



London Borough of Hammersmith & Fulham

HEALTH & WELLBEING BOARD

4 November 2013

Joint Health & Well-being Strategy: Update

Report of the Tri-borough Director of Adult Social Care

Open Report

Classification - For Decision

Key Decision: No

Wards Affected: All

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1. EXECUTIVE SUMMARY

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

2. RECOMMENDATIONS

2.1 The Board is asked to consider:

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

3. HEALTH & WELL-BEING STRATEGY PRIORITIES

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

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

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

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

4. UPDATE ON PROGRESS AGAINST HEALTH & WELL BEING PRIORITIES

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

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

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

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

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

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

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

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

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

5 THE NEXT STEPS

- 5.1 Over the coming weeks a number of consultation events will be held with various community groups and the strategy will be presented to the Health & Adult Social Care Select Committee on 14 November. The final document will be submitted to the Health & Well-being Board on 13 January 2014.

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

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	H&F Health & Well-being Strategy: Consultation Draft	David Evans Tel: 020 8753 2154	Tri-borough Adult Social Care, 77 Glenthorne Road.

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

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

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

within the OOH strategy:

1. **Virtual Wards:** Following agreement of the principles of the virtual ward model we have been working with CLCH and the Community Independence Service to develop how the model will operate. This includes designing the pathway for people who are admitted to the virtual ward including referral routes and the roles of the professionals within the multi-disciplinary team that supports it. We are agreeing the model for medical support to the virtual ward and the role of the GP within the multi-disciplinary team. CLCH have recruited five Health and Social Care Coordinators who will be aligned to each virtual ward and GP Network, and have started the recruitment for Community Matrons who are also part of the core team. Our aim is for phase one of the model to be rolled out from December 2013.

2. **System One:** The roll out of the System One IT system across GP Practices is progressing as planned. To date 16 GP practices have moved over to the new system and roll out to the remaining GPs is on track. CLCH have implemented System One within two of its District Nursing teams. GP practices and CLCH are working to gain consent from patients for their System One records to be shared between the GP and District Nursing team. The OOH Board will consider at its November meeting options for the further roll out of System One within the District Nursing service and to establish links to the Single Point of Referral (SPOR).

3. **Community Independence Service (CIS) Review:** H&F are part of a Tri-borough review of Community Independence Services for which the overall ambition is to put forward in both NHS and Adult Social Care commissioning intentions the proposal to commission jointly a Community Independence Service. The review will propose a longer term solution to providing an integrated and joint Community Independence Service that support the OOH strategy by preventing hospital admissions and enabling timely discharge. The review will also consider the short term improvements needed to move towards this longer term solution. The review will look to build up on existing work to develop CIS services across the boroughs and we have fed in the experience and learning from the H&F CIS service to date. The

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

Priority 2	Delivering the White City Collaborative Care Centre to improve care for residents and regenerate the White City Estate.
Lead Officer (HWB Member)	Tessa Sandall Deputy Managing Director on behalf of Dr Tim Spicer, Chair of H&F CCG
Governance arrangements	<p>Hammersmith and Fulham CCG has the lead role in ensuring that this priority is delivered.</p> <p>The project is overseen by a Steering Group for the work, reports into the Out of Hospital Board and is reviewed on a regular basis by the Governing Body.</p>
Desired outcome	<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>
Progress towards achieving outcome over the period	<p>Building Development</p> <p>The WCCCC construction continues to make good progress and remains on schedule for completion in April 2014, the programme is supported by the fortnightly working group meetings with the design team where all aspects of the Construction phase requirements are suitably addressed. Work has started on the procurement for equipping the Centre.</p> <p>Clinical Services</p> <p>Work has continued with all the organisations that are moving services into the new site. There is now much greater clarity over room usage and utilisation. All the services that were planned on being moved into the Centre will still do so.</p>

	<p>Discussions are ongoing with the GP Practices on developing models for delivering patients with a good experience of GP reception services including improved access and information.</p> <p>Hana Charlesworth, Communications Officer ran the competition to name the Centre and this culminated in the announcement being made at the White City Festival that the Centre would be called Park View Centre for Health & Social Care.</p> <p>A paper was taken to the OSC that asked the committee to consider whether a UCC would be considered at the WCCCC. Work is ongoing to look at the feasibility of some form of unscheduled care provision from the Centre.</p> <p>Key Areas of Focus</p> <ul style="list-style-type: none"> • IT at WCCCC: The GP Practices moving into the site will all have migrated on to SystemOne by the end of January. This opens up opportunities for collaboration as there will be a single clinical system in use.. • Office Space: Significant progress has been made in finalising the space that will be occupied by the providers and ensuring this space meets their needs. • Increasing GP Access: The CCG is reviewing all estate options under the remit of SAHF and in doing so will understand the potential for improved access at the health centre hubs for patients across Hammersmith & Fulham.
<p>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</p>	<p>Monitored via the White City Collaborative Care Centre and OOH Boards</p>
<p>Key partners and stakeholders</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>Budgets related to this work</p>	<p>None to report for this period.</p>
<p>Other information</p>	<p>No further information</p>

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

	<p>performance indicators, specific actions to deliver the outcomes and proposed timescales.</p> <p>Actions Identified</p> <ul style="list-style-type: none"> • Ensure that children and families receive the help they need at an earlier stage. • Continue to develop outcomes focused, evidence based programmes to build the capacity of vulnerable families via the Family Support Programme to support their children effectively towards positive outcomes (effective parenting skills, school readiness, health and work readiness) without the need for long term intervention from statutory services. • Work with partners to lower the proportion of children living in poverty, and to ensure that fewer children have poor health, education and welfare outcomes that are known to relate to poverty. • Re-commissioning of Children’s Centre services, including a review of opportunities for a Tri-borough approach. • Commissioning of additional childcare places to meet the requirements of the early education offer for two year olds.
<p>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</p>	<ul style="list-style-type: none"> • Ongoing development and prioritisation of outcomes and action plan by Working Group. Working Group to expand to include other stakeholders as required. • Children’s Trust Board to discuss and sign off action plan • Tri-borough proposals being developed proposing future Children’s Trust arrangements to ensure outcomes and actions of Health and Wellbeing Strategy are delivered and a coordinated approach to any outcomes which are shared across two or more boroughs
<p>Performance (local, regional, national)</p>	<p>Further work taking place with Tri-borough partners to identify shared priorities and appropriate performance measures</p>
<p>Key partners and stakeholders</p>	<p>Further work taking place with Tri-borough partners to identify shared priorities and appropriate performance measures</p>
<p>Budgets related to this work</p>	<p>To be determined.</p>
<p>Other information</p>	<p>No further information</p>

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

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

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

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

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

Priority 6	To develop better access to suitable housing for vulnerable older people		
Lead Officer	Martin Waddington, (Liz Bruce)		
Governance arrangements	Reports to H&F Business Board		
Desired outcome	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.		
Progress towards achieving outcome over the period	<ol style="list-style-type: none"> 1. Near completion of project to identify suitable sites in the borough for potential new build extra care schemes of 25 – 105 units. Report to go to Business Board end of October. 2. Links made with H&F Regeneration Planning department to consider new extra care housing within major regen sites in the borough. Links should influence the review of the Regeneration Core Strategy by updating the strategic policies regarding housing to reflect the need for more older people's housing. 		
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	Deliverable	Timeline	RAG
	1. All key strategic documents to reference housing for older people – JSNA, Market Position Statement	Complete April 2013	G
	2. Mechanisms in place for reporting housing data to the board, to record the impact that housing has in numerical and cost terms (falls, hyperthermia etc...)	DELAYED	R
	3. Mechanisms are in place to capture structured data from older people about their future housing expectations	In progress Nov 2013	A
	4. Analyse to what extent current housing options for older people is meeting demand and need, the level of unmet need in the community and consult on what the current 'younger old' population will want from housing for older people, to inform any future investment	At risk Nov 2013	R
	5. There is a process for engaging with developers, which may include plans to release health, housing or social care land for development	On track Oct 2013	G
	6. Understand to what extent unsuitable housing impacts on people's health and care needs as they get older	DELAYED Nov 2013	R
	7. Consult with partners in Health regarding their understanding of sheltered housing and other housing options for older people and what gaps they may have identified and improve links between Housing and CCGs to deliver on shared, agreed outcomes	DELAYED Nov 2013	R

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

Priority 7	Improving mental health services for service users and carers to promote independence and develop effective preventative services.
Lead Officer	Shelley Shenker (Liz Bruce, Tri-borough Executive Director Adult Social Care)
Governance arrangements	The Project Executive Group is the joint tri-borough and CWHH senior management team (called the joint SMT in this paper) reporting to their respective lead members and CCG Governing Bodies. An expert group has been set up to act in an advisory capacity to the Project Executive Group and this expert group will be further informed by other stakeholders.
Desired outcome	To develop an agreed 3/5 year strategy (aka Big Plan) to meet the changing needs and aspirations of people with mental health problems in H&F as part of a wider tri-borough approach to inform the commissioning and delivery of services.
Progress towards achieving outcome over the period	<p>The joint SMT have agreed the scope of the project, the governance structure as described above and timescales – it is now due to complete in March 14.</p> <p>An analysis has been done of national and local health and social care strategies/mandates to develop a draft joint vision for mental health services.</p> <p>A desktop analysis of needs, spend and performance as benchmarked has also been undertaken. Existing initiatives at national and local level have been collated to show how they support each point of the draft vision.</p> <p>The expert group met on the 9th to review the emerging findings from this desktop analysis. The group includes service users, clinicians working in primary and secondary care, council and health commissioners for a range of care groups, housing department representatives and voluntary sector providers.</p> <p>The group members made comments to refine the draft vision, add from their areas of expertise to the list of existing initiatives and suggest new initiatives to build a plan going forward. This feedback is being collated and written up.</p> <p>Next steps are:</p> <ul style="list-style-type: none"> -Draft plan based on outcomes of 9th October workshop to go to Joint SMT by early November (date to be confirmed). -Wider consultation with other stakeholders in November and December. -Expert Group meets again in December to refine the plan

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

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

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

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

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