

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Agenda

Tuesday 20 June 2017

6pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Vanessa Andraea - H&F Clinical Commissioning Group
Clare Chamberlain – Executive Director of Children’s Services
Councillor Ben Coleman - Cabinet Member for Health and Adult Social Care (Chair)
Janet Cree - H&F Clinical Commissioning Group
Councillor Sue Macmillan - Cabinet Member for Children and Education
Keith Mallinson - Healthwatch Representative
Sue Redmond - Executive Director of Adult Social Care
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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[http://www.lbhf.gov.uk/Directory/Council and Democracy](http://www.lbhf.gov.uk/Directory/Council_and_Democracy)

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

Date Issued: 12 June 2017

Health & Wellbeing Board Agenda

20 June 2017

<u>Item</u>	<u>Pages</u>
1. MINUTES AND ACTIONS	1 - 8

(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health & Wellbeing Board held on 20th March 2017.

(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. NORTH WEST LONDON WHOLE SYSTEMS INTEGRATED CARE DASHBOARD 9 - 22

This report provides an introduction to the Whole Systems Integrated Care (WSIC) Dashboards Programme, implementation across North West London (NWL) and information on future plans and developments.

5. PROPOSAL TO ESTABLISH JOINT BCF HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME 23 - 33

This paper sets out a proposed way forward, using the Better Care Fund Plan, the Joint Executive Team and a Joint Investment Fund as key levers for delivering change.

6. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17 34 - 37

This report introduces the theme of wellbeing, and particularly mental wellbeing, for the annual report of the Director of Public Health for 2016-17. It provides an opportunity for the Health and Wellbeing Board to discuss and contribute to the development of the report.

7. JOINT HEALTH AND WELLBEING STRATEGY 2016-21: DEVELOPING OUR IMPLEMENTATION PLANS 38 - 70

This report updates on work to date developing a Delivery Plan for the Joint Health and Wellbeing Strategy 2016-21 (JHWS).

8. WORK PROGRAMME 71 - 73

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

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

9. DATE OF NEXT MEETING

The Board is asked to note that the date of the next meeting will be Wednesday, 13th September 2017.

London Borough of Hammersmith & Fulham
Health & Wellbeing Board
Minutes



Monday 20 March 2017

PRESENT

Committee members:

Vanessa Andreae, H&F CCG

Janet Cree, H&F CCG

Councillor Sue Fennimore, Cabinet Member for Social Inclusion

Stuart Lines, Deputy Director of Public Health

Councillors Vivienne Lukey (Chair)

Keith Mallinson, Healthwatch

Nominated Deputies Councillors:

Rory Vaughan

Officers: Chris Adams, Chief Executive Officer, H&F GP Federation, Robin Barton, Head of Commissioning, Children's Services CEO, H&F GP Federation, Rachael Wright-Turner, Director of Children's Commissioning, Daniel Wingfield, Chairman, H&F GP Federation, Harley Collins – Health and Wellbeing Manager and Bathsheba Mall, Committee Co-ordinator

92. MINUTES AND ACTIONS

The minutes of the meeting held on Monday, 8th February 2017 were agreed as a correct record.

93. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Sharon Holder and Sue MacMillan; Mike Robinson, Director of Public Health, Clare Chamberlain, Director for Children's Services, Steve Miley, Director for Family Services and Dr Tim Spicer, H&F CCG (Vice-chair). Apologies for lateness were noted from Councillor Sue Fennimore.

94. DECLARATIONS OF INTEREST

None.

95. PRIMARY CARE COMMISSIONING

Councillor Vivienne Lukey, Chair, welcomed Janet Cree, Managing Director of the Hammersmith and Fulham CCG, who provided an update on the vote

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

to adopt delegated commissioning of primary care services. Briefly outlining the transition plan, benefits of the process and the duties imposed by the delegation, in particular, those that would remain within the remit of NHS England, and those that would pass to the CCG. With the NHS England expectation that all CCGs adopt level 3/delegated commissioning by April 2018, it was reported that following the voting process earlier this year, the H&F CCG membership in February, 70% voted in favour of the move to level 3. The change would require some constitutional adjustments but the overall aim was to secure greater autonomy in both leadership and practice. A range of objectives and benefits, set out in the report, included increased local freedom for investment in primary care, GPs having direct leadership to influence the development of investment in general practice, better delivery of integrated and more holistic, primary, community and secondary commissioned care.

Section 5.2 of the report set out the key findings of RSM (auditors), which included the fact that NHS England would remain liable for any pre-April 2017 liabilities. Notably, it was reported that additional, ring-fenced funding would be provided for primary care investment. One of the benefits of the delegated powers was greater freedoms, such as working more closely with the GP federation, to ensure better outcomes for local residents through tailor made, local services.

With reference to section 4 of the report, Janet Cree provided the salient points of areas that would form the new duties that would now be covered by the CCG and NHS England, respectively. Section 5 of the report set out due diligence undertaken in the key areas of finance, governance and workforce. Key governance changes included new committee arrangements with a new Level 3 Primary Care Commissioning Committee affective from April 2017. The Board were asked to note the revised structure, together with the proposed composition.

Responding to a question from Co-optee, Keith Mallinson who referred to page 14 of the report, it was explained that patients would be given greater opportunities and input in shaping the delivery of services.

Councillor Rory Vaughan sought greater clarity on the division of roles with the NHS and the way in this would alter. Expanding the question further, Councillor Lukey observed that while the changes were a welcome development, that it was unclear how the potential conflict of interest of GPs commissioning primary care was being managed and sought further explanations about the monitoring and scrutiny arrangements by NHS England, noting that this would not be a total delegation. Janet Cree acknowledged that there existed potential areas where there would be conflicts of interest and anticipated that this would be addressed through the new governance and due diligence arrangements. She continued that this was an opportunity to bring patients closer to the decision making process. It was noted that the CCG were following recommended guidance, but expected to there to be issued new guidance by April 2017. A conflict of interest management policy was in place and would be updated, once the new guidance had been received.

Clarifying further, Janet Cree explained that they would ensure proper transparency in decision making and that any conflicts of interest will be managed, with input from local governing body members. The composition of the committee will also include lay-members, ensuring greater accountability. It was agreed that it would be helpful to provide a link from the LBHF website to the CCG site, so that information regarding dates of meetings and other CCG events would be more accessible.

Action: HWB

In a follow up question, Councillor Vaughan asked about the separation between national and community services and how this could be translated at a local level. Vanessa Andreae, H&F CCG, explained that she did not anticipate many change. They had worked closely with NHS England on initiatives such as the immunisation programme, and would continue to liaise with different parts of the organisation, as needed.

RESOLVED

That 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, be noted.

96. HAMMERSMITH AND FULHAM GP FEDERATION UPDATE

Councillor Lukey welcomed Chris Adams, CEO, H & F GP Federation and David Wingfield, Chairman, H & F GP Federation. David Wingfield, provided an update on the work of the Federation, explaining the governance structure of the organisation and the key areas of work currently being undertaken such as out of hospital services. Support to general practices had been a key focus, with advice and guidance on a range of areas that included services such as anti-coagulation and diabetes. While this was currently small in number, it was expected to increase. It was also explained that a number smaller practices were merging, offering greater opportunities to reduce non-clinical costs, create flexible services and create opportunities to benefit from the sharing of clinical services and expertise.

Another key programme was on education and training of clinical staff. The Federation received grant funding from the Health Education North West London (HENWL). Practice based education hubs had also been established. The governance arrangements for the organisation was relatively simple, with the Clinical Governance Committee reporting to the Board of Directors, together with a steering group, consisting of a range of stakeholders and patient group representatives. One of the aims was to try and facilitate greater input from GPs, particularly in terms of delivering elements of the GP Five-year Forward View and ensuring greater accountability.

With reference to page 35 of the report, Keith Mallinson enquired whether training of receptionists would form part of the workforce education and

training programme, given that a significant number of complaints were about receptionists. Chris Adams responded that they had recently secured joint funding sources from the H&F CCG and Health Education England. The training would consist of basic customer services training, such as ensuring eye contact. There was a future expectation that the training would eventually focus on technical aspects such as telephony services and a final area would be about signposting clinical care pathways and care navigation.

Focusing on workforce training, Councillor Vaughan commented that this was currently a significant area of concern, in the context of the STP (Sustainability Transformation Plan), and would be included in the future work programme of the Council's Health, Adult Social Care and Social Inclusion Policy and Accountability Committee. Noting the need to recruit, upskill and retain staff, Councillor Vaughan asked if this could be achieved through the package of training currently in place and whether this offered clinical staff greater incentive to work in the Borough. Chris Adams acknowledged that staff retention was a concern and that this was addressed in part by ensuring that there was greater support for GPs. One solution was the establishment of Network Locums, a dedicated pool of approximately 60 locum GPs. This was relatively easy platform to use, the key advantage of which was local knowledge, which helped stabilise the resource, in addition to safeguarding continuity of care. David Wingfield added that they were actively trying to recruit local residents. He explained also that a small-scale career pathway had been established for health care assistants who wanted to progress their medical expertise through formal, nursing education.

In response to a query from Councillor Lukey enquiring about the link between the work of the Federation and Public Health, David Wingfield explained that the Federation anticipated that this would continue to develop and had recently met with the Director of Public Health, Mike Robinson. He explained that they had recently begun to undertake data modelling and that the knowledge and data analysis provided by Public Health, would be invaluable.

RESOLVED

That the Federation's structure and key programmes, as set out in the Executive Summary of the report, be noted.

97. PROPOSED ESTABLISHMENT OF A FAMILY SUPPORT SERVICE

Councillor Lukey welcomed Rachael Wright-Turner, Director of Children's Commissioning and Robin Barton, Head of Commissioning, who presented the report, that set out proposals for the establishment of an integrated Family Support Service (FSS). Historically, there had been many different formats used for the delivery of children's services and this new vehicle was expected to bring together and deliver a range of strategically planned services that focussed on children and young people. While acknowledging the current partnership working arrangements with health and adult social care services, they had identified a need for the closer alignment of multiple service provision.

Referring to the concept of accountable care, Rachael Wright-Turner explained that the FSS would bring together a range of services for children and young people, delivered by the Council or commissioned from providers. One of the key aims was to strengthen provision, simplifying the existing system which was complex for both families and service providers. This presented an opportunity to design services differently, with the FSS being a vehicle for a new and evolving model.

Keith Mallinson welcomed the FSS report, observing that the existing provision was fragmented, particularly in terms of the support for young people transitioning from children's services to adult provision. With reference to page 39, he enquired about the Joint Venture Special Purpose Vehicle (SPV), and how the partners would be identified and recruited. Robin Barton acknowledged the difficulties inherent in the transitioning process and explained that a procurement process would be followed. A meeting had been held in February which 40 providers had attended.

Rachael Wright-Turner elaborated that there were two different aspects to transitioning. It was correct to identify pathways for young people moving to adult provision but it should be recognised that different professionals work with different groups. Service delivery was less based on the management of need and more based on existing work practices, so could be better configured. The FSS presented an opportunity to better plan and provide for people and that it would be helpful to stop thinking of it in terms of a "children's" service but more holistically, as a "family" service. This could also include additional adult social care services, as appropriate, with the main focus being people, rather than the different life stages experienced.

Mike Boyle, Director of Strategic Commissioning and Enterprise, Adult Social Care and Health, observed that the FSS presented an opportunity to overcome barriers and would be brought back to the Board for further discussion, as development of the proposal progressed. He explained that this would be an opportunity to explore the potential benefits of having all-age learning disability services, as opposed to the existing provision. One of the key questions was which parts of Adult Social Care provision would fit into the proposed model.

Action: HWB

RESOLVED

1. That 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, be endorsed.
2. That 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; and
 - Local Authority funded emotional wellbeing support, be supported
3. That the completion of these opportunity assessments with appropriate resources and leadership, where relevant, be supported.
 4. That, 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, be noted, with the final inclusion within the FSS subject to appropriate governance decisions, be supported.

98. DEMENTIA JOINT STRATEGIC NEEDS ASSESSMENT PROGRESS REPORT

Mike Boyle, Director of Strategic Commissioning and Enterprise, Adult Social Care and Health provided a brief outline of the report, which set out 32 detailed recommendations in the Joint Strategic Needs Assessment (JNSA) on dementia, which also included five over-arching recommendations.

Janet Cree expressed support for the approach taken, which offered potential areas of synergy, opportunities for learning and cross-fertilisation which would require more detailed exploration and a structured conversation as to how health and social care programmes could interface, going forward.

Rachael Wright-Turner commended officers on the report, which was an excellent example of how a report should be written. Councillor Lukey endorsed this view, adding that Appendix 2 was particularly good.

Mike Boyle commented that one of the key changes and a significant issue was the access to long term care beds in the three boroughs, together with skilled staff who had appropriate expertise and opportunities to access training. He confirmed that a further report could be provided to the Board in due course.

Action: HWB

Janet Cree concurred with the view that this presented an opportunity to identify synergies emerging around the work with the Accountable Care Partnership (ACP).

Councillor Lukey concurred, observing that it was not viable to place the responsibility for care on those who were already active within the community supporting people with dementia. This demonstrated the clear commitment within the community and highlighted existing good practise in dealing with challenging behaviour.

Ketih Mallinson welcomed the report and enquired about how the information would be disseminated to the public on a wider scale. It was explained that

RESOLVED

1. That the progress of the Three Boroughs Joint Health and Social Care Dementia Programme Board, be noted;
2. That monitoring of the progress of the implementation of the JSNA on dementia recommendations, holding to account the parties involved, be agreed; and
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.

99. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY DELIVERY AND IMPLEMENTATION PLAN: PROGRESS UPDATE AND NEXT STEPS

Harley Collins briefly provided background details to the approach taken to develop the Joint Health and Wellbeing Strategy for 2016-21 (JHWS). Following wide-ranging consultation with stakeholders, and, in development with partner organisations represented on the Board, four key priority areas had been identified. Members of the Board had participated in a highly productive, development workshop on 24th January, led by Andrew Cozens, CBE and funded by the Local Government Association. Building on this foundation, the next stage was to develop the JHWS Delivery and Implementation plan.

Members of the Board briefly discussed the proposed timetable and dates, which were noted as imminent. It was noted that a date for the next workshop, to be held in April, was yet to be confirmed and it was agreed that the existing dates be re-circulated to ensure the availability of members.

Action: HWB

RESOLVED

1. That progress made developing the JHWS Delivery Plan to date be noted; and
2. That the timeline and proposed approach for the further development of the JHWS Delivery Plan, be noted.

100. WORK PROGRAMME 2017/18

Members of the Board briefly discussed proposed items for the municipal year 2017/18, noting that from the earlier discussions, that there would be additional items to include.

RESOLVED

That the draft Work Programme for 2017/18, be noted.


101. DATES OF NEXT MEETINGS

The Board noted the dates of meetings scheduled for the new municipal year 2017/18 and the next meeting of the Board, to be held on Tuesday, 20th June 2017.

Meeting started: 6pm
Meeting ended: 7.25pm

Chair

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<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">Health & Wellbeing Board</p> <p style="text-align: center;">20 JUNE 2017</p>	
<p>NORTH WEST LONDON WHOLE SYSTEMS INTEGRATED CARE DASHBOARDS</p>	
<p>Report of the Director NWL CCG Director of Business Intelligence and Programme Director of the Whole Systems Integrate Care Dashboards Programme</p>	
<p>Open Report</p>	
<p>Classification - For Information</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Ian Riley, NWL CCG Director of Business Intelligence</p>	
<p>Report Author: Amanda Lucas, Programme Director of the WSIC Dashboards</p>	<p>Contact Details: Tel: 0208 350 4071 E-mail: Amanda.Lucas@nw.london.nhs.uk</p>

1. EXECUTIVE SUMMARY

- 1.1 This report provides an introduction to the Whole Systems Integrated Care (WSIC) Dashboards Programme, implementation across North West London (NWL) and information on future plans and developments.

2. RECOMMENDATIONS

- 2.1 It is recommended that the Board note the benefits of the WSIC Dashboards to support system wide integration and proactive case funding and management of patients.

3. REASONS FOR DECISION

- 3.1 Health and Wellbeing Boards have a duty to promote greater integration and partnership between bodies from the NHS, public health and local government. Information sharing between the NHS and local government is a key enabler of more integrated and people-centred health and care services.

4. INTRODUCTION AND BACKGROUND

- 4.1. The WSIC Dashboards provide care professionals with a patient-level integrated care record and a variety of tools that can be used to support case finding, care planning and case management.
- 4.2. Bringing together all the different parts of the health and social care system will provide improved communication and sharing of relevant information to support patient care.
- 4.3. The WSIC Dashboard is a key enabler for delivery of NWL's Sustainability and Transformation Plan (STP) and primarily the following Delivery Areas: better care for people with Long-Term Conditions (LTCs); better care for older people; and improving health and well-being.

5. PROPOSAL AND ISSUES

- 5.1 This pack provides an introduction to the WSIC Dashboards Programme, implementation across NWL, and information on future plans and development.

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

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	NWL WSIC Dashboards Programme Pack	Amanda Lucas	NWL CCGs

LIST OF APPENDICES:

Appendix 1 - NWL Whole Systems Integrated Care (WSIC) Dashboards (Powerpoint slides).



NWL Whole Systems Integrated Care (WSIC) Dashboards

London Borough of Hammersmith & Fulham
Health & Wellbeing Board

20th June 2017

Objectives of today's session

1. Introduce the NWL WSIC Dashboards that provide an integrated view of patient activity and cost
2. Explain how the WSIC Dashboards are being used to coordinate care for NWL patients.

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Who is developing the WSIC Dashboards?

Key enabler to North West London's Sustainability and Transformation Plan (STP)

Key facts • Over 2 Million People • Over £4bn Annual Health & Care Spend • 8 Local Boroughs • 8 CCGs & Local Authorities • Over 380 GP Practices • 10 Acute & Specialist Hospitals • 2 Mental Health Trusts • 2 Community Health Trusts

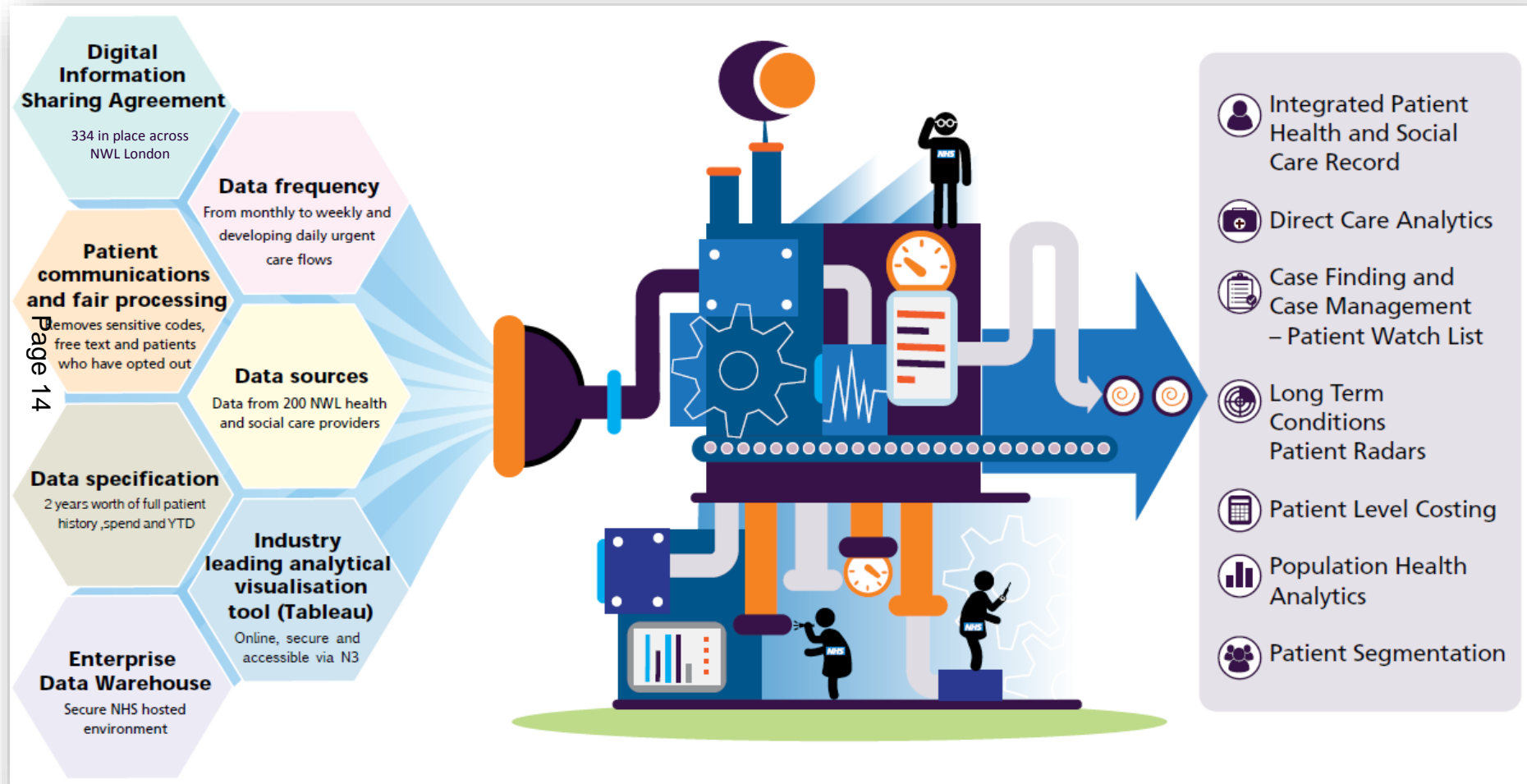
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The infographic is centered on a map of North West London, overlaid with photos of diverse people. It lists various development partners categorized as follows:

- CCGs:**
 - Central London Clinical Commissioning Group
 - Easting Clinical Commissioning Group
 - Hillingdon Clinical Commissioning Group
 - Brent Clinical Commissioning Group
 - Harrow Clinical Commissioning Group
 - Hounslow Clinical Commissioning Group
 - Nammerath and Fulham Clinical Commissioning Group
 - West London Clinical Commissioning Group
- Acute:**
 - The Hillingdon Hospitals NHS Foundation Trust
 - Chelsea and Westminster Hospital NHS Trust
 - London North West Healthcare NHS Trust
 - Imperial College Healthcare NHS Trust
- GP Practices:** 400
- Mental Health:**
 - Central and North West London NHS Foundation Trust
 - West London Mental Health NHS Trust
- Social Care:**
 - London Borough of Hounslow
 - Brent
 - h&f Hounslow & Ealing
 - Harrow COUNCIL LONDON
 - City of Westminster
 - THE ROYAL BOROUGH OF KENSINGTON AND CHELSEA
 - Ealing www.ealing.gov.uk
- Community:**
 - Central London Community Healthcare NHS Trust
 - Hounslow and Richmond Community Healthcare NHS Trust
- Out of area:**
 - University College London Hospitals NHS Foundation Trust
 - Moorfields Eye Hospital NHS Foundation Trust
 - Guy's and St Thomas NHS Foundation Trust
 - Royal Free London NHS Foundation Trust
 - Ashford and St. Peter's Hospitals NHS Foundation Trust

What are the WSIC Dashboards?

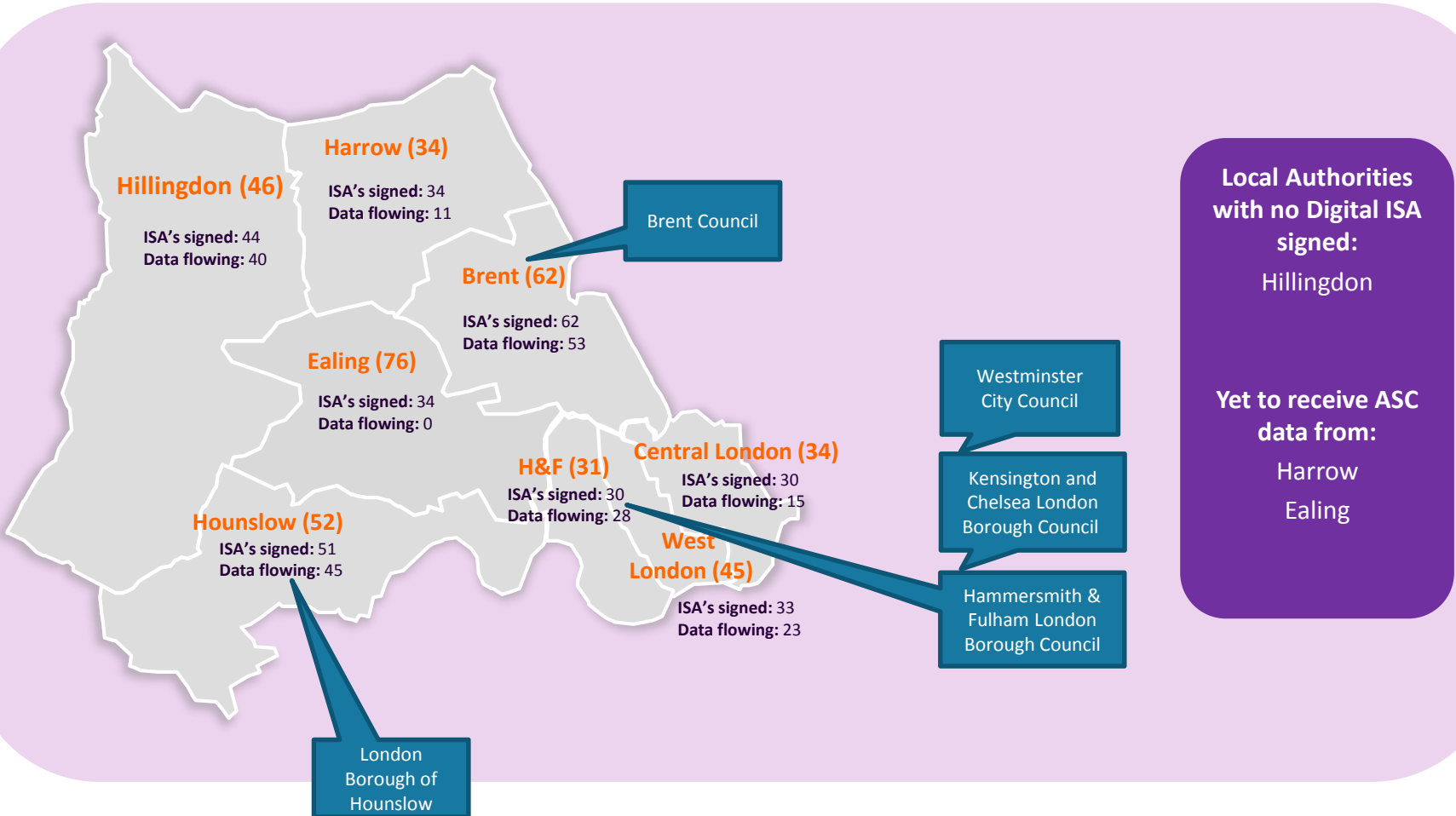
WSIC secure data warehouse, integrated care per patient records



GP practice and Borough data being shared and linked with acute, mental health and community providers across NLW

Digital Information Sharing Agreements (ISA) in place with 334 health and social care providers across the NLW system – covering over 816,263 people

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Create lists of patients using a pre-determined set of filers using the Patient Radar for the purpose of case finding and patient selection

Care Professionals View | Patient radar

Please use the icons below to Navigate the workbook rather than the tabs above

Financial values represent commissioner costs and include estimates or averages where where payments are not linked to specific patients

Filter and sort your patients into a priority list for proactive patient management

Use the drop down menus below to manage the patient list...

CCG (All) GP Network (All) GP Practice (All) Patient Segment (All) Watch List Reason (All) Filter Category 1 All Filter Category 2 All Sort By... Number of watch lists

Click on a row of information below to see analysis options...

Name	NHS Number	Gender	Age	Number Of Watch Lists	Number Of LT Cs	Total Spend YTD	Has Care Plan	Care Plan up to date	Community Care User	Mental Health User	Social Care User
0000435433	000 043 5433	Male	76	4	2	£0	✓	-	✓	-	-
0000439201	000 043 9201	Female	69	4	5	£0	✓	-	-	-	-
0000489509	000 048 9509	Male	77	4	9	£0	✓	-	✓	✓	-
0000659098	000 065 9098	Male	64	4	8	£0	✓	-	-	-	-
0000001002	000 000 1002	Female	73	3	1	£0	✓	-	✓	-	-
0000002919	000 000 2919	Female	61	3	4	£0	✓	-	✓	-	✓
0000003603	000 000 3603	Male	86	3	2	£0	✓	-	✓	-	-
0000003611	000 000 3611	Male	83	3	4	£0	✓	-	✓	-	✓
0000004771	000 000 4771	Male	88	3	0	£0	✓	-	✓	✓	✓
0000004847	000 000 4847	Male	77	3	4	£0	✓	-	✓	✓	-
0000004971	000 000 4971	Male	70	3	5	£0	✓	-	✓	-	-
0000005431	000 000 5431	Male	98	3	4	£0	✓	-	✓	✓	-
0000006423	000 000 6423	Male	98	3	4	£0	-	-	✓	-	-

Navigation icons: Home, Search, Filter, Patient Radar (highlighted)

New features and functionality in the Patient Activity timeline...

Use the drop down menu below to choose you

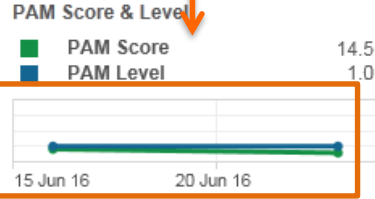
For patients where a PAM score and level is recorded, it will be displayed at the top of the activity screen

A national tool for assessing frailty based upon a set of 36 indicators (deficits)
Frailty is classed as one of the following: Fit/Mild/Moderate/Severe

Care home flag will appear for patients in in nursing/residential homes

Lives in care home

Long term condition(s):
Asthma COPD Dementia
Diabetes Hypertension



Key outcomes
Days not in hospital: 7/10/15
Total spend: £115,203

EFI: 0.47 (Severe Frailty)

- Care plan up to date ●
- Community care user ●
- Mental health user ●
- Social care user ●

1 Sep 14 1 Nov 14 1 Jan 15 1 Mar 15 1 May 15 1 Jul 15 1 Sep 15 1 Nov 15 1 Jan 16 1 Mar 16 1 May 16 1 Jul 16



Separate lane for urgent care activity

Direct feeds from:

- Imperial
- CNWL

Emergency support

Planned acute hospital care

Care Type

Planned care outside acute hospital

Potential warning signs



We have developed an Asthma Radar that is currently being piloted...

Care Professionals View | Asthma radar

Filter and sort your patients with asthma into a priority list for proactive patient management



Use the drop down menus below to manage the patient list...

CCG Name (All) GP Network (All) GP Practice Name (All)

Asthma review due Yes No

Click on a row to get more information

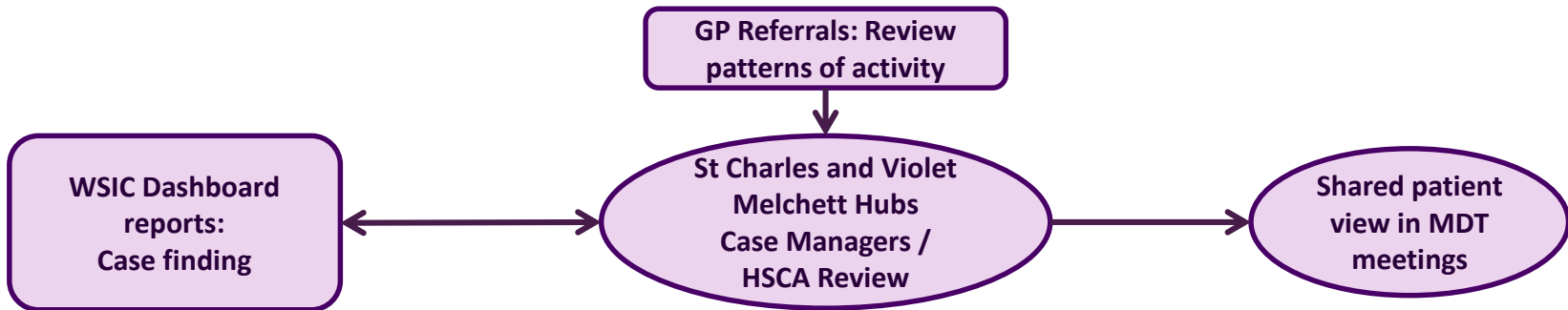
NHS Number	Name	Gender	Age	Number of LTCs	Number of Prescriptions	Latest Review Date	Latest Asthma Admission	Number of asthma admissions (source: SUS)
	Female	62	7	0	1-Jan-00	9-Apr-16	15	
	Male	43	1	0	1-Jan-00	7-Aug-16	10	
	Female	82	5	0	26-Jan-16	24-Jun-16	9	
	Female	58	6	13	14-Mar-16	26-May-16	9	
	Female	30	1	0	1-Jan-00	28-Jul-16	7	
	Female	50	2	7	1-Jun-16	8-Jul-16	6	
	Female	21	2	0	1-Jan-00	23-Feb-16	6	
	Female	69	6	0	2-Nov-15	5-Jul-16	6	
	Female	48	3	0	23-Sep-15	13-Aug-16	5	
	Female	30	1	0	1-Jan-00	18-Jun-16	5	
	Female	55	6	0	13-Apr-15	2-Aug-16	5	
	Male	51	5	0	23-Dec-15	10-Feb-16	4	
	Female	35	2	0	1-Jan-00	26-Feb-16	4	



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West London CCG and the WSIC Dashboards

The WSIC Dashboards are used by My Care My Way staff regularly to check patients that they are due to see to understand patterns of system activity and to case find using the reports detailed below



Case Managers use the WSIC Dashboards to create the following reports...	Timeframe	Where information will be found in the WSIC Dashboards
Care Plan tracking - List of patients with out of date care plans	Monthly	Using the 'Care Plan out of date' Watch List
Review of most expensive patients - Case find expensive patients that have not been referred into My Care My Way (WL WSIC Hub)	Fortnightly	Use the 'High Cost' filter in the Patient radar
Produce list of patients with recent LTC diagnosis - use list as a case finding pointer or prompt for care plan review	Monthly	Using the 'Recently Diagnosed with a LTC' Watch List
Produce list of regular In patient users - use list as case finding pointer or prompt for care plan review	Monthly	Using the 'Regular Inpatient attender' filter in patient radar
Produce list of most frequent A&E attenders - Review as a prompt for Care plan review and case finding	Monthly	Using the 'Frequent A&E attendee' Watch List
Produce LTC care plan out of date lists for follow up	Monthly	Using the 'Care Plan out of date' Watch List

All WL practices incentivised to use the WSIC Dashboards in CLS Plan for 2017/18 to identify top 25 high cost patients for review

How the WSIC Dashboards are being used to coordinate care for NWL patients

Using Betty's story.....

Meet Sam and Betty



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- Betty 87, suffers from COPD, Type 2 diabetes and arthritis.
- Coping well until Sam passed away, but now lonely and increasingly depressed.
- Frequently visits her GP and if she can't get hold of her GP in a crisis calls for an ambulance.

Using the WSIC Dashboards


- Care coordinator identifies Betty as a frequent A&E user and regular inpatient user on the patient radar
- Her activity timeline shows the care coordinator:
 - A sudden increase in her activity across the system, including a number of inpatient stays and A&E visits over the weekends;
 - She has not been treated for anything major in hospital;
 - She had a referral to social care but did not attend her appointment; and
 - She is attending at the practice weekly.



We require support from the H&F Health and Wellbeing Board as follows....

1. How to raise awareness of the WSIC Dashboards across the system
2. Identify applications for local use of WSIC Dashboards
3. Understand how this tool can help with Health and Wellbeing priorities across H&F.

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<p align="center">London Borough of Hammersmith & Fulham</p> <p align="center">HEALTH, ADULT SOCIAL CARE & SOCIAL INCLUSION POLICY & ACCOUNTABILITY</p> <p align="center">20 JUNE 2017</p>	
<p align="center">PROPOSAL TO ESTABLISH JOINT BCF HEALTH AND SOCIAL CARE TRANSFORMATION PROGRAMME</p>	
<p>Report of the Executive 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 Executive Director: Sue Redmond</p>	
<p>Report Author: Craig Williams Head of Partnerships and Integration</p>	<p>Contact Details: Tel: 020 8753 2500 E-mail:) craig.williams@lbhf.gov.uk</p>

- 5
1. **EXECUTIVE SUMMARY**
 - 1.1. This paper sets out a proposed way forward, using the Better Care Fund Plan, the Joint Executive Team and a Joint Investment Fund as key levers for delivering change.
 2. **RECOMMENDATIONS**
 - 2.1. That the Board notes the report.
 3. **REASONS FOR DECISION**
 - 3.1. The Health and Wellbeing Board is a key forum for oversight and delivery of the BCF and Appendix 1 sets out a proposed programme and governance arrangement to deliver the changes proposed for the Better Care Fund programme 2017-19
 4. **INTRODUCTION AND BACKGROUND**

- 4.1. There is an ambition across all partners to work together to improve health and social care outcomes for all of our citizens and to deliver service efficiencies. Already exciting work is underway across the system and a review of key strategies and programmes confirm a shared and positive vision.

5. PROPOSAL AND ISSUES

As set out in Appendix 1.

6. OPTIONS AND ANALYSIS OF OPTIONS

None.

7. CONSULTATION

- 7.1. None.

8. EQUALITY IMPLICATIONS

- 8.1. *To be Advised.*

9. LEGAL IMPLICATIONS

- 9.1. *To be advised.*

10. FINANCIAL AND RESOURCES IMPLICATIONS

- 10.1. None.

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

None.

LIST OF APPENDICES:

Appendix 1 - Proposal to establish Joint BCF Health and Social Care Transformation Programme (Powerpoint slides).

Proposal to establish Joint BCF Health and Social Care Transformation Programme

Joint Executive Team, Monday 12 June 17



Introduction

There is an ambition across all partners to work together to improve health and social care outcomes for all of our citizens and to deliver service efficiencies. Already exciting work is underway across the system and a review of key strategies and programmes confirm a shared and positive vision

This paper sets out a proposed way forward, using the Better Care Fund Plan, the Joint Executive Team and a Joint Investment Fund as key levers for delivering change.

It also sets out a proposed programme and governance arrangement to deliver the changes proposed.

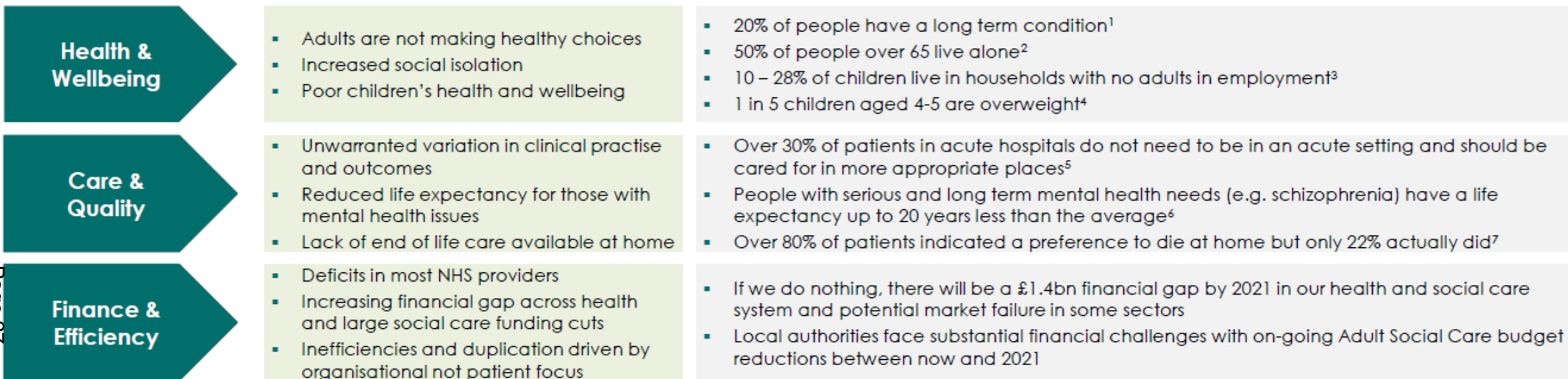
Current Position

- Enormous number of projects/initiatives underway; many overlapping; scope and governance not always clear
- Good people, shared desire to deliver the best outcomes for our citizens,
- Increasing challenging financial environments across health and social care and increasing demand for resources because of demographic pressures.
- Existing social care model which will align well with health integration and STP plans
- Refreshed Health and Wellbeing strategies across the three boroughs and a Sustainability and Transformation Plan which aligns.

Unprecedented challenges for local health and social care system

Across the NWL health and social care system partners are faced with unprecedented systems challenges

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The financial challenge is immediate

NHS: NWL STP Footprint (8 CCGs)

- £7.3b spend
- £125m QIPP/Commissioner Savings
- £222.5m CIPP/Provider Savings
- £70 m shortfall

	17/18 Gross Budget (£,000)	17/18 Income (£,000)	17/18 Net Budget (£,000)	18/19 savings target (£,000)
WCC	107,429	51,252	56,177	4,243
RBKC	79,233	22,251	56,982	1,650
LBHF	89,449	30,706	58,743	4,417
Total	383,540	104,209	171,902	10,310

Proposed way forward

- Health and Wellbeing Boards to play a key role in overseeing delivery of a single transformation programme which incorporates Health and Wellbeing Strategy, Sustainability and Transformation Plan and Better Care Fund Plan Priorities
- To develop momentum and trust, a shared transformation programme based around a limited number of clear priorities and simplified governance is proposed, which in turn should be supported by a shared team.
- **Use Joint Executive Team to prioritise and coordinate projects and initiatives underway and to establish joint transformation programme overseen by H&WBs and CCG Governing Bodies.**
- A shared transformation budget to enable a systems wide, evidence based approach to transformation is established.
- **The Joint Executive Team work collaboratively to agree improved outcomes for citizens which will be achieved through the delivery of agreed projects**

Guiding Principles

- **People driven and outcomes led**
- **Relationships not money**
- **A system, not a silo approach**

Better Care Fund 17/18 Budget Position – Proposed Joint Commissioning Projects

Currently the 3CCGs and the 3Bs spend through the BCF Section 75 Agreement around £153m per year in improving outcomes for vulnerable people. Of this, approximately £100m comes from Health and £53m from the three boroughs.

Approximately £17m is spent on protecting social care (previously S256) £41m on out of hospital services (including 13.9m on CIS), approximately £40m on services for people with learning disabilities, £18m on mental health services and £23m on services for older people.

For both sets of organisations there is an increasing requirement to deliver efficiency savings. While work is progressing well to achieve a settlement in 17/18. It is anticipated that both sets of organisations will need to deliver efficiency savings in 2018/19. To prepare for this is proposed three joint commissioning projects are established

Community Independence Service	Will examine value for money, effectiveness and long term plan for Community Independence Service, including opportunities for greater integration
Mental Health	Will examine opportunities to achieve better outcomes and value for money form existing joint Section 75 spend; opportunities for more innovative approach and greater collaboration
Learning Disabilities	Will examine opportunities to achieve better outcomes and value for money form existing joint Section 75 spend; opportunities for more innovative approach and greater collaboration

It is also proposed that a session of the JET is scheduled in order to enable each set of organisations to set out current levels of spend, budget challenges and savings proposal.

Proposal for other projects to be incorporated within Transformation Programme

Along with the three proposed joint commissioning projects (CIS, MH, and LD) it is proposed that five additional projects are undertaken as part of the joint transformation programme. These have been identified on the basis that they represent important joint priorities for all partners and are key to improving system-wide outcomes

Improved Hospital Discharge	This is an iBCF Grant Condition, essential to reducing pressure on acute providers and a priority for social care in order to reduce unnecessary referral to residential care homes and long term dependency. There is also an outstanding requirement to review the effectiveness of the existing seven day working arrangement
Improving Care Homes	Currently the quality and sustainability of care homes across the 3B is not acceptable. This results in poor outcomes for residents, unnecessary hospital admissions and too many deaths in locations that a citizen has not chosen
Optimising and sustaining delivery of domiciliary care	A key condition of the new iBCF additional funding is that local authority and health partners optimise their use of domiciliary care to increase independence, reduce delayed transfer of care, reduce admissions to long term residential and nursing care and to ensure the sustainability of the home care market. In addition there is currently work underway to examine the feasibility of home carers undertaking low level health care tasks
Whole System/ Integrated Care	In each borough different and exciting projects are underway to develop integrated, multi disciplinary working within the community. Within each area the ambition within 2 or 3 years is to provide for vulnerable adults a single care plan and combined health and social care offer, provider through an accountable care partnership
Single Commissioning	Opportunities to achieve better value for money, reduced transaction costs and better outcomes have been identified through a single or joint commissioning approach (see separate paper on agenda)

Key projects it is proposed are not included in 17/18 programme

Across the health and social care system there are currently more than 100 projects or initiatives underway aimed at improving health and social care provision. It is not possible to deliver all of these through the Better Care Fund Transformation Programme or for them to be overseen by JET. However presented below are a number of the key projects and programmes and a rationale for not including in the BCF Transformation Programme 17/18

Project	Commentary
Falls Prevention	There are 4 or 5 Falls projects underway including work led coordinated through the WLA. In addition a Public Health Research Fellow has been appointed to coordinate this work. There are strong arguments for including this within the BCF Transformation Programme
Estates	From a citizens perspective, health and social care support is fragmented, there are over 100 GP surgeries, some community and urgent care services are delivered from other locations and social care services are delivered from more than 20? Locations. There may be opportunity to release assets to invest in services
Outcomes measurement & data sharing	Through the WSIC Dashboard there is an opportunity to support better joint working and outcomes measurement through better utilisation of the Whole Systems Dashboard
Workforce	Workforce. All organisations currently face challenges in commissioning and providing services with sustainable workforces and in attracting and developing staff able to deliver health and social care support.
Contact	Project focussing on Estates currently proposed but also opportunities to coordinate telephone and web contact better. Suggest contact a focus for year 2

Future Governance Arrangements

Hammersmith and Fulham

Westminster

Kensington and Chelsea

Cabinet

Governing Body

Cabinet

Governing Body

Cabinet

Governing Body

Health and Wellbeing Board

Health and Wellbeing Board

Health and Wellbeing Board

NWL Health and Care Transformation Group

Joint Chairs Meeting (3B Chairs, 3 CCG Chairs)

Joint Executive Team (JET)(3B ALT & DCS, CCG MDs)

BCF Executive Steering Group (BCF Sponsors & FDs)

Project Board for each BCF Project

To provide an impetus for transformation and joint working it is proposed that the JET is reconstituted to oversee and direct the BCF Transformation Programme and also to consolidate and streamline upwards decision making and support.

It is also proposed the BCF Board be reconstituted as a Joint Chairs Meeting, meeting quarterly, with a wider, more strategic remit that includes engagement with STP and Health and Wellbeing Boards

It is proposed that the existing BCF Implementation Group and Lead Financial Officers Group is replaced with a smaller BCF Steering Group which brings together programme and financial oversight and which holds Project Sponsors accountable on a day to day basis for the delivery of agreed outcomes.


It is proposed that each BCF Project be co-led by a 3B or 3 CCG Director, with support at the same level from the other organisation.

Next Steps: Programme Sponsors and good citizen outcomes

It is proposed that JET consider what good outcomes for citizens looks like for each of its key projects and allocates a project sponsor from each group of organisation and prioritise when project mandates will be presented to JET

No	Project/Programme	Good Outcomes	3B Sponsor	3 CCG Sponsor	Mandate to JET
1	Community Independence Service		Dylan Champion	Chris Neill	July 17?
2	Mental Health				
3	Learning Disabilities				
4	Integrated Hospital Discharge		Craig Williams		
5	Improving Care Homes				
6	Optimising domiciliary care				
7a	WS (Hammersmith) - ACP		Craig Williams	Janet Cree	
7b	WS (Westminster) – Primary Care Strategy		Dylan Champion	Jules Martin	
7c	WS (K&C) – My Care, My Way		Dylan Champion	Louise Proctor	
8	Single Commissioning??				

Agenda Item 6

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH AND WELLBEING BOARD</p> <p>20 JUNE 2017</p>	
ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17	
Report of the Director of Public Health	
Open Report	
Classification - For Discussion/Decision	
Key Decision: No	
Wards Affected: All	
Accountable Executive Director: Sue Redmond, Interim Executive Director of Adult Social Care and Health	
Report Author: (name and title) Colin Brodie, Public Health Knowledge Manager	Contact Details: Tel: 020 7641 4632 E-mail: cbrodie@westminster.gov.uk

1. EXECUTIVE SUMMARY

- 1.1. This report introduces the theme of wellbeing, and particularly mental wellbeing, for the annual report of the Director of Public Health for 2016-17. It provides an opportunity for the Health and Wellbeing Board to discuss and contribute to the development of the report.

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board are invited to consider and discuss the approach to the 2016-17 report of the Director of Public Health. In particular, the Board are invited to consider the following:

- How can we best organise and harness the efforts of society to promote wellbeing in our population?
- What opportunities are there locally for the annual public health report to provide a springboard to action in our communities?
- Are the Health and Wellbeing Board members aware of local positive stories/case studies that could feature in the report?
- How do the Health and Wellbeing Board wish to continue to be engaged in the development of the report?

3. REASONS FOR DECISION

- 3.1. There is a statutory duty for each Director of Public Health (DPH) to produce an independent Annual Public Health Report (APHR). This report is the DPHs statement about the health of local communities, and builds on the local Joint Strategic Needs Assessment (JSNA).
- 3.2. The theme for the 2016-17 report will be wellbeing, and will have a particular focus on mental wellbeing. Wellbeing is a key public health issue and underpins local strategy and priorities, including the Hammersmith and Fulham Joint Health and Wellbeing Strategy 2016-21.
- 3.3. Mental health is a determinant and consequence of physical health. Around 1 in 5 residents in Hammersmith and Fulham are estimated to have a common mental health disorder, higher than the London or England average. Yet national research suggests that 75% of people with a mental health illness do not receive treatment. Promoting positive mental wellbeing can build resilience and protect against poor mental and physical health.

4. INTRODUCTION AND BACKGROUND

- 4.1. Definitions of wellbeing and mental wellbeing often vary across disciplines. Broadly, it includes concepts of happiness, life satisfaction, feeling good, functioning well, and other positive states. Wellbeing involves both the mind and body – physical and mental wellbeing are closely related. The 2008 Foresight report considers mental wellbeing as:

“...a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”

- 4.2. This APHR is an opportunity to provide a call to action and highlight the importance of protecting and promoting our own wellbeing and the wellbeing of those around us - family, friends, carers, colleagues, and communities.
- 4.3. The report will be presented in a way that makes the key messages easily accessible to members of the public as well as colleagues across the local authority, healthcare, and community and voluntary sectors. This will include a poster format, which will be structured around the [5 Ways to Wellbeing](#): Connect; Be active; Take notice; Keep learning; and Give.

- 4.4. The wider determinants of health are key to wellbeing, and the report will highlight factors that contribute to poor wellbeing, such as overcrowding/housing, physical inactivity, child poverty, and unemployment.
- 4.5. The report will also identify local assets, services and activities that contribute to positive wellbeing, e.g. parks and green spaces, workplace health, volunteering, street markets, local festivals, the work of the community champions.
- 4.6. The report is expected to be published around late August/early September 2017

5. WORKSHOP DISCUSSION

- 5.1. We would like to invite the Health and Wellbeing Board to contribute to the development of the report and would welcome a wide-ranging workshop discussion on the theme of wellbeing. In particular, the Board are invited to consider the following:
 - How can we best organise and harness the efforts of society to promote wellbeing in our population?
 - What opportunities are there locally for the annual public health report to provide a springboard to action?
 - Are the Health and Wellbeing Board members aware of local positive stories/case studies that could feature in the report?
 - How do the Health and Wellbeing Board wish to continue to be engaged in the development of the report?
- 5.2. Board members are also welcome to contact Mike Robinson or Colin Brodie directly.

6. LEGAL IMPLICATIONS

- 6.1. None.

7. FINANCIAL AND RESOURCES IMPLICATIONS

- 7.1. None.

11. IMPLICATIONS FOR BUSINESS

- 11.1 None.

12. RISK MANAGEMENT

- 12.1 None.

13. PROCUREMENT IMPLICATIONS

13.1 None.

13. IT STRATEGY IMPLICATIONS

13.1 None.

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

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

LIST OF APPENDICES:

None.

Agenda Item 7

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH AND WELLBEING BOARD</p> <p>20 JUNE 2017</p>	
JOINT HEALTH AND WELLBEING STRATEGY 2016-21: DEVELOPING OUR IMPLEMENTATION PLANS	
Report of the Executive Director of Adult Social Services	
Open Report	
Classification - For Decision Key Decision: No	
Wards Affected: All	
Accountable Executive Director: Sue Redmond, Executive Director of Adult Social Services (interim)	
Report Author: <ul style="list-style-type: none">• Harley Collins, Health and Wellbeing Manager, London Borough of Hammersmith and Fulham• Toby Hyde, Head of Strategy, Hammersmith and Fulham CCG	Contact Details: Tel: 020 8753 5072 E-mail: Harley.collins@lbhf.gov.uk

1. EXECUTIVE SUMMARY

- 1.1. This report updates on work to date developing a Delivery Plan for the Joint Health and Wellbeing Strategy 2016-21 (JHWS).

2. RECOMMENDATIONS

- 2.1. The Health and Wellbeing Board is asked to:
- a) Note progress developing the Delivery Plan to date;
 - b) Agree priority areas of focus for the Board going forward

3. REASONS FOR DECISION

- 3.1. The Health and Wellbeing Board must prepare a strategy that meets the needs identified in the Joint Strategic Needs Assessment.

4. INTRODUCTION AND BACKGROUND

- 4.1. Throughout 2016, the Health and Wellbeing Board and partners led a wide-ranging public consultation and engagement exercise to develop its Joint Health and Wellbeing Strategy (JHWS) and agree priorities for 2016-21.
- 4.2. Following adoption and approval of the strategy at the end of 2016, the Health and Wellbeing Board agreed that further work should take place to transform the high-level priorities agreed into a set of projects and programmes with a set of indicators to measure the Board's impact and progress.
- 4.3. Work has been underway in 2017 to develop the JHWS Delivery Plan and has been led by a Partnership Working Group of officers from the Council and the CCG.
- 4.4. The starting point for this work has been to map the business plans of Adult Social Services, Children's Services and Public Health and the CCG against the JHWS priority areas and group work by themes to identify opportunities for closer integration and partnership working (see Appendix 2).
- 4.5. This draft Delivery Plan has been used to inform discussions at two facilitated workshop in February and April 2017. The goal of these workshops has been to consider the Board's effectiveness, ways of working and discuss opportunities for closer partnership and joint working.
- 4.6. Good progress has been made to date developing a framework for delivery of the JHWS but further discussion is still needed to agree the opportunities for closer integrated partnership working over the lifetime of the JHWS. The Board are asked to note progress to date and agree some broad priority areas of focus going forward.

5. PROPOSAL AND ISSUES

- 5.1. The JHWS Delivery Plan will be an important mechanism for driving partnership working between the Council, the CCG, and the VCS over the lifespan of the strategy. By developing closer, integrated working arrangements between organisations in Hammersmith and Fulham, residents should receive a better experience of health and care services delivering better health outcomes.

6. CONSULTATION

- 6.1. The HWB engaged widely and extensively with stakeholders and the public throughout 2016 to identify priority areas of focus for the next five years.
- 6.2. The HWB has held two half-day development sessions in 2017. On 14th February, HWB members met at Corinthians rowing club to review best practice from across the country and consider how the Board could operate more effectively and the programmes of work that should be prioritised via the delivery plan. On process and function, Board members agreed:

- **Purpose:** That the HWB can sometimes lose sight of its purpose (i.e. promoting a joined up approach so patients experience better care);
- **Role:** That the HWB should be clear about what parts of its delivery plan it will Watch (allow to happen in the back ground), Sponsor (help along) and Focus (bring collective resources to bear);
- **Style:** That the HWB can feel like a ‘council committee’ instead of a partnership body and duplicate the role of ‘health scrutiny’ ;
- **Membership:** That the HWB should have a consistent core membership and a wider membership for discussion of certain issues (e.g., housing, employment, provider reps); and
- **Meetings:** That the meeting format should be experimented with (e.g. less formal business, shorter succinct reports, more discussion, problem solving and listening).

6.3. On focus areas for implementation, the Board agreed that it could prioritise:

- the mental health of a particular group such as children or older people
- the sharing of information across organisational boundaries and professions; and
- driving forward the prevention and early intervention agenda.

6.4. On 24th April, the HWB held a follow up workshop to develop the discussions from February. On ways of working, the Board were presented with a proposal that sought to address the issues raised at 6.2 which were:

- A series of *themed* meetings
- Held in and hosted by the community
- A roaming venue moving around the borough
- Wider membership, stakeholders and public invited
- Listening and problem solving sessions (Part A)
- 30 mins for formal business at start/end (Part B -critical issues only)
- Walking tours highlighting local issues (optional)

6.5. The Board agree the proposal showed promise but that organisation and planning would be key and that further discussion should take place before trialling the proposal, learning from it and developing the approach iteratively.

6.6. On joint work going forward, HWB members were given a version of the draft Delivery Plan (Appendix 2) and asked to identify areas of focus by highlighting activities where there was less confidence that work was being progressed and where there was a need for a focused discussion by the HWB. Members were also asked to identify gaps in the plan and identify potential sponsor areas (where short and sharp HWB support was needed to get the work on track but which would then be taken forward by one or two agencies working together). The four groups were then asked to feedback the activities they had identified to see if there was an overlap in the thinking of the groups. The following gaps, focus areas and sponsor areas were highlighted:

<p>FOCUS</p> <ul style="list-style-type: none"> • SEND transformation (specifically transition to adulthood) • Healthy weight • Dementia strategy • Social isolation and loneliness • Estates • Finance • Digital • Workforce • Comms and engagement • Healthy high streets • Housing • Domiciliary care and care homes single commissioner • Healthy workplace charter • ASC Whole Systems Integration Programme
<p>SPONSOR</p> <ul style="list-style-type: none"> • Implementing 'Future in Mind' to improve children and young people's health and wellbeing • Suicide awareness training (initiate a conversation between stakeholders) • Develop making every contact count implementation strategy
<p>GAP</p> <ul style="list-style-type: none"> • Adults with learning disabilities (mental health) • Role of wider determinants in the onset of long-term conditions • Role of the voluntary and community sector in supporting resilience and self-care (prevention) • Identification and support of carers (mental health) • Communications and engagement – what are the plans of the partnership? • Adult social care Front Door and Demand Management programme to be joined up with the CCG • Briefing note requested on CCG e-consultations work

6.7. The outcomes of this discussion will be presented at the next Health and Wellbeing Board meeting on 20th June 2017 for further consideration discussion and agreement (Appendix 1)

7. LEGAL IMPLICATIONS

7.1. The duty to prepare a Joint Health and Wellbeing Strategy (“JHWS”) which meets the needs identified in the Joint Strategic Needs Assessment (“JSNA”) falls equally on local authorities and clinical commissioning groups under s116A Local Government and Public Involvement in Health Act 2007. The s116 and s116A

duties are exercised by the Health and Wellbeing Board (s196(1) Health and Social Care Act 2012).

- 7.2. As is clear from the relevant Department of Health guidance, the JSNA and JHWS are intended to improve the health and wellbeing of the local community and reduce inequalities for all ages, and that this is a continuous process of strategic assessment and planning. The Board's role in the development of the Implementation Plan is crucial in ensuring that the duties in respect of the JSNA and JHWS are complied with.
- 7.3. Implications verified / completed by: Kevin Beale, Senior Corporate Lawyer, Telephone 0208 753 2740

8. FINANCIAL AND RESOURCES IMPLICATIONS

- 8.1. There are no financial implications at this stage.
- 8.2. Implications verified/completed by: (David Hore, Finance Manager, 020 8753 4498).

11. IMPLICATIONS FOR BUSINESS

- 11.1 None identified.
- 11.2 Implications verified/completed by: (Antonia Hollingsworth, Principal Business Investment Officer David Hore, 020 8753 1698)

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

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

LIST OF APPENDICES:

- Appendix 1: Developing the Draft JHWS Implementation Plan Presentation
- Appendix 2: Draft JHWS Implementation Plan

Developing the Joint Health and Wellbeing Strategy Implementation Plan

Toby Hyde & Harley Collins

Tuesday 20 June 2017

Introduction

Good progress has been made in working to develop and agree a new Joint Health and Wellbeing Strategy for the period from 2016 to 2021. Consideration has been given by the Board to how it can work more effectively to achieve its vision and work has started on developing a joint implementation plan: identifying priority areas, gaps in current plans and agreeing how the Health and Wellbeing Board will oversee and ensure delivery of the implementation plan.

- Overview of key priorities and overlapping plans
- Agree how Health and Wellbeing Board will be involved in overseeing delivery of its priorities and associated workstreams
- Consider how the Board will ensure that resident's voices are heard in the delivery or development of key priorities
- Review work underway on current priorities and agree how the Health and Wellbeing Board will oversee and influence delivery

Overview of key policies and priorities

Complex Policy Environment

- **Joint Health and Wellbeing Strategy 2016-2021**
 - Public Health Business Plan 2017-18
 - Adult Social Care Transformation Programme
 - Children’s Services Transformation Programme
 - West London Alliance – health and wellbeing programme
 - Better Care Fund Plan 2017-2019
 - CCG Business Plans 2017-18
 - NWL Sustainability and Transformation Plan

Our Joint Health And Wellbeing Strategy

DELIVERING A SUSTAINABLE SYSTEM THAT IS FIT FOR THE FUTURE

- Digital
- Workforce
- Estates



SUPPORTING GOOD MENTAL HEALTH FOR ALL

- Parental mental health
- Child and adolescent mental health
- Serious and long-term mental health
- Workplace mental health



GIVING CHILDREN, YOUNG PEOPLE AND FAMILIES THE BEST START

- Antenatal and maternity services
- Personal, social and emotional development
- Immunisations and vaccinations



ADDRESSING THE RISING TIDE OF LONG-TERM CONDITIONS

- CVD, Cancer
- Respiratory illnesses
- Dementia



PREVENTION & EARLY INTERVENTION

INDEPENDENCE, RESILIENCE & SELF-CARE

PRIMARY, COMMUNITY AND SOCIAL CARE PROVIDING AN EFFECTIVE FRONT LINE OF CARE

IMPROVING POPULATION HEALTH

Pre-birth

Early years

School age

Working age

Old age and retirement

The triple aim

JHWS priority areas

STP delivery areas

STP Plans

Improving health and wellbeing

PA 1

Ensuring children, young people and families get the best possible start

DA1
Radically upgrading prevention

- a) Enabling and supporting healthier living for the whole population
- b) Keeping people mentally well and avoiding social isolation
- c) Helping children get the best start in life

PA 2

Addressing the rising tide of long-term conditions

DA2
Eliminating unwarranted variation and improving LTC management

- a) Delivering the Strategic Commissioning Framework and FYFV for Primary Care
- b) Improve cancer screening to increase early diagnosis
- c) Better outcomes and support for people
- d) Reducing variation by focusing on Right Care
- e) Improve self-management and 'patient activation'

DA3

Achieving better outcomes and experiences for older people

- a) Improve market management and take a whole systems approach to commissioning
- b) Implement accountable care partnerships
- c) Upgrade rapid response and intermediate care services
- d) Create an integrated and consistent transfer of care approach
- e) Improve care in the last phase of life

PA 3

Ensuring good mental health for all

DA4
Improving outcomes for children and adults with mental health needs

- a) Implement new models of care for people with serious and long-term mental health needs to improve physical and mental health and increase life expectancy
- b) Focused interventions for target populations
- c) Crisis support services
- d) Implementing Future in Mind

DA5

Ensuring we have a safe, high quality sustainable acute services

- a) Specialised commissioning to improve pathways from primary care and support consolidation of specialised services
- b) Deliver 7 day service standards
- c) Reconfigure acute services
- d) NW London Productivity Programme

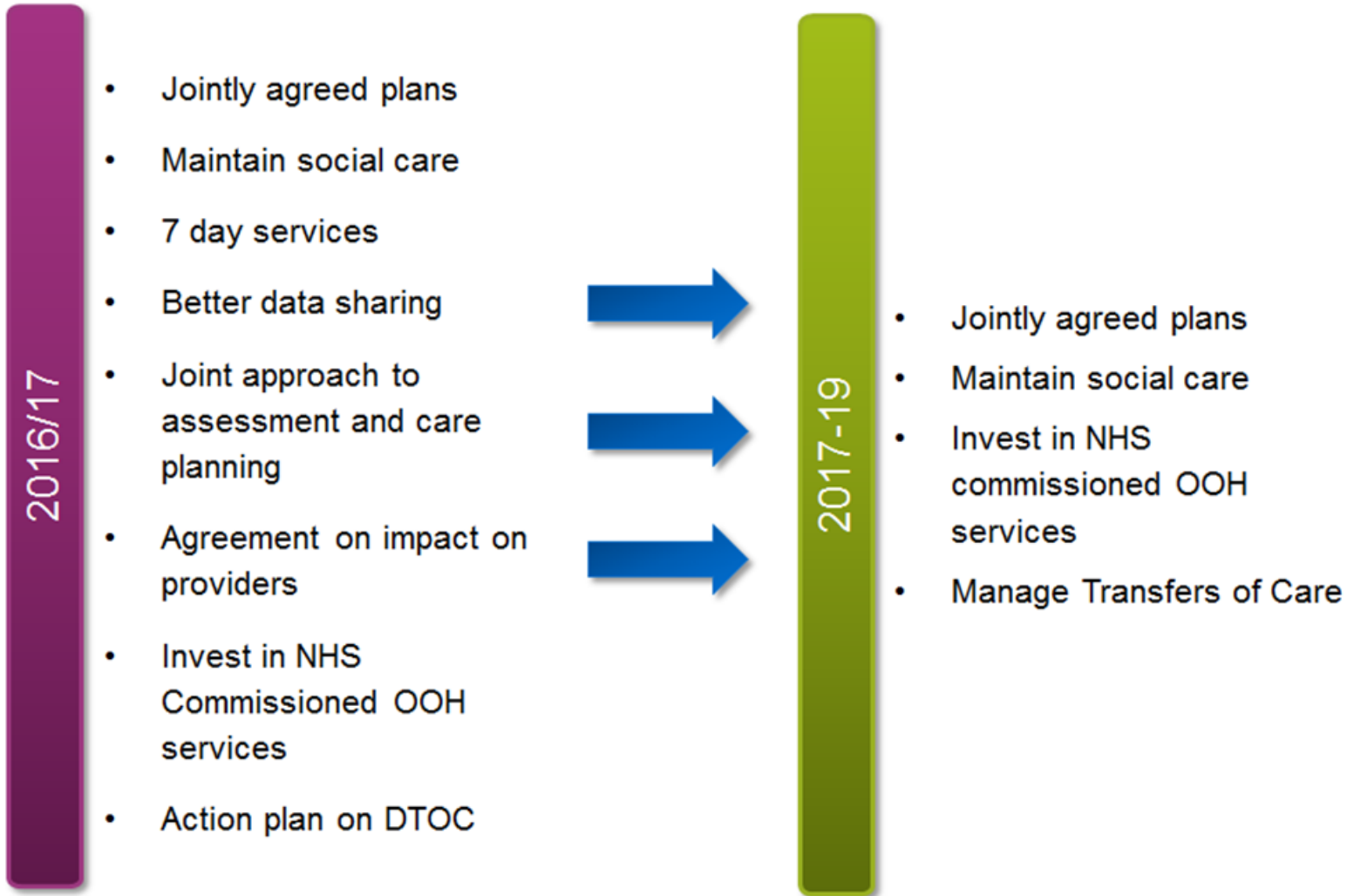
PA 4

Delivering a sustainable health and care system that is fit for the future

Enablers

- a) Estates
- b) Digital
- c) Workforce

Better Care Fund Plan 2016/17



How will Health and Wellbeing Board oversee key policies and priorities and involve and consider residents

Ensuring resident's voices are heard in the delivery or development of key priorities



Reviewing priorities

Focus	<p>This is a key strategic project for the Health and Wellbeing Board where there will be added value in the Board working collaboratively with partners to drive delivery</p> <ul style="list-style-type: none"> • Integrated care for Children and Young People • Mental Health and Wellbeing for older residents
Sponsor	<p>This is an important priority for the HWB where there will be benefit in the Board shaping and influencing the direction of the work by receiving and considering key decision and update reports</p> <ul style="list-style-type: none"> • Better Care Fund Plan, Sustainability & Transformation Plan • Key strategies and plans: Forward Plan
Watch	<p>While the project or initiative is important to the delivery of the Health and Wellbeing Strategy the role of the Board will be to monitor progress as part of a regular monitoring report each year</p>
Business as Usual	<p>This activity should not form part of the Health and Wellbeing Implementation Plan</p> <ul style="list-style-type: none"> • E.g., mandated contract or commissioning (re)negotiations
Gap	<p>Currently insufficient or limited activity has been identified to deliver this Health and Wellbeing Strategy priority</p>

Review of policies and priorities

Priority 1: Best start in life children, young people and families

Priority	Goal	Focus	Sponsor	Monitor	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 54</p> <p>Giving children, young people and families the best start in life</p>	Integrated health and care for CYP and families	Integrated Care for Children and Young People (inc. Integrated Families Support Service)	Emotional health and wellbeing (inc. implement 'Future in Mind')	Preparations for Adults Programme	
	Improved health and wellbeing for people with complex needs and disabilities		Enabling Independence and Life Chances (inc. SEND strategy and transformation)		
	Improved support for parents and guardians			Support implementation of oral health promotion service	Promote good maternal health
	Support for children and families to lead healthy lifestyles			Update obesity strategy and action plan	

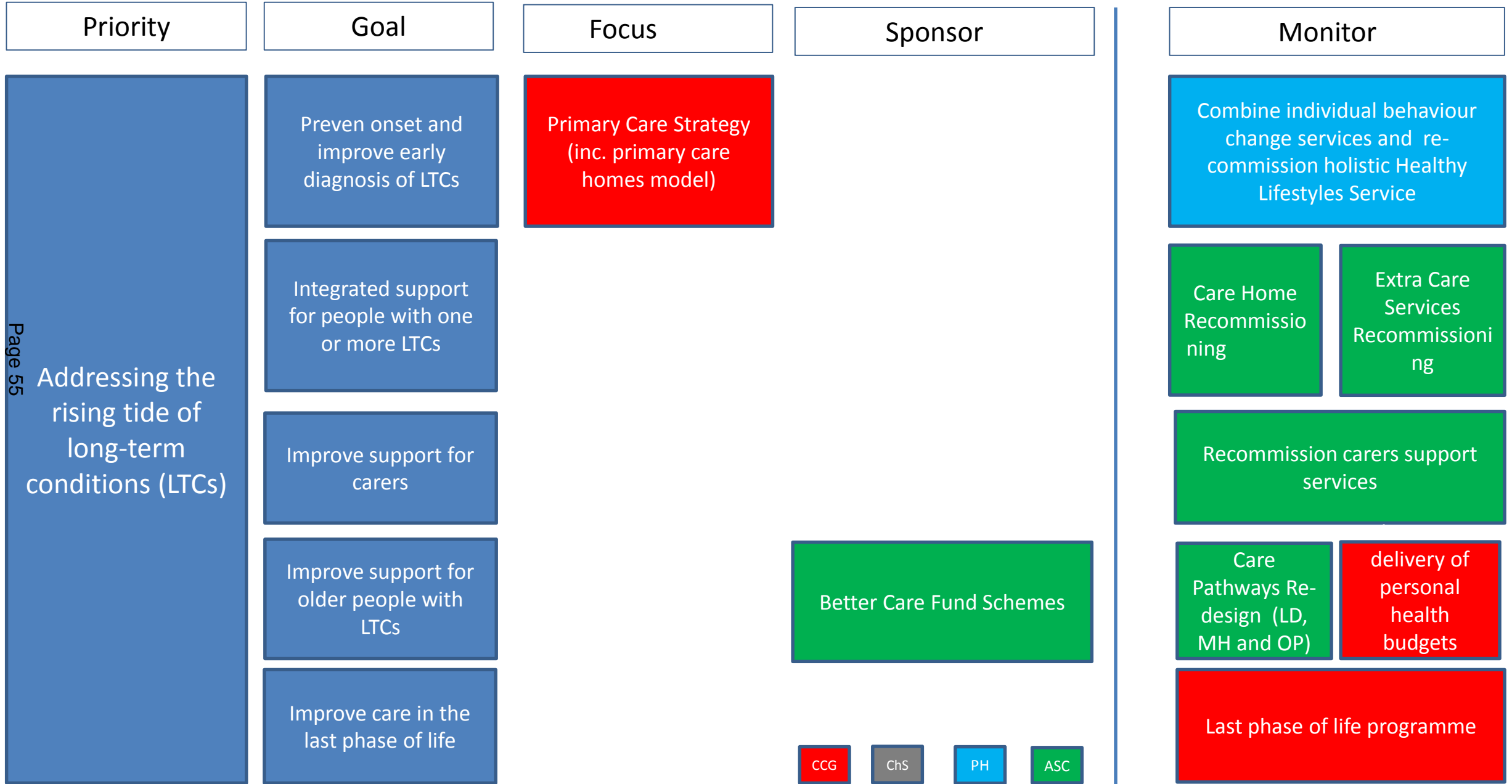
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ASC

Priority 2: Addressing the rising tide of long term conditions



Priority 3: Good mental health for all

Priority	Goal	Focus	Sponsor	Monitor	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 56</p> <p>Good mental health outcomes for all</p>	<p>Parity of esteem with physical health services and tackle stigma</p>		<p>Publish DPH's annual report on mental health and wellbeing</p>	<p>Borough Mental Health strategy</p>	
	<p>Mental health support for older people</p>	<p>Mental Health support for older people (inc. dementia strategy, social isolation)</p>			
	<p>Improve care for people with sltmh conditions</p>		<p>Like Minded</p>	<p>Develop Community Living Well strategy</p>	<p>Inpatient and residential recovery services</p>
	<p>Crisis care</p>		<p>Suicide prevention</p>		<p>Develop crisis services delivered in the community</p>

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ASC

Priority 4: Delivering a sustainable health & social care system

Priority	Goal	Focus	Sponsor	Monitor		
Page 57 Delivering a sustainable health and care system that is fit for the future	Delivering a sustainable workforce			Roll out Make Every Contact Count	ASC workforce strategy	
	Making better use of our estate	One public sector estate				
	Digital		Data and technology (inc. WSIC Dashboard, telehealth etc).	Primary Care IT strategy	Assistive technology business plan	
	Finance				MTFS, budget reductions and Transformation Portfolio	CCG QIPP Savings Programme
	Communicating and engaging with the public and stakeholders		CCG ChS PH ASC	Develop Joint Health and Wellbeing Engagement Strategy	Patient and public engagement	Public health promotion campaigns

Priority 5: Radically upgrade prevention and early intervention

Priority	Goal	Focus	Sponsor	Monitor	
<p>Page 58</p> <p>Radically upgrade prevention and early intervention</p>	Support positive lifestyles	Recommission healthy lifestyle services			
	Tackle social isolation and loneliness		Social Isolation and Loneliness strategy		
	Independence, self-care and resilience		Role of VCS in supporting resilience and self-care	Enabling Independence and Patient Activation	
	Effective front line: Primary, social and community services			ASC Front Door and demand management	
	the wider determinants of health			Improve borough air quality	Increase physical activity

Next Step

HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN - Appendix 2

KEY: CCG, Public Health, Adult Social Care, Children's Services, Better Care Fund Projects							
Priority	Goal	JHWS ambitions	Deliverables	Footprint	Lead/Governance	Supporting plans	KPIs
PA1: Giving children, young people and families the best start in life	Integrated health and care for children, young people and families	1. Develop an integrated health promotion offer for children and families focussed on breastfeeding and good nutrition, oral health, play and physical activity, immunisation, and tobacco free homes 2. Bring together services currently provided by Early Help, Children's Centres, and Youth Services into a single integrated family support offer that sustains and enhances universal provision, whilst providing further support to those families who need additional help through more targeted services 3. Ensure local services work together to minimise duplication and gain the best possible outcomes for families	<u>Childhood immunisation rates:</u> o Working group established in 2016 consisting of CCG, NHSE, Local Authority colleagues and Public Health to improve childhood immunisation rates (focus primarily on MMR Second dose, pre-school immunisations and flu immunisations)	LBHF	CCG / LA		Increase population vaccination coverage at (1, 2 and 5 yrs old)
			<u>Child Health Hubs</u> o Development of a child health model based on a population approach to provide multi-disciplinary input to improve outcomes for children and families. o Development of Child Health Leads through the Partnerships in Innovative Education Scheme	LBHF	CCG		
			<u>Paediatric audiology</u> o Joint paediatric audiology service between ChelWest and ICHT	LBHF			
			<u>Integrated Family Support Service</u> (Cabinet paper approved by LBHF and bidder events held by LBHF in Q4 of 16/17. Anticipated start date of Q3 17/18) o Development of a special purpose vehicle to bring together professionals from a broad range of services under a single employer / commissioning arrangement. o Delivery of improved outcomes for children and families through effective and whole family early intervention in the community.	LBHF	CCG / LA		
			<u>Deliver joined up service provision which enhances effectiveness and delivers efficiencies</u> Key deliverables: • Develop a new integrated 0-19 Family Support Service which includes a school health service.	LBHF	Public Health / ChS / CCG		
			<u>Promote good maternal health</u> Key deliverables: • Invest in 3 new borough wide maternity champions projects.	LBHF	Public Health		parents supported through pregnancy, child birth and the transition into parenthood
			<u>Supportive Foundations Portfolio: Collaborative Commissioning</u> Project: • Troubled Families (3B) • Improvement work with provider of health visiting services (3B)	3B	ChS / Rachael Wright-Turner, Melissa Caslake, Dave McNamara		
	Improve health and wellbeing for children and young people with complex needs and disabilities	4. Build on the North-West London 'like Minded' strategy and the Children and Family Act 2014 improvements for young people with Special Educational Needs and Disabilities, both of which recognise the role of wider determinants in the mental and physical health and wellbeing of children and young people 5. Improve access to children and young people's mental health services 6. Empower children and young people experiencing poor or worsening mental, physical health or disabilities to access appropriate and reliable information, advice and expert care in ways that are convenient and tailored to them 7. Work with schools to ensure children are taught how to maintain good health and wellbeing 8. Promote better emotional, mental health and early intervention for children and young people inc. access to counselling and psychological therapies and work with partners to tackle cyber-bullying 9. Improve access to psychological therapies and children and young people's mental health services	<u>Future in Mind</u> Implementing 'Future in Mind' to improve children's mental health and wellbeing	CCG	DA1: Upgrading prevention and wellbeing	• CAMHS Action Plan • Children's Transformation Plan • Best Start in Life	• Reduction in the need for secondary care activity associated with CYP • Reduction in unplanned care needs for CYP • Reduction in the costs associated in managing CYP per capita
			<u>Integrated care for children and young people (CYP)</u> 16/17 actions • Develop eating disorder support for CYP • CCGs and Local Authorities to jointly commission services for CYP with SEN and disabilities in line with the Children and Families Act (2014) • Public Health Messaging via Schools 17/18 actions • Special Education Needs Review in Schools • Implement crisis and Out of Hours support for CAMHS • Redesign of Speech and Language Therapy Services with the aim of earlier intervention	CCG			2020/21 outcomes • Coordination of support for children and young people across all health and social care services • Improved outcomes for children and young people with one or more LTCs • Reduction in the risk of harm to children and young people
			<u>Enabling Independence and Life Chances</u> Portfolio: SEND Local offer Programme Project: • SEN and Alternative Provision Financial Review • CFA: SEND Transformation • CFA: inspection readiness	3B	ChS / Andrew Tag, Ian Heggs		

HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN - Appendix 2

		<p>Enabling Independence and Life Chances Portfolio: Complex Needs Commissioning Project:</p> <ul style="list-style-type: none"> • SEND Strategy (Part 1 Principles & Part 2 Full Strategy) • SEN Local Offer Contract Review • SEN outreach • SEN systems project (FutureGov) • Speech and language therapy (phase 1 - restructure and operational efficiency) • Speech and language therapy (phase 2 - targeted offer and schools) • Short breaks • Homecare Framework • JSNA • Residential Strategy (Part 1 Design & Part 2 Implementation) • Occupational Therapy (Review and Implementation) • Personal Budgets • Early Years Pathways (Review and Implementation) • Home Tuition & Medical Needs • Nursery Enhanced Offer • Parental Support Contract Recommissioning • TBAP 2017 SLA and SLA Redesign • Special Needs Schools and units SLAs 	3B	ChS / Rachael Wright-Turner		
Support the health and wellbeing of parents and guardians	10. Promote effective support for parents and guardians around sensitive parenting and attachment	<p>Strengthening Families Portfolio: Social care service offer Project:</p> <ul style="list-style-type: none"> • FGM Innovation Fund & Service Sustainability: Children's Services have been leading a comprehensive programme of work to safeguard girls from FGM, and to support those who have been identified as victim • Action for Change: Action for Change works with parents who have had a child(ren) removed permanently from their care and who are resident in Hammersmith & Fulham, Kensington and Chelsea and Westminster boroughs 	3B	ChS / Rachael Wright-Turner, Glen Peache, Melissa Caslake		• Decrease in parents of infants with mental health concerns
	11. Provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their resilience when they have a new baby	<p>Strengthening Families Portfolio: Social care effectiveness Project:</p> <ul style="list-style-type: none"> • Deregulation opportunities • Neglect – NSPCC • Family assessment • Child protection investigations and case conferences 	3B	ChS / Rachael Wright-Turner, Angela Flahive		
	12. Strengthen the mental health support we provide to parents and guardians early on, including training key frontline staff to assess, support or refer families into relevant support services and ensure those needing specialist services receive them	<p>Strengthening Families Portfolio: Partners in Practice Project:</p> <ul style="list-style-type: none"> • Focus on Practice • Partners in Practice • FutureGov proof of concept Description: 6 councils including the Tri-borough authorities. The government's 'Partners in Practice' have "freedoms to innovate, to improve frontline children's social work and to develop new systems of delivering social care and trialling new ways of working with families"	3B	ChS / Claire Chamberlain, Rachael Wright-Turner		
	13. Support parents and guardians of children who are frequent users of primary and unscheduled care services to understand and manage minor illness and ailments at home, and when and how to access wider support	<p>Expert Commissioning and Operations Portfolio: Placements Commissioning Project:</p> <ul style="list-style-type: none"> • Placements Commissioning Review • Improving internal relationships, processes and pathways • Aligning placements costs to level of support provided • More strategic market management of P & V provision • Enhanced in-house fostering • Fostering innovations in recruitment, assesment and housing • EDT and Out of Hours provision • YOT & Remand Commissioning • Presonalised edge of care support • Independence pathways for young people in placements • Widening accommodation options for Care Leavers • Employment for Care Leavers 	3B	ChS / Rachael Wright-Turner		
	14. Provide support for parents and parents-to-be for their own mental health and for the long-term mental health of their families	<p>Perinatal mental health Pilot in place with redesigned specification. Funding in place for pilot to August 2017.</p> <p>Children will leave school with a healthy weight Key deliverables:</p> <ul style="list-style-type: none"> • Update our obesity strategy and associated action plan. 	CCG	CCG		
Support children, young people, and families to lead healthy lifestyles	12. Support children, young people, and families to lead healthy lifestyles for example by encouraging cycling, traffic-free play spaces, healthy food in schools and better support for families to adopt a healthy diet from an early age	<p>Children will leave school with a healthy weight Key deliverables:</p> <ul style="list-style-type: none"> • Update our obesity strategy and associated action plan. 	LBHF	Public Health		• Reduce rates of childhood obesity by increasing the number of children that leave school with a healthy weight and reverse the trend in those who are overweight

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		<p>Public Health Initiatives: Childhood Obesity Progress so far: <ul style="list-style-type: none"> • DA1 obesity business case has been written by CCG and mirrors our local programme of a) Healthy weight behavioural preventative and treatment services underlined by joint pathways and a toolkit b) Whole council approach to childhood obesity under which individual departments identify actions/pledges outlining how they/their partners will contribute to the environmental changes needed to halt and reverse the rise of childhood obesity Actions 2017/18 <ul style="list-style-type: none"> • There is an extensive programme called Tackling Childhood Obesity Together running across the three boroughs, in recognition of the serious problem. </p>	CCG	Public Health / DA1: Upgrading prevention and wellbeing		<ul style="list-style-type: none"> • Reduce rates of childhood obesity by increasing the number of children that leave school with a healthy weight and reverse the trend in those who are overweight
		<p>Bring oral health in line with the general population Key deliverables: <ul style="list-style-type: none"> • Support the implementation of the Oral Health promotion service, procured by NHS England and launched in April 2017, and monitor the impact to ensure it delivers improvements to child oral health, older people and vulnerable groups </p>	LBHF	Public Health		<ul style="list-style-type: none"> • Reduce the average number of teeth which are actively decayed, filled or extracted amongst children aged five years

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Priority	Goal	JHWS ambitions	Deliverables	Footprint	Lead/Governance	Supporting plans	KPIs
PA2: Good mental health for all	Reduce mental health stigma and deliver parity between physical and mental health services	1. Work with professionals to break down the barriers between physical and mental health and ensure both are treated equally 2. Work with staff in frontline services across the system to build skills and awareness of mental health 3. Work with communities to help change attitudes, tackle stigma, and develop understanding of mental health.	<u>Development of IAPT and LTC model</u> o H&F IAPT already undertaking some LTC work/groups/interventions but plan to increase these as their capacity increases pending outcome of NHSE transformation fund bid. Work with service and as a tri borough to support this delivery.	LBHF			
			<u>Objective: Upgrade mental health prevention efforts</u> Key deliverables: • Publish the Director of Public Health's annual report on mental wellbeing in order to initiate review of mental illness prevention locally.	LBHF	Public Health		
	Improve mental health services for older people	4. Encourage awareness and improve the quality of local services and support for people living with memory loss/dementia and their carers 5. Provide early mental health support for older people through effective information and advice and signposting to preventative / universal services	<u>WLMHT Dementia service (01/08/2017)</u> o Business case approved at F&P Feb 2017 to increase staffing model to include dementia link workers, increase pre and post diagnostic support <u>Social Isolation and Loneliness Steering Group</u> o Co-ordination and shared learning of social prescribing projects across NWL. o Piloting of Age of Loneliness application with the voluntary sector <u>Commissioning support to services that reduce isolation for Older People</u> o Desktop research on effective ways (Nationally/Internationally) on reducing isolation o Understand specific services needed to reduce isolation in Older People o Map out what is available presently (DOS) o Evaluate / Commission appropriate service to reduce isolation o Effective communication of services that support isolation – signposting o Refresh service directions and ensure all services provide leaflets to GP's / Care Homes / Hospitals o Involve / communicate with key stakeholders and gain agreement / "buy in" to project o Develop Project Plan, Project Workbook and Communications plan	CCG	Public Health		• Increase the number of Dementia Friends in the borough each year reduce social isolation and loneliness among the borough's older people
Improve care for people with serious and long term mental health conditions	6. Improve health and wellbeing with a focus on people with serious and long-term mental health conditions 7. Encourage 'social prescribing' to improve mental health and wellbeing	<u>Like minded prevention workstream (HSC Local implementation Group for SLMH Workstream)</u> o H&F Health & social care work stream considering befriending, crisis café, day centre, peer support, dual diagnosis service and higher supported accommodation.	CCG	CCG / DA4: Improving outcomes for children and adults with mental health needs	• Like Minded Strategy for Mental Health • Five Year Forward View for Mental Health	• Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population • reduce preventable early deaths among people with serious mental illness. • Reduction in secondary mental health caseloads	
		<u>Social Prescribing</u> o Building on the learning of the two social prescribing pilots review the options for a borough wide approach to address the social, emotional and practical needs that impact on health and wellbeing o Investment required to increase PCMH support including 5th PCMH worker plus psychiatry, psychologist and peer support. o Refresh business case, local monthly implementation steering groups, working with Recovery team to discharge suitable patients unto PCMH.	CCG			• More people supported to stay well longer in primary care	
		• Early intervention in psychosis service	CCG				
		• Payment mechanism for mental health services moving towards outcome and quality measures	CCG				
		<u>Implement new model of care for people with SMI and Itmhn, to improve physical and mental health and increase life expectancy</u> 16/17 actions • Start implementation of the Community Living Well Service, bringing together clinical and wellbeing services to provide integrated support to people with stable serious Itmhns who are supported in primary care Implement the Community Living Well Service, bringing together clinical and wellbeing services to provide integrated support to people with stable serious Itmhns who are supported in primary care 17/18 actions • Evaluate impact of CLW service and continue to develop service network • Integrate primary and secondary care pathways • Integrate as part of wider Integrated Health and Wellbeing Centres	CCG			2020/21 outcomes • Integrated support for people with stable long term mental health needs which improves mental physical and social resilience • Seamless pathways across secondary and primary care • Greater number of people supported in primary care • Improved physical health for people with sltmh conditions	

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		<p>Community Living Well Progress so far: • Good progress on cross-agency OD and recruitment. IT issues may delay opening of VMC - due May 2017 Actions 2017/18 • Develop the Community Living Well strategy to prevent people getting unwell, improve pro-active care and plan for increased capacity for OOH MH & IAPT services</p>	CCG	DA4: Improving outcomes for children and adults with mental health needs		
		<p>Inpatient and Residential Recovery Services Progress so far: • Scoping document being prepared, and initial meeting of CCG and LA partners held. Working group to finalise strategy including both MHTs to be initiated May 2017. Actions 2017/18 • Develop a strategy and action plan covering the Tier 4 Pathway (In-patient, Rehabilitation, Out of Area and supporting Panel Processes) with the aim of ensuring effective pathway flow, reduced DTOCs, increased alternatives to in-patient admission and elimination of unwarranted OOA placements/ECRs in line with NHSE requirements</p>	CCG	DA4: Improving outcomes for children and adults with mental health needs		
		<p>Better Care Fund Schemes Scheme ref: B4 Joint Commissioning Developments Scheme name: Mental Health Outcomes: • Identify the structure for the project • Improve the processes prior to panel, to ensure Care plans & reviews are presented in a timely/quality manner • Explore options for pooling funding for joint placements • Agree way forward for shared protocol for joint and separate funding for placements • Discuss wider opportunities for joint working Deliverables 2017-19 • Reduction in the numbers in long term MH placements • Options for pooling funding for joint placements</p>	3B			
Ensure that crisis support is available for people with serious and long-term mental illness	8. Ensure that crisis support is available for people with serious and long-term mental illness	<p>Suicide prevention o Awareness training commissioned for staff and volunteers</p>	CCG	DA4: Improving outcomes for children and adults with mental health needs		
		<p>Evaluation of WLMHT SPA o WLMHT SPA has been evaluated and lessons learnt incorporated into future development of service. o To develop warm transfer of calls from 111 to SPA MH SPA Link o Linking the 24/7 mental health crisis support line in north west London to 111, allowing residents undergoing a mental health crisis to access appropriate specialist support via 111 without having to redial. Repatriate out of area patients and improve cross boarder arrangements and funding with CNWL o Review contract specifications. o Clarity and implement processes for repatriation of patients</p>	CCG			
		<p>High Quality Specialist Community Treatment, delivered consistently to time, and increasingly in the community. Progress so far: • SLTMHN Model of Care approved by TB (14/3/17). Local Urgent Pathway being redesigned to address process and delivery issues and will be included in final SLTMHN BC to GB early in July. Actions 2017/18 • Develop Crisis Services to ensure patients are cared for by the rapid response team at home not hospital and reduce unnecessary emergency admissions and facilitate early discharge. Ensure that no preventable MH patients are assessed in Emergency Departments.</p>	CCG			

HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN - Appendix 2

Priority	Goal	JHWS ambitions	Deliverables	Footprint	Lead/Governance	Supporting plans	KPIs	
PA3: Addressing the rising tide of long-term conditions	Prevent the onset of long term conditions and improve early intervention and diagnosis	1. Intervene early to increase early diagnosis, prevent the onset of LTCs and provide support and information for people to maintain healthy lifestyles 2. Improve and protect the health and wellbeing of our residents and reduce health inequalities across the Borough.	Objectives: Reduce premature mortality by investment in services which protect and promote mental health, physical health and well-being. Key deliverables: • Combine individual behaviour change services (including smoking, healthy heart and health trainers) and redesign and recommission a more effective and holistic Healthy Lifestyles Service • Cardio-respiratory prevention included in community service	LBHF	Public Health		• Increase the proportion of residents who are active and eat healthily • Reduce mortality rates from the top three killers (Cancer, cardiovascular disease, respiratory disease) • Reduction in emergency readmissions after discharge from hospital	
	Integrated support for people with one or more long-term conditions	3. Ensure people's long-term conditions are treated by proactive and coordinated health and social care services who share information and provide consistent standards of care 4. Provide increased support to people with diagnosed LTCs for self-care and self-management of conditions 5. Ensure better communication between agencies and better continuity of care for people with LTCs 6. Ensure there is 'no wrong door' and effective signposting to health and social care services	• Diabetes Prevention Programme and roll-out of digital DPP VitruCare Roll-out of a self-care platform, integrated with SystmOne, supporting patients to make decisions to improve their lifestyle and overall health. Development of a library of educational content to provide support to patients at different levels of activation to increase self-management	CCG	STP DA2 and 3	• Long Term Conditions Strategy • Dementia Action Plan • Better Care Fund • Whole Systems Integrated Care	• Reduction in unplanned events for people with LTCs • Reduction in the costs associated with supporting people with LTCs • Increase in people with an LTC who self-manage elements of their care • Increase in people with an LTC who have an anticipatory care plan Integrated services • More people experience integrated care between services • Increase in the percentage of GP appointments with a named GP	
			Patient Activation Measures o Utilisation of Patient Activation Measure licences to allowing educational and clinical interactions to be tailored to patients individual level of knowledge, skill and confidence.	CCG				Self-care • More people feel supported to manage their conditions • Uptake of personal budgets • Increase in the number of days spent at home • Reduction in avoidable (unscheduled) emergency admissions
			Right Care Progress so far: • Emerging priorities identified covering 80% of Right Care opportunities, and collection template submitted Action 17/18 • Establish delivery board and identify RightCare opportunities and develop implementation plans through the 15 stage Wave 2 delivery plan.	CCG/NWL	DA2: Eliminating unwarranted variation and improving long term condition management			
	Improve support for carers	7. Ensure people their carers and families are involved in decisions about their own care 8. Provide support for carers and their families to ensure they can support care receivers effectively						• More people and carers feel empowered and involved in their care planning
	Improve support for older people	9. Support for older people	Increase the delivery of PHB to improve personalisation support in managing long term conditions for older people and vulnerable adults (including People with Learning Disabilities) o Develop workbook and programme plan o Increasing the number of people receiving CHC PHB against baseline (Markers of progress) o PHB Steering Group on wider implementation of PHBs	Develop a new model for CHC commissioning across Older People, Adults with Physical and Learning Disabilities o Map out the current commissioning model of CHC across different care groups Identify the key risks for each current care / commissioning model o Develop workbook and programme plan – in progress o Make recommendations for a new commissioning model that reduces risks for CCG/Patients o Identify the capacity / skills needed to commission a new model of care including software / packages o Develop a new service specification for a new model of CHC commissioning for 3b o Managing risks of over spending through JCT o Identify opportunities for SRO, Project Management, Project Support and Data Analyst within the JCT team o Identify additional skills from outside of the JCT team to progress projects o To commence from January 2017 to end March 2018 – 5% on outturn	CCG	DA2: Eliminating unwarranted variation and improving long term condition management DA3:	• Whole System Integrated Care Strategy • 3 Borough Better Care Fund • Five Year Forward View • Integrating Care Out of Hospital	• Reduction in overall costs associated with supporting Older People • Reductions in length of stay admissions • Reduction in overall costs associated with supporting older people • Reduction in costs across the system per capita • Better targeted investment • Improved pathway for service users, families and referrers

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		<p>Develop a Single Market Management plan on long term care placement with ASC to include:</p> <ul style="list-style-type: none"> o Joint Funding Policy o Dispute Prevention Policy o CHC Operational Policy 	CCG			
		<p>Transforming Intermediate Care (IC) bed capacity to ensure productivity and value for money and impact on Delayed Transfers of Care (DToc)</p> <ul style="list-style-type: none"> o Develop a Steering Group for Intermediate Care (IC) o Set up and lead on workshop with stakeholders to agree care pathways for IC beds 	CCG			<ul style="list-style-type: none"> • Reduction in NEL and in hospital LOS through integrated working between whole systems (WSIC) and CIS
		<p>Better Care Fund Schemes</p> <p>Scheme ref: B1 Joint Commissioning Developments Scheme name: Low level acuity health tasks Outcomes:</p> <ul style="list-style-type: none"> • Delivery of low-level acuity health tasks by Homecare providers • Improve consistency of care in a customer home • Free up capacity within the District Nursing team • Encourage joint working between Health and Social Care professionals 	3B	Ben Gladstone	BCF DA1 DA3	
		<p>ASC Commissioning Strategy Programme</p> <ul style="list-style-type: none"> - Tactical focus on high cost care packages, providers and system weaknesses. - Better transition planning and management. - Continued focus promoting independence including new annual review approach and further focus on Assisted Technology, adaptations and housing. - Establishing Direct Payments as the first choice service option. - Review all remaining in-house services. - Major re-design of care pathways and commissioned service portfolios <p>Workstreams:</p> <ol style="list-style-type: none"> 1. 'Independence First' Case & Provider Reviews– Heads of Service 2. Forensic needs and payments review – Heads of Finance/Heads of Service 3. Transition Management – Shelia Rodgers 4. Direct Payments as First Choice & Dynamic Purchasing System – Personalisation Lead 5. Care Pathways Re-Design (MH, LD & OP/PD) – Lead Commissioners 6. In house service review - Ben Gladstone 7. Contract review and Major Re-Commissioning Programme – Lead Commissioners 	3B	ASC		<ul style="list-style-type: none"> • More people being supported in the community • Increase in activity managed outside of hospital setting
Improve care in the last phase of life	10. Improve care in the last phase of life	<p>Last Phase of Life Programme</p> <p>Delivery of 6 interventions agreed at the LPOL Steering Group:</p> <ul style="list-style-type: none"> • Recognition of individuals in their last phase of life • Jointly developing and sharing care plans to support individuals accessing their desired care • Providing easy to access and consistent advice to care homes (generalist and specialist), 24 hours a day. Build upon evidence from elsewhere in the NHS including vanguard sites in Yorkshire (Airedale). • Making sure staff can support last phase of life care through training and education • Ensuring that nursing needs are met in care homes and the community • Ensuring consistent and dedicated GP cover to all Care Homes • Telemedicine Clinical Assessment and Support Function <ul style="list-style-type: none"> o Provision of a telemedicine support function providing 24/7 clinical support in real-time to care homes. o The function will include direct assessment, diagnosis, consultation, and treatment through the use of interactive audio, video and other electronic media to support on-going care within the patient's usual place of residence. 	NWL	STP DA3	<ul style="list-style-type: none"> • Last Phase of Life Strategy • Better Care Fund 	<ul style="list-style-type: none"> • Increase in people dying in their preferred place of death • Increase in people with anticipatory care plans • Reduction in the costs associated with managing people at End of Life
		<p>Integrating services for people at the end of their life</p> <p>16/17 actions:</p> <ul style="list-style-type: none"> • Finalise End of Life Strategy Develop integrated service model including 24/7 SPA and Out of Hours Nursing Support • Develop procurement plans around third sector services <p>17/18 actions:</p> <ul style="list-style-type: none"> • Rollout EoL Strategy and new integrated service model • Increase access to Coordinate My Care (CMC) <p>2020/21 outcomes:</p> <ul style="list-style-type: none"> • Increasing number of people able to die in their preferred place of death. • Coordination of support to people at End of Life and their families/carers on a 24/7 basis and across all care settings 	NWL	STP DA3		

HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN - Appendix 2

Priority	Goal	JHWS ambitions	Deliverables	Footprint	Lead/Governance	Supporting plans	KPIs
PA4: Delivering a sustainable health and care system that is fit for the future	Sustainable workforce	1. Work together across organisational boundaries to plan and deliver the workforce needed for the future 2. Work with our partners to look at the current and future needs of our population and map projected demand for health and care services to understand gaps in our workforce 3. Work with partners including universities, royal colleges, Health Education England (HEE), and other teaching institutions to refocus local health and care worker training programmes towards the workforce needed for the future 4. Work with partners to ensure there are the right reward structures and contract flexibility to incentivise the creation of the workforce we need 5. Prepare staff for multidisciplinary team working rather than the roles of professional groups 6. Support and better harness the power of the informal workforce by creating a 'social movement' to support those in need, including a more strategic approach to the support and development of volunteers	<u>Expert Commissioning and Operations</u> Portfolio: Policy Projects: • Workforce Development Strategy	3B	Rachael Wright-Turner		
			<u>Through the Making Every Contact Count approach, we will up skill staff to divert, refer, prevent and intervene early</u> Key deliverables: • Develop a Making Every Contact Count implementation strategy which includes training social workers, librarians and environmental health officers to take proactive and preventative action where possible.	LBHF	Public Health		
	One public sector estate	11. Develop the primary care estate and council buildings required to support new models of care and a system that is sustainable and fit for the future 12. Increase value from under-used and underutilised estate in the borough	<u>Children's Hubs (as above)</u>	CCG	DA1: Radically upgrading prevention and wellbeing / Matt Mead		
			<u>Community Estates Programme</u>	CCG	DA3: Achieving better outcomes and experiences for older people		
	Digital	1. use technology to join up the health and care system and support people to better look after themselves 2. Invest in information technology and data analytics 3. Seek to develop shared digital patient records updated in real-time and shareable across organisational and sector boundaries 4. Improve information collection and management to enable better retrospective and predictive modelling, decision making and improve quality and safety standards for people 5. Exploit the smart phone revolution and use people's phones and other digital devices as a new "front door" to self-care, health promotion information and services, building on the "One You" app recently launched by Public Health England and providing a seamless link to self-care and prevention work for adult social care 6. Agree with partners across the borough to share information where it makes sense for patients and they are happy for us to do so 7. Investigate the role of technology in enabling people to manage their own care investigate the viability of these approaches locally and scale up what works	<u>E-Consultations</u> <u>Patient Online</u> o To meet the requirement that at least 20% of patients registered at each practice have signed up to online services in 2017/18 <u>Babylon</u>	CCG			
			<u>Expert Commissioning and Operations</u> Portfolio: ICT & Infrastructure Project: • ICT - Converged LAC Forms • ICT - Mobile Working - Paperless Fostering & Adoption panels • ICT - Care Place Information Sharing WLA • ICT - Information Governance • ICT and Finance - Childcare: 2 y/o project and 30 hours • ICT - Fostering and Adoption IT solution • ICT - Schools Data • ICT - CP-IS Child Protection Information Sharing • Mosaic Upgrade	3B	ChS		
			<u>Better Care Fund Schemes</u> Scheme ref: C1 Scheme name: Single system performance dashboard Outcomes: • Delivery of a single BI function Provisional Plans for 2017/18: • Deliver agreed set of metrics 'single version of the truth'	3B	Stephen Potter / Una McCarthy		
	Finance	20. Using finance to enable closer working and commissioning between health and social care and more personalised, integrated and person centred services 21. Increase the use of pooled budgets where it makes sense as a way of enabling closer health and social care collaboration 22. Starting to view our budgets and services in a single joined up way	<u>Review Public Health Budget Allocations</u> Key deliverables: Undertake a Prioritisation Programme to inform 2018-19 public health budget allocations and beyond.	LBHF	Public Health		
			<u>Expert Commissioning and Operations</u> Portfolio: Financial Effectiveness Project: • Redesign of Finance Service	3B	Dave McNamara		

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		<p><u>Better Care Fund Schemes</u> Scheme name: existing s75 best value and alignment assessment Outcomes: <ul style="list-style-type: none"> • Checking everything spent in the s75 is best value for money & strategically relevant • Check spend against statutory requirements (meets/does not exceed) Provisional Scheme Plans 2017/18: <ul style="list-style-type: none"> • A set of strategically relevant value for money services in the s75 • Deliver financial savings up to 4% as an ambition • A single accountant to work on this across the 3 boroughs </p>	3B	BCF			
	Communications and Engagement	<p>23. Improve the way we communicate, engage, and co-produce with our residents ensuring information about health and care services is clearly signposted and tailored to audiences, and ensure people can have a say in local service changes and the development of new services 24. Continually monitor our progress with the implementation of this strategy and regularly measure and report our performance to residents and patients.</p>	<p><u>Promote good health, self-care and, where appropriate, pathways into support services.</u> Key deliverables: <ul style="list-style-type: none"> • Develop and roll out a public health campaign plan aligned with national and local priorities. • Deliver the health information service through libraries, including health information points in multiple libraries </p>	LBHF	Public Health		

HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN - Appendix 2

Priority	Goal	JHWS ambitions	Deliverables	Footprint	Lead/Governance	Supporting plans	KPIs
PA5: Radically upgrade prevention and early intervention	Make it easier for people to make positive lifestyle choices	1. provide greater scope for local people to choose positive lifestyles by ensuring the local environment enables and promotes active travel rather than car use, that high streets offer fresh fruit and vegetables rather than 'fast food', offer reputable banking facilities, not betting shops and pay day loan shops and ensuring that in providing parks and leisure facilities we secure greatest gain for health and wellbeing.	<p>Better Care Fund Schemes</p> <p>Scheme ref: B5 Joint Commissioning Developments Scheme name: Other Opportunities - Prevention</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Highlight services that provide good or excellent value for money • Highlight those providing poor vfm or are not sustainable • Reduce movements too other commssioners if spend reduces in prevention • Uncover opportunities for improvement & innovation in the commissioning of secondary prevention services • Establish priorities for the recommissioning of services • Engage with providers <p>Key deliverables 2017-19:</p> <ul style="list-style-type: none"> • Align to STP (DA1) adapt not reinvent • Scoping of the total prevention budget and options to pool • Scoping of current spend to understand any alignment or duplication • Support 3rd sector organisations (support resilience) • Community catalysts – how do they fit in here? <p>Objectives: Increase accessibility for physical activity in public spaces/ facilities</p> <p>Key deliverables:</p> <ul style="list-style-type: none"> • Open a outdoor gym in Norland Park 	3B	Stephen Falvey	DA1: radically upgrading prevention	
		2. work to create healthy high streets working to reduce the impact of fast food outlets on health, using our licensing powers to control the impact of alcohol related crime and gambling and use planning powers to design out crime and increase physical activity.	<p>Objectives: Reduce the prevalence of substance misuse related offending and disorder through collaborating with criminal justice colleagues to maximise identification and continuity of care.</p> <p>Key deliverables:</p> <ul style="list-style-type: none"> • Maximise the uptake and outcomes associated with the provision of holistic drug and alcohol treatment and prevention across all cohorts. 	LBHF	Public Health		Increase percentage of adults who are physically active
		3. Increase uptake of immunisations and reduce the risk of new infections	<p>Objectives: Deliver effective and efficient sexual and reproductive health services which promote good sexual health, reduce the prevalence of STI infections and improve access to a range of contraception.</p> <p>Key Deliverables:</p> <ul style="list-style-type: none"> • Implement a new genitourinary medicine (GUM) service model and online Sexually Transmitted Infection (STI) screening service. • Launch and implement a new community sexual health service model which includes screening, contraception, health promotion and psychosocial support. 	LBHF	Public Health		Reduction in STI prevalence
		4. We will empower people to make positive lifestyle choices that will keep them healthy and well	<p>See Social Isolation (above)</p>	CCG	DA1: Radically upgrading prevention		Reduce social isolation and loneliness across all age cohorts
	Tackle social isolation and loneliness	5. We will encourage partnership working between community and voluntary services, the NHS and local authorities to put in place strategies that will reduce social isolation and loneliness in the community.	<p>See patient self-care, including Vitrucare and video content section (above)</p>	CCG	DA1: Radically upgrading prevention		
		6. Support residents at risk of social isolation including older residents who live alone					
	Support independence, community resilience and self-care	7. initiate a local movement to build community resilience and relationships and encourage and enable communities to take greater care of themselves and others					
		8. Identify and capitalise on people's strengths and residents' commitment to managing their own care and work with them to find ways to influence others so that they can do the same					
		9. We will harness the potential of digital technologies to facilitate control and choice and enable patients to manage their health in the way that best suits them.					
		10. Ensure the right support is available closer to home in GP surgeries, pharmacies, community hubs and in the home	<p>Primary Care</p> <ul style="list-style-type: none"> • Creation of a Primary Care Strategy • Primary Care Homes • Network Configuration 	CCG	DA5: Ensuring we have safe, high quality sustainable services	<ul style="list-style-type: none"> • Five Year Forward View • Strategic Commissioning Framework (SCF) • Sustainability and Transformation Plan (STP) 	<ul style="list-style-type: none"> • Increase in activity managed outside of a hospital setting. • Reduction in costs across the system per capita • Increased access to services • Improved continuity of care • Improved responsiveness with faster on the day access • Broader range of professional s as part of primary care team
	11 Deliver high quality, consistent and joined up health and care that is accessible and convenient so people can access the right care, in the right place at the right time.						
	12. treat the time of people using the health and social services as a precious resource and seek to reduce time wasted across the system. This means getting the right care, right first time. We will consider all non-emergency unscheduled hospital						

HAMMERSMITH AND FULHAM JOINT HEALTH AND WELLBEING STRATEGY DELIVERY PLAN - Appendix 2

	<p>admissions as a failure of the system.</p> <p>Reconfiguring acute services</p> <ul style="list-style-type: none"> • PfH Contract • Frequent Users • Bicycle Responder • Walk-in centre @ Parson's Green • 111/GP OOH (IUC Review) • I/C Beds • PATCH (Providing Assessment and Treatment for Children at Home) • PACU Redesign 	CCG			
	<p>Contract Management for Imperial College Healthcare Trust</p> <p>Better Care Fund Schemes</p> <p>Scheme ref: B3 Joint Commissioning Developments</p> <p>Scheme name: Domiciliary care and care homes single commissioner</p> <p>Outcomes:</p>	CCG	CCG		
	<p>ASC Front Door and Demand Management Programme</p> <ul style="list-style-type: none"> - Single commissioning strategy that brings together ASC, Public Health, Corporate and CCG funding. - Refocus towards targeted prevention, short term interventions and priority outcomes. - Simplify front door system for ASC: digital development and self service and transfer to lead provider and/or health front doors. - Extend focus on community and asset model of service delivery - Establish cross sector analytical and demand management function. <p>Workstreams:</p> <ol style="list-style-type: none"> 1. Commissioning Strategy – Paul Rackham 2. Front Door Development – Stella Baillie & Marc Cohen 3. Analytics and Demand Management – Una McCarthy 	3B			
	<p>ASC Whole Systems Integration Programme</p> <ul style="list-style-type: none"> - Integrate all back office services including commissioning, business analysis, communications and workforce development. - Integration of hospital discharge, CIS and community SW teams with provider trusts supported by systems and practice development. - Development of joint commissioning plans for top cross sector service priorities - as a step toward ACPs. <p>Workstreams:</p> <ol style="list-style-type: none"> 1. Back Office Integration – Mike Boyle 2. Provider Integration – Stella Baillie 3. Joint Commissioning and ACP – Sarah McBride 	3B	ASC		
Influence the wider determinants of health	<p>2. We will promote the importance of the wider determinants of health and wellbeing through work and positive relationships with friends and family</p> <p>3. We will work with our partners across the public sector to embed health improvement in all policies. This includes local institutions such as schools, hospitals, parks, roads, housing developments, and cultural institutions which can have huge positive or negative impacts on mental health, how we live our lives and whether we realise our potential for a full and healthy life:</p> <p>4. Housing</p> <p>5. Education: continue to work with schools to support the health and wellbeing of children and young people</p> <p>6. Culture and community cohesion:</p> <p>7. Air pollution: Work with partners at all levels to reduce air pollution and the effects of air pollution in the borough.</p> <p>8. Transport: Continue to encourage people to incorporate active travel into everyday journeys, create safer routes and raise participation in cycling. We will work to encourage the creation of school travel plans and cycle initiatives to contribute to reducing road traffic accidents.</p> <p>9. Employment, volunteering and skills: support life-long learning and tailored employment support targeting those</p>			Housing JSNA	<p>Adults with a learning disability in stable and appropriate housing</p> <p>Adults in contact with secondary mental health services in stable and appropriate housing</p>
				Air Quality Strategy	Reduce fraction of mortality attributable to particulate air pollution
					<ul style="list-style-type: none"> • Support more people with mental health conditions into employment, training or volunteering • Reduce the number of sick days related to mental illness
					reduce absence rates due to sickness

<p>London Borough of Hammersmith & Fulham</p> <p>Health and Wellbeing Board</p> <p>20 JUNE 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

Agenda Item	Summary	Lead	Item
Meeting Date: 20 June 2017 (Review HWB terms of reference)			
STRATEGIC ITEMS			
ANNUAL PUBLIC HEALTH REPORT	Development discussion	PH	
BETTER CARE FUND UPDATE		ASC/CCG	
WHOLE SYSTEMS INTEGRATED CARE DASHBOARD		NWL CCGs	
JOINT HEALTH AND WELLBEING STRATEGY: DELIVERY PLANNING	Development discussion	All	
Meeting Date: 13 September 2017			
STRATEGIC ITEMS			
CCG COMMISSIONING INTENTIONS		CCG	
HOMELESS HEALTH SERVICES		ASC/CCG Julia Copeland	
CHILD POVERTY STRATEGY		CS	
Meeting Date: 21 November 2017			
STRATEGIC ITEMS			
Meeting Date: 31 January 2018			
STRATEGIC ITEMS			
Meeting Date: 21 March 2018			
STRATEGIC ITEMS			

Other possible items

- Update on tackling poor mental health in the borough and/or 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