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City of Westminster

Committee Agenda

Title:	**Health & Wellbeing Board**
Meeting Date:	**Thursday 14th September, 2017**
Time:	**4.00 pm**
Venue:	**Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR**

Members:

Councillor Heather Acton (Chairman)	Cabinet Member for Adult Social Services and Public Health
Dr Neville Purssell	Central London Clinical Commissioning Group
Councillor Richard Holloway	Cabinet Member for Children, Families and Young People
Councillor Barrie Taylor	Minority Group
John Forde	Tri-borough Public Health
Sue Redmond	Tri-borough Adult Social Care
Melissa Caslake	Tri-borough Children's Services
Barbara Brownlee	Housing and Regeneration
Dr Philip Mackney	West London Clinical Commissioning Group
Janice Horsman	Healthwatch Westminster
Jackie Rosenberg	Westminster Community Network
Dr David Finch	NHS England
Dr Joanne Medhurst	Central London Community Healthcare NHS Trust

Members of the public are welcome to attend the meeting and listen to the discussion in Part 1 of the Agenda.

Admission to the public gallery is by ticket, issued from the ground floor reception at 5 Strand from 3.45pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Toby Howes, Senior Committee and Governance Officer.

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Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1.	**MEMBERSHIP** To report any changes to the Membership of the meeting. The Chairman to nominate Anne Mottram representing Imperial College Healthcare NHS Trust as a non-voting Member of the Board.	
2.	**DECLARATIONS OF INTEREST** To receive declarations of interest by Board Members and Officers of any personal or prejudicial interests.	
3.	**MINUTES AND ACTIONS ARISING** a) To agree the Minutes of the meeting held on 13 July 2017. b) To note progress in actions arising.	**(Pages 1 - 20)**
Part A		
4.	**SUSTAINABILITY AND TRANSFORMATION PLAN: A) SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE; B) MENTAL HEALTH TRANSFORMATION** To consider updates on the delivery of the North West London Sustainability and Transformation Plan and on the Mental Health Transformation.	**(Pages 21 - 42)**
5.	**BETTER CARE FUND PLAN FOR 2017/19** To consider the Better Care Fund Plan for 2017/19.	**(Pages 43 - 80)**
Part B		
6.	**DRAFT ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17** To consider the draft annual report from the Director of Public Health for 2016-17. A report with regard to the Mental Wellbeing	**(Pages 81 - 114)**

Campaign is also attached for discussion.

7. HEALTH AND WELLBEING STRATEGY - A) ENGAGEMENT PLAN; B) WHOLE SYSTEMS DASHBOARD **(Pages 115 - 146)**

To consider a report on the Board's Engagement Plan and a presentation on the Whole Systems Dashboard.

8. ANY OTHER BUSINESS

Charlie Parker
Chief Executive
7 September 2017

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CITY OF WESTMINSTER

MINUTES

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health & Wellbeing Board** held on **Thursday 13th July, 2017**, Rooms 3.6 and 3.7, 3rd Floor, 5 Strand, London WC2 5HR.

Members Present:
Chairman: Councillor Heather Acton, Cabinet Member for Adult Social Services and Public Health
Clinical Representative from the Central London Clinical Commissioning Group: Dr Neville Purssell
Cabinet Member for Children, Families and Young People: Councillor Karen Scarborough (acting as Deputy)
Minority Group Representative: Councillor Barrie Taylor
Tri-borough Public Health: John Forde
Tri-Borough Adult Services: Dylan Champion (acting as Deputy)
Housing and Regeneration: Andrea Luker (acting as Deputy)
Healthwatch Westminster: Janice Horsman
Chair of Westminster Community Network: Jackie Rosenberg

1 MEMBERSHIP

1.1 Apologies for absence were received from Melissa Caslake (Tri-borough Children's Services) and Dr David Finch (NHS England).

1.2 Apologies for absence were also received from Councillor Richard Holloway (Cabinet Member for Children, Families and Young People), Sue Redmond (Tri-borough Executive Director of Adult Social Care), Melissa Caslake (Tri-borough Children's Services), Rachael Wright-Turner (Tri-borough Children's Services) and Barbara Brownlee (Director of Housing and Regeneration).

1.3 Councillor Karen Scarborough (Deputy Cabinet Member for Children, Families and Young People), Dylan Champion (Tri-borough Adult Social Care) and Andrea Luker (Housing and Regeneration) attended as Deputies respectively for Councillor Richard Holloway, Sue Redmond and Barbara Brownlee.

1.4 The Chairman proposed that Dr Joanne Medhurst (Central London Community Healthcare NHS Trust) be appointed to the Board as a non-voting Member.

1.5 **RESOLVED:**

That Dr Joanne Medhurst be appointed onto the Westminster Health and Wellbeing Board as non-voting Member in her capacity as the representative of Central London Community Healthcare NHS Trust.

2 DECLARATIONS OF INTEREST

2.1 Dr Neville Purssell (Clinical Representative, NHS Central London Clinical Commissioning Group) declared an interest in his capacity as a GP in respect of item 8 on the agenda, 'Developing Westminster's Primary Care Strategy.

2.2 Dr Joanne Medhurst (Central London Community Healthcare NHS Trust) declared that in respect of item 8 on the agenda, that she is an Executive Director on the National Association of Primary Care.

3 MINUTES AND ACTIONS ARISING

1. That the Minutes of the meeting held on 25 May 2017 be signed by the Chairman as a correct record of proceedings.

2. That progress in implementing actions and recommendations agreed by the Westminster Health and Wellbeing Board be noted.

4 GRENFELL FIRE RESPONSE

4.1 The Chairman provided a verbal update on the City Council and its health partners' response to the recent Grenfell fire in the Royal Borough of Kensington and Chelsea (RBKC). She advised that staff from Adult Social Services. Children's Services and Housing had been amongst those who were involved in the London-wide response to the Grenfell fire. The Board heard that families and individuals from Grenfell Tower and Grenfell Walk and other bereaved families had each been allocated a key worker to provide support to them to access services. Council staff had undertaken housing needs assessments and offering accommodation to residents and Barbara Brownlee (Director of Housing and Regeneration) was coordinating the housing activities for the London-wide response. The Tri-borough Schools Services was assisting the most significantly affected schools and educational psychologists from this service were being used. City Council staff had been deployed at Westway Assistance Centre which had initially been used as a rest centre for survivors and was now a community assistance centre. The Chairman also informed Members that Tri-borough Public Health had collated information on those affected by the fire to provide a comprehensive picture of the total impact of the fire and to help provide data to the response coordinators who also received updates in respect of a Humanitarian Assistance Guidance Pack. She advised that response activities were now in the process of being transferred back to the control of RBKC.

4.2 Turning to the response of the City Council's health partners, the Chairman advised that NHS Central London and NHS West London Clinical Commissioning Groups (CCGs) had joined together to provide a community

based response to the fire. The providers leading this response were Central London Community Healthcare (CLCH) and the Central and North West London (CNWL) NHS Foundation Trust, along with the London Central and West Unscheduled Care Collaborative that was run by a group of GPs. The Chairman thanked health partners for their response to the fire.

4.3 Dr Joanne Medhurst added that health visitors had also been providing support to those affected by the fire.

4.4 During discussion, Jackie Rosenberg stated that the voluntary sector was also playing an important role in the response to the fire, and a voluntary work force was in place. The fallout from the fire would mean that there would be some trauma inflicted on the community. Jackie Rosenberg stated that at a meeting with 17 charity leaders, it had become apparent that they did not know precisely what the Council's procedures are in respect of emergency planning and she would raise this issue with the Cabinet Member for Environment, Sports and Community. However, the outpouring of support from citizens over the fire had been encouraging and there were lessons to be learnt to ensure there was sufficient organisation and support in place when such incidents arose.

4.5 Another Member highlighted the impressive response of the emergency services workers to the fire and he emphasised that the courage and bravery of these workers should be noted.

4.6 Members agreed to the Chairman's suggestion that the Board consider what lessons could be learnt from fire.

5 UPDATE ON DEVELOPMENT OF BETTER CARE FUND PLAN 2017-19

5.1 Dylan Champion (Interim Head of Health Partnerships) gave a presentation updating the Board on the Better Care Fund (BCF) Plan for 2017-19. He advised that the Government had published national guidance on 7 July, however the local framework was yet to be published. Dylan Champion drew Members' attention to the provisional allocation of the funding for the improved BCF for 2017-18 as set out in the presentation. He advised that the Council was working with in conjunction with NHS Central London and NHS West London CCGs on the final proposals to ensure the best allocation of funds. The Council was also allocating additional financial resources to adult social care in order to meet rising demand. Members noted the eight areas of change proposed under the High Impact Change Model for Managing Discharge of Care, these being:

- Early discharge planning
- Systems to monitor patient flow
- Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- Home first/discharge to access
- Seven day service
- Trusted assessors

- Focus on choice
- Enhancing health in care homes.

5.2 Dylan Champion confirmed that the BCF Care Fund Plan for 2017-19 needed to be submitted to the Government by 11 September 2017.

5.3 During Members' discussion, the Chairman asked whether any problems were envisaged in submitting the plan by the deadline on 11 September and what would happen if the Government were unfavourable to the plan submitted. In respect of the improved BCF (iBCF) supplementary submission due by 21 July, she asked whether this was on target. Members asked at what stage the detailed breakdown of allocation of funding would be available and it was remarked that it would be desirable if the voluntary and community sector were involved in the discharging of the plan and early engagement with this sector should be undertaken. Clarification was sought as to whether there had been discussions on what actual measures would be undertaken with the plan. Members enquired what steps would be taken in terms of engagement with services users. Members welcomed the BCF Plan being reported to the Board and the opportunities that this would provide to monitor its implementation.

5.4 In reply to issues raised by Members, Dylan Champion advised that the BCF Plan was being worked through and the Government would not sign off the plan if it fell short of expectations. Members heard that discussions had taken place as to when a more detailed BCF Plan would be made available, including the individual projects contained within it. Consultation with service users was due to commence before September and a meeting with Healthwatch and NHS Central London and West London CCGs was due to take place on 18 July to discuss ways of engagement. Dylan Champion advised that the BCF quarterly submission was due to be submitted to the Government on 21 July. Considerable work had been undertaken on this prior to Government guidance being issued and the support of NHS Central London and NHS West London CCGs was needed in order for the Government to accept it. He added that the iBCF supplementary return setting out proposed targets for reducing delayed transfer of care was due to be submitted by 21 July, however this had been delayed due to guidance not being published and was now likely be submitted in September.

5.5 Chris Neill (Interim Deputy Director, NHS Central London CCG) advised that the key performance indicators (KPIs) in respect of the iBCF were already performing at high levels and it was difficult to agree stretch targets.

5.6 The Chairman advised Members that the North West London Strategy and Transformation Group was in the process of producing a paper to demonstrate what the Sustainability and Transformation Plan (STP) is designed to achieve and progress was being made to use more accessible language.

5.7 Dylan Champion then referred to the four national BCF priorities, these being jointly agreed plans, maintaining social care, investing in out of hospital services and managing transfer of care and he advised that Westminster was

undertaking activities addressing all these priorities. He then sought Members' views as to how to agree the BCF Plan for 2017-19 before the deadline of submission on 11 September in view that the Board would not meet again until after this date.

5.8 The Board agreed that the BCF Plan 2017-19 be circulated to Members for any comments and that final approval be delegated to the Chairman and Dr Neville Purssell (Vice Chairman and NHS Central London CCG clinical representative).

6 MINUTES OF THE LAST JOINT STRATEGIC NEEDS ASSESSMENT STEERING GROUP MEETING HELD ON 15 JUNE 2017

6.1 The Board noted the Minutes of the last Joint Strategic Needs Assessment Steering Group meeting held on 15 June 2017.

7 CITY FOR ALL

7.1 Mark Ewbank (Scrutiny Manager) presented the report which outlined the Council's City for All Strategy and how it aligned with the Joint Health and Wellbeing Strategy and the North West London STP. City for All was a three year vision and strategy and now in its third year. For 2017/18, three priorities had been set to help achieve the vision, these being:

- Putting civic leadership and responsibility at the heart of what the Council does
- Promoting opportunity and fairness across the city
- Setting the standards for a world class city.

7.2 Mark Ewbank explained that the three priorities would be delivered through five programmes, these being titled as below:

- Civic leaders
- Building homes and celebrating neighbourhoods
- Greener City
- World Class Westminster
- Smart Council.

7.3 Mark Ewbank added that the Council was also guided by the delivery principles set out in the 'One Front Door Standard' as defined by the Leader of the Council in her speech to Full Council on 1 March 2017 and he drew the Board's attention to the contents of this speech as set out in the report.

7.4 The Chairman emphasised the importance of collaboration between partner organisations and Housing and the role they played in optimising use of estates to improve access to preventative services. She welcomed Members' comments and suggestions in identifying further areas for collaboration.

7.5 A Member welcomed City for All's vision, however she felt that the level of representation from the voluntary and community sector was lacking and

could result in a number of missed opportunities to help achieve City for All's goals. She suggested that the Council make more mention of the role that voluntary organisations, residents' association, churches, mosques and other places of worship play in civic life and to engage and collaborate more with such organisations. More investment in community asset building should also take place to strengthen the community. The Member stated that the community and voluntary sector had been heavily involved in the response to the Grenfell fire and had prevented the situation from being even worse. Another Member stressed the need to have the ability to intervene in order to prevent inequalities in the community increasing. Members commented that the voluntary and community sector could make a major contribution to building community assets and people should be empowered to build community resources and improve community resilience.

7.6 Dr Joanne Medhurst commented that there should also be an emphasis on providing safe, as well as affordable, housing. Chris Neill sought comments on how health and care could help complement City for All and further details on the new care hubs.

7.7 The Chairman advised that the care hubs were virtual hubs that would involve working together with NHS Central London and NHS West London CCGs to help implement the Joint Health and Wellbeing Strategy, which City for All was totally aligned to. She advised that there would be collaboration with the voluntary and community sector in respect of building civic leadership and empowering local communities which was a key element of City for All and this area of work would be highlighted more in future reports, as well as activities being undertaken to help local people into employment. Mark Ewbank added that the Council had set a target to of 2,400 volunteers to be recruited in the borough.

8 DEVELOPING WESTMINSTER'S PRIMARY CARE STRATEGY

8.1 Chris Neill (Interim Deputy Managing Director, NHS Central London Clinical Commissioning Group) presented this item and began by referring to NHS England delegation of primary care commissioning to local CCGs in April 2017. He stated that there had been a lot of support from GPs in developing primary care commissioning and the strategy would address an area wider than primary care, such as accountable care. During the presentation, Chris Neill advised that the vision of the Primary Care Strategy was to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community. Both national and local NHS priorities would be used to deliver the vision. NHS England's national priorities were set out in its' Five Year Forward View, whilst the North West London STP set out the local priorities. A person perspective approach had been taken to transform primary care, focusing on the patient's expectation of care. In respect of the workforce perspective, there would be more emphasis on technology and digital tools to ensure staff could undertake their work more effectively. Chris Neill stated that the transformation needed to ensure that there were improved patient outcomes, including reduced premature mortality and morbidity and improving

the experience of care. Care would also be coordinated around individuals, targeting their specific needs.

8.2 Chris Neill advised that there were three stages to transforming primary care built on village working, these being:

- Stage 1: Embedding effective village working
- Stage 2: Forming primary care homes
- Stage 3: Forming a multi-speciality community provider and accountable care.

8.3 Chris Neill stated that having larger groups of GPs working more closely together to provide primary care homes provided more structure and the transformation, which NHS England wanted completed by 2020, would provide greater flexibility to move more resources around. In terms of the commissioning approach, there will be more community focus and populations, services and budgets will be viewed together. Chris Neill advised that there was a three year delivery plan in place to ensure that NHS England's deadline was met and that the proposals to develop the strategy were currently subject to consultation with NHS Central London CCGs' partners, including the Council.

8.4 During Members' discussions, Dr Neville Purssell stated that GPs could not continue to work in the same way they currently did because of change in demographics, patient demand and lack of staff. GPs had recognised this and were focusing more on ensuring that they could undertake and meet specific purposes. There was considerable variation in the quality of delivering care and greater equality of care and better outcomes would be achieved by more GPs working closely together. In terms of governance, Dr Neville Purssell advised that this was being consulted on and GPs were also subject to the national General Medical Services Contract. Some new GPs were not keen on becoming partners and further consideration needed to be given in how to provide continuity of care. Looked after elderly patients also provided a considerable challenge, particularly where there were mental health issues involved and pharmacies would play a key role in addressing this. Dr Neville Purssell stated that primary care homes sought to focus on outcomes and more details on how these would operate would be made available soon as this matter was currently being discussed by the CCGs' governing bodies. A key aim of the strategy was not a new alignment of services, but rather an alignment of outcomes and the challenge would be in obtaining good data to demonstrate that this was being achieved.

8.5 Members commented that there should be a focus on explaining to GPs that the changes will benefit them and the village model offered the opportunity to start mapping what voluntary and community organisations could be involved in working with the CCGs and partner organisations as a parallel workstream. There also needed to be more public and patient consultation to ensure they understood the purpose of transforming primary care and developing a strategy and what outcomes it intended to deliver. Members asked when public consultation was due to take place. One Member suggested that the approach taken to primary care transformation needed to be altered as at the

moment it was suggesting services being provided and seeking responses to these. He felt this was the wrong emphasis as patients felt that they owned the condition they had and had their own ways of dealing with it. As such, the Member suggested that the emphasis should be on professionals working constructively with patients to achieve outcomes and the dialogue used should be positive.

8.6 The Chairman felt there was scope for the strategy to take a more ambitious approach and that highlighting customer journey stories and the role of health visitors and pharmacists should also be highlighted. It was important to impress upon GPs the case for transforming primary care and the benefits it would bring.

8.7 Dr Joanne Medhurst suggested that care needed to be taken in respect of the wording used in the strategy, including defining primary care and primary care homes as those involved was broader than just GPs. She stated that the voluntary sector had wide involvement in some areas of primary care, whilst acute services also played a role. It was also important to provide transparency and sound data to demonstrate to what extent the outcomes were being achieved.

8.8 In response to issues raised, Holly Manktelow (Head of Unscheduled and Primary Care, NHS Central London Clinical Commissioning Group) advised that stage 1 of the primary care transformation was being taken from a GP perspective and involved a significant piece of work. She acknowledged the need for an ambitious approach to be taken and step changes would be made during the transformation, with changes to commissioning being the next step. Holly Manktelow advised that formal public consultation was due to take place, however the intention was for patients to be fully involved in developing the strategy throughout the process and she also welcomed involvement from Healthwatch and the voluntary and community sector. She added that a clearer focus in respect of outcomes could be provided in September or October.

8.9 The Chairman welcomed the positive start to developing the strategy and emphasised the need for CCGs, providers, GPs, the voluntary and community sector and the Council to work closely together and share information to help develop the strategy.

9 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2016-17

9.1 John Forde (Deputy Director of Public Health) introduced the item and advised that the theme for the annual report would focus on wellbeing. He stated that there was an abundance of knowledge at both national and international level on what helps protect and promote wellbeing and this could even help in terms of community resilience to incidents such as the recent terror attacks and the Grenfell Tower fire. John Forde added that the report sought to promote wellbeing from beginning to end of life.

9.2 Colin Brodie (Public Health Knowledge Manager) then presented the annual report and advised that it was a statutory duty to provide an annual report

from the Director of Public Health to the Board. He stated that the report's focus on wellbeing would have a particular emphasis on mental health wellbeing. There was an opportunity for the report to act as a "Call to Action" and he welcomed any suggestions from Members in respect of good case studies to include in the annual report to demonstrate promotion of wellbeing. A campaign to promote mental health wellbeing was due to be launched in 2018 and it would take a community asset based approach involving events in the community and highlighting case studies. Colin Brodie advised that the annual report sought aligns with the launch by the Mayor of London of 'Thrive LDN', a city wide movement to improve the mental health and wellbeing of London residents. Colin Brodie welcomed suggestions from Members on how they wished the Board to engage with officers in helping to develop the report.

9.3 The Chairman suggested that community champions would be well placed to provide examples of good case studies, including those involving recovery and sense of purpose. She also suggested that the issue of social prescribing needed to be looked at further and asked if a draft of the report would be circulated to the Board before the final report was circulated. The Chairman then sought Members views and comments on developing the report.

9.4 During Members' discussions, it was remarked that a number of homeless people may have mental health related issues and this was an important issue to address. Councillor Barrie Taylor welcomed the focus on wellbeing and advised that a Scrutiny Task Group has been set up to look at the relationship between art and health and he felt this piece of work could be of some value. Janice Horsman (Healthwatch Westminster) commented that employment was a key factor in helping to address mental health and retaining staff with mental health issues and making jobs available to those who have had such issues would be of considerable benefit to them. Janice Horsman added that there were some good case studies that could be used from the voluntary mental health charity that she was involved in. It was commented that there was considerable evidence from health visitors, children's centres and GPs to address mental health and wellbeing at an early stage to benefit people later in life. Jackie Rosenberg (Westminster Community Network) suggested that John Forde attend a Westminster Community Network event on 20 July if available to discuss case studies and do a presentation on wellbeing.

9.5 Dr Joanne Medhurst stated that CLCH NHS Trust could provide case studies on wellbeing. Anna Bokobza (Integrated Care Programme Director, Imperial College Healthcare NHS Trust) added that in respect of accountable care, there was a strong focus on prevention.

9.6 Colin Brodie stated that every effort would be made to ensure the annual report was concise and a draft version would be circulated to Members around mid-August for further comments.

10 WESTMINSTER HEALTH AND WELLBEING STRATEGY WORK PLAN 2017-18

10.1 Dylan Champion introduced the report and referred Members to the proposed work plan that had been produced following the last Board meeting and the two workshops held in March and April. He welcomed any comments from Members.

10.2 Members welcomed the proposals and the Chairman advised that the Board meeting scheduled for 22 March 2018 may need to be brought forward by a week, although this would be clarified at a later stage.

11 ANY OTHER BUSINESS

11.1 The Chairman advised that there had been a decrease in the number of vaccinations amongst 0-5 year olds and the reasons for this needed to be looked into further before deciding on what course of action to take. There had also been one case of TB reported at Pimlico Academy.

11.2 John Forde added that the CCGs and the Council were also working with NHS England to help identify the reasons for the decreases in vaccinations for those aged 0-5 years. He stated that this could be attributable to some elements that were unique to Westminster and also in changes to the IT system in primary care. Every effort would be made to promote the importance of vaccinations to 0-5 year old to residents.

The Meeting ended at 6.00 pm.

CHAIRMAN: _____ **DATE** _____

WESTMINSTER HEALTH & WELLBEING BOARD
Actions Arising

Meeting on Thursday 13th July 2017

Action	Lead Member(s) And Officer(s)	Comments
Update on Development of Better Care Fund Plan 2017-19		
Better Care Fund Plan for 2017-19 to be circulated to Members for further comments and final approval to be delegated to Councillor Heather Acton and Dr Neville Purssell before the 11 September deadline.	Councillor Heather Acton / Dr Neville Purssell / Dylan Champion	Better Care Fund Plan for 2017-19 to be approved by 11 September.
Work Programme		
Clarification to be provided on whether the meeting scheduled for 22 March 2018 needs to be moved forward.	Dylan Champion	To be provided at a future meeting.

Meeting on Thursday 25th May 2017

Action	Lead Member(s) And Officer(s)	Comments
Delivering the Health and Wellbeing Strategy for Westminster		
Information dashboard being developed by North West London Clinical Commissioning Groups' Strategy Transformation Team to be circulated at next meeting.	Harley Collins (Health and Wellbeing Manager)	To be provided at a future meeting.
Healthwatch to circulate research undertaken on behalf of the North West London Sustainability Transformation Plan that identified gaps in the Community Independence Service to Members.	Healthwatch	Completed.
Specific priorities and projects within the Strategy to be updated to incorporate suggestions made by Members.	Dylan Champion	To be provided at a future meeting.
Work Programme		
Updated work programme to be circulated to Members.	Dylan Champion	To be provided at a future meeting.
Primary Care Strategy to be circulated to Members.	Chris Neill (NHS Central London Clinical Commissioning	

	Group)	

Meeting on Thursday 2nd February 2017

Action	Lead Member(s) And Officer(s)	Comments
Health and Wellbeing Strategy for Westminster 2017 – 2022 Implementation		
A joint implementation paper setting out a clear governance structure and providing details of actions being taken by NHS Central London and NHS West London Clinical Commissioning Groups to help deliver the implementation plan to be provided at next meeting.	Ezra Wallace, Chris Neill (NHS Central London Clinical Commissioning Group) and Louise Proctor (NHS West London Clinical Commissioning Group)	Completed.
Pharmaceutical Needs Assessment – Introduction		
Report on implications for funding for community pharmacies being reduced for 2016/17 and 2017/18 to be provided at a future meeting.	Colin Brodie	To be provided at a future meeting.

Extraordinary Meeting on Tuesday 13th December 2016

Action	Lead Member(s) And Officer(s)	Comments
NHS Central London and NHS West London Clinical Commissioning Groups' Commissioning Plans		
Members to provide any further comments on the Commissioning Plans by 20 December.	All Board Members	Completed.

Meeting on Thursday 17th November 2016

Action	Lead Member(s) And Officer(s)	Comments
Update on the North West London Sustainability Transformation Plan and Westminster's Joint Health and Wellbeing Strategy		
Board's comments in respect of the North West London Sustainability Transformation Plan to be fed back to the NHS Central and NHS North West London Clinical Commissioning Groups.	Chris Neill (NHS Central London Clinical Commissioning Group)	Completed.
Work Programme		

Board to receive first report on the next Pharmaceutical Needs Assessment at next meeting.	Mike Robinson / Colin Brodie	Completed.

Meeting on Thursday 15th September 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Final strategy to be put to the Board at the next meeting.	Meenara Islam	Completed.
Housing Support and Care Joint Strategic Needs Assessment		
Board to look at the Housing Support and Care Joint Strategic Needs Assessment in more detail and to support the recommendations, subject to any concerns raised by Members in the next two weeks.	All Board Members / Anna Waterman	Completed.

Meeting on Thursday 14th July 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		
Meenara Islam to circulate the dates that the consultation events and meetings are taking place to Members.	Meenara Islam	Completed.
Tackling Childhood Obesity Together		
Progress on the programme to be reported back to the Board in a year's time.	Eva Hrobonova	
Health and Wellbeing Hubs		
Details of the children's workstream to be reported to the Board at the next meeting.	Melissa Caslake	Completed.

Meeting on Thursday 26th May 2016

Action	Lead Member(s) And Officer(s)	Comments
Draft Westminster Health and Wellbeing Strategy Refresh		

Members to provide any further input on the strategy before it goes to consultation at the beginning of July.	All Board Members	Completed

Meeting on Thursday 17th March 2016

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Strategy Refresh Update		
Members requested to attend Health and Wellbeing Board workshop on 5 April.	All Board Members	Completed.
Meenara Islam to circulate details of proposals discussed at an engagement plan meeting between Council and Clinical Commissioning Group colleagues.	Meenara Islam	Completed.
NHS Central and NHS West London Clinical Commissioning Group Intentions		
Clinical Commissioning Groups to consider how future reports are to be presented with a view to producing reports more similar in format and more user friendly.	Clinical Commissioning Groups	On-going.

Meeting on Thursday 21st January 2016

Action	Lead Member(s) And Officer(s)	Comments
Commissioning Intentions: (A) NHS Central London Clinical Commissioning Group; (B) NHS West London Clinical Commissioning Group		
Update on the Clinical Commissioning Groups' intentions to be reported at the next Board meeting.	Clinical Commissioning Groups	Completed.
Westminster Health and Wellbeing Strategy Refresh		
Draft proposals for the strategy refresh to be considered at the next Board meeting	Adult Social Care, Clinical Commissioning Groups and Policy, Performance and Communication	Completed.

Meeting on Thursday 19th November 2015

Action	Lead Member(s) And Officer(s)	Comments
Westminster Health and Wellbeing Hubs Programme Update		
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Like Minded – North West London Mental Health and Wellbeing Strategy – Case		

for Change		
Board to receive report on Future In Mind programme to include details of how it will impact upon Westminster and how the Board can feed into the programme to provide more effective delivery of mental health services.	Children's Services	Completed.
Board to receive report on young people's services, including how they all link together in the context of changes to services.	Children's Services	Completed.

Meeting on Thursday 1st October 2015

Action	Lead Member(s) And Officer(s)	Comments
Central London Clinical Commissioning Group – Business Plan 2016/17		
West London Clinical Commissioning Group to circulate their Business Plan 2016/17 to the Board.	West London Clinical Commissioning Group	Completed.
Westminster Health and Wellbeing Hubs Programme Update		
Board to nominate volunteers to be involved in the Programme and to be on the Working Group.	Meenara Islam	Completed.
Update on the Programme to be reported at the next Board meeting.	Adult Social Care	Completed.
Dementia Joint Strategic Needs Assessment – Commissioning Intentions and Sign Off		
Board to receive and update at the first Board meeting in 2016.	Public Health	Completed.

Meeting on Thursday 9th July 2015

Action	Lead Member(s) And Officer(s)	Comments
Five Year Forward View and the Role of NHS England in the Local Health and Care System		
That a document be prepared comparing NHS England's documents with the Clinical Commissioning Groups to demonstrate how they tie in together.	Clinical Commissioning Groups/NHS England	Completed.
Board to receive regular updates on the work of NHS England and to see how the Board can support this work.	NHS England	To be considered at future meetings.
Westminster Housing Strategy		

Housing Strategy to be brought to a future meeting for the Board to feed back its recommendations.	Spatial and Environmental Planning	Completed.
Update on Preparations for the Transfer of Public Health Responsibilities for 0-5 Years		
Board to receive an update in 2016.	Public Health	Completed.

Meeting on Thursday 21st May 2015

Action	Lead Member(s) And Officer(s)	Comments
North West London Mental Health and Wellbeing Strategic Plan		
That a briefing paper be prepared outlining how the different parts of the mental health services will work and how various partners can feed into the process.	NHS North West London	Completed.
Adult Social Care representative to be appointed onto the Transformation Board.	NHS North West London Adult Social Care	Completed.
Children and Young People's Mental Health		
A vision statement be produced and brought to a future Board meeting setting out the work to be done in considering mental health services for 16 to 25 year olds, the pathways in accessing services and the flexibility in both the setting and the type of mental health care provided, whilst embracing a multidisciplinary approach.	Children's Services	Completed.
The role of pharmacies in Communities and Prevention		
Public Health Team and Healthwatch Westminster to liaise and exchange information in their respective studies on pharmacies, including liaising with the Local Pharmaceutical Committee and the Royal Pharmaceutical Society.	Public Health Healthwatch Westminster	Completed.
Whole Systems Integrated Care		
That the Board be provided with updates on progress for Whole Systems Integrated Care, with the first update being provided in six months' time.	NHS North West London	Completed.
Joint Strategic Needs Assessment		
Consideration be given to ensure JSNAs are more line with the Board's priorities.	Public Health	Completed.
The Board to be informed more frequently on any new JSNA requests put forward for consideration.	Public Health	On-going.
Better Care Fund		
An update including details of performance and		Completed.

spending be provided in six months' time.		
Primary Care Co-Commissioning		
Further consideration of representation, including a local authority liaison, to be undertaken in respect of primary care co-commissioning.	Health and Wellbeing Board	In progress
Work Programme		
Report to be circulated on progress on the Primary Care Project for comments.	Holly Manktelow Health and Wellbeing Board	Completed.
The Board to nominate a sponsor to oversee progress on the Primary Care Project in between Board meetings.	Health and Wellbeing Board	To be confirmed.
NHS England to prepare a paper describing how they see their role on the Board and to respond to Members' questions at the next Board meeting.	NHS England	Completed.

Meeting on Thursday 19th March 2015

Action	Lead Member(s) And Officer(s)	Comments
Pharmaceutical Needs Assessment		
Terms of reference for a separate wider review of the role of pharmacies in health provision, and within integrated whole systems working and the wider health landscape in Westminster, to be referred to the Board for discussion and approval.	Adult Social Care	Completed

Meeting on Thursday 22nd January 2015

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan		
Further updates on implementation of the Care Act to be a standing item on future agendas.	Adult Social Care	Completed.
Child Poverty		
Work to be commissioned to establish whether and how all Council and partner services contributed to alleviating child poverty and income deprivation locally, through their existing plans and strategies – to identify how children and families living in poverty were targeted for services in key plans and commissioning decisions, and to also enable effective identification of	Children's Services	In progress.

gaps in provision.		
To identify an appropriate service sponsor for allocation to each of the six priority areas, in order to consolidate existing and future actions that would contribute to achieving objectives.	Children's Services	In progress.
Local Safeguarding Children Board Protocol		
Protocol to be revised to avoid duplication and to be clear on the different and separate roles of the Health & Wellbeing Board and the Scrutiny function.	Local Safeguarding Children Board	Completed.
Primary Care Commissioning		
A further update on progress in Primary Care Co-Commissioning to be given at the meeting in March 2015.	Clinical Commissioning Groups. NHS England	Completed.

Meeting on Thursday 20th November 2014

Action	Lead Member(s) And Officer(s)	Comments
Primary Care Commissioning		
The possible scope and effectiveness of establishing a Task & Finish Group on the commissioning of Primary Care to be discussed with Westminster's CCGs and NHS England, with the outcome be reported to the Health & Wellbeing Board.	Clinical Commissioning Groups NHS England	Completed
Work Programme		
A mapping session to be arranged to look at strategic planning and identify future agenda issues.	Health & Wellbeing Board	Completed.

Meeting on Thursday 18th September 2014

Action	Lead Member(s) And Officer(s)	Comments
Better Care Fund Plan 2014-16 Revised Submission		
That the final version of the revised submission be circulated to members of the Westminster Health & Wellbeing Board, with sign-off being delegated to the Chairman and Vice-Chairman, subject to any comments that may be received.	Director of Public Health.	Completed.
Primary Care Commissioning		

The Commissioning proposals be taken forward at the next meeting of the Westminster Health & Wellbeing Board in November	NHS England	Completed.
Details be provided of the number of GPs in relation to the population across Westminster, together with the number of people registered with those GPs; those who are from out of borough; GP premises which are known to be under pressure; and where out of hours capacity is situated.	NHS England	Completed.
Measles, Mumps and Rubella (MMR) Vaccination In Westminster		
That a further report setting out a strategy for how uptake for all immunisations could be improved, and which provides Ward Level data together with details of the number of patients who have had measles, be brought to a future meeting of the Westminster Health & Wellbeing Board in January 2015.	NHS England Public Health.	Completed.

Meeting on Thursday 19th June 2014

Action	Lead Member(s) And Officer(s)	Comments
Whole Systems		
Business cases for the Whole Systems proposals to be submitted to the Health & Wellbeing Board in the autumn.	Clinical Commissioning Groups.	Completed.
Childhood Obesity		
A further report to be submitted to a future meeting of the Westminster Health & Wellbeing Board by the local authority and health partners, providing an update on progress in the processes and engagement for preventing childhood obesity.	Director of Public Health.	Completed.
The Health & Wellbeing Strategy		
A further update on progress to be submitted to the Westminster Health & Wellbeing Board in six months.	Priority Leads.	Completed.
NHS Health Checks Update and Improvement Plan		
Westminster's Clinical Commissioning Groups to work with GPs to identify ways of improving the effectiveness of Health Checks, with a further report on progress being submitted to a future meeting.	Clinical Commissioning Groups	Completed.
Joint Strategic Needs Assessment Work Programme		
The implications of language creating a barrier to successful health outcomes to be considered as a further JSNA application. *Note: Recommendations to be put forward in next*	Public Health Services Senior Policy & Strategy Officer.	Completed.

year's programme.		

Meeting on Thursday 26th April 2014

Action	Lead Member(s) And Officer(s)	Comments
Westminster Housing Strategy		
The consultation draft Westminster Housing Strategy to be submitted to the Health & Wellbeing Board for consideration.	Strategic Director of Housing	Completed.
Child Poverty Joint Strategic Needs Assessment Deep Dive		
A revised and expanded draft recommendation report to be brought back to the Health & Wellbeing Board in September.	Strategic Director of Housing Director of Public Health.	Completed.
Tri-borough Joint Health and Social Care Dementia Strategy		
Comments made by Board Members on the review and initial proposals to be taken into account when drawing up the new Dementia Strategy.	Matthew Bazeley Janice Horsman Paula Arnell	Completed.
Whole Systems		
A further update on progress to be brought to the Health & Wellbeing Board in June.	Clinical Commissioning Groups	Completed.

City of Westminster

Westminster Health & Wellbeing Board

Date:	14 September 2017
Classification:	General Release
Title:	Update on the delivery of the North West London Sustainability and Transformation Plan
Report of:	Central and West London Clinical Commissioning Groups
Wards Involved:	All
Policy Context:	City for all; North West London Sustainability and Transformation Plan
Financial Summary:	The Sustainability and Transformation Plan (STP) sets out in high level terms how the £4bn health and care system will change over the next five years. It is a partnership plan, delivered with Westminster City Council endorsement and the active engagement of the Cabinet Member
Report Author and Contact Details:	Alastair Ramage, Director of Systemwide Transformation

1. Executive Summary

1.1 The paper updates on priorities and programmes being taken forward by the NW London health and care partnership following publication of the NW London Sustainability and Transformation Plan in October 2016.

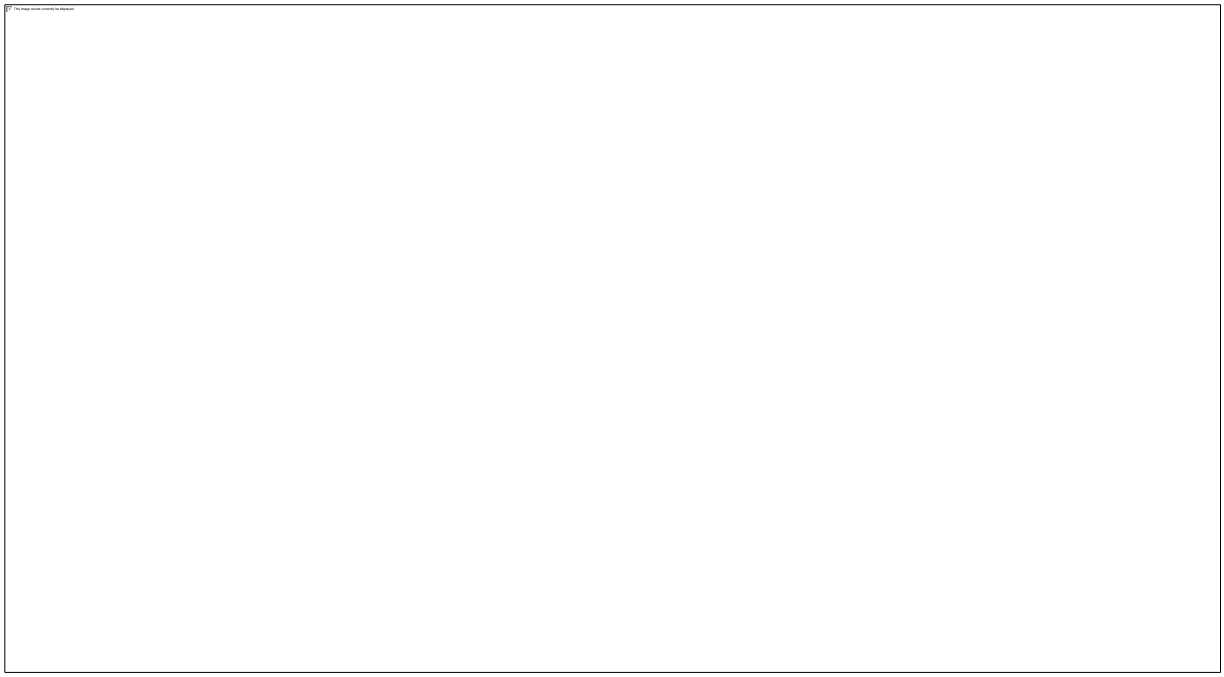
2. Key Matters for the Board

2.1 The Board is asked to consider the update and its presentation.

3. Background

3.1 Work has continued over the summer to progress the implementation of the North West London STP Plan. A programme delivery infrastructure has now become well embedded based around 5 STP Delivery Areas, which are aligned with Health and Wellbeing Priority Areas.

3.2 The diagram below provides an overview. From the City Council perspective, officers are involved and participate in each key STP Delivery Area and the Cabinet Member for Adult Social Care & Public Health, the Chief Executive and other senior officers continue to represent the Tri-Borough on the North West London Health and Social Care Transformation Board, which acts as the Programme Board for the delivery of the overall STP.



3.3 It is anticipated that during the autumn some changes will be made to the governance arrangements for delivering the plan.

3.4 Sustainable Transformational Funding (STF) is not available in this and the next financial year. A prudent view has been taken to assume that funding may not be available in the near future. This makes the delivery of STP objectives of improving wellbeing, improve quality of care and achieving finance efficiencies significantly more challenging.

3.5 In these circumstances various meetings have taken place between finance colleagues from NHS and Local Authorities on how to take STP business cases forward. There are a number of different business cases which are at different stages of their project life cycle. There are currently 5 business cases which the joint finance community are focusing on due to the business cases being more developed and with no direct dependence on STF funding. The business cases are: Discharge to Assess, Alcohol Prevention, Time of Crisis, Work & Health and Enhanced Care in Care Homes.

Discharge to Assess (D2A)

3.6 The aim of D2A is to reduce the length of stay in hospitals with a focus on elderly patients that are 65 or above. In May 2017, a pilot was set up in Hillingdon. The evaluation of the Hillingdon pilot will inform how we progress with D2A in other boroughs. This will have an impact on local authorities and as such a clear understanding is needed on how activity levels and the finances are going to be impacted. Currently data continues to be gathered to understand the impact on length of stay in hospitals and social care cost implications from early discharge.

Alcohol Prevention

3.7 This business case looks to identify and intervene in the cohort of patients with repeat attendances to A&E through alcohol related incidents. The aim is to reduce A&E attendance as well as head-off more serious alcohol conditions developing in the future. It is anticipated that pilots in Ealing & Northwick Park hospitals will be undertaken, which cover the boroughs of Ealing, Harrow and Brent. The aim will be to review the effectiveness of the pilots, to determine if they should become business as usual and gather evidence to roll out the initiative in other CCG areas. The pilot will also look to assess the impact on both Adult Social Care and Public Health's Substance Misuse service.

Response at time of crisis (ToC)

3.8 The aim of this business case is to reduce the number of elderly patients 65 or above that attend A&E from being admitted into an acute ward, by arranging care administered at home with specialist staff placed in A&E departments. A pilot has begun in Ealing Hospital and the next step is to develop a full finance model.

Work & Health

3.9 This project is to get Substance Misuse Patients into meaningful employment through Individual Placement Support (IPS). A business case has been developed by Social Finance Limited, which is being reviewed by NHS and local authority finance teams. The total budgeted cost for this project over 3 years is £2.600m. The funding is expected to come from the Life Chances Fund £1.200m, Jobseeker Plus £0.100m and the remainder being provided by LAs and CCGs

Enhanced Care in Care Homes

3.10 The aim is to reduce admission into hospital of patients that are currently placed in a care home setting. This will be achieved by training staff to identify and deal with minor health issues early to avoid them becoming more serious. An initial requirement of £0.250m has been set and the funding is being sought from within the NHS.

4. Legal Implications

4.1 None at this stage.

5. Financial Implications

5.1 None specific at this stage.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Alastair Ramage, Director of Systemwide Transformation

Email: Stephen.Webb@nw.london.nhs.uk

BACKGROUND PAPERS:

None.

City of Westminster

Westminster Health & Wellbeing Board

Date:	14th September 2017
Classification:	General Release
Title:	Mental Health and Wellbeing Programme Update
Report of:	Programme Director, Mental Health and Wellbeing, NWL Collaboration of CCGs
Wards Involved:	All
Policy Context:	Mental Health & Wellbeing
Financial Summary:	N/A – No financial implications identified
Report Author and Contact Details:	Jane Wheeler - Programme Director, Mental Health and Wellbeing - jane.wheeler2@nhs.net

1. Executive Summary

This is report provides an update to the Health and Wellbeing Board on the current position with the Like Minded strategy. The report provides both a general overview of the key elements of the strategy together with specific details of the actions that have been/are being taken within Kensington, Chelsea & Westminster.

2. Key Matters for the Board

No key matters have been raised as this report is for information purposes only.

3. Background

No issues have been raised

4. Options / Considerations

No option to be considered as this report is for information purposes only.

5. Legal Implications

Under the Health and Social Care Act 2012 the Health and Wellbeing Board has a duty to make it easier for health and social care services to work together. Section 3 of the Care Act places the Local Authority under a duty to carry out its care and support functions in a way that promotes integrating services with those of the NHS or other health-related service. Progress on the Like Minded strategy included in this report discharges this responsibility.

6. Financial Implications

There are no financial implications in this report.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Jane Wheeler - Programme Director, Mental Health and Wellbeing

Email: jane.wheeler2@nhs.net

Telephone: 07875429320

APPENDICES:

Appendix. 1 - Community Living Well Model of Care

BACKGROUND PAPERS:

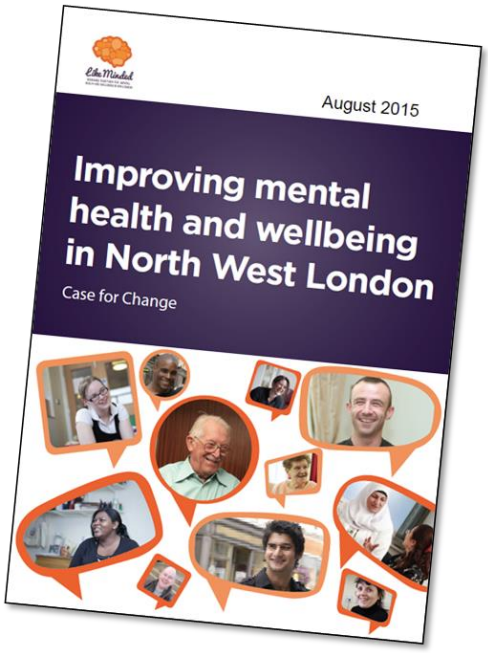
None.

Mental Health and Wellbeing Board Update - Westminster

1. Introduction

Like Minded is a strategy for establishing joined up care that leads to excellent mental health and wellbeing outcomes across North West London.

Its development is led by the North West London Collaboration of CCGs and is co-produced with service users, carers, health and care professionals, third sector and user-led organisations and other experts.



Both Mental Health Trusts in North West London are actively involved in developing the strategy- as are teams from each Local Authority, Service Users, Carers and a wider range of other partners such as the police.

In August 2015 we published a Case for Change – describing a shared picture of the issues and our shared ambitions – this was endorsed by each health and Wellbeing Board.

2. Sustainability and Transformation Plan (STP)

The STP has 5 delivery areas, with delivery area 4 focusing on mental health. However Mental Health is referenced throughout the STP and threaded throughout our delivery areas – within prevention and within work on long term conditions.

One of the aims for **Delivery Area 1**, Improving Healthcare and Wellbeing, is to support people to stay healthy through targeted work with the population who need mental health support.

Common Mental Health Needs falls under **Delivery Area 2**, Eliminating Unwarranted Variation and Improving Long Term Condition (LTC) Management.

Delivery Area 4, Improving mental health services, is the focus of the Mental Health strategy in the STP:

- Implement the new model of care for people with serious and long term mental health needs, to improve physical, mental health and increase life expectancy
- Focused interventions for target populations
    - Perinatal Mental Health Care

- Transforming Care Plan for people with Learning Disabilities, Autism and challenging behaviors
- Crisis support services delivering the 'Crisis Care Concordat'
- Implementing 'Future in Mind' to improve children's mental health and wellbeing

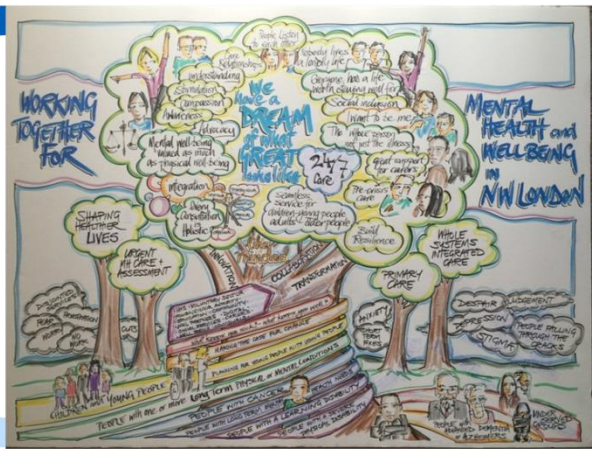
3. Objectives and Vision of Like Minded

Our vision is for North West London to be a place where people say:
"My wellbeing and happiness is valued and I am supported to stay well and thrive"
"As soon as I am struggling, appropriate and timely help is available"
"The care and support I receive is joined-up, sensitive to my own needs, my personal beliefs, and delivered at the place that's right for me and the people that matter to me"

4. Core Principles

Core principles

- My life is important, I am part of my community and I have opportunity, choice and control.
- My wellbeing and mental health is valued equally to my physical health
- I am seen as a whole person – professionals understand the impact of my housing situation, my networks, employment and income on my health and wellbeing
- My care is seamless across different services, and in the most appropriate setting
- I feel valued and supported to stay well for the whole of my life



Whilst the Strategy is focused on sharing learning and raising standards across North West London, delivery is happening locally with a commitment in every borough to improving the outcomes of people with mental health needs.

Work to date

5. Prevention and wellbeing

An approach to Making Every Contact Count (MECC) for NWL is being developed with all boroughs: training is taking place in Westminster, Kensington & Chelsea and Hammersmith & Fulham

Local delivery in Westminster

Training is being targeted at a broad range of frontline staff groups including: non-clinical NHS staff; housing, employment and probation officers; adult social care teams;

library staff, and frontline staff of voluntary sector organisations. So far, we have received good uptake of training from GP receptionists and the voluntary sector but will continue to work to recruit a range of staff groups into the training.

6. Improving Access to Psychological Therapies for long term conditions (IAPT-LTC)

The IAPT-LTC Wave 2 programme is part of the NWL STP delivery area focusing on "Eliminating unwarranted variation and improving LTC management". The overall objective of the programme is to improve outcomes for people with LTCs and prevent the escalation of poor mental health through better management of their condition.

The service delivery model includes the placement of 21 PWPs (Psychological Wellbeing Practitioners) and 26 HITs (High Intensity therapists) to provide backfill, enabling the NWL IAPT services to accommodate additional LTC patient contacts. All trainees were planned to be in placement by Health Education England (HEE) in October 2017, however, due to unforeseen circumstance, HEE has confirmed a phased release of trainees. The new trainee placement schedule has had a significant impact on IAPT-LTC 17/18 trajectory. Since receiving information about the delayed trainee placement, providers and commissioners have worked together to revise the programme trajectory, and this has been submitted to NHS England for approval.

LTC training funded by HEENWL is being delivered to low intensity therapists and practice based counsellors; 53 staff were trained in the period July – August 2017.

Next Steps:

- An online training module is in development and will be available in Autumn, to ensure training remains accessible to staff and because of the high turnover of low intensity workers.
- Top Up LTC training for IAPT therapists will commence this Autumn, delivered by Royal Holloway University and University College London (UCL).
- Continue building strong working relationships with the 2x IAPT providers (CNWL & WLMHT) and share learning from IAPT wave 1 work in Hillingdon. The providers have a positive history of collaborative work to improve outcomes and implement change.

Local delivery in Kensington, Chelsea & Westminster

- Over 10,000 patients with anxiety and depression across Westminster and Kensington & Chelsea accessed psychological therapies in 2016/17, and over 50% of people who completed treatment had recovered.

- Psychological therapies services in Central London are working closely with St Mary's hospital to ensure that people with long-term physical health conditions can access psychological support to help them manage their condition.
- Suicide awareness training is being rolled to 700 frontline workers across tri-borough, with a particular focus on staff in non-mental health services. The training will enable staff to identify, approach and support a person who may be suicidal, particularly giving staff the skills and confidence to start a conversation with that person, to listen, and to know what support is available.
- Central London and West London CCGs commission user-focused monitoring (UFM), an innovative approach to ensuring that the views of experts by experience are at the core of transformation and service development. UFM have recently focused on CNWL's Single Point of Access (SPA), interviewing patients and service users about their experience of using the service, and developing recommendations which are now being taken forward by the Trust. This will help to meet the Mental Health Five Year Forward View of reducing suicides by 10% by 2020/21.

7. Perinatal Services

Community Perinatal Mental Health commenced in WLMHT (Ealing, Hounslow and Hammersmith & Fulham) in April 2016 and was launched in CNWL in June 2017 (Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster). The model of care is community based for women and their families with mild-to-severe mental illness and covers pre-conception, through pregnancy and up to 12 months' post-natal support. There is a clear focus on prevention, early detection and diagnosis and prompt treatment. In addition, the service offers patent infant mental health support.

The service accepts referrals from any professional including mental health professionals, midwives, obstetricians & GPs, and offers telephone advice to professionals if they have concerns about a woman's mental health.

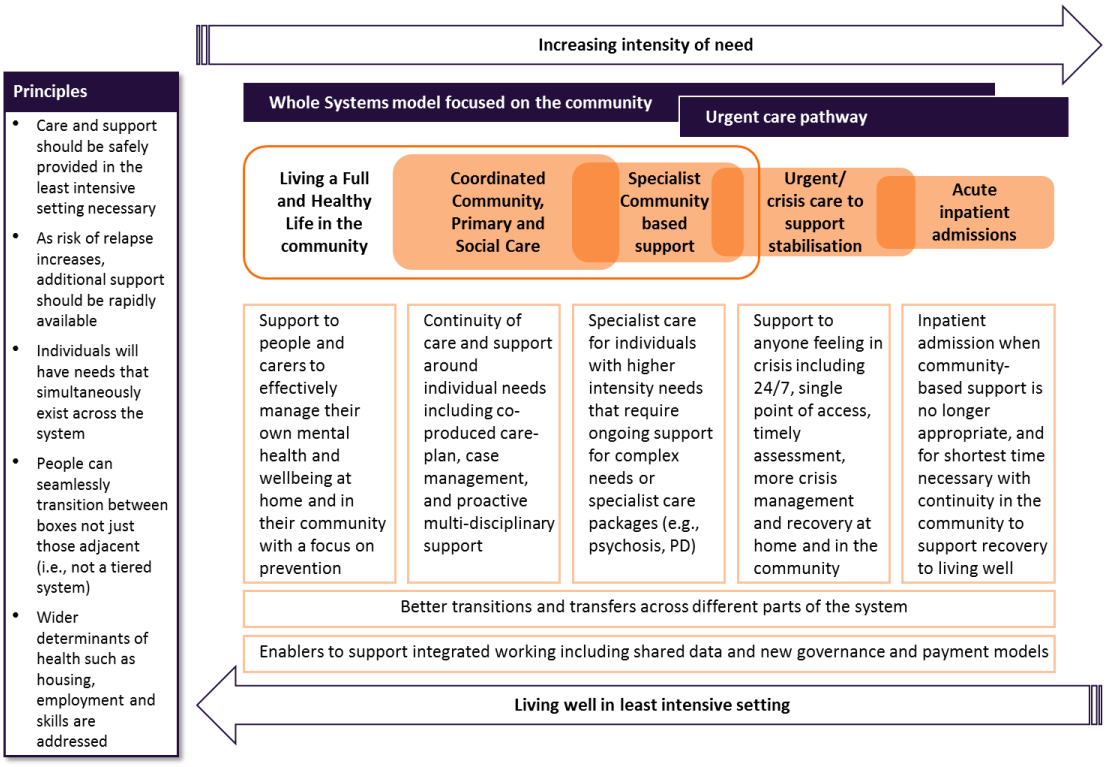
8. Serious and Long Term Mental Health Needs

The Serious and Long Term Mental Health Needs Clinical Model of Care has been endorsed by all 8 CCGs.

The team have looked into alternative phasing options for funding and implementing the Serious and long term mental health needs new model of care. Discussions are taking place with senior stakeholders regarding the viability of implementing specific elements of the model per borough and local implementation plans are starting to be explored. The intention is to support providers and CCGs with targeted pieces of work to resolve blockages in local implementation.

The revised financial model has been produced in greater detail to demonstrate savings of using a phased implementation approach and highlighting the challenges of the "invest to save" premise and the investment required to ensure a safe and sustainable system.

Model of Care



Local developments in Kensington, Chelsea & Westminster.

Urgent & Crisis Mental Health Care

Central and West London CCGs share a Single Point of Access and Crisis Response teams in the community, as well as Liaison Psychiatry Services at Chelsea and Westminster and St Mary's Hospitals. In addition, the CCGs jointly commission and use inpatient psychiatric facilities at St Charles and The Gordon, including Health Based Places of Safety (Section 136 suites).

In this context there is strong joint working across the 2 CCGs to review acute community and in-patient pathways to ensure they are performing to the correct standards, consistently, and that they work well for referrals from across the **whole system** including the Police, London Ambulance Service, Acute Trusts, Local Authority and Housing Providers, Third Sector, as well as for GPs and critically for service users and their carers.

Following implementation of the SPA and Crisis Response Teams in 2015, with additional WL and CL CCG Transformation investment of £888K per annum to provide a 24/7 service with a guaranteed 4-hour assessment response.

The Trust has, since July 2017, been working with a broad stakeholder group across KCW, to co-produce a revised pathway and service model. Two in-depth workshops have been held to diagnose issues, define solutions and map demand across the system. These workshops, led by the CCGs, have yielded some key early results, e.g.:

- the development of 'warm transfers' from all professional groups (including NHS 111) so that people in crisis will be booked into an appointment at the point of referral, thus avoiding delays and uncertainty that has frustrated performance to date)
- the development of arrangements and protocols with Emergency Services (who make the majority of all referrals for crisis mental health support) on how the SPA will provide clinical advice, face to face support and assessment where needed
- The development of clearly defined pathways that will speed up response and ensure that those in crisis are conveyed to the most appropriate place for their mental and physical needs.

CNWL is also working with commissioners and the Metropolitan Police to co-produce a street triage pilot, which will mean that when the Police identify somebody with a mental health problem in the community (whether in a public place or at home), they can access mental health expertise to support with assessments and, it is anticipated, provide support which reduces the number of people who are formally detained under Section 136 of the Mental Health Act.

Next Steps

1. Create local Roadmaps for each borough to identify how to implement the whole SLTMHN model locally.
2. Review resources/service redesign needed to implement the elements of the model of care.

West London CCG – Community Living Well

Over the past 2 years the CCG and its partners have been developing a new model of care for health and well-being support for those with long-term mental health needs who do not need to be in secondary care. This was undertaken under the Department of Health's *Whole Systems Integrated Care Pioneer Programme*.

64% of all patients in West London registered with a serious mental illness such as Schizophrenia and Bi-Polar are under the care of their GP only. We also know that nationally people with serious and long-term mental health needs die on average 15-20 years earlier than people without an SLTMHN. Through detailed co-production with professionals and service users and carers we have designed a new model that will attend pro-actively to those patients, helping prevent avoidable crisis escalations by attending to people's mental health, their physical health (thereby addressing significant health inequalities), and their social needs. In additional to qualitative co-production with those with lived experience, the need for more support in the community for such issues as housing, employment, life skills, debt, benefits and social networks was evidenced clearly in a detailed survey of 438 people who, in a year, visited their GP 2000 times, with 46% of the attendances to do with these non-medical, but vital well-being, issues.

The Business Case for 'Community Living Well' was approved in July 2016 by West London CCG, and has been discussed previously at the RBKC Health & Well-Being Board and the Westminster Adults, Health and Public Protection Scrutiny Committee. It will operate from the Integrated Health & Well-Being Centres at St Charles and Violet Melchett, and a range of community spokes offered up by the third sector, providing a network of integrated and convenient service 'outlets' across our community.

Community Living Well covers the whole CCG catchment, including Queen's Park and Paddington. The model of care is set out as Appendix 1 to this document.

An additional £900K per annum for three years was approved by the CCG to invest in Health & Social Care Navigators, Employment Support, and Peer Support, all of which are fully funded by the CCG, and in infrastructure costs including estates. Redesign is envisaged as the service is integrated to make savings to cover on-going costs after 3 years.

Since Business Case approval, the CCG has:

- Led the formation of an alliance of six providers, bringing CNWL and a range of third sector bodies, and GPs, into a single operating model, wrapped around the service user and/or carer.
- Funded and developed a significant programme of organisational development to support the cultural and operational shift required.
- Co-produced a cross-agency branding and communications strategy, including a single Community Living Well logo and livery,

- Let over £450k of contracts for employment, navigator and self-help support, which have been secured by SMART, Jobs in Mind and Kensington and Chelsea Social Council, plus over £900K of pump-priming Grants.

Recruitment to the Navigator and Employment Services commenced last year, and each service is already carrying a significant caseload of people, with reported outcomes in excess of the available national benchmarks, and customer and referrer feedback that is exemplary.

A formal launch of the fully-integrated model, including the central role that the CNWL-provided Primary Care Mental Health and Talking Therapy Services will play, is planned for late Autumn.

Central London – Primary Care Plus

In Central London, Primary Care Plus (PCP) was established in 2013 and, like Community Living Well, supports people with significant but stable mental ill health to live well and independently, without the need for on-going secondary care. This is a key, existing building block in the SLTMHN model of care, which triages all non-urgent and emergency mental health referrals, supports people to "step down" from secondary care towards greater independence, and provides enhanced support and expertise to GPs and other primary care staff.

The service is a partnership between CNWL, CLH (Central London's GP Federation) and Westminster & Wandsworth Mind, and provides medical, nursing and therapeutic input, as well as more practical advice, social support and signposting via the community navigators. During 2016/17, secondary care caseloads reduced – indicating that PCP is fulfilling its function as a "step-down enabler" – although further work needs to be done to improve pathways so that people who no longer require secondary care can step down safely and sustainably.

Enhancing the GP 'offer' for those with Serious & Long-Term Mental Health Needs

All 3 CCGs have designed and implemented a new enhanced GP service to enable GPs to provide the extra, proactive care required by those with on-going mental health needs but not under the care of a Mental Health Trust.

All patients registered with Practices in RBKC, Westminster and Hammersmith & Fulham can benefit from extended GP appointments throughout the year, and a bio-psycho-social 'Recovery & Staying Well Plan' that they create with the service user. Outcomes are being measured using a nationally validated Health & Well-Being Scale.

Older people's mental health

The development of older people's mental health services (for both 'functional' mental illnesses such as schizophrenia and bipolar, and 'organic' illnesses like dementia) is a key task for commissioners and CNWL to tackle, as part of its joint Strategic Development & Improvement Plan. We are now in a position to take forward agreed actions, following a review process which was undertaken last year on behalf of both West and Central London CCGs.

The next steps are to bring together key representatives from Older Peoples CMHT and Memory Assessment Service staff, alongside primary and community care staff, to explore:

- Current pathways and interfaces
- Opportunities for service and pathway development, including as a priority, access to Memory Assessment Services
- Current position on integration with community based services
- Identification of additional opportunities for further integration

9. Transforming Care Partnership (TCP)

To date progress against the TCP's key outcomes continues to be strong and remains on track to deliver our discharge trajectories over the next two years.

Transformation funding is being utilised to identify future housing and support needs (which is critical to ensure that local services are developed in response to identified needs), increase capacity to undertake complex case reviews and to develop the workforce increase clinical capacity and expertise within the services. Work continues to ensure transformation projects remain on track to develop and deliver comprehensive reviews and anticipated learning outcomes.

Stakeholder engagement is on-going with events taking place in January, March and a further event planned for September 2017, which will contribute towards the development of new service models and approaches.

The TCP maintains effective financial oversight and leadership of the delivery of the Transforming Care programme, so that the best possible outcomes are achieved within the available resources.

Next Steps:

- Dynamic Risk Registers; TCP to develop and appraise a NW London governance pathway that can be utilised across Children Young People (CYP)/Adult services,

to ensure consistency in approach to understanding and supporting those most at risk.

To systematically map the existing specialist crisis and prevention offering (incorporating local variations) across NW London CYP/Adult services. This will include; Community Learning Disability Teams, 'mainstream' MH services, social care provision (private and voluntary sector), access to secondary care (A&E, UCC'S), services for LD/non LD Autism, inpatient services and community forensic support. Utilising this information we will identify areas of under/over provision for specialist and universal services, employ existing best practice and take steps/make recommendations to enhance existing provision (staff levels, training, etc.).

Local delivery in Kensington, Chelsea & Westminster

Mapping of the CYP/Adult transition processes, across the tri-borough is currently underway to ensure;

- A standardised approach to transition across services and in different geographical areas
- consistent ages at which different services start to engage with the young person and there is no gap in services

Once mapped, it will be dry-run tested by families, to ascertain if this is the true and consistent process.

10. Crisis Care Concordat

Across North West London 25 partner organisations in health, policing, social care, housing, local government and the third sector came together and signed the *Crisis Care Concordat* in February 2014, the second area nationally to achieve this, and covering a population of 2 million people. This HM Government initiative was launched in late 2013 to ensure that the most vulnerable patients in need receive a joined up response at a local level.

Our Crisis Concordat is a key public strategic commitment and is reviewed quarterly by an NWL-wide Steering Group. The last meeting took place on the 13th July. A Crisis Care Co-Production plan has been developed by the Making a Difference (MAD) Alliance – which is the Like-Minded Service User and Carer Group.

Next Steps:

- A refreshed action plan is due to be circulated which will shape national priorities in 2018/19.
- A proposal is being developed to look at how services within the scope of the Crisis pathway can be better integrated to provide efficiently resource high quality

24/7 provision (this will include current developments across London for the section 136 pathway, health based places of safety and Liaison Psychiatry Services).

- To develop a plan for a pan-London section 136 pathway and an all-age Health Based Place of Safety (HBPoS) specification.

Local delivery in Kensington, Chelsea & Westminster

Details of local delivery against key facets of the Crisis Care Concordat that are included in the Serious & Long Term Mental Health Needs Model of Care are covered in that Section, above.

In addition, work is also taking place in both CCGs to develop the model of Liaison Psychiatry available to the two Acute Hospitals. NHSE funding has been awarded to enhance services at St Mary's up to "core24" standard, i.e. a 24 hour, 7 day a week service, with rapid response to the emergency department as well as on wards. This meets a key Mental Health Five Year Forward View requirement that 50% of acute sites have core24-compliant services by 2020/21. West London CCG is also improving the productivity and responsiveness of its liaison psychiatry services at Chelsea & Westminster, by co-commissioning a service which provides appropriate and timely support, including robust health psychology input, into a single integrated specification held jointly between the CCG and Chelsea & Westminster NHS Foundation Trust and CNWL. It is important is that we reduce the numbers of people arriving at A&E when this is not the most appropriate place for them to be, releasing capacity for an improved service for those who do need to be in A&E. The work referenced above, particularly with emergency services, should provide community services which respond quickly and appropriately to crises and thus provide better alternatives to A&E.

St Charles' Health Based Place of Safety (HBPOS)

Secured 750k to increase the number of rooms from 1 to 3, providing a high quality environment for people in mental health crisis requiring an assessment within a Health based place of safety. Due for completion by March 2018, the new site is include in Health London Partnership's proposals to be 1 of 3 HBPOS for NWL

Single Point of Access (SPA) – Supported the development of the SPA and undertook a co-produced an urgent care pathway evaluation of which SPA was central. Recommendations are now being taken forward. Both SPA's in (CNWL and WLMHT) have been awarded contracts for mental health calls under the NHS 111 service

Over 850k for 17/18 has been awarded to support our psychiatric liaison teams based in A&E departments to have dedicated staffing 24/7 and be compliant with CORE 24. By the end of March 2018, it is anticipated that 4 of the 7 Psychiatric Liaison Services

across NWL will operate 24/7, putting the STP ahead of the national targets / trajectories outlined in the Five Year Forward View for Mental Health.

Next Steps
With initial investment in many services that support the urgent and crisis pathway to deliver comprehensive 24/7 access and interventions next steps are to:

1. Undertake a review that seeks to ensure these services form part of a fully integrated pathway
2. Develop a standardised evaluation framework for measuring effectiveness and added value

11. Children and Young People

A specialist Community Eating Disorder services for Children and Young People (aged 17 and under) has been fully implemented. The service accepts referrals via Self, GPs, Schools/Colleges and other professionals across Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster. Formal evaluation of the service is underway

An out of hours Crisis Service has been implemented across North West London. Additional funding has been allocated to deliver a fully integrated 24/7 Crisis Service for CYP. Pathways are in development and the services delivered by CNWL and WLMHT.

Our North West London Children and Young People's Mental Health and Wellbeing Strategy and Transformation Plan is currently being refreshed with completion and submission on 31st of October. An agreed draft will be complete by the end of September and presented to HWBB in early October for sign off.

Next Steps

- Development of a new multi-agency service delivery model which will enable children and young people to access the right intervention at the right time
- Development of a comprehensive work plan for Children and young people with Learning Disability and Autistic Spectrum Disorder.

Local delivery in Kensington, Chelsea & Westminster

A great deal of work is underway within the 3 boroughs to progress the implementation of the CAMHS Transformation Plan in 2017-2020, which is reported via the separate Health and Well-being Boards of Westminster, Kensington and Chelsea, and Hammersmith and Fulham.

Service redesign work continues with the focus of enhancing prevention and early intervention CAMHS in order to manage increasing demand on CAMHS. Enhanced

training and delivery in schools is key to this aim, and the voluntary sector provision will be expanded to include new providers, for example Mencap, Xenzone and the Octavia Foundation joining current CAMHS local providers, MIND, Rethink and West London Action for Children.

A new model of care for young people with serious mental health problems is under development with WLMHT and CNWL. This NHS England CAMHS pilot has several aims: to reduce the number of young people sent outside London for an inpatient bed, to reduce the amount of time a young person is admitted, and to develop more assertive outreach community care to prevent young people needing to access an inpatient bed. The three CCGs are investing funds in 2017-20 to assist with this exciting project.

The sustainable training programme plans to include parents in 'train the trainers' programmes, particularly around managing adolescent and challenging behaviour from those young people with learning disabilities and autism.

The learning disabilities and autism pathways work is a focus for this year with the aim to publish agreed multi-agency pathways for learning disabilities, ADHD and Autism.

Co-production work with young champions continues to strengthen in the Inner London Tri-borough. Further work this year will be to make links between Young Champions and schools, the Youth Council and other service user groups. Planning of the second Young People's mental health conference is underway and will take place in November 2017.

Digital solutions to engagement and delivery with young people are being developed nationally, regionally and locally across the Tri-borough. The challenge is to avoid duplication and map what works and is young people friendly. Young Champions and partners are working with 'Coders and Founders' to try out a range of available apps, and may take part in developing a bespoke app for local young people.

A new 12 month pilot for on-line counselling, 'Kooth' commissioned from Xenzone, will go live in local schools in September 2017. This will enable young people to book a telephone appointment or text a counsellor, take part in moderated focus groups, and access good quality information and support from their mobile phone.

Additional local delivery in Westminster

A CNWL pilot project based in two local children's centres in Westminster works with parents and young children (0-5 years), offering consultation, assessment and six sessions of mother and child attachment work. This early intervention pilot seeks to address attachment issues for parents which if not addressed, have been highlighted in research as possible indicators of future mental health issues for young people.

The Westminster CAMHS Alliance was launched in early 2017. This partnership brings together the young people's mental health providers, commissioners, social care, early help and the voluntary sector agencies, with young people and parents, to work together on the delivery, ambitions and challenges ahead for the transformation of child and adolescent mental health in Westminster.

The council are developing a new model of delivery for early help in Westminster: 'Family Hubs'. Commissioners and the council plan to co-locate the Primary Mental Health Community CAMHS team provided by CNWL with the new model later next year.

12. Enablers and infrastructure

'Let's Talk about Mental Health' **-** NW London CCGs are delivering a free one day mental health training course for frontline staff and carers. The first two courses have been delivered to over 50 multi-agency staff with overwhelmingly positive feedback on the quality and delivery of the training. Feedback received will help to enhance and improve future training.

Mental Health leadership Diploma - Support a cadre of GPs to broaden MH knowledge and take leadership roles in MH transformation, 37 GPs have now completed the diploma.

Next steps

- Re-procurement
- Act as champions for transformation in CCGS, NW London and London work.
- Act as points of local cascade to practices and for escalation of issues
- Offer peer support across localities.

Local delivery in Kensington, Chelsea & Westminster

West London CCG was at the forefront of design and delivery of the NWL GP Leadership Programme, working closely with the University of Stafford and the Course Leaders to produce a bespoke programme, tailored in the local context of North West London and the Like-Minded Strategy. This is the first such locally designed GP Clinical Leadership in Mental Health. West London CCG funded 7

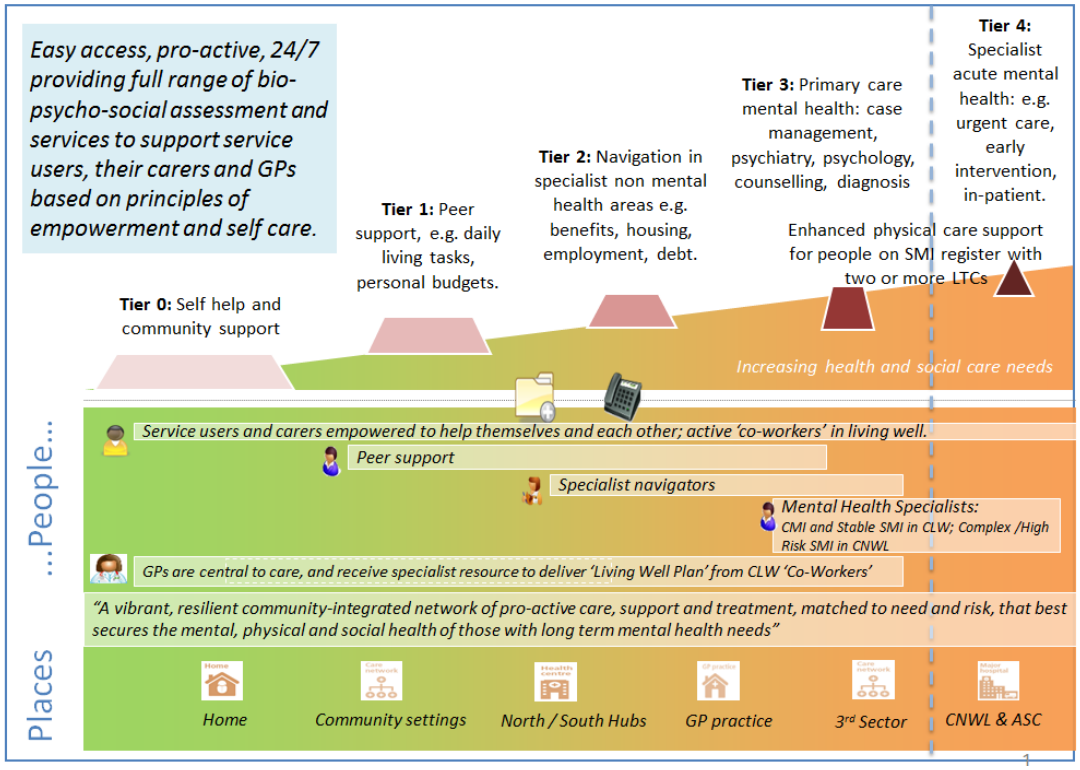
places for its GPs covering the breadth of the CCG's catchment, including QPP. Central London funded a further 3 places, making 10 in total across KCW.

All participants excelled in their University-accredited Diploma, with the University and Course Leaders commending the CCGs for what they described as the most successful set of assignments and vivas in the Diploma's history. Many of the GPs involved are actively involved in leading local mental health initiatives in West London CCG in particular.

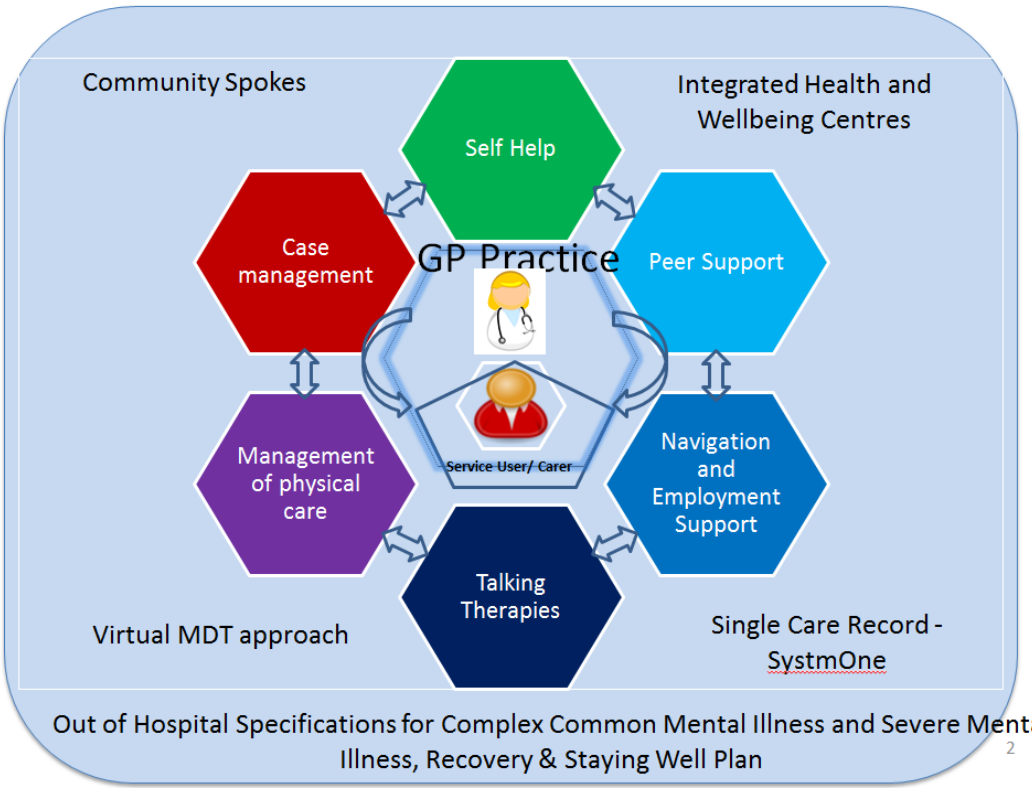
West London CCG as now developed a series of training days under its GP education programme to cascade learning further for all staff in General Practice, which will take place in autumn and winter 2017/18.

Appendix 1: Community Living Well Model of Care

The core features of the "Community Living Well' Model Service



What this will mean for GPs and our Patients: wrap-round offer



City of Westminster

Westminster Health & Wellbeing Board

Date:	14th September 2017
Classification:	General Release
Title:	Better Care Fund Plan 2017-19
Report of:	Councillor Heather Acton, Chairman of the Health & Wellbeing Board Dr Neville Purssell, Chairman, Central London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and wellbeing
Financial Summary:	N/A
Report Author and Contact Details:	Dylan Champion (dchampion@westminster.gov.uk)

1. EXECUTIVE SUMMARY

1.1 This report provides the Health and Wellbeing Board with details of the Integration and Better Care Fund Plan for 2017-19 submitted on the 11th September to NHS England and the Department of Communities and Local Government.

1.2 Delivery of the Integration and Better Care Fund Plan is an important mechanism by which the Health and Wellbeing Board fulfils its statutory duty to promote integrated ways of working and deliver a sustainable health and care system that is fit for the future.

1.3 At the last meeting of the Health and Wellbeing Board on 13 July it was identified that the final draft of the Better Care Fund Plan needed to be submitted prior to this meeting and that Chair's approval was required. It was therefore agreed that the Chair could give approval for the submission of the Plan and that the final version of the Better Care Fund Plan would be circulated to the Board for consideration and information.

2. RECOMMENDATIONS

2.1 The Health and Wellbeing Board is asked to endorse the Integration and Better Care Fund Plan for 2107-19.

2.2 The Health and Wellbeing Board is asked to continue to oversee the ongoing development and delivery of the Better Care Fund Plan

3. BACKGROUND

3.1 This report provides the Health and Wellbeing Board with details of the Integration and Better Care Fund Plan for 2017-19 submitted on the 11th September to NHS England. Due to the deadline for its submission on the 11th September, it was necessary for the Chair of this Board to approve the plan on the Board's behalf.

3.2 The Integration and Better Care Fund Plan is attached as appendix 1.

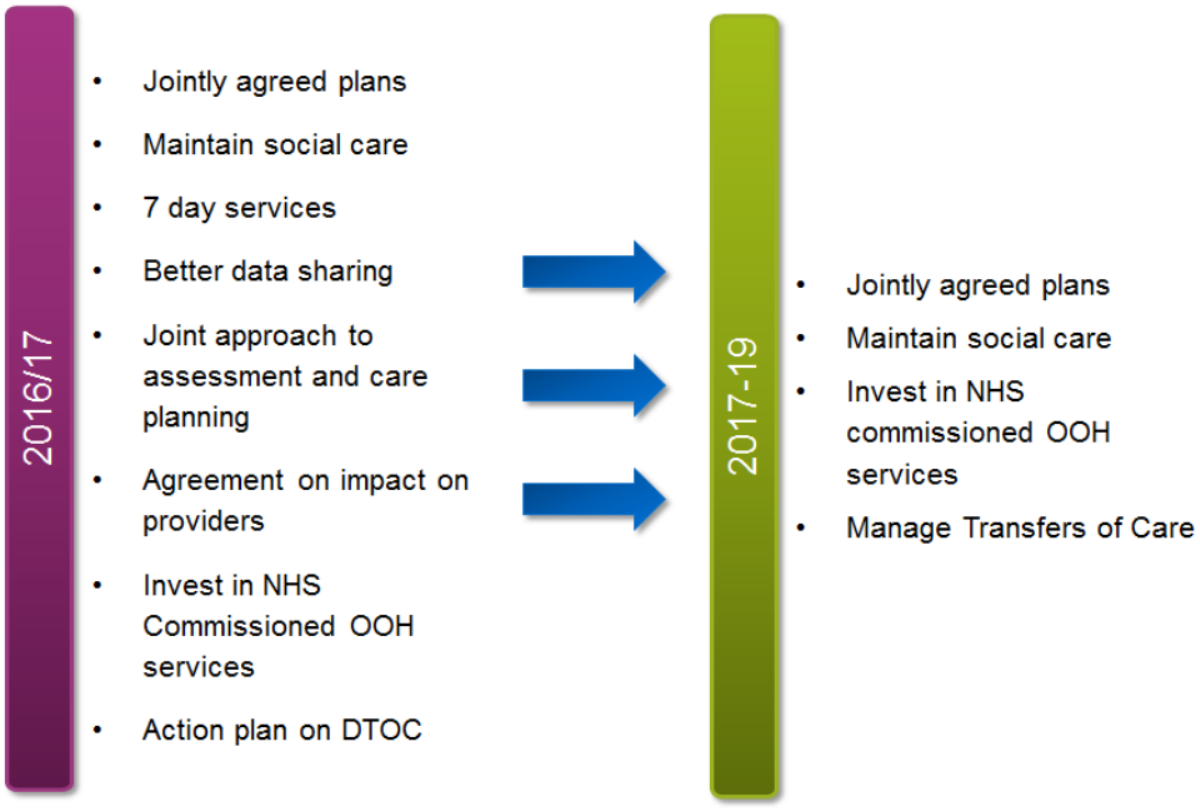
3.3 The Better Care Fund is intended to promote integration between health and social care and areas are being asked to set out in their plans how they are going to achieve further integration by 2020.

3.4 The Policy Framework for the Better Care Fund has been developed by the Department of Health, Department for Communities and Local Government, Local Government Association, Association of Directors of Adult Social Services and NHS England.

3.5 The Policy Framework for the Better Care Fund (BCF) covers two financial years (2017-19) to align with NHS planning timetables and to give areas the opportunity to plan more strategically in the lead up to integration by 2020.

3.6 The Governments Policy Framework was published on the 31st March 2017 (originally expected in November 2016) and the Integration and Better Care Fund Planning Requirements and allocations were published on the 4th July 2017. As a result, Integration and Better Care Fund Plans for the period 2017-2019 are being submitted part way through 2017 and have been developed within a shorter timescale.

3.7 The key national priorities for the Better Care Fund Plan are set out in the diagram below:



3.8 The Integration and Better Care Fund Plan narrative document for the 17-19 plan provides an updated summary to the previously agreed Better Care Fund Plans in 15/16 and 16/17 for the three boroughs of Westminster City Council, Royal Borough Kensington & Chelsea, Hammersmith & Fulham Council, and the Central London, West London, and Hammersmith & Fulham Clinical Commissioning Groups.

Progress in 2016/17

3.9 In 2016-17 good progress was made in translating the vision for Integration in to a strategy and plan for delivery. In particular:

- In Westminster we have undertaken an extensive process of collaboration and engagement in order to update and produce Health and Wellbeing Strategies for the period 2017-22;
- Collaborative work between CCGs and local authorities across North West London has produced a Sustainability and Transformation Plan. Work is now underway to shift from design to delivery;
- We have continued to commission and collaborate at a system-level where appropriate. In particular, through the BCF process we have established and continue to administer a virtual £100m pooled commissioning budget through a Section 75 Agreement. This incorporates joint mental health, learning disabilities, older people and

prevention priorities. We have also established a number of joint commissioning teams;

- We have advanced and developed our whole systems thinking and re-commissioned our Community Independence Service to provide an integrated approach to intermediate care services across the three boroughs. The service is currently working well and user satisfaction is high. We continue to support our ambition to increase Rapid Response Service referrals to reduce non elective admissions;
- Operational staff have made good progress to integration using practical approaches like stronger working networks with colleagues, made possible from co-location, sharing IT/ clinical information and through work to streamline processes.
- Within the three CCGs, and across NW London work has begun to consider the benefits of commissioning at scale, and in particular across the whole NW London STP Footprint. This work is at an early stage and will develop further through the remainder of 2017/18.
- Through the year we have increased our focus on improving the citizen's experience of hospital discharge, establishing clear plans for implementing each element of the high impact change model for improving hospital discharge.
- The Neuro-rehabilitation service across the Three Boroughs was re-procured and has now become business as usual, contract managed by the joint commissioning team.
- A scheme looking at increasing Personal Health Budgets (PHB) has resulted in health and social care redefining how PHBs are managed and delivered to our residents and is now firmly in place within the Joint Commissioning Team.

Integration and Better Care Fund Plan 2017/19

3.10 The 2017-19 Plan, which is attached as appendix 1, summarises our collaboration and proposed actions to take forward the Integration and Better Care Fund ambitions over the next 2 years.

3.11 The overarching approach to the Integration and Better Care Fund Plan for 2017-19 is to build on the previously agreed Better Care Fund Plans, noting the development of the Kensington and Chelsea Joint Health and Wellbeing Strategy as an important point of reference.

3.12 It also aligns with the work proposed and underway to develop the Sustainability and Transformation Plan, which sets out at a high level how local authorities, health commissioners and health providers will work together to deliver better health and social care by 2020.

3.13 There is strong alignment between the three.

3.14 The Integration and Better Care Fund Plan for 2017-19 does not to seek to duplicate either of these established mechanisms.

4. FINANCIAL IMPLICATIONS

4.1 A key aspect of the Integration and Better Care Fund Plan is the allocation of resources to support the delivery of the plan.

4.2 The detailed financial implications are set out in the attached report. In accordance with national guidelines the council will receive a transfer of funds from the CCG commissioners of £8,086,076 to support the delivery of social care outcomes in 2017/18.

4.3 Agreement of the Better Care Fund plan will also result in the continued operation of a Pooled or Section 75 Budget in order to enable the continued joint funding of health and social care priorities. Within the Section 75 Agreements there is an explicit agreement that each organisation will be responsible for the effective delivery of their commissioned services. The final expenditure will be met by the responsible organisation responsible for the customer/patient as per the agreed risk protocol outlined in the BCF Plan. Where efficiency savings are not delivered then this financial liability will rest with the relevant organisation responsible for the customer/patient.

4.4 The Integrated BCF plan is a two-year plan. Agreement in principle has been reached for the allocation of 2017-18 monies, and the 2018/19 indicative figures are currently being worked on for inclusion in the final submission.

5. LEGAL IMPLICATIONS

5.1 Under the Health and Social Care Act 2012 the Health and Wellbeing Board has a duty to ensure that providers of health and social care services are working in an integrated manner. Section 3 of the Care Act reinforces this duty. Local Authorities are under a duty to carry out its care and support functions in a way that promotes integrating services with those of the NHS or other health-related service. The Better Care Programme as outlined in this report discharges those duties.

Background papers: Integration and Better Care Fund Plan 2016/17

LIST OF APPENDICES:

APPENDIX A: Draft Integration and Better Care Fund Plan for 2017/19

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Dylan Champion

Interim Head of Health Partnerships

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Integration and Better Care Fund

Better Care Fund Plan for 2017/19

Updated Narrative Plan 17/19

Local Authorities	City of Westminster (WCC) London Borough of Hammersmith and Fulham (LBHF) Royal Borough of Kensington & Chelsea (RBKC)
Clinical Commissioning Groups	Central London Clinical Commissioning Group (CLCCG) Hammersmith & Fulham Clinical Commissioning Group HFCCG) West London Clinical Commissioning Group (WLCCG)
Date agreed at Health and Wellbeing Boards:	Original plan agreed 24.03.2014, 2nd revised plan agreed 19.09.2016 Integration & BCF Plan 2017-19 agreed 11th September 2017

Contents

1. Introduction / Foreword

This Integration and Better Care Fund (BCF) narrative document for the 17-19 plan provides an updated summary to the previously agreed BCF Plans for the three boroughs of; Westminster City Council, Royal Borough Kensington & Chelsea, London Borough Hammersmith & Fulham, Central London, West London and Hammersmith & Fulham Clinical Commissioning Groups) in 15/16 and 16/17. The plan summarises our collaboration and proposed actions to take forward our shared ambitions over the next 2 years, in 2017-2019.

The aims and principles of the original BCF Plan and the shared ambition remain broadly similar; to deliver the best possible outcomes for residents, and to work as a system towards integrated health and social care by 2020. However the plan has been updated to reflect the changes that have taken place since the last plan was developed and also to highlight the successes and challenges of delivery of our BCF over the past 2 years in 15/16 and 16/17.

Together, each borough, health commissioners and providers and other local stakeholders continue to work towards realising our ambition and moving towards full integration of our services. Success will enable better, more personalised care to be provided for all of our residents and for scarce resources to be used in the most effective way possible.

This BCF Plan has been requested by the Department of Communities and Local Government and NHS England for assurance purposes. **It has been developed jointly across health and social care taking into account the current strategic priorities and the financial challenges of the six organisations.**

Since the inception of the Better Care Fund pressures on both health and social care have continued to increase and this presents a greater challenge in delivering the required integration and transformation.

The evidence base to support the Case for Change and to support the identification of our agreed BCF schemes was outlined in the agreed 15/16 BCF plan. This evidence and thinking is summarised and updated in this updated plan.

2. What is the local vision and approach for health and social care integration?

Across the three boroughs our vision for health and social care integration is people centred and focuses on enabling people to be well, keep well and stay well.

- In Westminster, our vision is that “all people in Westminster are enabled to be well, stay well and live well supported by a collaborative and cohesive health and care system”;
- In Hammersmith and Fulham, our vision is for “a people-centred health and social care system that supports communities to stay well, consistently providing the high quality care and support people need when they need it and enabling communities to stay healthy and independent with choice and control over their lives”;
- In Kensington and Chelsea, our vision is “to enable everyone to be as healthy as they can be; to start well, stay well and age well”.

Integration across the health and social care system is a key priority in each borough’s Joint Health and Wellbeing Strategy (JHWS) and this plan has been developed in the light of the new JHSWs which have been developed and agreed in each borough for the period 2017-22.

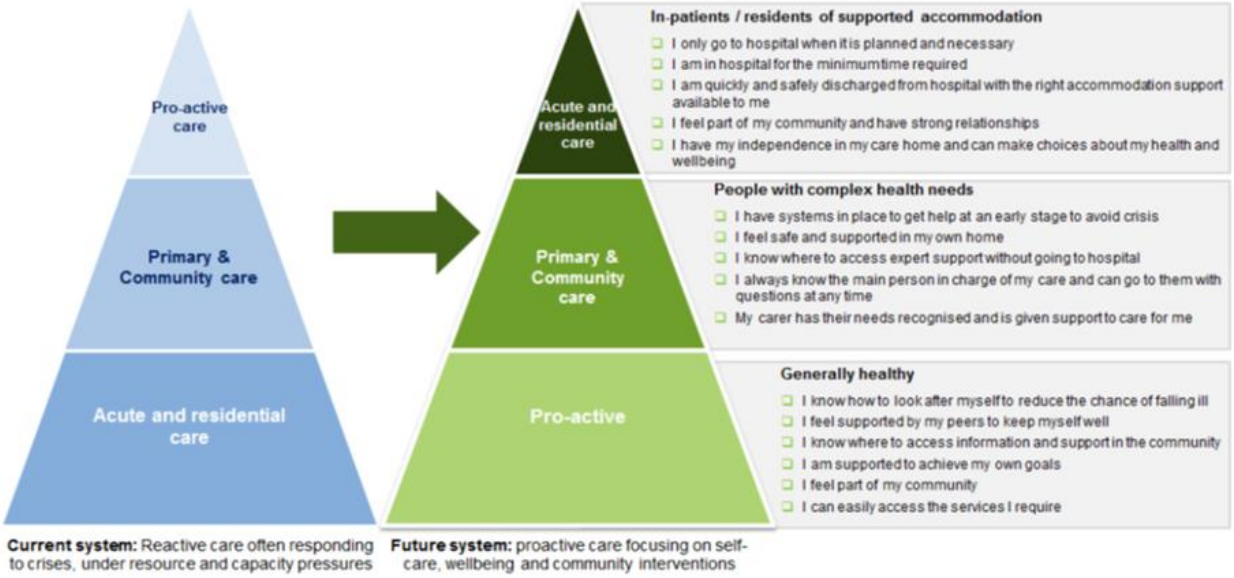
Overall there is commonality across health and social care in terms of our local strategic priorities and together we are committed to ensuring transformational change that benefits our residents. We have synthesised our boroughs’ vision for health and social care into a single shared vision and this is set out in the NWL Sustainability and Transformation Plan.

Hammersmith & Fulham Council fully supports four of the five delivery areas in the NWL STP. The council is unable to support delivery area 5 relating to Charing Cross Hospital.

We are working toward an integrated health and care system that enables people to live well and be well: addressing the wider determinants of health, such as employment, housing and social isolation; enabling people to make healthy choices; proactively identifying people at risk of becoming unwell and treating them in the most appropriate, least acute setting possible; and helping people to regain independence whenever possible. Out of hospital commissioned services such as our Community Independence Service help to deliver this ambition. When people do need more specialist care then our aim is to make this available when needed and to ensure that is is consistently high quality with access to senior doctors seven days a week.

The diagram below sets out the systems change we are collectively trying to achieve. From a reactive system, where resources are under pressure and concentrated in acute services, to a more proactive system, based on appropriate self-care, wellbeing and community interventions.

Our vision of how the system will change and how patients will experience care by 2020/21



Key elements of our vision are:

- A focus on prevention and providing better mental health services;
- Personalised and empowering care, tailored around individual needs;
- Integrated, community based health and social care, provided through multi-disciplinary teams, operating within natural communities;
- A focus on supporting people to live safely and happily at home and able to access health services in the community;
- Good enablers: a skilled workforce; high quality and shared estates; effective use of technology and appropriate data sharing where it makes sense.

2.1 Our approach

Our approach to delivering the vision across the three boroughs is to work collaboratively at all levels to deliver better outcomes for residents and to utilise where possible existing organisational and governance arrangements, legislative requirements and local collaborations.

We are committed to our health and wellbeing priorities, agreed by each Borough Health and Wellbeing Board and set out in the recently updated Joint Health and Wellbeing Strategies.

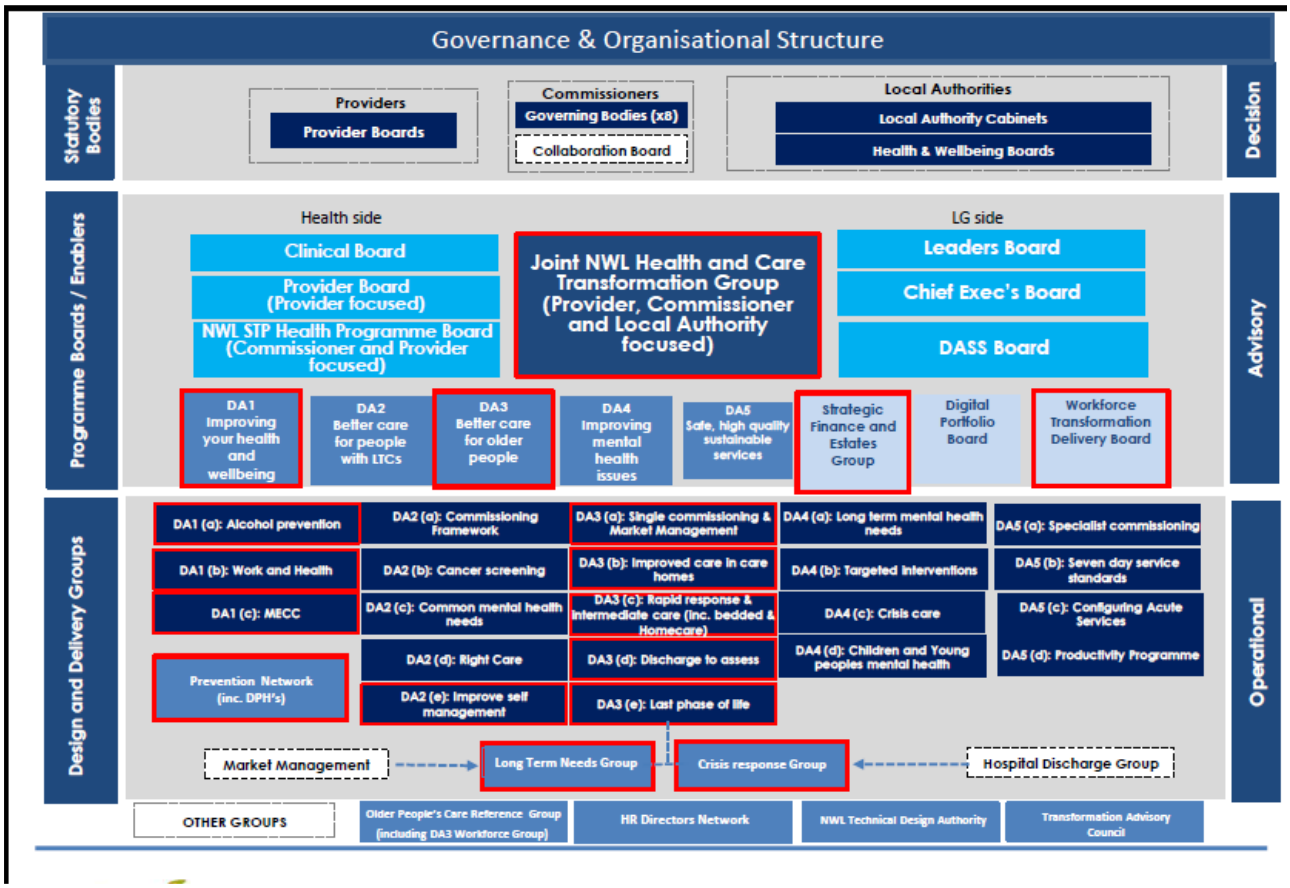
Personalised Care: Our STP Vision

1. **People have a better experience of care**
    - Fewer changes in care provider when a person's eligibility for social care or continuing healthcare changes
    - Patients will be supported closer to home as commissioners develop joint market management strategies
2. **People are cared for in a safe environment and are protected from avoidable harm**
    - Robust joint health and social care monitoring of care providers
    - Safeguarding concerns recognised early through joint health and social care intelligence
3. **People know what choices are available to them locally and what they are entitled to**
    - Focus on personalisation will ensure both health and social care ensure people are in control of what, how and when support is delivered to match their needs

The table below shows how the health and wellbeing priorities align with the aim of improving health and wellbeing, improving care and quality and improving productivity and in turn with our five STP delivery areas.

The triple aim	STP delivery areas	JHWS priority areas	STP Plans
Improving health and wellbeing	**DA1** Radically upgrading prevention	**PA 5** Radically upgrade prevention and early intervention	a) Enabling and supporting healthier living for the whole population b) Keeping people mentally well and avoiding social isolation c) Helping children get the best start in life
	DA2 Eliminating unwarranted variation and improving LTC management	**PA 1** Improving outcomes for children and young people	a) Delivering the Strategic Commissioning Framework and FYFV for Primary Care b) Improve cancer screening to increase early diagnosis c) Better outcomes and support for people d) Reducing variation by focusing on Right Care e) Improve self-management and 'patient activation'
Improving care and quality	**DA3** Achieving better outcomes and experiences for older people	**PA 2** Reducing the risk factors for and improving the management of long term conditions such as dementia	a) Improve market management and take a whole systems approach to commissioning b) Implement accountable care partnerships c) Upgrade rapid response and intermediate care services d) Create an integrated and consistent transfer of care approach e) Improve care in the last phase of life
	DA4 Improving outcomes for children and adults with mental health needs	**PA 3** Improving mental health outcomes through prevention and self-management	a) Implement new models of care for people with serious and long-term mental health needs to improve physical and mental health and increase life expectancy b) Focused interventions for target populations c) Crisis support services d) Implementing Future in Mind
Improving productivity & closing the financial gap	**DA5** Ensuring we have a safe, high quality sustainable acute services	**PA 4** Creating and leading a sustainable and effective local health and care system	a) Specialised commissioning to improve pathways from primary care and support consolidation of specialised services b) Deliver 7 day service standards c) Reconfigure acute services d) NW London Productivity Programme
	Enablers		a) Estates b) Digital c) Workforce

The diagram below provides an overview of the governance arrangements we have established to deliver our shared integrated health and social care vision.



Our Better Care Fund Plans constitute only part of this wider change programme and more detail about specific schemes within the scope of the BCF are presented in section 6.

Section 10 of this document sets out specific governance arrangements for BCF Projects.

3. Background and context to the plan

This BCF Plan is a jointly agreed plan launched in 15/16. It sets out our ambition to deliver key transformation and integration plans across three boroughs that include 6 organisations; Central London, West London, Hammersmith and Fulham CCGs and Westminster City Council, Royal Borough Kensington & Chelsea and London Borough Hammersmith & Fulham.

Community and Voluntary Sector (CVS) and other Partners

As well as being a key priority for commissioning organisations, this plan is also a priority for key providers and community sector organisations, who between them play key parts in:

- Delivering Services;
- Working with residents to support and promote independence;
- Providing insight and participating in the co-design of new services.

The CVS has a firm presence across the three boroughs and in the development of the Integration and BCF Plan; CVS representatives also sit on each of the respective health and wellbeing boards.

CVS organisations have played a particularly key role in enabling local populations to have a voice in the planning and monitoring of services locally. This has been achieved through the following initiatives:

- Clear governance structure, PPE Committee which reports directly into each governing body, PPE lay member on the governing body and Patient Reference Group which is made up of local CVS organisations.
- PPE grants have been set up and established over the last 3 years which enable short funding to the VCS to enable the health and wellbeing of local people.
- CVS are part of co-production models for example they are part of the design and implementation and delivery phase of key integrated care programmes My Care My Way and Community Living Well.
- Umbrella CVS also host social prescribing schemes across the three boroughs which supports the STP agenda and five year forward view.

In particular, Health watch have played a key role in supporting and delivering the integrated health and care vision. Since the last BCF submission Health watch have undertaken specific reviews of Care Coordination in Westminster and Socially Isolated Older People in Kensington and Chelsea.

Health and social care environment

This updated BCF Plan has been developed within the following context:

- **History of collaboration and joint working**. The BCF Plan 2017-19 has been updated using our experience, maturity and learning developed over the past few years. The BCF plan builds upon the successes and challenges of previous years. We have critically evaluated the BCF schemes that underpin our BCF and moved forward with schemes that will continue our ambition of further integration between Health and Social Care. In the past 2 years some schemes have now delivered the required integration and whilst the services or initiatives continue and are funded accordingly, they are no longer required as part of the BCF programme;

- **Good Health and Social Care Outcomes**. Each borough performs well against the NHS Social Care Dashboard: Westminster City Council ranks 5 nationally and 3 within its peer group; Kensington and Chelsea 4 nationally and 3 within its peer group (see appendix 1);

- **Updated Health and Wellbeing Strategies**. Each Borough has undertaken an extensive programme of joint working and engagement to refresh and update their Health and Wellbeing strategies (See appendix 2, 3 documents);

- **North West London Sustainability and Transformation Plan**. Since the last BCF submission partners have worked collaboratively to develop the North West London STP and are now working together to implement the plan. The BCF is closely aligned to the STP and how we take forward both transformation and integration (See appendix 3);

- I**ncreasing demographic pressures and complexity of care required.** More information about the specific health and social care needs is presented in section 5. A detailed analysis at borough level is presented in each Joint Strategic Needs Assessment but pressure on the health and social care system continues to grow and without the changes proposed we will be unable to continue to deliver the same outcomes with te resources available (See appendix 4, 3 documents);

- **Challenging Financial Environment**. Across the North West London STP footprint combined QIPP and CIPP savings of £347.5m have been agreed and an additional savings programme of £70m devised for the financial year 2017/18. In Westminster, since 2011 net spending on social care has reduced by £31.436m; in Kensington and Chelsea, since 2012/13 net spending on social care has reduced by 5%; and in Hammersmith and Fulham, net spending on social care has reduced by 16% since 2011/12;

- Reconfiguration of three borough Partnership. In April 2017, the leaders of Westminster City Council, Royal Borough Kensington & Chelsea, Hammersmith & Fulham Council agreed to reconfigure the partnership in order to enable a greater local focus on improving resident outcomes. This process is underway and it is anticipated this will be complete in April 2018 resulting in a new Bi-Borough Partnership between Westminster City Council and the Royal Borough of Kensington and Chelsea and a separate arrangement for Hammersmith & Fulham.

Reconfiguration of Tri-Borough Partnership

In 2017-18, Hammersmith & Fulham Council have been moving on from the three borough to focus more keenly on outcomes for our own residents and enhance our residents' satisfaction with the services they receive. We will be maintaining successful collaborations such as the North West London hospital discharge service and the Community Independence Service and will continue to explore options for a single commissioning collaborative. We will also be seeking fresh opportunities for collaboration and partnership to improve outcomes.

- **Grenfell Tower Fire**. Everybody within the three borough has been affected by the Grenfell Tower fire on 14th June 2017. The impact of this tragedy has resulted in health and local authority staff across West London CCG and the Royal Borough Kensington & Chelsea focusing on efforts to ensure that survivors and members of the community affected by the events have been supported. On a positive note it has also resulted in an increased focus and determination across all stakeholders to work together better at a local level to improve outcomes for residents.

4. Integration and BCF Progress to date

This Integration and BCF plan is now in its third year. Over the past 3 years we have continued to learn and develop together as organisations to try and deliver our shared vision.

In 2016/17, good progress was made in translating our shared BCF vision into a strategy and a plan that can be delivered. In particular:

- In each Borough we have undertaken an extensive process of collaboration and engagement in order to update and produce Health and Wellbeing Strategies for the period 2017-22. All Strategies have now been considered and adopted by their respective Health and Wellbeing Board;

- The three boroughs have worked collaboratively with CCGs and local authorities across North West London to devise and agree a Sustainability and Transformation Plan. Work is now underway to shift from design to delivery;
- Across the three boroughs we have progressed our Customer Journey Adult Social Care Transformation Programme; embedding the changes required because of the Care Act and establishing a more positive, proactive asset based approach to social care which focuses on helping individuals with unmet needs to take control and manage their own independence and wellbeing;
- We have continued to commission and collaborate at a system-level where appropriate. In particular, through the BCF process we have established and continue to administer a £100m pooled commissioning budget through a Section 75 Agreement. This incorporates joint mental health, learning disabilities, older people and prevention priorities. We have also established a number of joint commissioning teams;
- We have advanced and developed our whole systems thinking and re-comissioned our Community Independence Service to provide an integrated approach to intermediate care services across the three boroughs. The service is currently working well and user satisfaction is high. We continue to support our ambition to increase Rapid Response Service referrals to reduce non elective admissions;
- Delivery and improvement of seven day services for CIS Liaison, Rapid Response, Rehabilitation and Reablement.
- Operational staff have made good progress to integration using practical approaches like stronger working networks with colleagues, made possible from co-location, sharing IT/ clinical information and through work to streamline processes.
- In Kensington and Chelsea and North Westminster, over 60 People are now employed in the innovative My Care, My Way programme, involving local GPs, CLCH, voluntary organisations and the local authority, providing case management and preventative support to residents aged 65 and over.
- In Westminster, the CL CCG has recently presented for consultation its draft Primary Care Strategy and a full business case to establish a collaborative care partnership is planned by December 2017;
- In Hammersmith and Fulham, the innovative Virtual Ward project continues and a Steering has been established and being operational for over 12 months to develop a wider Integrated Care Partnership; a draft Primary Care Strategy has also been developed and this will be considered by the H&F CCG GB and at the Health and Wellbeing Board meetings in September

- Within the three CCGs, and across NW London work has begun to consider the benefits of commissioning at scale, and in particular across the whole NW London STP Footprint. This work is at an early stage and will develop further through the remainder of 2017/18.
- Through the year we have increased our focus on improving the citizen's experience of hospital discharge, establishing clear plans for implementing each element of the high impact change model for improving hospital discharge.
- The three borough Neuro-rehabilitation service across the three boroughs was re-procured and has now moved to business as usual, having delivered the required transformation and is now contract managed by the CCG joint commissioning team.
- Our scheme looking at increasing Personal Health Budgets (PHB) has resulted in health and social care redefining how PHBs are managed and delivered to our residents and is now firmly in place within the CCG Joint Commissioning Team. This scheme has now moved to business as usual.
- IT Integration – over the past few years together we have implemented the NHS number as a single identifier. In addition as part of the CIS we have one Integrated Patient Record (IPR). This has enabled health and social care staff to use one patient record to enable appropriate record sharing and improved patient pathway resulting in improved efficiency across our integrated workforce. This scheme has now moved to business as usual
- Patient Public Engagement – We have worked hard to ensure that the voice of local residents is embedded within the commissioning of services by both local authority and the CCG. In particular, the scheme has resulted in:

  The establishment of a central repository where both individual and collective feedback and experience can be brought together efficiently;

  Better utilisation of patient experience/feedback insight resource to support commissioners in service redesign/transformation;

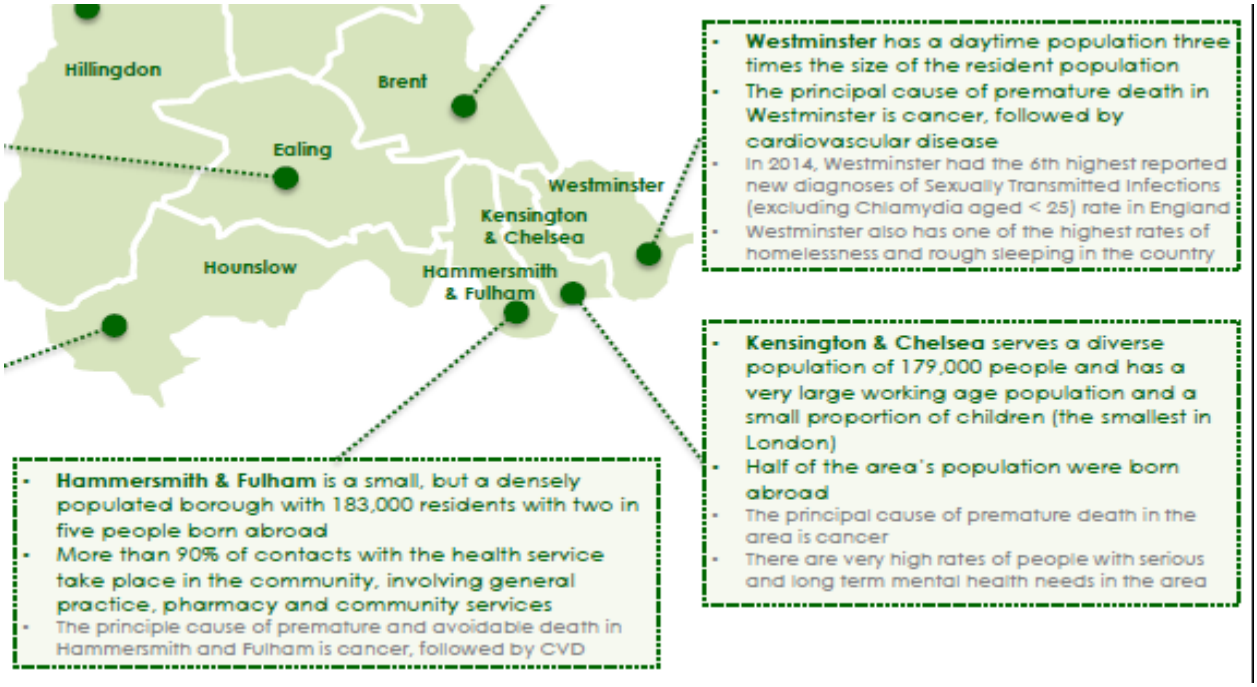
  The establishment of a consistent pathway for CCG and Local Authority staff to ensure Patient Experience & Patient and Public Engagement are embedded in their work. This scheme has now moved to business as usual

5. Evidence base and local priorities to support plan for integration

The previously agreed BCF Plan clearly outlined our evidence base for integrated services and transformational change. As a result the vision across the three boroughs is founded on a population needs assessment and patient, service user and carer feedback, which has developed over the long-term through a broad spectrum of engagement and consultation.

The development of our evidence base has continued across the three boroughs since our BCF plan was agreed. As part of our ongoing commitment to service redesign and out of hospital services we have continued to engage with our citizens. Our services are founded on co production and ensuring that where possible we deliver services to our populations at the right time in the right setting.

The diagram below provides an overview of key health and social care characteristics across the three boroughs.



In addition to the specific health and social care challenges set out above the key challenge for the health and social care system across the three boroughs is an ageing population. Key challenges for the three boroughs are;

- There is a forecast rise of 13% in the number of people over 65 in NW London from 2015 to 2020. Between 2020 and 2030, this number is forecast to rise again by 32%
- People aged 65 or over in NW London constitute 13% of the population, but 35% of the cost across the health and care system
- 24% of people over 65 in NW London live in poverty, and this is expected to increase by 40% by 2030, which contributes to poor health
- Nearly half of our 65+ population are living alone, increasing the potential for social isolation
- 42% of non-elective admissions were of people 65 and over

- 11,688 over 65s have dementia in NW London, a number which is only going to increase
- There are very few care homes in the central London boroughs, and the care home sector is struggling to deal with financial and quality challenges, leaving a real risk that the sector will collapse, increasing the pressure on health and social care services

More details about our health and social care needs and the evidence underpinning our approach is contained within our Joint Strategic Needs Assessments (See appendix 4).

6. Outline of Better Care Fund Plan 17-19

Subsequent to the submission and agreement of the Better Care Fund Plan 16/17, CCGs and Local Authorities have developed and updated their Joint Health and Wellbeing Strategies and devised with other North West London Boroughs a Sustainability and Transformation Plan.

Local delivery plans have also been agreed for each Health and Wellbeing Strategy and a Programme Delivery Framework established for the delivery of the Sustainability and Transformation Plan (see section 2).

Within this wider change environment, our BCF Delivery Plan consists of a number of specific projects within a wider transformation programme. BCF projects have been identified on the basis of three criteria:

- They follow, or are a continuation of, projects developed as part of previous BCF submissions (Community Independence Service, Community Neuro-rehabilitation Beds)
- They relate directly to specific requirements within the BCF Policy Framework (Improving Hospital Discharge, Seven Day Services, Disability Facilities Grant review)
- They relate directly to the pooled budget that has been established as part of the BCF Initiative (Review of jointly commissioned services)

The table below provides an overview of the schemes specifically within the scope of the BCF Delivery Plan. It is not a definitive outline of all of the projects and programmes underway to deliver the vision of integrated health and social care by 2020. More details about each, including the agreed investment is outlined in the accompanying BCF Planning Templates.

No	BCF Scheme	Overview
A1	Community Independence Service	This scheme will focus on embedding the existing Community Independence Service contract and in particular shifting the focus of the service away from supporting hospital discharge to preventing hospital admission. In parallel, work will take place to develop and deliver a re-commissioning strategy in preparation for the end of the existing contract in July 2018.
A2	Community Neuro-rehab Beds – Business As Usual Scheme	Following the re-commissioning of this service focus will now shift to improving health outcomes and delivering better value for money
A4.1	Improving Hospital Discharge (High Impact Change Model)	This scheme will be a key focus for the BCF Programme in 2017/2019 and in particular implementing the High Impact Change Model and achieving the targets set for each borough for reducing delayed transfers or care. As well as focussing on reducing Acute DTOC, work will also be concentrated on reducing Non Acute DTOC rates associated with West London Mental Healthcare Trust.
A4.2	Seven Day Services	A key element of our Improving Hospital Discharge Plan is providing 7 Day Services. We have established a dedicated social care team to support this. A key priority for 2017/18 will be to review and refine this service model.
C2	Review of Jointly Commissioned Services	Managing more effectively, delivering better outcomes and increased value for money from the £100m pooled Section 75 Budget will be a key priority for the BCF Plan 2017/19. In particular there is a requirement to deliver CCG QIPP Savings and local authority efficiency savings from this budget in 2017/18 and 2018/19 and this work is currently underway.

D4	BCF Implementation & Monitoring	This scheme is to support delivery of the agreed aims and objectives of the Integration and BCF Plan. This includes programme development and delivery.
N/A	Disability Facilities Grant and Community Equipment Review	Aids and adaptations for people with disabilities are key for maintaining independence and wellbeing, supporting prevention and delaying higher care need costs associated with hospital admissions and residential care home costs. Housing departments in all three boroughs administer the DFGs. The plans are developed together by Housing and Adult Social Care and the agreed funding is allocated to the Housing depts. However, as Social Care capital and DFG capital funding has been combined from 2016/17, the DFG will be influenced by the Housing plan, spending patterns and commitment and ASC need for capital. A new priority for the BCF Programme in 2017/18 will be a fundamental review of arrangements for administering and allocating Disability Facilities Grant and the Community Equipment Budget

As indicated in section 4 of this integration and BCF Plan 17-19, some of the previous BCF schemes have now moved to business as usual and although they are still commissioned will no longer form part of the ongoing monitoring of this plan.

Other key projects that are underway which will play a key role in delivering our vision of Integrated Health and Social Care by 2020 but are not within the direct scope of the BCF Delivery Plan are set out in the table below.

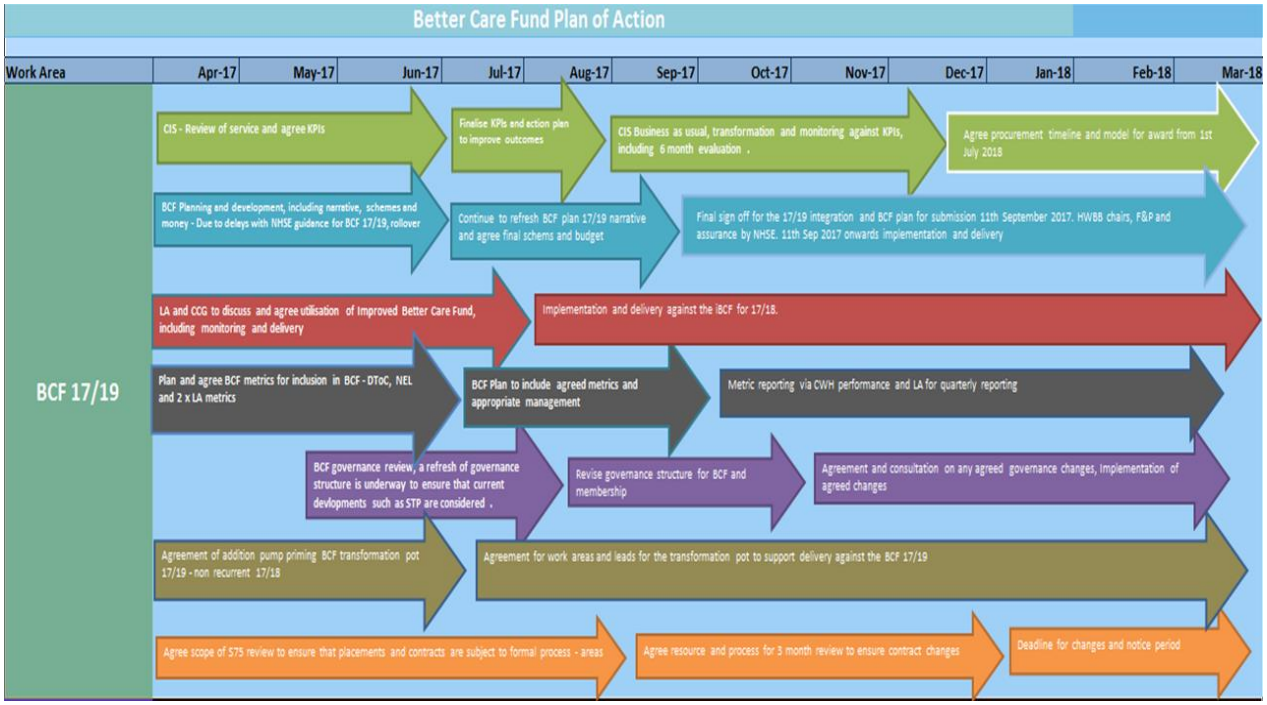
No	**Programme**	**Overview**
1	Reconfiguration of Tri Borough Operational Arrangements	In April 2017, the leaders of Westminster City Council, Royal Borough Kensington & Chelsea, Hammersmith & Fulham Council agreed to reconfigure the partnership in order to enable a greater local focus on improving resident outcomes. This process is underway and it is anticipated this will be complete in April 2018 resulting in a new Bi-Borough Partnership between Westminster City Council and the Royal Borough of Kensington and Chelsea and a separate arrangement for Hammersmith & Fulham.

		We will be maintaining successful collaborations such as the North West London hospital discharge service and the Community Independence Service and continue to explore options for a single commissioning collaborative.
2	Health commissioning at scale	Work has begun to consider the benefits of CCGs that form the NWL STP footprint collaborating at scale. Agreement has been reached across the 8 CCG Governing Bodies to develop a detailed case for change, Carnall Farrar have been appointed to develop the Case for Change and a Business Case. This will be considered by CCG Governing Bodies and Health and Wellbeing Boards late in 2017 with a view to implementing any agreed proposals in 2018.
3	Kensington and Chelsea My Care, My Way Integrated Care Pilot	Excellent progress has been made in establishing the My Care, My Way partnership; based in GP Surgeries and with a North and a South Hub for complex patients, integrated care is now being provided to over 4,500 older people with one or more long term conditions through GP multi-disciplinary teams. Work is now underway to evaluate the impact of the service and to consider next steps. These are likely to include further integration with social care and the development of a long term, integrated commissioning strategy.
4	Westminster Primary Care Strategy & Accountable Care Partnership (ACP) Development	A Primary and Community Care Strategy has been developed and considered and approved by the Westminster Health and Wellbeing Board; work is now underway to develop a Commissioning Strategy for an ACP which is on track for delivery in November. It is anticipated that a shadow ACP organisation which will combine health and social care services will come into operation in April 2019 following a market engagement and procurement exercise in 2018.

5	Hammersmith and Fulham Virtual Ward Project and ACP Development	In Hammersmith and Fulham, the Community Independence Service also incorporates a 'Virtual Ward' function. This helps to provide a single point of contact for patients and carers and for the patient's registered GP throughout the interaction with the service, and supports the transition into longer term services where required by initiating appropriate referrals. Specifically, the Virtual Ward: • Works alongside GP practices to increase appropriate referrals and proactively target support to those patients in greatest need. • Provides more intensive support to patients who people who are particularly unwell as part of a multidisciplinary team • Helps to coordinates this support by liaising with families, carers, GPs, community and hospital provider partners etc. 17/18, the Virtual Ward is being reviewed by the lead provider for the CIS, CNWL, to ensure that it is working effectively alongside primary care and community teams to manage complex patients in their own homes and the development of new pathways of care as part of the H&F Accountable Care Partnership.

6.2 Integration and BCF 17-19 - High Level Action plan milestones.

The 17/18 BCF plan key milestones is illustrated below. Each agreed scheme has a Senior Responsible Officer (SRO) and a BCF Implementation Lead. We are currently refreshing reporting arrangements to ensure that the required work is delivered and governed appropriately.



7. Risks relating to the Integration and BCF Plan 2017-19

Our Sustainability and Transformation Plan provides a comprehensive overview of the systems risks (see appendix 3) associated with delivering our people centred health and social care vision.

7.1 What are the key risks related to your plan?

Risk relating to individual schemes are recorded and monitored monthly through the BCF Implementation Group (see appendix 5 for BCF Risk Register) and escalated as necessary. Each scheme has a Senior Responsible Officer (SRO) and a lead manager.

The same core principles of risk sharing as previously agreed in the 16/17 BCF plan will be maintained for 2017-19:

- Organisations take responsibility for the services they sign-up to deliver (against agreed specification of service quality, type and volume)
- Organisations take responsibility for the benefits that are expected to be realised in their organisation
- There will be effective monitoring arrangements to identify where there are variances against planned spend and to reconcile back to the original budget (similar to s.75 arrangement)

- There is a commitment to a shared approach to resolving variances and amending service model and share of costs if required.

7.2 Further 2017/18 partnership developments

A key step forward for 2017/18 is the establishment of a Joint Transformation Pot utilising I BCF funding which will be used to support the implementation of the High Impact Change Model for Improving Hospital Discharge and the wider Health and Social Care Integration Programme.

The Transformation Pot is founded on the need to deliver the aims and ambitions of the BCF and to deliver the transformational change needed to achieve challenging financial targets.

7.3 Pooled budget, Section 75 Agreement and managing financial risks

A key element of our Better Care Fund Plan are pooled budgets which are administered by each local authority and managed through Section 75 Agreements.

While the budget is pooled, specific commissioners are accountable for specific areas of expenditure and on this basis each organisation is accountable for expenditure within that area. In 2017/18 and 2018/19 all organisations are required to deliver efficiency savings from within the Section 75 element of the Better Care Fund.

Within the Section 75 Agreements there is an explicit agreement that each organisation will be responsible for the effective delivery of their commissioned services. The final expenditure will be met by the organisation responsible for the customer/patient as per the agreed risk protocol outlined in the BCF Plan. Where efficiency savings are not delivered then this financial liability will rest with the relevant organisation responsible for the customer/patient.

In addition within the Section 75 Agreements there are good practice principles setting out how service changes will take place. In particular where:

- contracts are to be reduced or terminated, unless extraordinary circumstances apply, six months' notice will be given to the existing provider.

- a commissioning partner intends to reduce or terminate an existing contract this will only be undertaken following consultation with all partners within the scope of the BCF and following consideration of an equality and service impact assessment.

8. National Conditions

As part of our 17-19 BCF plan we will continue to monitor, develop and meet the requirements of the National Conditions as outlined in the 17-19 Policy Framework. Details of the metrics that underpin these are provided within the accompanying 17-19 BCF templates.

National condition 1: Jointly agreed plan

Across the three boroughs we have jointly developed and agreed the 2017-19 Integration and Better Care Fund.

Since the commencement of the BCF in 15/16 our vision has remained consistent, however, we have updated our work programme, schemes and narrative to appropriately reflect changes as the BCF reaches maturity.

The draft Better Care Plan has been circulated for review and comment to all Health and Wellbeing Board Members. It will be considered and reviewed by each Health and Wellbeing Board in the week beginning 10 September 2017. Prior to submission this BCF Plan has been reviewed and approved for submission by each Health and Wellbeing Board Chair and each CCG Chair.

National condition 2: Social care maintenance

In 17/18 there is a requirement for health to increase the CCG minimum by 1.79% and in 18/19 by 1.90%. As part of our agreed Integration and BCF plan, CCGs have increased their contribution to protect Social Care by 1.79%.

The increases in line with the required national condition can be summarised as follows:

Borough	16/17 CCG minimum	17/18 1.79% uplift	17/18 CCG minimum with uplift
Westminster City Council	£7,944,000	£142,195	£8,086,075
The Royal Borough of Kensington & Chelsea	£5.279,060	£94,495	£5,373,555
London Borough of Hammersmith & Fulham	£5,680,129	£101,674	£5,781,803

National condition 3: NHS commissioned out-of-hospital services

Across North West London and in each borough we have continued to develop and invest in our out of hospital services above the minimum required levels. This represents a key part of our strategy to support delivery of care to our patients closer to home and in the right setting to ensure that there is a reduction in the dependency on our hospitals.

A full breakdown of the continued BCF investment in our out of hospital services is detailed in the BCF Planning Template 17-19. This expenditure excludes spend on core community nursing contracts and so in total CCGs continue to commission out of hospital services well in excess of the prescribed BCF minimum.

Ambitious plans for the future delivery of out of hospital services are being developed for each borough and an overview is provided in Section 6.

National Condition 4: Managing Transfers of Care

All partners are committed to implementing the High Impact Change Model and have defined the areas that need input and also the timeline of implementation by October 2017.

The High Impact Change Model remains challenging to implement across the three boroughs with inherent differences across the multiple work areas.

In particular, there are specific challenges in North West London in reducing non acute delayed transfers of care associated with the West London Mental Health Trust. Plans are being developed within Hammersmith and Fulham to address this and improvement is anticipated.

In addition, each borough has allocated significant of iBCF funding in 2016/17 to invest in schemes to improve hospital discharge and delivered better integrated care.

A separate Implementation Plan to implement the High Impact Change Model is being developed (see appendix 6). This has been informed by the High Impact Change Stocktake which was undertaken and submitted to NHS England in June 2017 (appendix 7). This builds on the initial thinking undertaken and presented in the Q1 iBCF Submissions submitted at the end of July 17.

9. Overview of funding contributions

A full breakdown of our Integration and BCF funding contribution is provided within the BCF planning template 17-19. The template confirms that we have met the required contributions for each organisation, including the National Conditions and also an agreement for the Improved Better Care Fund (iBCF).

An overview of the allocation of BCF Funds is attached as appendix 8.

Carers' Breaks

CCGs continue to fund Carers' breaks above the minimum level required and this is incorporated within the funding allocated within the Section 75 Agreements. In addition through the Section 75 Agreement significant investment continues to be made in support and assistance for carers. Work is also underway to update and refresh the Carers' Strategy.

Improved Better Care Fund allocations

The table below provides an overview of how Year One Improved Better Care Fund resources will be utilised.

Borough	Westminster (£m)	Kensington and Chelsea (£m)	Hammersmith and Fulham (£m)	Total
Market Stabilisation	2.128	1.35	1.457	4.935
Demographic Pressures/Additional Capacity	4.62	1.15	2.852	8.622
Transformation and implementation of High Impact Change Model	2.172	1.448	0.919	4.539
Total	**8.92**	**3.948**	**5.228**	**18.096**

As can be seen resources have been utilised to deliver the three priorities of:

- Stabilising the Care Market;
- Meeting demographic pressures and greater levels of need;
- Working to reduce delayed hospital discharges through implementation of the High Impact Change Model for managing Hospital Discharges.

Utilisation of the Transformation Fund (Joint Transformation Pot) in 2017/18 will be considered in the light of the Hospital Discharge Plan which will be completed in

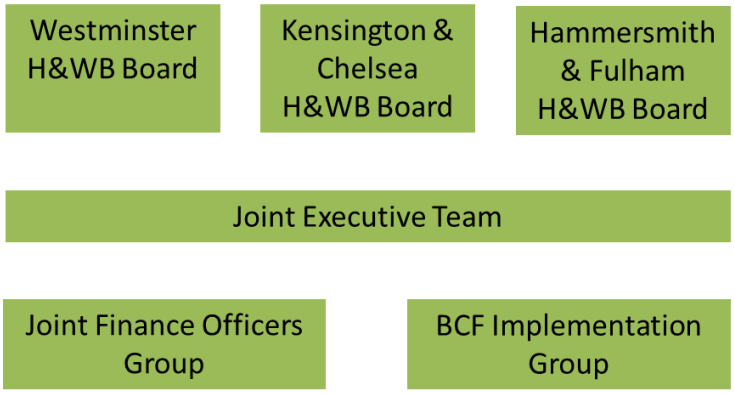
October. Consideration will also be given to utilising the fund to deliver other projects related to delivering the integrated health and social care vision.

The utilisation of iBCF Funds in 2018/19 and beyond will be considered in the second part of 2017/18 in the light of progress implementing the High Impact Change Model for Managing Hospital Discharge, demographic pressures and market stability.

10. BCF Programme Governance

The governance arrangements for the BCF agreed for 16/17 will continue for 17/19.

Across the three boroughs, we have worked hard to develop robust governance arrangements to support Better Care Fund implementation. The diagram below provides an overview.



Each Health and Wellbeing Board will continue to have sovereignty over each borough's element of the Better Care Fund. Each local authority and CCG continue to be represented on each H&WB Board. A regular BCF Update is provided to each H&WB Board.

Strategic oversight and coordination will continue to be provided through the Joint Executive Team, which is made up of CCG Managing Directors and the Adult Social Care Leadership Team. This will also provide a forum for us to continue to review pooled budget requirements for the new financial year 17/18.

Risks to funding and performance will continue to be identified through the monthly Joint Finance Oversight Group (JFoG). This is a joint meeting made up of finance representatives from each CCG and local authority.

Each CCG also reports quarterly progress to its Finance and Performance Committee.

Issues requiring escalation will be escalated first of all to the Joint Executive Team and then to Health and Wellbeing Boards if required.

The BCF Implementation Group will be led by the overall BCF Senior Responsible Officer and will consist of those officers responsible for delivering specific BCF Projects. It will consider delivery risks and also review and oversee implementation of BCF projects. It provides monthly updates to the Joint Executive Team.

The pooled budget will continue to be managed through Section 75 Health and Wellbeing Partnership Agreements in place between each borough and CCG The pooled budget will continue to be administered by local government partners.

11. BCF National Metrics

11.1 Non Elective Admissions (NEL)

Targets for Non Elective Admissions (NEL) in 17/18 have been set and have been included in the BCF Planning Template. NEL performance continues to be monitored as part of the Operating Plan.

Outcomes against the NEL target in 16/17, per CCG were

- NHS Central London CCG (Westminster, excluding QPP); 16/17 achieved a reduction of -1.50%
- NHS Hammersmith & Fulham CCG 16/17 achieved a reduction of -5.17%
- NHS West London CCG 16/17 RBKC and QPP (Westminster) achieved a reduction of -6.24%

Set out below are the agreed trajectory for each HWBB for 2017/19.

The following trajectories show the monthly targets set as part of the agreed operating plan with NHSE and will be monitored accordingly. As part of the BCF the main scheme that is linked to reducing NEL is the Three Borough Community Independence Service (CIS). This is based on ensuring that where appropriate our residents receive timely health and social care input in their own home or place of residence resulting in a reduced dependency on A&E and NEL admission. Across the three CCGs there are other schemes that may have an impact on reducing NEL but these have been identified to ensure that there is no duplication in respect of benefits.

We have not agreed a further reduction in Non Elective Admissions, additional to those in the each CCG Operating Plan in 17/18.

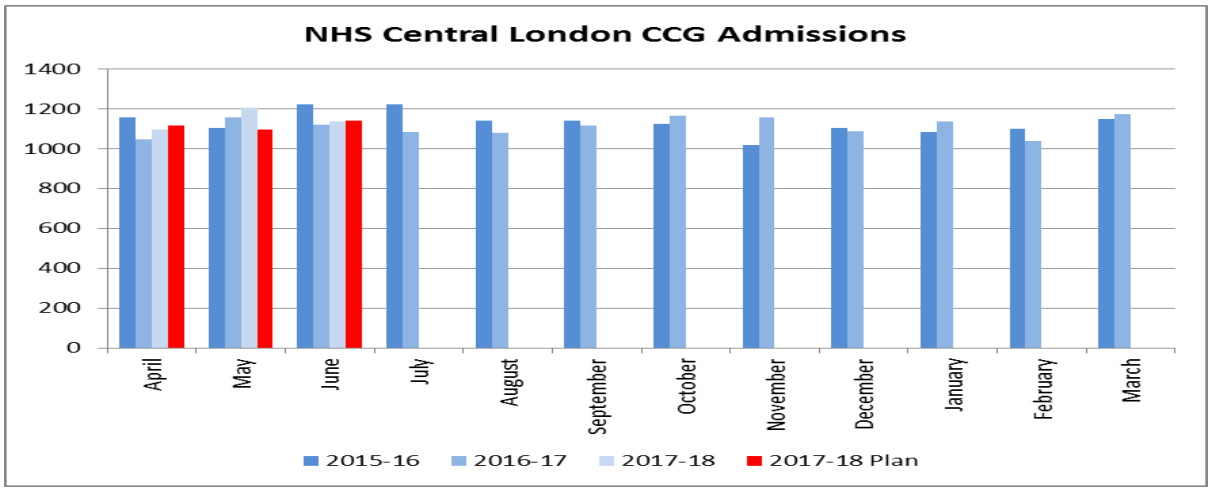
Further information supporting the NEL trajectory is attached in appendix 9.

Westminster (Central London CCG)

Westminster HWB

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Westminster HWB Non-Elective Admission Trajectory for FY 2017/18	1260	1259	1291	1302	1265	1241	1294	1209	1271	1243	1192	1260	15088

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Westminster HWB Non-Elective Admission Trajectory for FY 2018/19	1240	1241	1275	1277	1240	1216	1231	1143	1208	1172	1120	1195	14557



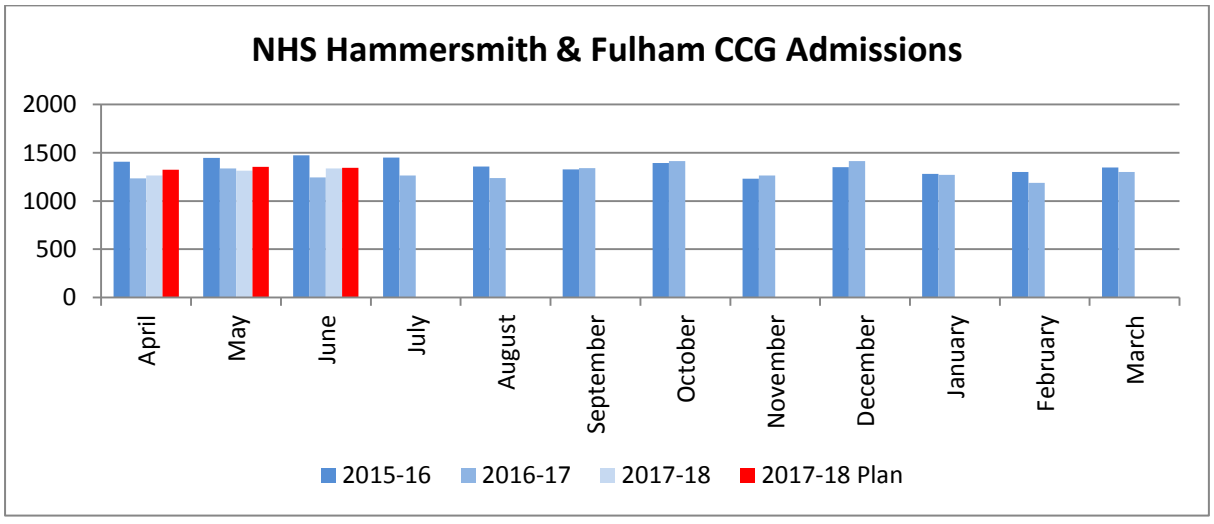
- CLCCG Q1 indicates we are slightly below target for NEL reduction

London Borough Hammersmith & Fulham (Hammersmith & Fulham CCG)

Hammersmith & Fulham HWB

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Hammersmith & Fulham HWB Non-Elective Admission Trajectory for FY 2017/18	1354	1386	1376	1385	1330	1282	1381	1277	1342	1297	1241	1315	15967

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Hammersmith & Fulham HWB Non-Elective Admission Trajectory for FY 2018/19	1326	1358	1349	1359	1304	1255	1301	1197	1264	1218	1162	1238	15331



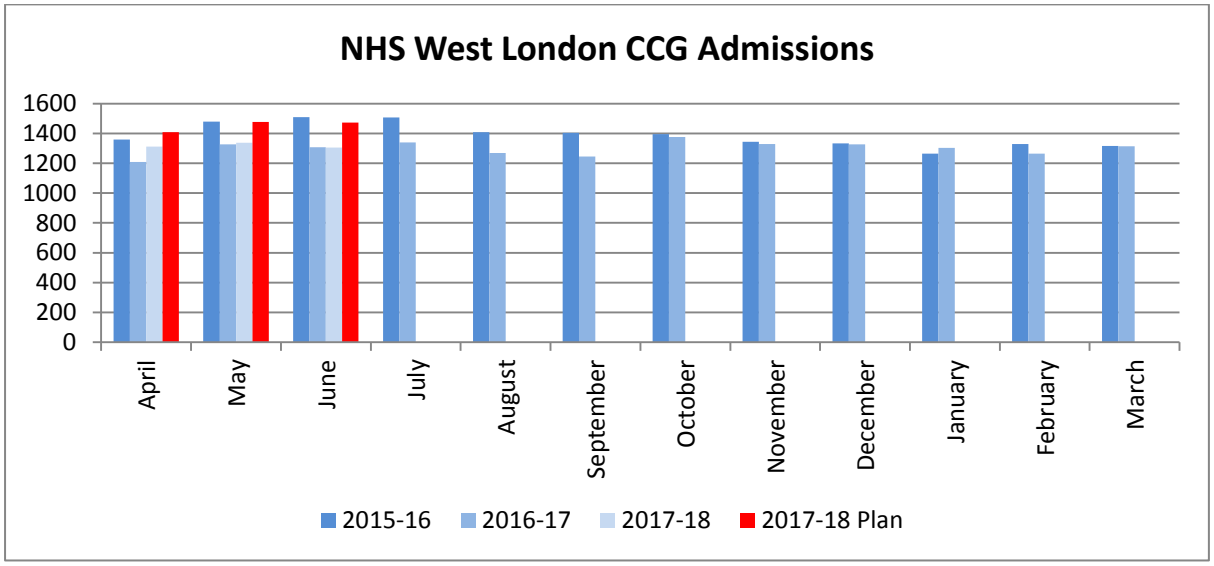
- H&FCCG Q1 indicates we are slightly below target for NEL reduction

Royal Borough Kensington & Chelsea (West London CCG)

Kensington & Chelsea HWB

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Total
Kensington & Chelsea HWB Non-Elective Admission Trajectory for FY 2017/18	955	998	997	1008	965	937	947	900	913	883	851	879	11234

	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Kensington & Chelsea HWB Non-Elective Admission Trajectory for FY 2018/19	920	966	967	980	938	912	921	873	889	860	830	860	10916



- WLCCG Q1 indicates we are above target for NEL reduction

11.2 Delayed transfers of care

We recognise that a key part of our BCF is the interdependency of our schemes and commissioned services that reduce Delayed Transfers of Care (DToC) and support the principle that quality care is delivered in the right place.

We are committed to implementing the High Impact Change Model and have defined the areas that need input and the timeline of implementation by October 2017. A summary stocktake of our current position against each of the 8 High Impact Changes is attached as appendix 7.

The High Impact Change Model remains challenging to implement and the three boroughs have therefore agreed to utilise approximately a third of the iBCF monies to support improvement and change across the DToC pathway.

Progress on managing transfers of care and achieving the DTOC targets will be managed on a day to day basis by the two A&E/Urgent Care Delivery Boards.

Progress will be overseen by the Three Borough Hospital Discharge Steering Group, which is chaired by a Director of Adult Social Care. Key decisions and current performance levels will be overseen by the Joint Executive Team and by each Health and Wellbeing Board.

There is a strong base to build on from the 2016-17 which have enabled improvements both in the processes within hospitals and the capacity available to support people at home and in the community. They include:

- Developed integrated hospital discharge teams and pathways within several hospital wards to provide a common discharge approach across the three boroughs and working on extending this to include 3 additional boroughs to better manage hospital discharge
- Development of Home First (Discharge Home to Assess) model with enhanced care package, as well as access to Step Up Interim care beds should care breakdown at home
- Increased the provision of interim beds to enable step down from hospital and to allow for full assessments of people's needs to be undertaken in the community. This includes interim bed options to carry out Continuing HealthCare Assessments (CHC) outside hospital as well as support people with care needs who have temporary accommodation needs.
- Development of 2 Trusted Assessor Nurse posts for Care Homes to speed up assessment and discharge to care homes
- Utilised BCF resources to establish a 7-day hospital social work and therapy services which are due for review in 17-18 to evalaute their impact.
- Modelling and re-commissioning the established Community Independence service to enhance its focus on integrated working with GP's and, also preventing hospital admissions.
- Alignment of organisational Choice policies supported by information for patients, families, and carers on the local options available for community or home based care upon discharge

The draft Managing Transfers of Care Action Plan seeks to extend single Hospital Discharge function across health and social care and scale it up to support achievement of the DTOC targets which have been set for each borough.

Our agreed trajectories for DToC 2017/19 are as follows:

*Please note these trajectories may be subject to change.

CCG Code	CCG Name	Type	Days (September)	NHS/Social Care Ratio	Baseline Total	Baseline Split	September Position	September Split	March Position	March Split	Phase 1 Step	Phase 2 Step
08C	NHS HAMMERSMITH AND FULHAM CCG	NHS	6.94	55.79%	16.6	9.26	12.45	6.95	8.3	4.63	0.39	0.39
08C	NHS HAMMERSMITH AND FULHAM CCG	Social Care	5.5	44.21%	16.6	7.34	12.45	5.50	8.3	3.67	0.31	0.31
09A	NHS CENTRAL LONDON (WESTMINSTER) CCG	NHS	5.49	70.29%	9.76	6.86	7.81	5.49	5.86	4.12	0.23	0.23
09A	NHS CENTRAL LONDON (WESTMINSTER) CCG	Social Care	2.32	29.71%	9.76	2.90	7.81	2.32	5.86	1.74	0.10	0.10
08Y	NHS WEST LONDON CCG	NHS	6.72	67.20%	12.5	8.40	10	6.72	7.5	5.04	0.28	0.28
08Y	NHS WEST LONDON CCG	Social Care	3.28	32.80%	12.5	4.10	10	3.28	7.5	2.46	0.14	0.14

11.3 National Metric 3: Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population

The table below sets out progress in reducing the number of local authority funded residential care admissions per 100,000 population and proposed targets for 17/18 and 18/19 for each borough.

	15/16	**16/17**	**17/18**	**18/19**
Hammersmith and Fulham	584.9	545.9	453.6	445.1
Westminster City Council	472.1	352.0	331.3	322.6
Kensington and Chelsea	335.9	183.5	283.3	277.3

As can be seen there are significant variations in activity levels but with each borough achieving significant year on year reductions between 2015/16 and 2016/17.

While the variations in performance are partly a result of different demographic characteristics, variations in personal income and levels of clinical need it is likely that some of the variation is also a result of different operational practices in each boroughs and different criteria for awarding home care support.

In each borough there has been an increased focus on providing home based support packages where possible and promoting greater independence and choice and it is anticipated that this will continue to result in an overall reduction in the number of older people placed in residential and nursing care. However in all boroughs there has been a shift in the proportion of placements in nursing care homes compared to residential care homes (the proportion placed in nursing care homes is increasing). It is anticipated that this trend will continue so that by 2019/20 there will be a smaller proportion of older people in long term residential care but with more complex needs.

11.4 National Metric 4: Effectiveness of reablement service

The table below sets out the proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services and the proposed targets for 2017/18 and 2018/19.

	15/16	**16/17**	**17/18**	**18/19**
Kensington & Chelsea	89.2%	89.7%	90%	90%
Westminster City Council	88.6%	89%	90%	90%
Hammersmith and Fulham	86.4%	89.7%	90%	90%

As can be seen performance levels in all boroughs were good in 15/16 and these improved further in 16/17 with the roll out of the new Community Independence Service contract and the more coordinated working that has resulted between re-ablement, rehabilitation and rapid response staff and with GPs.

In 2017/18, it is anticipated that this trajectory will continue so that all boroughs achieve a success rate of 90% in 2017/18 and that this performance is maintained through the reconfiguration and re-commissioning of out of hospital services to establish accountable care partnership arrangements in 2019/20.

12. Approval and sign off for the 17-19 Integration and BCF Plan

This Integration and Better Care Fund 17-19 has been agreed by all 6 sovereign organisations. The delegated signatories are listed below. This revised narrative upholds the previously agreed plans in 15/16 and 16/17. At the time of submission the full plan has not been ratified due to the timetable of Health and Wellbeing Boards and CCG Finance and Performance Committees, however, the plan has been agreed outside of this governance process to meet the NHSE submission deadline.

Central London Clinical Commissioning Group

_____

City of Westminster

_____

Hammersmith & Fulham Clinical Commissioning Group

_____

Hammersmith & Fulham Council

_____

West London Clinical Commissioning Group

_____

Royal Borough Kensington & Chelsea

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Appendices

No	Document
1	NHSE Health and Social Care Dashboard (Spreadsheet)
2	Joint Health and Wellbeing Strategies (3 documents)
3	NW London Sustainability and Transformation Plan
4	Joint Strategic Needs Assessments (3 documents)
5	Better Care Fund Plan Risk Register
6	Draft Hospital Discharge Plan
7	High Impact Change Model Stocktake (June 2017)
8	Overview of BCF Funding Allocations
9	NE London Non Elective Admissions Trajectory

City of Westminster

Westminster Health & Wellbeing Board

Date:	14 September 2017
Classification:	General Release
Title:	Annual Report of the Director of Public Health 2016-17
Report of:	Director of Public Health
Wards Involved:	All
Policy Context:	The Director of Public Health has a statutory requirement to produce an independent report about the health of local communities
Financial Summary:	Not applicable
Report Author and Contact Details:	Colin Brodie E: cbrodie@westminster.gov.uk T: 02076414632

1. Executive Summary

1.1 This paper presents the draft annual report of the Director of Public Health for 2016-17, commonly refered to as the Annual Public Health Report (APHR), for consideration by the Health and Wellbeing Board

1.2 The report is presented here in draft format, and a designed version is currently being developed. The final, fully designed, version of the report will be circulated following feedback from the Health and Wellbeing Boards.

2. Key Matters for the Board

2.1 The Health and Wellbeing Board is invited to consider the attached report, the key messages, and recommendations on promoting mental wellbeing.

2.2 The Health and Wellbeing Board are invited to consider and agree on the recommendations specific to the Health and Wellbeing Board:

- To better understand the mental wellbeing needs and issues for the local population the Health and Wellbeing Boards should commission a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing in our local population
- Promoting mental health is one of the four priorities of each Joint Health and Wellbeing Strategy. The delivery plans should be checked against this annual report and refreshed when the findings of the JSNA are published
- Members of the Health and Wellbeing Board to explore the feasibility of using the Roads To Wellbeing infrastructure, or a similar geographic approach, to develop an asset based resource

3. Background

3.1 The Director of Public Health (DPH) has a statutory requirement to produce an independent Annual Public Health Report (APHR). This report is the DPH's statement about the health of local communities. The report:

- Contributes to improving the health and wellbeing of the local population
- Addresses health inequalities;
- Promotes action for better health through measuring progress towards health targets and
- Assists with planning and monitoring of local programs and services that impact on health over time

3.2 The theme for the 2016-17 report is mental wellbeing. Mental wellbeing is a key public health issue and underpins local strategy and priorities, including the Westminster Joint Health and Wellbeing Strategy 2016-21.

4. Purpose and scope of the APHR

4.1 The APHR is designed to be a call to action, and to highlight the importance of protecting and promoting our own mental wellbeing and the wellbeing of those around us - family, friends, carers, colleagues, and communities. Furthermore, it contains a number of commitments and recommendations designed to improve the mental wellbeing of our population.

4.2 Definitions of mental wellbeing often vary across disciplines. Broadly, it includes concepts of 'feeling good' and 'functioning well'. The 2008 Foresight report considers mental wellbeing as:

"…a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community"

4.3 Positive mental wellbeing is fundamental to all aspects of our lives; it makes up an integral part of an individual's ability to lead a fulfilling life and contribute to society, form positive relationships, study and learn, and take part in social activities; as well as the ability to make decisions and choices. Positive mental wellbeing strengthens our resilience, improves our ability to recover from illness, and protects our mental health

4.4 The report describes:

- the importance of good mental wellbeing
- factors affecting our mental wellbeing
- mental wellbeing across the life course
- groups who are most at risk of poor mental wellbeing
- how we can promote and maintain our own mental wellbeing
- current strategies and initiatives to promote mental wellbeing

.

4.5 The APHR promotes a number of key messages:

- Poor mental wellbeing can affect us and those around us at any point in our lives. Mental wellbeing can impact on all aspects of our lives and is 'everyone's business'
- We can all play a role in improving our own and others' mental wellbeing: Connect, Be Active, Keep Learning, Take Notice, and Give
- To help build the mental resilience of our local communities we need to better understand residents' mental wellbeing and what works to improve this.
- We can achieve this by working in partnership with residents and other organisations and considering mental wellbeing when commissioning and evaluating services
- We need to ensure investment is channelled towards prevention and early intervention not just towards treatment

4.6 This themed report affords an opportunity to use the APHR not only to deliver information on the state of population health but as a call to action, and to promote interventions that can further improve the mental wellbeing of our local residents.

4.7 In addition to the printed report presented here an online version of the report has been developed. This will incorporate a link to the Roads to Wellbeing website, a tool which can be used to develop an asset based resource to promote mental wellbeing.

5. Legal Implications

5.1 The Director of Public Health for a local authority must prepare an annual report on the health of the people in the area of the local authority Section (Section 31 (5) of the Health and Social Care Act, 2012). Westminster City Council has a duty to publish the report (Section 31 (6) of the Health and Social Care Act, 2012)

Implications verified/completed by: Hazel Best, Senior Solicitor, 07717423421

6. Financial Implications

6.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications verified/completed by: Brighton Fong, Finance Manager, 02076417634.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Colin Brodie

cbrodie@westminster.gov.uk

Telephone: 02076414632

APPENDICES:

None

BACKGROUND PAPERS:

Draft Annual Public Health Report

DRAFT

‘The Roads to Wellbeing’

Director of Public Health’s Annual Report

August 2017

Foreword [DRAFT]

Welcome to my annual report for 2016/2017. This year focuses on the importance of protecting and improving our own mental wellbeing, and that of the people around us – our families, friends, neighbours, and local communities.

Good mental wellbeing is important for us to lead happy, healthy lives. It is often defined as 'feeling good' and 'functioning well' – so is not only about feeling happy or content, but also about how we cope and engage in the world around us. Research shows that good mental wellbeing promotes our overall health, supports recovery from illness, and improves life expectancy.

We are all on a journey to achieve positive mental wellbeing, and the report includes a number of case studies describing steps that local residents have taken. These are based around the *5 Ways to Wellbeing,* an evidence based framework for actions that anyone can take– Connect, Be Active, Keep Learning, Take Notice and Give.

Locally, we have services and activities in place that can support us on our journey to achieve a positive sense of mental wellbeing. There are many challenges too, and the recent tragic events at Grenfell Tower and terrorist attacks in London and Manchester, have highlighted this. These events, as well as other pressures such as social isolation, financial worries, and physical inactivity can all have an impact on our mental wellbeing.

Mental health and wellbeing has been identified as a priority in all three local Health and Wellbeing Strategies, and through that process we are already working with colleagues from across the local authority, community and voluntary organisations, schools, businesses and NHS partners to improve the mental wellbeing of our residents.

However, there is more that can be done, and this report is a call to action to find new ways to work together, to challenge the stigma that still exists around mental health, and to ensure that promoting our mental wellbeing becomes 'everyone's business'.

Key messages from the report:

- Poor mental wellbeing can affect us and those around us at any point in our lives. Mental wellbeing can impact on all aspects of our lives and is 'everyone's business'
- We can all play a role in improving our own and others' mental wellbeing: Connect, Be Active, Keep Learning, Take Notice, and Give
- To help build the mental resilience of our local communities we need to better understand residents' mental wellbeing and what works to improve this.
- We can achieve this by working in partnership with residents and other organisations and considering mental wellbeing when commissioning and evaluating services
- We need to ensure investment is channelled towards prevention and early intervention not just towards treatment

Our commitments

To improve the mental wellbeing of our population the local authority Public Health team will make the following commitments:

- We will offer to work in partnership with commissioning and procurement colleagues across local authority and the NHS to ensure that mental wellbeing is considered in existing and new contracts.
- We will identify and action best practice in gathering and collating data on the mental wellbeing of our local population through existing and new contracts.
- We will innovate and test, thereby contributing to the evidence base about what works to improve mental wellbeing for local communities.
- We will support and drive the implementation of a local 'making every contact count' strategy with a specific focus on mental wellbeing.
- We will support the development of a Health and Wellbeing Board implementation plan for working across the local health system to improve mental wellbeing.

1. What is wellbeing?

Wellbeing is about how we are feeling and how well we function in our daily lives. It often includes subjective notions of happiness, life satisfaction, and 'feeling good'. Our emotional or mental wellbeing is closely linked with our physical health, and is strongly associated with positive relationships and healthier communities.

Mental wellbeing is "…a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community"
(Government Office for Science, 2008)

The focus on this report is on mental wellbeing rather than mental health, although the two are closely linked. The "Better mental health for all" report (Faculty of Public Health, 2016) defines the term mental health as a "spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health". So, mental wellbeing can be viewed as a positive state of mental health.

Why focus on mental wellbeing?

Our mental wellbeing is fundamental to all aspects of our lives; it makes up an integral part of an individual's ability to lead a fulfilling life and contribute to society, form positive relationships, study and learn, and take part in social activities; as well as the ability to make decisions and choices (World Health Organisation, 2012).

Positive mental wellbeing strengthens our resilience, **improves our ability to recover from illness, and protects our mental health.** This is incredibly important as mental health is the single largest burden of disease in the UK (Ferrari, 2013) and is associated with many poor health and societal outcomes. For example, mental health is the most common reason for sickness absence locally (DWP, 2013).

Case Study: Community Champions

Saheda has been involved in the Community Champions project as a volunteer since 2016 where she received training in Understanding Health Improvement, Mental Health First Aid, and Safeguarding Adults Level 1. Saheda has since worked on several activities including winter warmth pop up stalls and Mental Health Awareness stalls - handing out information, signposting to local services and most of all, using her experience of recovering from mental health issues to promote recovery.

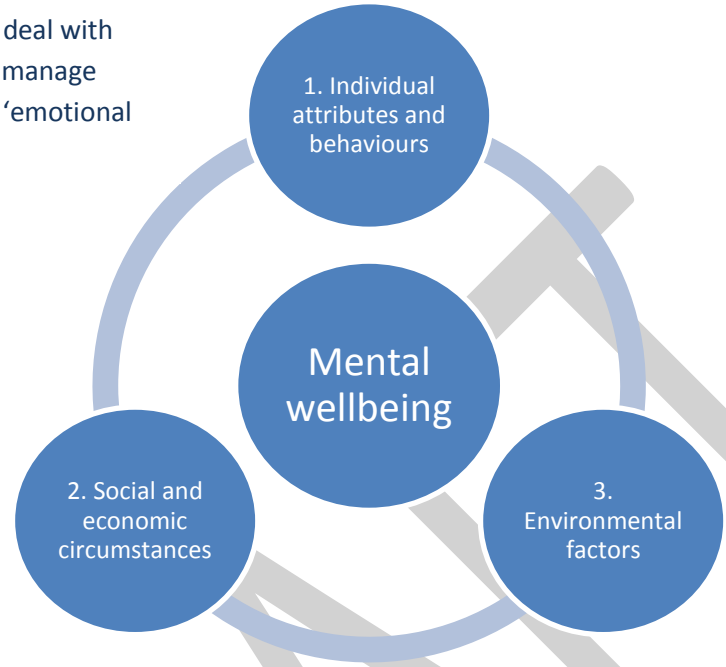
'The project helped me to get out of the house to do some activities in the community, volunteering made me feel like going back to school as I am learning new things that is educational in the community, my confidence has gone better and now I can speak to anybody and everybody.'

What can affect our mental wellbeing?

There is evidence that the risk factors for a person's mental health and wellbeing are shaped by various social, economic and physical environments including, for example, family, history, debt, unemployment, isolation and housing. The World Health Organisation considers risk factors in three groups (World Health Organisation, 2012):

1. These relate to a person's innate as well as learned ability to deal with thoughts and feelings to manage him/herself in daily life - 'emotional intelligence'

2. The capacity for an individual to develop and flourish is deeply influenced by their immediate social surroundings



3. Access to basic commodities and services, cultural beliefs, social and economic factors such as the global crash and discrimination

The importance of the wider determinants of health is reflected in recent engagement undertaken by the NHS (Independent Mental Health Taskforce to the NHS, 2015):

"Many people discussed the importance of addressing the broader determinants of good mental health and mental health problems, such as good quality housing, debt, poverty, employment, education, access to green space and tough life experiences such as abuse, bullying and bereavement".

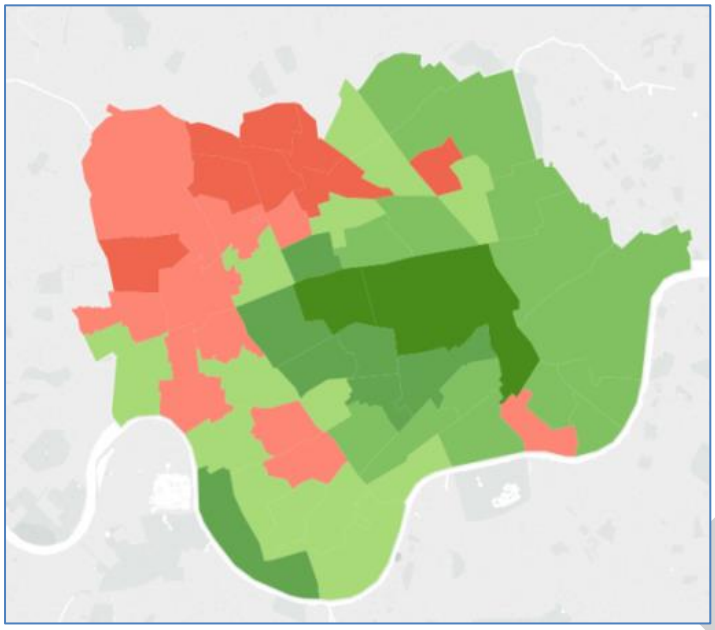
What is mental wellbeing like in the three boroughs?

The London Wellbeing Scores suggest that mental wellbeing differs across the three boroughs, and many of the wider determinants mentioned above do contribute to the areas with lower wellbeing scores.

The London Ward Wellbeing Scores represent overall wellbeing that encompasses wider determinants of wellbeing such as employment, access to green space and happiness. The map displays the three boroughs' wellbeing score against the London average. The **Red** areas in the north-west of the three boroughs have a significantly lower score than the London average. Around half the population of these wards are black, Asian, and minority ethnic residents (census 2011), these wards also have the highest levels of out of work households with dependent children (around 30%) (HM Revenue and Customs 2014).

However, the three boroughs are a place where there is opportunity in London as all three are in the top ten places in England for social mobility. The social mobility index looks at the chances a child from a disadvantaged

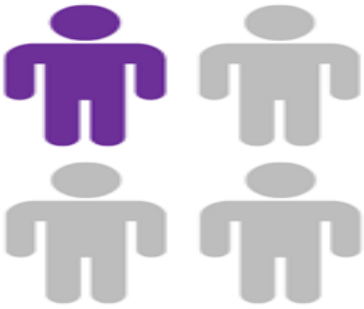
socio-economic background has of doing as an adult, and Westminster ranks first in England, Kensington and Chelsea seventh, and Hammersmith and Fulham tenth (The Social Mobility and Child Poverty Commission, 2016).



2. Mental wellbeing throughout our lives

Everyone can potentially be affected by poor mental wellbeing at any point in our lives, therefore it is important for all of us to be aware of factors that may affect our mental wellbeing. Taking steps to look after our wellbeing can help us deal with pressure, Mind calls this developing 'emotional resilience – the ability to adapt and bounce back when something difficult happens in your life' (Mind, 2015). This part of the report looks at mental wellbeing at each stage in our lives and common factors that may affect our wellbeing. The latter part of the report suggests how we can all look after our wellbeing through the Five Ways to Wellbeing.

At least 1 in 4 of us will experience a mental health problem at some point in our life…



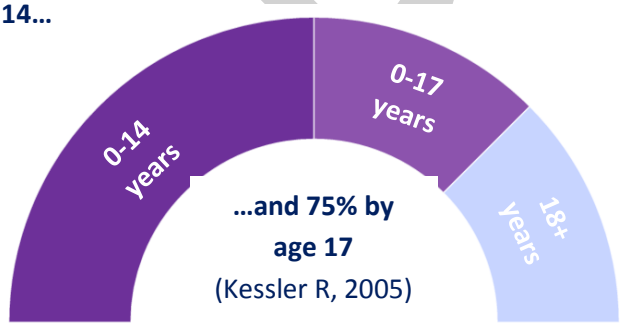
…with an annual cost to the English economy of around **£105 billion a year**

(Department of Health, 2011)

Children and young people

Research tells us that mental health issues frequently develop in our early and teenage years. This indicates the importance of early intervention and addressing the childhood determinants of mental health and wellbeing. Of these, family relationships are pre-eminent, as positive attachments result in good emotional and social development for children, equipping people with the necessary skills and knowledge to achieve resilience and positive mental wellbeing in adulthood.

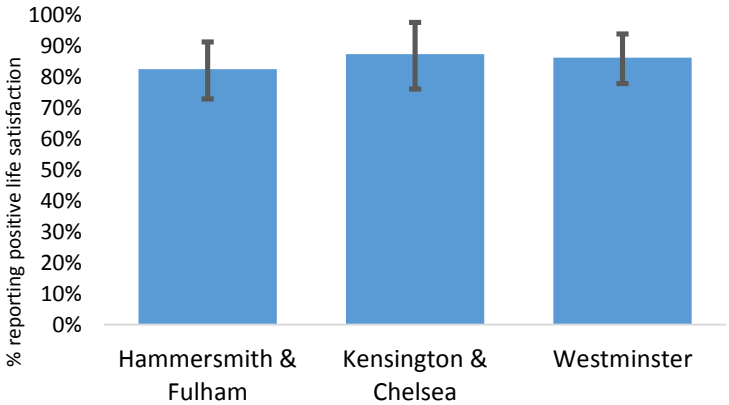
50% of lifetime mental health problems are established by age 14…



(Kessler R, 2005)

Yet, it has been reported that just 1 in 4 children who need treatment receive it (Public Health England, 2016)

Percentage of primary school children reporting that they are very happy or happy with their overall life



Source: Healthy Schools Partnership: local school survey data, October 2016 to March 2017, pupils from year 3, 4, 5 & 6.

Robust data is not available on a local level with the possibility of surveys being biased by lack of diversity of who took part.

Factors affecting the wellbeing of children and young people

Many factors affect a person's wellbeing in their early years and later into adolescence. Of these, strong and positive family relationships are key to good emotional and social development for children, and they equip children with the necessary attributes to achieve resilience and positive mental wellbeing in adulthood.

The Children's Society explains efforts to understand variations in children's subjective wellbeing should focus more on children's own experiences of life than on traditional social indicators (The Children's Society, 2016):

Parental relationships	• A child's relationship with their parents is an important factor associated with overall well-being (1) • Maternal depression is associated with a x5 increased risk of mental health illness for the child (2)
Bullying	• Children who had been bullied at age 13 were more than twice as likely to have depression at age 18 (3)
Social Media	• Facebook, Instagram, Snapchat and Twitter increases young people's feelings of inadequacy and anxiety (4&5)

(1). (The Children's Society, 2013) (2). (Public Health England, 2016): The mental health of children and young people in London (3) (BMJ, 2015) (2). (3). (4). (RSPH and Young Health Movement , 2017) (5). (Guardian, 2017)

Case Study: Healthy Schools (H&F)

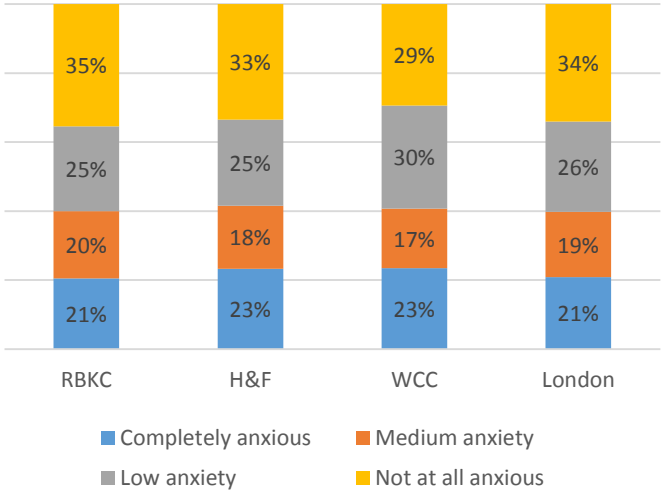
Be Active, Connect, Keep Learning

St Peter's CE Primary improved their morning, lunch and after school clubs on offer to students by listening to the ideas of children, parents and staff. Activities now available include Zumba, yoga, karate, dodgeball along with Latin, French, Mandarin, music theory and journalism club which resulted in an increase of 38% of pupils attending.

Adults

As we grow into adulthood we start to experience additional challenges to our mental wellbeing. We may experience the loss of loved ones, job or housing insecurity, financial worries and the stresses of everyday life. Building close relationships with friends, family and our communities is incredibly important as is looking after our workplace health.

Across London and within the three boroughs, when asked "overall, how anxious did you feel yesterday?" only around 30% of respondents said they were not at all anxious the previous day:



Source: Annual population survey 2016: (sample size: H&F: 840; WCC: 930; RBKC: 970, CV: estimate is reasonably precise)

People have different interpretations and definitions of anxiety. We would like to be able to understand the various interpretations and causes of anxiety, and whether the respondents feel anxious often, or whether they felt that way just on that particular day.

Common factors affecting the wellbeing of adults

Economic deprivation	•Having a very low income, or experiencing economic deprivation, is associated with low wellbeing (1)
Close relationships	•People who have good social relationships have higher wellbeing and better mental health (1)
Unemployment	•Being unemployed has a negative impact on subjective wellbeing and mental health (1) •Only 43% of people with mental health problems are in work in the UK (2) •Locally mental health is the most common reason for long term sickness absence (3)
Poverty and housing	•Living in a house which has pollution, grime, or other environmental problems reduces life satisfaction •Housing insecurity impacts life satisfaction (1)

(1) (Brown, Abdallah and Townsley, What works wellbeing, 2017) (2) (Molyneux, (2017)) (3) (DWP, 2013)

Case Study: Macbeth Centre (H&F)

Shamir left higher education due to illness and once recovered felt as though he had gone off track with his goal of becoming an accountant. Shamir took book keeping level 1 and 2 at the Macbeth Centre, he was able to refresh his knowledge and felt confident enough to re-join further education.

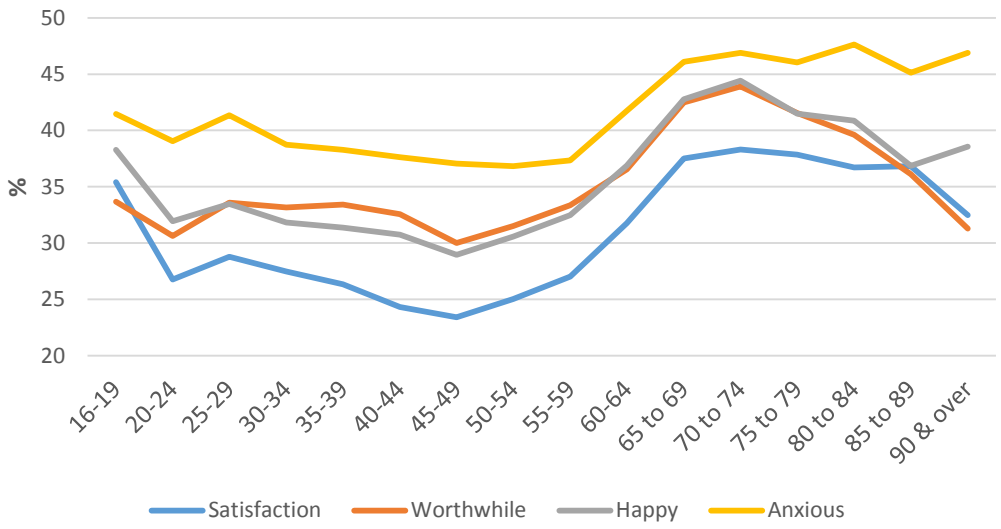
"By the end of the courses, I regained my confidence and got back into the right mind set. I am currently studying for my degree in accounting and finance".

Older adults

Our mental wellbeing can be challenged as we grow older by events outside of our control, such as the loss of a loved one and reduced mobility. The Mental Health Foundation and Age Concern said "promoting mental health and well-being in later life will benefit the whole of society by maintaining older people's social and economic contributions, minimising the costs of care and improving quality of life" (Mental Health Foundation & Age Concern, 2006).

Life satisfaction, the feeling of being worthwhile, and happiness all increase in the years leading up to and during the first few years of retirement, however so do feelings of anxiety. It is in the later years of retirement, 74 and older, that anxiety stays continuously high, but happiness, life satisfaction and feeling worthwhile decrease.

Figure: Wellbeing by age



Source: Wellbeing by protected characteristics 3 years to 2015, Annual Population Survey (ONS)

NB. Percentage relates to those who responded 9 to 10 on a scale of 0 to 10 where 0 was not at all and 10 was completely

Common factor affecting the wellbeing of older people

Social isolation

- Social isolation is a well documented cause of poor mental wellbeing
- Around 1 million older people are affected by social isolation in the UK which has a severe impact on their quality of life
- There is a greater risk of loneliness in the wards in our three Boroughs that have been identified as having poorer wellbeing than the London average
- Social isolation can be caused by decline in social actvity, death of friends or relatives, mobility problems and living alone

(Age UK) (Age UK, census 2011, 2011) (Healthwatch Central West London, 2017)

?

National research informs us of the factors that may affect our wellbeing. However, there is a lack of robust information that tells us how many people in our boroughs are affected and what caused their poor mental wellbeing.

Case Study: Open Age (RBKC)

Patricia lost her husband to cancer after 48 years of marriage and started coming to the stretch and tone class. She believes she has 'transformed into a happier soul' as the class has improved her mobility, she can walk longer distances and she feels stronger and more confident.

'You can sit at home and get nothing; a good laugh is better than any medicine in the world. This has given me a new lease of life, a chance to live without feeling guilty of doing something for myself…and loving it'.

3. How are the three councils and partners addressing mental wellbeing and mental health?

Mental wellbeing is a priority for all three boroughs, the NHS and central government. As a result there are a number of local, regional and national strategies on mental health. The strategies demonstrate a common consensus about the importance of wellbeing and promoting good mental health, rather than a focus on intervening when an individual becomes mentally unwell.

The Local Authority, with its reach to all sections of our community, is ideally placed to drive these population level improvements while supporting partners with the delivery of responsive and integrated mental health services. We would like this report to renew the focus on mental health and start conversations that will help to bring these strategies into reality.

For more information on the strategies above, please visit our website: jsna.info/roadstowellbeing

Local initiatives

There is lots of work going on to improve areas that have low wellbeing ranging from regeneration to local activities. We have highlighted three examples of these below:

Go Golborne: A local campaign led by K&C Council that is all about supporting children and families to eat well, keep active and feel good

Create Church Street: 'Create Church Street' Arts and Culture Fund which enables local people to develop creative arts projects that will benefit the wider community.

Rose Vouchers Scheme: A scheme to help families on low incomes eat fresh fruit and vegetables, organised by the Alexandra Rose Charity and funded by H&F Council

4. How important is prevention and early intervention?

Preventing young people from experiencing poor mental health is one of the smartest investments society can make. Research tells us that young people who have good mental wellbeing have less physical illness, they do better at school, they take less time off work, are less likely to become 'burned out', have better social relationships and are more likely to lead healthier lives in general (Maudsley International, 2017).

There are times when our resilience can be challenged. The Mental Health Foundation points out that **there are times throughout all our lives where we may run into difficulty,** '**particularly at life's pressure points**: the crucial times of transition from one life stage to another; from moving away from home for university, to having children or dealing with the loss of a loved one' (Mental Health Foundation, 2016). Stigma and discrimination can impede people seeking the help that they need and can make their difficulties worse and harder to recover (Mental Health Foundation, 2017).

'We can no longer afford to wait for mental health problems to develop before taking action' (Mental Health Foundation, 2016)

The Early Intervention Foundation estimates that £17 billion per year is spent on late intervention 'addressing the damaging problems that affect children and young people, such as mental health problems, unemployment and youth crime' (Early Intervention Foundation, 2015). Only 1 in 4 people receive treatment for mental health problems, yet research tells us that every **£1** invested could return from **£5** through early diagnosis and treatment of depression at work, to **£84** through school-based social and emotional learning programmes. (Knapp, 2011). Therefore, we want to prevent poor mental wellbeing before needing treatment.

> 'Support during a time of crisis can prevent deterioration of mental health'
>
> The BME Health Forum for Hammersmith and Fulham, Westminster and Kensington and Chelsea

Prevention is a priority at a population level, but it was also found to be the number one priority of individuals during the engagement stage of the NHS England's Mental Health Taskforce (Independent Mental Health Taskforce to the NHS, 2015). Respondents believed that getting help early could stop mental health problems escalating. The specific themes the respondents thought could make a difference included:

Starting well
- Support for new mothers and babies can improve maternal health and reduce maternal depression (Source: JSNA Fact Sheet)

Education
- Mental health promotion within schools and employers

Self manage
- Being able to self manage mental wellbeing

Staying active
- Ensuring good overall physical and mental health and wellbeing

Case Study: Daily Mile (WCC)

A simple but effective concept that gets children running outside in the fresh air for 15 minutes each day, improving fitness, concentration, academic performance and wellbeing. Encouraging children to be active from a young age can start good habits that will benefit them throughout their lives.

“The Daily Mile gives my restless kids the chance for a good energy release before we continue our normal day”. - Y4 Teacher.

"I like that we get to talk to our friends" -Y3 Student

5. Who do we think is most at risk?

Whilst everyone should look after their mental wellbeing, research tells us that some groups are at particular risk of developing mental health problems, including:

BME residents

All three boroughs have high levels of international migration and cultural diversity with around half of the resident population born outside of the UK. Black, Asian, Arabic and other minority ethnic groups comprise of 33.9% of H&F's population, 30% of WCC's population and 29% of RBKC's population. Around half of the population of the tri-borough wards with the lower than average wellbeing are BAME residents (source: London Borough Profiles and Atlas).

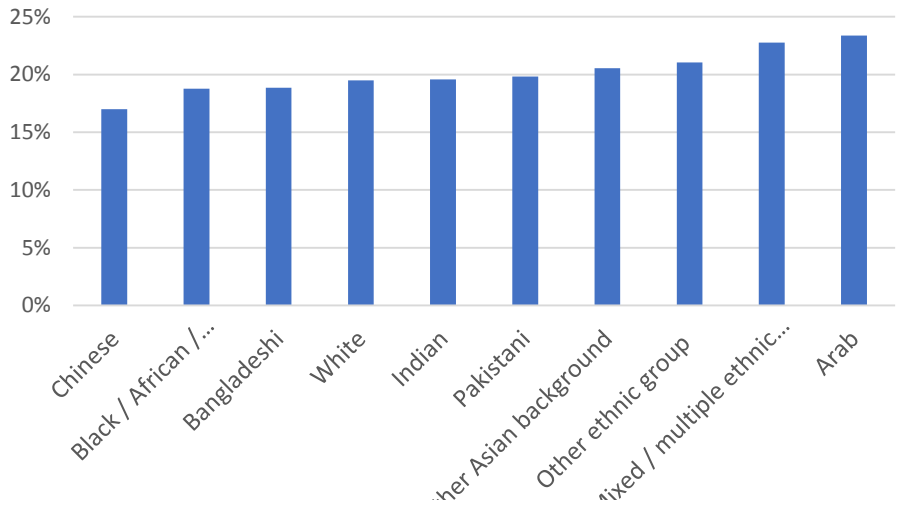
Support for mental wellbeing is one of the **most often found needs** amongst BME communities (1)

Young people who are black are 1.3x more likely to report **low life satisfaction** compared to young people who are white (2)

Helping the **stigma** to decrease will allow ethnic minority communities to reach out for help when needed (3)

(1) (BME Health Forum, 2017) (2) (Public Health England, 2016) (3) (Independent Mental Health Taskforce to the NHS, 2015)

When asked 'how anxious did you feel yesterday?' a slightly higher percentage of ethnic minorities, particularly Asian, Arab and other ethnic groups, scored themselves higher on a scale of 0-10 (10 being very anxious).



Source: Anxiety in the UK by protected characteristics 3 years to 2015, Annual population survey (ONS)

LGBT people

London has the highest percentage of LGBT people in the UK, with 3% of the population identifying as LGB and other in the annual population survey, and a further 7% identifying as 'don't know' or 'refuse'.
The LGBT Foundation suggests 'it is thought that lesbian, gay and bisexual people are at significantly higher risk of mental health problems, suicidal thoughts and deliberate self-harm than heterosexual people.' (LGBT Foundation, 2017). Contributing factors include homophobia, isolation and discrimination (LGBT Foundation, 2017).
Young people who are bisexual are 3.3x more likely to report low life satisfaction compared to young people who are heterosexual (Public Health England, 2016).

Carers

87% Of respondents* stated that caring had a negative impact on their mental health. Contributing factors included lack of practical support and lack of financial support.

*In a survey of 3,400 carers in the UK (Carers UK, 2012).

People living with physical and learning disabilities

There are 7,660 people (3.2% of the population) who are living with a physical or learning disability in Westminster, 6,070 (3.4% of the population) in Hammersmith and Fulham and 4,500 (2.8% of the population) in Kensington and Chelsea (DWP disability living allowance November 2016, ONS).

Findings suggest that having a learning disability increases the likelihood of a mental illness. Contributing factors range from the biological aspects of learning disabilities to environmental and social experiences (The Shaw Mind Foundation, 2017). **Researchers also found that 30% of those with a long term physical condition also have a mental health problem and are particularly at risk of anxiety and depression**. Contributing factors include financial concerns and increased isolation (The Shaw Mind Foundation, 2017).

Children in care

60%

Of looked after children have some form of emotional or mental health illness (Public Health England, 2016)

This is about six times higher than all children in the local population.

The period of time around when young people leave care can also be a particularly challenging time for their emotional wellbeing. Those who participated in interviews and workshops pointed out that care leavers frequently experience many transitions in a short period of time, including leaving their placement (and carer), a change of key worker and, in some cases, moving to a new geographical area to live in new accommodation. Therefore, leaving care can be a particularly stressful time.

(NSPCC, 2015)

People with long term conditions

Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life.

45%
Additional cost

Co-morbid mental health problems raise total health care costs by at least 45% for each person with a long term condition, estimated to cost between £8bn and £13bn in England each year.

People living in poverty

> Poverty increases the risk of mental health problems, and can be both a causal factor and a consequence of mental ill health. Mental health is shaped by the wide-ranging characteristics (including inequalities) of the social, economic and physical environments in which people live.

(The Mental Health Foundation: Elliott, 2016)

Locally, the most deprived wards are also the wards with the lowest wellbeing scores as shown in the map in page 5

People who experience traumatic life events

Around 1 in 3 adults in England report having experienced at least one traumatic event.

> "When you experience a traumatic event, your body's defences take effect and create a stress response, which may make you feel a variety of physical symptoms, behave differently and experience more intense emotions. […] However, if these feelings persist, they can lead to more serious mental health problems such as post-traumatic stress disorder (PTSD) and depression."

(The Mental Health Foundation, 2017)

The Grenfell Tower Fire was an unprecedented large-scale traumatic event that will have an impact both directly and indirectly, across families, professionals and our diverse communities. I intend to focus on the Grenfell Tower tragedy in more detail in next year's annual public health report.

Our efforts so far have focused on providing coordinated, accessible information and support to all of those who may be affected, including developing and implementing a **multi-agency therapeutic phased based approach to health and wellbeing.**

Lessons from a number of recent national incidents (e.g. Manchester and Southwark) indicate that initiating such an approach is an extremely useful strategy to employ as part of the overall intervention plan.

Based on these lessons learned and the evidence the approach consists of the following:

Universal Offer: 'Getting Advice'

For all adults and children who have had direct or indirect involvement. This is disseminated through community, primary care and specialist services to ensure adults, children and young people are able to access advice and support as necessary through universal services.

Targeted Offer: Getting Help'

For supporting adults who have been exposed to the trauma of the events and children / young people who continue to experience distress or ongoing symptoms and are not responding to a universal offer. Delivered by various professionals and provider organisations.

Specialist Offer;' Getting More Help'

For adults exposed to the trauma of the events where symptoms are present between four and twelve weeks and for children / young people experiencing moderate-severe needs (persistent or increasing symptoms, impact on day-to-day living and lack of emotional and social support). Delivered by specialist mental health organisations.

Case Study: Sing to Live (RBKC)

Haseena is an elderly woman from the Middle East, who fled from her country in the 1980s and has been a refugee in the UK since.

She loves attending StL workshops and enjoys the opportunities that the workshops bring to improve her English and help her learn other languages, such as Spanish through the song "*Gracias a la Vida*". Singing "*This is Home*" makes her think about her home which initially she found upsetting, but now she uses singing as a way to express emotions associated with leaving her homeland.

"Sing to Live, Live to Sing makes you happy… and joyful!"

6. How can we maintain and improve our own wellbeing?

There are ways that we can maintain and improve our mental wellbeing. The Five Ways to Wellbeing (New Economics Foundation , 2008), according to research, can really help to boost our mental wellbeing. The NHS suggest if we give them a try, we may feel happier, more positive and able to get the most from life (NHS, 2016):

- ✓ **Connect.** Connect with the people around you, your family, friends, colleagues and neighbours. Arrange to meet up with family or friends you haven't seen for a while. Or pick up the phone. Speak to someone new today. Building these connections will support and enrich you every day.

- ✓ **Be active.** Go for a walk, cycle, swim, play a game of football, spend time gardening, join a dance class, or visit your local park. Find an activity that you enjoy and make it a part of your life – exercising makes you feel good.

- ✓ **Take notice**. Be aware of the present moment and the world around you. Be curious. Explore your local landmarks. Visit your local market or festival. Reflecting on your experiences will help you appreciate what matters to you.

- ✓ **Keep learning.** Try learning a new skill or rediscover an old hobby. Sign up for that cookery course you have always wanted to do. Learn to play a musical instrument or a new language. Figure out how to fix your bike or put up a shelf. Visit a local gallery or museum. Learning new things will make you more confident as well as being fun.

- ✓ **Give.** Say thank you to someone, for something they've done for you. Smile. Phone someone who needs your support or company. Volunteer your time at a local community group, or in your local school, library or hospital. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Help to achieve the five ways to wellbeing

For more examples on how to achieve the five ways to wellbeing if you have a few minutes, an hour or longer, visit our website:
www.jsna.info/roadstowellbeing

For further help, you can also visit these useful links:

People First is a council resource that provides a wealth of information on all the services available to you to lead healthy and independent lives

NHS Choices is the online 'front door' to the NHS

Or visit your GP.

Case study: Abbey Community Centre (WCC)

Mrs Abboud* is a mother of two in her mid-thirties from the Middle East. Before she joined ACAL as a member she was looking after her family but not developing her career. She joined ACAL as a member in 2012, where her two boys accessed our after school football sessions and she completed our accredited Culinary Arts and Food Hygiene & Safety courses. Mrs Abboud* was then trained by the BME Health Forum to become a Mental Wellbeing Champion, where she has been working as a sessional worker to support our community members who are experiencing difficult personal circumstances that cause them stress anxiety and depression. This led to Mrs Abboud* securing part-time employment as a Family Support Worker with St Vincent Family Centre.

'I'm very grateful to the Abbey Centre that open new opportunity for me to gain skills, knowledge and made friendships. I also have created good connection & networks and secured volunteering opportunity that eventually led to a part-time employment"

**Names have been changed*

7. Next steps and recommendations

There is already a considerable range of local activity (from statutory services to community groups) taking place in our boroughs which has a positive impact on mental wellbeing. This report provides a snapshot of some of that activity. A key challenge for local authority and NHS partners is to consider how our services and activity can improve the mental wellbeing of our local community. The recommendations outlined below are a step in this direction.

Health and Wellbeing Boards

- To better understand the mental wellbeing needs and issues for the local population the Health and Wellbeing Boards should commission a Joint Strategic Needs Assessment (JSNA) on mental health and wellbeing in our local population
- Promoting mental health is one of the four priorities of each Joint Health and Wellbeing Strategy. The delivery plans should be checked against this annual report and refreshed when the findings of the JSNA are published
- Members of the Health and Wellbeing Board to explore the feasibility of using the Roads To Wellbeing infrastructure, or a similar geographic approach, to develop an asset based resource

Local employers

- Public and private sector employers need to promote the importance of mental wellbeing for their staff. The mental wellbeing of staff should be given equivalent status and consideration as physical health and wellbeing.
- Council People Services and NHS HR teams should produce a business case for investment in Mental Health Awareness Training programmes for staff

Communications

- Council and NHS communications teams should identify opportunities to promote mental wellbeing across all messaging, including the 5 Ways to Wellbeing framework.
- Each council should take a proactive role in the Thrive LDN city wide movement which seeks to improve the mental health and wellbeing of all Londoners

Schools

- We will work with local schools to explore opportunities to promote Mental Health First Aid training for parents and staff

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Where can I find out more?

Public Health England publishes numerous data sets and local profiles through its Mental Health, Dementia and Neurology Intelligence Network. Among others, these include profiles on children & young people's mental health, suicide prevention, crisis care and substance misuse.

For up-to-date information on local demographics, health and care, you can find a wide range of data on the online, interactive **Highlight Reports**.

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City of Westminster

Westminster Health & Wellbeing Board

Date:	14 September 2017
Classification:	General Release
Title:	Mental Wellbeing Campaign
Report of:	Cabinet Member for Adult Social Care and Public Health
Wards Involved:	All
Policy Context:	*City for All* *Director of Public Health's Annual Report* *Health & Wellbeing Strategy*
Financial Summary:	N/A
Report Author and Contact Details:	Ezra Wallace, Head of Corporate Strategy ewallace@westminster.gov.uk

1. Executive Summary

1.1. This report outlines the proposed direction of travel for developing a campaign to promote awareness of mental wellbeing in response to the recommendations of this year's Director of Public Health's annual report.

2. Recommendations

2.1. The Board is invited to:

- Consider how the campaign could complement your priorities and local services
- Note the next steps in developing the campaign and opportunities for further detailed co-design with partners and the community

3. Key Matters for the Board

3.1. City for All 2017/18 commits the council to the launch of a campaign to tackle the stigma associated with mental health and promote awareness of the wider issues related to mental wellbeing. This commitment aligns with the recommendations

of this year's Director of Public Health's annual report and the priority in our Health & Wellbeing Strategy to improving mental health through prevention and self-management.

3.2. This year's Director of Public Health's annual report highlights that poor mental wellbeing can affect anyone at any time.

- **Young people** who are **bisexual** are over three times more likely to report low life satisfaction compared to those who are heterosexual (Public Health England, 2016)
- 50% of lifetime mental health problems are established by **age 14**; 75% by **age 17**; yet 1 in 4 **children** who need treatment receive it
- In the later years of retirement, **74 and older**, anxiety stays continuously high, but happiness, life satisfaction and feeling worthwhile decrease. (Wellbeing by protected characteristics 3 years to 2015, Annual Population Survey (ONS)
- Support for mental wellbeing is one of the most often found needs amongst **BME communities** in Westminster
- More **adults** Westminster live with anxiety than the London average (Anxiety, annual population survey 2016)
- 2M Londoners will experience mental ill health this year (Thrive LDN)

3.3. To communicate the findings of the Director of Public Health's annual report and promote awareness of mental wellbeing, we are developing a campaign that will:

- Communicate the key messages and actions in the Director of Public Health's Annual Report, namely that we will should all take the time to look after our mental wellbeing, we can take small steps to maintain our mental wellbeing , and we can achieve this through the 'five ways to Wellbeing'
- Deliver a programme that will helps residents improve mental wellbeing so that they can make the best of their lives and to thrive in the heart of London, whatever their background
- Increase awareness of mental health services amongst children and vulnerable groups, to make sure those who need help receive it

3.4. The campaign will be underpinned by a core narrative based on the following key messages:

- Mental wellbeing is everyone's business
- Poor mental wellbeing can affect us at any point in our lives, and is fundamental to all aspects of our lives
- There are things all of us can do to support our own wellbeing as well as those around us, as demonstrated in the five ways to wellbeing
- To help build the resilience of our local communities we need to know more, building our local understanding of mental wellbeing of residents
- We can achieve this by working together and considering our mental wellbeing when commissioning and evaluating services

3.5. These messages will be communicated through three distinct areas of focus:

Strategy	**Intended outcome**
EXPLAIN: Focus on recommendations of the Director of Public Health's Annual Report and the 'five ways to wellbeing' • Prioritise groups that are at the most at risk (young people under 17, older people over 65, BME and LGBT groups) • Tailor key messages from the report and identify the right council channels and partner organisations to engage these groups • Use JSNA resources and Westminster City Council services as a clear call to action and drive traffic to these websites	Outcome: Priority groups can learn about how to look after their mental wellbeing and are aware of the resources available to help them
INVOLVE: Promote existing activities and resources in people's local neighbourhoods through the 'road to wellbeing map' and involve priority groups through local events held in partnership with community and voluntary groups. • Engage with partners to provide monthly round-up of events that can be promoted via council channels • Create a calendar of national campaigns and awareness days and use to promote key messages and services that are relevant to residents on Council channels	Outcome: Residents are equipped with where and how they can maintain their wellbeing and are encouraged to participate in local events

CHANGE BEHAVIOUR: Deliver a focussed behaviour change campaign for a particular audience (to be co-designed with partners and the community).	Outcome: Improved self-management of mental wellbeing for a particular target group (to be identified with partners)

3.6. Planning is still at an early stage and this paper is intended to give the Board an early view of the emerging strategy and objectives for the campaign. The Cabinet Member for Adult Social Services and Public Health will be hosting a stakeholder conference on 21 September to further co-design the specific elements of the campaign with partners and the community ahead of a phased launch from Mental Health Awareness Day on 10 October.

4. Legal Implications

4.1 None at this time.

5. Financial Implications

5.1 None at this time.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:
None

BACKGROUND PAPERS:
None

City of Westminster

Westminster Health & Wellbeing Board

Date:	14th September 2017
Classification:	**General Release**
Title:	Westminster Health and Wellbeing Board Engagement Protocol
Report of:	Head of Health Partnerships; Chief Executive Officer of Healthwatch; Central London Clinical Commissioning Group
Wards Involved:	All
Policy Context:	Health and Wellbeing; Public engagement
Financial Summary:	N/A
Report Author and Contact Details:	Harley Collins (Harley.collins@lbhf.gov.uk)

1. Executive Summary

1.1 This report sets out an approach and set of principles to underpin all public and stakeholder engagement activity undertaken by the Board in relation to the Joint Health and Wellbeing Strategy Work Plan (Appendix A). The purpose of an 'Engagement Protocol' is to set a benchmark against which the Health and Wellbeing Board (HWB) can be held to account for its standards and practice in relation to public and patient engagement, both by itself and others. The report also provides a list of the known public, patient and stakeholder groups and networks operating in Westminster (Appendix B) to support ongoing engagement work.

2. Key Matters for the Board

2.1 The HWB is asked to:

i. consider and comment on the engagement principles and approach set out;

ii. subject to (i) commit to the principles and approach in relation to all HWB engagement activity moving forward; and
iii. Note the list of engagement networks and groups operating in Westminster.

3. Background

3.1 Engaging patients and the public in the commissioning and provision of services is both recognised best practice and a statutory requirement under the Health and Social Care Act 2012. Under the Act, CCGs and local authorities have a duty to involve local people who live or work in the area in the preparation of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS).

3.2 NHS commissioners (CCGs and NHS England) are required by the NHS Act 2006, as amended by the Health and Social Care Act 2012, to secure that individuals to whom their services are or may be provided are involved in: the planning of commissioning arrangements; in the development and consideration of proposals for changes to commissioning arrangements likely to have a significant impact on health or the services available; and in decision of the group…where the implementation of a decision would have such an impact.

3.3 The Best Value Duty places Local Authorities and other 'Best Value' authorities under a general duty to consider economic, environmental, and social value when reviewing service provision. To fulfil this Duty, local authorities are under a Duty to Consult representatives of a wide range of local persons; this is not optional. Authorities must consult representatives of council tax payers, those who use or are likely to use services provided by the authority, and those appearing to the authority to have an interest in any area within which the authority carries out functions. Authorities should include local voluntary and community organisations and small businesses in such consultation. This should apply at all stages of the commissioning cycle, including when considering the decommissioning of services.

3.4 Additionally, Healthwatch – a statutory member of the HWB – has particular duties in relation to public and patient engagement and advocacy including:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;

- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

3.5 The benefits of good public engagement include:

- Improved understanding of community expectations, needs, concerns and aspirations
- Improved understanding of the role and contribution of the community
- Ability to build community support and trust and improve stakeholder relationships
- Improved community understanding of the Board's responsibilities and plans
- Improved credibility of the Board within the community
- Improved quality of decision-making by the Board
- An enhanced and informed political process
- Greater prospects for compliance through increased ownership of a solution and greater community advocacy for a course of action
- Greater access to community skills and knowledge
- Improved community understanding of health and wellbeing issues and responsibility for health and wellbeing outcomes

3.6 Public and patient consultation and engagement was a strong feature of the Joint Health and Wellbeing Strategy (JHWS) 2017-22 preparation work that took place throughout 2016. The engagement activity that supported JHWS development was planned to enable the public, patients and stakeholders to have a meaningful say about possible areas of HWB focus for the next five years. It included an online feedback platform and a wide range of consultation and engagement events running in parallel.

3.7 A snapshot of the engagement activity includes:

- 100+ responses to online and postal consultation survey
- 12 community events and public meetings

- 15+ provider organisations attended ‘Health and Care Providers’ roundtable event on 8 September
- 60+ businesses attended ‘Health is Everyone’s Business’ meeting at Somerset House on 14 September
- 40+ members of the public attended the ‘Open House’ event at Church Street Library on 5 October
- 160+ members of the public attended ‘Westminster Open Forum’ on 6 October to provide feedback on HWB draft priorities

3.8 In 2017, HWB partners have worked to translate the agreed priorities in the JHWS into a detailed Implementation Plan, highlighting the projects and campaigns it will focus on, sponsor and watch. As the HWB moves into delivery, it is important that it continues to maintain a strong public and patient engagement (PPE) focus so that patients and the public can be fully engaged in the work of delivery and implementation.

4. Options / Considerations

4.1 This report outlines best practice principles in relation to PPE for the Board’s consideration and comment. The purpose of an ‘Engagement Protocol’ is to enable the HWB to be held to account – via a published public statement of intent – letting patients, the public and wider stakeholders know what they can expect from the HWB when it engages.

4.2 Such a commitment is complimentary to the individual requirements on organisations to engage set out in statute and connects those requirements to the Joint Health and Wellbeing Strategy.

4.3 **Engagement Principles**

Best practice dictates that all public, patient and stakeholder engagement carried out by the HWB should be:

- **Timely**: Engagement will provide sufficient time for input and for reporting back on how the input was used.
- **Inclusive**: Engagement activities will be planned to be inclusive, accessible and respond to the needs of all communities removing potential barriers to participation so that the widest possible range of views are heard.
- **Transparent**: Engagement will provide clear, relevant, and complete information, in plain language throughout the process that communicates the purpose, expectations, and limitations clearly.

- **Adaptive**: Engagement plans will be tailored to the nature of the topic being discussed and flexible enough to be modified during the public engagement process, as needed.
- **Co-operative**: Engagement activity will aim to build trust and maintain positive, respectful, and co-operative relationships with participants.
- **Accountable**: Will provide participants with information on how their feedback will be considered and adopted, or why it was not adopted.
- **Continuously Improving**: Engagement initiatives and methods will be reviewed and evaluated continuously to improve the quality of the public engagement process over time, seeking input from participants about the process and the content.

4.4 **Engagement Approach**

4.5 The HWB believes that wherever possible, those who are affected by a decision have a right to be involved in the decision-making process. Public engagement therefore requires the involvement of those affected by or interested in a decision and includes an implicit promise that the public's contribution will influence the decision.

4.6 'Good' engagement must therefore seek to facilitate the involvement of those potentially affected by or interested in a decision, provide them with the information they require to participate in a meaningful way and let participants know how their input has affected the decision.

4.7 Differing levels of engagement are necessary depending on the goals, time frames, resources, and levels of concern around the decision to be made but for all levels of engagement, it should be made clear what are the goals and objectives and what the public can expect from it.

Table 1. Adapted from the International Association of Public Participation (IAP2) 'Spectrum of Public Participation' Source: https://c.ymcdn.com/sites/www.iap2.org/resource/resmgr/foundations_course/IAP2_P2_Spectrum_FINAL.pdf

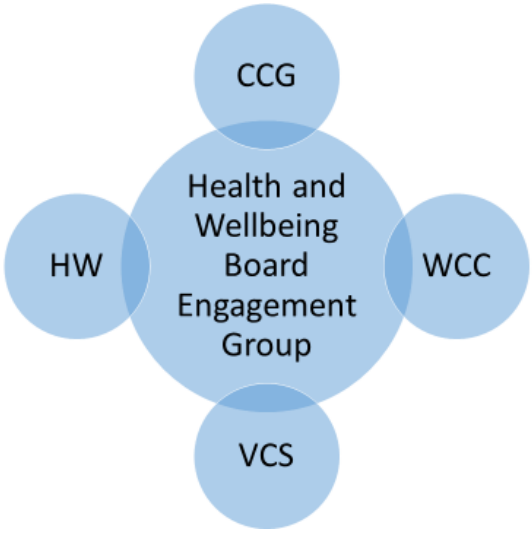
	Inform	Consult	Involve	Collaborate	Empower
Public participation goal	To provide balanced and objective information in a timely manner	To obtain feedback on analyses, issues, alternatives and decisions	To work with the public to make sure that concerns and aspirations are considered and understood	To partner with the public in each aspect of decision making	To give responsibility for final decision making to the public
Promise to the public	"We will keep you informed"	"We will listen to you and acknowledge your concerns"	"We will work with you to ensure your concerns and aspirations are directly reflected in the decisions made"	"We will look to you for your advice in formulating solutions and incorporate this into our decisions as much as possible"	"We will implement what you decide"
Engagement methods	• Fact sheets • Websites • Open houses	• Public comment • Focus groups • Surveys • Public meetings	• Workshops • Deliberative polling	• Advisory Panels • Participatory decision making	• Citizen juries • Referenda • Delegated decision

4.8 **Further Considerations**

4.9 The engagement principles and approach set out above could be used to inform the development of a more detailed engagement plan overseen by engagement leads from the HWB member organisations who will work together to plan and deliver all HWB engagement activity across Westminster. The role of the Engagement Steering Group would be to:

- Develop, maintain, and oversee the HWB engagement plan and coordinate engagement activity across local authority, NHS, VCS and Healthwatch planning processes.
- Advise on how health and wellbeing partners can best engage with communities
- Support greater community and service user leadership in health and wellbeing
- Actively share learning and information between partners and key stakeholders
- Share tools and methods for delivering coproduction network activities

- Identify blocks to increased co-production and work with HWB leaders to overcome them
- Demonstrate changes in behaviours towards more co-operative working
- Maintain a co-operative relationship with the HWB, reporting back regularly and obtaining a steer on future engagement activities and focus**.**



4.10 The ESG would meet bimonthly and be chaired by the Healthwatch CEO.

5. Legal Implications

5.1 Sections 3.2, 3.3 and 3.4 sets out the statutory requirements to engage with service users and citizens when considering future service provision and strategy.

6. Financial Implications

6.1 There are no financial implications arising directly from this report.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:

Harley Collins, Health and Wellbeing Manager

Email: Harley.collins@lbhf.gov.uk

Telephone: 0208 753 5076

APPENDICES:

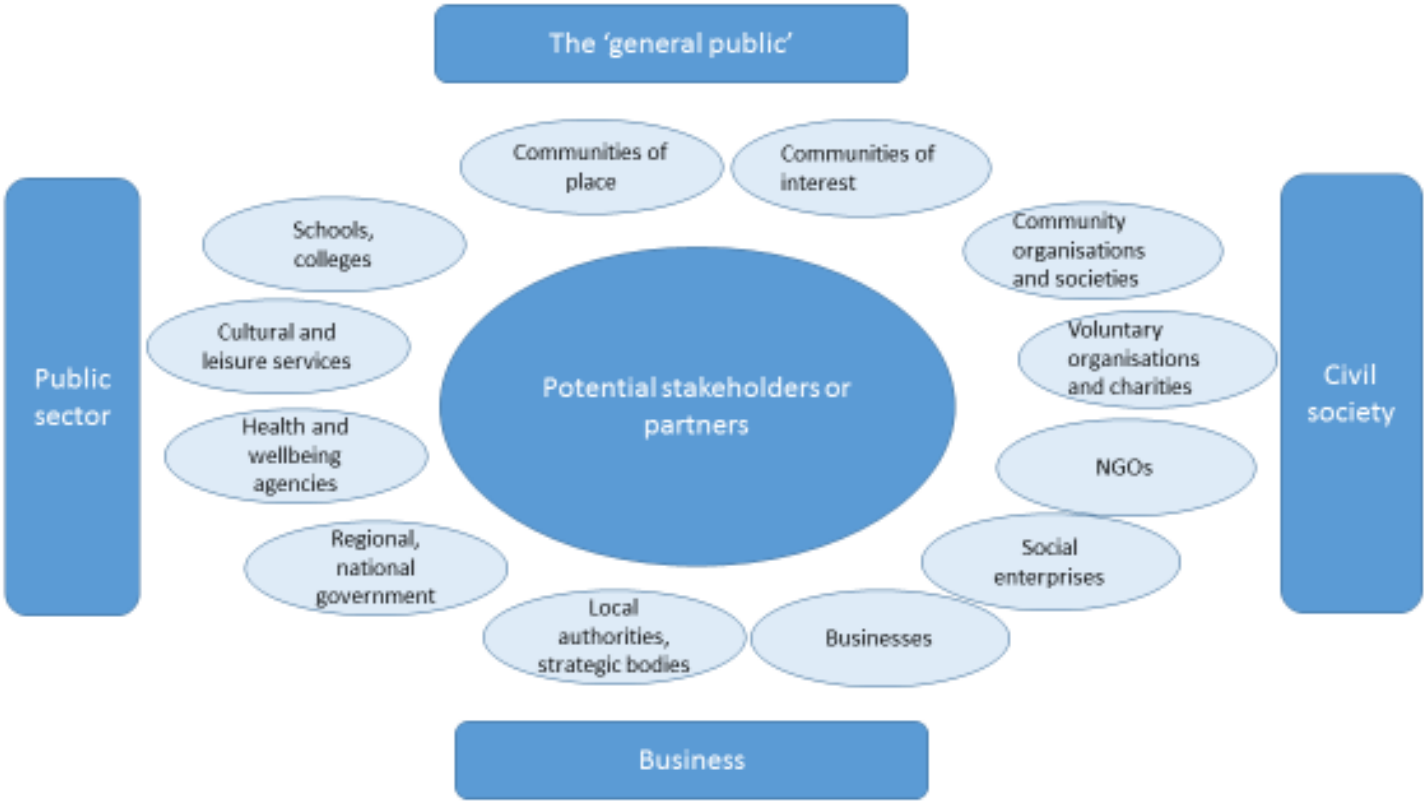
- Joint Health and Wellbeing Strategy Work Plan (Appendix A)
- Stakeholder Map: List of public, patient and stakeholder groups and networks operating in Westminster (Appendix B)

Appendix A: Westminster City Council: Health and Wellbeing Strategy Implementation and Work Plan 2017/18

	May –June 17	July-August 17	Sept-Oct 17	Nov-Dec 17	Jan – Feb 18	March – April 18
Meeting Date	**25 May**	**13 July**	**14 Sep**	**16 Nov**	**18 Jan**	**22 March**
Key Plans (Sponsor)						
H&WB Strategy Implementation Plan	• Workshop to develop Plan	• Plan for agreement (WCC)			• Workshop to develop 18/19 Plan	• Plan for agreement
Better Care Fund Plan	• Update	• Update (WCC)	• **Draft plan for agreement (WCC, CL CCG)**		• Update	
Sustainability & Transformation Plan		• Overview of 17/18 priorities (WCC)	•	• Update		• Update
H&WB Priorities						
HWB Priority 1: Improving health and care for children, young people and families				• Improving oral health for under 5s in Westminster Presentation (WCC/ChelWest)	• Children's Prevention Commissioning Strategy	
HWB Priority 2: Improving the management of long term conditions		• **Review of Primary Care Strategy (CL CCG)**	• **Outcome of Health Watch review of Care Coordinators (Health Watch)** • **Whole Systems Model of Care Presentation**	• **Whole Systems Commissioning Intentions (CL CCG)**	• Care Homes Commissioning Strategy and Improvement Programme (WCC)	

			(CL CCG)			
HWB Priority 3: Improving Mental Health Outcomes		• **Public Health consultation on Mental Wellbeing to inform Annual report (WCC)**	• Mental Health Transformation Update & Overview (WL CCG)		• Mental Health Transformation Update & Overview (WL CCG)	
HWB Priority 4: Delivering a sustainable health and social care system			• Whole Systems Dashboard and measuring health outcomes demonstration	• **Community Independence Service Commissioning Intentions (CL CCG)**	• Improving Hospital Discharge/Managing Transfer of Care (CL CCG, WCC)	
HWB: Priority 5: Radically upgrade prevention and early intervention			• **Consideration of Annual Public Health Report (WCC)**	• Older Peoples Health and Wellbeing Hubs Commissioning Review (WCC)	• **Making Every Contact Count presentation and action planning (WL CCG)**	

Appendix C – Stakeholder Mapping



Westminster engagement networks	
'General public'	**Civil society**
Public sector	**Business**

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NHS
North West London
Collaboration of
Clinical Commissioning Groups

Whole Systems Integrated Care

North West London Collaboration of CCG's

North West London
Whole Systems Integrated Care

Objectives of today's session

1. Introduce the WSIC Dashboards and how we share data across NWL
2. Explain how the dashboards are being used and show you some of the visualisations being developed on the personal health records
3. Explain how we are developing the product and supporting adoption across the system

Who is developing the WSIC Dashboards?

Key enabler to North West London's Sustainability and Transformation Plans (STPs)

Key facts • Over 2 Million People • Over £4bn Annual Health & Care Spend • 8 Local Boroughs • 8 CCGs & Local Authorities • Over 400 GP Practices • 10 Acute & Specialist Hospitals • 2 Mental Health Trusts • 2 Community Health Trusts

CCGs

- NHS Central London Clinical Commissioning Group
- NHS West London Clinical Commissioning Group
- NHS Hammersmith and Fulham Clinical Commissioning Group
- NHS Hounslow Clinical Commissioning Group
- NHS Ealing Clinical Commissioning Group
- NHS Brent Clinical Commissioning Group
- NHS Harrow Clinical Commissioning Group
- NHS Hillingdon Clinical Commissioning Group

Acute

- The Hillingdon Hospitals NHS Foundation Trust
- Chelsea and Westminster Hospital NHS Trust
- London North West Healthcare NHS Trust
- Imperial College Healthcare NHS Trust

Social Care

Brent · Harrow Council London · Hillingdon London · The Royal Borough of Kensington and Chelsea · City of Westminster · h&f hammersmith & fulham · London Borough of Hounslow · Ealing www.ealing.gov.uk

Mental Health

- Central and North West London NHS Foundation Trust
- West London Mental Health NHS Foundation Trust

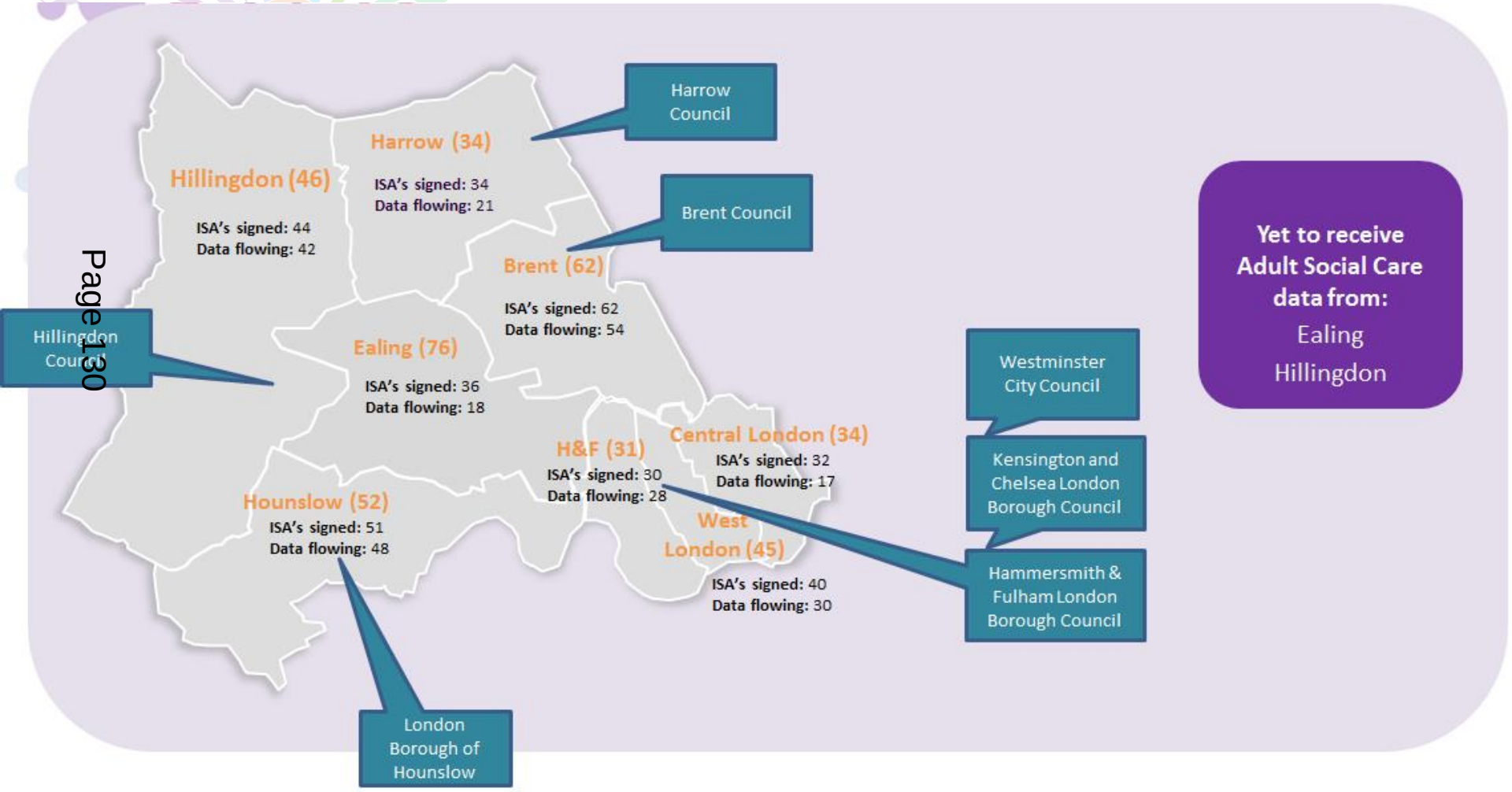
Community

- Central London Community Healthcare NHS Trust
- Hounslow and Richmond Community Healthcare NHS Trust

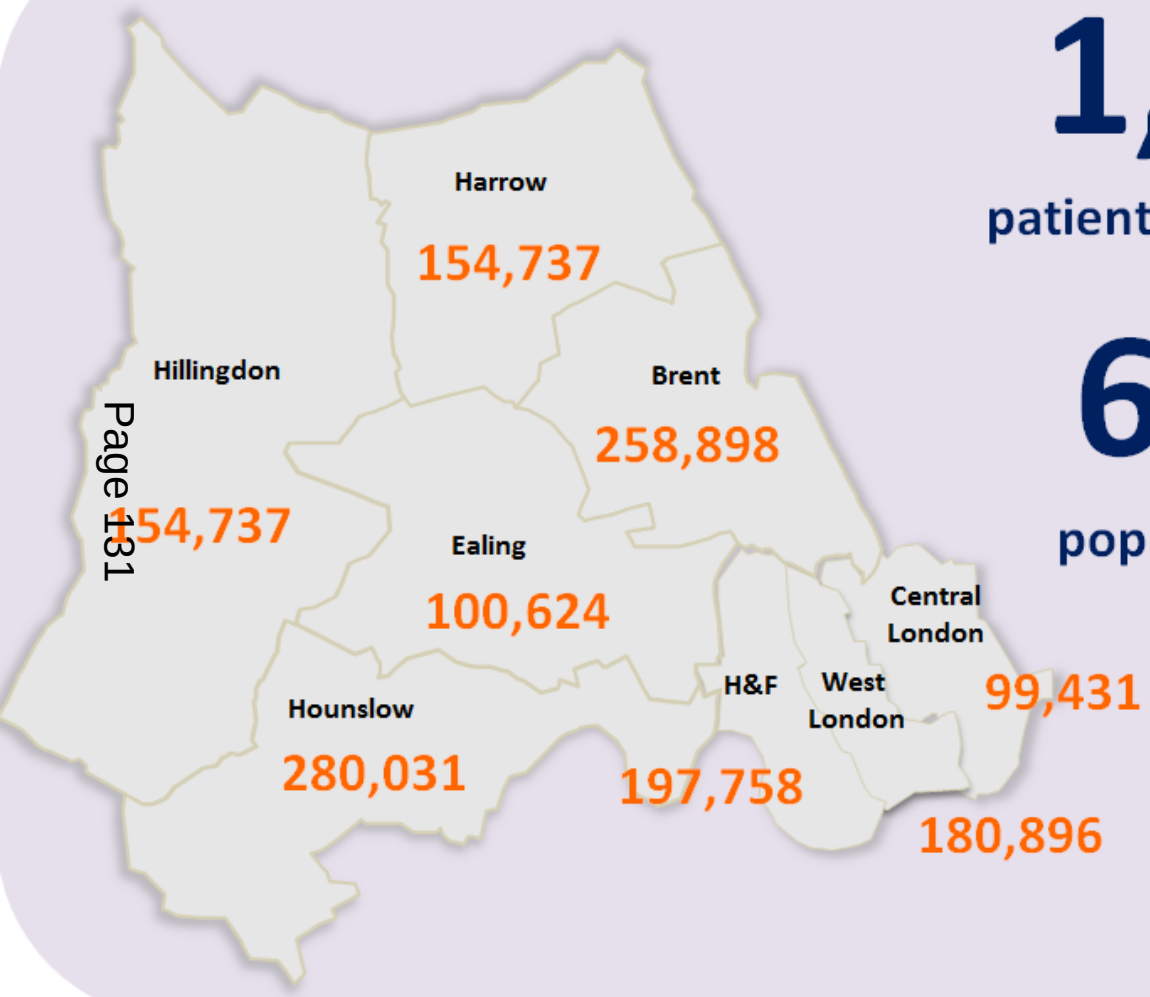
GPs

NWL ISA Heat Map

Digital Information Sharing Agreements (ISA) in place with 346 health and social care providers across the NWL system – covering over 1.5 million people to date



WSIC Data Warehouse population



1,533,724

patients in the WSIC data warehouse

67.0% of the patient population in North West London

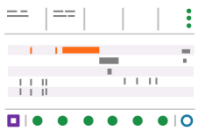
Whole Systems Integrated Care (WSIC) solution

Derived Measures
Long Term Conditions
electronic Frailty Index (eFI)
Spend

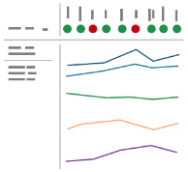
Core Data
Activity
Prescriptions
Demographics

Reference Data
Organisation
BNF
Postcode 'out codes'

WSIC Data Warehouse


Integrated Patient Summary

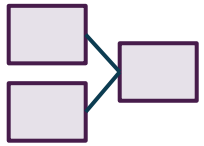

Case Finding Tools


Long Term Condition Management Tools

DE-IDENTIFIED


Population Health


Benchmarking


De-identified dataset


District Nurses


Care Coordinators


GPs


Clinical teams in secondary care


ACPs


Researchers

Analytics for Direct Care

How the WSIC Dashboards are being used to coordinate care for NWL patients

Meet Sam and Betty

Page 134

Using Betty's story…..

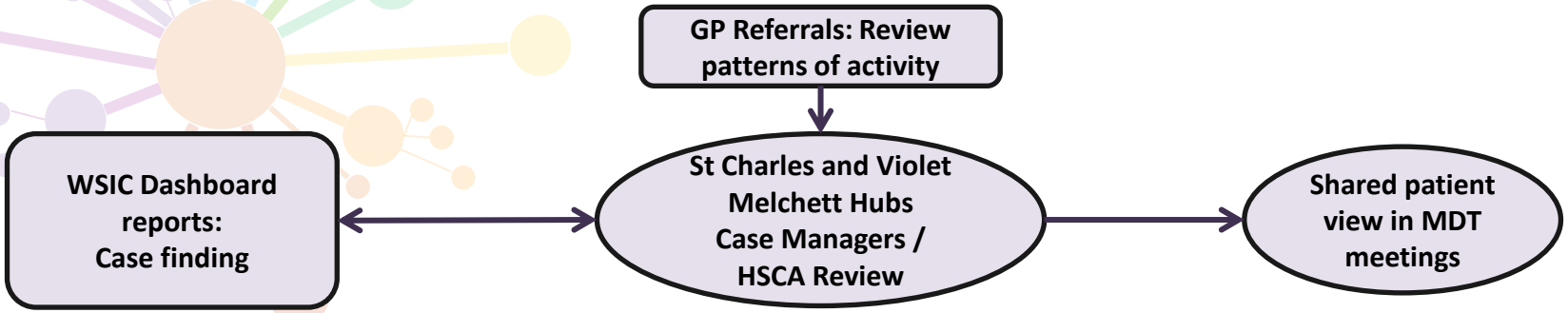
- Betty 87, suffers from COPD, Type 2 diabetes and arthritis.
- Coping well until Sam passed away, but now lonely and increasingly depressed.
- Frequently visits her GP and if she can't get hold of her GP in a crisis calls for an ambulance.

Using the WSIC Dashboards

- Care coordinator identifies Betty as a frequent A&E user and regular inpatient user on the patient radar
- Her activity timeline shows the care coordinator:
  - A sudden increase in her activity across the system, including a number of inpatient stays and A&E visits over the weekends;
  - She has not been treated for anything major in hospital;
  - She had a referral to social care but did not attend her appointment; and
  - She is attending at the practice weekly.

Use of the WSIC Dashboards

The WSIC Dashboards are used by My Care My Way staff regularly to check patients that they are due to see to understand patterns of system activity and to case find using the reports detailed below



Case Managers use the WSIC Dashboards to create the following reports…	Timeframe	Where information will be found in the WSIC Dashboards
Care Plan tracking - List of patients with out of date care plans	Monthly	Using the 'Care Plan out of date' Watch List
Review of most expensive patients - Case find expensive patients that have not been referred into My Care My Way (WL WSIC Hub)	Fortnightly	Use the 'High Cost' filter in the Patient radar
Produce list of patients with recent LTC diagnosis - use list a case finding pointer or prompt for care plan review	Monthly	Using the 'Recently Diagnosed with a LTC' Watch List
Produce list of regular In patient users - use list as case finding pointer or prompt for care plan review	Monthly	Using the 'Regular Inpatient attender' filter in patient radar
Produce list of most frequent A&E attenders - Review as a prompt for Care plan review and case finding	Monthly	Using the 'Frequent A&E attendee' Watch List
Produce LTC care plan out of date lists for follow up	Monthly	Using the 'Care Plan out of date' Watch List

All WLCCG practices incentivised to use the WSIC Dashboards in CLS Plan for 2017/18 to identify top 25 high cost patients for review

Use the drop down menu below to choose your time period and hover over a bar to see more information...

View time period

Last 2 years

Latest available data ranges from 28/02/2017 to 25/03/2017.
Hover over the "i" button below for more detail.

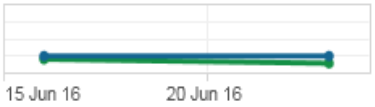
Patient Example
123 456 7890

Lives in care home

Long term condition(s):
Asthma COPD Dementia
Diabetes Hypertension

PAM Score & Level

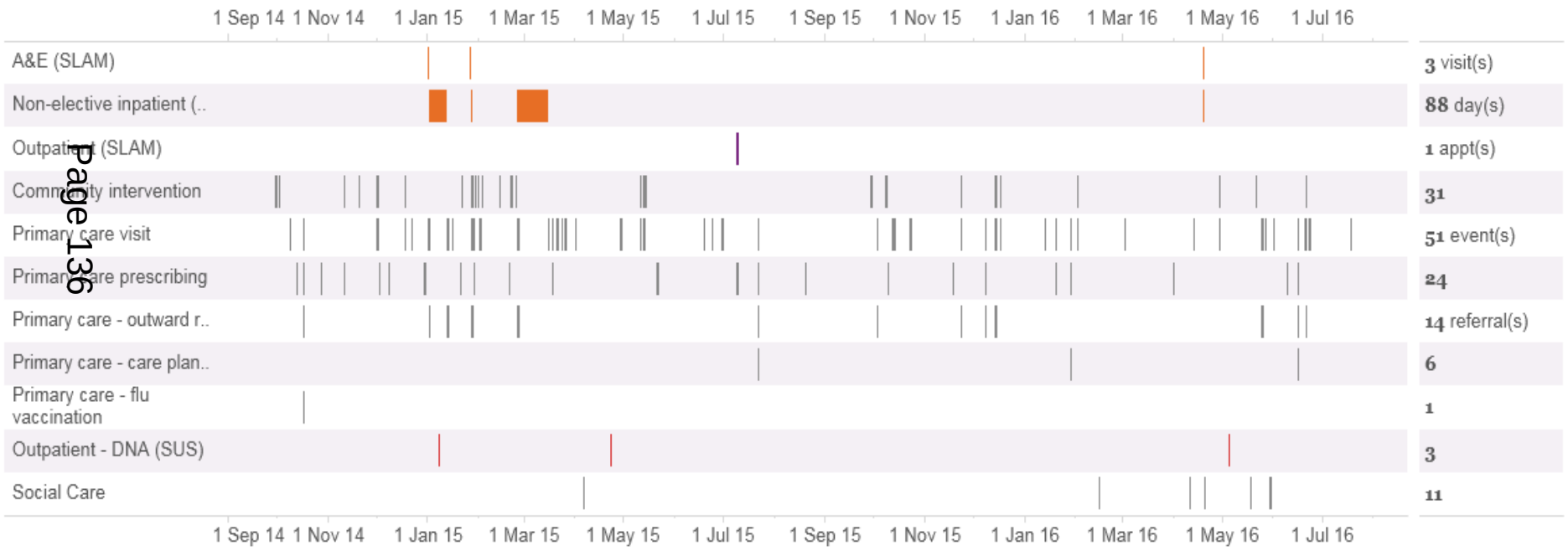
PAM Score	14.5
PAM Level	1.0



Key outcomes
Days not in hospital: 670 / 730
Total spend: £115,203

EFI: 0.47 (Severe Frailty)

Has GP care plan	
Care plan up to date	
Community care user	
Mental health user	
Social care user	



Click on a traffic light to view the trend of that indicator for the selected patient

GP Practice: (All) | Diabetes Type: (All) | Sort by: Latest Blood Pressure | Outstanding care process: None selected

398 patients on list

Patient Name (demo)	Age	# of LTCs	Diabetes Type	# of A&E visits	# of Care Processes incomplete (past year)	Care Process: BMI	HbA1c	Blood Pressure	Cholesterol	eGFR	Urine ACR	Retinal Screening	Smoking Status	Foot check	Self Care: Diabetes Education	Care Planning	Patient Goals
Patient Name	78	10	Type 2	0	4												
Patient Name	36	3	Type 2	0	9												
Patient Name	79	7	Type 2	0	4												
Patient Name	65	5	Type 2	0	2												
Patient Name	72	4	Type 2	0	0												
Patient Name	58	5	Type 2	0	3												
Patient Name	63	2	Type 2	0	9												
Patient Name	76	4	Type 2	0	9												

Patient: Patient Name, 79 (F)
Smoking Status: Non-smoker
Completed: 23 Sep 2015

GP Practice: NWL Medical Centre (E00000)

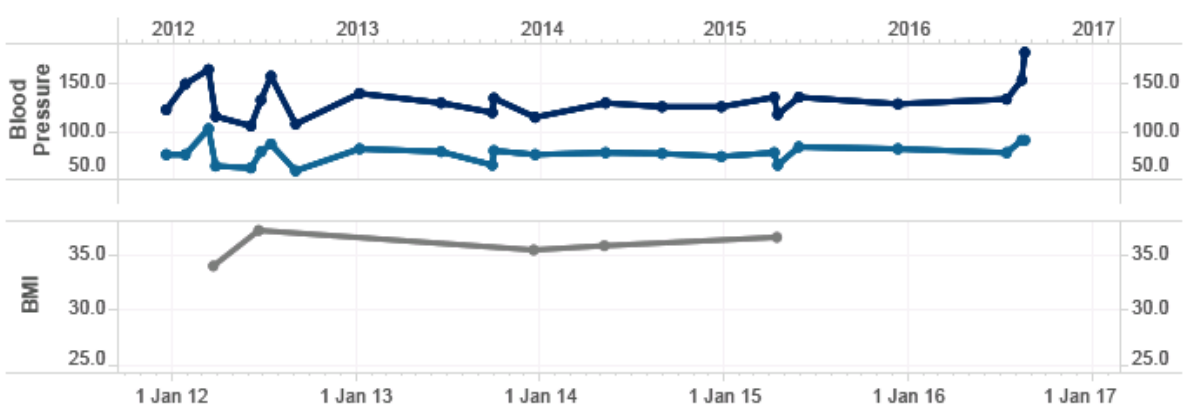
Last activity in past 12 months
Last activity in past 12-15 months
Last activity > 15 months old

Forename Surname, 79 (F)

NHS #: NHS Number

Long term conditions:

Anxiety Asthma CKD Depression Diabetes Hypertension Obesity



Systolic BP Diastolic BP

Analytics for Population Health Management

ACP dashboard | Population overview

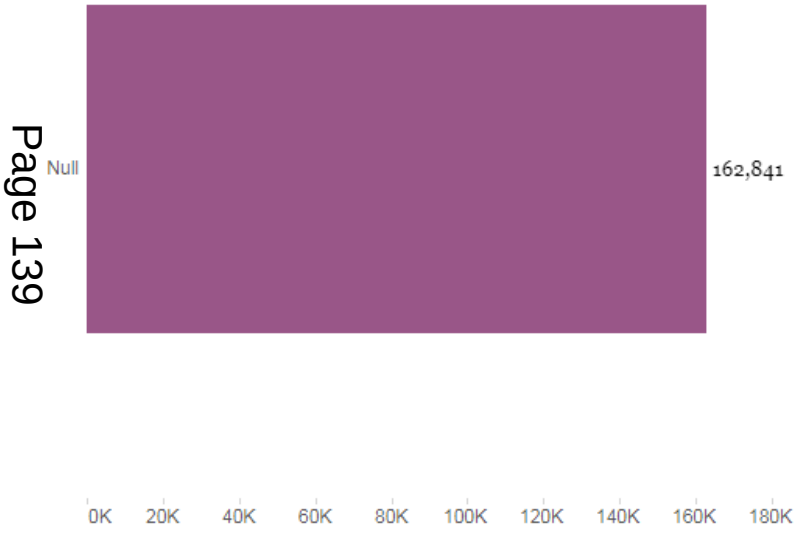
Understand your population needs and demographics

Use the drop down menus below to filter...

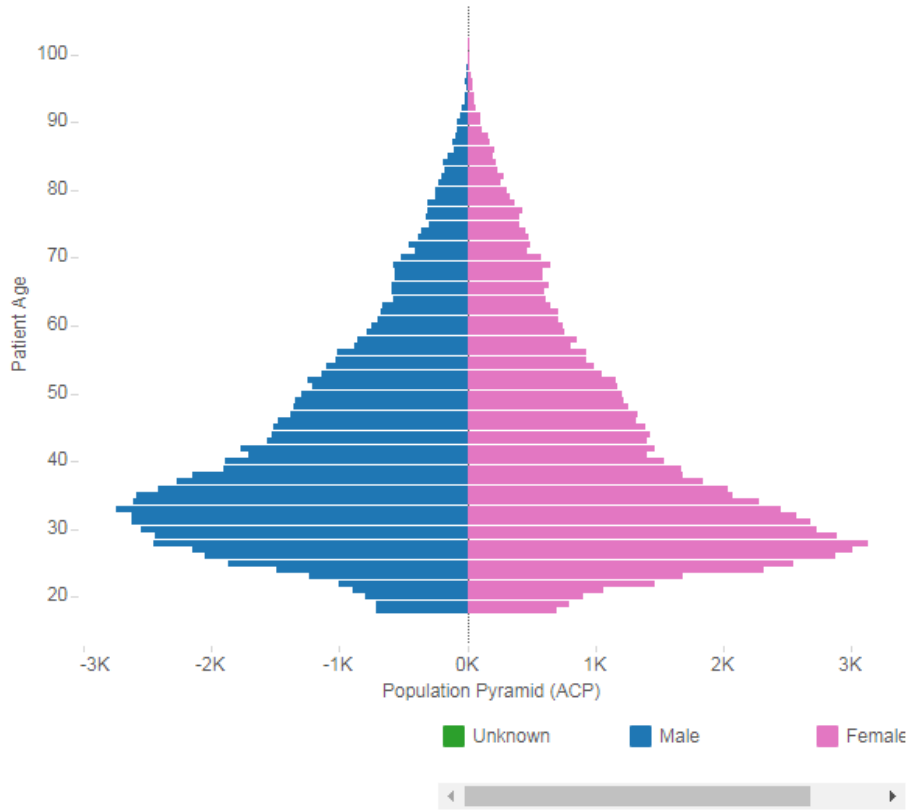
Select segment	Select condition	Select fiscal year	Select GP	Select GP network
(All)	All	2016-17	(All)	(All)

Latest available data ranges from 12/31/2016 to 2/14/2017.
Hover over the "i" button below for more detail.

Needs group comparison - your ACP against selected comparator (Whole of NWL)
Click to filter the page



Population pyramid comparison - your ACP against selected comparator (Whole of NWL)
Click to filter the page



Number of patients in selection: **162,841**
This total includes categories that may have been filtered for information governance reasons

H&F ACP dashboard | Overview for the current year

Use the drop down menus below to filter...

Select LTC	Gender	Population Count	Patient Spend
All	(All)	638,996	4,707,412,433

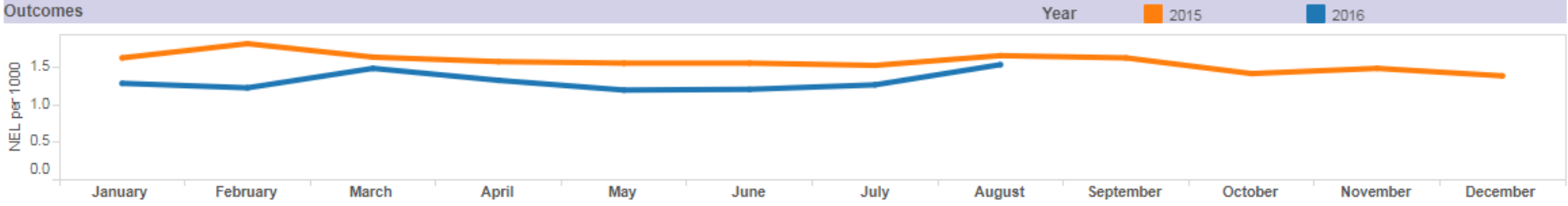
Latest available data ranges from 12/31/2016 to 2/14/2017.
Hover over the "i" button below for more detail.

Population

Spend

Setting of Care	19-29	30-39	40-49	50-64	65 plus
Acute A&E	22,611,345	23,913,622	21,910,080	30,624,005	63,700,563
Acute Critical Care	3,950,463	6,234,667	8,965,999	24,484,321	63,792,994
Acute Direct Access	5,840,674	9,452,651	11,111,652	18,105,145	43,628,245
Acute Elective	37,294,126	59,620,905	85,901,311	182,454,492	387,829,244
Acute Maternity	115,456,258	203,750,522	33,498,406	511,578	320,199
Acute Non Elective	54,284,795	67,394,789	73,177,905	148,831,575	543,198,592
Acute Outpatient	57,335,916	95,476,202	104,324,140	190,430,255	416,339,809
Community	10,397,860	14,126,664	19,054,992	47,866,463	255,813,735
GP	94,586,937	112,254,680	108,637,228	157,167,795	317,597,079
MentalHealth	17,705,592	21,372,746	25,784,145	31,256,438	38,369,784
Other	26,023,699	39,508,575	25,672,167	42,855,244	85,603,165

Outcomes



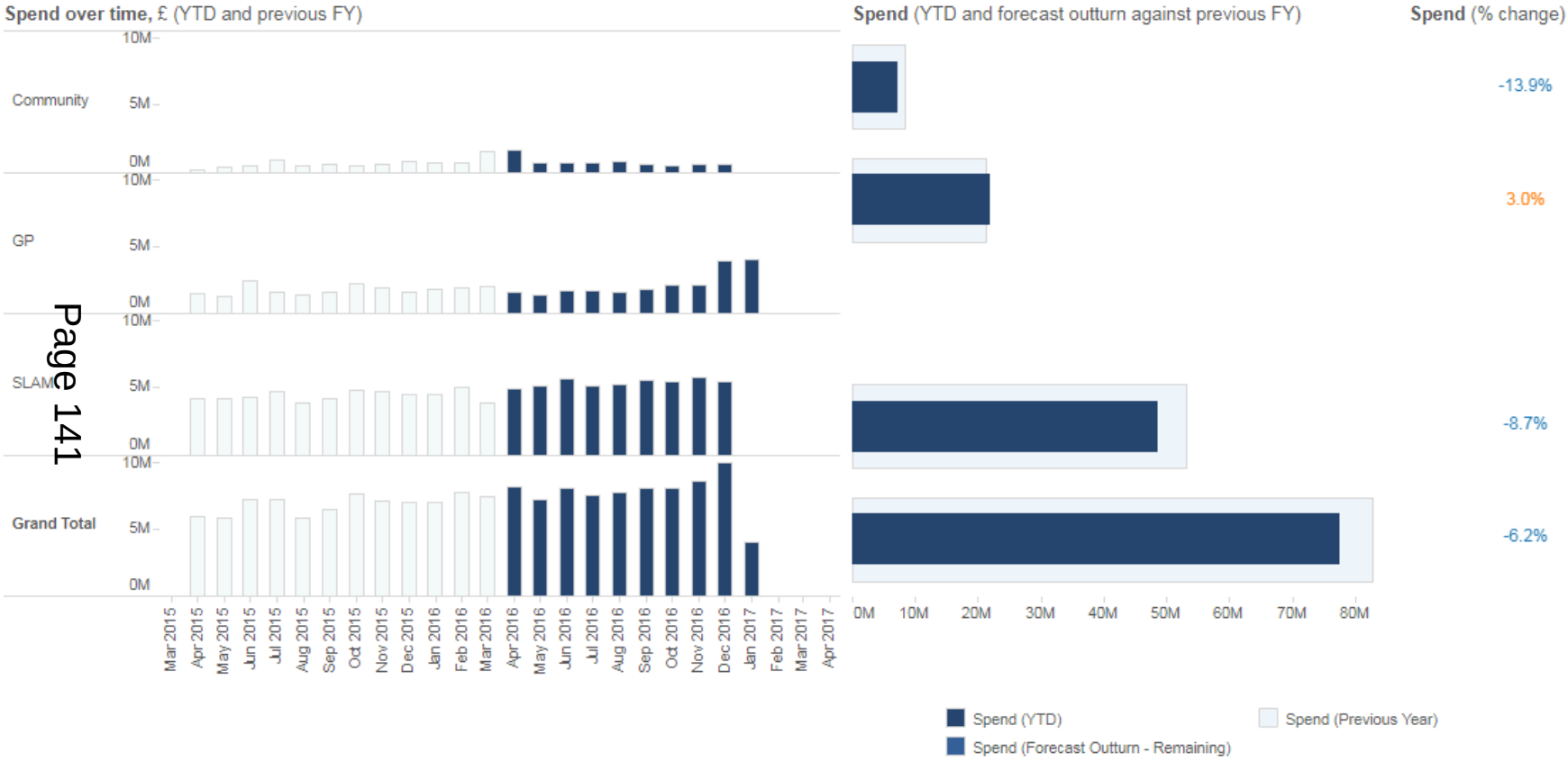
ACP dashboard | Spend overview

Track your population's spend across care settings and over time. Note: only ACP-relevant spend is included (see notes in information box)

Use the drop down menus below to filter...

Select segment	Select condition	Select fiscal year	Select comparator	Select GP	Select GP network
(All)	All	2016-17	Whole of NWL	(All)	(All)

Latest available data ranges from 12/31/2016 to 2/14/2017.
Hover over the "i" button below for more detail.



Current FY: 2016

Provider | POD level 1 | POD level 2 | GP | Needs group

ACP View | GP Weighted Overview

Cost overview for GP's broken down by ACP, Network, GP Name and Setting of Care.

Use the drop down filters to make your selection.

CCG Name	Practice Network Name	Practice Name	Setting Of Care	Full Date	
NHS HAMMERSMITH AND FULHAM CCG	(All)	(All)	(All)	4/1/2016	3/31/2017

Plans for product development

1. Working with providers to develop use cases for both direct care and population health data.

2. Prioritising the most useful LTC patient radars to add to the WSIC Dashboards and align to the delivery areas in the NWL STP

3. Developing predictive analytics

4. Setting up direct provider data feeds to provide more frequent data flows for the purpose of direct care

5. Applying advanced analytics to inform understanding the population health to support accountable care development across NWL.

Embedding and supporting adoption across the NWL health and social care system

- Focus to date has been on embedding the dashboards as the primary patient selection tool in the ***care coordination teams*** established across NWL

- Moreover in recognition of the potential benefits in the WSIC Dashboards, NWL CCGs are implementing incentives for GP practices as part of the Local Schemes

- Targeting clinical teams across primary, community, acute and social care who work as part of the Diabetes pathways in NWL for adoption of the Diabetes dashboards (and then other LTC pathways as new dashboards are developed).

Thank you for your time today

For more information on the WSIC Dashboards contact

WSIC.Dashboards@nw.london.nhs.uk

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