h&f the low tax borough	**London Borough of Hammersmith & Fulham** **HEALTH & WELLBEING BOARD** **24 March 2014**
HEALTH & WELL-BEING STRATEGY	
Report of the Executive Director Tri-borough Adult Social Care	
Open Report	
Classification - For Decision **Key Decision: No**	
Wards Affected: All wards	
Accountable Executive Director: Liz Bruce, Tri-borough Executive Director for Adult Social Care	
Report Author: David Evans, Business Manager, Tri-borough Adult Social Care	**Contact Details:** Tel: 020 8753 2154 E-mail: david.evans@lbhf.gov.uk

1. EXECUTIVE SUMMARY

1.1. On 13 January 2014, the Board agreed that a revised draft of the Health & Well-being Strategy (Appendix 1), setting out what success in 2016 would look like and how we will measure success, would be brought back to the Board for sign off.

1.2. The existing high level vision and intent remains, as does the agreed priorities but they are now supported by clear actions.

1.3 A dashboard in Table 1 will inform a quarterly highlight report to the Board throughout 2014/15. An example of the detailed template which will support the implementation is attached as Appendix 2.

2. RECOMMENDATIONS

2.1. Board Members are asked to comment and agree the Draft Health & Well-being Strategy as set out in Appendix 1.

2.2 Board Members are asked to delegate the target setting to named officers for each of the indicators for 2016.

3. REASON FOR DECISION

3.1. The Health & Social Care Act 2012 requires the Health &Well-being Board to agree a Joint Health & Well-being Strategy.

4. INTRODUCTION AND BACKGROUND

4.1. Following consultation on the Health & Well-being Strategy at the end of 2013, it was clear that further work was required to articulate what success would look like and how it would be measured.

4.2. Since the January Board meeting further work has been undertaken to achieve this and the latest draft is included as Appendix 1.

5. REVISIONS TO THE HEALTH & WELL-BEING STRATEGY

5.1. The original strategy document has been revised to set out more clearly what success will look like for each of the priorities.

5.2. Since the original strategy document was written the Better Care Fund has been developed and this has been reflected in the strategic objectives set out in Priority 1: Integrated Health and Social Care Services.

5.3. Priorities 3 and 5 regarding children and young people's health and well-being have also been revised to be more focussed and specific and are now worded as:

- Priority 3: Integrated services across all relevant agencies which support prevention and early intervention to reduce illness, neglect and abuse for children.

- Priority 5: Integrated services across all relevant agencies which support prevention and early intervention to reduce avoidable demand for services by adolescents.

6. HEALTH & WELL-BEING STRATEGY DASHBOARD

6.1. Each of the eight priority leads has been asked to articulate what success will look like and incorporate three key strategic objectives and three success measures. A summary "dashboard" (Table 1) has been developed to monitor progress against the objectives on a quarterly basis over the next two years.

6.2. A number of the proposed indicators will only be available on an annual basis and further work is required to refine these measures. These refinements will include the development of local indicators, setting of key targets, milestones and process measures. Appendix 2 is an example of the template to be used to set out the detail of how each priority will be achieved.

Table 1: Hammersmith & Fulham Health & Well-being Strategy Dashboard 2014 – 2016

	Priority	Strategic Objectives	Success Measures
1	Integrated health and social care services which support prevention, early intervention and reduce hospital admissions	Reduction in unnecessary avoidable hospital admissions Reduction in unplanned hospital admissions for chronic ambulatory care Increased numbers of people over 75 enabled to live in their own homes	Number of unnecessary avoidable hospital admissions: Number of unplanned hospital admissions; Number of people over 75 enabled to live in their own homes:
2	Delivering the Park View Centre for Health & Well-being to improve care for residents and regenerate the White City Estate.	Improved access to GPs in White City Increased access or referrals to lifestyle/behaviour/prevention services More Health Checks taken up	Increased numbers of White City Residents on GP rolls Number of referrals and take up of lifestyle/behaviour/prevention services Number of Health Checks undertaken
3	Integrated services across all relevant agencies which support prevention and early intervention to reduce illness, neglect and abuse for children.	Reduction in smoking, drinking, drug taking and domestic violence during pregnancy and early years and increase in breastfeeding and regular pre and postnatal check-ups/visits. More children are protected from preventable communicable diseases Reduction in hospital admissions for tooth decay in children under 5years	Number of pregnant women seen by Maternity Services before 12 weeks+6days Number of children with low birth weights. Number of children born suffering with conditions due to the effects of smoking, alcohol, and drug addiction. Immunisation rates Number of hospital admissions for tooth decay in children aged 5 years.
4	Tackling childhood obesity	More children entering primary school are of a healthy weight More children of primary and secondary school age in the borough are of a healthy weight	Excess weight in 4-5 year olds Excess weight in 10-11 year olds

	Priority	Strategic Objectives	Success Measures
5	Integrated services across all relevant agencies which support prevention and early intervention to reduce avoidable demand for services by adolescents.	More young people have a good level of social and emotional development Reduction in the number of young people requiring mental health services or admitted to hospital with an injury (self-inflicted, assault or accident). Reduction in number of underage/teenage/Looked After Children (LAC)/Care Leaver pregnancies	Response to emotional well-being questions in the Children & Young People's Survey Number of CAMHS appointments/services required and reduction in hospital admissions due to mental health concerns, assault or accidents. Number of underage, teenage pregnancies. Number of LAC/Care Leaver pregnancies.
6	Improving mental health services for service users and carers to promote independence and develop effective preventative services	People have a better experience of mental health services People are supported to be independent People, including adolescents, LAC and Care Leavers, can access preventative mental health services	Reduced referrals into secondary care community services, increased step down to primary care services and good outcomes for these patients Good move on rates from inpatient rehabilitation services into more independent settings such as supported housing Development of action plans for interventions which promote early identification, mental well-being and resilience.
7	Better access for vulnerable people to Sheltered Housing.	More appropriate accommodation is available to vulnerable groups More older people are able to live at home for longer Fewer admissions to residential and nursing homes	Delivery of 105 units of extra care and 24 units of accommodation for people with Learning Disabilities Proportion of older people who were still at home 91 days after hospital discharge Number of permanent admissions to residential and nursing care homes

	Priority	Strategic Objectives	Success Measures
8	Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.	Reduce the transmission rate and prevalence of undiagnosed HIV and STIs Increase access to all contraceptive methods including barrier methods, Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) Improve health and social care for people living with HIV and reduce associated stigma End Female Genital Mutilation (FGM) in H&F and support those already affected by it.	Rates of acute STIs Number of new HIV diagnoses Uptake of LARC in Sexual and Reproductive Health Services Under 18 Conceptions People presenting with HIV at a late stage of infection All agencies have appropriate procedures in place. All instances recorded by maternity services. Number of women and girls requiring sexual health services due to FGM.

7. CONCLUSION AND NEXT STEPS

7.1. The Board is asked to agree this strategy and associated plans and support further work to set baselines and targets for the indicators which will be presented to the next meeting of the Board.

7.2. The priorities will need to be reviewed and evaluated, at least annually.

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

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

LIST OF APPENDICES:

Appendix 1: DRAFT Hammersmith and Fulham Health and Wellbeing Strategy 2014 – 2016
Appendix 2: Example Template for illustrative purposes

Appendix 1

DRAFT

Stronger Communities, Healthier Lives

Hammersmith and Fulham

Health and Wellbeing Strategy

2014 - 2016

Contents

Forward – UPDATE DRAFT

Cllr Marcus Ginn
Cabinet Member for Community Care
Chairman of the Hammersmith & Fulham Health &Well-being Board

Dr Tim Spicer,
Chair of Hammersmith & Fulham CCG
Vice Chair of the Hammersmith & Fulham Health & Well-being Board

Stronger Communities, Healthier Lives

1. Introduction

Stronger Communities, Healthier Lives sets out the vision and priorities for the Hammersmith & Fulham Health & Well-being Board and is the culmination of a process over the last twelve months. It sets out the key issues where we need to have an impact to improve the health and well-being of local people so that they can live full, independent and active lives in communities which are prosperous and vibrant.

This document capture not just our vision and commitment, but the practical steps we are taking to work with local people support them to benefit their health and live, independent and active lives.

2. The Need for Change

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

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

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

- A rise in the number of older people over the next two decades combined with a relatively low number of unpaid carers is expected to have a dramatic impact on demand for services.

- Illnesses such as dementia, more prevalent among older populations, will become increasingly common. Currently, there are likely to be around 1,250 patients in Hammersmith and Fulham with dementia and by 2025, this is likely to be in the region of 1,500 patients. Other public health concerns for the older population, such as social isolation, may become more common as may physical and sensory disability and reduced mobility.

- Unless behaviour and services change, people may experience longer periods of time living with disability, resulting from improved survival rates from major diseases such as stroke, heart disease and cancer.

- Changes in the environment, behaviour and social norms mean it is very likely we will see an increase in obesity and diseases associated with it, as well as an increase in alcohol related harm.

- Medical and social care advances have been leading to significant increases in the life expectancy of children with complex needs. This vulnerable population group may therefore need support over longer periods.

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

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

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

3. The Vision: Stronger Communities, Healthier Lives

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

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

4. Our Priorities and what success will look like

At the end of last year the Board consulted with local community groups on the priorities it had identified for the next two years and one of the key messages which came back from that process was that we need to more clearly define what success will look like at the end of the strategy in April 2016.

Each of the priorities is set out below with a description of the Board's view of what success will look like in April 2016:

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

Our aim is to provide care and support to the people of Hammersmith & Fulham in their homes and in their communities, with services that:

- Co-ordinate around individuals, targeted to their specific needs; improve outcomes, reducing premature mortality and reducing morbidity;
- Improve the experience of care, with the right services available in the right place at the right time; maximise independence by providing more support at home and in the community, and by empowering people to manage their own health and wellbeing;
- Through proactive and joined up case management, avoid unnecessary admissions to hospitals and care homes, and enable people rapidly to regain their independence after episodes of ill-health.

- **Delivering the Park View Centre for Health & Well-being to improve care for residents and regenerate the White City Estate.**

  Our aim is to provide care and support to the people of White City in their homes and in their communities, with the Park View Centre for Health & Well-being by:

  - Increasing access to GP services by delivering co-ordinated high quality, modern health and social care services which also inform and support individuals, carers and their families so that they can be proactive in managing their own care.
  - Achieving local residents expectations of receiving a good experience of health and social care services and choosing to use the Centre as an alternative to A&E services.
  - Offering planned care for patients with long term conditions which prevent and avoid unscheduled hospital admissions.
  - Improving access to patient education initiatives and wellbeing activities through the delivery of the Expert Patient Programme, an information hub, a carers clinic, medicines management group, community cafe and a patient peer/mentors group.

- **Integrated services across all relevant agencies which support prevention and early intervention to reduce illness, neglect and abuse for children.**

Our aim is to provide care and support to the children of Hammersmith & Fulham and their families in their homes and in their communities:

- More pregnant women from all sections of the community being seen at an early stage in their pregnancy to ensure they have a healthy and safe pregnancy and good birth experience. Vulnerable women will be more effectively identified and given the appropriate support to ensure their child has the best start in life.
- More children will be brought up in smoke-free homes.
- More under 5s will be immunised against serious, preventative diseases, such as Measles, Mumps and Rubella.
- As children reach the age of 2, they will have received a developmental check to identify any particular needs which will be met through a range of agencies and the most vulnerable children will have access to high quality day care opportunities.
- Children under 5 will have better oral health, fewer attendances at A&E, they will ready to start school as their needs have been identified earlier

and appropriate support measures put in place. Income deprived families will benefit from a range of coordinated strategies to alleviate the impact of poverty on their children.
    - Families whose children experience disabilities will spend less time being assessed, and will be supported so their children can live at home wherever possible.

- **Tackling childhood obesity**

Our aim is to provide care and support to the children of Hammersmith & Fulham and their families in their homes and in their communities:

    - We will have developed a preventative approach to childhood obesity to effectively support children, families, and local communities to encourage behaviour which promotes healthy eating and physical activity.
    - We will have engaged with children, young people and their families, their schools, sports and leisure services, planning and housing, children and family services to support a healthy start in life and learnt from the obesity whole place intervention pilot in Kensington & Chelsea.
    - We will have in place effective universal and targeted programme for children and families and clear pathways to services.
    - By 2016 we are unlikely to achieve our objective of halting or even reversing the current upward trend in childhood obesity, however, we will have in place services to help us achieve it over a longer time period.

- **Integrated services across all relevant agencies which support prevention and early intervention to reduce avoidable demand for services by adolescents.**

Our aim is to provide care and support to the children and young people of Hammersmith & Fulham and their families in their homes and in their communities, through:

    - More schools engaged in the Healthy Schools Partnership, ensuring pupils have improved social and emotional development, lead healthier lifestyles and a healthier school environment.
    - Strategies to keep young people in education, employment or training will continuing to be effective.
    - Looked after children having access to the health support they need regardless of where they are placed,
    - Fewer troubled families who continue to reoffend, engage in anti-social behaviour, are unemployed and whose children miss school and/or are involved in crime.

- **Improving mental health services for service users and carers to promote independence and develop effective preventative services.**

Our aim is to provide care and support to the people of Hammersmith & Fulham in their homes and in their communities:

- Services will have been redesigned, improved and delivered in community settings so that patients can be discharged in a timely manner, their length of hospital stay will have been reduced and there are fewer readmissions and a reduced need for hospital beds.
- Service users will report good experience and have good outcomes from using these services and report that they know how to access a range of interventions.
- Service users and carers will report positive experiences of being offered and using personal budgets from health and/or social care to purchase a range of packages of care and administering such budgets are simple and quick.

- **Better access for vulnerable people to Sheltered Housing.**

Our aim is to provide care and support to the people of Hammersmith & Fulham in their homes and in their communities.

- We will see 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.
- There will be an additional 105 units of extra care accommodation and 24 units of accommodation for people with Learning Disabilities.
- More older people will be discharged from hospital to live at home with the right support.

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

Our aim is to provide care and support to the people of Hammersmith & Fulham in their homes and in their communities, with services that:

- Support people to make informed choices about their sexual behaviour to reduce the transmission and prevalence sexually transmitted diseases.
- Ease of access to services which enable early diagnosis and treatment of HIV and sexually transmitted infections.
- Increase access to all contraceptive methods including barrier methods, Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC).
- Improve health and social care for people living with HIV and reduce associated stigma

It is expected that the pace of change over the next two years is unlikely to slacken, therefore there is a need to ensure that there is sufficient flexibility to keep pace with that change and the Board is keen to provide an opportunity to regularly review these priorities for going forward.

4. Role of the Health & Well-being Board

The Hammersmith and Fulham Health and Wellbeing Board will be inclusive and collaborative, working together to add value and develop a whole system approach to

commissioning and the delivery of high quality, cost effective services for the borough. The Board will be focussed and decisive, being driven by the aim to have a positive impact on the lives of the residents of Hammersmith and Fulham and improve their health and wellbeing.

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

The emerging models for the Better Care Fund and Community Budgets will be vehicles for the Board to achieve its ambitions and further consideration will need to be made of how that might be realised over the next 2 years.

6. The Strategy

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

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

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

The strategy is a two year strategy covering 2014 to 2016 to accord with the Kensington and Chelsea and Westminster Health and Well-being Strategies, since the three councils share a number of services including adult social care, family and children's services and public health. Bearing this in mind it will probably be opportune to review the strategy regularly to take account of developments.

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

7. Our Approach

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

Building on existing successful partnerships, developing trusting relationships across organisations, and engaging and communicating will be essential in order for the Board to be successful in delivering the aims and objectives of this strategy.

Consideration must be given to partnership arrangements such as lead commissioning, integrated provision and pooled budgets, with attention also being given to operational integration health and social care services.

8. Delivering Outcomes and Measuring Success

The Board has focused on improving those outcomes that matter most to the population. Table 1 sets out the strategic objectives against each of the priorities and the success measures to judge the impact of what partners around the table at the Health & Well-being Board are achieving.

The Board will monitor progress on a quarterly basis and will produce an annual report to demonstrate our progress against the each of the priorities and engage with stakeholders and the wider audience to ensure that work is focussed, targeted and addressing the greatest current need.

The outcomes are in line with national outcomes frameworks (public health, adult social care, NHS outcomes frameworks, and children's and young people's strategy) which allows the use of readily available data.

Where necessary, local indicators are also being developed to enable us to effectively monitor local needs and the impact we are having to address them.

Table 1: Hammersmith & Fulham Health &Well-being Strategy Dashboard 2014 - 2016

Hammersmith & Fulham Health &Well-being Strategy Dashboard 2014 - 2016

	Priority	Strategic Objectives	Success Measures
1	Integrated health and social care services which support prevention, early intervention and reduce hospital admissions	Reduction in unnecessary avoidable hospital admissions Reduction in unplanned hospital admissions for chronic ambulatory care Increased numbers of people over 75 enabled to live in their own homes	Number of unnecessary avoidable hospital admissions: Number of unplanned hospital admissions; Number of people over 75 enabled to live in their own homes:
2	Delivering the Park View Centre for Health & Well-being to improve care for residents and regenerate the White City Estate.	Improved access to GPs in White City Increased access or referrals to lifestyle/behaviour/prevention services More Health Checks taken up	Increased numbers of White City Residents on GP rolls Number of referrals and take up of lifestyle/behaviour/prevention services Number of Health Checks undertaken

	Priority	Strategic Objectives	Success Measures
3	Integrated services across all relevant agencies which support prevention and early intervention to reduce illness, neglect and abuse for children.	Reduction in smoking, drinking, drug taking and domestic violence during pregnancy and early years and increase in breastfeeding and regular pre and postnatal check-ups/visits. More children are protected from preventable communicable diseases Reduction in hospital admissions for tooth decay in children under 5years	Number of pregnant women seen by Maternity Services before 12 weeks+6days Number of children with low birth weights. Number of children born suffering with conditions due to the effects of smoking, alcohol, and drug addiction. Immunisation rates Number of hospital admissions for tooth decay in children aged 5 years.
4	Tackling childhood obesity	More children entering primary school are of a healthy weight More children of primary and secondary school age in the borough are of a healthy weight	Excess weight in 4-5 year olds Excess weight in 10-11 year olds
5	Integrated services across all relevant agencies which support prevention and early intervention to reduce avoidable demand for services by adolescents.	More young people have a good level of social and emotional development Reduction in the number of young people requiring mental health services or admitted to hospital with an injury (self-inflicted, assault or accident). Reduction in number of underage/teenage/Looked After Children (LAC)/Care Leaver pregnancies	Response to emotional well-being questions in the Children & Young People's Survey Number of CAMHS appointments/services required and reduction in hospital admissions due to mental health concerns, assault or accidents. Number of underage, teenage pregnancies. Number of LAC/Care Leaver pregnancies.

	Priority	Strategic Objectives	Success Measures
6	Improving mental health services for service users and carers to promote independence and develop effective preventative services	People have a better experience of mental health services People are supported to be independent People, including adolescents, LAC and Care Leavers, can access preventative mental health services	Reduced referrals into secondary care community services, increased step down to primary care services and good outcomes for these patients Good move on rates from inpatient rehabilitation services into more independent settings such as supported housing Development of action plans for interventions which promote early identification, mental well-being and resilience.
7	Better access for vulnerable people to Sheltered Housing.	More appropriate accommodation is available to vulnerable groups More older people are able to live at home for longer Fewer admissions to residential and nursing homes	Delivery of 105 units of extra care and 24 units of accommodation for people with Learning Disabilities Proportion of older people who were still at home 91 days after hospital discharge Number of permanent admissions to residential and nursing care homes
8	Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.	Reduce the transmission rate and prevalence of undiagnosed HIV and STIs Increase access to all contraceptive methods including barrier methods, Long Acting Reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC) Improve health and social care for people living with HIV and reduce associated stigma End Female Genital Mutilation (FGM) in H&F and support those already affected by it.	Rates of acute STIs Number of new HIV diagnoses Uptake of LARC in Sexual and Reproductive Health Services Under 18 Conceptions People presenting with HIV at a late stage of infection All agencies have appropriate procedures in place. All instances recorded by maternity services. Number of women and girls requiring sexual health services due to FGM.

9. Next Steps

The Joint Health & Well-being Strategy has been developed to reflect local needs and sets out the priorities for the next two years. The Health & Well-being Board will regularly review progress and ensure that the priorities are still the right ones to address locally.

Appendix 1

Table 1: Linkages between the JSNA and Health & Well-being Priorities

JSNA	Causes of Early Death		Causes of Disability				Outliers												
HWS Priorities	Cancer	CVD	Mental ill-health	Sense organ disease	Respiratory disease	MSK	Smoking	Alcohol related and specific	STDs	Poor dental health	Premature death (under 75)	Breast and cervical screening	Looked after children	Under 18 conceptions	HIV	Prison population	Severe and enduring mental illness	Welfare reform	Problem drug users
Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.																			
Delivering the Park View Centre for Health & Well-being to improve care for residents and regenerate the White City Estate.																			
Every child has the best start in life																			
Tackling childhood obesity																			

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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.																			

JSNA	Emerging public health issues								Prioritising social determinants of health															
HWS Priorities	Obesity	Child obesity	Alcohol related harm	Alcohol related crime	Growth in the older population	Living with disability	Dementia	Improved life expectancy for children with complex needs	Giving every child the best start in life					Enabling children and adults to maximise their capabilities and have control over their lives		Creating fair and good employment for all		Ensuring a healthy standard of living for all		Creating sustainable communities and places that foster health and well-being		Strengthening the role and impact of prevention	
									Good level of development at age 5	Infant mortality rate	Breastfeeding	Smoking during pregnancy	Child immunisation	5 or more GCSEs at Grade A* to C	NEET	Unemployment rate	IB for mental health reasons	Household income	Children living and income	Improve the physical and social infrastructure	% of land which is Open Space	Obesity	Physical activity
Integrated health and social care services which support prevention, early intervention and reduce hospital admissions.																								
Delivering the Park View Centre for Health & Well-being to improve care for residents and regenerate the White City Estate.																								
Every child has the best																								

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HWS Priorities	Obesity	Child obesity	Alcohol related harm	Alcohol related crime	Growth in the older population	Living with disability	Dementia	Improved life expectancy for children with complex needs	Giving every child the best start in life					Enabling children and adults to maximise their capabilities and have control over their lives		Creating fair and good employment for all		Ensuring a healthy standard of living for all		Creating sustainable communities and places that foster health and well-being		Strengthening the role and impact of prevention	
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start in life																								
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Better sexual health across Triborough with a focus on those communities most at risk of poor sexual health.																								

Appendix 2

Example Template for illustrative purposes

PRIORITY 1: INTEGRATED HEALTH AND SOCIAL CARE SERVICES WHICH SUPPORT PREVENTION AND REDUCE HOSPITAL ADMISSIONS

Lead : Dr John Smith

Governance/Forums: Integrated Partnership Board					
Strategic Objective	**Population**	**Success Measures**	**Action**	**Timescale**	**Lead**
Extended 7 Day access to Social Care and GPs	Universal	The proportion of persons aged 75 and over receiving ongoing social care in the community who are admitted hospital as an emergency Unplanned hospital admissions for chronic ambulatory care aged 75 and over People over 75 enabled to live in their own homes <u>NHS Outcomes Framework</u> 2.1 Proportion of people feeling supported to manage their (long term) condition (ref:P01627) 2.6i Estimated diagnosis rate for people with dementia 3.5 Proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 (ref: p01541)/ 120 (ref: P01542) days	As part of the NWL Early Adopter for 7 Day Services, extend social care to provide 7 day access particularly to facilitate early discharge; and extend primary care offer to prevent unnecessary attendances at A&E	Apr-May 2014 June- July 2014 October 2014	Peter Andrews
Establish step up and step down Community Independence Services	Vulnerable people		Investment in an integrated network of community support and multidisciplinary teams to provide step up and step down care, preventative care and reablement through a community independence approach.	Apr-June 2014 July – Dec 2014 April 2015	David Jones
Extend community rehabilitation and re-ablement services	People with long term conditions		Increase investment in additional community and bed based capacity, particularly for neuro-rehabilitation; streamline process Extend community rehabilitation period up to 12 weeks in the community including home care	Apr- June 2014 July-Dec 2014 April 2015	Masood Khan
Integrated Services early intervention and prevention services for People with Long Term Conditions to include housing and homecare	People with long term conditions		Develop integrated approach to prevention and early intervention for people with, or likely to have, long term conditions including housing interventions and home care – Links to Whole Systems Early	Feb-Apr 2014 Apr 2014 – March 2015 April 2015	Patricia Lott

interventions		4.9 Improving people's experience of integrated care (under development) <u>Adult Social Care Outcomes Framework</u> 1A Social care-related quality of life (ref: P01507) 1H Proportion of adults in contact with secondary mental health services in stable accommodation (ref: P01513) 1D Carer-reported quality of life (ref: P01631) <u>Public Health Outcomes Framework</u> 1.18i Proportion of adult social care users who have as much social contact as they would like 2.13ii Proportion of adults classified as "inactive" 2.24i Injuries due to falls in people aged 65 and over	Adopters (BCF17)		
Develop psychiatric liaison services in line with NWL wide review	Mental Health Service Users		Develop psychiatric liaison services in line with the NWL wide review, delivering a common specification and contracting of services to ensure equity of access, improve performance and consistent standards assurance	Apr-June 2014 October 2014	Simon Simmons
Work with individuals to develop Self-Management and Peer Support	All social service clients		Working with individuals and community groups to co-design, co-develop and co-produce improved health and care outcomes, maximising service user capacity within the system	Feb-May 2014	Sue Hughes
Developing Personal Health and Care Budgets	All social service clients		Extend our current arrangements for personal health budgets, working with patients, service users and front line professionals to empower people with long term conditions to make informed decisions around their care; link to BCF02	April 2014 April-Dec 2014 April 2015	Justin Barber
Transforming Nursing and Care Home Contracting	People using residential care		Create a single care home placement contracting team across health and social care; develop outcomes based specifications, maximise value and ensure appropriate and timely provision reduces pressure on hospitals	Jan-March 2014 April – June 2014 October 2014	