



## London Borough of Hammersmith & Fulham

### HEALTH & WELLBEING BOARD

17 June 2013

**Joint Health & Well-being Strategy: Update and Next Steps**

**Report of the Interim Tri-borough Director for Adult Social Care**

**Open Report**

**Classification - For Decision**

**Key Decision: No**

**Wards Affected: All**

**Accountable Executive Director:** Sue Redmond, Interim Tri-borough Director for Adult Social Care

**Report Author:** David Evans, Senior Policy Officer

**Contact Details:**

Tel: 020 8753 2154

E-mail: david.evans@lbhf.gov.uk

## 1. EXECUTIVE SUMMARY

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

## 2. RECOMMENDATIONS

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

### **3. REASONS FOR DECISION**

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

### **4. INTRODUCTION AND BACKGROUND**

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

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

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

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

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

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

## 5. CONSULTATION AND ENGAGEMENT

- 5.1 Leading on from the Health & Well-being Strategy consultation event in November 2012, the Strategy has been developed and is now at a stage where further engagement with the wider community and partners is appropriate and there is an opportunity to synchronise this process with the development of the Community Strategy 2014-2022.
- 5.2 This will enable clear links to be made between the two strategies, avoid confusion and duplication as well as realising better value for money by running a single consultation exercise rather than two.
- 5.3 The aim of consulting on the Health & Well-being Strategy will enable local people and stakeholders to contribute their views and to fine tune the final strategy before the Health & Well-being Board endorses it in January 2014.
- 5.4 The table below sets out the timeline for the Community Strategy development. It is not envisaged that the agreement and implementation of the Health & Well-being Strategy would be delayed as planning a separate consultation and engagement programme would follow a similar timeline.

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

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

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

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

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

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

- Sue Redmond, Interim Tri-borough Executive Director for Adult Social Care. Sue will perform this key leadership role pending the appointment of a permanent Executive Director which has been recently advertised.
- Neil Snee, Interim joint Director of Adults Community Health and Social Care. Neil will lead the integration programme and work with GPs to join up community health and social care services around GP practices.
- Gillian Vickers, Interim Director of Adult Social Care Operations. Gillian will lead and support the current ASC operations senior management with responsibility for day-to-day ASC operations until the future integrated ASC Operations and CLCH Nursing and Rehab management structure has been developed and agreed by Members, GPs and CLCH partners.

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

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

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

- Priority 6: Sharing information on sheltered housing
- Priority 8: The need for a named contact at the CCG for sexual health commissioning.

## **7. THE NEXT STEPS**

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

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

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

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

# **Hammersmith and Fulham Health and Wellbeing Strategy**

**2013-2015**

**Consultation Draft**

# Contents

Forward

1. The Need for Change
2. The Vision
3. Priorities
4. Role of the Board
5. The Strategy
6. Delivering Outcomes
7. Our Approach
8. Measuring Success
9. Next Steps

Appendix 1 - High Level JSNA



## **Forward**

To be inserted

**Cllr Marcus Ginn**

**Cabinet Member for Community Care**

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

**Dr Tim Spicer**

**Chair of the Hammersmith & Fulham Clinical Commissioning Group**

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

## 1. The Need for Change

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

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

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

- A rise in the number of older people over the next two decades combined with a relatively low number of unpaid carers is expected to have a dramatic impact on demand for services.
- Illnesses such as dementia, more prevalent among older populations, will become increasingly common. Currently, there are likely to be around 1,250 patients in Hammersmith and Fulham with dementia and by 2025, this is likely to be in the region of 1,500 patients. Other public health concerns for the older population, such as social isolation, may become more common as may physical and sensory disability and reduced mobility.
- Unless behaviour and services change, people may experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer.
- Changes in the environment, behaviour and social norms mean it is very likely we will see an increase in obesity and diseases associated with it, as well as an increase in alcohol related harm.
- Medical and social care advances have been leading to significant increases in the life expectancy of children with complex needs. This vulnerable population group may therefore need support over longer periods.

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

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

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

## **2. The Vision: Stronger Communities, Healthier Lives**

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

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

## **3. Priorities**

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

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

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

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

#### **4. Role of the Board**

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

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

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

#### **5. The Strategy**

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

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

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

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

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

## **6. Delivering Outcomes**

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

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

## **7. Our Approach**

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

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

## **8. Measuring success**

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

## **9. Next Steps**

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

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

Appendix 1 - JSNA

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

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

**A report will be made at the meeting.**

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



degree of room use by providers is clarified.

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

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

Sylvie Pierce who has been leading the engagement and service development workstream will be taking a three month sabbatical from mid-May 2013 and the WCCCC Board has been asked to consider suitable resources to continue the productive and vital engagement work that Sylvie has shaped. Work has started to develop a job description for a centre manager and this will go to the next WCCCC Board in June. Hana Charlesworth, Communications Officer has developed a proposal for a competition to name the Health Centre that will run from Mid-June to the end of August. The public will be invited to submit proposals with a mixed panel agreeing the final name to be announced in mid September at the White City Festival.

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

#### **Key Areas of Focus**

- **IT at WCCCC:** The level of co-ordination between services will determine the IT resources that will be needed to enable agreed models of co-ordination. The WCCCC Board have agreed for each provider IT platform to be installed to the WCCCC building with the ability to integrate systems as appropriate in line with strategic objectives.
- **Patient Experience:** The CCG recognises that it needs to work with providers to develop an improved patient experience at the WCCCC. This workstream had been supported by Sylvie

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

<b>Priority 3</b>	<b>Every child has the best start in life</b>
<b>Lead Officer</b>	Andrew Christie, Executive Director for Tri-borough Children's Services
<b>Desired outcome</b>	<p>Following further research and consultation, we will publish a refreshed strategy which outlines the needs identified, the Health and Wellbeing Board actions in this area and how we will measure success. These outcomes and actions will also be reflected in the 2014 Strategic Plan for Children.</p> <p>Key outcomes, based upon the Hammersmith &amp; Fulham 2013/14 Mandate and the existing Strategic Plan for Children are likely to include:</p> <ul style="list-style-type: none"> <li>• Children and families know where to get the most effective advice and help with their health when they need it</li> <li>• Children are protected from preventable communicable diseases</li> <li>• Disabled children and their families receive the services and support they need to lead ordinary lives</li> <li>• Children have better oral health</li> <li>• Fewer children are classified as obese as they start and finish their primary education</li> <li>• Children and young people receive support at an earlier stage to improve their emotional wellbeing</li> </ul>
<b>Progress towards achieving outcome over the period</b>	<p><b>What are Children's services trying to get to?</b></p> <ul style="list-style-type: none"> <li>• <b>Families 'targeted' earlier for help</b></li> <li>• <b>Best use of current resources / services</b></li> <li>• <b>Savings in reducing multiple referrals / assessments</b></li> <li>• <b>Reducing costs of 'hospital admissions' etc</b></li> <li>• <b>Improvements in family health</b></li> <li>• <b>Improvements in school readiness</b></li> </ul> <p><b>Actions Identified</b></p> <ul style="list-style-type: none"> <li>• Ensure that children and families receive the help they need at an earlier stage.</li> <li>• Continue to develop outcomes focused, evidence based programmes to build the capacity of vulnerable families via the Family Support Programme to support their children effectively towards positive outcomes (effective parenting skills, school readiness, health and work readiness) without the need for long</li> </ul>

	<p>term intervention from statutory services.</p> <ul style="list-style-type: none"> <li>• Work with partners to lower the proportion of children living in poverty, and to ensure that fewer children have poor health, education and welfare outcomes that are known to relate to poverty.</li> <li>• Re-commissioning of Children's Centre services, including a review of opportunities for a Tri-borough approach.</li> <li>• Commissioning of additional childcare places to meet the requirements of the early education offer for two year olds.</li> </ul>
<b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b>	<p><b>What are our draft current agreed measures (subject to baseline of our evidence being available by Autumn 2013)?</b></p> <ul style="list-style-type: none"> <li>• Children's Trust Board to develop recommendations and advise on action planning</li> <li>• Children's Trust Board to agree key performance measures</li> </ul>
<b>Performance (local, regional, national)</b>	<p>Actions and DRAFT performance measures to be discussed and finalised following the next LBHF Children's Trust Board meeting on July 1<sup>st</sup> 2013.</p> <p>Further work to take place with Tri-borough partners to identify shared priorities and performance measures to enable compare and contrast and the development of joint strategies.</p>
<b>Key partners and stakeholders</b>	<p>To be determined by the Children's Trust Board with support from Health and Wellbeing Board as required.</p> <p>Ongoing joint work with Tri-borough authorities.</p>
<b>Budgets related to this work</b>	<p>To be determined.</p>
<b>Other information</b>	<p>No further information</p>

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

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

<b>Priority 5</b>	<b>Supporting young people into Healthy Adulthood</b>
<b>Lead Officer</b>	Andrew Christie, Executive Director for Tri-borough Children's Services
<b>Desired outcome</b>	<p>Following further research and consultation, we will publish a refreshed strategy which outlines the needs identified by this research, the Health and Wellbeing Board actions in this area and how we will measure success. These outcomes will also be reflected in the 2014 Strategic Plan for Children.</p> <p>Key outcomes, based upon the Hammersmith &amp; Fulham 2013/14 Mandate and the existing Strategic Plan for Children are likely to include:</p> <ul style="list-style-type: none"> <li>• Young people feel safe in their communities</li> <li>• Young people receive support at an earlier stage to improve their emotional wellbeing</li> <li>• Young people are confident about making positive choices in their relationships with others</li> <li>• Young people are less likely to become parents when they are teenagers</li> <li>• Young people attend school regularly and barriers which prevent achievement in school are addressed</li> <li>• Young people make successful transitions to further and higher education, training and employment which reflect their potential</li> </ul>
<b>Progress towards achieving outcome over the period</b>	<ul style="list-style-type: none"> <li>• A piece of research work lead by Eva Hrobonova is currently being undertaken by her registrar Vaishnavee Sreeharan.</li> <li>• A first draft of this work will be circulated to key commissioners in early June for comment and will be finalised by the Autumn.</li> <li>• Children's commissioning intends to use the recommendations from this piece work to develop joint commissioning work programme in late 2013.</li> <li>• As with the 'Best start in life' this work will be developed through the LBHF Children's Trust Board</li> </ul> <p><b>Actions Identified</b></p> <ul style="list-style-type: none"> <li>• An ongoing focus on ensuring that children feel safe in their communities.</li> <li>• Re-commissioning youth services to ensure a more targeted approach; including a review of opportunities for Tri- or Bi-borough approaches</li> <li>• Improving standards in all schools, improving school attendance and reducing numbers of young people not in education, employment or training.</li> <li>• Targeting young people in need to enhance their life chances. This will include children and young people who experience</li> </ul>

	<p>domestic violence, mental health problems, teenage parents and young offenders.</p> <ul style="list-style-type: none"> <li>• Offering a high quality service to young offenders with a strong emphasis on restorative justice and early help to prevent escalation of difficulties.</li> <li>• Effective support for care leavers to maximise their life chances.</li> </ul>
<p><b>Outputs, deliverables, milestones (stages)</b>  <b>Timeline, and deadline for completion</b></p>	<ul style="list-style-type: none"> <li>• Research completed and report published in Autumn 2013</li> <li>• Children's Trust Board to discuss recommendations and advise on action planning.</li> <li>• Children's Trust Board to agree key performance measures.</li> </ul>
<p><b>Performance (local, regional, national)</b></p>	<p>Actions and DRAFT performance measures to be discussed and finalised following the next LBHF Children's Trust Board meeting on July 1st 2013. Further work to take place with Tri-borough partners to identify shared priorities and performance measures to enable compare and contrast and the development of joint strategies.</p>
<p><b>Key partners and stakeholders</b></p>	<p>To be determined</p>
<p><b>Budgets related to this work</b></p>	<p>To be determined</p>
<p><b>Other information</b></p>	<p>No further information</p>



<b>Priority 6</b>	<b>To develop better access to suitable housing for vulnerable older people</b>		
<b>Lead Officer</b>	Martin Waddington, (Sue Redmond)		
<b>Desired outcome</b>	More people living in suitable accommodation as they age, which will allow them to manage their health and care needs at home rather than having to be admitted to hospital or needing to be placed in short or long term nursing care.		
<b>Progress towards achieving outcome over the period</b>	<ol style="list-style-type: none"> <li>1. Agreement from H&amp;F Business Board to fund a Project Manager for 8 weeks to scope identified sites in the borough for a potential new build extra care schemes of 25 – 105 units.</li> <li>2. Bid to be submitted on 4<sup>th</sup> June for DCLG funding for a Housing Options Advisor for Older People, working specifically to promote awareness about later life housing &amp; care options amongst older people and professionals.</li> </ol>		
<b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b>	<b>Deliverable</b>	<b>Timeline</b>	<b>RAG</b>
	1. All key strategic documents to reference housing for older people – JSNA, Market Position Statement	Complete April 2013	<b>G</b>
	2. Mechanisms in place for reporting housing data to the board, to record the impact that housing has in numerical and cost terms (falls, hyperthermia etc...)	On track September 2013	<b>A</b>
	3. Mechanisms are in place to capture structured data from older people about their future housing expectations	At risk June 2013	<b>R</b>
	4. Analyse to what extent current housing options for older people is meeting demand and need, the level of unmet need in the community and consult on what the current 'younger old' population will want from housing for older people, to inform any future investment	At risk November 2013	<b>R</b>
	5. There is a process for engaging with developers, which may include plans to release health or social care land for development	On track June 2013	<b>G</b>
	6. Understand to what extent unsuitable housing impacts on people's health and care needs as they get older	On track November 2013	<b>G</b>
	7. Consult with partners in Health regarding their understanding of sheltered housing and other housing options for older people and what gaps they may have identified and improve links between Housing and CCGs to deliver on shared, agreed outcomes	On track July 2013	<b>G</b>
	8. Pilot methods of improving access to sheltered housing, e.g. allocations and referrals (via ASC and Health rather than Housing), ASC managed housing, assistance/incentives to move, positive promotion	At risk November 2013	<b>R</b>
<b>Performance (local, regional, national)</b>	Performance measurements have not yet been benchmarked.		
<b>Key partners and stakeholders</b>	There are on-going issues with partners in Housing, who are withholding information (such as details of the review of sheltered housing), which is delaying progress in areas such as piloting improved access into sheltered		

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

<b>Priority 7</b>	<b>Improving mental health services for service users and carers to promote independence and develop effective preventative services.</b>
<b>Lead Officer</b>	Shelley Shenker (Sue Redmond, Tri-borough Executive Director Adult Social Care)
<b>Desired outcome</b>	1. To develop an agreed 3/5 year strategy (aka Big Plan) to meet the changing needs and aspirations of people with mental health problems in H&F as part of a wider tri-borough approach to inform the commissioning and delivery of services.
<b>Progress towards achieving outcome over the period</b>	Discussions are being undertaken with H&F CCG (and the other two CCGs) to co-design the proposal with the aim of gaining commitment to developing this approach.
<b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b>	<p>The aim is to develop the strategy between May and October 2013 and a key objective in the coming weeks will be to engage with H&amp;F CCG to commitment.</p> <p>A Tri-borough Big Plan setting out clearly:</p> <ul style="list-style-type: none"> <li>• The current and anticipated population of people with mental health problems and their changing health and social care needs (including analysis of children and young people with mental health needs to inform future needs for adult services)</li> <li>• A map of current services and developments already in progress, including current spend and benchmarking of the 3B spend against other authorities</li> <li>• A summary of the financial context for NHS and Council for the next five years and the implications for service commissioning</li> <li>• A summary of current policy and best practice in mental health services</li> <li>• Identification of key issues and concerns from people with mental health problems and carers to inform priorities for the future</li> <li>• A 3/5 year strategy identifying up to 10 areas for development and the targets to be achieved over that period, to include: <ul style="list-style-type: none"> <li>• Housing</li> <li>• Employment</li> <li>• Health – primary, community, specialist</li> <li>• Care Needs</li> <li>• Active in the Community</li> <li>• Person centred plans and budgets</li> <li>• Carers</li> <li>• Keeping safe</li> </ul> </li> </ul> <p>2. • Performance measurements to show progress towards targets over the strategy period</p>
<b>Performance (local, regional, national)</b>	A plan will be developed against which the performance of the Council and the NHS can be accountable to local service users and carers and the wider community. This will include a clear framework of priorities against which specific development projects or contract

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

<b>Priority 8</b>	<b>Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.</b>
<b>Lead Officer</b>	Ewan Jenkins (Dr Eva Hrobonova)
<b>Desired outcome</b>	Maintenance and improvement of sexual health outcomes; delivery of seamless and accessible SH/HIV services; good working relationships are established across relevant commissioning organisations (LA, CCG, NHSCB)
<b>Progress towards achieving outcome over the period</b>	<ul style="list-style-type: none"> <li>All services in place prior to 1 April 2013 continued and transferred to new commissioning organisations. No immediate loss of service provision as a result of transition.</li> </ul>
<b>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</b>	<ul style="list-style-type: none"> <li>Sexual Health Joint Strategic Needs Assessment published in March 2013 (available at <a href="https://www.jsna.info/download/get/sexual-health-jsna-2013/15.html">https://www.jsna.info/download/get/sexual-health-jsna-2013/15.html</a>)</li> <li>Planning started towards identifying key priorities for service review, service improvement and possible procurement initiation. Key areas under consideration include Young People's services and HIV services. Key planning meeting to be held on 17 Jun 2013. Work plan to be further developed following this meeting.</li> </ul>
<b>Performance (local, regional, national)</b>	<ul style="list-style-type: none"> <li>Chlamydia screening rates require improvement. Service improvement will form part of work plan.</li> <li>Provisional data from Quarter 1 2012 (Jan – Mar 2012) indicate low numbers of conceptions in under 18s in Hammersmith and Fulham. The rate of under 18 conceptions in the borough remains lower than both London and England.</li> <li>HIV Late Diagnosis data for 2011 (most recent available) indicate a 13% reduction in very late diagnosis in Hammersmith and Fulham against the 2004/05 baseline. Target reduction was 15%. Hammersmith and Fulham was the best performing borough in London in 2011 for proportion of late diagnoses and 4<sup>th</sup> best performing borough for proportion of very late diagnoses.</li> </ul>
<b>Key partners and stakeholders</b>	<ul style="list-style-type: none"> <li>Relationships have continued with HIV Treatment and Care Commissioners for London. Formerly part of the London Specialised Commissioning Group, these Commissioners are now in the NHS England London Regional Office. The Tri-Borough Sexual Health Commissioner is a member of the Expert Advisory Group which informs service redesign of HIV Treatment and Care services.</li> <li>The Sexual Health Commissioner and a Senior Public Health Officer have met with Healthwatch to discuss their draft work programme which is likely to include a priority regarding Young People and Sexual Health.</li> <li>As yet, it is not clear if there is a named officer from Hammersmith and Fulham CCG leading on the commissioning of</li> </ul>

	sexual health contracts that were transferred to them. It would be beneficial to have a lead contact in the CCG with whom the Sexual Health Commissioner could develop a working relationship.
<b>Budgets related to this work</b>	<ul style="list-style-type: none"><li>• Significant work has been undertaken to project expenditure for 2013/14 in respect of Genito-Urinary Medicine services. This will inform robust budget management over the course of the year.</li></ul>
<b>Other information</b>	No further information