff involved were keen that the programme continues.
- 4.14. Additional information collected as part of the evaluation for the 2012/13 Keep Smiling programme showed:

- 65% of the 636 returned consent forms reported that children had a dentist. The proportion of children recorded as having a dentist rose with age, with only 55% of nursery children reportedly having a dentist.
- 47 of the 126 children who received a letter after the fluoride varnish application suggesting that they visit a dentist for a dental examination were not recorded as having a dentist, and were possibly being signposted to the dentist for the first time (indicating that possibly without this scheme it may have only been when a child complained of pain that there was a prompt for parents to seek dental care for their child).
- 41 of the 61 parents who responded to the parent evaluation questionnaire had not heard about fluoride varnish prior to the programme. This indicates the role Keep Smiling has in raising awareness of fluoride varnish within the community.

4.15. Recommendations made for the delivery of future programmes included:

- to establish a protocol for following up the children who are given a letter at school as part of the fluoride varnish programme recommending that they attend a dentist for a dental examination – this has been drafted and is currently with the School Nursing Team managers for consideration
- to share with each participating school their class-level data for the number and percentage of children who took part in the programme, to encourage greater uptake in future programmes in particular year groups – this was actioned at the end of 2012/13 and will be continued in 2013/14
- giving each participating school a certificate acknowledging their participation – this was actioned at the end of 2012/13 and will be continued in 2013/14
- visit each school a few days before the start of each programme to check through the consent forms and provide an opportunity to answer any outstanding questions about the programme's delivery prior to the first morning – this has been built into delivery of 2013/14 programme
- contact schools at the start of the school year to ensure maximum planning and promotion time for each school programme – this has been built into delivery of 2013/14 programme
- speak to the 'Tooth Champions' in each of the schools to find out whether they collect information on their school starter forms as to whether children have a dentist and, if not, see if it could be added to existing templates – this has been built into the evaluation of the 2013/14 programme.

***D. Keep Smiling 3: 2013/14 Delivery of programme***

- 4.16. During 2013/14 the reach of Keep Smiling is being expanded further. Four new schools have been offered the 3-7 year old programme (3 are currently signed up) and the existing eight schools have been offered a Nursery and Reception version of the programme (all are signed up). By the end of 2013/14 we hope to have worked with all of the top 10 primary schools (ranked by % pupils eligible for free school meals).

- 4.17. During September and October the programme was delivered at two of the new primary schools, with consent rates of 63% and 60% for toothbrushing and 59% and 54% for fluoride varnish.

#### **Other child oral health improvement workstreams**

- 4.18. This section provides an overview of some of the other initiatives which have been continued/put in place since 2011 and new initiatives planned to improve child oral health in 2013/14.
- 4.19. A multi-agency child oral health implementation group has been established, with representation from: Public Health, Dental Public Health, Oral Health Promotion, Paediatric Specialist Dentistry, Primary Schools, Children's Centres, Early Years Commissioning, Looked After Children, School Nursing/Health Visiting and Localities Team.
- 4.20. *Brushing for Life* (the distribution of age-appropriate toothbrushes and toothpaste along with oral health messages by Health Visiting teams at 9 month and 2 ½ year child development reviews) has been re-established, along with the distribution of free-flowing cups to promote healthy weaning.
- 4.21. A child oral health day was held in October 2012 for primary school children, involving a 'brushathon' at Queen's Park Ranger's Stadium. This was used as an opportunity to celebrate the launch of Keep Smiling and other oral health initiatives in the borough, along with the sharing of key messages around keeping children's teeth healthy. As part of this, every primary school child in the borough received a free toothbrush and toothpaste back with a toothbrushing chart and information on looking after teeth, sponsored by Colgate.
- 4.22. New oral health resources have been developed to share evidence based messages with families around looking after children's teeth and finding an NHS dentist locally. These are distributed by the Oral Health Promotion Team, Health Visiting Team, Localities Teams, Children's Centres and other teams working with families including.
- 4.23. Since March 2013, every children's centre has had at least one member of staff trained in oral health. Work is in progress to develop and consolidate the existing oral health offer for children's centres across the Tri-borough, including training provision, development of tailored oral health resources and oral health sessions, ready for delivery in 2014/15.
- 4.24. Oral health training has also been delivered to Localities Teams, Health Visitors, School Nurses, the Family Nurse Partnership and Community Champions (White City). Following the findings of the early help review in 2013/14, this training offer will be expanded to include wider 'early help' teams including staff within the family recovery programme to promote early recognition of children at greater risk of dental disease and signposting to appropriate dental services.

- 4.25. Oral health is linked in with the Healthy Schools Programme commissioned by Tri-borough public health: in order to receive Bronze, schools have to meet objectives around healthy eating and oral health is one of the specialist areas schools can work on to achieve Silver.
- 4.26. The Specialist Dental Service at CLCH continues to provide dental screening visits and toothbrushing support in the special schools in Hammersmith & Fulham as part of a rolling programme. There is also a toothbrushing club held at White City Health Centre, which the service hopes to develop further once they move to new premises in White City.
- 4.27. Following requests made by Parents Active (an organisation for parents of children with disabilities) the Oral Health Promotion Team in conjunction with the local Specialty Dentist (CLCH) and Consultant in Paediatric Dentistry (Chelsea & Westminster Hospital) have developed a specialist information booklet for use in the service with parents of children with special needs (for example with tailored tips around oral hygiene techniques and resources available). Response from parents sampling the information to-date has been positive.
- 4.28. One area identified for future work is to further the engagement of GP Practices within the child oral health improvement agenda. For example, ensuring that relevant staff are clear how to identify children who would benefit from being referred to the Community Dental Service for specialist dental support, rather than a general dental practice; and exploring the potential for signposting of children to dentists for regular check ups and promotion of fluoride varnish, for example at the 3 year immunisation visit (MMR and pre-school booster). The advice of members of the Board is sought as to the feasibility of this and how it might be delivered.

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

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	The Children's Oral Health Task Group Report	Katie Wright, 0207 641 4654	Public Health, LBHF
2.	North West London, Child Oral Health Improvement Strategy	Katie Wright, 0207 641 4654	Public Health, LBHF
4.	Evaluation Reports for Keep Smiling Programmes in 2011/12 and 2012/13	Katie Wright, 0207 641 4654	Public Health, LBHF

 <p><b>h&amp;f</b> the low tax borough</p>	<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>HEALTH &amp; WELLBEING BOARD</b></p> <p align="center"><b>4 November 2013</b></p>
<p><b>TITLE OF REPORT</b> Joint Strategic Needs Assessment (JSNA) Update</p>	
<p><b>Report of the</b> Interim Director of Public Health</p>	
<p><b>Open Report</b></p>	
<p><b>Classification - For Information</b></p> <p><b>Key Decision: No</b></p>	
<p><b>Wards Affected:</b> All</p>	
<p><b>Accountable Executive Director:</b> Interim Director of Public Health</p>	
<p><b>Report Author:</b> Colin Brodie, Public Health Knowledge Manager, Tri-borough Public Health</p>	<p><b>Contact Details:</b> Tel: 020 7641 4632 E-mail: <a href="mailto:cbrodie@westminster.gov.uk">cbrodie@westminster.gov.uk</a></p>

## 1. EXECUTIVE SUMMARY

- 1.1. As agreed at the meeting of the Health and Wellbeing Board on 17 June 2013 the JSNA will be a standing item on the HWB agenda.
- 1.2. This update reports on the first meeting of the JSNA Steering Group and current progress on the JSNA work programme.

## 2. RECOMMENDATIONS

- 2.1. To note that the first meeting of the Tri-borough JSNA Steering Group took place on 18<sup>th</sup> September
- 2.2. To note progress on the recruitment of a JSNA Manager
- 2.3. To consider the progress being made against the JSNA work programme including the JSNA Highlight Report and the JSNA 'Deep Dives'

### 3. JSNA UPDATE

#### JSNA Steering Group

- 3.1. The first meeting of the JSNA Steering Group took place on the 18<sup>th</sup> September 3.30-5.00pm at Hammersmith Town Hall and was attended by:

Peter Brambleby (PB)	Director of Public Health (Chair), Tri-borough Public Health
Colin Brodie (CB)	Knowledge Manager, Tri-borough Public Health
Gabrielle Darby (GD)	Hammersmith and Fulham CCG
Chris Swoffer (CS)	Westminster City Council, (Covering for Westminster Health and Wellbeing Board Policy Officer while on annual leave)
Peter Okali (PO)	Chief Executive, CaVSA H&F
Angela Spence (AS)	Kensington & Chelsea Social Council
Shirley Springer (SS)	Westminster Community Network
Anna Waterman (AW)	Strategic Public Health Advisor, Tri-borough Public Health
Katrina Mindel (KM)	Senior Primary Care Strategy Manager, West London CCG
David Evans (DE)	Health and Wellbeing Board Officer (Hammersmith & Fulham)/Tri-borough Adult Social Care
Alex Tambourides (AT)	Healthwatch (MIND)
Linda Thomas (LT)	Health and Wellbeing Board Officer (Kensington and Chelsea)
Alison O'Grady (AOG)	Central London CCG
Riordan Hill (RH)	PMO Performance Assistant, Central London CCG
James Hebblethwaite (JH)	Senior Public Health Analyst, Tri-borough Public Health
Steve Bywater (SB)	Interim Policy Manager, Tri-borough Children's Services
Lainya Offside-Keivani (LOK)	Healthwatch (The Abbey Centre)

- 3.2. The Health and Wellbeing Board are asked to note the importance of consistent and senior representation from all agencies on the Steering Group. While attendance was good at the first meeting, it is important that attendance is senior enough to be able to agree and take forward actions on behalf of their agency as required. The agreed membership for the JSNA steering group is:

- Tri-Borough Director of Public Health
- Tri-Borough Director of Adult Social Care
- Tri-Borough Director of Children's Services
- Clinical Commissioning Groups Managing Director (a representative for each CCG)
- Healthwatch (a representative for each Borough)
- Community & Voluntary Sector (a representative for each Borough)
- JSNA Programme Manager
- Health and Wellbeing Board Policy Officers from each borough

- 3.3. At this meeting, the Tri-borough JSNA steering group discussed one application for a JSNA on the subject of Veterans' Health. The groups agreed that this should not proceed due to insufficient detail on the proposal, the relatively small numbers affected by the issue and because it was not considered as a priority issue for Tri-borough. Instead the group will consider whether a separate piece of work might be more appropriate, rather than a JSNA.

#### JSNA Manager

- 3.4. The JSNA Manager post has been advertised internally but no appointment was made. The post has been advertised externally with a closing date of 08/11/2013

#### JSNA Highlights Report 2013

- 3.5. The JSNA Tri-borough Highlight Report is due for completion in November 2013 outlining some of the key public health challenges and opportunities for Hammersmith and Fulham.

#### Current Deep Dive JSNAs

- 3.6. A number of deep-dive JSNAs are also being undertaken in 2013/14:
- A draft version of the learning disabilities JSNA is undergoing a final review by Adult Social Care commissioners. The final version is expected to be ready for circulation to the Board mid-November
  - A physical activity JSNA is due for completion in mid-November.
  - A draft version of the Tuberculosis JSNA has been circulated to contributors for final comments and will then go to the JSNA Steering Group for quality checking. This is due for completion early November.
  - The Child Poverty JSNA is due for completion in later November 2013.
  - An expansion of the alcohol section of the Substance Misuse Needs Assessment is also underway.
- 3.7. There are no new applications for Deep Dive JSNAs

#### **4. CONSULTATION**

- 4.1. Consultation with key stakeholders is undertaken for each JSNA as an integral part of the JSNA Rolling Programme

#### **5. EQUALITY IMPLICATIONS**

- 5.1. JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life.
- 5.2. The “local area” is that of the borough, and the population living in or accessing services within the area, and those people residing out of the area for whom CCGs and the local authority are responsible for commissioning services
- 5.3. The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs, Travellers etc.)

#### **6. LEGAL IMPLICATIONS**

- 6.1. The Joint Strategic Needs Assessment (JSNA) was introduced in the Local Government and Public Involvement in Health Act 2007
- 6.2. The Health and Social Care Act 2012 placed the duty to prepare a JSNA equally and explicitly on local authorities (LAs), Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Boards (HWB).

#### **7. FINANCIAL AND RESOURCES IMPLICATION**

- 7.1. Dependent on the findings of individual JSNA reports

#### **8. RISK MANAGEMENT**

- 8.1. Dependent on the findings of individual JSNA reports

#### **9. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

- 9.1. Dependent on the findings of individual JSNA reports



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

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