

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

Wednesday 2 November 2016

7.00 pm

Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration: Councillor Hannah Barlow Councillor Rory Vaughan (Chair) Councillor Natalia Perez	Opposition: Councillor Andrew Brown Councillor Joe Carlebach
Co-optees: Patrick McVeigh, Action on Disability Bryan Naylor, Age UK Debbie Domb, HAFCAC	

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http://www.lbhf.gov.uk/Directory/Council_and_Democracy

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Item

Pages

1. APOLOGIES FOR ABSENCE

2. DECLARATION OF INTEREST

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

3. DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

1 - 39

This report updates on progress with developing the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2016-2021 (JHWS) and the outcomes of the period of public consultation which have been used to inform the next draft of the plan (Appendix 1). The Adult Social Care and Social Inclusion Policy and Accountability Committee are invited to comment on and contribute to, the development of the final plan scheduled to be approved by Cabinet in December.

4. ANNUAL REPORT OF THE SAFEGUARDING ADULTS EXECUTIVE BOARD 40 - 69


This is the third Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster.

5. WORK PROGRAMME 70 - 71

The Committee is asked to consider its work programme for the remainder of the municipal year.

6. DATES OF FUTURE MEETINGS

Monday, 12th December 2016
Tuesday, 31st January 2017
Wednesday, 8th March, 2017
Wednesday, 26th April 2017

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p>2 NOVEMBER 2016</p>	
<p>DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY 2016-2021</p>	
<p>Report of the Executive Director of Adult Social Care and Public Health</p>	
<p>Open Report</p>	
<p>Classification - For Decision Key Decision: Yes</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Executive Director of Adult Social Care and Public Health</p>	
<p>Report Author: Harley Collins, Health and Wellbeing Manager</p>	<p>Contact Details: Tel: 020 8753 5072 E-mail: Harley.collins@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1. This report updates on progress with developing the Health and Wellbeing Board's Joint Health and Wellbeing Strategy 2016-2021 (JHWS) and the outcomes of the period of public consultation which have been used to inform the next draft of the plan (Appendix 1). The Adult Social Care and Social Inclusion Policy and Accountability Committee are invited to comment on and contribute to, the development of the final plan scheduled to be approved by Cabinet in December.

2. RECOMMENDATIONS

- 2.1. The Health, Adult Social Care and Social Inclusion Policy and Accountability Committee is asked to note and comment on the draft strategy (Appendix 1) and the summary of consultation and engagement activity (Appendix 2);

- 2.2. To endorse (subject to any amendments it wishes to see made) Hammersmith and Fulham's Joint Health and Wellbeing Strategy 2016-21; and
- 2.3. To recommend that Cabinet approve the Joint Health and Wellbeing Strategy 2016-2021.

3. REASONS FOR DECISION

- 3.1. Local authorities and clinical commissioning groups (CCGs) have equal and joint duties through the Local Government and Public Involvement in Health Act 2007 (as amended) to prepare a JHWS for their area, through the health and wellbeing board.

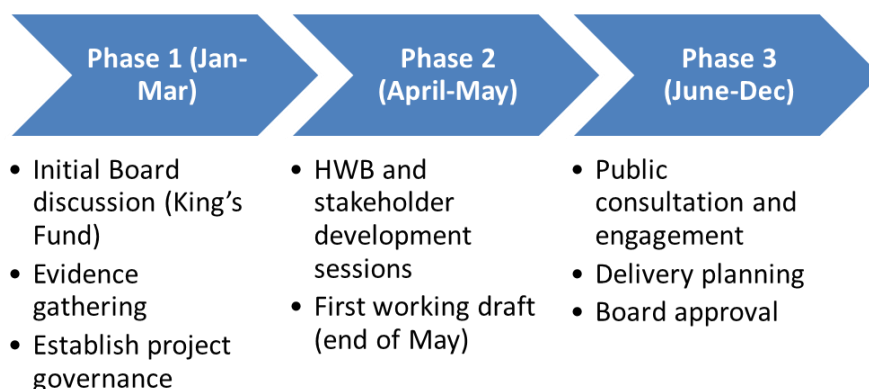
4. INTRODUCTION AND BACKGROUND

- 4.1. Joint Health & Well-being Strategies (JHWSs) are partnership plans developed jointly by the Council, the local CCG, Healthwatch and any other member organisations of the Board. They should draw on the needs identified in the Joint Strategic Needs Assessment (JSNA) and set key strategic priorities for action that will make a real impact on people's lives. The Board's first Joint Health and Wellbeing Strategy expires in 2016.
- 4.2. JHWSs should translate JSNA findings into clear outcomes the Board wants to achieve which will inform local commissioning leading to locally led initiatives that meet those outcomes and address identified need.
- 4.3. The JHWS offers the Health and Wellbeing Board an opportunity to set out a local vision for health and wellbeing and assume a systems-leadership role in addressing the financial and health-related challenges in the borough.

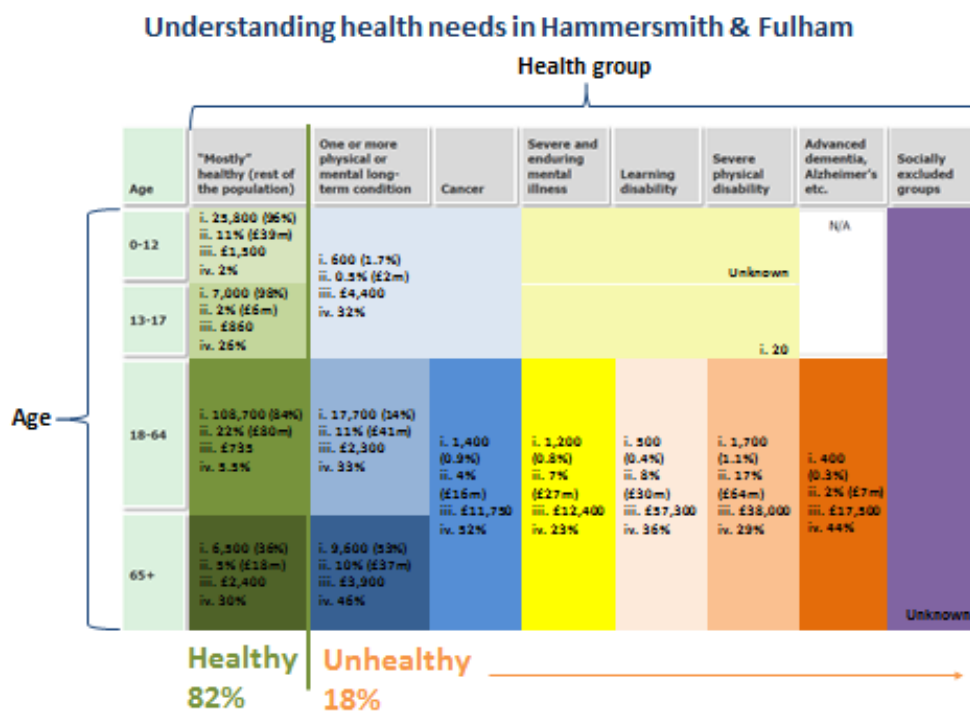
5. DEVELOPMENT

- 5.1. Development of the JHWS has been undertaken in three phases:

Figure 1. Project phasing: Joint Health and Wellbeing Strategy



- 5.2. At its meeting in March, the King’s Fund Chief Executive Chris Ham facilitated a discussion with the Health and Wellbeing Board about place-based systems of care and the solution they offer to the challenges facing the local health and care system. At that meeting the HWB considered the progress made by Health and Wellbeing Boards to date nationally, the changing needs of the Hammersmith & Fulham population and a suggested framework and timeline for refreshing the Joint Health and Wellbeing Strategy in 2016. The Health and Wellbeing Board approved the framework and timeline for a new 5-year strategy.
- 5.3. In January, a time-limited working group was established made up of officers from the Council and CCG. Between January and March, the working group supported by health and care commissioners and public health colleagues, undertook a wide-ranging evidence review exercise to understand the nature of need in the borough and identify the health and wellbeing priorities.
- 5.4. A population segmentation approach was used for the analysis; dividing the population into groups with similar needs using a framework developed by the London Health Commission.



- 5.5. This approach allowed the project team to estimate the numbers of ‘mostly healthy’ people in the borough, the average cost of health and care for each group and how numbers (and health and care costs) were likely to increase or decrease over the next fifteen years. Given agreed local priorities around person-centred care (i.e. care that meets the needs of patients and those who support them) and challenges around local system fragmentation, the approach is an important step towards achieving better outcomes as grouping people according to similar needs can help to ensure that commissioning and models of care address the needs of individuals holistically.

- 5.6. Between April and May, a programme of development and engagement workshops were organised with Health and Wellbeing Board members, wider partners and stakeholders and patient representative groups. Recurring themes and priorities emerging from the sessions included:
- The importance of improving outcomes for children, young people, and families
 - The importance of improving mental health outcomes for all and ensuring parity between mental and physical health services
 - The role of healthy lifestyles and behaviours in preventing long-term conditions such as cardiovascular disease, cancer, respiratory illness, dementia, and diabetes; and
 - The importance of finance, estates, technology, workforce, and leadership in creating a sustainable and joined up health and social care system
- 5.7. There was also a consensus around a set of principle; i.e., cross-cutting approaches that would underpin these priorities, including:
- Placing far greater emphasis on the role of prevention and early intervention;
 - Addressing the wider determinants of health (such as employment, education, and housing);
 - Enabling a shift by both the health and care system and its users towards greater self-care, self-management of conditions and supporting community resilience; and
 - Creating a person-centred health and care system where people are helped to stay well in their communities supported by an effective front line of primary, community and social care.
- 5.8. Combining the findings from the evidence review and stakeholder workshops, a first draft Joint Health and Wellbeing Strategy was produced identifying a high level vision, four draft health and wellbeing priorities and a set of five underpinning principles that would cut across all the Board's work

Vision

“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”

Priorities

1. Good mental health for all
2. Giving children and families the best possible start
3. Addressing the rising tide of long-term conditions
4. Delivering a high quality and sustainable health and social care system

Principles

- Upgrading prevention: i.e. supporting people who are ‘mostly healthy’ with the information and tools they need to stay well and maintain healthy lifestyles
- Enabling independence, community resilience and self-care: i.e. promoting and encouraging communities to be more actively involved in their own health and wellbeing and enabling everyone to take a greater role in the management and maintenance of their health and care conditions, and the health and care conditions of others wherever appropriate
- Tackling the wider determinants of health: i.e. working to ensure that the environment into which people are born, grow, live, work and age supports them to stay well and make healthy choices
- Making community, primary care, and social care an effective front line of local care: working to ensure the right support is provided closer to home enabling people to stay well in their homes and communities.
- Delivering integration and service reform: working to ensure that when people need access to health and care services that those services are personalised and joined up around their needs and the needs of family members and carers.

6. PROPOSAL AND ISSUES

- 6.1. The results of the public consultation and feedback from ongoing engagement activity have are summarised at Appendix 2. The consultation findings have been used to update the Joint Health and Wellbeing Strategy at Appendix 1.
- 6.2. Overall, the consultation responses showed a great deal of support for the Board’s four priorities and the principles underpinning the strategy with 80% of respondents agreeing or agreeing strongly that they were the right areas to focus on. Most feedback concerned work within the four identified priorities areas where consultees would like the Board to take action, for example:
- 6.3. On **mental health** respondents wanted the Board to reduce waiting and referral times for interventions before conditions deteriorate; to ensure that mental health services were more flexible and personalised; to ensure there were opportunities in the community for residents to connect with others facing similar issues and reduce isolation; to utilise the expertise of the voluntary sector services and people with lived experience; to encourage greater discussion and education about mental health in schools; to ensure there is proper access to mental health services in schools; and to promote physical health and mental wellbeing through diet, gardening and the use of greenspace.
- 6.4. **On the health and wellbeing of children and families**, respondents urged the Board to take action on diet (through school meals, education, and cooking lessons in schools, and by restricting ‘unhealthy’ food businesses near schools); on physical inactivity (by ensuring schools have active travel and competitive

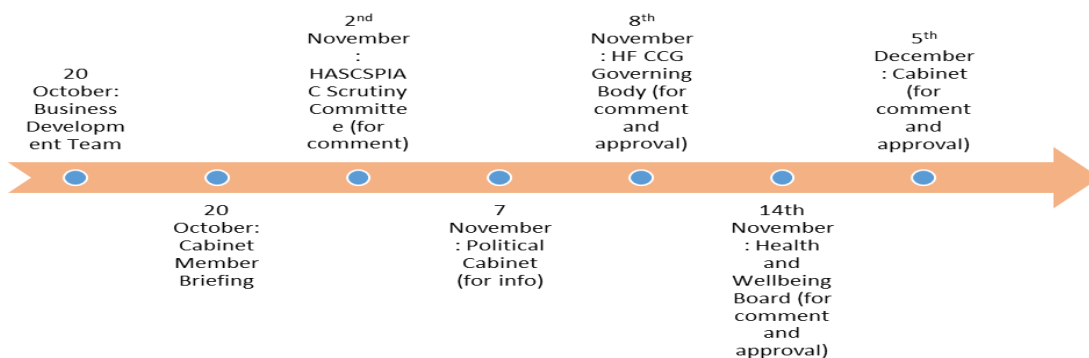
sport programmes); and teach children and families strategies for coping early on, including support for new mothers with post-natal depression.

- 6.5. **On long-term conditions (LTCs)**, respondents encouraged the Board to support healthy living to prevent or delay the onset of chronic disease including by providing cheap or free opportunities for people to exercise (e.g. green gyms, active travel or free gym memberships); to educate and raise awareness about healthy eating, including by working with national campaigns and local supermarkets; consider regulation to restrict access to alcohol and unhealthy foods; consider rewards and disincentives for healthy behaviour; to help those already with an LTC to not develop further chronic conditions; to provide education and information about how to self-manage and ensure self-help groups are available to support; to make it easier to access primary care and ensure there are more health-checks situated in convenient locations like shopping centres; and to ensure agencies involved in the care of people with chronic conditions are better at sharing information about a patient's conditions and ensuring care is personalised.
- 6.6. **On a sustainable health and care system** respondents spoke of the need for a more joined up health and care system that was integrated with social housing provision and the voluntary sector; the need to co-locate more services into 'hubs' or polyclinics; the importance of self-care and greater personal responsibility for stemming demand pressures on the system; and the importance of communication and engagement to get people to understand that health and care resources are not limitless.
- 6.7. **On the principles underpinning the Board's work**, there was good support but also calls for the Board to consider additional principles around communication, engagement, and co-production and measurement of progress.

7. NEXT STEPS

- 7.1. The approval path for the Joint Health and Wellbeing Strategy is set out below. The Health, Adult Social Care and Social Inclusion Policy and Accountability Committee is asked to note and comment on the draft strategy and to endorse (subject to any amendments it wishes to see made) Hammersmith and Fulham's Joint Health and Wellbeing Strategy 2016-21.

Figure 2: approval timeline



8. CONSULTATION

- 8.1. At its meeting in June, the Health and Wellbeing Board agreed a 14-week public consultation on the draft strategy to take place between July and October. A full summary of consultation and engagement activity undertaken in relation to the development of the JHWS is included at Appendix 2.

9. EQUALITY IMPLICATIONS

- 9.1. The strategy explicitly references the action the Board will take to prioritise the most vulnerable and at risk groups and reduce health inequalities in the borough. The strategy should therefore have an overall positive impact on equality. The purpose of the JHWS is to influence the health and care commissioning priorities of the Council and CCG. EIAs for service changes will be completed as and when they occur on a case by case basis.

10. LEGAL IMPLICATIONS

- 10.1. Section 116A of the Local Government and Public Involvement in Health Act 2007 sets out the duty to prepare a Joint Health and Wellbeing Strategy (“JHWS”) and the duty falls equally on local authorities and clinical commissioning groups. In preparing the JHWS due regard must be had to the Department of Health Statutory Guidance.
- 10.2. Section 116A(5) provides that preparation of the JHWS must involve the people who live and work in the borough. This report sets out in detail at Paragraph 5 the steps taken in developing the draft JHWS 2016-21 and the public consultation at phase 3 of the development of the JHWS and the feedback from that consultation is detailed at Appendix 2.
- 10.3. Paragraph 6 of this report summarises how the current draft JHWS attached as Appendix 1 was updated in response to the feedback from the consultation.
- 10.4. Implications verified / completed by: Kevin Beale, Senior Corporate Lawyer, Telephone 0208 753 2740
Implications verified/completed by: (Name, title and telephone of Legal Officer)

11. FINANCIAL AND RESOURCES IMPLICATIONS

- 11.1. There are no financial implications related to the contents of this report. These will be considered and provided later once a report outlining financial commitments for recommendation is available.
- 11.2. Implications verified/completed by: (Cheryl Anglin-Thompson Principal Accountant, Planning & Integration Team – ASC Finance, 020 87534022)

11. IMPLICATIONS FOR BUSINESS

11.1 This report is not intending or advocating at this point any procurement that might either affect or be of interest to the local business community; therefore, implications comments not necessary at this point.

11.2 Antonia Hollingsworth, Principal Business Investment officer, tel: 020 8753 1698

12. RISK MANAGEMENT

12.1 A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning (buying) of health, well-being and social care services. The Joint Health & Well-being Strategy draws from the assessment information necessary to improve an individuals and community's exposure to lifestyle and environment risk leading to improved commissioning priorities. The Strategy contributes to the management of external risks and, through commissioning, to the delivery of best value services at least possible cost to the local taxpayer.

12.2 Implications verified by: Michael Sloniowski, Risk Manager, 020 8753 2587

13. PROCUREMENT IMPLICATIONS

13.1 The strategy sets out an outcomes based commissioning framework for the future commissioning of provision from the health and social care economy, to support delivery of the strategy's objectives and priorities. The Council's procurement professionals should be consulted and engaged with at the outset of commissioning activity to:

- provide expert advice to commissioners on contract design and procurement delivery;
- ensure compliance with the Council's framework of contract standing orders, key policies and procedures and overarching legislation;
- drive better value and quality from our existing and future providers;
- engage with and develop our markets, strengthening and developing our potential supply chain; and
- provide insight and analysis of practice and contract data to inform commissioning priorities.

13.2 Procurement Implications completed by: Michael Sprosson, Commercial Development Lead, Tel : 07725 623440.

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

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

LIST OF APPENDICES:

Appendix 1 – Joint Health and Wellbeing Strategy 2016-2021

Appendix 2 – Summary of Consultation and Engagement Activity

Hammersmith &
Fulham Joint Health
and Wellbeing
Strategy 2016-2021:
Post-consultation
Draft

1. Chair's Foreword

The Hammersmith & Fulham Health and Wellbeing Board Partners¹ are committed to improving the health and wellbeing of the people we serve and putting them at the heart of a high quality and sustainable health and social care system.

Many of us who sit on the Health and Wellbeing Board live and work in Hammersmith & Fulham and have a strong connection to our local communities as GPs, local representatives, and public servants. We are motivated to ensure that everyone has access to the same high quality health and care services that we expect for our families and friends.

We have a bold and ambitious vision in Hammersmith & Fulham 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. Where appropriate, we will use the potential of digital technologies to enable patients to manage their health in the way that best suits them.

We know we will not achieve this as individual organisations working alone. Whilst there are areas where we have different perspectives about how local health and care must change, there is much that we do agree upon.

To drive standards of health and care up locally we need a collective approach where all local organisations work together as one system, thinking, and working beyond organisational boundaries for the good of people in Hammersmith & Fulham.

The many staff we have working in health and social care services in the borough will need to work together in partnership with our voluntary sector partners, public bodies, and the wider community. And families and communities will need support to take greater responsibility for their own health, be more resilient and self-reliant, where appropriate, and with support where they need it.

We face many challenges including entrenched health inequalities within our communities, higher than average levels of child poverty and child obesity and some of the highest levels of severe and enduring mental illness in the country. We also have growing numbers of people living with long-term conditions who require person-centred, coordinated care and we are face significant financial challenges at a time when demand for health and social care services is growing.

This plan sets out our ambitions and solutions for overcoming these challenges. To deliver the change we need we will work across the public sector to influence the wider determinants of health such as employment, housing and education; We will embed prevention in all that we do, intervening early to help people to stay well; We will support people to stay well in their communities by making community, primary care and social services part of an effective front line of local care; We will support people who want to take greater responsibility for their own health and wellbeing; and we will undertake an ambitious programme of service integration and reform to ensure health and social care services are joined up, in line with the needs of people, families and carers.

Our plan acknowledges that we must target resources where need is greatest and where the evidence tells us action will make the greatest improvements to people's health and wellbeing. We have therefore agreed four priorities over the lifespan of this strategy:

¹ Hammersmith & Fulham Council, Hammersmith & Fulham Clinical Commissioning Group, Healthwatch, Sobus

1. **enabling good mental health for all**
2. **supporting children, young people, and families to have the best possible start in life**
3. **addressing the rising tide of long-term conditions; and**
4. **delivering a high quality and sustainable health and social care system.**

Our Joint Health & Wellbeing Strategy for 2016 – 2021 is an ambitious, forward thinking plan for improving the health and wellbeing of people in the borough. Through this strategy and the hard work which will follow, we will achieve even closer working between health, social care, the voluntary sector, and other partners to enable people to stay healthy, independent, and well and ensure the financial sustainability of local health and social care services for the future.

I would like to thank the many people who have contributed to the development of this plan. We have had many conversations along the way which have led us to this point. We now embark on the hard work of realising the vision set out here over the next five years.

Councillor Vivienne Lukey

Cabinet Member for Health and Adult Social Care and Chair of the Health & Wellbeing Board
London Borough of Hammersmith & Fulham

DRAFT

1.1 Our population at a glance

Table 1: The borough at a glance... (Hammersmith & Fulham JSNA Highlights report 2013-14)

80,600	Households	8	Live births each day
£464,000	Median house price	2-3	Deaths each day
189,850	Residents	11,900	Local businesses
32%	From BAME groups	£33,000	Annual pay
43%	Born abroad (2011 Census)	3.1%	Unemployment rate (JSA) (<i>London 3.1%</i>)
23%	Main language not English	22%	Local jobs in Public Sector
46%	State school pupils whose main language not English	Ranked 55th	Most deprived borough in England (<i>out of 326</i>) (13 th in London)
17k/19k	Annual flows in and out of the borough	29%	Children <16 in poverty, 2011 (<i>HMRC</i>)
198,900	Registered with local GPs	Ranked 6th	Highest carbon emissions in London (<i>not including City of London</i>)
260,000	Daytime population in an average weekday	7.9 years	Gap in life expectancy between most and least affluent residents
		33%	children of school age either overweight or obese

1.2 Our vision

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.

We are ambitious for the whole of the public and private sectors, not just the health and care system, to recognise the contribution it makes to health and wellbeing, through jobs, housing, and human relationships. And we want everyone in our community to have a valued role through work, volunteering, or family, have a safe and secure living space and rewarding relationships with their loved ones.

We will work with our colleagues within the council, the NHS, and other partners to improve and protect health and wellbeing and reduce health inequalities within Hammersmith & Fulham, with an aim to close the life expectancy gap across the borough within the next 10 years.

We are already on our way to achieving this vision and have a strong record of collaboration. The Better Care Fund is an ambitious plan by health and social care partners across Hammersmith & Fulham, Kensington & Chelsea, and Westminster to bring together health and care funding where it makes sense with the goal of driving closer integration of health and care, reducing incidences of

crisis, and delivering care in out of hospital settings. And in health, North West London is a whole systems integrated care pioneer site. NHS commissioners across North West London have agreed that Accountable Care Partnerships are the preferred model for delivering an integrated care system by April 2018.

Achieving our vision is paramount for improving health outcomes in the borough and securing a sustainable system for the future.

1.3 The case for change

Hammersmith & Fulham is a vibrant and exciting place to live. Most people in our borough consider their health to be good, many residents are affluent and rates of life expectancy for men have been increasing more quickly than nationally over the past decade.

But we also face significant challenges. A third of children under 16 live in poverty and more than a third of children of school age are either overweight or obese. We must address a longstanding 7.9-year difference in life expectancy between affluent and deprived areas which has been resistant to reduction despite longstanding efforts. The main causes of avoidable death in the borough are cancer, followed by cardiovascular disease and respiratory illnesses which are linked to lifestyle choices that are within our power to control and change such as smoking, drinking alcohol, diet, and physical inactivity.

We know that the current system of health and care can be confusing for patients, families, and carers. And as our population gets older and more people develop long-term conditions our system is becoming less able to cope with the changing needs and expectations of the people we serve. This is already leading to higher demand for social care, carers, and community health services in out of hospital settings and these pressures will only increase.

Under the Care Act, local authorities have clear legal duties in the event of provider failure to temporarily ensure people's needs continue to be met. Nevertheless, the care provider market is fragile and is presenting quality and safety issues nationally and in London. Health and care partners must invest in the care market and upskill providers to enable them to support the increasingly complex and acute needs of the population.

Our current health and care system is unsustainable. The way we pay for health and care services can encourage high end care in expensive settings and reinforce isolated working practices. We spend too much on services which respond at the point of crisis and not enough on early intervention and preventative support that keeps people well. Across North West London, if we continue as we are currently doing, there will be a £1.3 billion financial gap in our health and care system by 2021.

This plan is about grasping the opportunity to reform the way services are bought, delivered, and accessed in Hammersmith and Fulham.

1.4 Achieving the change we need

To achieve our vision, we know we must deliver change in several areas. This includes delivering on our agreed local priorities of personalisation, independence, well-being and prevention as well as integrating our services where it makes sense to do so.

(1) Radically upgrading prevention and early intervention

Evidence suggests that 60% of what we can do to prevent poor health and improve wellbeing relates to the social determinants of health i.e. the conditions in which people are born, grow, live, work and age.

The main causes of avoidable death in the borough are cancer, followed by cardiovascular disease and respiratory illnesses which are linked to modifiable lifestyle choices such as smoking, drinking alcohol, diet, and physical inactivity.

We are well placed to provide greater scope for local people to choose positive lifestyles; by ensuring the local environment enables and promotes active travel rather than car use, that high streets offer fresh fruit and vegetables rather than 'fast food', offer reputable banking facilities, not betting shops, and pay day loan shops and ensuring that in providing parks and leisure facilities we secure greatest gain for health and wellbeing.

We will mainstream prevention into everything that we do and introduce measures to prevent ill health across the life course including increasing the uptake of immunisations, working with our partners in housing, employment, education, and planning to promote health and wellbeing, initiate a local movement to build community resilience, and deliver intelligent, outcomes based commissioning that keeps people well. And we will empower people to make lifestyle choices that will keep them healthy and well and able to lead a full life as active members of their communities and the local economy.

(2) Supporting independence, community resilience and self-care

Population growth, breakthroughs in treatment and management of conditions and changing needs mean that the health and care system is under increasing pressure.

In Hammersmith & Fulham we have a diverse and mobile population. Ensuring that local people and local organisations shape how services are designed is central to the delivery of an effective and sustainable health and care system. Our work to address social isolation and to develop co-commissioning in the Borough reflects this and will be built upon.

The potential benefits of people engaged in the management of their own care are significant. Small shifts in self-care have the potential to significantly impact the demand for professional care. In Hammersmith & Fulham, we must be ambitious in our attempts to change cultures so that people are better supported by the system and by technology where appropriate to take more responsibility for their own care. We know that self-care is a virtuous circle. When a person has the skills, knowledge and confidence to manage their own health and care it is a strong predictor of better health outcomes, healthcare costs and satisfaction with services.

To support people to take greater responsibility we will take steps to make sure that the right services, facilities and support are provided to help people help themselves. We will harness the potential of digital technologies to facilitate control and choice and enable patients to manage their health in the way that best suits them. And we will fully engage people in service design and work with communities to co-produce health and care-related services.

(3) Making community, primary care and social services part of the effective front line of local care

Our ambition is to support people to stay well in their communities. This means ensuring the right support is available closer to home in GP surgeries, pharmacies and community hubs and ensuring community facilities like parks, community centres, schools and libraries are well maintained, accessible and there to keep people well.

But we know that significant numbers of patients in acute hospital settings do not need to be there. Children in Hammersmith and Fulham attend A&E and other urgent care much more frequently than is typical for London or England. In 2010/11, there were over 8,000 attendances in the borough among under 5s, in many cases for conditions that could be managed in primary care.

To deliver our ambition of care closer to home, we will encourage and help people make healthier choices by working with local organisations to support health improvement through the contacts they have with individuals. And we will aim to ensure providers deliver high quality and consistent primary, community and social care which is easily accessible and convenient to ensure people access the right care at the right time and are supported to stay well in their homes and communities.

(4) Taking a population-level health management approach

Approximately four-fifths of our population are healthy. Being in good health isn't just about the treatment of illness. It encompasses the food we eat, the air we breathe, the relationships we maintain, the environments in which we live and work and the opportunities we have in our lives to flourish. Supporting people to remain healthy, independent and well is a crucial part of our plan as is identifying those most at risk so that services can intervene early. This plan will not succeed without working across organisational and sector boundaries.

For instance, we know that the "wider determinants of health" - employment, education, housing, environment and transport – all have a significant impact on health and wellbeing. So we will work with our partners across the public sector to embed health improvement in all policies. This includes local institutions such as schools, hospitals, parks, roads, housing developments, and cultural institutions which can have huge positive or negative impacts on mental health, how we live our lives and whether we realise our potential for a full and healthy life:

- ✓ Housing: Poor quality and inappropriate housing and overcrowding can have an adverse impact on the physical and mental health and wellbeing of individuals, families and communities. We are committed to working with partners to improve the quality and supply of homes and reduce homelessness in recognition that a safe and secure home is a fundamental determinant of good health, both physical and mental.
- ✓ Education: Schools are central to the lives of children and families and it is important that we continue to work both with schools and other educational establishments to give children, young people and families the support they require to achieve and maintain good health and wellbeing.
- ✓ Culture and community cohesion: Libraries have an important role to play as a source of information and advice as well as venues providing social support and access to the internet. Along with libraries, cultural organisations are an important asset in bringing communities together, building resilience, reducing loneliness and isolation, and offering a range of convenient services in a community setting.
- ✓ Environment: We are fortunate to have many beautiful parks and green spaces that provide opportunities for exercise and relaxation. We will also work to create healthy high streets, reducing the impact of fast food outlets on health, using our licensing powers to control the impact of alcohol related harm and gambling and use planning powers to design out crime and increase physical activity.
- ✓ Transport: We will continue to encourage people to incorporate active travel into everyday journeys, create safer routes and raise participation in cycling. We will work to encourage

the creation of school travel plans and cycle initiatives to contribute to reducing road traffic accidents. Our borough's poor air quality also affects all of us – bringing forward everyone's death by nearly 16 months on average. This compares with the least polluted area, rural Cumbria, where the reduction in life is an average of 4 months. Air pollution affects vulnerable groups more acutely, particularly young children and people living with chronic heart and respiratory diseases.

- ✓ Employment and skills: Evidence shows that being employed can help improve health and wellbeing and reduce health inequalities, while unemployment is linked to higher levels of sickness and psychological morbidity.² At the same time, we know that long-term unemployment is a serious barrier to good health. We will continue to support tailored employment support, targeting those who will benefit the most.

(5) Delivering integration and service reform

This plan signals our ambition to work together to take a collective, place-based approach that moves beyond organisational boundaries to provide facilities, care and support that is joined up around the needs of people, families and carers. Staff working in health and social care services in the borough will need to work together in multidisciplinary teams, breaking down artificial barriers between primary and secondary care, physical and mental health and between health and social care. And we will work with families and our communities to support them to take greater responsibility for their own health.

1.5 Improving population health outcomes

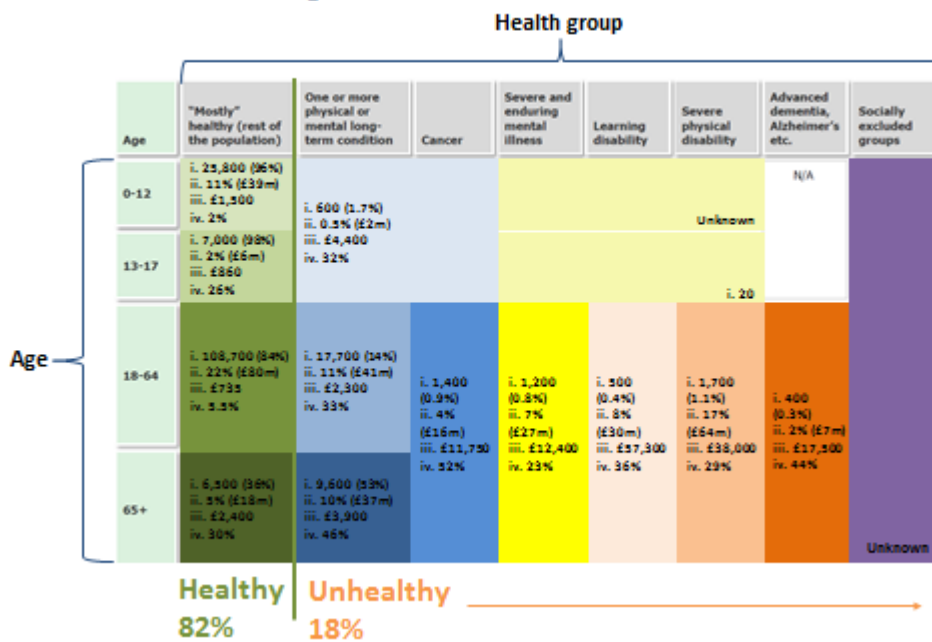
In Hammersmith & Fulham we have taken a population segmentation approach to understanding local need for health and care. Hammersmith & Fulham has:

- 182,500 residents and an average weekday daytime population of 260,000. The borough also has significant population 'churn' with annual flows in and out of the borough of approximately 19,000
- Significant variation in wealth
- A large young working age population
- Diverse ethnicity with one in four of the borough's population born abroad
- Almost a third of children under the age of 16 living in poverty
- Almost a third of state primary school age children who are overweight or obese
- Low vaccination and immunisation coverage
- Poor air quality and the 6th highest carbon emissions in London
- A large proportion (38%) of one person households, including lone pensioner households and significant numbers living in overcrowded housing conditions
- High rates of smoking, alcohol use, poor diet and sexually transmitted infections and low levels of physical activity

Dividing the population into groups of people with similar needs is an important step to achieving our goal of better outcomes through integrated care. Grouping the population will ensure that models of care address the needs of individuals holistically, rather than being structured around different services and organisations.

² [\(2015\) Workplace health, National Institute for Health and Care Excellence \(NICE\) local government briefings](#)

Understanding health needs in Hammersmith & Fulham



KEY: i = number (%) in age group; ii = % total annual spend on group; iii = average cost per person per year; iv = population increase by 2030

Population grouping also allows us to move towards delivering outcomes-based commissioning: a way of paying for health and care services based on rewarding the outcomes that are important to the people using them (for more see Appendix A). This typically involves the use of a fixed budget for the care of a particular population group ("capitated budget") with incentives for health and care providers to work together to deliver services which meet specified outcomes. This approach aims to achieve better outcomes through more integrated, person centred services and ultimately provide better value for every pound spent on health and care.

1.6 Our health and wellbeing priorities

We know that improving health and wellbeing in the borough requires action across the whole life course and taking action to prevent, detect and manage the impact of ill health. The table at Appendix B sets out our approach and priorities for improving the health and wellbeing of the population we serve. But to maximise our impact as a Board we must target finite resources where we know action has the potential to make the biggest improvements to people's lives. Following a wide ranging review of the evidence and ongoing discussions with residents, patients, and our partners we have agreed to prioritise the following areas over the next five years:

(1) Good mental health for all

Where are we now?

Where are we now?

Mental health disorders have a significant impact on the ability of people to lead fulfilling lives and contribute to society. There is developing evidence that the risk factors for a person's mental health are shaped by various social, economic, and physical environments including family history, debt, unemployment, isolation, and housing. Locally mental health is the most common reason for sickness absence. Only 7% of people diagnosed with serious mental illness (such as schizophrenia

and bi-polar) will ever have paid work and mental ill health is the number one cause of health-related unemployment.

Common mental illness such as anxiety and depression affects around 1 in 6 people at any one point in time and are one of the leading causes of disability nationally. Prevalence is increasing any yet only a quarter of people with anxiety and depression receive treatment compared to 90% of people with diabetes. The Department of Health estimate that the economic costs of mental illness in England are £105.2 billion each year.

The borough had the 6th highest population with severe and enduring mental illness known to GPs in the country in 2012-13. People with serious and long-term mental illness have the same life expectancy as the general population had in the 1950s; one of the greatest health inequalities in England. People with mental health problems also face significant physical health problems and live significantly shorter lives as a result.

What will we do?

We are committed to improving mental and physical wellbeing by co-designing and delivering services with people that have the capacity to have the biggest impact on prevention, early intervention and positive health promotion. We will prevent, identify and treat mental health in all settings and across all age groups. We will:

- Work to reduce waiting and referral times to talking therapies so that conditions do not deteriorate
- Work to ensure that mental health services are more flexible in terms of access criteria, the length of time services are offered for and the time and physical location services are made available
- Promote good workplace mental health and wellbeing and work with employers to educate them about employee mental health
- Work with staff in frontline services across the system to build skills and awareness of mental health
- Promote better emotional and mental health and early intervention in schools, encouraging greater discussion of mental health in the school curriculum including access to counselling and mental health support services in schools
- Provide support and self-help strategies for parents and parents-to-be for their own mental health and for the long-term mental health of their children
- Encourage awareness and improve the quality of local services and support for

How will we know we're making a difference?

- We will increase the proportion of children and young people referred to child and adolescent mental health services seen within 8 weeks of referral
- Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population
- Increase the proportion of people treated for anxiety and depression
- We will help more people with mental health conditions into employment, training, or volunteering
- Reduce the number of sick days related to mental illness
- We will increase the number of Dementia Friends in the borough each year
- We will increase the number of women, experiencing, or with a previous history of mental health conditions, accessing perinatal mental health services.
- We will reduce preventable early deaths among people with serious mental illness

Targeted support for vulnerable groups

We will target the support provided for vulnerable groups and those most in need including:

- Those living in deprived or disadvantaged circumstances, or experiencing discrimination who are more likely to have a mental health problem than those in the most affluent areas.

<p>people living with dementia and their carers</p> <ul style="list-style-type: none"> • Work to reduce the high suicide rate among men with mental health conditions • Promote access to activities that promote wellbeing, volunteering and stronger social contact to improve outcomes for adults at risk of serious mental health conditions and reduce social isolation • Provide early support for older people through effective information and advice and signposting to preventative/universal services • Work with communities to help change attitudes to mental health and develop better understanding of mental illness. • Work with professionals to break down the barriers between physical and mental health and ensure both are treated and resourced equally • Improve the physical health and lifestyles of people with mental health conditions with a particular focus on people with serious mental health conditions and provide advice and support for all people with mental health conditions to have healthy lifestyles and good mental wellbeing • Improve access to children and young people's mental health services. 	<ul style="list-style-type: none"> • Children in families vulnerable to mental health conditions who are more likely to develop mental health conditions as adults. • People in older age who have experienced events that affect emotional well-being, such as bereavement or disability • Men who are less likely to recognise or act on the early signs of mental health conditions and less likely to seek support from friends, family, and community or from their GP or another health professional. This worsens outcomes and contributes to suicide risk • Ethnic groups who have longstanding inequalities in mental health. Caribbean, African, and Irish communities are significantly over-represented in secondary care mental health services. Community links, and understanding of different cultural contexts for mental health are important to help improve access and outcomes • People with serious mental illness who are up to 15 times less likely to be employed than the general population and almost three times more likely to die early • Carers who play a pivotal role in the health system and who often have little time to care for their own health and wellbeing
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(2) Giving children, young people and families have the possible best start in life

<p><u>Where are we now?</u></p> <p>A child's early experiences have a huge impact on their long-term health and wellbeing. Babies generally receive a good start in life in the borough: there is good breastfeeding uptake, low numbers of underweight babies born, low numbers of women who are smokers at the time of birth. However, there is still room for improvement. Compared to elsewhere, Hammersmith & Fulham has poor rates of uptake for childhood immunisations, significant proportions of children living in poverty, high rates of child obesity and high rates of tooth decay in children under 5</p>	
<p><u>What will we do?</u></p> <p>We will act with partners to give all children and families the best start in life and offer early help to have healthy lifestyles and good physical and mental health, integrating healthy behaviours into everyday routines to prevent problems at a later stage and providing an ongoing and rounded offer of support once children leave school. We will work with partners to improve health opportunities, particularly those associated with childhood poverty and social exclusion. Support is provided at this stage of life from maternity services, health visitors, GPs, children's centres, and many others but it is not always joined up around the needs of children and families. We will:</p> <ul style="list-style-type: none"> • Develop an integrated health promotion offer for children and families focussed on breastfeeding and good nutrition, oral health, play and physical activity, immunisation, and tobacco free homes • Bring together services currently provided by Early Help, Children's Centres, and Youth Services into a single offer that sustains and enhances universal provision, whilst providing further support to those families who need additional help through more targeted services • Promote effective support for parents around sensitive parenting and attachment • Support the development of strong communications and language skills in infancy. • Provide evidence-based support for mothers, fathers, and other carers to help prepare them for parenthood and improve their resilience when they have a new baby • Strengthen the mental health support we 	<p><u>How will we know we're making a difference?</u></p> <ul style="list-style-type: none"> • Increase the proportion of mothers breastfeeding at six to eight weeks after birth • Decrease the number of pregnant women smoking and of families exposing infants to second hand smoke • Decrease in parents of infants with mental health concerns • A reduction in the average number of teeth which are actively decayed, filled or extracted amongst children aged five years • Reduce rates of childhood obesity: increasing the number of children that leave school with a healthy weight and reverse the trend in those who are overweight • Increase in number of children who reach a good level of development in communications and language at the end of reception • Increase in number of children who reach good level of development in personal, social, and emotional development at the end of reception • Increase uptake of childhood vaccinations <p><u>Targeted support for vulnerable groups</u></p> <p>We will target the support provided for vulnerable groups and those most in need including:</p> <ul style="list-style-type: none"> • Children and young people from low income households where poverty is associated with poor health and developmental outcomes • Children from vulnerable families (e.g. teen pregnancy, homelessness, substance misuse and domestic violence) known to services • Children and families from socially excluded

<p>provide to parents early on, including training key frontline staff to assess, support or refer families into relevant support services and ensure those needing specialist services receive them</p> <ul style="list-style-type: none"> • Support parents of children who are frequent users of primary and unscheduled care services to understand and manage minor illness and ailments at home, and when and how to access wider support. • Ensure local services work together to minimise duplication and gain the best possible outcomes for families • Work with schools to promote health and wellbeing messages and harness the energy of young people to improve the health of their families. • Work with schools and families to improve children’s diets and levels of physical activity 	<p>groups</p> <ul style="list-style-type: none"> • Parents and parents to be with poor mental health which can often have a significant impact on early child development.
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(3) Addressing the rising tide of long-term conditions

<p><u>Where are we now?</u></p> <p>Thankfully, because of advances in care and treatment of long-term conditions (LTCs) like hypertension, cardiovascular disease and diabetes, people are living longer. But this care and treatment is consuming an ever greater proportion of resources. Care for LTCs presently accounts for 55% of GP appointments, 68% of outpatient and A&E appointments and 77% of inpatient bed days nationally. Cost pressures on the health and care system deriving from management of LTCs is likely to add £5 billion to the annual costs of the system between 2011 and 2018. It is estimated that £7 out of every £10 spent on health and social care in England is associated with the treatment of people with one or more LTCs. Currently 15 million people are estimated to be living with one or more LTC in England and this is projected to increase to around 18 million by 2025.</p>	
<p><u>What will we do?</u></p> <p>We are committed to improving care for people with LTCs to enable them to have an independent and fulfilling life and to receive the support they require to manage their health. We will work with all partners to prevent, identify, and manage LTCs. We will:</p> <ul style="list-style-type: none"> • Intervene early to prevent the onset of LTCs and provide support and information for people to maintain healthy lifestyles • Provide increased support to people with diagnosed LTCs for self-care and self-management of conditions • Ensure the continuity of care for people with LTCs • Ensure people's conditions are treated holistically by coordinated health and social care services who can share information • Ensure there is 'no wrong door' and effective signposting to health and social care services • Ensure people their carers and families are involved in decisions about their own care • Provide support for carers and their families to ensure they can support care receivers effectively 	<p><u>How will we know we're making a difference?</u></p> <ul style="list-style-type: none"> • Increase the proportion of residents who are active and eat healthily • Reduce death rates from the top three killers (Cancer, cardiovascular disease, respiratory disease) • More people feel supported to manage their conditions • More people and carers feel empowered and involved in their care planning • More people experience integrated care between services • Reduction in avoidable (unscheduled) emergency admissions • Reduction in emergency readmissions after discharge from hospital • Increase in the percentage of GP appointments with a named GP • Increase in the number of days spent at home • Reduction in falls • Uptake of personal budgets • Increase in the percentage of people still at home 91 days after discharge from hospital into reablement <p><u>Targeted support for vulnerable groups</u></p> <p>We will target the support provided for vulnerable groups and those most in need including:</p> <ul style="list-style-type: none"> • The homeless population • BME groups who are disproportionately likely to develop some long-term conditions

(4) Delivering a high quality and sustainable health and social care system.

Where are we now?

We know that the current system of health and care can be confusing for patients, families, and carers. And as our population gets older and more people develop long-term conditions our system is becoming less able to cope with the changing needs and expectations of the people we serve. This is already leading to higher demand for social care, carers, and community health services in out of hospital settings and these pressures will only increase.

Our current health and care system is unsustainable. The way we pay for health and care services can encourage high end care in expensive settings and reinforce isolated working practices. We spend too much on services which respond at the point of crisis and not enough on early intervention and preventative support that keeps people well. Across North West London, if we continue as we are currently doing, there will be a £1.3 billion financial gap in our health and care system by 2021.

What will we do?

We will:

- Work together across organisational boundaries to plan and deliver the workforce needed for the future;
- Work with our partners to look at the current and future needs of our population and map projected demand for health and care services to understand gaps in our workforce.
- Work with partners including universities, royal colleges, Health Education England, and other teaching institutions to refocus local health and care worker training programmes towards the workforce needed for the future.
- Work with partners to ensure there are the right reward structures and contract flexibility to incentivise the creation of the workforce we need
- Prepare staff for multidisciplinary team working rather than the roles of professional groups
- Support and better harness the power of the informal workforce by creating a 'social movement' to support those in need, including a more strategic approach to the support and development of volunteers.
- encourage and enable communities to take greater care of themselves and others;
- Identify and capitalise on people's strengths and residents' commitment to managing their own care and work with them to find ways to influence others so that they can do the same.
- Capitalise on our capacity to enable and promote healthy lifestyles
- Empower people to make lifestyle choices that will keep them healthy and well and able to lead a full life as active members of their communities and the local economy, working with our partners across the public sector to embed health improvement in all policies
- develop the estates and infrastructure required to support a system that is sustainable and fit for the future;
- Developing the estate required to facilitate new models of care and support
- Increase value from under-used and under-utilised estate in the borough
- use technology to join up the health and care system and support people to better look after themselves;
- Invest in information technology and data analytics
- Seek to develop shared digital patient records updated in real-time and shareable across organisational and sector boundaries
- Improve information collection and management to enable better retrospective and predictive modelling, decision making and improve quality and safety standards for people.
- Exploit the smart phone revolution and use people's phones and other digital devices as a

new “front door” to self-care, health promotion information and services, building on the “One You” app recently launched by Public Health England and providing a seamless link to self-care and prevention work for adult social care

- Agree with partners across the borough to share information where it makes sense for patients and they are happy for us to do so
Investigate the role of technology in enabling people to manage their own care investigate the viability of these approaches locally and scale up what works.
- Using finance to enable closer working and commissioning between health and social care and more personalised, integrated and person centred services.
- increase the use of pooled budgets where it makes sense as a way of enabling closer health and social care collaboration.
- Starting to view our budgets and services in a single joined up way

2. Implementing the plan

This plan signals a radical shift in our local planning approach for health and social care. Building on our last Joint Health and Wellbeing Strategy, we have an opportunity to bring together local NHS commissioners and providers, local government, and other local public services to develop a renewed vision for improved health in Hammersmith and Fulham. This place-based approach is an acknowledgement by us that collective action, cooperation, and management of common resources is necessary to secure better and more sustainable care.

We have already had many conversations with local people and our partners over recent years about improving health and social care and preventing ill health including workshops, consultations, patient, and public groups. This plan represents the fruits of these conversations and we will build on these over the next five years using ways of engaging directly with residents, including building on the success of our recent Neighbourhood Health Forums.

We have many staff in Hammersmith & Fulham working in health and social care services who will be central to the success of this plan. Partner organisations will lead engagement with their own staff to enable them to deliver this vision.

Following agreement of this plan, the Health and Wellbeing Board partners will set out a timetable for talking with staff and local people about our plans. We will also run events with Healthwatch and with local people about the support they require to take control of their own health and wellbeing.

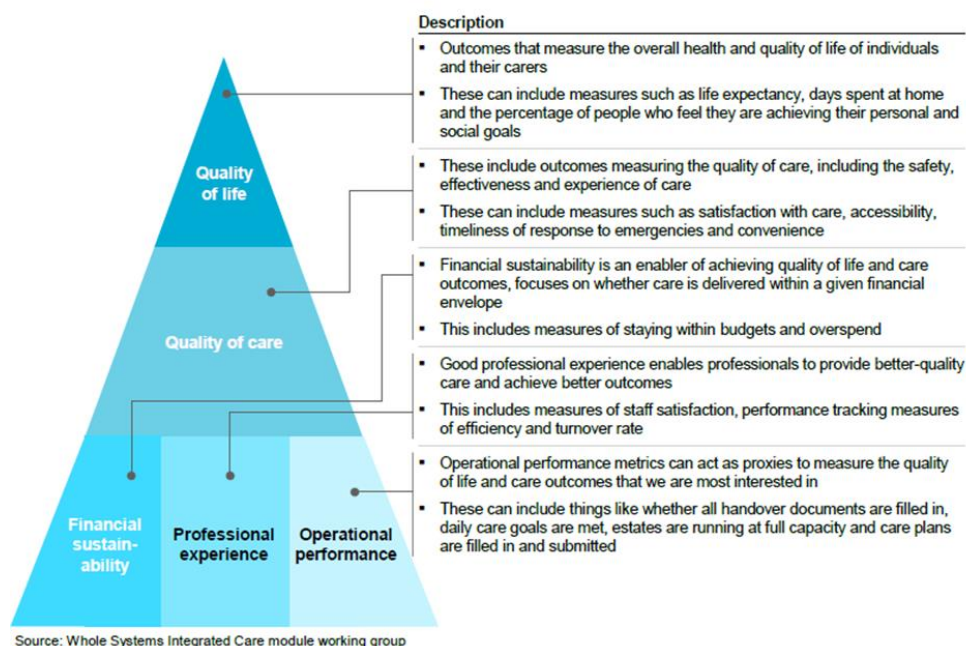
APPENDIX

Appendix A - Outcomes-based commissioning

- Traditional ways of buying health and social care services (“commissioning”) have tended to focus on processes, individual organisations, and single inputs of care. That is, the people who buy services (“commissioners”) have tended to pay the people and organisations that provide health and social care services (“providers”) according to the number of instances of treatment provided. This focuses the health and care system on completing specific tasks and away from treating people in a holistic way and on a person’s overall wellbeing.
- As funding is attached to treatment, there are perverse incentives for providers of health and care services try to provide as much treatment to individuals as possible. This can be costly for the system as a whole and militates against the prevention of ill health. This approach has inadvertently helped fragment the way care is delivered and has acted as a barrier to the development of more integrated services and models of care.
- “Outcomes” are the end results we aspire to achieve for people, their families and their carers. Outcomes-based commissioning allows us to focus on the important aspects of care - the result from a patient’s perspective. Under outcomes-based commissioning providers are paid for meeting specified outcomes, including things like the patient’s experience of care and the extent to which they are kept well. Outcomes based commissioning therefore can be used to incentivise shifting of resources into out-of-hospital settings, focus health and care providers on keeping people healthy and in their own homes and co-ordinated care across settings and regions. It also encourages a focus on the experience of people using the services, and achieving the outcomes that matter to them.
- This is the approach needed in Hammersmith & Fulham. The Health & Wellbeing Board partners commit, through this strategy, to outcomes-based approaches to commissioning.

Our Outcomes Framework

- An outcomes framework allows commissioners and providers within a health and social care system to link what they do on a day to day basis with what they want to achieve and how they commission services. The North West London Outcomes Framework is set out below. It summarises the key outcomes desirable in an integrated system of care to into five domains, as follows:



- The Hammersmith & Fulham Health and Wellbeing Strategy uses the North West London outcomes framework to ensure that there is a consistent approach to understanding people's needs and buying services in support of them across the sub-region. Being consistent across larger geographies including North West London is important, particularly in London, because so many providers of health and care operate across borough boundaries and because Hammersmith & Fulham residents access services outside of Hammersmith & Fulham.
- Basing our future commissioning on a shared framework in this way allows us to deliver scale to the range of services we have on offer for Hammersmith & Fulham residents and it means that we can make a shift, across the whole system, in the way that health and care is organised, bought, delivered and measured.
- In this outcomes framework and hierarchy, the most important perspective is the well-being of the person who is receiving services and as such, the first two domains – 'quality of life' and 'quality of care' (what we have termed quality of experience of care) - are the most important. The other three outcomes domains – financial sustainability; professional experience; and operational performance – are all crucial enablers for delivering quality care and quality of life for Hammersmith & Fulham residents and are addressed holistically in the systems section.
- Outcomes-based commissioning provides a way of paying for health and care services based on rewarding the outcomes that are important to the people using them. This typically involves the use of a fixed budget for the care of a particular population group ("capitated budget"), with incentives for health and care providers to work together to deliver services which meet specified outcomes. This approach aims to achieve better outcomes through more integrated, person centred services and ultimately provide better value for every pound spent on health and care.
- The approach can help rather than hinder provider coordination and collaboration; incentivise a focus on prevention; allow providers the freedom and flexibility to innovate and personalise care according to what is best for patients' outcomes rather than sticking rigidly to service specifications; and incentivise providers to manage overall system costs because providers are accountable for the end-to-end costs of care for a group there is no advantage in passing on costs to another organisation in the system.

Appendix B - Our population health priorities

	What do health and care services look like today?	Outcomes	Priorities	Measures
pre-birth and early years (0-12 years)	Babies generally receive a good start in life in the borough: there is good breastfeeding uptake, low numbers of underweight babies born, low numbers of women who are smokers at the time of birth. However, there is still room for improvement. Giving every child the best start in life is crucial to reducing health inequalities. Children who live in poverty are at greater risk of health and social problems later in life – from obesity, heart disease and poor mental health, to educational achievement and employment status. The number of 10 and 11 year old children who are obese in our schools is almost 40%. This matters, as they have a much higher risk of growing up to be overweight or obese as adults and of getting diabetes, heart disease, stroke and some cancers as they grow older.	<ul style="list-style-type: none"> • Children’s physical, social and emotional development is improved • Young children, parents and carers are supported to start well and stay healthy and independent 	<ul style="list-style-type: none"> • Planned pregnancy (Sex and Relationships Education in school) • Additional support for vulnerable families (e.g. teen pregnancy, homelessness, domestic violence) known to services and supported through pregnancy/early years • Access maternity services early. • Integrated maternity, midwifery and local authority early years and health visiting services to ensure there are valuable connections and information sharing • Supporting a healthy pregnancy (e.g. smoking, alcohol, weight gain, folic acid) • Prepared for birth: antenatal education/maternity care • Parents supported through the healthy child programme (e.g. health visiting, breastfed to 6 months, immunised, support for post-natal depression) • Early help support for families to ensure readiness for school (e.g. development reviews, speech/ language, physical, and emotional health) • All children supported to achieve good educational attainment and qualifications, including vulnerable groups (e.g. healthcare plans for children with additional needs) • Reduce detrimental effects of poverty on educational outcomes • Good oral health: healthy diet, brushing teeth, & visiting dentist 	<ul style="list-style-type: none"> • School readiness • Reducing number of low birth weight babies • Reduce excess weight in 4-5 and 10-11 year old children • Improve population vaccination coverage at 1, 2 and 5 years • Increase parental employment • Reduce child poverty

	What do health and care services look like today?	Outcomes	Priorities	Measures
			<ul style="list-style-type: none"> Discouraged from starting habits detrimental to health (e.g. smoking, drug use) Maintaining healthy weight (e.g. school environment, being physically active) Supported in building mental health resilience (e.g. education, school nursing, anti-bullying) Intensive support for families facing multiple difficulties where this is resulting in poor outcomes, high costs, or safety issues Immunisations and vaccinations including uptake of HPV vaccine for girls Better integration and joint commissioning of social care support services (Early Help) and community health services: health visiting, school nurses, and mental health support in schools. Improving air quality 	
young people (13-17 years)	Young people in the borough face particular challenges. There are a significant number of children living in poverty and many young people are not in education, employment or training. Child obesity rates are high, there is poor child vaccination coverage and high levels of tooth decay in children.	<ul style="list-style-type: none"> Young people are supported to start well and stay healthy and independent 	<ul style="list-style-type: none"> Received screening and advice around STIs and conception Where appropriate, received additional training or support to get into paid work Help giving up smoking through a stop smoking service Integrated health and care services for young people to ensure good care coordination Received support for low-level mental illness via IAPT programme, if needed CAMHS support for young people with serious mental health disorders Support managing any hazardous alcohol or drug use through statutory services Registered with GP and women attending cervical screening 	<ul style="list-style-type: none"> Increase parental employment Reduce child poverty Reduce child obesity Improve vaccination and immunisation rates

	What do health and care services look like today?	Outcomes	Priorities	Measures
			<ul style="list-style-type: none"> Ensuring multi-agency planning and services for young people in challenging circumstances (e.g. young offenders, gang members, looked after children, homeless young people and young people who have been exploited or abused) Investment in young people's mental health services Implementation of the Children and Families Act 2014 (e.g. children with Special Educational Needs) Ensuring good transitions between child and adult services (e.g. early care planning, key workers and coordinators) 	
working age adults (18-64 years)	<p>Working age adults make a significant contribution to society and to the health and wellbeing of others including as workers, as parents and as carers for parents, relatives or friends. These responsibilities mean it is important adults know how to keep themselves healthy and build this into their everyday lives. There are significant health challenges in this population however: suicide rates are high, there is a large homeless population, high levels of drug misuse and smoking, low uptake of breast and cervical cancer screening, and a high prevalence of mental ill-health. There are a larger proportion of people</p>	<ul style="list-style-type: none"> Working age adults are supported to stay healthy, independent and well The gap in life expectancy between adults with serious mental health needs and the rest of the population is reduced 	<ul style="list-style-type: none"> Support for healthy lifestyles (e.g. smoking cessation, physical activity, diet, alcohol consumption) Retain an active lifestyle to prevent overweight and the risk of long-term conditions Undiagnosed long term conditions such as high blood pressure and diabetes is picked up via health checks, to be offered in a range of settings Effective self-management of these conditions, through information, training, and a change in habits Good access to sexual health services to detect, diagnose and treat STIs Women attending cervical and breast screening Support for those on long-term sickness to return to work Received support for low-level mental illness via IAPT programme, if needed Support for people with severe and enduring 	<ul style="list-style-type: none"> Increasing the number of parents in good work Increase the number of people with learning disabilities in employment Increase the number of people with mental health needs in employment Reduce health inequalities between most and least affluent residents in the borough Improving premature mortality from Cancer, CVD, respiratory disease Reduce statutory

	What do health and care services look like today?	Outcomes	Priorities	Measures
	<p>infected with HIV and high proportion of sexually transmitted disease. Unhealthy lifestyle choices tend to cluster together. So people who smoke are more likely to drink too much alcohol or to use other drugs and are also more likely to have poor diets and live inactive lives. We need to consider how we can help people address multiple rather than individual unhealthy behaviours.</p>		<p>mental illness</p> <ul style="list-style-type: none"> • Support for people with learning disabilities • Support for people affected by suicide • Support for homeless communities and those sleeping rough • Early detection and diagnosis of HIV • Mitigating the impact of poor air quality for people living with cardiovascular disease or respiratory disease 	<p>homelessness</p> <ul style="list-style-type: none"> • Reduce social isolation of carers and social care users • Reduce smoking prevalence
Older people (65+ years)	<p>Older people make a valuable contribution to society. The majority of volunteers are aged 50 or over, and older people also represent a significant proportion of carers. Older people also have a wealth of skills, knowledge and experience. It is vital therefore that we support older people to age well.</p> <p>Our population is ageing and this means we will need to support growing numbers of people living with multiple conditions including dementia, cardiovascular disease, respiratory disease and frailty.</p>	<ul style="list-style-type: none"> • Social isolation is reduced • Older people are supported to age well and stay healthy and independent 	<ul style="list-style-type: none"> • Undiagnosed conditions picked up and self-managed or managed through GP/ community services, rather than through emergency care • Avoiding social isolation through the active engagement in activities and pastimes. In particular, partaking in gentle physical activity (e.g. walking, gardening) to lower risk of cancer, heart disease, mental ill-health and weak bone strength • Screening for early signs of dementia • Uptake of schemes which improve self-management of care • Receiving high quality health and social care designed around the person, not the condition, in convenient settings and at convenient times • Preventing sight loss • On reaching the last phase of life, support for dying in preferred place of death 	<ul style="list-style-type: none"> • Reducing the number of people over 65 admitted to hospital due to falls • Reduce emergency readmissions within 30 days of discharge from hospital

	What do health and care services look like today?	Outcomes	Priorities	Measures
	<p>These conditions are often linked with factors like social isolation and poor housing which can make care more complicated.</p> <p>Preventing chronic disease requires a range of interventions such as screening and vaccinations. Overall there is good uptake of NHS Health Checks and diabetic screening, good flu vaccination uptake, low number of hip fractures and low excess winter deaths.</p>		<ul style="list-style-type: none"> Mitigating the impact of poor air quality for people living with cardiovascular disease or respiratory disease 	

London Borough of Hammersmith and Fulham
Joint Health and Wellbeing Strategy:
Summary of Communication, Consultation, and Engagement Activity

1.0 Introduction

1.1 The Joint Health and Wellbeing Strategy (JHWS) is an opportunity for local government, the health service and the voluntary and community sector to work together in collaboration to improve the health and wellbeing of the population it serves. The JHWS provides a blueprint for closer working and integration for the benefit of all our residents and patients and a plan for tackling health inequalities in the borough.

2.0 Governance

2.1 Communication, consultation and engagement around the JHWS has been managed by a joint team led by the Health and Wellbeing Manager and with support from Council and CCG communications and engagement leads and with Healthwatch and VCS partners playing a key role in distributing information to their networks.

3.0 Engagement approach

3.1 Throughout the development of the JHWS, from conception and planning to approval, we have made an active effort to engage and co-produce the plan with patients, residents and professionals at every stage.

3.2 We have taken a four-pronged approach to engagement designed to ensure the widest possible reach and ensure hard to reach groups were able to have their say:

- a) Development sessions
- b) Online consultation
- c) Face-to-face engagement
- d) Public forums

3.3 Development sessions

3.3.1 A programme of development workshops has taken place with Health and Wellbeing Board members, wider partners and stakeholders and patient representative groups.

3.3.2 On 9th March, the King's Fund Chief Executive Chris Ham facilitated a discussion with Health and Wellbeing Board members about place-based systems of care and the solution they offer to the challenges facing the local health and care system. At that meeting the Board considered the progress made by Health and Wellbeing Boards to date, the changing needs of the Hammersmith and Fulham population and a suggested framework and timeline for refreshing the Joint Health and Wellbeing Strategy in 2016. The Board approved the framework and timeline for a new 5-year strategy.

- 3.3.3 On 20 May, Board members met for a half-day development session where they discussed their vision for the borough and potential areas of focus for the next five years. Board members agreed that supported self-care and prevention were important parts of their vision for the borough as was enabling good mental health for all and giving children and families the best possible start. Board members spoke about a compassionate and joined up health and social care system and about the potential of digital technologies for patient engagement and self-care.
- 3.3.4 On 24 May, a wide collection of stakeholders and partners including council and NHS commissioners, councillors, council policy officers and provider organisations met to consider the emerging thinking of the Health and Wellbeing Board and potential areas of focus for the next five years. Stakeholder's feedback on the emerging strategy included a call to improve the education and advice offer to people and patients to help them navigate the system and also a call to target system resources on those in greatest need and where action would provide the biggest return on investment in terms of people's health and wellbeing. There was also feedback about the importance of leadership, training and a more collectivist, system-level approach to finances and budgets among other things.
- 3.3.5 On 7 June, service user and voluntary and community sector (VCS) representatives met to consider the emerging thinking of the HWB and to discuss the role the public and the VCS could play in delivering the strategy. Service users highlighted the importance of ensuring the strategy and consultation materials were in an accessible format and supporting people to lead healthy lifestyles and tackle social isolation.
- 3.3.6 **Recurring themes and priorities that emerged from all three sessions included:**
- the importance of improving outcomes for children, young people, and families;
 - the importance of improving mental health outcomes for all and ensuring parity between mental and physical health services;
 - the role of healthy lifestyles and behaviours in preventing long-term conditions such as cardiovascular disease, cancer, respiratory illness, dementia, and diabetes; and
 - the importance of finance, technology, workforce, and leadership in creating a sustainable and joined up health and social care system
 - the need to upgrade the role of prevention and early intervention in how we keep healthy people well;
 - the need to address the wider determinants (e.g. employment, education and housing) to improve health and wellbeing;
 - the need to enable a shift by both the health and care system and its users towards greater self-care, resilience and self-management of conditions; and; and
 - the need to ensure the health and care system is person-centred with people treated as individuals and supported to stay well in their communities by primary, community and social care.

3.4 Online consultation

3.4.1 In July 2016, following the development of a first draft JHWS, the Health and Wellbeing Board approved plans for a fourteen-week public consultation to hear from everyone who lives, works in, or visits the borough. The consultation sought views on whether the draft priorities identified by the board were the right ones to focus on for the next five years and what action the Board ought to take to make a real impact on the health and wellbeing of residents in the borough. The Board identified four priorities in the draft strategy:

1. Good mental health for all
2. Giving children and families the best possible start
3. Addressing long-term conditions
4. Delivering a high quality and sustainable health and social care system

3.4.2 Working with the local authority consultation team, a consultation home page was set up on the council website and an online questionnaire was set up on the Citizen Space website. Residents and organisations in the borough were encouraged to complete the survey online or by posting or emailing their views to the consultation team. Using stakeholder lists provided by Healthwatch, the local authority and Sobus, information about the consultation and how to participate was sent to over 500 local organisations.

3.4.3 Whilst engagement has been continuous throughout the development of the JHWS, the formal public consultation stage was an opportunity for the Board to share its ideas with residents, patients and professional, gather further feedback on the emerging plan and give people an opportunity to comment, critique and shape the next version.

3.4.4 **Recurring themes and priorities that emerged from the online consultation included:**

- At the time of writing the consultation team have received 33 questionnaire responses from both organisations and residents in the borough.
- Overall, 80% of respondents to the survey agreed or strongly agreed that the Board had chosen the right priorities and principles to focus on over the next five years.
- On **other potential priority areas** for the Board, respondents were keen for the Board to prioritise exercise and diet and use planning powers to restrict the proliferation of 'unhealthy' businesses.
- Respondents urged the Board to consider the impact of housing and greenspace on mental health and wellbeing, to work with and educate business about mental health, to create an environment free from stigma where people feel able to access help and support early on and to focus on the high suicide rate among men with mental health issues.
- Respondents also encouraged the Board to ensure that health and wellbeing services are personalised to the individual and to work to foster inclusive neighbourhoods that provide support.

- On **mental health**, respondents highlighted the importance of ‘early identification and intervention’, asking the Board to reduce waiting and referral times for interventions so that conditions would not deteriorate and become significant enough to require specialist services.
- Respondents wanted the Board to ensure that mental health services were more flexible and personalised both in terms of service access criteria, the length of time services are offered for and both the time and physical location that services are offered at.
- Respondents emphasised the importance of community activities and support and the opportunities these provide residents to connect with others facing similar issues and reduce isolation.
- The use of expertise to support people was also highlighted, both in terms of voluntary sector services and people with lived experience.
- The importance of support for the mental health of children and young people was highlighted strongly and included calls for greater discussion and education about mental health in the school curriculum, and access to CAMHS, counselling and support in schools.
- And respondents called for action on the physical health of people with mental health needs and wanted the Board to encourage diet, gardening and the use of greenspace to promote good mental wellbeing.
- **On the health and wellbeing of children and families**, most responses urged the Health and Wellbeing Board to take action on diet – through school meals, education and cooking lessons in schools, and by restricting ‘unhealthy’ food businesses near schools – and on physical inactivity – by ensuring schools have active travel programmes and through competitive sport programmes in schools.
- Another area of concern, which was also highlighted in responses to question 3 (mental health), was child and parental mental health with respondents encouraging the Board to teach children and families methods and strategies for coping early on, including support for new mothers with post-natal depression. Respondents also called for more services and facilities to support families.
- **On long-term conditions (LTCs)**, most respondents’ comments related to the importance of healthy living to prevent or delay the onset of chronic disease. Respondents urged the Board to provide cheap or free opportunities for people to exercise – such as green gyms, encouraging active travel or free gym memberships – and to educate and raise awareness about healthy eating, including by working with national campaigns and local supermarkets. Respondents also urged the Board to consider regulation to restrict access to alcohol and unhealthy foods. The idea of rewards and disincentives was also raised including calls for restricted access rights to care for people with unhealthy lifestyles and council tax breaks to reward healthy behaviour. One respondent also highlighted the importance of both primary and secondary prevention and helping those already with one LTC to not develop multiple co-morbidities.
- Self-care was also a popular theme with many respondents urging the Board to provide education and information about how to self-manage and ensure self-help groups are available to support.

- As with the responses about healthy living, respondents highlighted the importance of early intervention and identification of LTCs and the need for easier access to primary care and more regular health-checks situated in convenient community locations like shopping centres.
- Other important themes were the integration of health and care services, as care for multiple co-morbidities requires the cooperation of multiple agencies, and the need for agencies to be better at sharing information about a patient's conditions and ensuring care is personalised
- **On a sustainable health and care system**, respondents focused mainly on the concepts of service integration, self-care and greater communication, engagement and co-production with residents and businesses in the borough.
- Respondents spoke of the need for a more joined up health and care system that was integrated with social housing provision and the voluntary sector and the co-location of services into 'hubs' or polyclinics was a popular theme.
- Respondents recognised the importance of self-care and greater personal responsibility for health for reducing demand on the system and shifting emphasis from an acute focused system to one that is preventative and community focused.
- Finally, respondents emphasised the importance of communication and engagement to get people to understand that health and care resources are not limitless.
- **On the principles underpinning the Board's work**, there was good support and recognition of the role of self-care, integration, the wider determinants of health and the important role of community support in enabling people to stay well closer to home.
- In addition, survey respondents urged the Board to consider communication, engagement, and co-production as a key principle in its work ensuring that the time is taken to communicate and inform the public about its work but also to reach out, engage and co-produce with the community.
- Respondents were also keen for the Board to consider how it will measure its progress and demonstrate this to the public.

3.5 Face to face engagement

3.5.1 Throughout the consultation period, in recognition of the fact that online channels may not be available to everyone, the consultation team has offered local organisations and residents groups the option of a meeting with the team developing the plan to discuss the JHWS and get their feedback. We have had a good response to this offer and have had meetings with a range of local organisations including, the Carer's Network, Mind Head's Up Committee, QPR in the Community Trust, and the Help Counselling Centre.

3.5.2 **Recurring themes and priorities that emerged from the online consultation included:**

- The importance of community support and community-based assets and activities for building community cohesion, providing social contact and reducing social isolation
- The importance of employment and support plans to get back to work to reduce dependency on benefits and for all aspects of health and wellbeing
- The need for greater support to teach key life skills such as cooking, finance, gardening and DIY to enable independence
- The confusing and complicated nature of referrals and access to mental health services and the need for this to be simplified
- The need for people to be meaningfully be involved in the decision making processes that affect them
- The issue of GP access and the knock on effect of this on the rest of the health and care system
- The impact of housing on health and the impact of house prices on community cohesion and social isolation
- The lack of respite care for carers in the borough and the need for a one-stop-shop where carers can access information about the services available
- The importance of including small local charities and organisations as part of the solution to health and wellbeing issues in the borough

3.6 Public forums

3.6.1 Public forums are a way to give patients and residents the opportunity to hear about the JHWS, put questions to councillors and the team helping to develop and deliver the plan, and provide feedback to help shape the development and implementation of the plan.

3.6.2 On 19th September, the consultation team held a public meeting to engage with older residents around the draft Joint Health and Wellbeing Strategy. The purpose of the event was to discuss the thinking and evidence that had guided the development of the draft plan, listen to older resident's views about this and to hear about resident's health and wellbeing priorities for the over 65 population. The event was also an opportunity for residents to put questions to councillors and the team helping to develop and deliver the plan, and provide feedback to help shape the development and implementation of the plan.

3.6.3 The event was attended by 142 residents and provided detailed feedback on the draft JHWS priorities and resident's priorities for the over 65 population. The session was two hours in length and was built around two table discussions informed by presentations highlighting some of the key health needs in the borough and in the over 65 population.

3.6.4 **Recurring themes and priorities that emerged from the online consultation included:**

- **The wider determinants of health:** i.e. issues to do with the environment in which we live, work and play. Of these, the issue such as air pollution, healthy eating, exercise, benefits and isolation and loneliness figured highly.

- **The Health and Care System:** i.e. issues such as poor health and care coordination and continuity, delayed referral to treatment and waiting times and information sharing between health and care organisations featured highly.
- **Communication:** i.e. residents were clear that they wanted more and clearer information from health and care services about how issues such as increasing demand on the health service and where to go to get help were provided
- **Primary Care:** i.e. difficulties getting appointments with local GPs. Other feedback included the importance of having a named GP so residents didn't waste time explaining their medical histories. And the forum was also keen to see more walk-in clinics opened in the borough to reduce pressure on GPs and A&E departments.
- **Care:** The forum was concerned that 15 minute visits were not long enough to offer adequate care and support and felt that more carers were needed to help people after leaving hospital.
- **Best start in life:** Forum members wanted to see Sure Start retained and greater investment in schools and maternity services.
- **End of Life Care:** Forum members wanted to see hospice care practice more widespread and for society and professionals to get better at talking about death.
- **Mental Health:** Mental health was also a concern, specifically concerns about the impact of loneliness and isolation on mental health and support for the rising numbers of people with dementia.

4.0 Conclusion and Next Steps

- 4.1 The feedback received during the public consultation will be used to inform the next version of the Health and Wellbeing Strategy.

Agenda Item 4

<p>London Borough of Hammersmith & Fulham</p> <p>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</p> <p>2 November 2016</p>	
SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2015/16	
Report of Stella Baillie, Director of Integrated Care Adult Social Care and Health	
Open Report	
Classification - For Information Key Decision: No	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Adult Social Care and Health	
Report Author: Helen Banham, Strategic Lead Professional Standards and Safeguarding	Contact Details: Tel: 020 7641 4196 E-mail: hbanham@westminster.gov.uk

1. EXECUTIVE SUMMARY

This is the third Annual Report of the Safeguarding Adult Executive Board (SAEB). The multi-agency Board provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster.

It is the first year that the Board is operating under Schedule 2 of the Care Act 2014, and overseeing the statutory duties of conducting Safeguarding Adult Enquiries (Section 42) and Safeguarding Adults Reviews (Section 44). The Board is required to report on progress on its strategic priorities, and particularly, on the work it has carried out reviewing deaths and serious harm, of people with care and support needs, as a result of abuse and neglect, and where agencies may have worked better together to prevent harm or death.

2. RECOMMENDATIONS

2.1. The Committee is invited to submit any formal comments and note the report.

3. BACKGROUND PAPERS USED IN PREPARING THIS REPORT

Protocol to set out governance arrangements between the Health and Wellbeing Boards and the Safeguarding Adults Board 14 January 2015

Appendix 1 - Safeguarding Adults Executive Board Annual Report 2015-16

Safeguarding Adults Executive Board Annual Report 2015-16

Courage, Compassion, and Accountability

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and is it doing what it is meant to do?

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What the Board will be working on in 2016-17?

Glossary of terms

Foreword



Mike Howard, Independent Chair of the Safeguarding Adults Executive Board

I am pleased to present the third annual report of the Safeguarding Adults Executive Board (SAEB) for Westminster, Kensington and Chelsea, and Hammersmith and Fulham. It is in a similar style and format to last year's report which was well-received. Much work goes into its compilation and it is gratifying to receive such positive comments.

The report describes how the Board's agencies, both jointly and independently, work to ensure the safety of those adults within the Boroughs who are deemed to be most at risk of harm through the actions of other people. In last year's report, I outlined the impact of the Care Act 2014 which gave a wider ranging definition of vulnerability. I also mentioned the establishment of a Safeguarding Adults Case Review Group. This group has developed over the past year and now has good representation from most Board agencies and is chaired by the Police Commander from Kensington and Chelsea.

The report focuses on the Group's work; they examine cases from a number of agencies working with local residents in the greatest need of protection but who, in some cases, have been let down by the 'system'. We do not seek to allocate blame, but rather look for opportunities for learning and to change practice. Some examples are summarised within the report.

The highest profile case involved a death in a care home, and led in September 2015 to the commissioning of a Safeguarding Adult Review from an independent reviewer from the Social Care Institute of Excellence. Mindful that such reviews can take many months, I set a deadline and the draft report was presented to the Board three months later. Work has taken place since January to act upon the findings of the Review. The report will be published in the autumn 2016 and a summary of strategic gains made will feature in next year's annual report.

After voicing criticism last year about the lack of funding, the Board now has received money from the Metropolitan Police; the London Fire Brigade; and the Clinical Commissioning Groups, with 'payment in kind' from the Central and North West London Mental Health Trust through use of meeting rooms. The Board has done much over the past year to reach out to people living in the three boroughs. The Community Engagement work-stream is co-chaired by representatives from registered charities and they convened a consultation

workshop on 25th November 2015. The Care Act requires us to consult with the community and at the consultation event many of the eighty participants stressed the need for simple language. From this we developed the 'house' strategy which expresses in simple language what people said they wanted the Board to focus on for the next three years. We held a similar event this September to explain how we have acted upon the views expressed last year.

In the past, the Board has concentrated on the physical injury and neglect of local people. A major initiative for 2016 is to examine the mental and emotional harm caused by financial abuse or 'scams'. The Board now has a representative from Trading Standards, and examples of their work are mentioned in this report. We also want to develop closer links with the network of Community Champions sponsored by Public Health. The Champions have an important role in creating local awareness about safeguarding matters, and we in turn can learn from them what really matters to people living in the three boroughs. The case studies cite the difference that a safeguarding intervention makes to the life of an individual. Whilst the emphasis is rightly upon quality, there are some statistics about the safeguarding journey. The purpose is to show the number of concerns, and enquiries that result in some form of action and outcome for the person. It is important to show context so the data shows the size of the eligible adult population living in the three

boroughs, together with those adults who have care and support needs. Space precludes detailed mention of other projects championed by the Board in the past year; these include the production of a handbook to assist agencies to safely recruit staff for caring jobs; the on-going promotion of the principles and practice of Making Safeguarding Personal; and various training initiatives.

I am pleased that the Board continues to be well-supported and members have highlighted our work to other London Safeguarding Adults Boards as good practice.

I would like to end by thanking everyone for their contributions to the work of the Board. I am impressed by the commitment shown by all members and their common sense of purpose to ensuring the safety and well-being of residents in the three boroughs who are in need of care and support.



Mike Howard, Independent Chair October 2016

What is the Safeguarding Adults Executive Board and is it doing what it is meant to do?

The Care Act 2014 says that the local authority must have a Safeguarding Adults Board from 1st April 2015.

The Safeguarding Adults Executive Board was set up in 2013 and provides leadership of adult safeguarding across the London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster.

The Board is a partnership of organisations working together to promote people's right to live in safety, free from abuse or neglect. Its purpose is to both prevent abuse and neglect, and respond in a way that supports people's choices and promotes their well-being, when they have experienced abuse or neglect.

The Board believes that adult safeguarding takes **COURAGE** to acknowledge abuse or neglect is occurring, and to overcome our natural reluctance to face the consequences for all concerned of shining a light on it.

The Board promotes **COMPASSION** in our dealings with people who have experienced abuse and neglect, and in our dealings with one other, especially

when we make mistakes. The Board promotes a culture of learning rather than blame.

At the same time, as members of the Board, we are clear that we are **ACCOUNTABLE** to each other, and to the people we serve in the three boroughs.

The Care Act says key members of the Board must be the local authority; the clinical commissioning groups; and the chief officer of police.

The Director of Integrated Care Adult Social Care and Health; the Deputy Director of Quality, Nursing and Safeguarding, Central Westminster Hammersmith Hillingdon and Ealing (CWHHE) Clinical Commissioning Groups Commissioning Collaborative; and the Borough Commander of the Metropolitan Police in the Royal Borough of Kensington and Chelsea; are the three statutory members of the Safeguarding Adults Executive Board.

The Care Act says these three must appoint a chair person who has the required skills and experience.

Mike Howard has been confirmed as the Independent Chair of the Safeguarding Adults Executive Board for a further two years.

The Care Act says the Board can appoint other members it considers appropriate with the right skills and experience.

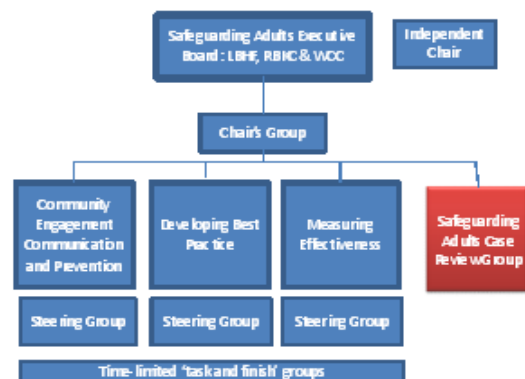
There are representatives on the Board, from the following organisations:

Imperial College Healthcare NHS Trust; Chelsea and Westminster Hospital foundation NHS Trust; The Royal Marsden NHS Foundation Trust; Central London Community Healthcare Trust; Central North West London NHS Foundation Trust; West London Mental Health Trust; London Ambulance Service; Healthwatch, Central West London; London Fire Brigade; London Probation Service; Children's Services; Elected members; Community Safety; Housing; Trading Standards; NHS England; HM Prison, Wormwood Scrubs; Public Health; Royal Brompton and Harefield NHS Foundation Trust.

There is now a senior 'go to' person in each of these organisations with responsibility for adult safeguarding. Their role as members of the Board is to bring their organisation's adult safeguarding issues to the attention of the Board, and to promote the Board's priorities, and disseminate lessons learned in their organisation.

An even wider group of people, including voluntary sector organisations; housing and homelessness agencies; advocacy and carers' groups; and members of the public; all contribute to the four work-streams of the Board: Community Engagement; Developing Best Practice; Measuring Effectiveness; and Safeguarding Adults Case Review group.

The Safeguarding Adults Executive Board and work-streams



The Trust introduced a new operational model from September 2015 which has resulted in clear roles and responsibilities at a sector level, increasing representation at local authority Safeguarding Board meetings.
London Ambulance Service Safeguarding Annual Report 2015-16

The Board meets four times year and provides leadership and direction for adult safeguarding in the three boroughs. The work-streams meet more regularly. The Board is always mindful that the challenging work of preventing and responding to abuse and neglect is carried out by hard-working staff in all these organisations, every day of the year.


The Care Act says members may make payments for purposes connected with the Board.

The Local Authorities and the Clinical Commissioning Groups mostly fund the Board and its work-streams. This year, the Metropolitan Police Service contributed £5,000 per borough from the London Mayor’s Fund; and the London Fire Brigade allocated £1,000 per borough to be shared between the Safeguarding Adults Board and the Local Safeguarding Children’s Board. These contributions pay for the Board’s administration costs; the independent chair; and externally commissioned Safeguarding Adults Reviews. The Board is planning to use these contributions to recruit a Board Business Manager to further improve its effectiveness and efficiency in 2016-17.

The Care Act says members may provide staff, goods, services, accommodation or other resources for purposes connected with the Board.

All the member organisations free up staff with the right skills and experience to contribute to meetings and to carry out the work of the four work-streams. Attendance is good and members are committed, and work hard to safeguard adults at risk of harm. Member organisations, in particular the Central North West London NHS Trust, have provided venues for Board meetings.

The Act says the Board must publish a report of what it has done during that year to achieve its objectives, including findings of the reviews arranged by it under Section 44 of the Act.



Despite the London Fire Brigade’s non-statutory status on local safeguarding adult boards, to demonstrate its commitment to safeguarding the Brigade has made an offer of a £1,000 voluntary contribution to each of the 32 safeguarding adult boards (to be shared with children’s safeguarding boards). In order to access this funding each borough is required to sign a Memorandum of Understanding agreeing to improve the lives of vulnerable persons within the borough by making appropriate safeguarding referrals when a concern is raised by the Brigade in carrying out its fire safety function; to agree to consider arranging and holding case conferences on particular cases when a Brigade representative requests following a fatal fire; and agreeing to make referrals of vulnerable persons to the Brigade to carry out Home Fire Safety Visits.

Extract from the London Fire Brigade Safeguarding Adults at Risk Audit Tool 2016-2017

This is the Annual Report of the Safeguarding Adults Executive Board. It is an account of what the Board set out to do in 2015-16 and what it has achieved.

This is the first full year that the Board has carried out its Section 44 duties to undertake Safeguarding Adults Reviews. These reviews are a legal requirement where a person with care and support needs has died, or suffered serious harm, as a result of neglect or abuse, and there is reasonable cause for concern about how agencies worked together to safeguard the person.

Cases that might meet the criteria for a review are considered by the Safeguarding Adults Care Review Group. This group is made up of representatives of organisations represented on the Board. The group recommends to the Chair of the Board the type of review that will provide a proportionate response to the concern, and the opportunity for most learning.

The report includes some of the learning from these Reviews and some of the changes that have been made to systems and practice as a result what has been learned.



In 2015-16 the first ever joint working protocols were agreed between the Violence Against Women and Girls Board; The Local Safeguarding Children’s Board; and the Safeguarding Adults Executive Board.

The Violence Against Women and Girls Board has been working to strengthen relationships and improve referral pathways between specialist and statutory organisations.

The success of this is evident through the variety of sources of referral to the Angelou Partnership, and to the Multi-Agency- Risk Assessment Conferences, and joint working with the Metropolitan Central police to address trafficking for sexual exploitation and prostitution.

Extract from the Violence Against Women and Girls Strategic Partnership Annual Report 2015-16

Aspirations for 2015-16

In its 2014-15 Annual Report the Board made the following commitments for the year ahead:

There will be more opportunities for people who have direct experiences of services, and their families and carers, to be involved in safeguarding adults work, and the work of the Board, including:

- consulting on the Board's strategic plan;
- reviewing adult safeguarding information and advice;
- involving families in monitoring the quality of provision in the three boroughs;
- Making Safeguarding Personal in response to all concerns raised about abuse and neglect.

Agencies represented on the Board will continue to work together to ensure local services are safe, respectful, and of a high standard, including:

- Adopting safer recruitment practices;
- Learning from case reviews to inform health and adult social care commissioning, working with the Health and Well-being Boards;
- Building on the Compassionate Leadership Programme;
- Sharing information about local provider performance, including the views of customers and their families, in order to support continuous

improvements and prevent market failure;

- Aligning the work of the Board to the Local Children's Safeguarding Board, and the Violence Against Women and Girls Board, to make sure agencies working with children and adults, who are experiencing different kinds of harm, are responsive, well-co-ordinated and the best use is made of resources.

Board members will continue to work together to develop better information-sharing, to assist with the requirements, from 1st April 2015, to conduct Safeguarding Enquiries conducted under Section 42 of the Care Act 2014, and Safeguarding Adults Reviews, under Section 44 of the Care Act 2014, including:


- Exploring the possibility of an adult Multi-Agency-Safeguarding-Hub (MASH).

We also said:

"In next year's Annual Report (2015-16), having consulted more widely on the Board's strategic priorities, we will be reporting what YOU SAID: and what WE DID".

The things people told us are most important to them at the consultation event on 24th November 2015 that will shape the Board's priorities for the next three years

ADULT SAFEGUARDING STRATEGY 2016- 2019



I feel empowered to make choices about my own well-being

Creating a Healthy Community

I am aware of what abuse looks like and feel listened to when it is reported

I am kept up-to-date and know what is happening

My choices are important

My recovery is important

You are willing to work with me

Leadership Qualities

We are open to new ideas

We are a partnership of listeners

We give people a voice

We hold each other to account

We want to learn from you

Achievements in 2015-16

More opportunities for people who have direct experiences of services, and their families and carers, to be involved in safeguarding adults work, and the work of the Board

Consulting on the Board's strategic plan

On 25th November 2015, the Community Engagement Group held a very successful consultation event attended by eighty delegates, mostly members of housing, advocacy, and voluntary organisations, and local residents.

Delegates were asked what safeguarding meant to them, and what they wanted the Board to work on in the next three years. Everyone's ideas were captured on graffiti boards. From these ideas, we distilled the key themes which are in the 'house'. These themes are deceptively simple, but challenging for organisations to consistently deliver. We are using these themes from the Consultation to guide the work of the Safeguarding Board and work-streams from now until 2018.

The 'house' has two strands. The first is those things that people valued most in their dealings with statutory agencies, and which lead to **Creating a Healthy Community**. The second strand is what people said are the **Leadership Qualities** they expected from the Board and the organisations represented on it.

Leadership Qualities

You said: *I want to be listened to and for you to be willing to work with me.*

We said: *We are a partnership of listeners. We want to learn from you and we are open to new ideas.*

What WE DID

In addition to the consultation, we are involving more families and, where a person does not have friends or family, representatives, in monitoring people's experience of local provision in the three boroughs. This includes encouraging care and nursing homes to set up residents and relatives groups, which in some homes are called '**Quality Boards**'.

People are telling us that there is more to do to restore confidence in provision of care at home. A **Homecare Board** has been set up to oversee improvements in the delivery of care at home, and one of the measures of success will be **fewer safeguarding concerns being raised**.

The new **duty of candour** has seen an increase in patient involvement in enquiries into incidents in hospitals and community and mental health trusts that have led to significant harm. This 'duty of candour' has also been adopted in the Board's approach to Safeguarding Adults Reviews, as demonstrated in the 'Learning from Safeguarding Adults Reviews' section of this report.

The growing concerns reported in the media, and through local councillor surgeries, of ‘scamming’ and financial abuse of older people, has led the Board to put new emphasis on tackling **financial abuse** together. The Trading Standards team are making an invaluable contribution to the work of the Board. Below are two examples of how the Board has initiated joint work that is helping people escape the clutches of people who systematically aim to defraud them.



A Good Outcome

Adult Social Care asked advice from the Trading Standards team about a man of 75 years who had lost all his money (in excess of £200,000) on a fake lottery. He was facing eviction due to large rent arrears. Together, Adult Social Care and Trading Standards submitted a letter of support with his housing benefit application, and are pleased to report his arrears of £6000 have been paid off. They are working closely with his bank to ensure he is not loaned any more money and that his priority bills are paid. Of concern is that after six years of making payments to one lottery, and despite

continued best advice, he remains convinced he has won the US lottery.

A Sad Outcome

A repeat victim on the priority referral list who a member of the Trading Standards had been working closely with, and had just signed up to the Mail Marshal scheme died at the end of August. He had been spending on average £50 per month over a five year period (£3000) and had only won £30. His sister said that he had lost far more than that but had not disclosed the real sum.

You said: *‘We need to hold each other to account’*

What WE DID

As promised, we published the **Safer Recruitment Guide** which is available to organisations in printed and electronic copy, and to people who may be recruiting personal assistants to provide their care.

Safeguarding Adult Reviews have provided opportunities for change and improvement, and there is also a growing sense of trust and transparency between agencies; and hopefully families, with timely **information sharing** (subject to usual information governance arrangements); and a genuine desire to work together to improve people’s experiences of safeguarding and prevent

further deaths and serious harm, caused by abuse or neglect.

To date, it has not been necessary to invoke Section 45 of the Care Act 2014 which gives the Board the authority to formally request information, if an organisation is unwilling to share information in the course of a safeguarding enquiry or review.

The Board continues to explore the value of creating an adult **Multi-Agency Safeguarding Hub** as part of the front door to adult services, including mental health services. A number of possible options are being considered, together with the resource implications of each. This year, the Board signed up to working protocols which have strengthened the working arrangements with the **Local Safeguarding Children's Board** and the **Violence Against Women and Girls Board**, and these boards' relationship with the Health and Well-being Boards.

The joint work with **Violence Against Women and Girls Board** has been particularly important in ensuring that if someone is experiencing domestic abuse, or modern day slavery, they are directed quickly and confidentially to the agency that can best assist them. The success of this joint work is evident through the variety of sources of referral to the commissioned providers specialising in Domestic Abuse; and to the Multi-Agency-Risk Assessment Conferences; and working with the Metropolitan

Central police to address trafficking for sexual exploitation and prostitution.

Creating a Healthy Community

You said: *"I want to feel empowered to make choices about my own well-being. My choices are important."*

What We DID

Through staff training we are promoting the Care Act principle that each of us is the expert in our own life, and this applies equally when we are making choices about our health and well-being, and when we have experienced harm or abuse. Staff in our organisations are being trained to always ask people who have experienced abuse or neglect, or where appropriate their representative, 'What is important to you?' and 'What would you like to happen next?' This is what is meant by **Making Safeguarding Personal**. We are now recording whether or not each person has achieved what they hoped to achieve, as a result of safeguarding work.

We are developing a directory for use at service front doors that will make sure that people are directed to the most appropriate source of information and advice, to meet their needs.

You said: *"I want to be aware of what abuse looks like and feel listened to when it is reported."*

What WE DID

The safeguarding information leaflets ‘Say NO to abuse’ have been up-dated and a new leaflet, ‘Keeping safe from abuse and neglect: what happens after you report abuse’ has been published this year. Both of these and other information and advice about safeguarding adults are available on the **People First website**. Printed copies are also available on request.

The Safeguarding ‘Train-the-trainers’ programme is being offered to the Community Champion leaders who will then offer the training to the **300 Community Champions** in 2016 -17. We are already learning from Community Champions how to work more effectively and sensitively with people who may be reluctant to disclose that they are being harmed, to statutory agencies.

You said: ‘I want to be kept up-to-date and know what is happening after I have told you about abuse or neglect’.

What WE DID

This has been a challenge for a number of years. Very often a lot of very good work is happening, but we do not routinely tell the person who has experienced, or reported harm, what we are doing. So we have **redesigned our safeguarding system**, and built in to it the requirement that our enquiry officers talk to the person or their representative about what has happened to you. They will ask you what you hope our enquiries will achieve for you. When we have finished

our work, we will ask you if you have achieved what you wanted to achieve. We will be checking that this is happening through our **case audits**.

The **Measuring Effectiveness Group** is also running a **pilot** which will test what sort of responses people have had when they have raised a safeguarding concern. The findings from this pilot will be reported to the Board in the Autumn.



“There are clear safeguarding processes which are well understood and owned across operational teams”.

“The three boroughs can seize upon the opportunity and willingness of users, carers, staff and stakeholders to create real involvement, building on the good practice that already exists.”

Extract from the Peer Challenge for Adult Social Care Shared Services in London Borough of Hammersmith & Fulham; the Royal Borough of Kensington and Chelsea; and the City of Westminster
12th June 2015

Learning from Safeguarding Adults Reviews in 2015-16

The Safeguarding Adults Reviews that have been undertaken this year have provided insights into how effectively organisations are working together. A successful Review results in learning and improvements to systems and practice. A key lesson learned this year is that working with families, and using enquiries to answer their questions, gives everyone involved a better understanding of the circumstances that led to the serious harm, or death of their relative, and how to act to prevent future deaths or serious harm. It is hoped that this respectful way of working may help families towards recovering from their loss, which is very important to the Board.

In 2015-16 13 cases were accepted by the Safeguarding Adults Case Review Group as meeting the Section 44 Safeguarding Adults Review criteria. A list of the emerging themes from the Reviews is attached as APPENDIX 1.

These are some of the changes that have happened as a direct result of these Reviews:

- The security arrangements in the Accident and Emergency department in an acute Hospital have been tightened to make it more difficult for unaccompanied

and vulnerable patients (for example, people with a learning disability, or dementia) to leave unnoticed.

- Delay in discovering the death of a man who had returned to a hostel on leave from hospital has led to a change to the welfare check procedures in the hostel to include daily checks of all unoccupied rooms. The hostel swipe-entry system is now disabled for people when they are admitted to hospital. This is so that when they return home from hospital, they have to check in with staff. Photos of residents are kept in the office to help new and temporary staff identify residents quickly.
- The leave and hospital discharge arrangements for people recovering from mental illness has been reviewed, and work is being done to improve communication and closer working between the Hospital and the hostel accommodation to which people are returning.
- The London Fire Brigade report all fatal fires to the Safeguarding Adults Case Review Group. As a result of a Review, the Brigade are currently working with the London Ambulance Service to pilot the provision of Home Fire Safety Visits to people who are at increased risk of fire from hoarding, as identified by the London Ambulance Service.

- A Homecare Board has been set up to address the local challenges of delivering safe and consistent care at home to residents of the three boroughs. The findings from three Reviews have confirmed that reducing risk and raising customer satisfaction with care at home is a priority area of work for agencies represented on the Board in 2016-17.

These are three examples of how the reviews have been conducted. They are used to illustrate the impact a death or serious incident have on agencies, and how they work together, and on families who have lost a loved one.

Ms. Adam's* was the first death reviewed by the Safeguarding Adults Case Review Group

*(*not her real name)*

Ms. Adam attempted to drown herself in the Thames, but was prevented from doing so by the police and detained in a local (mental health) Hospital. Within 24 hours, she absconded from the Hospital, and on her second attempt, did drown herself in the Thames.

As part of the Safeguarding Adults Review, the police and the Trust met to share what they had learned from this sad death, and agreed what each agency would do to prevent other, similar deaths occurring.

At the recent inquest into Ms. Adam's death, the jury found that Ms. Adam had been able to abscond due to inadequate

security systems and processes at the Hospital, at the time.

However, the Coroner decided not to make a Prevention of Future Death report¹ because of the significant work that had been undertaken by the Trust to improve the security arrangements in the Hospital following Ms. Adam's death. The evidence provided by Trust's Chief Executive led the Coroner to reflect on how very difficult it is to get the balance right between creating the right environment (a hospital is not a prison) and the need for proper security.

The Coroner expressed praise for the joint work between the police and the Trust, which has led to the following measurable improvements:

In 2013 the police dealt with 104 mental health patients missing from the Hospital. When the joint work began, in 2014-15 this reduced to 62 missing persons, and by March 2016 was down to 40 patients. This reduction in demand has not only saved lives and made people safer, but has also saved an estimated £220,000 in police time, which can be spent on other aspects of policing.

Whilst escapes from the wards have effectively stopped, escapes during escorted leave have risen. The police, the Trust and hostels, are now working together to reduce the number of patients who put themselves at risk by

¹ Paragraph 7 of Schedule 5, Coroners and Justice Act 2009, provides coroners with the duty to make reports to a person, organisation, local authority or government department or agency where the coroner believes that action should be taken to prevent future deaths.

not returning to the Hospital when they should.

This case illustrates what can be achieved when agencies learn the lessons from a very sad and serious incident, and together use what they have learned to make changes to their systems and practices, to save both lives, and use scarce resources as effectively as possible.

This equates to approximately £10,000 which is a conservative amount, and covers only the first 24 hours of officers' time.

Ms. Brewer's* was the first death to be reviewed by an external reviewer, using the Social Care Institute of Excellence (SCIE) Learning Together approach.

*(*not her real name)*

Ms. Brewer was living in residential care home, and was pushed over by a fellow resident. She was admitted into hospital with a broken hip. She also suffered a bleed on the brain as a result of her fall, and subsequently died in hospital.

Although the Review was prompted by the death of Ms. Brewer, the focus of the review was on how the man who caused her harm who, for the purposes of the review was called 'Andrew', came to be in a situation where he was able to inflict serious harm on a fellow resident.

Andrew's story is that the care he received from his partner made it possible for him to live at home, despite his severe dementia. After his partner died, Andrew spent some time in the acute mental health wards of two different hospitals, before being placed in a care home, registered to provide dementia care. Several professionals including social workers, nurses, and consultant psychiatrists, played a part in the decision-making about where Andrew's care and support needs would best be met.

Andrew stayed at the care home for two and a half months. He was removed after



The £220,000 has been calculated using the following assumptions:

If the police have a high risk missing person for 24 hours they deploy the following:

- 4 officers from the Missing Person's Unit (40 hours)
- 4 officers from Community Safety Unit (early / late and night duty) (120 hours)
- 1 Police Search Adviser team (12 officers x 6 hours) (72 hours)
- 4 officers from Emergency Response and Patrol Team (early / late and night duty) (120 hours)
- 1 officer from Casualty Information Unit (early / late and night duty) (24 hours)
- 1 member of Senior Leadership Team (2 hours per shift) (6 hours)
- 2 officers from Safer Neighbourhood Team (24 hours)

the incident that resulted in Ms. Brewer's death.

The question the Review sought to answer was: *"What can we learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs?"*

As a result of the Review, the recently constituted Joint Health and Social Care Dementia Programme Board is looking at the range and variety of provision for people with dementia, and how this might be commissioned and delivered in a more imaginative way. This includes looking at the experiences of other people with similar needs to 'Andrew' and seeing how well they are being served, and how they might be better served.

Work is being done to increase staff understanding of how placements are made and how in future, health and adult social care processes can become more seamless.

The Board is also exploring how information might be shared more effectively through single 'front doors' and arrangements such as a Multi-Agency-Safeguarding-Hub (MASH) for adults, such as the one that is in place for safeguarding children across the three boroughs.

The review of Ms. Connor's* death confirmed how important it is for communication between teams to be crystal clear, and that families need to

have answers to their questions when they have lost a family member
*(*not her real name)*

Ms. Connor was discharged home from hospital and because of a mis-communication between two teams, the homecare package she had been assessed as needing was not put in place. When she died, Ms. Connor was not wearing the call alarm pendant with which she might have been able to summon help.

Although Ms. Connor's family were very much involved in her care, they were not informed of her discharge from hospital. Key learning for all staff involved in the Review is always 'think family'.

An extract from a letter to Ms. Connor's son and daughter.

Thank you for taking the time to meet with us to review the circumstances of your mother's death. Like you, we needed to understand what went wrong. We hope that our meetings have given you an explanation of what happened, and that you know how very sorry we are that we did not provide your mother with the care she needed, that may, or may not have extended her life.

For us, the meetings with you helped us to focus on what is important, and what we need to do to prevent something similar from happening to someone else's mother, father, or family member.

All the agencies involved with providing health and social care to your mother realised as soon as we learned of her death, that this was a serious matter that

needed to be fully investigated. I asked the Head of Service to meet you as soon as possible so that we could understand the questions you needed answering. Each agency carried out their own internal enquiries, and we used this information to put together the timeline that we shared with you at our first meeting. I hope that sharing the timeline answered some of your questions, and that the second meeting you requested, provided you with a fuller account of what happened on the day your mother died, and the omissions which led to her not receiving the care she was assessed as needing.

In terms of actions, we are reminding all staff to ensure that pendent alarms are continually checked and placed around people necks.

A meeting with the hospital transport team has been called to ensure that all crews are aware of the importance of this and to ensure that when they take people home, the crews locate the pendent alarms and ensure they are within reach. We are ensuring that all new referrals to the Service are accompanied by a letter confirming any conversations between the teams. This has been reinforced with all staff in the team, not just the person who omitted to confirm the bookings. We have appreciated the way you have worked with us through this very difficult time for you and your family. We were especially touched by your generosity in the meeting when you said that whilst you felt that the staff involved had been negligent, you understood that they had

not meant to harm your mother, and that you did not want them to be burdened by the guilt of what they neglected to do. We have passed your message to the staff involved.

Thank you for giving us permission to reflect with staff on the circumstances of your mother's death, so that we can all learn the lessons, and make changes to way we do things that will reduce the chances of something similar happening again.

Thank you also for giving us a copy of the lovely photo of your mother when she was younger. We will share this with staff in the 'learning together' session. It will remind us all that each person we work with has a story and, for those of us lucky enough to have family, how important our families are to us.


Please let me know if you have any questions that remain unanswered, or we have left anything out that is important to you.

In addition to the learning that Safeguarding Adult Reviews have provided this year, and opportunities for change and improvement, there is also a growing sense of trust and transparency between agencies; improved information sharing; and a genuine desire to work together to improve people's experiences of safeguarding and prevent deaths and serious harm, caused by abuse or neglect.

How we know we are making a difference?


Here are four examples of how the work of the Safeguarding Adults Executive Board is making a difference to people who are residents of the three boroughs.

How safeguarding has provided justice to a woman who had a crime committed against her, and is working to take unsuitable people out of the health and care work-force so that they can no longer take advantage of people for whom they are meant to be caring.



Mrs Smith* is a 93 year old woman who lives in a local care home, and funds her own care. A carer working in in the home stole £4,800 from Mrs. Smith 18 months ago. The carer was caught and was found guilty last week at the Crown Court. She is yet to be sentenced. The care home dismissed the carer under their disciplinary code and referred her to the Disclosure and Barring Service with the intention of preventing her from working in the health or care sector again.
 (*not her real name)

How the Deprivation of Liberty Safeguards, which often get a negative press, is making a real difference to a person’s well-being and quality of life.



Mr. Arnold* told the Best Interest Assessor who had come to assess him for a Deprivation of Liberty Safeguard (DoLS), that he did not mind living in his care home, but did not like sharing his room with strangers. On further enquiry, the Best Interest Assessor found out that the home had put up a curtain across Mr. Arnold’s room and were using a second bed in his room for people needing respite care. The care home was told to put a stop to this immediately. Mr. Arnold also told the assessor that he would like to live near the sea. The Best Interest Assessor made it a condition of the DoLS that Mr. Arnold’s request to move to the seaside be explored. Mr Arnold was also given a paid representative to ensure that this happened, as he had no-one to represent him. In her most recent report, the paid representative wrote:
 “When I asked Mr. Arnold how he felt about living in his new home, where he has now resided for about five weeks, he said ‘I am happy here.’ He then gestured

out of his bedroom window and said, 'I like the scenery and I go down the beach.' I said that staff had told me that he goes to the seafront twice a week, and I asked if he felt that twice was enough? Mr. Arnold and replied, 'That's enough for me.' Mr. Arnold is also planning to visit his brother along the coast in Devon where he lived as a child"
 (*not his real name)

How agencies working together in the three boroughs are protecting people from scams, fraud and other forms of financial abuse that can cause emotional distress, increase social isolation, and can sometimes lead to illness and death.



The social work team were worried about various financial transactions Mr. Price* was involved in, and had a conversation with colleagues in Trading Standards to see if there was any substance to their concerns. Mr. Price has been sending money to a woman living in a West African country, with whom he believes he has been having a relationship for the past 7 years. The amount of money he has sent is in the region of £15,000. Mr. Price manages his own finances, but is

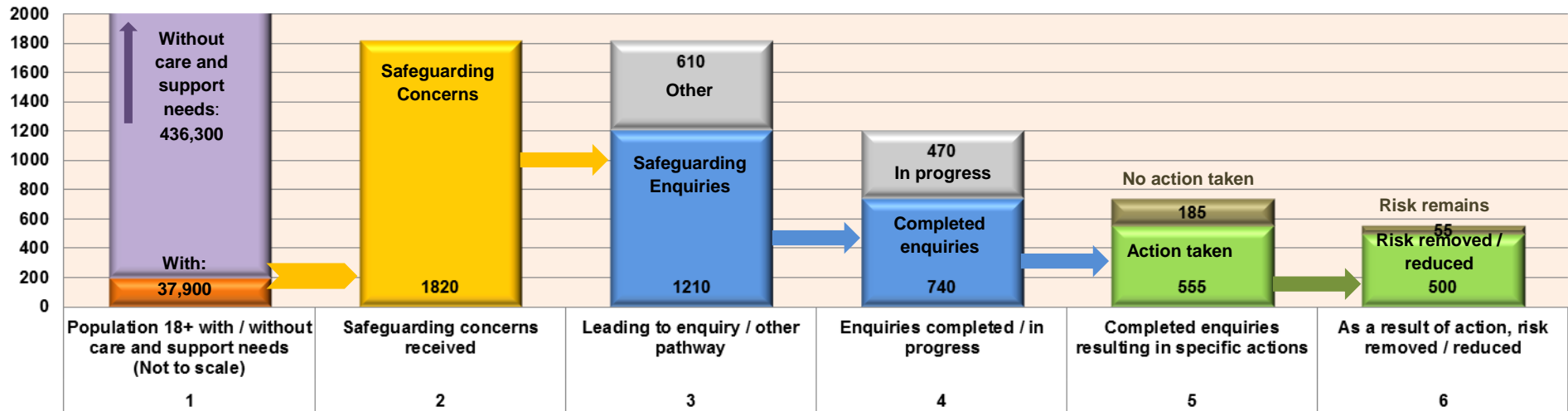
beginning to struggle to pay his bills. Trading Standards contacted the organisation through which the money was being transferred. Their enquiries uncovered that another 10 men were transferring money to the same woman, on the same basis as Mr. Price. These transfers have been intercepted, and the money transfer organisation is now investigating the potential fraud with the police. Mr. Price and other victims have not been informed as there are concerns that they might inadvertently tip off the recipient, which could seriously jeopardise any investigations. This decision has been made to protect public interest. The social work team are working with Mr. Price to link him in to some local organisations that will help to address his feelings of loneliness and social isolation, which scammers often exploit.
 (*not his real name)

“A safeguarding meeting is a very stressful time for a family, and for a GP, however the meeting being so well chaired, so well informed, and so well prepared for, has, I believe, helped the carers and the family, and I, to improve the care we offer Mr. Jones, and made this event have a number of productive outcomes in terms of risk prevention.”*
 (*not his real name)

Extract from a letter from a local General Practitioner March 2016.

What are the numbers telling us?

Chart 1 The safeguarding journey, from raising of safeguarding concern to outcome of safeguarding enquiry, 2015-16



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Raising of safeguarding concerns

- In mid-2015 the three boroughs (LBHF, RBKC and WCC) had a combined adult population of about 474,200.
- Using the percentage of adults aged 18+ who say in national surveys that they are unable to manage at least one self-care activity, such as washing or dressing, on their own (about 8%) as a proxy measure, we estimate that across the three boroughs about 38,000 adults have care and support needs. This is five times the number of adults who receive on-going support from social services
- In 2015-16 the three boroughs received a total of 1,820 concerns about cases of potential or actual harm or abuse. This is equivalent to about four concerns for every 1,000 adults in the general population, or 48 for every 1,000 adults with care and support needs, or 240 for every 1,000 adults receiving on-going social care (7,565)

Resulting safeguarding enquiry process

- About two-thirds (1,210) of the concerns received were assessed as requiring follow-up under safeguarding procedures.
- This is because the people involved were assessed as:
 - (a) experiencing, or being at risk of, harm or abuse; and
 - (b) having care and support needs which prevented them from protecting themselves.
- These concerns became the subject of a safeguarding enquiry to establish *what the person wanted to happen in relation to the risk* and what needed to be done to achieve this
- Those concerns (610) not followed up as safeguarding enquiries were followed up in other ways, for example by referral to trading standards offices, domestic abuse support

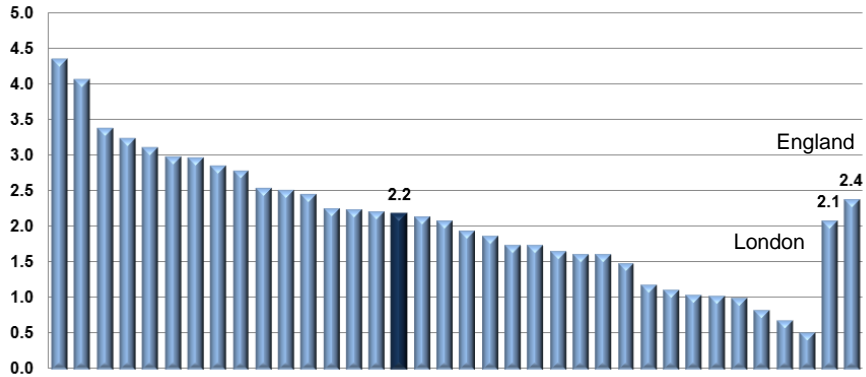
Outcome of enquiry process

- Safeguarding enquiries can take varying lengths of time to complete, depending on the issues and organisations involved. At 31 March 2016 nearly two-thirds (740) of the enquiries that had been started since 1 April 2015 had been completed. The remainder were still in progress.
- Of the safeguarding enquiries which were completed in 2015-16, the majority (555, or about 70%) resulted in specific actions being taken in relation to the risk, such as disciplinary action or removing staff from the situation
- The remaining cases (185) had not resulted in specific actions for a number of reasons, for example because the inquiry had found the risk to be unfounded, or because the adult did not wish any action to be taken
- Where specific actions had been taken, in the great majority

- The majority of concerns were raised by health and care agencies, the police or the customer services team. of cases (500, or 90%) the risk of harm or abuse was judged by the social worker to have been removed or reduced

A comparison with London and England 2015-16

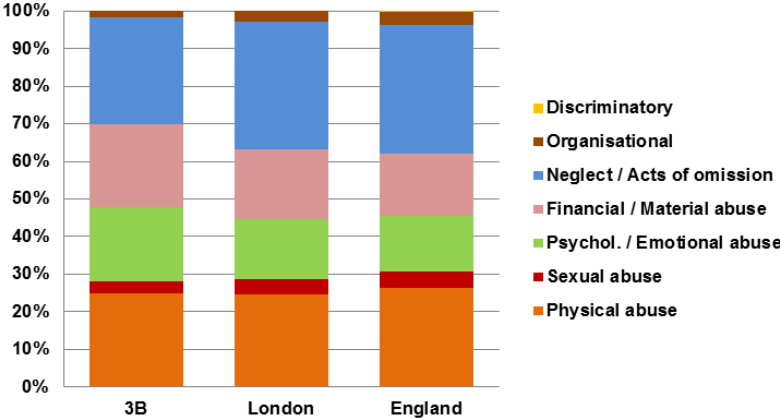
Chart2 Number of individuals involved in safeguarding enquiries started in 2015-16, per 1,000 population aged 18+ - all London boroughs*



*3B=1,025 individuals; London=13,805; England=103,800.

The number of safeguarding enquiries started per head of population varied considerably across London with 3B in the mid-range close to the London average.

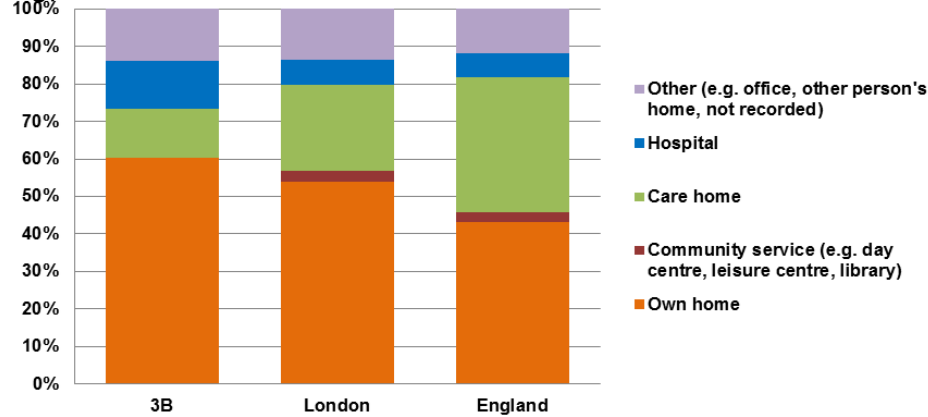
Chart4 Types of abuse alleged (enquiries completed in 2015-16)



The frequency with which different types of abuse were reported was similar across the country but in 3B proportionately fewer enquiries involved instances of neglect. These cases nearly always involved care providers.

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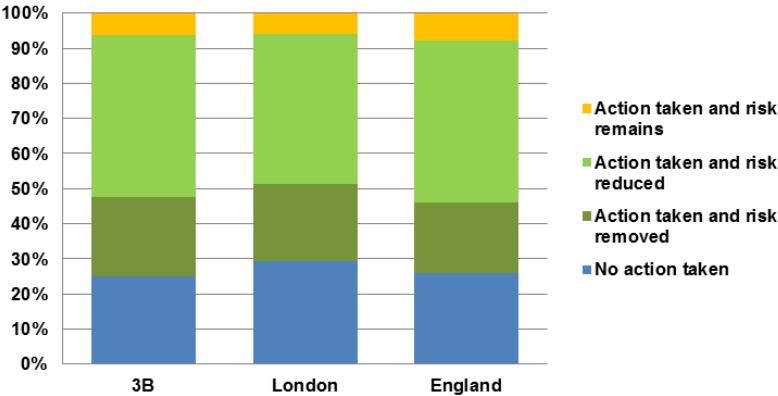
Chart3 Where the alleged harm or abuse occurred*



*Based on the number of enquiries completed in 2015-16, regardless of when they started. 3B=935; London=13,045; England=108,910

Compared with London as a whole and especially England, a higher percentage of enquires in 3B related to abuse in people's own homes. About half of these involved care professionals and about half relatives, neighbours or strangers.

Chart5 Whether, following action, the risk of abuse had been removed or reduced (enquiries completed in 2015-16)



In some cases safeguarding inquiries are unable to confirm the occurrence of abuse or identify a source of risk and do not require specific actions. But where they did do in nine out of ten cases the risk of abuse was reduced or removed. Where the risk remained this was with the agreement of the adult at risk.

What the Board will be working on in 2016-17?

The Board will continue to be guided by what people are telling us is important to them, as contained in the 'house'. We continue to work in the coming year on the three key areas of:

- Providing opportunities for people to be involved in safeguarding adults work, and the work of the Board;
- Working together to ensure local services are safe, respectful, and of a high standard;
- Developing better information-sharing.

To achieve these ambitions, the pieces of work we will be completing are:

- We will follow up on the consultation event and check with delegates and members of the public that the Board is doing what we said we would do.
- We will complete the review of our safeguarding systems and training to ensure that staff always ask 'What is important to you?' and 'What would you like to happen next?' when you have reported a concern. We will also build the prompt to ensure you or the person who has reported the concern, is kept up to date with what is happening.
- We will be rolling out the Community Champions Training-the-training programme and evaluating how it is contributing to the health of the Community.

- We will continue to promote awareness of scams, fraud and financial abuse and tackle fraudsters by working together.
Learning from what the numbers are telling us we:
- We will be ensuring more timely ending of Safeguarding enquiries;
- We will be exploring in more detail what is happening in people's homes where the person causing harm is a relative, neighbour or stranger, and thinking about new ways of working that can help.
Learning from Safeguarding Adults Reviews:
- We will be publishing the Reviews and tracking progress on the changes made as a result of the findings and disseminating the learning;
- We will be tracking the progress made by Joint Health and Social Care Dementia Programme Board in developing the range and variety of provision for people with dementia;
- We will be working together to improve the life chances of people living in hostels, with mental health problems, and those who use substances;
- We will be raising awareness of fire risks, and working together to reduce the incidence of fatal fires;
- We will be working on increasing people's confidence in the provision of care at in their own home.
We will continue to involve people and their families in planning safeguarding enquiries and reviews, to better understand what has happened and learn what might prevent something happening again.

Glossary of terms

Safeguarding means protecting and adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and reduce the risk of abuse and neglect. When people have experienced abuse or neglect, safeguarding is about taking actions that are informed by the person's views, wishes, feelings and beliefs.

Making Safeguarding Personal starts with the principle that you are expert in your own life. Whilst many people do want to be safer, other things may be as, or more, important to you; for example, your relationship with your family, or your decisions about how you manage your money. So, our staff are being encouraged to always ask you *'What is important to you?'* and *'What would you like to happen next?'*

An Outcome is what you hope to get out of the conversations we have, and the work we do with you. Measuring outcomes helps the Board to answer the question *"what difference did we make?"* rather than *"what did we do?"*

Deprivation of Liberty Safeguards (DOLS)
When a person in a care, or nursing home, or hospital, is subject to continuous supervision and control from staff, and is not free to leave, under the Supreme Court judgement known as

'Cheshire West', they are deprived of their liberty. Once identified, a deprivation of liberty must be authorised either by the Court of Protection order; or under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005; or under the Mental Health Act 1983. If it is not authorised, under the law, it is an illegal detention.

Multi-Agency-Safeguarding-Hub (MASH)


The purpose of a Multi-Agency Safeguarding Hub (MASH) is to gather information from various professionals in order to make a brief assessment of a child and/or a family, or an adult, who is at risk of harm, to ensure their immediate safety and meet their welfare, or care and support needs. The MASH aims to improve the quality of information sharing between professionals in order to make timely and informed decisions based on accurate and up-to-date information. This assists to ensure that the child, their family or the adult at risk of harm, is provided with the most appropriate offer of supports and services, as soon as possible.

Duty of Candour is a legal duty on hospitals and community and mental health trusts, to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. The duty of candour aims to help patients receive accurate, truthful information from health providers.

APPENDIX 1 Cases Accepted for Safeguarding Adults Review in 2015-16 and emerging themes

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
1.	06/03/2015	The mismatch between the needs of older people with dementia and the range of appropriate provision to meet those needs ('requisite variety'); information-sharing between agencies. (Case included because subject to a Review using Social Care Institute for Excellence Learning Together, September to December 2015 and shortly to be published)
2.	29/05/2015	The challenges of providing suitable housing for a mix of adults with a range of needs, including drugs and alcohol use; mental health problems; physical frailty; age related conditions; and of keeping this mix of people as safe and secure as possible, particularly in hostel accommodation.
3.	10/07/2015	Staff confidence with application of the Mental Capacity Act in complex and life-threatening decision-making and support for staff when a capacitated decision is unwise, and as a result a person dies or suffers serious harm.
4.	10/07/2015	The challenge of how to effectively hold a private General Practitioner to account with regards to their clinical decision-making; and their application of the Mental Capacity Act; and end of life care.
5.	01/10/2015	The challenges of good information sharing, when electronic systems do not talk to each other; the need for secure handover of cases between agencies and teams within agencies; and to prevent the serious consequences of 'dropping the baton'.
6.	02/10/2015	The challenge of working with people with capacity who are reluctant to accept care from statutory services which results in their physical health care needs not being met.
7.	13/11/2015	The review of leave and hospital discharge arrangements for people recovering from mental illness, and the need for improved communication and closer working between hospital and the hostel accommodation people are discharged home to.
8.	13/11/2015	The value of working with relatives and families to prevent harm, and involving them as soon as possible when harm or death has occurred so their questions can help to inform the enquiries and reviews, and provide them with some answers.
9.	05/02/2016	The review of leave and hospital discharge arrangements for people recovering from mental illness, and the need for better communication and closer working between hospital and the hostel accommodation people are discharged home to.
10.	05/02/2016	The challenges of good information sharing, when electronic systems do not talk to each other; the need for secure handover of cases between agencies, and teams within agencies; and the serious consequences of 'dropping the baton'.
11.	05/02/2016	Quality of home care provision and risks associated with transfer of contracts to new providers
12.	18/03/2016	Quality of home care provision and risks associated with transfer of contracts to new providers
13.	18/03/2016	Adequacy of transport arrangements for an older patient between a mental health facility and an acute hospital

Agenda Item 5

London Borough of Hammersmith & Fulham		 hammersmith & fulham
HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY & ACCOUNTABILITY COMMITTEE		
2 November 2016		
WORK PROGRAMME 2016-17		
Report of the Chair		
Open Report		
Classification: For review and comment Key Decision: No		
Wards Affected: All		
Accountable Executive Director: Kim Dero, Director of Delivery and Value		
Report Author: Bathsheba Mall, Committee Coordinator	Contact Details: Tel: 020 87535758 E-mail: bathsheba.mall@lbhf.gov.uk	

1. EXECUTIVE SUMMARY

- 1.1 The Committee is asked to give consideration to its work programme for the municipal year 2016/17.

2. RECOMMENDATIONS

- 2.1 The Committee is asked to consider the proposed work programme and suggest further items for consideration.

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

None.

LIST OF APPENDICES:

Appendix 1 – Work Programme 2016

Health, Social Care and Social Inclusion Policy and Accountability Committee

Item – Report Title	Report Author / service	Status
12 December 2016		
Community Independence Service		
Tackling Social Isolation and Loneliness” Strategy		
End of Life Care: JSNA and CLCH to Update on Action Plan	Public Health	
31 January 2017		
West London Mental Health Trust: Update	WLMHT	
8 March 2017		
Digital Inclusion	Policy & Strategy	TBC

Items for future agenda planning:

- Meal Agenda
- Impact of devolution on Local Health Services
- Commissioning Strategy: Providers
- Community Champions
- Customer Journey: Update
- Equality and Diversity Programmes and Support for Vulnerable Groups
- H&F CCG Performance
- Immunisation: Report from the HWB Task and Finish Group
- Immunisations update – 2017
- Integration of Healthcare, Social Care and Public Health
- Listening to and Supporting Carers
- Self-directed Support: Progress Update
- Antibiotic prescriptions
- Digital Inclusion Strategy