

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Agenda

Monday 20 March 2017

6pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Vanessa Andreae - H&F Clinical Commissioning Group
Liz Bruce - Shared Services Executive Director of Adult Social Care
Clare Chamberlain – Shared Services Executive Director of Children’s Services
Janet Cree - H&F Clinical Commissioning Group
Councillor Vivienne Lukey - Cabinet Member for Health and Adult Social Care (Chair)
Councillor Sue Macmillan - Cabinet Member for Children and Education
Keith Mallinson - Healthwatch Representative
Mike Robinson - Shared Services Director of Public Health
Dr Tim Spicer - H&F Clinical Commissioning Group (Vice-Chair)

Ian Lawry – SOBUS (Co-Opted Member)

Nominated Deputy Members:

Councillor Rory Vaughan
Councillor Sharon Holder
Steve Miley, Director for Family Services (nominated representative, Clare Chamberlain)

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Date Issued: 10 March 2017

Health & Wellbeing Board Agenda

20 March 2017

<u>Item</u>	<u>Pages</u>
1. MINUTES AND ACTIONS	1 - 10

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health & Wellbeing Board held on Wednesday, 8th February 2017; and

(b) To note the outstanding actions.

2. APOLOGIES FOR ABSENCE

3. DECLARATIONS OF INTEREST

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

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

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

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

4. PRIMARY CARE COMMISSIONING 11 - 20

The purpose of this paper is to update the Health and Wellbeing Board on H & F CCG's vote to adopt delegated commissioning of primary care services and on emerging work in development of the H & F Primary Care Strategy.

5. HAMMERSMITH AND FULHAM GP FEDERATION UPDATE 21 - 35

The purpose of this paper is to update the Health and Wellbeing Board on H & F GP Federation's work, notably:

- The organisational and governance structure of the Federation; and
- Overview of key programmes of work, namely Out of Hospital services, accountable care, education and transformation.

6. PROPOSED ESTABLISHMENT OF A FAMILY SUPPORT SERVICE 36 - 40

LBHF Cabinet approved, on 6th March, the establishment of a Family Support Service (FSS) Joint Venture Company as a vehicle to drive system integration across a range of children's health and social care services and improve long term outcomes for the Borough's children and families. This paper provides some background to the FSS, and articulates some of the opportunities to broaden the potential scope of the FSS and expedite integration of health and social care services across the Borough.

7. DEMENTIA JOINT STRATEGIC NEEDS ASSESSMENT PROGRESS REPORT 41 - 47

The Health & Wellbeing Board is requested to note this progress report in response to the 32 recommendations set out in the Joint Strategic Needs Assessment (JSNA) on dementia; in addition, it is requested to note the Three Boroughs Joint Health and Social Care Dementia Programme Board approach to facilitate implementation.

8. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY DELIVERY AND IMPLEMENTATION PLAN: PROGRESS UPDATE AND NEXT STEPS 48 - 50

The Health & Wellbeing Board is requested to note this progress report in response to the 32 recommendations set out in the Joint Strategic Needs Assessment (JSNA) on dementia; in addition, it is requested to note the Three Boroughs Joint Health and Social Care Dementia Programme Board approach to facilitate implementation.

9. WORK PROGRAMME 2017/18

51 - 53

The Board's proposed work programme for the new municipal year 2017/18 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.

10. DATES OF NEXT MEETINGS

The Board is asked to note that the dates of the meetings scheduled for the new municipal year 2017/18, which are listed:

Tuesday, 20th June 2017
Wednesday, 13th September 2017
Tuesday, 21st November 2017
Wednesday, 31st January 2018
Wednesday, 21st March 2018

London Borough of Hammersmith & Fulham
Health & Wellbeing Board
Minutes



Wednesday 8 February 2017

PRESENT

Committee members:

Councillor Vivienne Lukey (Chair)
Councillor Sue Fennimore, Acting Cabinet Member for Children and Education
Vanessa Andreae, H&F CCG
Janet Cree, Managing Director, H&F CCG
Keith Mallinson, H&F Healthwatch Representative
Ian Lawry, Sobus

Nominated Deputies Councillors:

Rory Vaughan

Officers:

Toby Hyde, Head of Strategy, H&F CCG; Harley Collins, Health and Wellbeing Manager, LBHF; Jessica Nyman, JSNA Manager, Public Health; Sarah McBride, Director of Partnerships, LBHF; Stuart Lines, Deputy Director of Public Health; Sarah Thomas, Assistant Director for Innovation and Commissioning, LBHF; Thilina Jayatileke, Senior Public Health Analyst; Naomi Potter, National Management Trainee, Public Health; Colin Brodie, Public Health Knowledge Manager, Public Health, Bathsheba Mall, Committee Co-ordinator, LBHF

81. MINUTES AND ACTIONS

The minutes of the meeting held on Monday, 14th November 2016, were agreed as a correct record.

82. APOLOGIES FOR ABSENCE

Apologies for absence were received from Liz Bruce, Clare Chamberlain, Steve Miley, Rachel Wright-Turner, Mike Robinson, Councillor Sharon Holder and Councillor Sue Macmillan. Apologies for lateness were received from Vanessa Andreae.

83. DECLARATIONS OF INTEREST

None.

84. JSNA PROGRAMME UPDATE: YOUNG ADULTS JSNA, ONLINE JSNA HIGHLIGHT REPORTS AND JSNA FORWARD PLAN

Councillor Vivienne Lukey, Chair and Cabinet Member for Health and Adult Social Care welcomed Jessica Nyman, JSNA Manager, and Thilina Jayatilleke, Senior Public Health Analyst, for this item, which provided an update on the current programme of work and outlined future proposals for the work programme. Toby Hyde, Head of Strategy, H&F CCG introduced the Young Adults JSNA, which highlighted the collaborative process that was followed. A key aspect of the JSNA had been the identification of the needs of the local population, allowing invaluable correlations to be drawn from key data sets. It was noted that the Online JSNA in particular offered the opportunity to extrapolate data and allow for deep dive analysis, which had been particularly useful for the report on Young Adults (18-25) JSNA.

Jessica Nyman reported that the one of the key priorities in the JSNA forward plan was a deep dive JSNA on the needs of children and young people with Special Educational Needs and complex health needs, a key priority area for Children's Services, giving the forthcoming inspection. A mental health JSNA was also factored into the forward plan, to be undertaken in the next two years.

Toby Hyde commented that the process in examining this particular cohort of the population was interesting, given its transient nature and higher rates of migration. Young adults transitioning from 18-25 comprised 12.5% of the population, with historically very little evidence collected as to their needs. It was explained that this cohort had shown the least improvement medically in the previous 50 years, with evidence suggesting that this was the point at which poor health choices became rooted in risky behaviour, manifesting themselves in later life in form of long term conditions. More detailed evidence would help identify trends and formulate a broad pattern, to help pinpoint risk taking behaviour particularly in respect of substance misuse and mental health. Social isolation amongst young adults was also known to be increasing significantly.

From a health perspective, Toby Hyde continued that 45% of patients surveyed would not feel comfortable in talking to a GP, with a disproportionate percentage of 18 - 25-year-olds preferring to use urgent care centres. There was evidence to suggest that improvements such as accessible digital platforms utilising smart technology might be more in line with expectations. Key findings and themes were set out in paragraph 4.6 of the report. Paragraph 4.7 of the report included summarised recommendations which included piloting an integrated primary care model at one or more GP surgeries and offering additional GP training.

Councillor Rory Vaughan commented that the preference to attend urgent care centres by young adults was not a revelation, but it would be helpful to identify what evidence that was already known in terms of achieving a better understanding of risky behaviour patterns, post 18+. Keith Mallinson, Healthwatch, suggested that drop-in sessions might be a better, more informal alternative, given that the traditional access to GP appointments was

problematic for some groups, particularly in terms of addressing the needs of the homeless, for example, recognising the impact of homelessness on mental health. Councillor Fennimore informed the Board that the Rough Sleepers Commission would be launched this week, to be chaired by the CEO of Crises. It was anticipated that some of the recommendations would address mental health issues and the review findings of the mental health task group would also feed into the work of the new commission, and input into the redesign of services.

Councillor Vaughan agreed, but asked how this would be addressed and work, particularly in terms of consultation and engagement with young people. The ways in which young people accessed GP surgeries needed to extend beyond the traditional primary care settings and it was suggested that GP's could be taken out of the surgery to offer alternative ways by which young people could access services. Ian Lawry, Sobus, reported that they had led a youth partnership, to allow young people to comment and engage on universal redesign work. He took the view that it was not necessary to make it an either or choice, provided the outcome was that GP services were more accessible. Long term, the same cohort would still need to access GP services. A balanced approach of outreach work and engagement with GPs in terms of creating a modernised way forward, was needed. This could also be part of the Integrated Family Support Services (IFSS) conversation.

Toby Hyde, continued the discussion referencing learning from The Well Centre, Lambeth case study (Agenda, page 39) and acknowledged the challenges around designing services that could be more like a youth centre rather than a GP surgery, integrated with modern technology. Councillor Lukey related this to the example of substance misuse and a number of successful projects that were accessible and highly focused, and how these linked to the recommendations. Toby Hyde responded that the key was to how to draw the work together, suggesting an initial development of an informal, model. Councillor Vaughan asked if there was more information (other than risky behaviour) as to why young people preferred not to see GPs, what were the characteristics that defined them, if they were brought up locally, or transient and why they did not have a long standing relationship with a GP. Toby Hyde confirmed that the higher migration rate of 30% in this cohort group could be a factor.

Thilina Jayatilleke, Senior Public Health Analyst, introduced the online version of the JSNA. The JSNA Highlight report was produced annually by Public Health and provided a holistic view of the population, highlighting key population demographic changes. There were a number of key reasons for the development of a web based JSNA. Primarily, it was difficult to source timely data that was both cost effective and low maintenance, excluding the development of a web application. It was also explained that the Public Health team was keen to utilise in-house expertise. The platform reproduced data from other organisations such as the Public Health England databases and required little input from Public Health. A link was contained in the report and members of the Board were invited to explore the tools and available facilities for themselves to provide user feedback. Referencing the PH England database, the key point to note was the difficulty in locating the

required data, if accessed at source, it still required an understanding of how to navigate the database. Looking forward, it would be possible to refresh that data and for this to be included in annual reports so that the most up to date figures could be reported. Councillor Fennimore welcomed the Online JSNA, which could prove to be an invaluable tool for officers, particularly those involved in policy development, supporting the work of the Commissions, who would be able to provide useful feedback. Sarah McBride, Director for Partnerships commended the work as easy to access and very useful, and speculated about the possibility of marketing the concept more broadly. It was agreed that the Communications Team would assist by drafting a press release, highlighting the benefits and facilitate access across the different departments of the Council.

ACTION: Board members / LBHF Policy and Communication Teams

It was noted that Information as to who accessed the tool, how often and the kind of data sought, was not retrievable at this time but could be explored in the future, given the value of recording information about who was using the online tool. It was agreed that a demonstration session be organised for NHS colleagues. Jessica Nyman observed that the Online JSNA would be a useful tool in supporting the deep dive work on children and young people, aged 0-25, with complex health and care needs, supporting the JHWB strategic priority on supporting children and young people, best possible start in life. The work would be undertaken by Steve Buckerfield, Head of Children's Joint Commissioning and Steve Comber, Policy Officer, to be completed by the end of the year.

Board members thanked Thilina Jayatilleke and Public Health colleagues for their invaluable work on producing the Online JSNA.

ACTION: Public Health / CCG

RESOLVED

1. That the Young Adults JSNA, be approved for publication;
2. That the points made during discussion by the Board, be noted, and that further feedback as to the user experience of the JSNA Highlight Report (Online JSNA) be provided from each of the Board's member organisations;
3. That the Public Health Intelligence Team, will on a rolling basis, as and when available, update the data in the JSNA Highlights Report (Online JSNA) and provide an annual summary of changes made, to the Health and Wellbeing Board; and
4. That the proposals for the future JSNA work programme for 2017/18, incorporating the Children with Complex Needs JSNA, be approved.

85. PHARMACEUTICAL NEEDS ASSESSMENT

Councillor Lukey welcomed Colin Brodie, Public Health Knowledge Manager, who presented a report that outlined the responsibility of the Board to publish a Pharmaceutical Needs Assessment (PNA) for Hammersmith and Fulham. It was explained that the PNA was essentially a statement of need for pharmaceutical services in the Borough and was most recently submitted in 2015. When a provider offered pharmacy services in an area, it was required to apply to NHS England and demonstrate that it responded to the level of need in the area, as set out in the PNA, in order to be included on a pharmaceutical list for that area. The PNA was required to be refreshed every three years and the 2013 regulations also set a legal requirement for the Board to undertake consultation. The updated PNA would need to be in place for 2018

Additionally, it was explained that this was useful evidence for local commissioning. The work by colleagues on the Online JSNA had helped source a map of local pharmacies and it was noted that the update of the PNA would be included in the JSNA work programme. Section 7 of the report set out further issues for the Board to consider, noting in particular, the role of pharmacies. The convenient location of pharmacies had long been recognised as an important feature of local high streets, and further, understanding the role of community pharmacies was helpful in offering context for the JHWB Strategy and the STP, to shape strategy and to prioritise.

The update of the PNA was being undertaken during a time when the financial challenges for community pharmacies were difficult but the impact of the October 2016 decision by the Department of Health to reduce funding in 2016/17 and 2017/18 for NHS contractors providing services under the contract, was not yet known, although it was likely that there might be some pharmacy closures. A further challenge to the PNA assessment was the access to data held by a number of organisations which included PH England, NHS England and local CCGs, for which access would have to be requested.

Keith Mallinson reported Healthwatch concerns regarding the issue of funding for community pharmacies, highlighting the point that appropriate provision should be in place prior to any decision was made to reduce funding. Councillor Lukey observed that the update to the PNA provided a good opportunity to highlight the work of community pharmacies and the range of pharmaceutical businesses that existed. There were many examples of good practice, and Councillor Lukey commented on the campaigns to support the retention of good, local pharmacies, which conducted home visits and took a personal approach, offering practical, confidential advice and support.

Colin Brodie confirmed that the specific requirements of the scope of the PNA were precise but it would be possible to look at trying to capture examples of good practice. Stuart Lines suggested that community pharmacies be considered as an item at the next Board meeting on 20th March. Janet Cree, Managing Director, H&F CCG added that the while the requirement and

scope of the PNA was formulaic, there was value around how to interpret the data, particularly in the context of work, for example, undertaken on immunisation, uptake of the flu vaccine and the management of unused medicine. She affirmed that it was important for the CCGs to support this area of work, acknowledging the role of pharmacies in several practices, interfacing with national initiatives. It was also noted that the commissioning of community pharmacies was within the remit of NHS England, but there was a partial element of it which lay within the commissioning services.

Ian Lawry, with reference to the earlier discussion, commented that this could be added to the basic requirements of the Young Adults JSNA. Young adults not wanting to attend GP surgeries, might be more willing to go to local, community pharmacies, and he suggested that this be included as part of the local mapping exercise of local pharmacies. Colin Brodie explained that as part of the PNA, a survey of pharmaceutical businesses was undertaken. One question that they were asked was about what other services they might be interested in providing, so there was scope in exploring this further to gain insight into potential interest. There was a requirement to produce a specific document that contained a wealth of information, which would indicate and inform, local need, that community pharmacies could support.

Councillor Fennimore referred to the report of the Poverty and Worklessness Commission and the 10 recommendations that it set out, some of which related to health. She suggested that a link to the report be usefully shared. Councillor Vaughan, reiterating previous drafting points, asked that officers consider the way in which the PNA was structured and the need to ensure clear explanations, avoiding technical jargon where possible. He observed that this was a opportunity to highlight good practice in community pharmacies and how they supported the needs of residents. He added that a qualitative analysis of data from the survey would also provide evidence to demonstrate how pharmacies supported initiatives such as immunisation uptake and identify likely future developments, noting the role of the NHS in this process.

Colin Brodie concurred that they had previously struggled to obtain data, noting that the NHS were under resourced in supporting the process. The production of data was timely and rich with information, to sufficiently inform the report, but additional information about, for example, local regeneration and developments was also helpful, in order to better identify the future need for pharmacies in these areas. Councillor Lukey agreed that more data should be collected to better inform the PNA. Janet Cree cautioned that this was technical work and expressed concern about the Board's expectations in requesting something that was broader. While the CCG indicated that they would be happy to contribute to the work, there was a need to think through the scope of the requirement of need was and what fell outside the scope of the PNA. With reference to section 6.3, page 105 of the report, members of the Board agreed that it might be helpful to produce two reports in parallel, one that was technical and met statutory requirements for producing the PNA, and a second document, which could be potentially an adaptation of the technical document, that contained greater detail.

ACTION: Public Health / CCG

RESOLVED

1. That the current Pharmaceutical Needs Assessment and Department of Health guidance on PNAs, be noted;
2. That the arrangements for producing the PNA, as set out in the report and as discussed by the Board, be approved;
3. That the Board's discussion of role of community pharmacies to deliver local strategies and priorities, particularly the Joint Health and Wellbeing Strategy and the Sustainability and Transformation Plan, be noted; and
4. That the Health and Wellbeing Board member organisations agreed to provide any data necessary to complete the PNA, where they were the source organisation.

86. HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY: DELIVERY AND IMPLEMENTATION PLANNING

Harley Collins, Health and Wellbeing Manager, presented the report which provided an update on the development of a Delivery Plan for the Hammersmith and Fulham Joint Health and Wellbeing Strategy 2016-21 (JHWB), and invited the Board to endorse the selected approach in progressing the work. It was explained that the Board and the Council, had considered and endorsed the strategy.

While the JHWB strategy was a high level report, it had identified four key priority areas, but did not provide the necessary detail about the projects that would underpin the strategy. Further work would be required to complete this, integrating information about the projects, service provision and key milestones. A small partnership group had been established which consisted of Children's Services, Adult Social Care and the CCG, to develop the Delivery Plan. The group would also assist with preparations for the Health and Wellbeing Board development day, to be held on Tuesday, 14th February. Board members on the development day will consider action plans, leadership and ownership of priorities, governance mechanisms, identify partner providers and establish how the work will be delivered. The aim was to present the draft delivery plan in spring 2017, for approval.

Councillor Vaughan enquired what the outcome had been to the suggestion from the Health, Adult Social Care and Social Inclusion, Policy and Accountability Committee, of whether to include a fifth priority, specifically addressing the needs of older people. It was explained that the references to older people within the strategy would be made more obvious and phrased with greater clarity. The strategy would shortly be published on the Council website and a press release would also be issued.

RESOLVED

1. That the progress made with the development of the Delivery Plan to date, be noted;
2. That the comments of the Board members during the discussion of the report, be noted; and
3. That the programme of engagement with stakeholders to develop the Delivery Plan, taking place over the coming 6-8 weeks, be noted.

87. BETTER CARE FUND 2017/18

Sarah McBride, Director of Partnerships presented the report, which set out for the Board progress towards developing Better Care Fund arrangements for 2017/18. Guidance was expected to be issued in November 2016 and had been delayed, and as a consequence, there may be a reduced timeframe in which to complete plans. The Board was asked to note the possibility that an extraordinary meeting of the Board might be required to ratify the plans. The Board noted that learning from the previous year would be rolled over and set in the context of the Health and Wellbeing Strategy. The intention was to have a smaller number of projects with a more manageable, embedded approach.

ACTION: Adult Social Care / CCG

RESOLVED

1. That progress towards the development of arrangements for the Better Care Fund 2017/18, be noted; and
2. That the Board note that officers anticipate that an extraordinary meeting of the Board may be required to ratify the final Better Care Fund 2017/18 plan, should the required timescale fall outside the timetabled meetings of the Board for 2017/18.

88. DELEGATED PRIMARY CARE COMMISSIONING

Councillor Lukey invited Janet Cree, Managing Director of the H&F CCG to present the report, which informed the Board of the CCG's application for fully delegated (level 3) commissioning arrangements for primary care medical services, commencing from 1st April 2017. Under the current co-commissioning, NHS England retained responsibility for existing primary care arrangements, and discharged in conjunction with the CCG. The CCG Governing Body had in November 2016, discussed the process of submitting the application to NHS England, which would now be considered and voted on, by members of the CCG. If the feedback from members did not support the application to fully delegate services, the application would be withdrawn. The Board were informed that the CCG were currently undertaking engagement work with members across the Borough, in addition to progressing governance work streams, so that the CCG was fully cognisant of what was going on. Janet Cree explained that this was a substantial piece of work, being undertaken at the same time along with the seven other North West London CCGs, going through the same process. The consultation

would take place between 1-14th February, through an online voting process with a single vote for each practice, and validated an external invigilator. The outcome of the voting process was to be determined by members and not the Governing Body of the CCG.

Keith Mallinson reiterated the previously communicated concerns of Healthwatch, regarding the implementation of the STP, and invited the CCG to reconsider proposals for it.

RESOLVED

1. That the voting outcome of the H&F CCG membership as to whether to progress the application for fully delegated primary care commissioning, be reported to the Board in due course; and
2. That the report be noted.

89. QUALITY PREMIUM: 2016/17 UPDATE AND 2017/18 PLANNING

Janet Cree, Managing Director, H&F CCG, presented the report which provided an update on the Quality Premium for 2016/17, and, planning arrangements for 2017/18. It was noted that the premium was intended to reward CCGs to improve the quality of commissioned services, health outcomes and reduce health inequalities in access to services. Janet Cree explained that there was a common theme around the guidance and that each CCG was required to select a set of Quality Premium indicators. It was noted that the premium paid was based on CCG performance against measures that incorporated a range of national and local priorities, according to the CCG constituted standards.

Janet Cree explained the outline for 2017/18 and confirmed that a review of baseline information and related measures will most likely be agreed at CCG operational group meetings but that the Board will be kept informed. The two likely areas of focus across the NWL CCGs will be diabetes and hypotension.

RESOLVED

That the Health and Wellbeing Board note the performance against the 2016/17 Quality Premium indicators and requirements for the 2017/18 submission.

90. WORK PROGRAMME

The Board briefly discussed and noted the work programme as set out in Appendix 1 of the report. It was agreed that the item on Accountable Care Partnerships be postponed to a later meeting and that the federation be invited to present a report on their collaborative work. Keith Mallinson asked that an item around the new mental health initiatives implemented by MIND be added to the work programme.

RESOLVED

That the forward work programme be noted.


91. DATE OF NEXT MEETING

It was noted that the meeting dates for the new municipal year 2017/18 would be agreed at Council on 22nd February 2017. The final meeting of the current municipal year will be held on Monday, 20th March 2017.

Meeting started: 6pm
Meeting ended: 7.34pm

Chair

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London Borough of Hammersmith & Fulham HEALTH & WELLBEING BOARD 20 March 2017		
Primary Care Commissioning Delegation		
Report of the Hammersmith & Fulham CCG		
Open Report		
Classification - For information		
Key Decision: No		
Consultation/Engagement: CCG Membership, Governing Body, London wide Medical Committee, CCG Operational Group		
Wards Affected: All		
Accountable Director: Janet Cree, CCG Managing Director, Hammersmith & Fulham CCG		
Report Author: Helen Poole		Contact Details: E-mail: Helen.Poole@nw.london.nhs.uk

1. EXECUTIVE SUMMARY

The purpose of this paper is to update the Health and Wellbeing Board on H & F CCG's vote to adopt delegated commissioning of primary care services and on emerging work in development of the H & F Primary Care Strategy. In terms of delegation, the paper updates on:

- Primary care co commissioning transition to delegated commissioning
- Objectives and benefits of delegation
- Duties under delegation: CCG and NHSE
- Due diligence: governance, finance, and workforce
- Committee membership
- Next Steps

2. RECOMMENDATION

That the Board note the transition progress from Level 2 primary care co-commissioning to Level 3 delegated commissioning from April 2017, and the emerging work on an H & F Primary Care Strategy.

3. ENGAGEMENT

We will continue to engage with the Health and Wellbeing Board (HWB) on progress towards delegation, noting that the revised delegated committee includes one LA representative within its membership. Dates will be shared once the revised committee has been established. The final meeting of the existing joint co-commissioning committee will take place 22 March 2017, to which Sarah McBride has been invited.

4. EQUALITY IMPLICATIONS

An equality impact assessment is not required. However, equity of access to services remains a driving force behind our commissioning of primary care, as evidenced by our commissioning of the eighteen out of hospital services e.g. diabetes, care planning, ECG on a population-wide basis.

5. LEGAL IMPLICATIONS

Some changes to the CCG Constitution have been required to enable it to enact delegated commissioning duties. Legal and finance implications have been fully explored as part of the due diligence exercise.

6. FINANCIAL IMPLICATIONS

Finance implications have been fully explored as part of the due diligence exercise and are highlighted in the paper.

7. IMPLICATIONS FOR BUSINESS

There are significant workforce implications, which have been and continue to be explored as part of the due diligence and transition plans.

8. COMMERCIAL IMPLICATIONS

No commercial implications are applicable.

9. BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Department/ Location
1	The report is based on a draft version of the delegation report that will be reviewed by the CCG Governing Body 14 March	H&F CCG
2	Members' information pack shared with GP members in preparation for the vote	H&F CCG

Delegated Primary Care commissioning Update for Health and Wellbeing Board March 2017

1. Purpose

The purpose of this paper is to update the Health and Wellbeing Board on H & F CCG's vote to adopt delegated commissioning of primary care services and on emerging work in development of the H & F Primary Care Strategy. In terms of delegation, the paper updates on:

- Primary care co commissioning transition to delegated commissioning
- Objectives and benefits of delegation
- Duties under delegation: CCG and NHSE
- Due diligence: governance, finance and workforce
- Committee membership
- Next Steps

2. Background and Current position

Since late 2015, all CCGs in NWL have undertaken Level 2/joint primary care co-commissioning alongside NHS England. This work has been undertaken through a joint co-commissioning committee at North West London level and local co-commissioning committees at CCG level. The Local Authority has been part of the membership in a non-voting capacity.

All CCGs are expected by NHSE to adopt Level 3/delegated commissioning by April 2018 at the latest. Given the potential benefits accruing from full delegation – including the ability for CCGs to manage the use of any financial headroom under delegation arrangements – the NWL CCGs embarked on a period of engagement with member practices, as outlined at Appendix One.

In February 2017, the H & F CCG membership voted to adopt delegated Primary Care commissioning from 01 April 2017, with 70% in favour. The CCG will therefore establish

from April 2017 a committee of the Governing Body in order to fulfil these functions. Of the NWL CCGs, all CCGs with the exception of Brent and Hounslow voted in favour of delegation.

3. Objectives and benefits of delegated Primary Care commissioning

Delegated commissioning arrangements are one of a set of changes set out in the NHS England Five Year Forward View. Such arrangements for primary medical services (GP contracts) are seen as a key enabler in developing seamless, integrated services based around the diverse needs of local populations. They are also expected to drive the development of new models of care such as multi-specialty community providers (MCP), which the GP Federation and partners hope to pursue, and primary and acute care systems (PACS)¹.

We believe that the objectives and benefits of delegation, as discussed with Governing Body and the GP membership, include:

- GPs in H&F having direct leadership to influence the development of investment in general practice
- H&F being best placed to commission primary, community and secondary care in a holistic and integrated manner
- Ability to design local schemes to replace the national GP Quality and Outcomes Framework and Directed Enhanced Services, based on local knowledge
- Greater power to drive forward the five year forward agenda
- Increased local freedom for investing in Primary Care
- Local decision-making, closer to patients' needs
- Ability to use innovative commissioning to implement local priorities
- Better care for patients via joined up working
- Tailored services to meet local needs
- Local patients having greater opportunities to input and influence
- Ability to develop and commission end to end care

¹ integrated care model based around the needs of the population

4. CCG duties under delegation

The recently published delegation agreement is a nationally mandated document which sets out the detail as to the respective roles, responsibilities, rights and obligations of both parties under the terms of the arrangement. This document describes the relationship between NHS England and the CCGs in carrying out Primary Care commissioning functions: it was published in February and we are reviewing the detail. Listed below are the broad duties that will fall under the remit of the CCG and NHSE respectively, which build upon the sharing of duties we have exercised under co-commissioning arrangements.

CCG

- General Practice commissioning
- General Practice Budget management
- Procurement of primary medical services (i.e. GP) contracts
- Approval of practice mergers
- Planning and implementation of local incentive schemes
- Premises development and costs
- Practice profiling
- Management of poorly performing practices
- Planning new primary care medical services

NHS England

- Dental, eye care and community pharmacy contracts
- Management of the national performer list for GPs
- Administration of payments and performer list management
- National screening and immunisation programmes
- Complaints management
- Estates Technology Transformation Funding decision making
- Capital expenditure

Shared

- Management of Practice closures (e.g. following partner retirements, dispersal of patients, transfer to new premises etc.)

5. Due diligence

Due diligence has been undertaken in the key areas of finance, governance, and workforce, and necessary mitigating actions identified for all identified risks. The over-arching objectives of the due diligence in each area are as below:

- **Governance:** to ensure we implement robust governance procedures and principles required for level 3/delegation
- **Finance:** to ensure that CCG Governing Bodies consider the financial risks associated with the proposed transfer of responsibilities for the management of Primary Care contracts from NHS England
- **Workforce:** to review staff capacity to ensure that contract management, commissioning, finance, administration, business intelligence and lay input is equitable and resourced appropriately

Each work stream continues to report into the Delegation Executive Steering Group, membership of which includes all NWL MDs, Accountable Officers, Lay Representatives, Governance lead, Finance Lead, and Workforce lead.

5.1 Governance due diligence

The approach to the new governance arrangements is being driven by the following principles, namely ensuring that:

- the clinical voice is optimised whilst at the same time safeguarding GPs and the CCG from real or perceived conflicts of interest
- both local and joint working is effective and transparent to the CCGs and to all stakeholders, and that it delivers the objectives set out in the NWL plan around primary care
- decision-making remains fully compliant with statutory guidance and that it reflects good governance practice and is evidence-based

The CCG will formally disband and replace its Level 2 Primary Care Co-Commissioning Committee with a new Level 3 Primary Care Commissioning Committee, which shall be effective from 1 April 2017. This will be a decision-making committee on behalf of the

Governing Body, by which the committee will be held to account. The work of the committee will be a standing item on the Governing Body's agenda and will include the minutes (at corresponding closed and in public sessions) and an executive summary on commissioning decisions, explaining how these will impact the local population. To supplement this (and in line with statutory guidance), a register of new decisions will be provided to the CCG's Governing Body and a continuous log of decisions will be made available on the CCG's website.

5.2 Finance due diligence

RSM (auditors) have undertaken an audit of financial issues and provided a final report encapsulating their findings. The main finance- and legal-related issues raised – and responses – are listed below:

- Historic legacy issues and budget deficits: NHS England will remain liable for any pre-April 2017 liabilities. Potential issues will be captured on NHSE's legacy list and provision will be made for these 'old-year' liabilities
- Counter-fraud arrangements: NHSE remains accountable and responsible for counter-fraud. Agreement around the above issues has been captured within the Memorandum of Understanding between the CCG and NHSE
- Use of primary care allocations to address deficits in other areas of the health service: primary care funding allocations are ring-fenced and to only be spent on Primary Care services
- Status of practice contracts and ongoing rent reviews: NHS England are completing templates which share all knowledge and known issues on a practice-by-practice basis

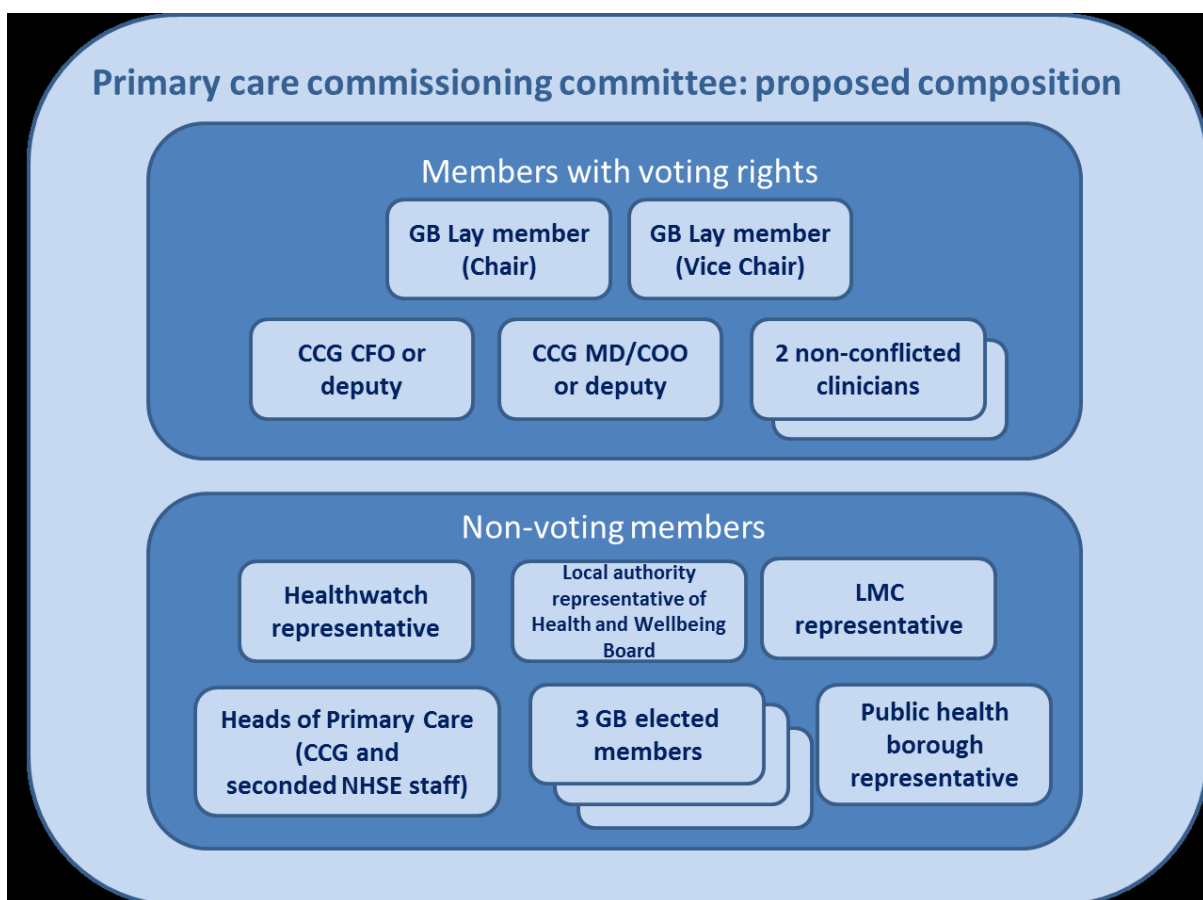
5.3 Workforce due diligence

The CCG and NWL are currently considering the workforce requirements under delegated commissioning, at CCG and CWHHE level. The CCG will lead at a local level on primary care management, relationships and decision-making, with recognition that some resources will be best aligned to existing centralised teams e.g. technical contract support, business intelligence. Existing NHS England staff will be seconded to NWL and based at Marylebone Road offices alongside CCG staff – a Memorandum of Understanding has been developed to

manage the smooth transfer of staff. H&F CCG will advertise a Band 8B to shore up the existing local and centralised teams, with further posts to be recruited to as further workforce needs are identified.

6. Primary Care Commissioning Committee

The revised committee will be comprised of the following members, noting the continued inclusion of the LA representative of the HWBB, and the appointment of two non-conflicted clinicians with voting rights:



7. Primary Care Strategy

Alongside the progress made in transitioning to primary care commissioning delegation, H & F CCG has held the first two of a planned series of Board to Board sessions with Hammersmith and Fulham GP Federation – in January and February 2017. We have jointly agreed that we will co-develop over the next three months a Primary Care Strategy for H &


F. The strategy will build on joint work done to date, for example around practice resilience and out of hospital service delivery, and consolidate national and local strategies, including: the GP Forward View, the NWL STP, the national Strategic Commissioning Framework (which outlines outcomes in the areas of accessible, pro-active and co-ordinated care) and the draft Local Services Strategy. We continue to work alongside the Federation and partners on the developing Multi Specialty Community Provider (MCP) and ultimately Accountable Care Partnership (ACP) direction of travel as potential vehicles for delivering transformational change.

8. Next steps and transition

- ensuring business as usual is maintained
- working with NHS England to ensure a smooth transition through 01 April and beyond
- working collaboratively with CCG colleagues across NW London to take full advantage of the synergies presented to us through delegated commissioning
- risk logs to continue to be monitored and risks mitigated
- Accountable Officer and CCG Chair to agree the process for recruiting non-conflicted clinicians to the new committee
- continued engagement with practices and key stakeholders
- primary care workforce development and recruitment to be continued by the CCG and across NW London. H & F CCG has commenced recruitment of one lead officer

Appendix One: engagement timeline

- November to February 2017: Full engagement and information sharing with membership
- 8 November 2016: Hammersmith and Fulham Governing Body
- 1 December 2016: Joint Co-commissioning committee
- Monthly: local co-commissioning committee receives regular updates
- 5 December 2016: NHS England Checklist Application pending membership vote
- 10th January 2017: Hammersmith and Fulham Governing Body
- January 2017: NW London Delegated Commissioning Workshop hosted by NHSE National team
- 1 February 2017: Ballot of members opens
- 14 February 2017: Ballot of member closes
- 28 February 2017: NW London results of ballot declared

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH & WELLBEING BOARD</p> <p>20 March 2017</p>	
HAMMERSMITH & FULHAM GP FEDERATION UPDATE	
REPORT OF THE H&F GP FEDERATION	
Open Report	
Classification - For information	
Key Decision: No	
Information-sharing: the paper was presented in January at the H&F CCG/H&F GP Federation Board to Board session	
Wards Affected: All	
Accountable Director: Chris Adams, CEO, H&F GP Federation	
Report Author: Chris Adams	Contact Details: E-mail: Chris.Adams6@nhs.net

1. EXECUTIVE SUMMARY

1.1 The purpose of this paper is to update the Health and Wellbeing Board on H & F GP Federation's work, notably:

- The organisational and governance structure of the Federation
- Overview of key programmes of work, namely Out of Hospital services, accountable care, education and transformation

1.2 The Federation's structure and key programmes are predominantly:

- Delivery of the suite of Out of Hospital services on a whole population basis
- Development of accountable care partnerships, via an emerging relationship and development programme with key partners including Imperial College Healthcare Trust, West London Mental Health Trust and Chelsea and Westminster Hospitals Education
- the Federation receives grant funding from Health Education North West London (HENWL) and had an active Continuing Education Provider Network (CEPN) Steering Group. Focus is on:

- a. Workforce modelling and redesign, including mentoring and revalidation of nurses, training for practice managers and receptionists, and use of appropriate skill mix such as practice pharmacists and Allied Health Professionals
 - b. Practice Education hub development: 8 hubs focussing on different specialties
 - c. GP upskilling, for example in mental health and dermatology
- 1.3 Transformation: innovation through piloting several digital solutions; joint working on shared back office services to streamline administrative processes and increase efficiency; increasing online engagement with patients; working at scale across General Practice; development of Primary Care Home as a milestone towards developing a multi-specialty community provider (MCP).
- 1.4 Each of the work streams outlined above directly relates to delivering elements of the GP Five Year Forward View and developing sustainable and transformational primary care in H & F.

2. RECOMMENDATIONS

That the Board note the Federation's structure and key programmes, as set out in the Executive Summary of this report.

3. ENGAGEMENT/INVOLVEMENT

We are working closely with the CCG on developing an H & F Primary Care Strategy by end June, and with key partners across the health and care system.

3. EQUALITY IMPLICATIONS

Equity of service provision and access is a key part of primary care delivery, as per the out of hospital services portfolio.

4. LEGAL IMPLICATIONS

None.

5. FINANCIAL IMPLICATIONS

Not relevant for this Board.

6. IMPLICATIONS FOR BUSINESS

The Federation continues to explore ways of ensuring its future sustainability.

7. COMMERCIAL IMPLICATIONS

No commercial implications are applicable.

8. BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

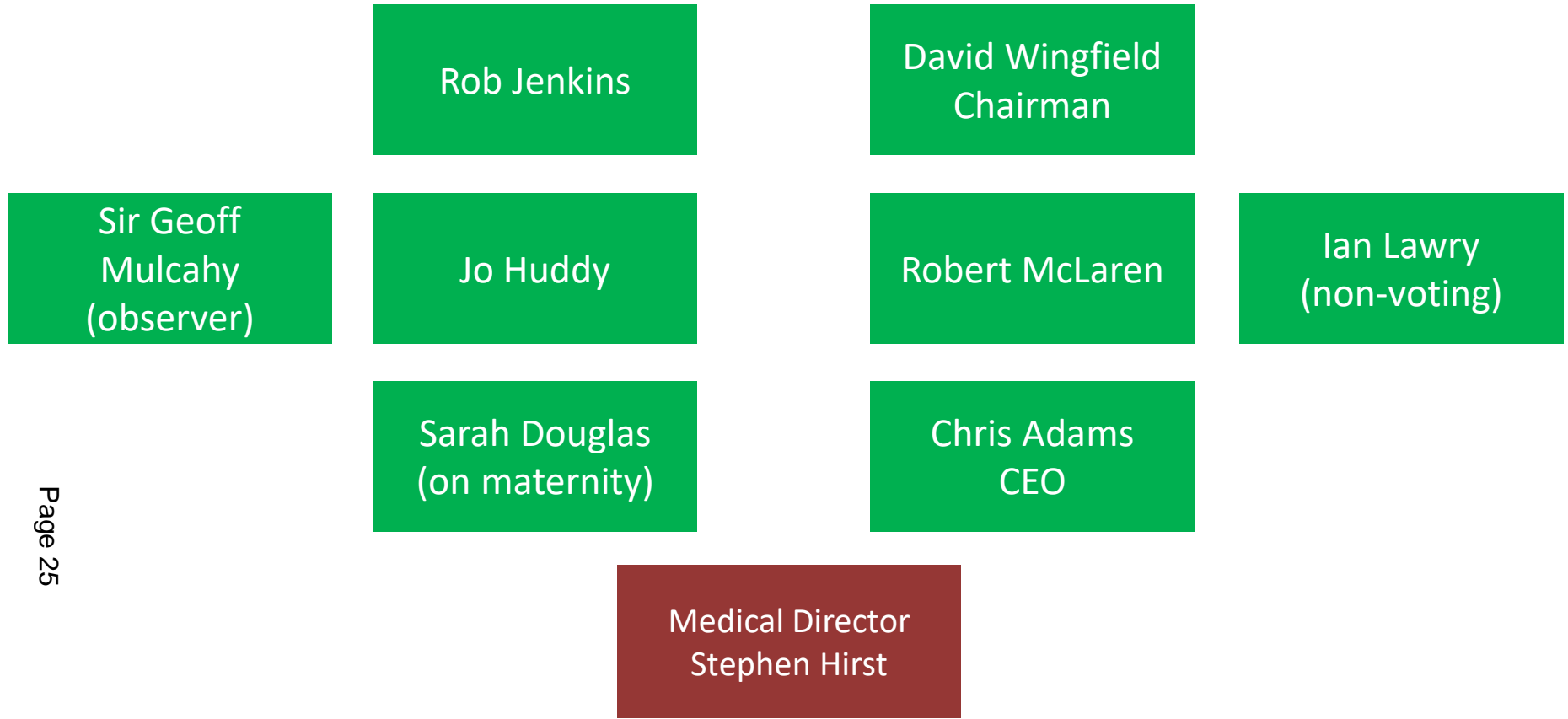
9. LIST OF APPENDICES

Appendix 1 - GP Federation – Organisational structure and information



H&F Health & Wellbeing Board March 2017

ORGANISATION STRUCTURE 1 OF 3 – BOARD OF DIRECTORS



Page 25



Funding Source



ORGANISATION STRUCTURE 2 OF 3 – CLINICAL

Clinical Governance

Cardiovascular Lead
Jas Khaler

Diabetes Lead
Dr Paula Fernandes

Mental Health Lead
Dr Niraj Arora

Nursing Lead
Vicki Newport

Medical Director
Stephen Hirst

Clinical Delivery (employed)

Hannah Peters
CIS GP P/T
(maternity leave)

Lizzie Greenberg
CIS GP P/T

Vaidehi Hegde
Urgent Care Fellow (GP)

Chad Hockey
Urgent Care Fellow (GP)

Donna Lacey
Urgent Care Fellow (PA)

Anna Phelon
Urgent Care Fellow (GP)

Clinical Delivery (bursary)

Amar Maroo
Paeds PIE (GP)

Huda Al-Hadithy
Paeds PIE (GP)

Jane Busby
Paeds PIE (GP)

Jayna Kumpavat
Paeds PIE (GP)

Noorez Hirani
Paeds PIE (GP)

Pat Barbour
Paeds PIE (GP)

Radegund Norbery
Paeds PIE (GP)

Page 26

Funding Source

OOHS contract

Accountable care

Transformation

CIS service

HENWL

ORGANISATION STRUCTURE 3 OF 3 – OPERATIONS



Page 27

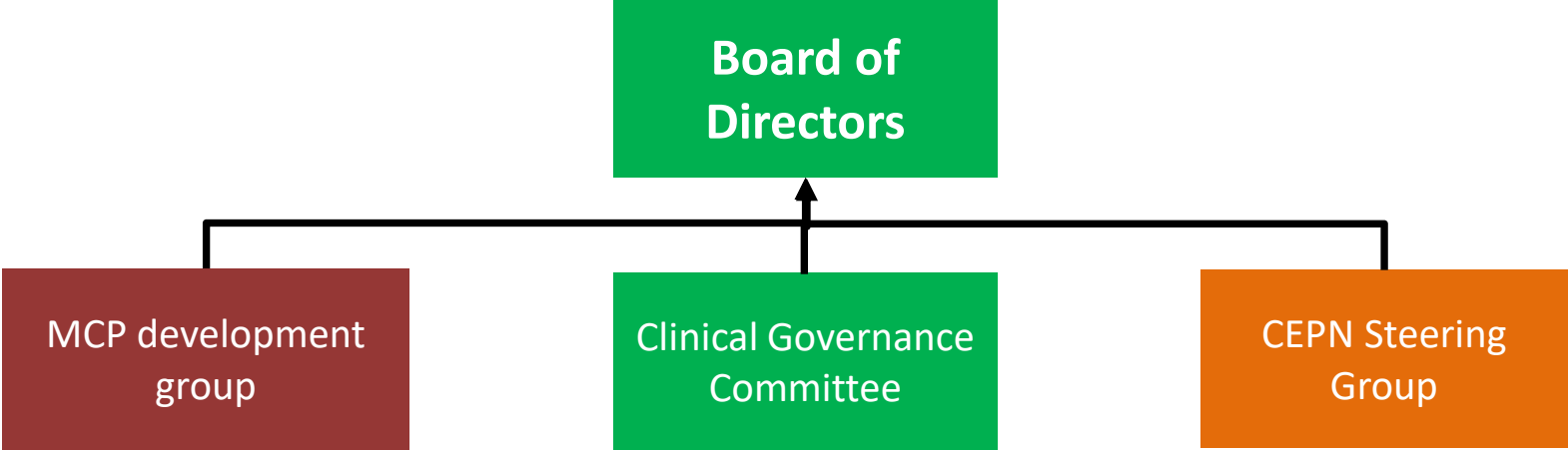


Funding Source



GOVERNANCE STRUCTURE 1 OF 1

Page 28



Currently being established
 Will meet quarterly
 Will be chaired by Board director
 GP representative from each network
 CLCH and WLMHT representatives
 Patient representative

Meets quarterly
 Chaired by Medical Director
 All GP directors
 Lead Nurse
 Patient representative

Meets two monthly
 Chaired by a Board director
 Multiple stakeholder representatives
 Staff group representatives
 Patient representative



Funding Source



SOURCES AND USES OF FUNDING 1 OF 1



SOURCES

48% funded by CCG grants
29% trading income
23% funded by HENWL grants

100% funded by HENWL grants

71% GRANT FUNDED

100% GRANT FUNDED

USES

Board and CEO
Office usage
Medical director and clinical leads
All transformation work
All accountable care / MCP work

Lead nurse and administrator
Office usage
Clinical training
Education hubs
Education development projects

RECENT ACHIEVEMENTS 1 OF 1

Shortlisted for HSJ Awards 2016: “Primary Care Innovation”

Schwarz Rounds: First in UK in primary care, and first in care homes

Expanded accountable care MoU to Imperial, ChelWest, and WLMHT

Joined NAPC “Primary Care at Home” national programme

Started discussions with CLCH and WLMHT in relation to MCP development

PROGRAMME STREAMS CONTENT 1 OF 9

OOHS contract

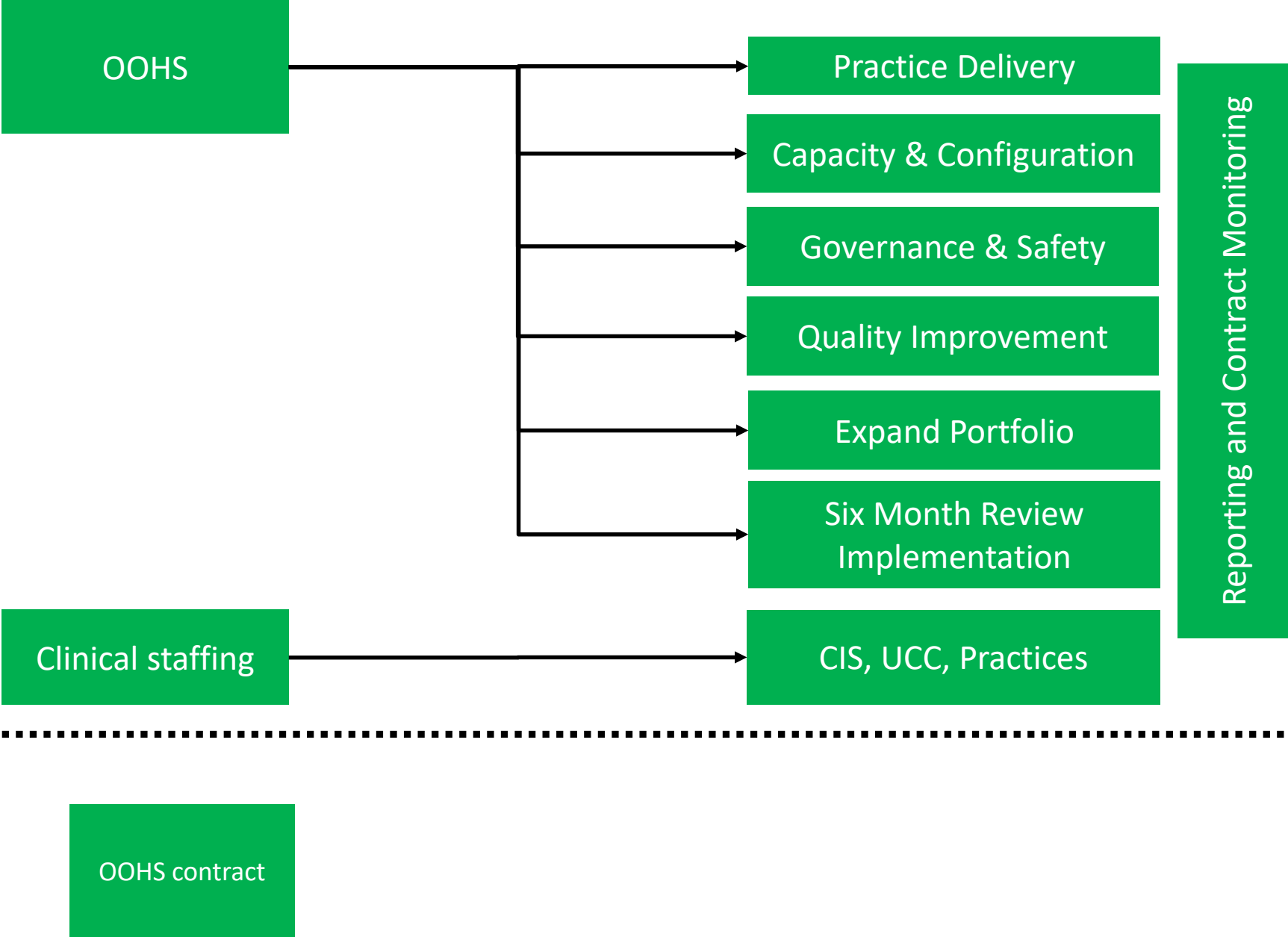
Accountable care

Transformation

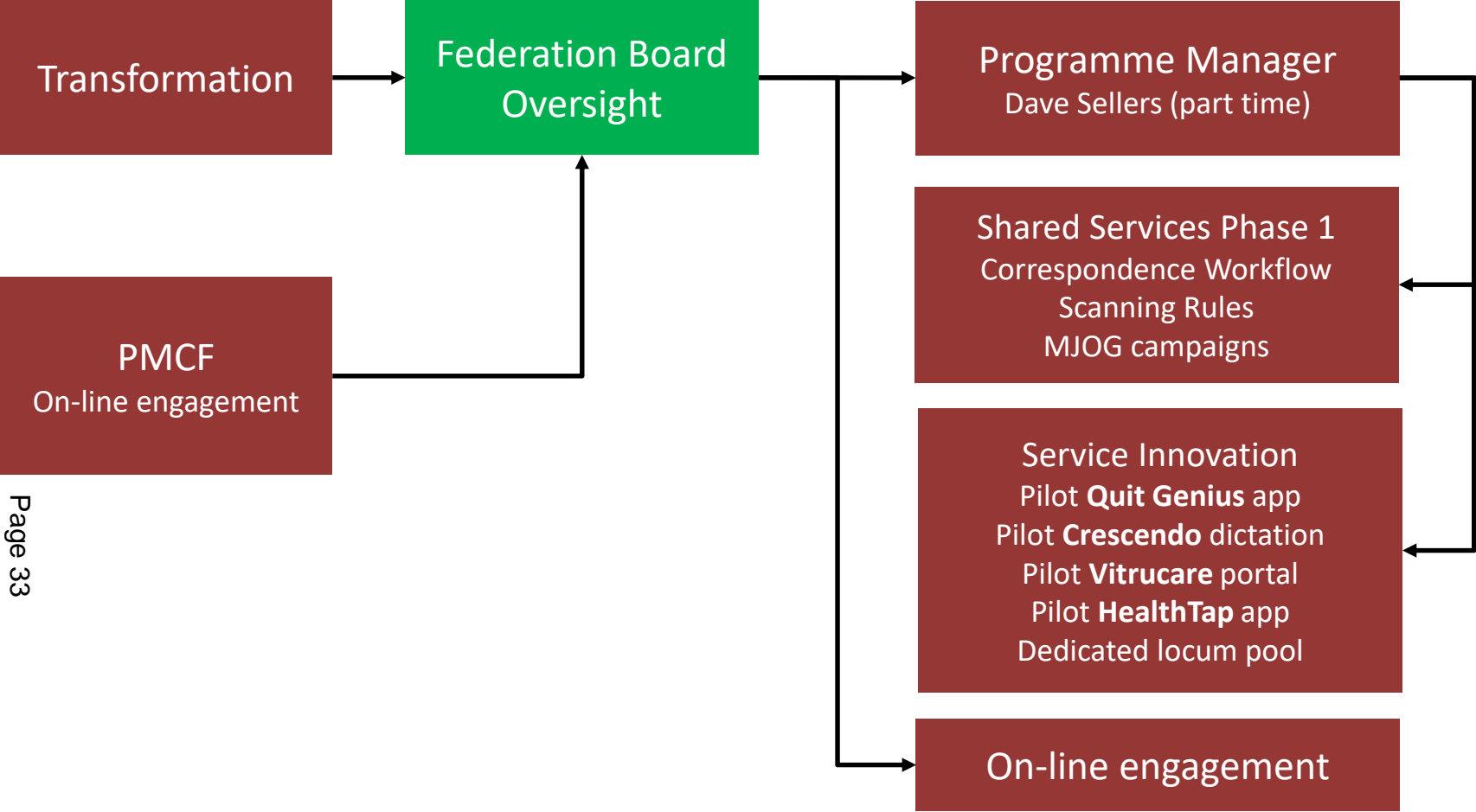
HENWL

PROGRAMME STREAMS CONTENT 2 OF 9

Page 32



PROGRAMME STREAMS CONTENT 4 OF 9



Transformation

PROGRAMME STREAMS CONTENT 6 OF 9

Federation Board Oversight

Caroline Durack
Programme Manager

Accountable Care System Development
Jointly with: C&W, Imperial, WLMHT

Develop Model of Care
Familiar Faces, Paediatrics
COTE, Ambulatory care

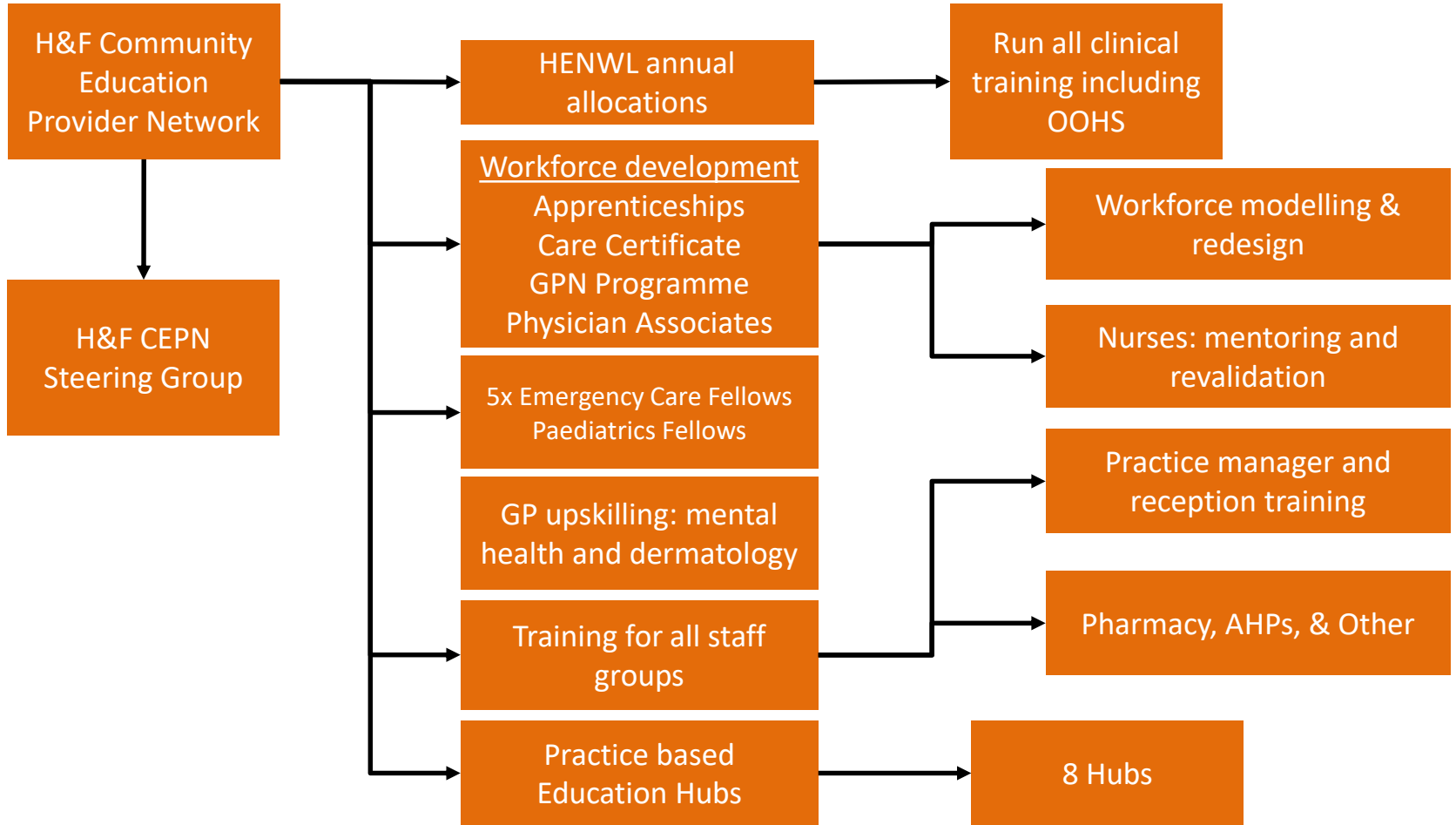
Care Homes / Frail Elderly
Includes Schwarz Rounds roll out

MCP development including
Primary Care Home

Develop Informatics Function

Accountable care

PROGRAMME STREAMS CONTENT 8 OF 9



Agenda Item 6

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH & WELLBEING BOARD</p> <p>20 March 2017</p>	
PROPOSED ESTABLISHMENT OF A FAMILY SUPPORT SERVICE	
Report of the Tri-Borough Director of Children's Commissioning	
Open Report	
Classification -	
Key Decision: No	
Wards Affected: All	
Accountable Director: Rachael Wright-Turner, Tri-Borough Director of Children's Commissioning	
Report Author: Robin Barton, Head of Commissioning	Contact Details: Tel: 07712 415 106 E-mail: robin.barton@rbkc.gov.uk

1. EXECUTIVE SUMMARY

- 1.1. LBHF Cabinet approved, on 6th March, the establishment of a Family Support Service (FSS) Joint Venture Company as a vehicle to drive system integration across a range of children's health and social care services and improve long term outcomes for the Borough's children and families.
- 1.2. The Family Support Service provides the opportunity to create an integrated health and wellbeing provider vehicle, which can become a strategic partner to improve family health and social care outcomes across the Borough.
- 1.3. There appears to be an emerging consensus that there would be significant benefits to extending the scope of services within the FSS. This would increase opportunities to strengthen the depth of integration across child and family focused pathways, improve the experience for families in need of care and support, and deliver improved outcomes for both the health and social care systems.
- 1.4. This paper provides some background to the FSS, and articulates some of the opportunities to broaden the potential scope of the FSS and expedite integration of health and social care services across the Borough.

2. RECOMMENDATIONS

- 2.1. To endorse the opportunity which the Family Support Programme offers to create an integrated health and wellbeing provider vehicle, which can deliver outcomes for both health and social care commissioning bodies.
- 2.2. To support the completion of opportunity assessments for the possible inclusion of the following local authority funded service areas within the FSS:
 - Adult Social Care assessment and provider Services
 - Local Authority funded emotional wellbeing support
- 2.3. To support the completion of these opportunity assessments with appropriate resources and leadership, where relevant.
- 2.4. To support, subject to the outcome of the opportunity assessments, the inclusion of these service areas within the FSS Joint Venture procurement, which will allow further exploration of the potential benefits of these services being integrated through the FSS. The final inclusion within the FSS will remain subject to appropriate governance decisions.
- 2.5. To consider the potential to undertake opportunity assessments for the possible future inclusion of the following health funded services within the FSS:
 - District Nursing
 - Community midwifery
 - Health funded emotional wellbeing support

3. REASONS FOR THE RECOMMENDATIONS

- 3.1. The establishment of the FSS presents a unique opportunity to achieve a step change in the effectiveness of our system wide work with families and children, creating a vehicle which empowers multiple professionals to integrate their preventative and early intervention support to children and families.
- 3.2. The next key step in the implementation of the FSS will be a competitive procurement process to select a Joint Venture partner and simultaneously award a service contract for the FSS to deliver the agreed suite of commissioned services.
- 3.3. There is an opportunity through this procurement to create flexibility for the FSS to be used as a vehicle for further health and social care integration over the course of the planned 8-year contract. Options can be created to provide this potential without a definitive decision at this stage. These options can be tested and explored with the market over the coming months.
- 3.4. As a result, this is an important point in the FSS programme for wider health and wellbeing stakeholders to assess the strategic opportunities which the FSS could

provide for the Borough's residents, and how these options could be explored and developed further.

4. VISION

- 4.1. The vision of the FSS is, "A borough where families in need are given the right help at the right time to support them to meet challenges, develop resilience, and create positive futures".
- 4.2. This will be achieved through 'A collaborative and community-focused service providing *proactive, integrated and innovative preventative support to families most in need. The FSS will aim to have a positive long-term impact on families' futures, reducing demand for statutory care services, and operating as a financially sustainable organisation*'.
- 4.3. This vision was approved by LBHF Cabinet in October 2016.
- 4.4. The ambition of the FSS is to achieve improved outcomes for families through effective and holistic whole-family early intervention, delivered in the community.
- 4.5. The development of the FSS has been driven by the need to enhance our prevention and early intervention services, to increase the opportunities for all children and families to thrive, be safe and healthy, and achieve their fullest potential.
- 4.6. We know that the current service arrangements for children and families are too fragmented. This fragmentation leads to a variety of issues including variations in service offer, unclear referral pathways, duplication, and families passing between different services.
- 4.7. Consultation with service users and professionals has told us that the existing range of services is too fragmented and confusing. This compromises the effectiveness of services, and the ability to support families effectively and prevent their needs from escalating to the point where they require more intensive social care action or effective interventions to prevent avoidable health issues such as obesity.
- 4.8. The FSS presents the opportunity to rethink and redesign our overall approach to delivering universal and targeted family services. It will enable service arrangements to be redesigned in a way which ensures resources are focused on locality and family needs. It will simplify our arrangements and improve the service experience for both families and professionals.

5. OPPORTUNITIES OF A SPECIAL PURPOSE VEHICLE (SPV)

- 5.1. A SPV, rather than an alternative delivery model, provides several advantages, which other options would be unable to deliver.

- 5.2. A Joint Venture SPV, formed between the Council, and selected expert organisations, will enable these critical preventative services to benefit from a broader collaboration of skills, capabilities and resources. This will be essential to support such a complex service transformation.
- 5.3. An SPV will enable these preventative services to be perceived as an independent family focused organisation, and not part of a statutory intervention. This should help improve and strengthen family engagement. Perceived proximity to statutory services can act as a barrier to engagement and deter families from seeking or receiving help.
- 5.4. A single employer will create an opportunity to integrate professionals, develop shared professional practice, and design new roles, all of which will help to break down cultural barriers to health and social care integration.
- 5.5. An SPV will provide commissioners with a single organisation which will be accountable for delivering improved preventative outcomes and an associated reduction in statutory social care referrals and poor health outcomes, and accelerate our ability to adopt an outcomes based approach to commissioning across the Borough.
- 5.6. The use of an SPV creates the potential for future further integration through an alignment of corporate delivery vehicles, should other new models of care be established in the Borough in the medium term.

6. BENEFITS

- 6.1. The establishment of the FSS provides several strategic benefits for the Borough.
- 6.2. A significantly improved family experience: The integration of multiple professionals within the FSS will enable families to receive a significantly better experience, at both a universal and targeted level. The ability to deliver a locality service of multiple professionals will enable services to be developed and tailored to the specific needs of each area, informed by the shared experience of multiple professional perspectives. Family data and information will be able to flow more freely within a single organisation, delivering greater responsive. Families who need additional support will receive a single wrap around of professionals supporting them on their journey to sustained positive outcomes.
- 6.3. Earlier identification of need: This integration of professions, systems and processes into a single family focussed pathway will enable the FSS to respond to need at the earliest opportunity, increasing the likelihood of achieving positive outcomes for children, young people, and families sooner. This too impacts on the likelihood of increasing community cohesion and participation and social mobility. As the FSS builds its experience and data across multiple professional perspectives it will aspire to build greater predictive capabilities to identify those families at greatest risk of escalating needs and mobilise the appropriate service offer to provide genuine targeted prevention and early intervention support. The FSS will enable a single data system to be developed which can generate business intelligence drawn from the insight of multiple professionals.

- 6.4. Building a platform for the future: The establishment of the FSS provides an opportunity to create a delivery vehicle which can act as a future vehicle for further integration of services which support families. As budgets continue to reduce further, a model which can realise further integration efficiencies, and maximise frontline resources, has the potential to play a critical role for the wider health and wellbeing system.

7. SERVICE SCOPE

- 7.1. The initial suite of services within scope for the FSS is: Early help, children's centres, youth services, school health and health visiting.
- 7.2. The potential inclusion of Adult Social Care services offers the opportunity to create a provider vehicle which focuses on the health and wellbeing of families in the widest possible sense.
- 7.3. This should create much broader opportunities for the FSS to develop a much more holistic understanding of families and deliver support at an earlier opportunity to improve resilience and outcomes.
- 7.4. The inclusion of emotional wellbeing support will enable the FSS to respond quickly to provide support at an early stage, informed by a broader understanding of family circumstances and needs.
- 7.5. These outline strategic benefits will need to be assessed through more detailed opportunity assessments.
- 7.6. There are a number of additional service areas which have been identified as having close service proximity to the initial service scope and where there are thought to be significant opportunities to improve outcomes through the depth of integration which the FSS can achieve.
- 7.7. Inclusion of these services could also significantly increase the ability of the FSS to identify and understand the health and social care needs of the most vulnerable families, enabling earlier intervention, more effective outcomes, and reduced demand on costlier interventions.
- 7.8. Further consideration and analysis will be needed to assess the full opportunity which these additional service areas could offer to the health and wellbeing of the Borough through inclusion with the FSS.
- 7.9. Additionally, other service areas may also wish to be considered at this stage for further analysis.

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH AND WELLBEING BOARD</p> <p style="text-align: center;">20 MARCH 2017</p>	
<p style="text-align: center;">DEMENTIA JOINT STRATEGIC NEEDS ASSESSMENT PROGRESS REPORT</p>	
<p style="text-align: center;">REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE</p>	
<p>Open Report</p>	
<p>Classification - For Information</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Director: Liz Bruce, Executive Director for Adult Social Care and Health</p>	
<p>Report Author: Frank Hamilton, Strategic Commissioner, Adult Social Care</p>	<p>Contact Details: Tel: 020 8753 7933 E-mail: frank.hamilton@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1 The Health & Wellbeing Board is requested to note this progress report in response to the 32 recommendations set out in the Joint Strategic Needs Assessment (JSNA) on dementia; in addition, it is requested to note the Three Boroughs Joint Health and Social Care Dementia Programme Board approach to facilitate implementation.

2. RECOMMENDATIONS

- 2.1. That the Board consider and note the progress of the Three Boroughs Joint Health and Social Care Dementia Programme Board;
- 2.2. That the Board agree to monitor the progress of the implementation of the JSNA on dementia recommendations, holding to account the parties involved; and

- 2.3. That the Board continue to support and to promote the partnership work between health and social care to improve the patient, service user and carer experience.

3. INTRODUCTION AND BACKGROUND

- 3.1. On the 9th September 2015, the JSNA on dementia and its recommendations was presented by Colin Brodie and Lisa Cavanagh and endorsed by the Health & Wellbeing Board.
- 3.2. Since the publication of the JSNA on dementia in 2015, diagnosis rates have been consistently increasing. This will have an impact on the way that health and social care commissions post-diagnostic services as it is expected that there will be a requirement for more services and a range of services in the future. Each of the three CCGs are in the top performing category for diagnosis rates having exceeded the NHS England national target of 67% with Hammersmith & Fulham CCG at 80.9%, West London CCG at 76.2% and Central London CCG at 77.5%.
- 3.3. NHS England have recently strengthened the Quality and Outcomes Framework (QoF) 2016/2017 indicators on dementia care planning and post-diagnostic support to include the proportion of patients with dementia whose care plan has been reviewed in the preceding 12 months. All three CCGs currently fall within the 'needs improvement' category (<75.6%). Hammersmith & Fulham CCG and Central London CCG require a small increase in the proportion of care plan reviews to meet the performing well target. However, West London CCG requires a little distance to travel to meet the performing well target and an action plan is in place to achieve improvements in this area. This has been communicated to GPs, the performance against this target and is being monitored locally by the Local Implementation Group.

4. PROGRESS REPORT

- 4.1. Membership of the Three Boroughs Joint Health and Social Care Dementia Programme Board now includes clinicians, patient representatives, safeguarding leads, and subject matter experts, such as, the Alzheimer's Society as in Appendix 1.
- 4.2. Considerable work is in progress to implement The Three Boroughs' Joint Health and Adult Social Care Dementia 'Plan on a Page' in Appendix 2 setting out the vision, performance standards and programme deliverables within the financial year 2016/2017. To achieve this, the programme board agreed to use the NHS England 'Well Pathway': preventing well, diagnosing well, supporting well, living well and dying well, as a framework to better understand the stages in the pathway and the key interdependencies to deliver high quality health and social care.
- 4.3. Alongside this, the programme board recognised that implementing the 32 Tri-borough JSNA on dementia recommendations within the current financial year

would be extremely ambitious given the limited resources and timescales. After in-depth discussion, the programme board agreed that facilitating implementation should be based on common themes across the three boroughs. The five overarching key recommendations are set out in Appendix 3 below, the aim is to prioritise (5 out of 32) nearly 16% this year.

- 4.4 The programme board acknowledges that only through effective business intelligence gathered and triangulating information to produce the evidence base can effective implementation of the JSNA recommendations on dementia be realised. Considerable work is in progress to develop a performance management dashboard to give assurance to the Health & Wellbeing Board to monitor progress against these key deliverables.

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. 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 etc.)
- 5.2 The Online JSNA Highlight Reports considers the whole population including vulnerable groups.
- 5.3 The Young Adults JSNA focusses on the needs of young adults who are an often overlooked population group and include very vulnerable people such as care leavers and people with eating disorders. The recommendations of this JSNA can be expected to make a positive contribution to reducing health inequalities and delivering Hammersmith and Fulham’s equalities objectives.

6. LEGAL IMPLICATIONS

- 6.1 The Health and Social Care Act 2012 placed a joint and equal duty on local Authorities and clinical Commissioning Groups (CCGs) to prepare JSNAs through the Health and Wellbeing Board.
- 6.2 Legal implications completed by Rhian Davies, Chief Solicitor (Litigation and Social Care).

7. FINANCIAL AND RESOURCE IMPLICATIONS

- 7.1 There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
- 7.2 Finance implications completed by Cheryl Anglin-Thompson Principal Accountant, Planning and Integration. Telephone: 020 8753 4022.
- 7.3 Clinical Commissioning Groups:
Any future projects will be contained within the CCG budget.

8. RISK MANAGEMENT

- 8.1 Public Health risks are integrated into the Council's Strategic Risk Management framework and are noted on the Shared Services risk register, risk number 5. Market Testing risks, achieving high quality commissioned services at lowest possible cost to the local taxpayer is also acknowledged, risk number 4. Statutory duties are referred to in the register under risk 8, compliance with laws and regulations. Risks are regularly reviewed at Business Board and are referenced to in the periodic report to Audit, Pensions, and Standards Committee.
- 8.2 Risk Management implications verified by Michael Sloniowski, Shared Services Risk Manager, telephone 020 8753 2587.

9. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 9.1 Officers from the commercial and procurement function will be consulted at the outset to develop procurement options and strategies as a result of the JSNA and re-commissioning projects.
- 9.2 Procurement and strategy implications verified by Michael Sprosson, Commercial Development Manager, Telephone 07725 623440.

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
	Dementia JSNA and Commissioning intentions	Lisa Cavanagh 020 7641 2631 Colin Brodie 020 7641 4632	Public Health Team, WCC

LIST OF APPENDICES:

Appendix 1: The Three Borough Joint Health and Social Care Dementia Programme Board Membership

Appendix 2: Three Boroughs Joint Health and Social Care Dementia 'Plan on Page' 2016/2017

Appendix 3: Combined Targeted JSNA on Dementia Priorities

Appendix 1

The Three Borough Joint Health and Social Care Dementia Programme Board Membership			
Organisation	Designation	Function	Name
ASC	3B ASC (London Borough of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea, Westminster City Council)	Director for 3B ASC Commissioning and Enterprise (SRO)	Mike Boyle
		Head of 3B Head of Complex Needs Older People (Chair)	Ben Gladstone
		Strategic Commissioner, Adult Social Care	Frank Hamilton
		Strategic Lead in Professional Development	Helen Banham
		Head of Quality Assurance and Professional Lead	Ann Stuart
		Senior Business Analysis	James Hebblethwaite
		Chair of Safeguarding Board	Michael Howard
		Head of Planned Care and Mental Health	Julie Scrivens
		Planned Care and Mental Health Programme Manager	Jessica Simpson
		3 CCGs	Dementia Clinical Lead
Joint Commissioning Older People/Vulnerable Adults (OPVA) Team	Joint Clinical Commissioning Group	Senior Joint Commissioning Manager - Continuing Care and End of Life Care Joint Commissioning	Louise Maile
	Joint Clinical Commissioning Group	Joint Commissioning Officer	Julie Willoughby
Central London, West London, Hammersmith & Fulham, Hillingdon and Ealing (CWHEE)	CWHEE Clinical Commissioning Groups Collaborative	Safeguarding Lead	Molly Larkin
Public Health	Public Health Representative	Deputy Director for Public Health	Cynthia Folarin
Healthwatch	3 rd Sector	Interim Director for Healthwatch	Carena Rogers
Alzheimer's	Subject Matter Expert	Delivery Manager	Karen McCrudden
K&C and Westminster (KCW) CNWL	Subject Matter Expert	Consultant Psychiatrists	Claudia Wauld
H&F WLMHT	Subject Matter Expert	Consultant Psychiatrists	Stephen Orleans-Foli


Three Borough Joint Health and Adult Social Care Dementia 'Plan on a Page' 2016/2017

Strategic context – the scale of the challenge & vision		How we will deliver the vision: Priority areas	Joint Health and Adult Social Care Dementia (JHASCD) Plans for delivery			
Vision		Combined JSNA Priorities		Outcomes	Key Joint Dementia Action Plans	Measure
<p>The Joint Health and Adult Social Care dementia vision is to develop, commission and deliver high quality, cost-effective services for the local populations of Hammersmith & Fulham, Kensington and Chelsea and Westminster through population based commissioning, and by working in partnership with people living with dementia, carers and local stakeholders.</p> <p>The vision is underpinned by the Joint Strategic Needs Assessment (JSNA) to:</p> <ul style="list-style-type: none"> • Increase understanding of local health and social care needs • Raise awareness and understanding • Support early diagnosis and post diagnostic support • Promote prevention, personalisation, integration, and local services • Enable sound financial and risk management • 'Live well' with dementia 		<ul style="list-style-type: none"> • Address the supply of local care home beds in future local authority and CCG commissioning intentions. • Ensure there are opportunities for coordinated training and support for people across the pathway to enable recognition of people with dementia and to improve confidence in care for people with complex needs and behaviours that challenge. • Exploit joint working with the police and community partners to support appropriate and effective use of assistive technology/telecare with patients/service users with dementia. • Establish joint dementia programme board to facilitate implementation of the JSNA recommendations and North West London Strategy. • The increasing numbers and needs of people with dementia and their carers are taken into account in the wider local authority and health strategies, especially, care settings and housing. 	Preventing Well	The risk of people developing dementia is minimised	<ul style="list-style-type: none"> • Expand the Dementia Action Alliance and dementia friendly campaigns to raise public awareness and understanding of dementia in the wider community. • Review the number of people that have vascular checks as part of NHS Health Checks that are at risk of dementia. 	<ul style="list-style-type: none"> • The number of dementia friendly society registrations against proxy baseline
<p>Where are the three boroughs now...</p> <ul style="list-style-type: none"> • The three boroughs generally perform well on health and social care indicators compared to national benchmarks, although in some aspects there is a distance to travel. • The prevalence of dementia is due to rise by nearly a third (30%) over the next 15 years. • The number of older people aged 65 has increased by a fifth (20%) and in the over 85 population it has increased by nearly a third (30%). • Improvements in early diagnosis across the three boroughs has led to exceeding the NHS England benchmark of 67%. • There are too many care home placements out of borough as a result of limited in borough capacity. • Better workforce planning is leading to delivery of higher quality services. 		<p>Performance Improvement</p> <ul style="list-style-type: none"> • Develop a robust performance management tool to track and monitor progress against the combined JSNA priority action plan, while mitigating risks. • Ensure patient/service user safety and quality underpins every contact with people with a dementia diagnosis in contracts. • Ensure provider contract schedules and performance requirements are outcome focused. • Comply with National Institute of Health and Social Care Excellence (NICE) quality standards. • Promote information sharing and agree minimum dataset (MDS) across the health and social care system. • Adhere to the national outcome frameworks: Health, Adult Social Care, Public Health and Education. • Improve triangulation of data across health and social care to produce the evidence base for future commissioning. 	Diagnosing Well	Timely diagnosis, integrated care plan and review within first year	<ul style="list-style-type: none"> • Identify commissioning opportunities for hybrid working across care settings to enable staff to recognise dementia signs and symptoms in order to take the most appropriate action. • Ensure people in care homes and supported extra housing are appropriately supported through advice and guidance by the nominated dementia lead. 	<ul style="list-style-type: none"> • The number of bid submissions • The number of care home registrations with dementia leads on the database
<p>What we want to achieve...</p> <ul style="list-style-type: none"> • Raise awareness of healthy lifestyles through public health campaigns on prevention and risk reduction. • Build capacity to support carers. • Improve the quality of health and social care services for local people to meet their needs. • Commission a joint health and social care system using the 'Well Pathway' that is based on local population needs. • Commission services in the most effective way using the research and the evidence base. <p>The outcomes we want to deliver are to:</p> <ul style="list-style-type: none"> • Improve the patient, service user and carer experience. • Prevent, reduce or delay people with dementia having hospital admissions, and permanently attending nursing or residential care homes. • Reduce duplication by effectively working together across the system, with the aim to increase efficiency. 		<p>Governance</p> <p>The Joint Health and Social Care Dementia Programme Board will report periodically into the Health and Wellbeing Boards on progress made against the 'Joint Dementia Action Plan', with the aim to give transparency on delivery. This Board will produce a dashboard to give visibility on the programme board's trajectory against deliverables.</p> <p>Although the aim is to work at scale and pace, each local authority and CCG are subject to their own sovereignty and local governance arrangements for the dementia implementation plan.</p>	Supporting Well	Access to safe, high quality health and social care for people with dementia and carers	<ul style="list-style-type: none"> • Support and train the health and social care workforce to better support people with a dementia diagnosis in order to care for their physical, mental, and emotional needs. • Review hospital discharge data for people with a dementia diagnosis to improve care planning. • Ensure people with dementia have access to appropriate care and support through personal budgets. • Develop a delivery plan to address the supply of local care home beds in future. • Develop a delivery plan with key stakeholders and community safety partners to increase the use of technology. 	<ul style="list-style-type: none"> • Percentage of the workforce with dementia training • Admissions rates • Percentage of people on personal budgets. • Developed plans
			Living Well	People with dementia can live normally in safe and accepting communities	<ul style="list-style-type: none"> • Conduct audit of people with dementia living in care homes to ensure compliance with safeguarding standards. • Review sample of hospital and community survey results to improve services. • Develop and implement patient metrics, 'I Statements', in care home and housing settings. • Develop appropriate and effective respite care for carers (as and when they need it). • Ensure effective peer support and advocacy for people with dementia and carers to enable them to live well. 	<ul style="list-style-type: none"> • Percentage of care homes compliant with safeguarding standards • Meta-analysis of surveys hospital and community survey data • Condensed set of questions
			Dying Well	People with dementia die with dignity in the place of their choosing	<ul style="list-style-type: none"> • Undertake a review of people with a dementia diagnosis on the end of life care pathway through recording the place of death. • Review integrated advanced care plans and support people with dementia with advice and guidance with the powers of attorney arrangements. • Raise awareness of bereavement support, advice and guidance services for people with a dementia to ensure these people are treated with dignity and respect. 	<ul style="list-style-type: none"> • Percentage of people with a recorded place of death • Sample of interviews
<p>For further information on the Joint Dementia 'Plan on a Page' 2016/2017, please contact Frank Hamilton at frank.hamilton@lbbf.gov.uk or Lisa Cavanagh on lisa.cavanagh@nw.london.nhs.uk</p>						

Appendix 3

Combined Targeted JSNA on Dementia Priorities			
	Priority	Plan	Progress
1	<ul style="list-style-type: none"> Addressing the supply of local care home beds in future local authority and CCG commissioning intentions. 	<ul style="list-style-type: none"> A multi-strategy approach has been pursued; this includes building commitment towards the Shared Lives Scheme and undertaking a strategic review to better understand the underlying drivers that contribute to the lack of supply of local care home beds that results in out of area placements. 	<ul style="list-style-type: none"> The Joint Market Management Plan to address the supply of accommodation based services is in draft form, with a scheduled publication date of Q1 in 2017.
2	<ul style="list-style-type: none"> Ensure there are opportunities for coordinated training and support for people across the pathway to enable recognition of people with dementia and to improve confidence in care for people with complex needs and behaviours that challenge. 	<ul style="list-style-type: none"> Opportunities are being explored for public sector and private enterprise funding. Exploring partnership working with a range of stakeholders, and opportunities with Skills for Care and Health Education England (HEE). The establishment of the Three Borough Nominated Dementia Lead Database provides a platform to disseminate information on training and safeguarding, and to receive returns from the care home sector. 	<ul style="list-style-type: none"> The Three Boroughs were awarded "Fast Follower" status for the national Trainee Nursing Associate Test Site Programme. The approved ASC Dementia Training Programme applies the Department for Health competency framework. Work is continuing to develop the Three Boroughs Nominated Dementia Lead Database to address training and safeguarding concerns in the homecare sector.
3	<ul style="list-style-type: none"> Exploit joint working with the police and community partners to support appropriate and effective use of assistive technology/telecare with patients/service users with dementia. 	<ul style="list-style-type: none"> Opportunities are being explored for multi-agency working with the Police force and the Alzheimer's Society. 	<ul style="list-style-type: none"> Work is in process with Alzheimer's Society and the Police force to scope out a pilot for a Radio Frequency Identification (RFID) Wrist Band to locate missing people with a dementia diagnosis.
4	<ul style="list-style-type: none"> Establish a joint dementia programme board to facilitate implementation of the JSNA and North West London Strategy. 	<ul style="list-style-type: none"> The dementia programme board has established a comprehensive Dementia 'Plan on a Page' to set out the direction of travel. Develop and implement patient metrics, 'I Statements', not only for the care home and housing settings, but for the whole health and social care system. 	<ul style="list-style-type: none"> Work is in progress to align health and social care plans linked to the Dementia 'Plan on a Page'. Work is in progress to develop a business intelligence dashboard that covers a range metrics, Dementia Atlas and 'I Statements', for the whole health and social care system.
5	<ul style="list-style-type: none"> The increasing numbers and needs of people with dementia and their carers are taken into account in the wider local authority and health strategies, especially, care settings and housing. 	<ul style="list-style-type: none"> Strengthen carers respite care to ensure they 'live well'. 	<ul style="list-style-type: none"> Work is in progress to implement the Carers Strategy to better support people with a dementia diagnosis.

Agenda Item 8

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH AND WELLBEING BOARD</p> <p>20 MARCH 2017</p>	
<p>DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY DELIVERY AND IMPLEMENTATION PLAN: PROGRESS UPDATE AND NEXT STEPS</p>	
<p>Report of the Executive Director of Adult Social Services and Public Health</p>	
<p>Open Report</p>	
<p>Classification - For Information Key Decision: NO</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Services and Public Health</p>	
<p>Report Author: Harley Collins, Health and Wellbeing Manager</p>	<p>Contact Details: Tel: 020 8753 5072 E-mail: Harley.collins@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. This report updates the HWB on progress made to date with the development of a Delivery and Implementation Plan for its Joint Health and Wellbeing Strategy 2016-21 and proposes for consideration and approval a timetable for further development and approval of a Delivery Plan.

2. RECOMMENDATIONS

- 2.1. It is recommended that the Health and Wellbeing Board:
 - i. Note progress made developing the JHWS Delivery Plan to date
 - ii. Consider for approval the timeline and proposed approach for the further development of the JHWS Delivery Plan;

3. INTRODUCTION AND BACKGROUND

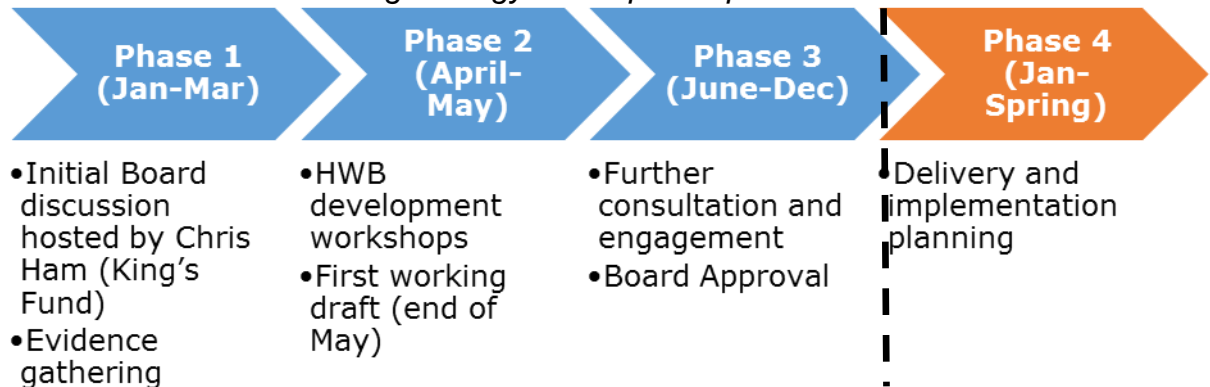
- 3.1. Over the past 12 months, the Health and Wellbeing Board has led an in depth analysis of local population health need and a wide-ranging consultation and engagement exercise to develop a new Joint Health and Wellbeing Strategy (JHWS) for 2016-21.

Fig.1 Joint health and wellbeing strategy development phases 2016



3.2. Following adoption and approval of the JHWS at the end of 2016, the Health and Wellbeing Board agreed that partners should undertake further work to translate the high-level ambitions of the plan into more concrete Delivery and Implementation plans.

Fig.2 Joint health and wellbeing strategy development phases 2016-17



4. OPTIONS AND ANALYSIS OF OPTIONS

4.1. Work undertaken so far has provided a solid foundation for a JHWS Delivery and Implementation Plan. However, further work is required to ensure key stakeholders are involved in the development and ownership of the plan, that governance and accountability arrangements for delivery of local projects are in place, and there are opportunities for the Health and Wellbeing Board to consider its role in relation to implementation of the Delivery Plan.

4.2. Table 1 below sets out a proposed timetable of activities in Spring for further development and approval of a JHWS Delivery Plan

Table 1: Developing and Agreeing the JHWS Delivery Plan	
Health and Wellbeing Board Workshop with Andrew Cozens CBE	24th January
Desk-based exercise: Delivery Planning Template circulated to key delivery partners (CCG, Public Health, Children’s Services, Adult Social Care, KCSC) for population with local projects and initiatives	20th March
Officer workshop to finalise details of delivery plan	April
HWB workshop with Andrew Cozens CBE	24th April

	tbc
Officer feedback to Board and Health and Wellbeing Board approve publication of the Delivery and Implementation Plan	June

5. CONSULTATION

- 5.1. Since the approval and adoption of the JHWS at the end of 2016, work has been underway to develop a JHWS Delivery Plan. An initial mapping exercise was undertaken to map STP work programmes to local JHWS priority areas and commitments. A workshop with Health and Wellbeing Board members was held on 24th Jan. Officers have progressed the development of the Delivery plan since the workshop on 24th January.

<p>London Borough of Hammersmith & Fulham</p> <p>Health and Wellbeing Board</p> <p>20 March 2017</p>	
WORK PROGRAMME 2017-18	
Report of the Chair	
Open Report	
<p>Classification: For review and comment Key Decision: No</p>	
Wards Affected: All	
Accountable Executive Director: Kim Dero, Director of Delivery and Value	
<p>Report Author: Harley Collins, Health and Wellbeing Manager, London Borough of Hammersmith and Fulham</p>	<p>Contact Details: Tel: 0208 753 5072 Harley.collins@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1 The Committee is asked to give consideration to its work programme for the municipal year 2017/18.

2. RECOMMENDATIONS

- 2.1 The Committee is asked to consider the proposed work programme and suggest further items for consideration.

3. LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

- 3.1 None.

LIST OF APPENDICES:

Appendix 1 – Work Programme 2017-18

**Hammersmith & Fulham
Health & Wellbeing Board
Work Programme 2017/18**

KEY

FOR DECISION

FOR DISCUSSION

FOR INFORMATION

PLANNING

Agenda Item	Summary	Lead	Item
Meeting Date: 20 June 2017 (PROVISIONAL)			
STRATEGIC ITEMS			
BETTER CARE FUND UPDATE		ASC/CCG	
CHILD POVERTY STRATEGY		CS	
JOINT HEALTH AND WELLBEING STRATEGY: DELIVERY PLANNING		ASC/CCG	
Meeting Date: 13 September 2017 (PROVISIONAL)			
STRATEGIC ITEMS			
Meeting Date: 21 November 2017 (PROVISIONAL)			
STRATEGIC ITEMS			
Meeting Date: 31 January 2018 (PROVISIONAL)			
STRATEGIC ITEMS			
Meeting Date: 21 March 2018 (PROVISIONAL)			
STRATEGIC ITEMS			

Other possible items

- Update on tackling mental health in the borough and Mind briefing on the role of local community services in supporting people with mental health problems
- Primary care transformation plans

- Review terms of reference from April 2017 (to allow delegated authority and election of vice chair?)
- Accountable Care Partnerships

KEY

STRATEGIC ITEMS – items concerning system level issues (e.g. health and care integration, devolution, primary care transformation)

DISCUSSION ITEMS – items of interest focusing on a specific part of the system such as a specific health condition, service or population group (e.g. JSNA deep dives)

BUSINESS ITEMS – items for the board's approval or information but which do not require a discussion (e.g. items that have been agreed offline but require formal approval by the Board)

INFORMATION ITEMS – items for information only and not requiring discussion