

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

## 1. EXECUTIVE SUMMARY

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

## 2. RECOMMENDATIONS

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

## 3. REASONS FOR DECISION

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

## **4. INTRODUCTION AND BACKGROUND**

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

## **5. PROPOSAL AND ISSUES**

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

## **6. CONSULTATION**

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

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

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

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

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

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

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

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

**FOCUS**

- SEND transformation (specifically transition to adulthood)
- Healthy weight
- Dementia strategy
- Social isolation and loneliness
- Estates
- Finance
- Digital
- Workforce
- Comms and engagement
- Healthy high streets
- Housing
- Domiciliary care and care homes single commissioner
- Healthy workplace charter
- ASC Whole Systems Integration Programme

**SPONSOR**

- Implementing 'Future in Mind' to improve children and young people's health and wellbeing
- Suicide awareness training (initiate a conversation between stakeholders)
- Develop making every contact count implementation strategy

**GAP**

- Adults with learning disabilities (mental health)
- Role of wider determinants in the onset of long-term conditions
- Role of the voluntary and community sector in supporting resilience and self-care (prevention)
- Identification and support of carers (mental health)
- Communications and engagement – what are the plans of the partnership?
- Adult social care Front Door and Demand Management programme to be joined up with the CCG
- Briefing note requested on CCG e-consultations work

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

**7. LEGAL IMPLICATIONS**

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

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

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

## **8. FINANCIAL AND RESOURCES IMPLICATIONS**

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

## **11. IMPLICATIONS FOR BUSINESS**

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

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

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

### **LIST OF APPENDICES:**

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