 <p>h&f the low tax borough</p>	<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH & WELLBEING BOARD</p> <p>13 January 2014</p>
<p>Joint Health & Well-being Strategy: Update</p>	
<p>Report of the Health & Well-being Board</p>	
<p>Open Report</p>	
<p>Classification - For Decision</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Tri-borough Director for Adult Social Care</p>	
<p>Report Author: David Evans, Service Development Projects Manager</p>	<p>Contact Details: Tel: 020 8753 2154 E-mail: david.evans@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1 The consultation exercise on the Joint Health & Well-being Strategy (JHWS) closed on 20 December 2013 and a clear message was that further work is needed to define what success would look like. Therefore, the next steps will be for the Board members to undertake further work on the priorities for the next meeting of the Board in March 2014.
- 1.2 Another message which emerged from the consultation programme is that as the Park View Centre for Health & Well-being is nearing completion, including a priority specifically on its delivery is now less relevant and therefore should be removed from the strategy.
- 1.3 The report from the Development Workshop on 8th October is included in and the Board is asked to consider taking forward the recommendations.
- 1.4 The updates on progress on each of the priorities since the last meeting in November 2013 are also included.

2. RECOMMENDATIONS

- 2.1 The Board is asked to consider:

- To agree the recommendations from the 8 October development workshop and contained in paragraph 3 and draw up a development plan for the Board.
- To note the findings of the Health & Well-being Strategy consultation exercise (Appendix 2) and take them into account when revising the priorities and defining what success will look like of the March 2014 Board meeting.

3. FINDINGS OF THE DEVELOPMENT WORKSHOP ON 8TH OCTOBER 2013

- 3.1 Richard Humphries' report on the 8th October Development Workshop is attached as Appendix 1 and the Board is asked to consider the recommendations which are summarised below.

Table 1: Summary of recommendations from the 8 October 2013, Health & Well-being Board Workshop	
1	To meet outside of formal meetings to invest in developing relationships within the Board and develop a better understanding of each other's pressures, priorities and agendas; assess its current work programme and have frank and open conversations.
2	Retain the existing programme of formal meetings, but with a discussion-only part of the agenda prior to or after the formal meeting;
3	Introduce a separate programme of seminars or workshops on specific topics and synchronised with the Board's cycle of formal business meetings.
4	The Board agree a fresh statement of purpose that sets out its role as the local system leader, with a high-level grip on the totality of public resources for health, care and wellbeing across the Borough. This should include a clearer understanding of its role in relation to commissioning and its role regarding the Better Care Fund.
5	Strengthen the engagement of the vice-chair of the Board in the preparation of Board agendas and the Chair's briefing
6	As well as rebalancing the amount of time the Board spends in formal meetings, the Board consider different ways of working, for example by beginning meetings with a patient story and by meeting in different places or community settings other than the Town Hall.
7	NHS England should be encouraged to attend all meetings as an equal partner in terms of their commissioning role.
8	The Board undertake an annual review of its effectiveness and impact, using the LGA/NHS Confederation self-assessment tool, peer review or external assessment.

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3.2 Richard Humphries report recommended a review of the membership of the Board which took place at the November 2013 meeting and included additional representation from the CCG and to enable officers to vote.

4. OUTCOMES FROM THE HEALTH & WELL-BEING STRATEGY CONSULTATION

4.1 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 Park View Centre for Health and Well-being (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.

4.2 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.

4.3 The consultation process took place from October – December 2013 and a number of responses have been received and an analysis of which is attached as Appendix 2.

4.4 An analysis of the consultation responses is attached as Appendix 1 with the main findings summarised as:

- Broad agreement with the tone and direction of the strategy, however, it is ambitious in its scope and aspirational. There is a need to set out in more detail how the priorities would be achieved.
- More joint working between local government and the NHS is welcomed.
- There should be more effective communication and user engagement in service design and monitoring across the spectrum of user groups, including children, young people and older people.
- The voluntary and community sector, working with Healthwatch, could have a key role in developing a stronger user engagement approach.

- There is a need for a stronger customer focus through by improving the customer experience generally and information and advice services, particularly, in assisting and directing people in managing personal budgets.
- Within the broad strategic priorities there are a number of areas of concern that groups such as carers, people with disabilities and/or learning difficulties, young people and drug and alcohol.
- The principles of timely prevention and early intervention needs to be prioritised. The voluntary and community sector can support this approach through addressing issues such as loneliness and social isolation to improve well-being. The initiatives described in the submission by Hammersmith Community Gardens illustrate the role which the voluntary sector can also play in re-ablement and rehabilitation.
- There is a need to address health inequality generally across the borough and not just in the north.
- The strategy should explore how 'pooling budgets' and the 'Better Care Fund' (formerly the Integration Transformation Fund).
- The strategy does not consider the impact of Welfare Reform on health and well-being.

5. UPDATE ON PROGRESS AGAINST HEALTH & WELL BEING PRIORITIES

- 5.1 Table 2 summarises the issues which have been highlighted for the Board's attention arising from the update reports on each of the priorities. Appendix 3 has summary reports on each of the priorities.

Table 2: December 2013 RAG indicators for the Health & Well-being Strategy 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. As this priority is reaching its completion it will no longer be included in future updates.

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	Green	There are currently no issues which need additional support from the Board
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.		

5.2 From February 2014, new arrangements will be put place whereby the Health & Well-being Boards in Hammersmith & Fulham, Kensington & Chelsea and Westminster will be supported on a tri-borough basis by Westminster Council's Strategy Team.

6 THE NEXT STEPS

- 6.1 Over the coming weeks each of the Board members will be asked to review and more clearly define what success would look like for each of the priorities and agree the final strategy at the 24 March meeting. The priority regarding the delivery of the Park View Centre for Health & Well-being will be no longer be included.
- 6.2 As new arrangements to support the Board are put in place from February 2014, consideration will be given to designing a development plan based on the findings of the 8th October workshop and how they will be taken forward as part of the Tri-borough support service.

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.

HAMMERSMITH AND FULHAM WELLBEING BOARD

SUMMARY OF DEVELOPMENT WORKSHOP

Hammersmith Town Hall 8th October 2013

1. Background and Purpose

1.1 Having operated in shadow form since summer 2011, the H&F Health and Wellbeing Board was formally established on in June 2013. The King's Fund were commissioned to design and facilitate a half day event to take stock of the Board's progress in its first year and to review and refresh its role and future development. This reports sets out the main conclusions and makes recommendations for the Board to consider,

1.2 The original purpose of the event was to explore the commissioning landscape and the role of the Board in shaping this and in delivering integrated care. Following telephone discussions with board members a set of revised outcomes were agreed. These were:

- A shared understanding of -
 - the purpose and role of the Board
 - the role of individual members on the Board
 - what members want from the Board
 - what members and their organisations will contribute to the Board
- Agreement on what needs to change for the Board to be effective
- Discussion of commissioning intentions

1.3 Prior to the event telephone interviews were conducted with 12 Board members and stakeholders, including local authority officers and members, the CCG, Healthwatch and Public Health colleagues. This report draws on the views that were expressed during these interviews; a desk review of minutes of Board meetings over the last 12 months; and the discussions held at the event itself.

1.4 Cllr Ginn welcomed everyone to the workshop, and emphasised the Council's commitment to the Board and the importance of clarifying everyone's understanding of the Board, its role and purpose, taking stock of the Board's first year and agreeing what changes could be made to make the Board more effective.

2. Policy context & overview

2.1 The implementation of the Health and Social Care Act over the last 12 months has highlighted the relative complexity of the new structures

and there remains considerable uncertainty about how the new arrangements will work in practice. The relationship between CCGs and NHS England is evolving, as are other parts of the system including the role of Public Health England. There are some concerns about the fragmentation of commissioning on the health side.

- 2.2 The biggest challenge for the NHS and local authorities arises from the lack of improvement in the public finances and the prospect of a decade of austerity. Further cuts in central government grants to local government have been announced for 2014/15 - on top of the 28% reduction in the current spending review period. Although NHS budgets are likely to be protected in the forthcoming spending review, the absence of any real terms increase creates a funding gap - 'the Nicholson challenge' - of at least £15b. Although the Government's decision to implement the recommendations of the Dilnot Commission have been welcomed, this will not address the underlying funding shortfall in adult social care. Managing the widening gap between needs and resources will become an even bigger challenge for the NHS and local authorities.
- 2.3 In the last 12 months integrated care has risen further up the policy agenda, with the imminent announcement of a new national framework for integration that will involve the selection of 'pioneers' - places with particularly ambitious and visionary plans for whole system integration - and a £3.8b Integration Transformation Fund that will be allocated locally subject to local plans for its use that each Health and Wellbeing Board will need to sign off.
- 2.4 Despite continuing controversy about many aspects of these challenges, Health and Wellbeing Boards continue to enjoy cross-party support and are seen by many as playing a pivotal role in addressing the above challenges at the local level - especially in leading the integration of services. However they will be grappling with fault lines in national policy and funding that have bedevilled many past initiatives and in the context of the worst financial environment in living memory. There remain concerns that the increasing weight of expectations placed on Boards will exceed their capacity to deliver them.

3. The role and purpose of the Board

- 3.1 Richard Humphries summarised the overall purpose of the Boards as set out in the Health and Social Care Act ('HWBs at a glance' in the attached slide set). The legal powers and duties of the Boards are as follows:
- The Board has a duty to promote integrated working
 - The Local Authority and CCG each have a duty to produce a joint strategic needs assessment (JSNA) & joint health and wellbeing strategy (JHWS) which must be discharged through the Board.

NHS England is required to participate in these processes. The Board should take account of the mandate to NHS England;

- The CCG, local authority and NH England must 'have regard' to the JSNA and JHWS in exercising their functions
- The CCG must involve the Board in preparing and revising their commissioning plans
- The Board has the power to:
 - Appoint additional members
 - Require NHS England to attend meetings
 - Request information
 - Write to NHS England if it considers that the CCG's commissioning plan does not take account of the JSNA or JHWS
 - Express an opinion whether the local authority is having regard to the JSNA and JHWS.

3.2 It can be seen that the formal powers of Board are very limited - it does not for example have the power to sign-off CCG commissioning plans. Its effectiveness in practice depends less on legal powers and more on an interlocking set of duties placed upon the CCG, local authority and NHS England. The remit of the Board covers all of their relevant functions. Evidence to date points to the importance of the local authority/CCG partnership at the heart of the Board - it is as much about relationships as it is about meetings. The permissive nature of the legislation offers considerable scope to develop the role of the Board - if partners agree.

3.3 The local authority can delegate any of its functions to the Board except that of scrutiny. This is a key point, reflecting the spirit of legislation that the Boards should be vehicles for collaboration. Although organisations represented on Boards do need to find ways of holding each other to account, there does need to be a clear understanding of how this differs from the role of the Overview & Scrutiny Committee. Some Boards have agreed a protocol that clarifies the distinctive role of each group.

3.4 Department of Health guidance and the NHS Operating Framework for 2013/14 confirm the expectation that the Boards will function as a partnership between local authorities and the NHS.

4. Progress, Key Issues & Priorities

4.1 It was absolutely clear from telephone interviews and from discussion at the event that there were three points of fundamental agreement across all Board members:

- The Board needs to develop a much clearer sense of purpose and developed a shared agreement about its role; the perceptions of individual Board members tend to suggest that it operates as a

collection of individuals representing their own organisation or professional interest rather than a collective body with a shared vision for what they want to achieve. There have been different perceptions of the role of the Board in relation to the commissioning and for some NHS members the Board process has sometimes felt like an adversarial scrutiny process rather than a collaborative partnership;

- The Board's achievements in its first year have been very limited - most members struggled to identify tangible outcomes that the Board had achieved or achievements that would not have happened anyway.
- The Board has spent little time on its own development. Virtually all of its meetings have been formal meetings held in public. There have been some important changes in personnel during the year (Cabinet Member chair, Director of Adult Social Care, Director of Public Health). Opportunities to build fresh relationships with existing members outside of the constraints of a formal agenda have not been available.

4.2 Another consequence of the Board spending all of its time in formal meetings is that engagement with the wider public, patients, service users and carers and a wide range of stakeholder organisations appears to have been very limited. This suggests that awareness of the Board, its role and its work is likely to be very low beyond its immediate membership.

4.3 These conclusions should be tempered by a recognition that the Board is in its infancy and there is very clear evidence that effective partnerships and the relationships that underpin them take time to mature and develop. Currently national expectations of what the Boards are expected to achieve – and how quickly – are running well ahead of actual Board development in most places. There are some positives. The Board has been established and has met regularly. It has agreed a revised JSNA and joint health and wellbeing strategy (JHWS) and has adopted a clear set of strategic priorities. Working relationships within the Board were generally described as good – though not without tensions – and thus far have survived the tensions arising from the 'Shaping our Healthier Future' proposals.

4.4 A further observation is that in relation to the Board's key purpose – to promote integration - Hammersmith & Fulham is part of a well established and advanced programme of integrated care which pre-dates the creation of the Board and therefore limits what it has been able to contribute that is genuinely different and adds value.

4.5 Board members were invited to set out how they see the role of the Board, what they want from it and how they see their own role and contribution. The common and generally shared themes were:

- a body that seeks to be transformational, overseeing and supporting real improvements to services and outcomes for the local population; this would require a different modus operandi with less reliance on formal business meetings alone:
- a body with real high-level influence and capacity to remove obstacles that get of better services – the ‘go to’ place to get problems tackled; not a body that passively receives ‘reports for information’;
- a body that has an overview of the total resources in the system – across the local authority and the NHS – the inter-dependency of separate organisational budgets and how well the total resource is being used to achieve better outcomes; this should include an asset-based approach (i.e. the natural resources of communities, social networks and of individual patients and people who use services)
- a body that can take an issue-based approach to population needs rather than being constrained by traditional service-led categories. Loneliness was offered as an example
- a body that has a clear and strong sense of its own identity that it can articulate and promote through its work and activities and one that is distinctive from other groups, with a higher public profile.

4.6 In considering what would need to be different for the Board to move forward in this direction, a range of ideas were put forward. These included:

- engaging in work outside of formal meetings e.g. by establishing task and finish groups on particular issues
- focus the agenda of formal meetings on strategic priorities and to be more proactive in initiating action rather than receiving and reacting to reports and information from elsewhere
- developing agendas (in a literal sense for Board meetings but also to guide future ambitions) that is genuinely shared and not determined by the local authority alone
- adopting a style of working within and beyond Board meetings that involves less critiquing of each other’s plans and more structured collaboration
- making much more use of the experience of patients and people who use services, for example beginning formal meetings with a patient’s story.

5.0 Commissioning intentions

- 5.1 This part of the event sought to establish a better understanding of the relationship between the CCGs commissioning intentions (presented at a previous workshop) and the priorities of the Board as set out in the JSNA and JHWS.
- 5.2 It is clear from this discussion that there have been different understandings not only of the role of Board in overseeing commissioning intentions but about how the commissioning process works in the NHS. The assumptions that underpin what is meant by commissioning for CCGs and local authorities are not necessarily the same and the language and terminology can be different also.
- 5.3 The Board collectively needs to be clear that its role is to produce a JHWS that sets an overall framework for all commissioning of local services. The Board is the place where the CCG, local authority and NHS England hold each other to account for ensuring that the priorities of the JHWS are reflected in their own commissioning plans and intentions. The challenge for the Board is to agree a set of arrangements that does involve a degree of mutual challenge but is driven by a shared collaborative commitment to seek the best outcomes possible with the total resource available to local commissioners.
- 5.4 There are some practical steps the Board could consider in developing its role in relation to commissioning and reaching a shared agreement about what this should be:
- to map the total resource available to commission local services and how this is disbursed currently;
 - to bring together the different timelines of the commissioning and budgeting cycle for the local authority, CCG and NHS England (in respect of local primary care services) and identify key points of intersection, influencing & decision;
 - to agree timelines for review of the JSNA/JHWS that fit with the above;
 - to refresh the eight overall priorities of the JHWS and agree some more focused measures that would be easier to relate to commissioning intentions.

6. Areas for development & next steps

- 6.1 In summary, the H&F Health and Wellbeing Board like many others can claim very limited achievements in its first year but has satisfied the broad legislative requirements. Whilst the status of the Board as a statutory committee of the local authority has ensured a much stronger governance framework than previous arrangements, it has exposed the

fundamentally different cultures and ways of working in local government compared to the NHS. It takes time to work through and understand these differences. A sign of a healthy partnership is that tensions and disagreements can be aired. There is a clear and evident commitment to make the Board work.

- 6.2 Mid way through its first full year, the Board has begun to refresh its understanding of its role and purpose and to 'renew its vows'. To complete this it will be essential for the Board to **find time to meet outside of formal meetings** so can invest in developing relationships within the Board and developing a better understanding of each other's pressures, priorities and agendas; assess its current work programme and have frank and open conversations. The Board needs to invest in its own development. The time and capacity of members to contribute to the Board is pressured so the challenge is to find economical but effective ways of doing this. There are a number of possibilities:
- retaining the existing programme of formal meetings, but with a discussion-only part of the agenda prior to or after the formal meeting;
 - introduce a separate programme of seminars or workshops. These could be on specific topics for example particular aspects of the JSNA, elements of the work programme, or focused on the Board's development and performance. These could be synchronised with the Board's cycle of formal business meetings.
- 6.3 The Board should consider agreeing a fresh **statement of purpose** that sets out its role as the local system leader, with a high-level grip on the totality of public resources for health, care and wellbeing across the Borough. This should include a clearer understanding of its role in relation to commissioning and considering the steps suggested in 5.4. The new requirement for the Board to sign-off its share of the new Integration Transformation Fund will be an important test of the Board's collective capacity to offer system leadership.
- 6.4 **Membership should be reviewed** so that a better balance is achieved between local authority numbers and the NHS. The CCG should be able to nominate at least one further member. NHS England should be encouraged to attend all meetings as an equal partner in terms of their commissioning role. There are different views as to whether providers should be members of the Board, but their knowledge, expertise and resources are crucial and the Board should be seeking effective ways of ensuring their engagement.
- 6.4 The partnership between the CCG and local authority on the Board could be further improved by **strengthening the engagement of the vice-chair** of the Board in the preparation of Board agendas and the Chair's briefing

- 6.5 As well as rebalancing the amount of time the Board spends in formal meetings, it could **experiment with different ways of working**, for example by beginning meetings with a patient story and by meeting in different places or community settings other than the Town Hall.
- 6.6 Finally the Board should consider an **annual review of its effectiveness and impact**, using the LGA/NHS Confederation self-assessment tool, peer review or external assessment.

Richard Humphries
Assistant Director, Policy
The King's Fund

24th October 2013

**REPORT FROM THE HAMMERSMITH & FULHAM
HEALTH & WELL-BEING STRATEGY CONSULTATION**

1. Introduction

- 1.1 Hammersmith & Fulham Health & Well-being Board is developing its Health & Well-being Strategy and went out to public consultation in Autumn 2013. This report summarises the key outcomes from the consultation process.

2. Background

- 2.1 The Hammersmith & Fulham Health & Well-being Board was formally established in June 2013 and has agreed its vision and strategic priorities for 2013-2015 as Stronger Communities, Healthier Lives.

- 2.2 The Board's 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

- 2.3 The Boards strategic priorities 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.

- 2.4 It is envisaged that 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.
- 2.5 The consultation process took place from October – December 2013 and a number of responses have been received from groups and individuals a list of which is attached as Annex 1.
- 2.6 A several groups responded and responses are attached as Appendix 2, they were:
- H&F Healthwatch
 - Borough Youth Forum
 - The Older People's Consultative Forum
 - Voluntary and Community Sector Network
 - Housing Health & Adult Social Care Select Committee
 - Hammersmith Community Gardens Association & Phoenix High School
 - H&F Community Sports and Physical Activity Network
 - Only a couple of individual responses were received.

3. What you said

- 3.1 There were a number of detailed responses received and the headline messages are summarised as:
- Broad agreement with the tone and direction of the strategy, however, it is ambitious in its scope and aspirational. There is a need to set out in more detail how the priorities would be achieved.
 - More joint working between local government and the NHS is welcomed.
 - There should be more effective communication and user engagement in service design and monitoring across the spectrum of user groups, including children, young people and older people.
 - The voluntary and community sector, working with Healthwatch, could have a key role in developing a stronger user engagement approach.
 - There is a need for a stronger customer focus through by improving the customer experience generally and information and advice services, particularly, in assisting and directing people in managing personal budgets.
 - Within the broad strategic priorities there are a number of areas of concern that groups such as carers, people with disabilities and/or learning difficulties, young people and drug and alcohol.
 - The principles of timely prevention and early intervention needs to be prioritised. The voluntary and community sector can support this approach through addressing issues such as loneliness and social isolation to improve well-being. The initiatives described in the

submission by Hammersmith Community Gardens illustrate the role which the voluntary sector can also play in re-ablement and rehabilitation. H&F CSPAN (Community Sports and Physical Activity Network) also highlighted the potential which they can offer to support people to lead healthier lifestyles.

- There is a need to address health inequality generally across the borough and not just in the north.
- The strategy should explore how 'pooling budgets' and the 'Better Care Fund' (formerly the Integration Transformation Fund).
- The strategy does not consider the impact of Welfare Reform on health and well-being.

3.2 The wealth of information contained in the responses will be used to inform the development of the priorities over the coming weeks as well as passed on to relevant service managers.






4. What the Health & Well-being Board will do

4.1 As the next steps, and in response to the consultation, further work will be undertaken to refine the priorities to make them more specific and measurable with the aim of agreeing the final strategy at the meeting on 24 March 2014, Health & Well-being Board meeting. The responses and the suggestions they contain will be used to inform this process.

4.2 As a statutory partner on the Board, Local Healthwatch have provided support to the consultation process by running an engagement event. It is anticipated that Healthwatch will continue to build on this work going forward through its range of engagement activities.

4.3 As it is in the final stages of delivery and due to open in Spring 2014, the priority regarding the delivery of the Park View Centre for Health & Well-being will no longer be included in the strategy. However, the Board will continue to take a keen interest in the development of the Centre.

Annex 1

Organisation	Response
H&F Healthwatch	 HFHWBStrategyNov 13response (2).docx
Borough Youth Forum	 LBHF Health and Wellbeing Consultatio
The Older People's Consultative Forum	 131218 OPCF.doc
Voluntary and Community Sector Network	 Hammersmith TCN - Key Points Comments
Hammersmith & Fulham Housing Health Housing Health & Adult Social Care Select Committee	<p style="text-align: center;">See the draft minutes of the meeting of 13 November 2013 at the following link:</p> <p style="text-align: center;">http://democracy.lbhf.gov.uk/documents/s37819/07%20131114%20HWB%20Stratgey.pdf</p>
Hammersmith Community Gardens Association & Phoenix High School	 131219 Comm Gardens Phoenix Dec

APPENDIX 3

Headline report on the Joint Health & Well-being Priorities for November – December 2013

<p>Priorities 1 & 2</p>	<p>Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.</p> <p>Delivering the Park View Centre for Health and Well-being (White City Collaborative Care Centre) to improve care for residents and regenerate the White City Estate.</p>
<p>Lead Officer (Lead HWB Member)</p>	<p>Tim Spicer, Chair H&F CCG</p>
<p>Governance arrangements</p>	<p>H&F Out of Hospital Board, H&F Governing Body</p>
<p>Desired outcome</p>	<p><i>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.</i></p>
<p>Progress towards achieving outcome over the period</p>	<p>This report provides an update on some of the key initiatives of the Out of Hospital (OOH) Strategy in Hammersmith and Fulham (H&F) following the paper prepared for the Board in September 2013.</p> <p>The CCG has been undertaking work on both the development of the local hospital and on updating the Out of Hospital Strategy which will be provided in Out of Hospital Delivery Strategy.</p> <p>The local hospital programme of work has been on going over the last few months and has involved stakeholders and patients and the public. This information has been used to support the development of a clinical service specification which in turn will support the development of a business case.</p> <p>The Out of Hospital Delivery Strategy will provide an update on the Out of Hospital Strategy and will help to develop further the implementation plans that support the out of hospital delivery.</p> <p>Progress has been noted against a number of key initiatives within the OOH strategy:</p> <ol style="list-style-type: none"> Virtual Wards: We continue to work with Central London Community Healthcare (CLCH) and the

Community Independence Service (CIS) 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 and are in discussion with LCW to provide these GPs during the pilot phase. CLCH have recruited five Health and Social Care Coordinators (HSCCs) who will be aligned to each virtual ward and are beginning to work with GP practices to identify high risk and frequent flyer patients who may be admitted to the Virtual Ward in the future. CLCH have almost concluded the recruitment for Community Matrons who will be the case managers for patients on the Virtual Ward. We are aiming to go live with the pilot during Q4.

2. **System One:** The roll out of the SystOne IT system across GP practices is progressing as planned. To date 28 GP practices have moved over to the new system and roll out to the remaining 3 GP practices is on track with completion by Mid February 2014. We are working with our providers to develop patient-led sharing of care records.
3. **Community Independence Service (CIS) Review:** Initial outputs from the Tri-borough review of CIS have been included in our commissioning intentions for 2014/15 which propose a longer term solution to providing a single integrated Community Independence Service across Tri-borough that supports the delivery of Out of Hospital strategies.
4. **Primary care update:** Network Coordinators have been working towards reviewing practice / network progress for the Q2 review (July – October). Network Coordinators developed the following documents to assist practices in completing their Quarter 2 review:
 - Network Plan Quarter 2 Evidence Template
 - Guidance for Completion and Evidence of Best Practice
 - Latest benchmarking performance information available

The Quarter 2 review process has been completed and the Finance and Performance Committee received a paper which highlighted the outcomes of

the Q2 review process and the priorities for practices and networks for Q3 onwards. The Finance and Performance Committee agreed with the recommendations set out in the paper and that funding to practices who did not demonstrate progress towards delivery of certain Network Plan Tasks should cease with immediate effect until such time that the CCG is assured of compliance.

5. **Mental Health:** The Primary Care Mental Health Workers have been welcomed into their respective practices. There are three in post and the remaining two will be recruited/start shortly. Patients are being identified who can be transferred from Community Mental Health Teams to enhanced primary care. We are using the mental health clustering as a guide to identify these patients, but ensuring that the patient and GP agree that they will be well supported by enhanced primary care. North West London CCGs have worked collectively to determine what psychiatric liaison services we currently commission and what we wish to commission in the future. As a result of this work, we are developing a model going forward for H&F psychiatric liaison services.

6. **Planned Care - Community Based Services**

A key aspiration in delivering the Out of Hospital strategy is to increase the proportion of care that is planned but also to simplify the existing pathways with more of the diagnostics and decision making carried out in community settings. We currently have five community based services that offer planned care in the areas of Musculoskeletal, Diabetes, Respiratory, Dermatology and Gynaecology. Our Network Plan incentivises referrals to these services by GPs in order to reduce the number of referrals to acute based services. Across these five areas we are undertaken a number of actions to increase the number of referrals.

6a. **Musculoskeletal (MSK):** We are working across the collaborative of CCGs (Central, West London, H&F, Hounslow, Ealing) to evaluate the relative performance across the five MSK services and provide recommendations for the commissioning of the MSK service(s) in 2014/15 that will reduce the number of referrals to acute orthopaedic services. This will include making practical improvements to the existing services to achieve the

reduction in referrals, which will be consistent with best practice implemented locally, agreeing criteria for referral and diagnostics with benchmarked data specific to each CCG and agreed by the GP's, consultants and radiologists across the CWHHE remit. The second area of work will focus on recommendations for discussion with key stakeholders on the options to improve further the MSK service in subsequent years.

6b. **Diabetes:** Provision of the diabetes services is, at times, uncoordinated and pathways are inconsistent across the borough. As a result a new Diabetes Strategy, planned to launch in 14/15, is being explored with a number of improvements which will allow an enhanced response to local needs to improve health outcomes. Key actions include identified GP practice leads for Diabetes, shared patient held record, improved structured patient education, unified clinician guidance and remodelling of primary care services.

6c. **Respiratory:** The replacement consultant for this service started in September 2013 and therefore we are taking forward a number of actions including raising the profile of the service through the introduction of the new consultant to practices via the Network meetings, communicating a full service specification to all practices, and peer review of referrals at Network meetings to understand current barriers to referral and identification of any resulting training needs. Discussions are also taking place to improve the service in 14/15 including targeted GP education and raising awareness of the Asthma arm of the service.

6d. **Dermatology:** Key actions being undertaken are exploring the potential for recruiting a second GP to support this service, communicating the referral criteria and pathway to all practices, and a practice survey to highlight any current barriers to referral and opinions on service development for 14/15.

6e. **Gynaecology:** Uptake for this service is good, waiting times are low and there is a good relationship with acute consultants in provider hospitals. Key actions to take forward involve distribution of a patient satisfaction survey and developing greater integration with acute specialists.

7. **End of Life Care (EoLC):** As part of our GP Network Plan H&F CCG are committed to improving End of Life care for our residents including Care co-ordination and Patient Choice. Through our End of Life project we have increased the number of GP practices working to the Gold Standards Framework in EoL Care with 20/22 practices achieving the Foundation level and 6 achieving Advanced level. 28 practices now holding quarterly EoL meetings which often have a broader multi-disciplinary focus. GP Practices have been supported to use the Coordinate My Care (CMC) tool and there are currently 336 people with a CMC record (Dec 2013). A recent review of the tool showed that of the 39 patients who have a recorded place of death on CMC, 82% achieved their preferred place of death (Nov 2013).
8. **Winter pressures update:** Following a bidding process funding has been agreed for a number of Winter Pressures schemes that provide additional capacity and support in the areas of: redirection from A&E and Urgent Care Centres into primary care services to reduce pressure on these services; increasing emergency urgent care receiving capacity; increasing the senior clinical input within the UCC in order to reduce the number of A&E attendances; Step up and step down beds with extended therapy; Increased capacity in Community Independent Services (CIS) rapid response team; Senior decision maker in the Emergency Department and piloting 7-day GP access. The implementation of the majority of these schemes is being managed by the Urgent Care Board.
9. **Residential/Nursing/Extra Care Home Pilot:** H&F CCG is working with the Integrated Care Programme (ICP) team to deliver a pilot focusing on reducing London Ambulance Service (LAS) conveyances, A&E attendance and admissions from Residential, Nursing and Extra Care homes across H&F and K&C. The Pilot went live in early December and will work with 30 homes through providing 'top up' resource through proactive multi-disciplinary care teams with a particular focus on falls prevention and medications management. The teams will include expertise from a range of specialists including geriatric consultants, nursing, pharmacists, mental health and social care. Evaluation of the Pilot will be undertaken by CLAHRC.

	<p>10. Parkview Centre for Health & Wellbeing (White City CCC): Building work continues on track with snagging underway. The CCG expects that the site will be handed over in January. Work will be then be required to fit out the building to make it ready for services to use in late Spring. Work continues with all agreed service providers regarding their move to the Centre and plans continue to be developed. The CCG is also considering the feasibility of delivering urgent care provision from the Centre and are working to understand the impact of this.</p>
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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	A draft action plan will be ready by January detailing the outcomes we will strive to achieve by 2016 under this priority area. We have taken on board early consultation findings, including those from Healthwatch and the Youth Forum. Any additional feedback from consultations will be discussed by the Tri-borough Working Group and Children's Trust.
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, performance indicators, specific actions to deliver the outcomes and proposed timescales.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	<ul style="list-style-type: none"> • Ongoing development of the 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
Performance (local, regional, national)	Further work taking place with Tri-borough partners to identify actions to meet the identified outcomes, and appropriate performance measures to monitor progress.
Key partners and stakeholders	LA Children's Services, CCGs and CSU, LA Public Health, CLCH, hospital and mental health trusts, children's centres, schools, LA Adult Services and Communications teams, NHS England and London, NHS dental services, Public Health England and London.
Budgets related to this work	To be determined.
Other information	No further information

Priority 4	Tackling childhood obesity
Lead Officer	Obesity Lead in the Tri-borough 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	<ul style="list-style-type: none"> a) The commissioning and procurement plan is progressing well and to timescale. b) Mapping of relevant services, establishing the evidence base and best practice for planned interventions has been undertaken. c) Market analysis of potential providers has been undertaken. d) A Stakeholder Meeting was held on 4th December for potential providers, current providers and other stakeholders including relevant Local Authority services to share our current thinking on the procurement strategy and to seek their contribution to shape the specification process. Children’s Lead GPs were invited but unfortunately unable to attend. They will be updated with the output from the event. Representation from the CSU was present. e) Focus groups have been held with Community Champions from all three boroughs, to gain local insight from families about current services, their different needs and suggested commissioning priorities for their communities. f) Emerging findings from the focus groups completed to date have reinforced the need to include outreach and taster activities in local community settings as part of the service specification, to increase access to commissioned services. g) Local Authority services are currently being consulted via questionnaire about their current role and objectives for supporting children and families maintain a Healthy Weight and their

	<p>recommendations for commissioning.</p> <p>h) Commissioning is also being informed by the findings from Phase 1 of the Tri-borough Early Help Services Compare and Contrast Review.</p> <p>i) The new post of Senior Public Health Officer – Children and Families Obesity Prevention has been advertised.</p> <p>j) We are working closely with Children & Family and Sports & Leisure Services to identify and plan training and development requirements to enable the workforce to support delivery of children and family obesity prevention across the Tri-borough.</p>
<p>Outputs, deliverables, milestones (stages) Timeline, and deadline for completion</p>	<p>A two tier programme approach is planned comprising of - first tier as a whole population (Tri-borough) intervention approach and the second a geographically defined small area, targeted spectrum of interventions approach to deliver 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 1January 2015
Performance (local, regional, national)	To be determined
Key partners and stakeholders	<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. We are building trust and knowledge of these colleagues and are getting closer to some concrete actions and agreements.</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	A draft Action Plan will be ready by January detailing the outcomes we will strive to achieve by 2016 under this priority area. We have taken on board early consultation findings, including those from Healthwatch and the Youth Forum. Any additional feedback from consultations will be discussed by the Tri-borough Working Group and Children's Trust.
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.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	<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
Performance (local, regional, national)	Further work taking place with Tri-borough partners to identify shared priorities and appropriate performance measures
Key partners and stakeholders	LA Children's Services, CCGs and CSU, LA Public Health, CLCH, hospital and mental health trusts, schools and colleges, LA Adult Services and Communications teams, NHS England and London, Public Health England and London, Metropolitan Police, employers.
Budgets related to this work	To be determined
Other information	No further information

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. Completion of feasibility study to identify suitable sites in the borough for potential new build extra care schemes of 25 – 105 units. One small site for 8 units of LD accommodation identified, but has issues. 2. Meeting with Director of HRD and Liz Bruce on 17th December to discuss ASC and HRD working better together on all land identified for development. 3. 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. Feasibility study to identify suitable sites for potential new build of 105 units of extra care and 24 units of LD accommodation	Complete Nov 2013	G
	3. 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...)	New timeline needed	A
	4. Mechanisms are in place to capture structured data from older people about their future housing expectations	New timeline needed	A
	5. 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	New timeline needed	A
	6. There is a process for engaging with developers, which may include plans to release health, housing or social care land for development	In progress	A
	7. Understand to what extent unsuitable housing impacts on people's health and	New timeline	A

	care needs as they get older	needed	
	8. 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	New timeline needed	A
	9. 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	New timeline needed	A
Performance (local, regional, national)	Performance measurements have not yet been benchmarked.		
Key partners and stakeholders	Over the past year there have been other priorities in the Housing department that have affected the progress of this project. Piloting improved access into sheltered housing and gathering information on the current housing options for older people proved problematic when the new housing allocations policy was in a transitional stage and the sheltered housing staff team was under review. Links with Health colleagues are being established and this will be progressed following the meeting with ASC and HRD on 17 th December.		
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	As this project is now in a different phase it needs a new project plan, refreshed targets, identified and agreed resources and a new timeline.		

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>As set out previously, the expert group met on the 9th to review the emerging findings from a desktop analysis of data and from their areas of expertise begin to build a draft plan.</p> <p>This feedback was collated and written up and a further expert group meeting took place on the 11th December. At this meeting, group members were asked to refine the draft plan from the first session and suggest outcomes we could use to monitor whether we are achieving our joint vision.</p> <p>Next steps are now:</p> <ul style="list-style-type: none"> -Refine plan based on 11th December session. -Wider consultation with other stakeholders in January and February. - Final draft plan to be approved by joint SMT in February. - Final approvals, including from HWB, in March.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	<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

	<p>Council for the next five years and the implications for service commissioning</p> <ul style="list-style-type: none"> • 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
Performance (local, regional, national)	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.
Key partners and stakeholders	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
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	No change of governance has occurred since the last report.
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 ongoing of Young People's Sexual Health Services in preparation for procurement in 2014-15. • Planning has started for reviews for HIV services and Community Sexual and Reproductive Health services. Reviews formally begin in Jan 2014. The reviews will inform re-procurement to take place in 2014-15. • Ongoing work is taking place with the current Community Sexual and Reproductive Health services to reconfigure delivery of existing service. This will result in a consolidation of delivery sites but we are working on short and medium term objectives to ensure increased efficiency whilst retaining access. • Leaders Committee at London Councils has approved recommendations for continued London Wide commissioning of some HIV prevention interventions. Condom distribution, communications and outreach for men who have sex with men will be reprocured. Additional prevention interventions may be required at a local level and the review of HIV services will further inform this. • Extension of existing contracts has now been sought to ensure that there are no service gaps whilst service reviews and subsequent re-procurements are completed. • Planning for the placement of Genito-Urinary Medicine contracts for 2014-15 has begun. The Tri-Borough Public Health Service has signalled its intent to continue with collaborative commissioning of these services. A timetable is being developed for the negotiation and placement of contracts.
Outputs, deliverables, milestones (stages) Timeline, and deadline for completion	<ul style="list-style-type: none"> • The Tri-Borough Sexual Health Strategy has been subject to delay although a new draft has been completed. Cabinet Members for Public Health are reviewing the draft in December 2013. It is intended that the draft now going forward to stakeholder engagement in January 2014. • Revised specifications for former 'Local Enhanced Services' delivered both within General Practices and

	<p>Community Pharmacies have now been developed. These will be presented to Local Medical and Pharmacy Committees in January 2014. New services should be in place from April 2014. Where previous services were not delivered in Hammersmith and Fulham, consideration will be given as we move towards implementation as to how services delivered in other parts of the Tri-Borough can be made available in all Boroughs. Achieving this extension will increase access to services and should also contribute to improved outcomes.</p>
<p>Performance (local, regional, national)</p>	<ul style="list-style-type: none"> • Chlamydia screening rates remain low. Additional work is required to try and improve screening rates. • Data from Quarter 3 2012 (Jul– Sep 2012) indicate an under 18 conception rate of 23.2 per thousand women aged 15 – 17. This is a slight drop compared to Quarter 2 and a substantial drop compared to the same quarter in 2011 when the rate was 35.3. The Hammersmith and Fulham rate is also lower than England (26.0), comparable to London (23.8) and lower than Inner London (25.9). • No additional data on HIV has been released since the last report.
<p>Key partners and stakeholders</p>	<ul style="list-style-type: none"> • The Sexual Health Commissioner continues to represent Public Health and Sexual health Commissioners on the NHS England HIV Service Review Expert Advisory Group. • The Sexual Health Commissioner also now sits on the London HIV Clinical Advisory Group. • The Sexual Health Commissioning Team remain actively involved in the London Sexual Health Commissioners Network. • The relationship with the West London Alliance Authorities continues specifically around the collaborative commissioning of GUM services. Discussions are taking place to increase the number of Local Authorities in this collaborative and specifically, it is hoped that Barnet, Camden, Haringey and Islington will become part of the collaborative for 2014-15. • Regular meetings are now taking place once again with providers across the sexual health portfolio.
<p>Budgets related to this work</p>	<ul style="list-style-type: none"> • There are still challenges to be resolved in relation to payments to GUM providers which have continued to prove to be difficult to negotiate. Work is ongoing on this matter. However, current projections are that the

	<p>service should remain within budget for the year.</p> <ul style="list-style-type: none">• All other areas of the sexual health budget remain within or on expectations for the year to date.
Other information	No further information