

# Health, Inclusion and Social Care Policy and Accountability Committee Agenda

Tuesday 15 January 2019 at 7.00 pm  
Courtyard Room - Hammersmith Town Hall

## MEMBERSHIP

Administration	Opposition
Councillor Lucy Richardson (Chair) Councillor Jonathan Caleb-Landy Councillor Bora Kwon Councillor Mercy Umeh	Councillor Amanda Lloyd-Harris
Co-optees	
Victoria Brignell, Action On Disability Jim Grealy, Save Our Hospitals Jen Nightingale Bryan Naylor, Age UK	

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# Health, Inclusion and Social Care Policy and Accountability Committee Agenda

15 January 2019

<u>Item</u>	<u>Pages</u>
<b>1. MINUTES OF THE PREVIOUS MEETING</b>	
(a) Minutes of the 4 <sup>th</sup> December 2018 are deferred to the next meeting of the PAC; and	
(b) To note the outstanding actions.	
<b>2. APOLOGIES FOR ABSENCE</b>	
<b>3. DECLARATION OF INTEREST</b>	

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.

**4. THE REPORT OF THE OLDER PEOPLE'S COMMISSION** 4 - 138

This report presents the findings of The Older People's Commission (OPC) formed in November 2017 to examine ways of improving the quality of life for all older residents and making Hammersmith and Fulham (H&F) the best borough in which to grow older.

**5. SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2017/18** 139 - 176

This report presents the fourth 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.


**6. WORK PROGRAMME** 177 - 180

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

**7. DATES OF FUTURE MEETINGS**

Monday, 11<sup>th</sup> February 2019  
Tuesday, 26<sup>th</sup> March 2019

# Agenda Item 4

<b>London Borough of Hammersmith &amp; Fulham</b>		 hammersmith & fulham
<b>HEALTH, INCLUSION AND SOCIAL CARE POLICY &amp; ACCOUNTABILITY COMMITTEE</b>		
<b>15 JANUARY 2019</b>		
<b>THE FINAL REPORT OF THE OLDER PEOPLES COMMISSION</b>		
<b>Report of the Cabinet Member for Adult Social Care and Public Health, Cllr Ben Coleman</b>		
<b>Open Report</b>		
<b>Classification – For review and comment</b>		
<b>Key Decision: No</b>		
<b>Wards Affected: All</b>		
<b>Accountable Director: Lisa Redfern</b>		
<b>Report Author:</b> Ruth Redfern, Communities Lead	<b>Contact Details:</b> Email: <a href="mailto:ruth.redfern@lbhf.gov.uk">ruth.redfern@lbhf.gov.uk</a>	

## 1. EXECUTIVE SUMMARY

- 1.1 The Older People's Commission (OPC) was formed in November 2017 to examine ways of improving the quality of life for all older residents and making Hammersmith and Fulham (H&F) the best borough in which to grow older.
- 1.2 An interim report focusing on isolation and loneliness was published in March 2018 (see Appendix 2). Since then the commission has concentrated on how to ensure that all older residents benefit from the services they are entitled to, and how to make H&F an even better place to live.
- 1.3 The OPC report represents the range of priorities that older people told commissioners they had for their lives in the borough. This final report of the Commission (attached as Appendix 1) sets out the key findings and recommendations arising from its work over the past year.
- 1.4 The key findings from the Commission's work in Hammersmith & Fulham are that:



- **Better services:** Many people have told us of: unreliable transport, in some cases not fit for purpose; inflexible parking systems; problems with GP appointments; and bad housing maintenance.
- **Better Information:** Many people shared their frustration at knowing that there is a lot going on in H&F but a lack of accurate timely information about it. Similarly, many told us that they are not always aware of the help they can receive and the services they could benefit from.
- **Stronger Communities:** Many people told us that they want to feel that they belong and that communities need to be more inclusive of people from different generations, with different ethnic backgrounds and life experiences. There is a feeling from many community groups that they are seen as 'hard to reach' when they are available, waiting and ready to be an integral part of the life of the borough. This is often down to language barriers.
- **Closer Collaboration:** Many people felt that the Council, its many different departments, the various national and local agencies, and all the charity organisations do not always work together, which leads to a sense of confusion, duplication and a lack of coordination. This can cause older residents to be reluctant to persevere with inquiries or complaints.
- **Deeper Resident Engagement:** Many people told us that they felt that decisions were taken without them being consulted or that some of the existing services were not fit for purpose and had been put in place without thinking about older users. There was a widely held view that some consultations were 'tick-box exercises'. Outcomes were often poorly communicated.

1.5 This report sets out the recommendations of the H&F Older People's Commission.

## 2 RECOMMENDATION

2.1 That the Older People's Commission report is noted and shared with Cabinet.

## 3 REASONS FOR DECISION

3.1 The recommendations of the OPC report are put forward by the Older People's Commission, not by council officers. However, officers have been involved in the discussions that have taken place around these recommendations now put forward.

## 4 OPTIONS AND ANALYSIS OF OPTIONS

4.1 The OPC is the ninth H&F resident-led commission to report to a PAC on its findings and recommendations, since 2015.

- 4.2 These commissions demonstrate the Council's commitment to working with residents to get things done. They are an example of how the Council is engaged with residents in the co-production of council policies.
- 4.3 The OPC has engaged with council officers from across service areas to help inform and shape its recommendations and its meetings have been attended by the Cabinet Member for Health and Adult Social Care.

## **5 CONSULTATION**

- 5.1 The OPC has been engaged in consultation with other older people, older people's organisations, council staff and councillors throughout the year as it has gathered evidence to inform this final report.

## **6 EQUALITY IMPLICATIONS**

- 6.1 The OPC report presents recommendations with the aim of improving support and services for older people and giving older people greater involvement in the production of services and policies. The implementation of these recommendations will have positive implications for the equality of older people in the borough.

- 6.2 *Implications verified by Peter Smith, Head of Policy, tel 020 8753 2206*

## **7 LEGAL IMPLICATIONS**

- 7.1 The report makes recommendations about the Council's approach to agreeing policies and strategies with local older people in relation to the delivery of local support and services to this group. Any new arrangements as a result of the OPC report will have to take account of any relevant legislation and statutory guidance.

- 7.2 *Implications verified by: Rhian Davies, Assistant Director of Legal and Democratic Services*

## **8 FINANCIAL IMPLICATIONS**

- 8.1 If the Council decides to adopt the Commission's recommendations, then any financial implications will need to be evaluated and considered as part of the Council's financial planning process.

- 8.2 *Implications completed by: Emily Hill, Assistant Director of Corporate Finance, tel. 020 8753 3145, tel. 020 8753 2531.*

## **9 IMPLICATIONS FOR BUSINESS**

- 9.1 Employability, employment and retraining opportunities for older people are clear barriers and consideration should be given to developing sustainable solutions. The Economic Development Team, especially Adult and Community Learning and Work Matters, should be engaged in this process.
- 9.2 Key employers in the borough (including the Council) should take a leading role in identifying, developing and promoting good practice in making workplaces and careers accessible to older people in a consistent and positive way.
- 9.3 *Implications completed by: Alben Karameros, Economic Development Team, tel. 020 7938 8583.*

## **10 BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

None

## **LIST OF APPENDICES**

Appendix 1: Report of the Older People's Commission, which includes Appendices including the Focus Group report, the Interim report, March 2018 and the Bibliography and additional resources.

Please note: The final report will be printed and graphics inserted for the launch in March 2019.

# Older People's Commission: Final Report January 2019

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# Chair's Foreword

Over the past year, we in the Older People's Commission have listened to the views and experiences of older people in Hammersmith and Fulham. We believe that this is their report, reflecting their ideas, ambitions and aspirations.

Older people told us that they are powerful, with knowledge born of years of experience – of personal and professional trials, of joy and laughter.

Older people accept that, in common with others in our community, we may need help and support but we are **not** passive recipients of services – we've usually paid towards them all our lives.

And we are **not** only users of services. Older people are carers for families, friends and neighbours in our community.

Older people are **not** a 'growing population' problem – **we are assets**, volunteering our time and skills, sharing what we know with those younger than ourselves and leading others to be the people they didn't believe they could be.

This is not a report just for today's older residents - we all get older. Older age should be something for us all to look forward to. Whatever your age now, you should be able to aspire to a healthy later life, a degree of comfort and the opportunity to keep contributing to your community.

So, what happens now, following the publication of this report? We will ask all organisations for older people, statutory and voluntary, to look at our recommendations and to consider the ways they work and provide services – so that these are developed and provided **with** us, not just **for** or **to** us.

We will ask them to improve communications and consultation and to work together ever more closely to improve outcomes for all older residents.

We do not underestimate the challenges posed by our recommendations, nor those of making improvements against growing needs and tight financial constraints.

We firmly believe that we can achieve our ambition to make Hammersmith & Fulham a model for older residents – a place where empathy with and respect for older people are second nature.

Through good communication, co-operation and a commitment to working together we can achieve results which are greater than the sum of our efforts – and make Hammersmith and Fulham a great place to grow old in.

Getting it right for people who are older now means getting it right for everyone in the future. Whatever your age now, this report is for you.

**Bryan Naylor**  
**Chair of the Older People's Commission**

# Councillor's Message

In H&F, we believe that our democracy and public services need to be reinvigorated together. So since being elected in 2014, we've been changing the way the council relates to and works with residents.

We want to do things with local people, not just to them. Our numerous resident-led commissions are at the heart of this. They put local people in the driving seat for improving policy and services.

We also aspire to making Hammersmith & Fulham the best place to grow older. In 2014, we abolished home care charges, the only borough to do so. And together with the local NHS and charities, we still offer a wide range of support for older people despite fierce government funding cuts.

But we know more is needed. Loneliness, poverty and poor health affect many residents' enjoyment of older age. Services are not always planned or delivered in the way older people want. Not every older person is able to enjoy the opportunities our borough offers.

Making things better means listening to older residents themselves. I'm deeply grateful to Brian Naylor and his colleagues on the Older People's Commission for throwing themselves into the task of considering the challenges and recommending the way forward.

**Councillor Ben Coleman**  
**Cabinet Member for Health and Adult Social Care**  
**Hammersmith & Fulham Council**

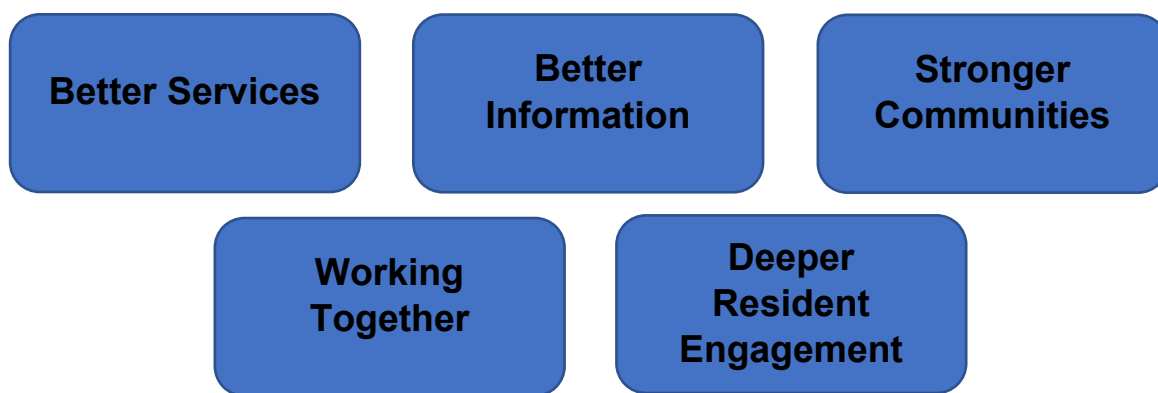
# Executive Summary

The Older People's Commission was formed in November 2017 to examine ways of improving the quality of life for all older residents and making Hammersmith and Fulham (H&F) the best borough in which to grow older.

An interim report focusing on isolation and loneliness was published in March 2018 (see Appendix 2). Since then the Commission has concentrated on how to ensure that all older residents benefit from the services they are entitled to, and how to make H&F an even better place to live.

We are proud of the cultural diversity that enriches H&F's life. We also recognise that meeting the needs of such a diverse and growing older population can be complex.

This report represents the range of priorities that older people told us they had for their lives in the borough. It sets out a series of recommendations focusing on five main themes:



The recommendations are backed by evidence that the Older People's Commission has collected from residents, officers and practitioners across the borough.

## Recommendations

### ***Better Services***

- *The Council should drive improvements to the training and monitoring of home care staff, and strengthen support for residents with a mental health condition and those who may be at risk of falling into poverty.*
- *The Commission endorses the establishment of a new Carers' Commission.*
- *H&F's hospitals and surgeries should reserve some phone appointments for older residents not able to book online.*
- *The Council and TfL should re-examine bus routes to less well-served residential areas.*
- *All commissioners of community transport should review their services to ensure they are reliably meeting the needs of older residents. This includes NHS/CCG/hospital transport and TfL's Dial-a-Ride, along with all others.*
- *The Council should review housing maintenance and management contracts, and drive performance improvements.*
- *The Government should provide adequate funds for the local authority to meet its obligations to provide social care now and into the future.*

- *The Council should consider increasing Council Tax income in line with the maximum allowed by current regulation and consider adding the social care precept to Council Tax bills in 2019/20.*
- *The Council should raise with RingGo the concerns of older residents and others about the new parking meters to explore where improvements can be made.*

### **Better Information**

- *To ensure that ‘Every door is the right door’, the Council, CCG and charitable organisations should work together to make sure older people are pointed towards the right services for them wherever they first make contact.*
- *Nobody should be excluded because they can’t get online or find forms difficult. The Council, CCG and Healthwatch should ensure all older people know what services are available and should reduce the complexity of forms that carers/older people need to complete to receive additional financial support.*
- *Notice boards across GP surgeries and sheltered housing should be used more effectively to promote services and activities.*
- *For those who are comfortable online, information websites such as People First should be updated and made user-friendly, with easy-to-access advice and information (for example on dealing with a cold home),*
- *The Council should substantially increase the numbers of volunteer Community Champions to support older people in every part of the borough.*
- *Older non-English speakers, particularly those living in poverty, must be supported, and the Council should work with the third sector to deliver this, for example by ensuring older people get all the benefits they’re entitled to*

### **Stronger Communities**

- *The Council, the CCG and local surgeries should not overly medicalise ageing and should embed social prescribing of activities to improve the health and wellbeing of older residents.*
- *Older people who wish to remain economically active should be encouraged to do so.*
- *The Council should bolster local third sector organisations running social activities for older residents. No two people’s tastes or pockets are identical. A greater wealth of culturally specific activities would recognise the diversity of H&F’s older population.*
- *Cost should never be a barrier. To ensure that activities are accessible to all older people, the Council should help organisations keep these activities free or affordable.*

### **Working Together**

- *The Council and providers should work with older residents on developing a consistent, year-round offer of activities across the borough*
- *The Council should identify all groups supporting older residents, and establish a policy of helping them to develop. Those tackling social isolation and loneliness and poverty should be a particular priority. Council staff should be offered volunteering or secondment opportunities with these groups.*

### **Deeper Resident Engagement**

- *The Council should appoint an H&F Older People’s Champion from its councillors to represent the interests of older residents. The Champion should work in partnership with an Older People’s Board made up of local residents, agencies and charitable organisation.*



- *The Council should involve older residents in any relevant service review or re-design of services, moving towards a policy of co-production with service users.*
- *The Council, CCG and other agencies should produce comprehensive guidelines for all resident consultations, including for the production and use of surveys, focus groups and public engagement events. These should give clear guidance on the need to report outcomes and how to do so.*

# Introduction

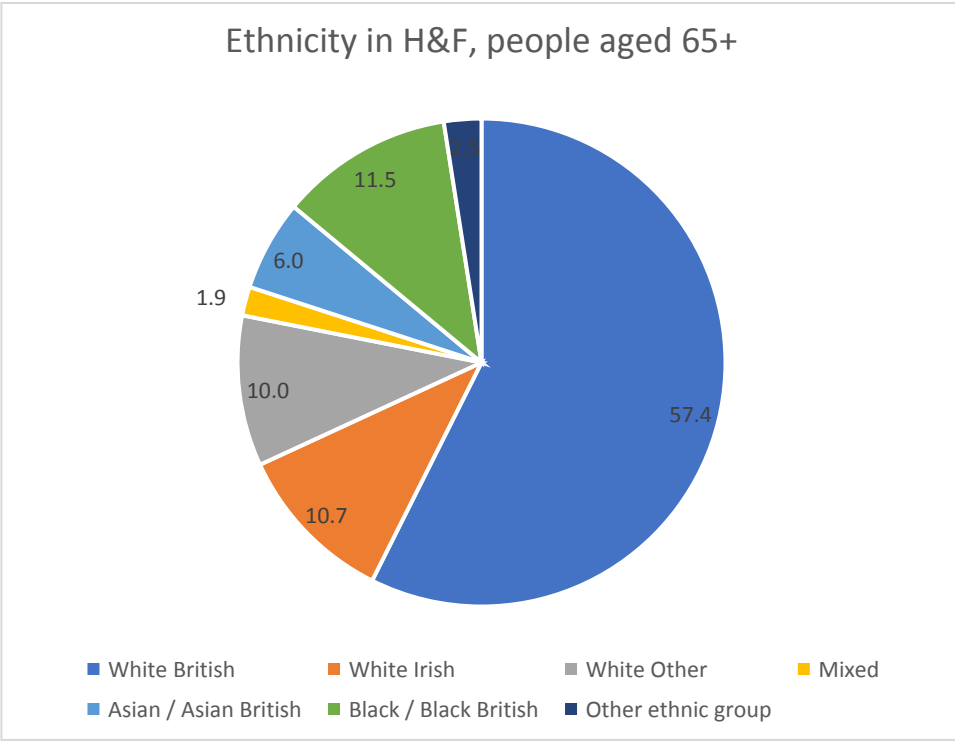
## Our population

There are more than 19,000 residents aged 65 and older in Hammersmith & Fulham (H&F). Although only 10 per cent of H&F's population today, this group is the fastest growing, with projected growth of 37 per cent among those over 65 and 64 per cent in those over 85.

The make-up of our older population is also continually changing. Our older people are a diverse group, with 22 per cent from Black, Asian and Minority Ethnic (BAME) backgrounds, projected to grow to 85 per cent by 2030.

Many of our older people face problems of low income or poverty. More than a third live in the top 30% of most deprived areas nationally, with over a fifth in the top 20%. Just under half (45%) live in council or housing association homes.

A higher proportion of our older people continue working into later age, with 17 per cent remaining economically active after 65 as against 10 per cent nationally.



Yet as people age health can become more of an obstacle to everyday living; Just over 51% of older people in the borough state that their day-to-day activities are limited to some extent by ill health. Dementia diagnosis is higher than the national level and expected to rise by 24% by 2025.

Older residents face a number of issues and challenges:



**Isolation:** 43% of our residents aged over 65 live alone, the fourth highest proportion in England.



**Poor health:** 4,000 (one in five) residents over 65 have poor or very poor health and more than half live with a long-term health problem or disability. Many have multiple health problems.



**Inequality:** 5,000 (one in four) residents over 65 live in poverty, and a third receive pension credit, higher than the London averages. Reflecting known links between deprivation and life expectancy, mortality varies from 300 annual deaths per 100,000 persons in Palace Riverside and Munster to 800 in Shepherds Bush Green and Askew wards.

### ***Our mission***

The Older People's Commission first met in November 2017 and identified priorities to work on, including social isolation and loneliness, poverty and deprivation, and access to services.

Commissioners have engaged directly with older residents and created an environment for everyone to share ideas, problems and solutions.

We want our work to help improve the quality of life for all older residents in the borough, no matter their race, gender, sexual orientation, religion, ability, country of origin or economic and social class.

In March 2018 we published an interim report that focused on ways to reduce isolation and loneliness in the borough, looking at issues that prevent older residents from feeling connected and being a more valued and integrated part of the community. We made a series of recommendations to the Council and other organisations in the borough to improve, among other things, transport, care, information provision and; a sense of belonging and community. Our recommendations were presented to the Council, the H&F NHS Clinical Commissioning Group and third sector organisations operating in the borough.

One year on, we are ready to share our further findings and recommendations to ensure that H&F becomes the best place in which to grow older.

# Who We Are

## Local older residents and charities working with older residents

The Older People's Commission is one of a series of resident-led commissions established by H&F Council. The aim of these commissions is to put local residents at the heart of decision-making. The Older People's Commission is independent from the Council and we have been setting the Commission's agenda and priorities without interference.

Our chair is **Bryan Naylor**, who has been living in the borough for over 30 years. Bryan was the chairman of the Older People's Consultative Forum for more than 17 years before his election as President of the Forum in 2017. Bryan is also a Trustee of H&F Age UK and a volunteer speaker for the Macular Society and Blind Veterans.

Alongside Bryan, we are eight commissioners working together. Most of us are local older residents.

- **Rosalind Duhs** has lived in H&F for 12 years and was previously a Commissioner on the H&F Poverty and Worklessness Commission. She is a UCL academic and educationalist and an advocate of lifelong learning.
- **Lyn Hally** has volunteered with Fulham Good Neighbours for over twelve years since her return from France, where she practised as an architect. Her last job in London was as principal architect at Shepherd's Bush Housing Association. Prior to working in social housing, Lyn was a hospital planner.
- **Marilyn Mackie** is a retired Residential Care Manager and works as a volunteer in the borough. She chairs many forums and participates in workshops and panels. She is the current Chair of the H&F Older Peoples' Consultative Forum.
- **Keith Mallinson** has worked for HFMind for the past five years as a Primary Care Mental Health Advisor. He has been a trustee of Healthwatch Central West London since July 2015 and sits on H&F's Health and Wellbeing Board. Keith has an extensive background in teaching and was an H&F councillor for eight years.
- **Anne McAlpine-Leny** is the founder and director of Soup4Lunch Ltd, a local community-based social enterprise fighting isolation by bringing kitchen gardens and community cafes to sheltered housing across the borough. Anne is an advocate for mental health and positive, active ageing, with more than 40 years of national and international experience.

A few of us represent charities that offer services to local older residents:

- **Jazz Browne** is the Chief Executive of Nubian Life Resource Centre Ltd, a culturally specific day opportunities service for older people with complex health and social care needs. Jazz grew up on the White City Estate and has worked in the borough for over 20 years.
- **Iain Cassidy** is the Chief Executive of Open Age, a charity that promotes a positive approach to later life. Iain has over 15 years' experience of working for charitable organisations, including Teach First, Asthma UK and Age UK, and is motivated by the deep held belief that everyone should be afforded the same opportunities in life regardless of their background or personal circumstances.
- **Liban Muse** is the Chief Executive of the Lido Foundation, a charity founded in 2014 that empowers the Somali community in the borough. It aims to overcome disadvantage through

education, training, and guidance services. Liban came to the UK from Kenya as a refugee in 1999.

Our Commission is sponsored by **Councillor Ben Coleman**, who is the Cabinet Member for Health and Adult Social Care and the Chair of H&F's Health and Wellbeing Board, and by **Councillor Sue Fennimore**, who is Deputy Leader of the Council and champions social inclusion in H&F.

# Our Work

## Listening to residents, charities, and practitioners

The Commission's first meeting took place in early November 2017. Since then, we have met every two to three weeks, using a variety of ways to listen to the voices of as many older people as possible from every corner of the borough and every background.

- **Engagement meetings:** We ran a series of meetings across the borough in places where older residents meet for different social activities. We discussed with older residents their priorities for action and what needed to be done to make the borough the best for older people to live in. For example, we talked to older residents at Askew Road Library, the H&F Older People's Consultative Forum, the Grove Neighbourhood Centre, Fulham Good Neighbours, the Lido Foundation, the Macular Society, Midaye Somali Network, Nubian Life, QPR Football Club, the St Andrew's Project and a number of Open Age activities.
- **Interviews and hearings:** We interviewed and heard from councillors, national and regional experts, officers and practitioners about different aspects of the lives of older people in the borough. We met representatives from Age UK, Agewell, Brightlife Cheshire, Brook Green Medical Centre, Camden Council, H&F Clinical Commissioning Group (CCG), DanceWest, H&F Adult Social Care, H&F Arts team, H&F Disabled People's Commission, H&F Getting Involved, H&F Healthier Homes, HFMind, the Integrated Care Partnership, the Iranian Association, the Iraqi Association, Lightshare intergenerational living and Sheltered Housing.
- **Surveys:** Our first interim report was based on a survey concentrating on isolation and loneliness in H&F. To prepare this new report, we launched a new survey in the spring to find out what older people think of the services that they are offered in the borough. We asked about the services they use, which they liked and disliked, how easy these were and if they were enough. Many answered the survey online but most completed paper questionnaires that our partners sent to residents all across the borough.
- **Mini-group discussions:** We also commissioned an external research company, Green Light International, to talk to older residents in small groups and individual interviews to understand more deeply what it was like to live in H&F. We used an outside organisation to encourage older residents to talk freely and say anything they wanted. The external researcher looked at services used, social activities attended, and what else older people wanted to improve their lives.

All these meetings, events, discussions and interviews gave us the opportunity to hear at first hand about your concerns and priorities. They also provided us with great insights into your lives and what makes you go out, what makes you smile and what makes you proud about living in H&F.

The next sections of this report are based on these various pieces of research and all the evidence you gave.

We do really appreciate everyone's help and support all along our journey. We acknowledge that we have not been able to meet every single older resident living in Hammersmith & Fulham. Thanks to our intensive work of reaching out to many different groups and individuals across the borough, however, we are confident that our findings and recommendations are representative of what it

means to grow older in H&F today and that we speak confidently on behalf of all older residents in H&F.

## **H&F is a great place to grow older**

Many older residents told us how happy they were to live in H&F and how they would not like to change it for another place. They said the benefits of living here include:

- A great location, close enough to central London without being central London and easy to get away from London when it becomes too much
- Excellent transport connections, with many tube, train and bus lines
- Pleasant surroundings, with particular pride in parks and the river
- Various amenities, with a good provision of libraries and shops catering for a variety of budgets and tastes
- Great culture, with theatres, cinemas and cultural activities all year round
- Huge diversity, where mixed communities make life more interesting and are a source of pride.

As some older residents told us:

- *“I’ve lived all over London and I can honestly say it’s a great place to live already. Some of the places I used to live in other parts of London were horrible”*
- *“I know we like a moan but actually it’s not a bad place to live. There are lots of parks, you can get anywhere pretty easily and there’s the river.”*
- *“An amazingly wide spectrum of people from all walks of life and a diverse selection of ethnicities. Wide range of shops, sports facilities, excellent schools, fantastic transport.”*

## **But how to make H&F even better?**

When we asked in our survey whether anyone had been particularly dissatisfied with any of the services on offer in H&F, more than 50 per cent of people could not think of anything they were unhappy with, or expressly stated that they have not been dissatisfied. As one respondent put it, *“people do their best”*. When asked whether there is any help, support, or service that respondents felt they needed that is not currently available to them in the borough, more than 40 per cent said *“no”*.

We know that there is a lot to do to make sure that all older residents in the borough can live fulfilling, connected and enjoyable lives. We are all aware that local authorities face spending cuts but most people seemed confident that services could be improved anyway.

In the following section, you’ll find our research findings and recommendations. We have linked the experiences of the people we have talked to and heard from with what we believe could make H&F an even better place in which to grow older.

People told us many different things about a variety of services and organisations and we have grouped their responses and our recommendations into five main themes:

1. **Better Services:** People told us of unreliable, sometimes unfit transport; inflexible parking systems; problems with GP appointments’ and bad housing maintenance.
2. **Better Information:** People shared their frustration at knowing that there is a lot going on in H&F but not having accurate, timely information about it. Similarly, they told us that they are not always aware of the help they can receive and the services they could benefit from.

3. **Stronger Communities:** People told us that they want to feel that they belong and that communities need to be more inclusive of those from different generations and ethnic backgrounds and with different life experiences. There is a feeling from many community groups that they are seen as “hard to reach” when they are available, waiting and ready to be an integral part of the life of the borough. This is often down to language barriers.
4. **Closer Collaboration:** People felt that the Council, its many different departments, the various national and local agencies, and all the charity organisations do not always work together. This lack of coordination leads to a sense of confusion and duplication which can cause older residents to be reluctant to persevere with enquires or complaints.
5. **Deeper Resident Engagement:** People told us that they felt that decisions were taken without them being consulted or that some of the existing services were not fit for purpose and had been put in place without thinking about older users. There was a widely held view that some “consultations” are just tick box exercises and outcomes are poorly communicated.



# Findings and Recommendations

## 1. Better Services

Over the past year, we tried to meet with and listen to as many older residents as possible to hear what they think of the services that are being offered in H&F. The three main services mentioned were health and social care, transport and parking, and housing.

### Health and Social Care

Older residents we met all felt that the NHS has deteriorated, especially in the last few years, with noticeably increased waiting times, less availability of health care professionals, and a poorer state of hospitals and GP surgeries.

While many agreed that the issue was national and not specific to H&F, they still mentioned local issues, such as concern about the running down of Charing Cross Hospital:

*“The doctors and nursing staff at both my GP and Charing Cross Hospital are wonderful, though the depletion in resources at Charing Cross is dreadful. When I was in with appendicitis there was no drip stand and I had to tell the nurse how to improvise one using the coat hanger from my coat!”*

Similarly, while doctors and staff at surgeries across the borough were praised, many people complained about the difficulties in arranging appointments with GPs, particularly since an online appointment system has come into use. Those who are less digitally savvy feel let down. One resident aged over 85 said, *“Now that appointments are online, when I telephone there are no appointments left for my doctor”*. Another one told us, *“Just trying to get through on the phone to my local GP is a nightmare”*.

### **Recommendation:**

***H&F’s hospitals and surgeries should reserve some phone appointments for older residents not able to book online.***

Older residents also told us of their satisfaction with free home care and the quality of day care centres across the borough:

*“My husband uses a day care centre. It’s just a great service. He goes two days a week, enjoying it very much and for me, as his carer, it gives me a great break and I know that he is happy and well looked after! I also use the support group and I find that very helpful.”*

However, fewer hours of help, poorly trained staff and high turnover of staff are all causing problems with older residents using home care.

Similarly, much of the work of caring for older residents falls upon family and friends rather than professional services. Caring can be a difficult and isolating task as our previous report noted. We believe that carers, professional and unpaid, need better and stronger support and we particularly welcome the Council’s intention to set up a Carers’ Commission to look at the needs of carers in H&F.

At the same time, many survey respondents told us of a gap in mental health counselling and support. One resident told us that she felt *“too much is left to mental health charities”* and that she is lucky to have access to counselling in a neighbouring borough. Another resident from White City who is caring for her son said, *“I really believe this borough needs a mental health advocacy hub”*

*...serving all ages including older people caring more and more for families, their children, other neighbours [...]. We deserve support.”*

**Recommendation**

***Adult Social Care should drive improvements to the training and monitoring of home care staff, and strengthen the offer to residents with a mental health condition and those who may be at risk of falling into poverty, so they are able to direct them to support mechanisms.***

**Recommendation**

***The Commission endorses the establishment of a new Carers’ Commission.***

The Commission notes that the administration adhered to a policy of no increase to Council Tax during its first term in office. We also note that the administration decided not to use the government-approved precept to raise funds to provide additional resource for social care.

The demand on social care services will continue to increase so additional resources are required. The Commission believes that the anticipated continuing demand upon social services, not least to support the growing needs of the older population and the administration’s own expressed wish to address the issues of inequality across the borough, make it imperative that these decisions be reconsidered in the administration’s second term of office. The alternative of facing cuts to services and quality is, in our view, unacceptable.

**Recommendation**

***The Council should consider increasing the Council Tax income in line with the maximum allowed by current regulation, and should consider adding the social care precept to Council Tax bills in 2019/20.***

**Recommendation**

***The Government should provide adequate funds to the local authority to enable it to meet its obligations to provide social care, now and into the future.***

**Transport and Parking**

Older residents acknowledge that good public transport is a benefit of living in H&F. On the whole, the borough is very well-connected to bus and tube networks for journeys around London and has an easy access to the road network and Heathrow airport.

For those with minimal or no mobility issues, TfL’s Freedom Pass enables them to get out of the house and remain active. One survey respondent aged over 65 said that her Freedom Pass was one of her “*most valuable possessions*” and she used it “*practically every day*”.

However, not all respondents agreed that the current transport offer was satisfactory and one even felt that transport in H&F was “*diabolical*”. Overall what people told us suggests that the current transport arrangements for older people are satisfactory in concept but need attention to ensure that they work as intended.

Although TfL is viewed as having overall responsibility for transport, a few feel H&F could do more to agitate for bus routes along less busy main roads as they claim that certain areas of the borough are effectively bus-free zones. A Hail & Ride system could be launched for use by those with reduced mobility who cannot walk too far to a main road. Better training for bus drivers should be provided to be aware of the barriers older residents face getting on and off the bus.

### **Recommendation**

***The Council and TfL should re-examine bus routes to less well-served residential areas, such as the No.424.***

Many people also complained about the current offering of taxi services and other forms of local transport, which are seen as not being up to scratch and offering poor customer service:

- Hospital transport was criticised for its late, slow, and unreliable service. Many users reported that they had become so frustrated that they used their Taxicard to attend hospital appointments. Many were unaware that this was not a proper use of the Taxicard service, which is separately funded.
- Many regrets were expressed about the loss of the H&F Community Transport service and its replacement with a service in Kensington and Chelsea, the main concern being availability and reliability.
- The Taxicard scheme was valued by many but many others felt it was too expensive. The Dial-a-Ride service was praised by some regular users but not valued by many others, who felt that it did not often meet their specific transport wishes or timetables. One resident told us, *“Dial-a-Ride is a good service when it works but I’ve been let down so many times as it’s taken them ages to arrive if they DO!”*. Another older resident complained that taxi drivers only allow one carer when two might be needed.

Many of you told us of missed GP and hospital appointments. Many people also told us that such an unreliable service had an impact on their social life as they felt house bound and unable to attend activities because of such unreliable services. On the whole, older service users felt let down and disempowered.

### **Recommendation**

***All commissioners of community transport should review their services to ensure they reliably meet the needs of older residents. This includes the NHS/CCG/Hospital Trust’s hospital transport and TfL’s Dial-a-Ride, along with all others.***

Similarly, many respondents to our survey said the new parking service was a “disaster” or a “nightmare”. The new RingGo app is deemed “difficult to install” and “since there is no signage on the street to indicate where the meters are, it is impossible to find a meter to use when RingGo is not working.” The new service seems to have been designed only with the most digitally-savvy in mind and does not seem to take into account the needs of users that do not have/use a smart phone.

### **Recommendation.**

***The Council should raise the concerns of older residents and others about the new parking meters with RingGo, to explore where improvements can be made.***

### **Housing**

When it comes to housing, the main issue mentioned by participants in our survey and discussions is the high cost of housing in this borough. This either affects older residents directly or means that family members are unable to buy or rent somewhere nearby. This can create isolation.

Many of those living in sheltered accommodation seem to have better day-to-day experiences than those in non-sheltered council housing, even though some survey respondents praised the work of those who manage their estates:

- Small repairs are carried out quickly as someone is usually on-site
- There is a strong sense of community and neighbours look out for one another
- Many social events and activities are taking place on site
- Residents are connected directly to organisations like Open Age or Nubian Life who visit and advertise the activities they organise.

Still, those in sheltered accommodation have issues with wardens leaving and not being replaced. Many are also unhappy with both Mitie and Pinnacle, the organisations which provide housing maintenance and, in the south of the borough, management services.

The Commission welcomes the Council's Older People's Housing Strategy that was published earlier this year and looks at ways to provide comprehensive housing services through partnerships between housing, adult social care and the third sector to increase and improve options for older citizens.<sup>i</sup>

### ***Recommendation***

***The Council should review housing maintenance and management contracts, and drive performance improvements.***

## **2. Better information**

A major issue that came to the fore when talking to older residents was a general lack of information. Some residents are very well aware of everything H&F has to offer but we were sometimes surprised to see how many older residents are left without any accurate and tailored information on the services they are entitled to, particularly older residents with a migrant background.

The research we carried out indicates that there are three major obstacles to engagement with older residents:

- A widespread lack of knowledge of the services and assistance available to older residents
- An equally limiting ignorance of how to access services
- A shared belief that council services are bureaucratic and of poor quality.

People told us about the numerous social activities they attend, such as trips and excursions organised by Agewell Rambles or dancing sessions organised by DanceWest. However, many felt better and more coordinated information about these activities should be provided.

Our research shows that most people find out about groups and classes in a passive and haphazard way: through a better-connected friend or through healthcare professionals, sometimes after an accident or a fall. Very few people receive leaflets or information through their doors and few use the internet to discover new activities.

A webpage currently exists, *People First*, which contains links to and information on many such resources and activities but it needs updating and to be made more user-friendly. A new updated People First would be useful to charitable organisations, council officers and healthcare providers as well as residents who might be isolated and unaware of the many support systems in H&F.

However, not all older residents can access online resources. Online is not a way in for most residents aged over 75, who rely more on word of mouth and print. A known person – a familiar face – should be available to older residents to get in touch with when support or information are needed. Community Champions could be asked to perform as “personal referral guides”. Notice

boards across GP surgeries, council and sheltered housing should also be used more intensively to post information on the different services and activities available.

**Recommendation**

***Nobody should be excluded because they can't get online. The Council, CCG and Healthwatch should ensure all older people know what services are available and should reduce the complexity of forms that carers/older people need to complete to receive additional financial support.***

**Recommendation**

***Information websites, such as People First, must be updated and user-friendly. They should make advice and information easy to access, for example dealing with a cold home.***

**Recommendation**

***Noticeboards across GP surgeries, council and sheltered housing should be used more intensively to promote services and activities.***

**Recommendation**

***The Council should substantially increase the numbers of volunteer Community Champions in every part of the borough.***

**Recommendation**

***"Every door is the right door": The Council, CCG and charitable organisations must work together to make sure older people are pointed towards the right services for them, wherever they first make contact.***

Better information should also be provided to Black, Asian and minority ethnic (BAME) groups. Many older residents told us that language was a barrier. One older female resident from Eastern Europe said, *"It was difficult for me to deal with paperwork in the Council housing department. It is difficult for me to access local services that do not provide interpreters as I do not speak English very well."*

Charitable organisations like the Eastern European Centre, the Lido Foundation, Midaye and Nubian Life provide advice and support to older residents, and more needs to be done to ensure that BAME groups can find a safe place to meet, exchange and receive the information they need on the services they may benefit from.

**Recommendation**

***Older non-English speakers, particularly those in poverty, must be supported, and the Council should invest in the capacity of the third sector to deliver this, for example encouraging and facilitating older people to maximise their benefit take up.***

### 3. Stronger Communities

As older residents we met pointed out, H&F truly benefits from its thriving and diverse communities. The borough's diversity is a source of pride to many older people. Older residents can equally be an asset to their community and many want to be more involved and integrated.

There are many local initiatives that help older residents feel connected in their everyday lives, from lunch clubs to street fests and arts activities. One way to use such assets and initiatives is "social prescribing".

As defined by NHS England, social prescribing is a means of enabling GPs and other frontline healthcare professionals to refer people to services in their community instead of offering only medicalised solutions. Often the first point of referral is a link worker or "community connector" who can talk to each person about the things that matter to them. Together they can co-produce a social prescription that will help to improve their health and wellbeing.<sup>ii</sup>

Older residents told us they feel transformed by attending an activity or group for a variety of reasons:

- They feel more connected and part of the community, making the most of the services available to them and not isolated, and more open to meeting new people and making new friends (should they wish)
- They feel an increased sense of well-being, both physical and emotional, and feel better about themselves
- They may feel more flexible (for example they can walk to the shops without losing breath) and their mood lifts
- They can feel more confident – the activity can help re-build their self-esteem and give them a boost;
- They get a sense of achievement, for example driven by a pride in taking part and finishing a class, or participating in a choir/music/theatrical performance or winning a prize.

One older resident said that attending an Open Age Steady and Stable session helped rebuild her confidence after she had her fourth hip replacement. Another participant in the Agewell Rambles programme told us:

*"Agewell Rambles is under threat at present although it is a life-changing thing for the walkers. It is good for our health, it takes us into the country for fresh air. It is sociable and combats feelings of isolation and loneliness. It gives respite to those of the group who are carers for someone in their family (at present one third of the group are carers). I have seen shy, unfit people who have joined and within a term they are stronger, healthier and happier as they have made friends."*

Given that activities make a real difference in older residents' lives from the physical to more-higher level self-actualisation, H&F's goal should be to get as many older residents taking part in group activities as possible to enhance their quality of life.

#### **Recommendation**

***We need a social, rather than medical approach to ageing. Social prescribing of activities should be embedded to improve the health and wellbeing of older residents.***

Some participants, however, had to stop attending some activities due to increased fees. For many, there is also a worry in advance that they won't be able to afford an activity. Even though participants

almost always commented on how pleased they were when they discovered that a class was available only for a couple of pounds, this can still feel expensive for some residents in the borough.

Some people would also like to see activities taking place all year round. Many feel they lose form, confidence and consistency if they suddenly stop doing something for two months. They feel daunted by the effort of trying to find a similar class elsewhere and nervous at the idea of meeting a new group.

As one older resident said, *“I wish [a particular organisation] did classes over the summer. Everything just stops round about now [June] and won’t start up again until September. You might try and meet up with friends but it’s not as easy.”*

At the same time, some people feel that activities are not tailored to their needs and they lack a place where they can meet and socialise without being on guard. This is true, for example, for one older resident who *“has yet to find any meetings/clubs for gay people”*.

Similarly, some older residents who do not use English as their first language might not be taking classes which are in English as they fear they might not understand the instructions. For some groups, a safe place to meet and socialise should be offered.

#### **Recommendation**

***The Council should bolster local third sector organisations running social activities for older residents. No two people’s tastes or pockets are identical, and a greater wealth of culturally specific activities would recognise the diversity of H&F’s older population.***

#### **Recommendation**

***Cost should never be a barrier. To ensure that activities are accessible to all older people, the Council should help organisations keep these activities free or affordable, and ensure they take place all year round.***

#### **Recommendation**

***Older people who wish to remain economically active should be encouraged to do so.***

## **4. Closer Collaboration**

As these first three sections have shown, there is a lot of good things going on in H&F but there is still a lot to improve. Many older residents we met and talked to praised staff working in various Council departments and locations. Staff from the Council’s parking and housing teams, libraries, charitable organisations and surgeries and hospitals across the borough were particularly praised.

Still, many felt that the Council’s different departments, and the various national and local agencies and charitable organisations do not always work together and stay in their separate silos. This a lack of coordination leads to a sense of confusion and duplication.

For example, more joined-up thinking is needed regarding the provision of social activities for older people. Several organisations have the same type of classes and may be seen as competing for funding for their activities and for attracting older residents. Many providers stop their activities at the same time of year and older residents cannot find anything they can attend for long periods of

time. With a coordinated programme of activities making the best of all the resources available in the borough, older residents would be able to enjoy the classes they need and like all year round.

### **Recommendation**

***The Council and providers should work together to coordinate a consistent, year-round offer of activities across the borough to older residents, regardless of their ability to pay.***

Joined-up thinking is already at the heart of the Integrated Care Partnership, which is made up of health and care providers and commissioners, working since 2016 to integrate the services they offer.

Similarly, Sobus, the community development agency for H&F, has launched the POPS initiative (Providers of Older People's Services) to get the voluntary sector in the borough working in collaboration on older people's issues. POPS meetings give a platform for providers to develop a shared understanding of older people's issues and work together to increase capacity and effectiveness.

Our research has shown more than thirty different groups providing services to older people. Some of those we met and engaged with, for example in the north of the borough, told us of their feeling of being let down and of a lack of interest and engagement from the Council. As these offer valuable support to older residents across the borough and are often older people's only way of accessing information and advice, the Council should map out these groups and engage with them. Knowledge of these groups and of the needs of the people they work with could be increased by a scheme in which Council staff could volunteer in such organisations. Secondments could also be organised.

### **Recommendation**

***The Council should identify all groups supporting older residents, and establish a policy of helping them to develop. Groups tackling social isolation and loneliness and poverty are a particular priority. Council staff should be offered volunteering or secondment opportunities with those groups.***

## **5. Deeper Resident Engagement**

Collaboration is needed within the Council and between the Council and the different agencies and organisations operating in the borough. However, collaboration is also needed between those organisations and older residents.

While some of the services currently on offer seem to work well, many still need to be improved to make sure that they are fit for purpose and take into account the needs of older residents. In particular, many people told us that they feel that decisions are taken without them being consulted, that consultations are often a tick-box exercise and that the Council does not really want to listen to older residents. Equally when proper consultation does take place, there is a widespread feeling among older residents that the process makes little discernible difference to outcomes for them or that they are not given any feedback explaining what difference their involvement made.

### **Recommendation**

***The Council, CCG and other agencies should produce comprehensive guidelines for all consultations, including the production and use of surveys, focus groups and***



***public engagement events. These should give clear guidance on the need to report, and means of reporting outcomes.***

However, while consultation is a first step in the right direction, we believe that a full strategy of residents' involvement based on co-production would be better to ensure that services on offer to older residents in the borough are fit for purpose.

This same conclusion was drawn by the H&F Disabled Peoples' Commission, which put forward in its final report published in 2018 a strong message of "*Nothing about disabled people without disabled people*", seen as the only way to break down the barriers disabled residents encounter in their everyday lives.<sup>iii</sup> Similarly, we believe that older residents and decision-makers need to be working together in an active way to plan, design and review policy and services that affect older people's lives, to get rid of the barriers they face.

### ***Recommendation***

***The Council should involve older residents in any relevant service review or re-design of services in its move towards a policy of co-production with service users.***

To ensure a continuous link between the Council and the community and to ensure that older residents can always find a quick and efficient way to communicate with the Council, the Council should appoint an Older People's Champion from its councillors.

Having such a position would send a strong message to older residents that their needs and concerns are being addressed. An Older People's Champion offers a good way for H&F to convey that it takes its older residents seriously, recognising that they are a distinct group with specific needs.

Other councils across the country and the capital have such Champions. We met with Cllr Alison Kelly, Camden Council's Older People's Champion, who told us about her role and how she works with local residents. The H&F Older People's Champion would represent the interests of older residents in the borough and would focus on the more strategic areas affecting them.

The Older People's Champion should be working together with an Older People's Board made up of older residents and third sector organisations working with older residents that would meet quarterly to discuss local issues affecting older residents.

Such a board should be diverse and include the voices of those who are not usually heard. It should be set up through a transparent process of recruitment open to any older resident, agency and charitable organisation operating in the borough. As one resident told us, this board "*would need to be representative, reflecting the diversity of the older people who live here. A lot of the time it's the same people who go on these things who harp on about just one issue that affects them rather than thinking about the whole borough.*"

The board should have more than a simple consultative role and should have the power to influence decision-making and put issues of concern and the priorities of older residents on the Council's agenda. As a first task, the board could monitor the implementation of the recommendations in this report and the interim report we published earlier this year (see Appendix 1).

### ***Recommendation***

***The Council should appoint an Older People's Champion from its councillors to represent the interests of older residents. The H&F Older People's Champion should work in partnership with an Older People's Board made up of local residents, agencies***

***and charitable organisation, and work among other things to tackle poverty in later age.***

## Next Steps

The H&F Older People's Commission has worked for over a year and we have tried to cover in this report everything older residents, officers and practitioners have shared with us, including their ideas and their solutions, to improve the lives of all older residents in all areas of H&F.

However, this is only the first step of an exciting and challenging journey of working together with the Council and other service providers in the borough. By improving services, information, collaboration and resident involvement, the Council can really make a difference to the community and make H&F the best borough in which to grow older.

We will now ask the Council to take stock and see how our recommendations can be acted upon. We will remain at the Council's disposal to discuss these findings and recommendations to find the best practical ways of working together.

## Thank You

We would like to say a big thank you to all the residents and organisations, including those below, who have engaged with us and shared their views and experiences.

We would also like to thank all the officers and practitioners who have supported us and answered our questions. Finally, we would like to thank Cllr Stephen Cowan, Leader of H&F Council, and his colleagues for giving us the opportunity to work together to improve the lives of older residents in H&F.

### Organisations consulted

Camden Council (Cllr Alison Kelly)  
Munden Street Sheltered Housing AGM  
Askew Road Library  
St Andrews Project  
H&F Older People's Consultative Forum  
H&F Housing Representatives Forum  
HFMind  
Fulham Good Neighbours  
Lido Foundation  
Grove Neighbourhood Centre  
Healthier Homes  
Open Age  
Age UK  
Macular Society  
Iraqi Association  
Midaye Centre  
Nubian Life  
Eritrean Group  
QPR Extra Time

**Appendix 1:** [Focus Group results, Greig Burnside- Green Light Research](#)

**Appendix 2:** [H&F Older People’s Commission Interim Report, March 2018](#)

**Appendix 3: Bibliography and additional resources**

## Bibliography

### *Strategies, plans and other actions aimed at older people in other London boroughs*

Barnet	<ul style="list-style-type: none"> <li>- <a href="#">Homeshare</a></li> <li>- Independence, Choice and Control: Services for older people. An integrated Commissioning strategy for Barnet 2008-2017</li> </ul>
Brent	<ul style="list-style-type: none"> <li>- <a href="#">Social Isolation in Brent Initiative (SIBI) Project</a></li> </ul>
Camden	<ul style="list-style-type: none"> <li>- Fact Sheet</li> <li>- A borough of opportunity for people in their 50s and beyond plan (within the general Camden plan)</li> <li>- <a href="#">Ageing better in Camden – Loneliness and Isolation (with Age UK – Older People’s Advisory Group and Community Connectors)</a></li> </ul>
City of London	<ul style="list-style-type: none"> <li>- <a href="#">Dignity Code</a></li> <li>- <a href="#">Reach Out Network</a></li> </ul>
Croydon	<ul style="list-style-type: none"> <li>- <a href="#">Croydon Older People’s Network (OPeN)</a></li> <li>- Outcome based commissioning (2015) (with CCG)</li> <li>- <a href="#">Partnership for Older People POP</a> (Advice Service)</li> </ul>
Enfield	<ul style="list-style-type: none"> <li>- Older People’s Profile</li> </ul>
Hackney	<ul style="list-style-type: none"> <li>- <a href="#">Considering the wider social and economic needs of older people</a></li> </ul>
Haringey	<ul style="list-style-type: none"> <li>- <a href="#">Haringey Over 50s Forum</a></li> </ul>
Harrow	<ul style="list-style-type: none"> <li>- <a href="#">Harrow Senior Residents' Assembly</a> (HSRA), organises <a href="#">Information Morning for Older People</a>.</li> </ul>

Havering	- <a href="#">Loneliness for Older People (Havering Care Point)</a>
Hillingdon	- <a href="#">Assembly for Older People</a> - Joint Strategic Needs Assessment (JSNA): Older People in Hillingdon: Demographics - <a href="#">Older People's Team</a>
Hounslow	- <a href="#">Loneliness and social isolation in the London Borough of Hounslow</a>
Islington	- <a href="#">The Islington Fairness Commission</a> - <a href="#">Managing the care of older people with frailty (with Camden)</a> - <a href="#">Older People Factsheet 2014</a>
Kingston	- <a href="#">Handyman service</a>
Lambeth	- <a href="#">Positive ageing - an older people's strategy for Lambeth 2009-2014</a>
Lewisham	- <a href="#">Arts for Older People</a> - <a href="#">Positive Ageing Council</a>
Merton	- <a href="#">Strategy for People over 50 (2007)</a>
Newham	- <a href="#">Ping Pong</a>
Richmond	- <a href="#">Older People's Mental Health Strategy Group (OPMHSG)</a> - Champion for older residents (Cllr Brian Marcel)
Southwark	- <a href="#">Take part in the arts</a>
Tower Hamlets	- <a href="#">Tower Hamlets Joint Strategic Needs Assessment 2016</a> - <a href="#">Loneliness and Isolation in Older People: Factsheet</a>

Waltham Forest	- Older People's Charter
Wandsworth	- <a href="#">Older People's Strategy (2015-2020)</a>
Westminster	- <a href="#">Isolation and loneliness, with People First and Age UK</a> - <a href="#">Silver Sunday</a>

## Additional resources

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<sup>i</sup> [https://www.lbhf.gov.uk/sites/default/files/section\\_attachments/older\\_peoples\\_housing\\_strategy\\_-\\_march\\_2018.pdf](https://www.lbhf.gov.uk/sites/default/files/section_attachments/older_peoples_housing_strategy_-_march_2018.pdf)

<sup>ii</sup> <https://www.england.nhs.uk/personalised-health-and-care/social-prescribing/>

<sup>iii</sup> <https://www.lbhf.gov.uk/councillors-and-democracy/resident-led-commissions/disabled-people-s-commission>

# Older People's Commission

## Qualitative research findings

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June 2018

Created by: Greig Burnside





# BACKGROUND

# CONTEXT

- The Older People's Commission was formed in November 2017 to improve the quality of life for all older residents in Hammersmith & Fulham and make it the best borough in which to grow older
- OPC has held a series of engagement meetings with older residents and published an interim report with a set of recommendations that can ensure older people in H&F feel like more active members of their community
- Qualitative research is now required to gain an understanding of older residents and their experiences +as well as gauge their responses to some of the priority areas identified by the OPC
- The main priorities of the research are:
  - To uncover all the positive elements that make H&F a great place to live in, as well as what steps / services / activities could be taken to make it even more inclusive and better connected
  - To find out how older residents access the services available to them
  - To identify what types of services might be required in the future

# SAMPLE

- Summary of who we spoke to...

3 x mini-  
groups

3 x depth  
interviews

2 x friendship  
pairs

1 x couple  
interview

# TYOLOGIES

- From a range of ages a series of typologies emerges reflecting participants' outlook on life, health and levels of engagement with their community

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**ACTIVE**

*NEWBIES*

*EMBRACERS*

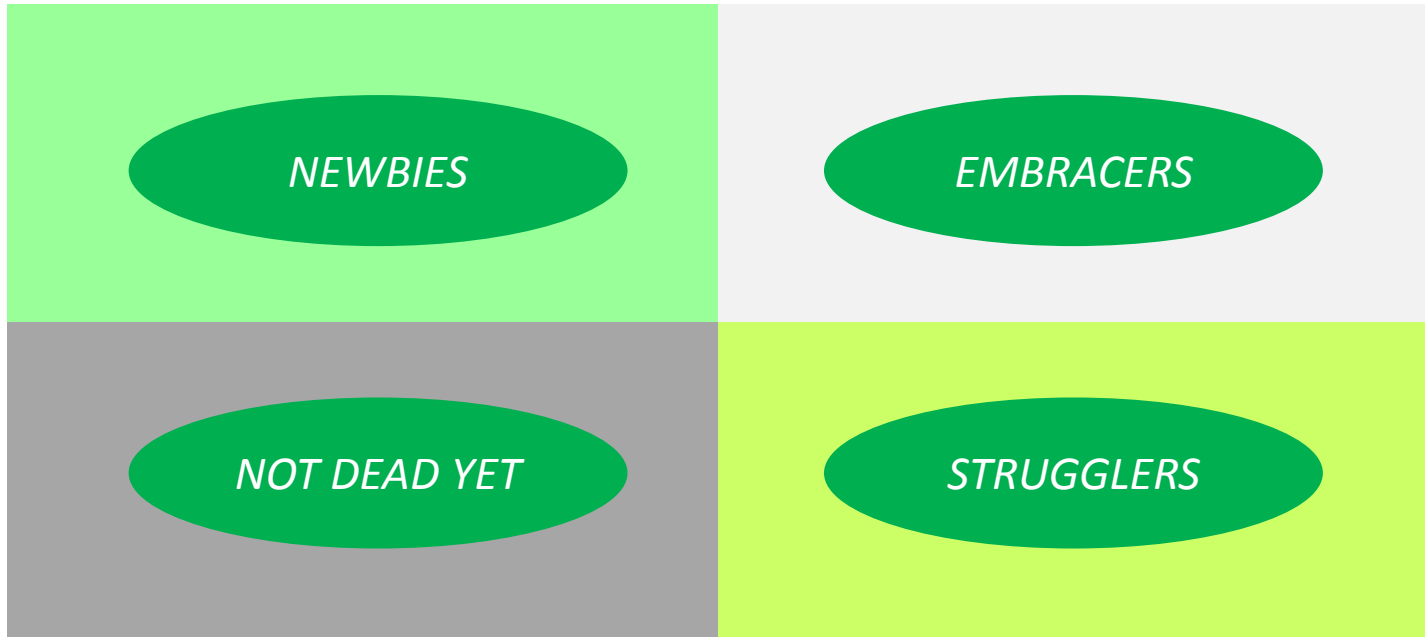
*NOT DEAD YET*

*STRUGGLERS*

**LESS ACTIVE**

**YOUNGER**

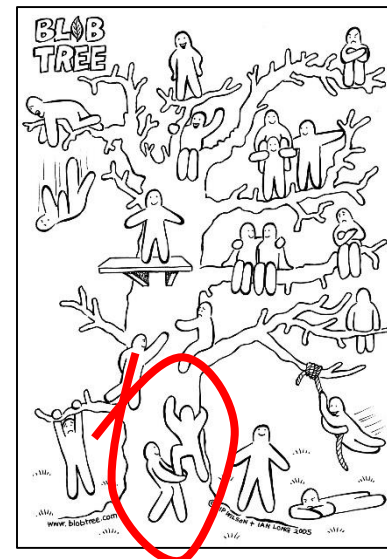
**OLDER**



# NEWBIES

- Participants at the younger end of the spectrum, often those who have only recently retired, or are still working (usually part-time)
  - Still in good health and full of energy though reflective on this being a new stage in their lives
- Lots of free time that they feel they are more than entitled to spend on themselves after a lifetime of focusing on their career &/or family
  - Taking up things they've never done before, enjoying challenges
- Prickly when described as being 'older' or being lumped in with other older people (75+) who they feel they have little in common with
  - A young-at-heart Baby Boomer mentality that likes to distance itself from the more traditionalist Silent Generation

- This blob sums up this typology well
- Still learning new things about themselves
- Happy to look for 'a leg up' as they transition into the next chapter of their life
- A sense that life is just beginning



# NEWBIES

*'I hate the phrase Old Age Pensioner. I heard someone use the word 'retiree' and I prefer that. It sounds more exciting.'*

*'Don't tell me old people don't use the internet. We do. And we love it.'*

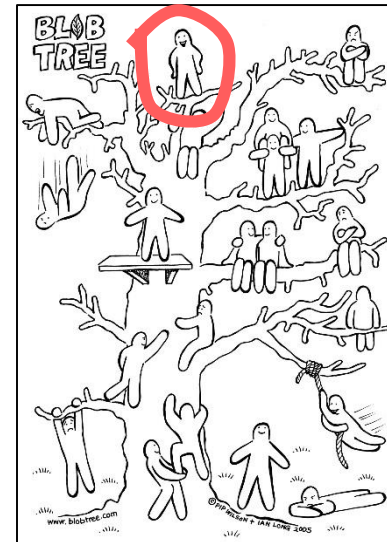
*'I'm busier now than I ever was before when I was working.'*

*'I want to keep learning and doing things to improve myself.'*

# EMBRACERS

- Older respondents typically over 75, however, demonstrating an irrepressible spirit and zest for life
  - Still mobile and able to get around London for the most part
  - A positive, pro-active approach to life and living in Hammersmith & Fulham often somewhere they've lived most of their adult life
- Staying busy through never-ending socialising, connections with friends & family and involvement in their local community
  - Perhaps through their sheltered accommodation or by participating in groups & classes
- Undoubtedly faced with health issues but not letting this define them at all

- The Embracer blob!
- Have reached the top of the tree, having accrued wisdom along the way
- Surveying a life they feel proud of yet still open to new and exciting experiences



# EMBRACERS

*'I love living in Hammersmith & Fulham. There's so much to do you'll never be bored.'*

*'I'm 91 and have a few health issues but I always try to make time each day to go out for a walk and stay busy.'*

*'[Registered blind] I enjoy twice visits to my local gym, shopping with my partner, visiting the library for audio books, going to the theatre and cinema, walking along the river bank and eating out. I also attend weekly choir sessions, a series of weekly drama classes and philosophy lectures and bi-weekly singing lessons.'*

*'I do yoga on a Tuesday, dance on a Wednesday, do gardening the rest of the week, and help with the British Legion from the summer until November. I also like socialising with friends. Is that enough for you?'*



# NOT DEAD YET

- Younger respondents – under 75 – with several still working in some shape or form
- However, often they have had a health issue that has worn them down and affected their self-esteem quite badly
  - Constant GP and hospital visits has left them tired and stressed out
  - They lack the confidence of Newbies and Embracers so seem much more nervous about stepping out and doing something new
- However, they are still upbeat and intend keeping calm and carrying on with a particular emphasis on doing things that will help them achieve better health

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- The Not Dead Yet acknowledge they need a lot of help and support whether it's from medical staff, friends or family to get them through a difficult stage in their life
- Re-assessing their health & well-being in light of health issues and taking more care of themselves



# NOT DEAD YET

*'I'm on my fourth hip transplant so I've been in and out of hospital so often... it's draining.'*

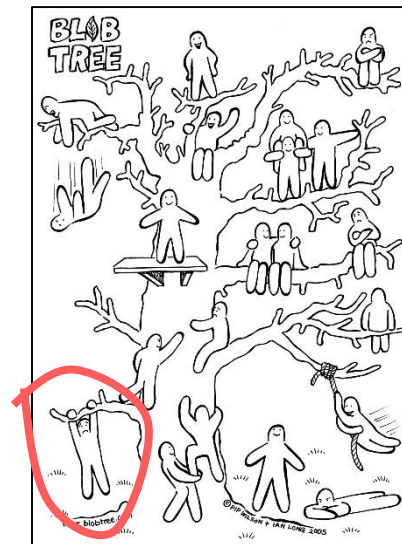
*'I had a car accident a few years ago and it's really affected me. I can't do as much so I don't do as much though I'd like to do more.'*

*'I've had lots of health problems – with my back and my heart – so I do try to get out every day but some days it's too difficult'*

# STRUGGLERS

- Again skewing over 75 but with health issues that are clearly getting in the way of living a full life
  - Chronic pain, mobility issues and serious illness such as cancer or dementia
  - And in some cases caring for someone with a serious illness means they spend all their time with them, with no 'me time'
- The participants we spoke to all acknowledge that they are in many ways better than other people who they know / might live next to (in sheltered accommodation, or a neighbour)
  - With stories of individuals who can go for days without leaving the house or speaking to anyone because they don't have family or friends nearby, or have limited mobility

- This blob sums up Strugglers
- Trying to hang on in the face of adversity
- Often overwhelmed by their problems
- Don't feel particularly supported



# STRUGGLERS

*'I feel like I'm just hanging on due to pain and family problems. Feeling stressed and anxious.'*

*'I've had renal failure and I've got diabetes so life's hard work.'*

*'My daily routine is all about caring for my husband and if I leave him it's to go shopping. It's very difficult you see.'*

*'My neighbour is in her nineties and it's hard for her because she's old. I ask if she wants to join me when we have something on but she just can't be bothered.'*

# LIVING IN HAMMERSMITH & FULHAM

- When asked about living in the borough there is some reluctance to be too positive, however, analysis of the homework exercise shows many benefits of living here...

## LOCATION

- Close enough to Central London without being in Central London
- Easy to get away from London when it gets too much

## TRANSPORT

- A particular strength of the area connected to various tube and train lines with dissatisfaction about buses and bus routes seen as London-wide not borough-specific

## DIVERSITY

- Some mention H&F being the most diverse borough in the country which is a source of pride, diversity makes the borough more interesting

## SURROUNDINGS

- Parks & the river are clearly something older residents are proud of and help make walking around a relatively pleasant experience

## AMENITIES

- Good provision of libraries (cutbacks don't seem as severe as in other boroughs!) and shops catering to a variety of budgets & tastes, from Westfield to Shepherd's Bush Market

## CULTURE

- Local cinemas and theatres – Lyric & Bush Theatres – are well-regarded and used, cinemas and easy access to Central London galleries & museums

# LIVING IN HAMMERSMITH & FULHAM

*'I've lived all over London and I can honestly say it's a great place to live already. Some of the places I used to live in East London were horrible.'*

*'Hammersmith is a very nice place to live. Well connected, lovely gardens, school, libraries, places to eat. The famous King's Street is a place where you get everything for your day to day life.'*

*'I know we like a moan but actually it's not a bad place to live. There are lots of parks, you can get anywhere pretty easily and there's the river.'*

*'An amazingly wide spectrum of people from all walks of life and a diverse selection of ethnicities. Wide range of shops, sports facilities, excellent schools, fantastic transport including access to six or more airports.'*

# SERVICES CONTEXT

# ATTITUDES TOWARDS H&F COUNCIL

- All aware that local government faces spending cuts
  - A reluctant acknowledgement that this is 'how it is'
  - Central government seen as the main culprit for this though some sentiment that H&F could raise council tax to fund more local services though this would go against a local election pledge
- In this difficult environment almost all acknowledge that Hammersmith & Fulham is actually doing ok
  - Some compare with other boroughs – in East London, and outside London – where services have been stripped back
- There are four areas where H&F is seen to have some influence over services for older residents although these affect everyone in the borough and around the UK

Transport

Health

Housing

Environment

- With a fifth area around Activities that is specifically focused on older residents



# TRANSPORT

- Older residents acknowledge that good public transport is a benefit of living in Hammersmith & Fulham
  - Well-connected to bus and tube network for journeys around London
  - Easy access to road network & Heathrow
- For those with minimal or no mobility issues TfL's Freedom Pass enables them to get out the house and travel
- Although TfL is viewed as having overall responsibility for transport, a few feel H&F could do more to agitate for bus routes along less busy main roads
  - Certain areas of the borough 'bus-free zones'
  - Other councils have 'Hail & Ride' which could be useful for those with reduced mobility who can't walk too far to a main road
- In addition, better training of bus drivers to be aware of the issues older residents face getting on and off the bus
  - Through picking up close to the kerb / close to where the passenger is waiting
- Again participants aren't sure whether taxi services fall under H&F's remit but current offerings aren't up to scratch
  - Although subsidised – possibly by the council – they offer poor customer service

# HEALTH

- Varying levels of health amongst our sample but the recognition staying healthy requires some effort on their part widespread
  - Newbies and Embracers in good health, which they attribute to their leading an active life
  - Not Dead Yet struggling but doing all they can to get back on their feet, e.g. attending physio after operations, going to exercise classes
  - Even Strugglers – when they can – enjoying the positive benefits gentle stretching, yoga or trip to the shops can give them
- A few themes emerge in relation to the health services they receive
  - All feel the NHS has deteriorated esp in last few years with noticeably increased waiting times, availability of HCPs, as well as the actual state of hospitals and GP surgeries
  - Again viewed as a national issue not one specifically affecting H&F
- However, some local issues mentioned:
  - Concern about closure of the local Charing Cross Hospital
    - In general, what will this mean for health provision in the area
    - More specifically how will patients get to any new site
      - Will it be easy to get to, will transport be laid on?
  - Difficulties arranging an appointment at the GP &/or prescriptions
    - Phones never answered, admin staff burdened with paperwork, waiting times of up to 2 weeks

# HOUSING

- When it comes to housing, the main issues mentioned by participants are the high cost of housing, bedroom tax and the reduced provision of home help for those who need it, which is particularly problematic for carers
  - High housing costs don't directly affect individuals, however, it often means family members are unable to buy / rent somewhere nearby which can create some isolation
  - Bedroom tax, although not affecting anyone in the sample of participants we spoke to it is still an underlying source of anxiety
  - Fewer hours of help, poorly trained staff, high turnover of staff all causing problems with older residents using this service
    - One Struggler only getting help an hour per day meaning she has to help her husband all by herself first thing in the morning
  - Similarly those in sheltered accommodation have issues with wardens leaving and not being replace
- Those living in sheltered accommodation seem to have better day-to-day experiences than those in council housing
  - Small repairs carried out more quickly due to someone usually being on-site
  - A strong sense of community and looking out for one another
  - Myriad social events taking place on site
  - Connected directly to organisations like Open Age who visit and exhibit

# ENVIRONMENT

- Participants enjoy living in the borough and on balance see H&F as doing a good job of keeping public spaces in good condition
  - Streets are for the most part kept clean
    - This is particularly the case for those able to compare with other London boroughs such as Westminster
  - Parks and the riverside are well maintained and places to feel proud of
- That said, there are still some complaints
  - Rubbish collection unpredictable, infrequent and complicated
    - A few with specific issues around uplift of garden waste / larger items as hard to arrange (getting through to the right department, arranging a slot, assistance with putting the item out for pick-up)
  - Although main roads are kept in good condition, some side streets seem to have been abandoned with overhanging trees and uneven pavements causing problems for some, esp those with mobility issues
- In addition, low-level anti-social behaviour and crime a source of worry for many
  - Cyclists not adhering to road rules or intimidating gangs of schoolkids on their way home
  - As well as fear of being a victim of crime which keeps many indoors esp when it's dark

# FOCUS ON ACTIVITIES

# ACTIVITIES

- For all typologies there is an acknowledgement that doing an organised activity regularly can really make a big impact on health & well-being with our participants taking part in a variety of activities...

Walks with friends	Church events	Library events	Art classes
Trips to museum / art galleries	Visits to the gym	Yoga & pilates	Dance & drama
Singing	Poetry & creative writing	Upholstery & craftwork	IT training

- In general participants able to find an activity that suits and works best for them
  - A Struggler with mobility issues has discovered a fitness class that she feels comfortable with as she doesn't need to lie on the floor
  - An Embracer has joined an acting group that enables him to embrace his inner thespian
  - A somewhat introverted Not Dead Yet enjoys the routine and health benefits of his weekly exercise class helping him recover from an operation

# ACTIVITIES

- Across typologies there is acknowledgement that there are many benefits – both tangible and intangible – to be enjoyed from participation in any kind of activity away from home

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Achievement

*My poem got published which was great!*

*You can rebuild your confidence to go out and do more things*

Belonging

*I look forward to going and getting out the house*

*Such good times with friends when we meet up at the library*

Physiological

*Mindfulness really helps reduce my anxiety*

*Just going for a walk with a friend lifts my day*

*I've lost weight and lowered my blood pressure*

# ACTIVITIES

- Participants don't exactly know how H&F fits in with some of the main providers of activities in the borough, however, there is an implicit understanding that H&F funds them in some shape or form
- Open Age in particular is highly praised by participants for getting them involved in an activity and keeping them engaged for the most part
  - Seen to be doing a great job, with respondents saying they would be devastated should it vanish / have its funding pulled
- Age UK also mentioned but more exclusive – for 75+ - and with less enthusiasm
- Slightly different imagery revealed when discussing the organisations

## OPEN AGE

- Young-at-heart! With a focus on physical & emotional well-being
- Comprehensive range of classes covering exercise (yoga), mindfulness, and hobbies
- Staff a mix of ages, friendly, charismatic and fun to be around
- Bright, inviting spaces
- Open to all ages of old people

## AGE UK

- Solid, traditional with a focus on getting older people out their home
- Comprehensive range of classes with a focus on needs & wants of 75+
- Spaces can seem a little institutionalised / dated
- And for Newbies & Not Dead Yet feels 'not for them'



# ACTIVITIES

## OPEN AGE

*'Open Age gets everything right. They've people like me but also people with wheelchairs, zimmerframes and sticks and everyone has a great time.'*

*'Open Age centre is really vibrant.'*

*'The staff at Open Age are really good. I don't know what it is but they are just smiley and friendly... it's always fun to be there. Teachers and tutors really encourage you no matter what state you're in.'*

## AGE UK

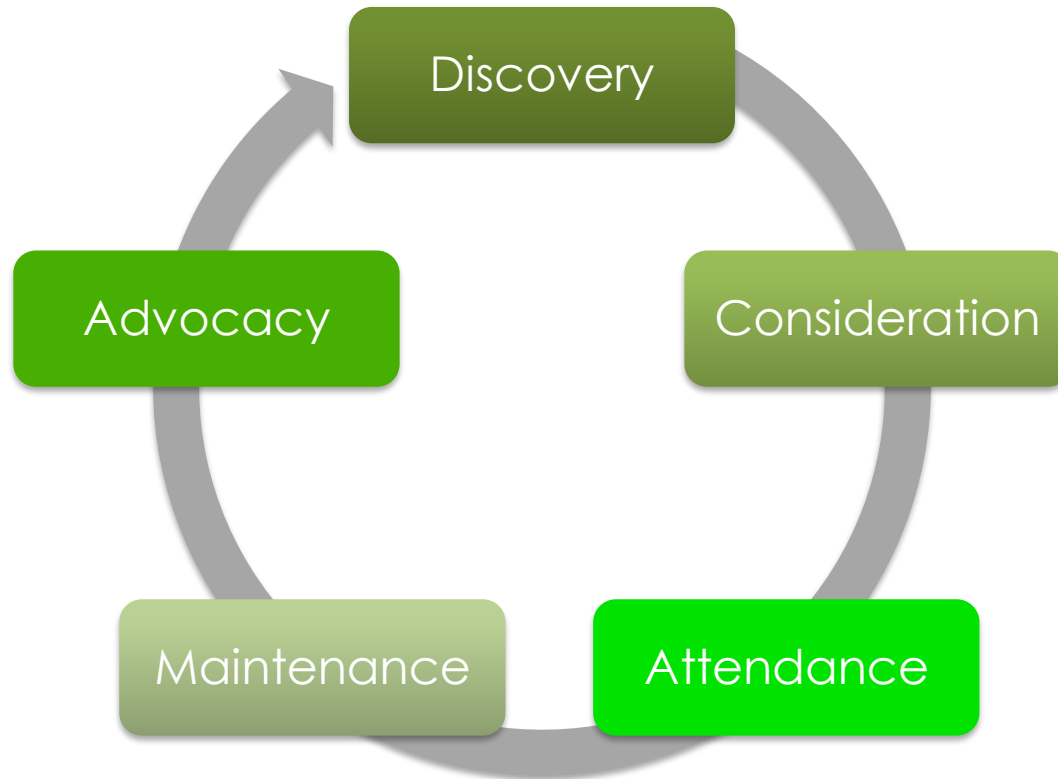
*'Age UK do so many things and if you wanted to be a ventriloquist they'd probably find you that too.'*

*'Age UK I see as being for older people. Older than me. When you walk past it's people sitting around, not doing very much.'*

*'I've been to Age UK and haven't been impressed. Lots of people but no chat... it didn't feel for me... yet!'*

# PATH INTO ACTIVITIES

- When it comes to groups & classes the pathway is as follows



- There are various 'moments' along this pathway where Hammersmith & Fulham could do more to help and encourage different older residents do these

# DISCOVERY

- Almost all find out about groups & classes in a passive and haphazard way
  - Finding out through a better connected friend
  - HCPs informing them after they've had an accident / fallen ill
  - Coming across a leaflet at a public space (library, summer fair)
  - Only one or two say they received a leaflet through their door
  - Online search barely mentioned as a route to discovery
- Those living in sheltered accommodation much more 'in the loop'
  - Notice boards, talks from organisations, leaflets through their door all entry points for many
    - Something which those who aren't in sheltered accommodation are impressed by / envious of
- One younger participant made it her mission – upon retirement – to go online and find out about all the resources available to them
  - NB: computer users, IT savvy, relatively affluent



**Online is not a way in for most residents especially those 75+ so this is not an effective way to capture harder to reach audiences who rely more on WOM and print  
To meet the needs of older residents H&F needs to communicate much more heavily and in a more systematic way about the activities that are on offer in the borough**

# DISCOVERY

*'My friend told me about it, otherwise I wouldn't have known.'*

*'We had a street fair and someone turned up with leaflets.'*

*'I'd been in hospital and they told me about this Steady & Stable class taking place next door.'*

*'I live up in White City and I can honestly say I have never had a single leaflet [about Open Age] but that's typical.'*

*'I only moved into my place a few weeks ago so didn't know about any of these things. I'd love to do something like this, something to do with music or djing. Bringing people together'*

*'The third sector do lots of things but I don't think they do a good job at telling people about what they do so it's the same faces you see at everything.'*

*'When I retired I had loads of time to work out what I wanted to do, went online and found a few things I was interested in.'*

# CONSIDERATION

- Despite varying levels of self-confidence and get-up-and-go, at this stage there can be barriers preventing older users from taking the next step
  - From the more rational to deeper-seated emotional ones
- At a rational level
  - Cost: due to a lack of communication there is often concern that they won't be able to afford an activity as it will be too expensive
    - Participants almost always comment on how pleased they were when they discovered a class was only a couple of pounds
    - NB: although this is acceptable for many, it is still feel on the high side for one or two of our respondents
  - Location: some venues are difficult to get to by public transport – a tube, a bus then a walk – and this will stop people going esp Strugglers who have greatest mobility issues
    - NB: many acknowledge certain organisations laying on transport to take them there and back
  - Scheduling: don't assume older people are sitting twiddling their thumbs, many have busy days (shopping, chores, looking after grand- & great-grandchildren), and evening classes in the winter are a no-no for many – esp Embracers, Strugglers and Not Dead Yet – due to it being dark

# CONSIDERATION

- At a more emotional level barriers include:
  - Not understanding: for some foreign-born residents and the hard of hearing concerns they may not be able to follow what's happening
    - Esp classes where instructions are given such as exercise classes
  - Not doing something well: whether it's exercise or more creative classes, worries that they will be left behind or pushed to do something they simply can't
    - Esp the case for exercise classes – yoga, Pilates – where many have worries that the pace of class will be too heavy going for their level of fitness
    - Reassurance sought that they will be looked after
  - Not fitting in: there is a concern that men might not want to join in with women for certain activities – *'they don't want to be shown up in front of women'* – so single sex classes are viewed as a positive
  - Looking stupid: when it comes to more creative classes – art, drama, singing, music, cookery – again there's a lot of worry about how one compares with more experienced members



**H&F needs to continue funding activities so price does not become a barrier to entry. The provision of no risk 'Taster Sessions' for uncertain users will increase take-up. Finally, contact details for those who want to find out more / have their concerns addressed is a must-have**

# CONSIDERATION

*'My friend can't hear so she would like to know there is a hearing loop she can use.'*

*'I'm very busy so I don't want to do classes at the weekend... that's drinking time.'*

*'You do feel trepidation when you go somewhere new. You don't have the confidence you used to have... before I did yoga I had an idea of what it might have been.'*

*'I assumed they'd be quite expensive like evening classes but they're only £1. This really makes a difference to me and means I can try different ones.'*

*'I think men are put off because there are a lot of women there and men don't like to look stupid in front of women.'*

*'I'd never have done yoga but the woman who did it also did Zumba and I enjoyed that so she told me I should come along.'*

# ATTENDANCE

- Once there, participants cannot help eulogising the classes
- Classes are described as being 'pitched just right' for an older audience
  - Tutors know just how easy or difficult to make a class based on who is there
  - Always an inclusive atmosphere means nobody gets left behind
- Older residents say they feel transformed by attending a class or group for a variety of reasons
  - Connected: feeling like they're part of the community, making the most of the services available to them, and not isolated, as well as being open to meeting new people and making new friends (should they wish)
  - Increased well-being: both physical and emotional, residents feel better about themselves
    - They might feel more flexible (can walk to the shops without losing breath) or their mood lifts
  - More confident: esp for Not Dead Yet it can really help re-build their self-esteem and give them a boost
  - A sense of achievement: pride in taking part and finishing a class, or participating in a choir / music / theatrical performance or winning a prize



**Activities making a real difference in older residents' lives from the physical to more higher level self-actualisation so H&F's goal should be to get as many older residents into a class as possible to enhance their quality of life**



# ATTENDANCE

*'I come out of my mindfulness class and I feel amazing, like I can do anything.'*

*'My drama class gives me a chance to do something new, something fun. And you meet different people. I did role play with a 10 year old last time and we really learnt from one another.'*

*'I had really lost my confidence when I'd had my fourth hip replacement but the Steady & Stable class has helped.'*

*'I've done a ballet class with Rambert and it's great to think you can do something like that.'*

*'My husband's art won a prize and is on display in a tunnel in Hammersmith... it's wonderful.'*

*'I don't socialise but that's because I don't want to. I do the class because I enjoy the exercise and I can see that it's good for me.'*

# MAINTENANCE

- Older residents appreciate a sense of routine as well as progression
  - There should be minimal disruption to any classes or groups
  - Being able to see an improvement in one's body (e.g. through exercise) or skills (e.g. through singing in tune, painting better) keep the user engaged
    - NB: All participants love celebrating achievement and success through, e.g. prizes at the end of a term, or winning awards
- Unfortunately, however, many report a lack of consistency to services
  - Esp in recent times lots of classes / groups cancelled due to lack of funds
  - Days and times of classes change too frequently
    - NB: many, esp older people, do get into a fairly set routine, which they don't appreciate changing
  - A high rate of churn of well-loved tutors can leave a hole
  - Minimal provision of classes over holidays
    - A real bugbear for those doing exercise classes in particular as they feel they lose form / confidence / consistency if they suddenly stop for two months
    - The effort to try and find a similar class elsewhere too much! As again they feel like they are going back to the Discovery stage with many of the negatives around lacking confidence, feeling nervous



**H&F needs to help organisations provide a consistent and expanded service offering, bearing in mind there should be some provision of classes during the summer to keep users' levels of well-being, motivation and engagement high**

# MAINTENANCE

*'So many of these classes just seem to stop suddenly and they say they can't get the funding.'*

*'With my yoga class if I stop doing it for a few weeks then I get rusty.'*

*'They moved the art class I did from a Wednesday to a Tuesday but then I couldn't go because I've got the library group on a Tuesday.'*

*'I wish they did classes over the summer. Everything just stops round about now [June] and won't start up again until September. You might try and meet up with friends but it's not as easy.'*

*'If the numbers drop below a certain number then they stop... so you don't want people getting ill or worse.'*

# ADVOCACY

- All enthusiastic advocates for Hammersmith & Fulham's groups and classes
  - Happy to tell their friends and neighbours about this!
- Though one participant explains she doesn't like to spread the word too much in case the classes get too popular and they're suddenly over-subscribed
  - Again reflecting the mentality that there is a very short-term approach to the entire service rather than it being a long-term, dedicated and integrated part of the offering from H&F
- H&F should harness participants' enthusiasm and use them to get the message out about what's on in the area for older residents
  - Through leaflets they can pass on to similarly-aged neighbours
  - By helping at events – handing out promotional material, delivering a speech about the benefits
  - With free classes for any referrals



**A potentially powerful group of individuals to provide 'good publicity' for the services that Hammersmith & Fulham can offer. More needs to be done to encourage referrals to target the 'harder to reach' individuals they all know**

# ADVOCACY

*'I'm always telling my neighbours to come along but they never do. It's a shame as I feel they're the ones missing out.'*

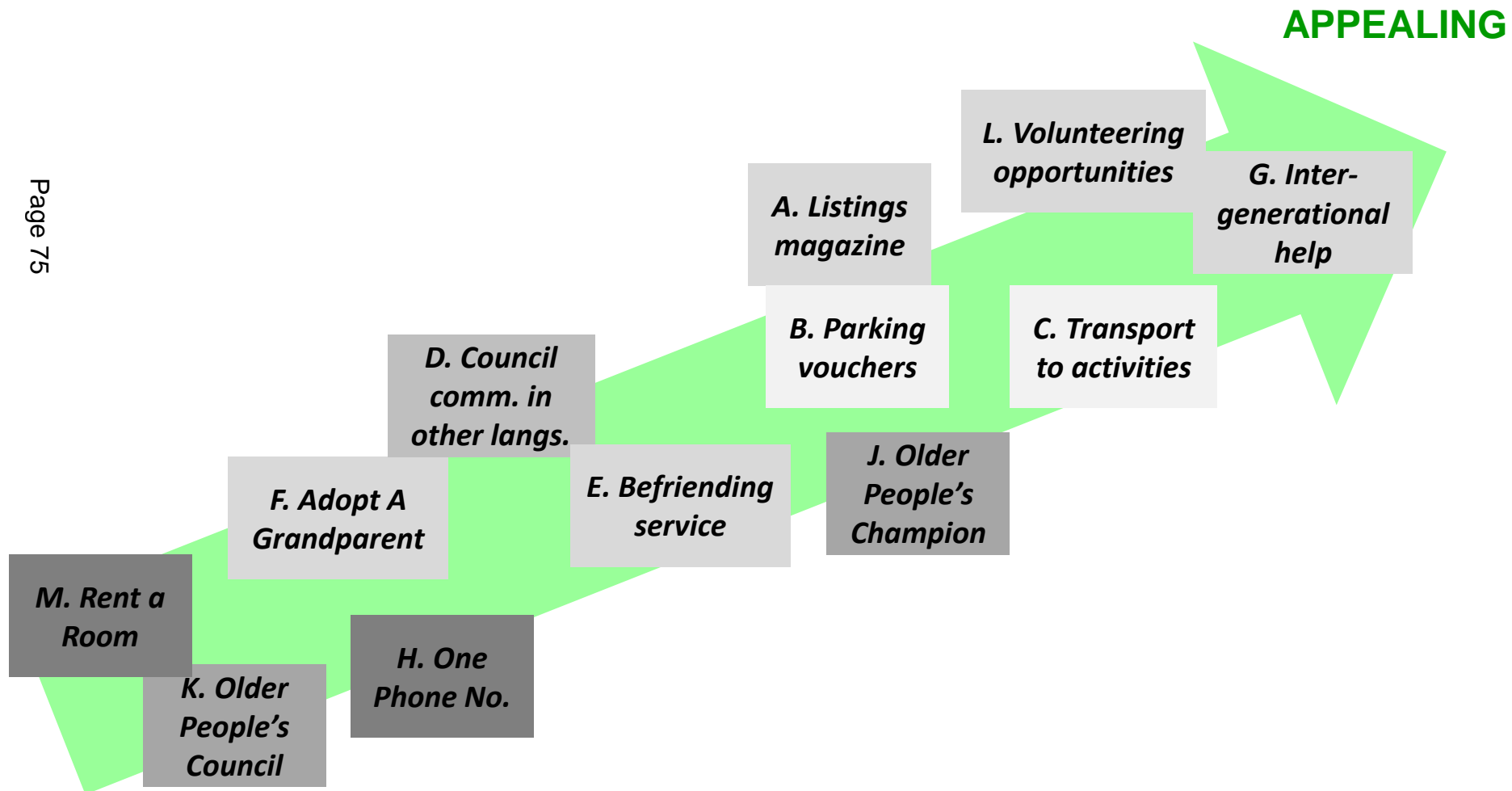
*'I don't tell anyone because I don't want it to get too busy and then I have to join a waiting list for a class.'*

*'Friends see the difference in me and my ability to get around so they ask what I've done and I tell them about the classes.'*

# FUTURE SERVICES

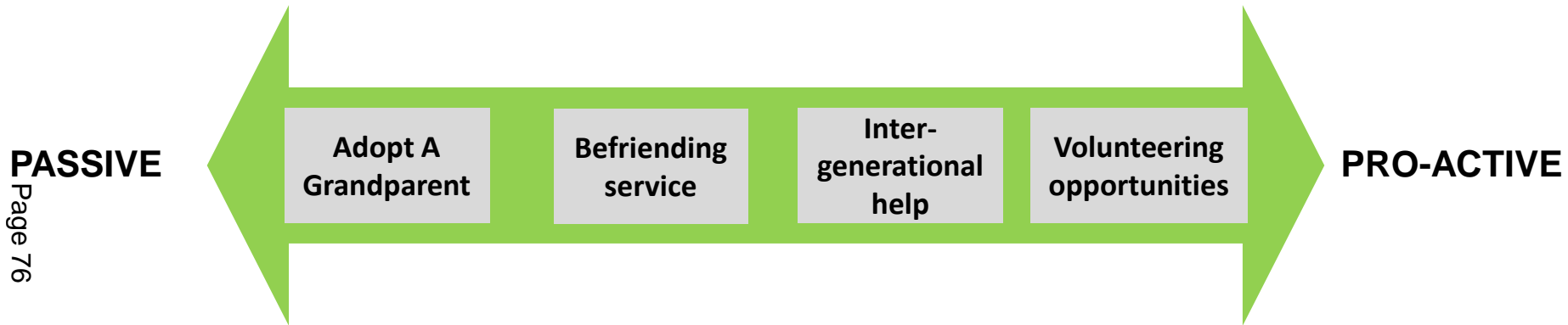
# NEW SERVICES

- Some provisional service ideas from H&F elicit mixed responses from participants



# 'INTERACTIVE SERVICES'

- When it comes to service ideas that could bring older residents into contact with younger residents, some clear preferences emerge...



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- Older residents prefer proposed services where they can either show off and share their skills & talents with pride or where there's some kind of task involved that benefits them in a tangible way (e.g. learning something new, getting a lightbulb changed)
- Mild hostility – esp but not exclusively – from Newbies & Embracers – towards services that assume older people just need someone to come in and talk to / at them!
  - NB: even Strugglers who may not have a wide social circle / as much support agree, they don't want to feel patronised by someone turning up out of a sense of pity



# VOLUNTEERING OPPORTUNITIES

- Many participants – esp Embracers & Newbies – warm to this as an idea
  - Taps into some of the concerns they have about getting old and feeling worthless / not valued by society
  - By making them dispense with advice / tips it puts them in control and makes them feel they have something to offer
- Versus befriending this feels like a more pro-active, fun way of interacting with people one wouldn't normally encounter like schoolkids or young professionals
  - And tapping into concerns many have that younger people today possess only basic life skills... and could do with their help
    - E.g. sewing on a button, fixing a leaking tap
- Could encompass a broad range of talents... but also passions
  - Sharing career skills such as joinery, plumbing or first aid
  - Cookery classes with older residents teaching younger ones how to make a specific kind of cuisine (e.g. Indian, Iraqi)
  - Giving lectures about a region or country, chapter in history or a favourite piece of art or music
- H&F expected to be the lynchpin in keeping a database of 'talents' that can be accessed by groups or individuals looking for a particular skill / passion
  - Has broad enough coverage to ensure the database is robust
  - Can offer safeguarding capabilities to volunteers and users

# VOLUNTEERING OPPORTUNITIES

*'A great idea. Young people don't know how to do things... this could help them.'*

*'People always love to hear from people who are really passionate about something, it could be anything.'*

*'I like this. When you're retired you can feel totally useless so if it gave older people a chance to do something for their community then that's good.'*

*'I'm a joiner and I still do some work so would like to teach younger people these skills.'*

# INTERGENERATIONAL SERVICES

- These feel like more natural ways of having older residents interact with those younger than themselves
  - When tied in with a job or hobby or trip – rather than simply befriending – it feels less patronising or passive
- Learning through doing – i.e. 1 to 1 tuition – a great way of working one's way around a smartphone, tablet or computer so IT lessons well-regarded and could extend into other life skills
- Similarly older residents like the idea of getting teamed up with someone who shares their love of film, art or theatre to buddy up with for trips
  - Brings an immediate connection thanks to a shared interest
- Older residents esp those not living in sheltered accommodation love the odd-job / DIY idea with all spontaneously mentioning that they often need help around the house with certain tasks but have no idea how to go about finding someone
  - Small tasks such as changing a lightbulb that they cannot do themselves but don't want to spend much money on
  - Often relying on family members to help out whenever they visit, however, this can be sporadic or forgotten about
- Again H&F expected to manage a database that matches older residents with younger ones offering their services

# INTERGENERATIONAL SERVICES

*'This is someone doing something that is practical and not just sitting with you making conversation.'*

*'The best way of learning how to use my smartphone is if someone sits with me and actually shows me how to do whatever. Mind you they have to be very patient.'*

*'My son does things for us but he's always so busy, flying around the world it's hard to get hold of him... for small jobs in the house I could use this.'*

*'It's nice to do something with someone who shares your interests, who you can talk to about it.'*

# BEFRIENDING / ADOPT A GRANDPARENT

- Befriending services in general and with <18 more specifically generate mixed responses
- On the positive side it could solve some of the issues facing Strugglers who can't get out the house easily and have little social support
  - Bringing them into contact with a volunteer could help connect them to the outside world
  - Esp valued when tied in with chores such as delivering groceries or doing odd-jobs such as cleaning
- In addition, it could help build rapport and understanding between them and teens in particular
  - Acknowledgement that most don't know – or get - <18s, which can manifest itself in a lack of trust

# BEFRIENDING / ADOPT A GRANDPARENT

- However, there is often a lukewarm response to these ideas driven by:
  - Annoyance that this taps into a well-worn trope older residents don't want to adhere to that they need help / companionship
  - That those who could benefit most from befriending are often the ones least likely to be into it
    - Reluctant curmudgeons who in many cases would prefer to be left alone
- In addition, older residents would need to have some assurances in place
  - Individuals would need to be well-trained and coming from a place of wanting to help, not because they've been forced to
    - Genuinely interested in spending time with an older person, not someone doing it because it's part of a rehabilitation programme for example
  - Need for long-term befrienders and not just someone who comes in for a month or two and then leaves again to be replaced by someone new
    - Individuals – esp Strugglers – need time to build a rapport and establish trust
  - Thorough safeguarding policies would need to be in place to protect users from any harm or criminality
    - Again, many older residents have a negative view of younger people and worry automatically about their safety

# BEFRIENDING / ADOPT A GRANDPARENT

*'I don't want to be adopted. I'm already a grandparent.'*

*'I don't need any more friends. I've got too many already.'*

*'I'd want to know that the children coming to visit aren't just anyone and have been vetted by the council.'*

*'Befriending is ok for those people who don't ever leave the house... but they're quiet a lot of the time so don't want to talk. They could maybe go shopping for them, do things around the house.'*

*'If some of these people have been forced into helping an older person... community work... then it's no good. They need to want to come and help.'*

# PARKING VOUCHERS

- Although it's not always relevant – some participants have parking spaces on site, others don't use / know anyone who uses a car in London – it is well-received
- An acknowledgement that parking fees are expensive and potentially changing behaviours
  - Friends & family members may limit visits to times when there aren't any parking restrictions in place
    - Weekends and evenings
  - Or simply pick up or drop off when visiting
    - I.e. they won't be able to come in after a day out because they'll have to feed the meter meaning some miss out on social interaction
- In addition, several roads are covered by smart systems where the driver can only pay online / by phone, which really puts older residents off who either don't understand it, or don't have the tools (smartphone, credit card) to use it
- Residents still expect to have to pay something but would qualify for subsidised vouchers that could be handed out to visitors and guests as and when needed
  - Potentially increasing visits and extending existing ones
- For H&F a relatively easy offering that can enhance older residents' connectedness



# PARKING VOUCHERS

*'My friend picks me up from my house and we'll go on trips but afterwards she never comes in... she doesn't know how to work the phone thing to pay for it by card... and she wouldn't want to anyway.'*

*'It is expensive if you want to keep topping up the meter... when my family come to visit they'll spend over £10 sometimes.'*

*'I think H&F used to do this. You'd get a book of vouchers... this would be cheaper than paying by the meter.'*

# TRANSPORT TO GROUPS & CLUBS

- As mentioned previously this would be beneficial for those who have mobility issues – Strugglers and to a lesser extent Not Dead Yet – though others can see its value to them if not now then in the future
- In fact most see this as essential for existing organisations to broaden their reach
  - Enabling older residents to at least consider attending a class once, and if they like it then continue to go, providing the boost to physical health and well-being
  - Age UK – perhaps reflecting its older members base – offers transport to its groups & clubs for those who need it
- In addition, any offering would need to offer a genuine ‘front door-to-front door’ service that is punctual and caring
  - Some existing transport options criticised because drivers show no desire to help elderly residents get from their front door to the car!
  - Cars are always late, and users don’t reach their destination on time
- H&F’s role would be to fund transport to groups & clubs so that it can be either free or heavily subsidised to ensure maximum access

# TRANSPORT TO GROUPS & CLUBS

*'We used the taxi service but it was not a good experience. The man turned up late, the traffic was terrible and we missed the start of the concert.'*

*'Dial-A-Ride aren't very good, and their system is really complicated... I think you can get so many rides a month but then you lose track.'*

*'My neighbour won't get on a bus so she'll only go somewhere if someone can give her a lift.'*

*'Age UK have their own bus which is fantastic.'*

# LISTINGS MAGAZINE

- Many – esp 75+ - do have access to the internet, however, they are using it primarily to keep connected to friends & family through emails, WhatsApp and Skype (and similar) but NOT to browse on the internet
  - Print is their preferred source of information
- As such, there are many positive responses to this as an idea
  - Addresses the needs of older residents who want something to hold / write on / circle... and keep
  - With wishes for a comprehensive, one-stop shop updated every couple of months / quarterly
    - Would include all groups & classes across the borough with information containing dates & times, summary of class, suitability for older people, testimonials etcetera
    - As well as a phone number – not a website – to contact for anyone wanting to ask specific questions about a course / have any concerns addressed and dealt with

# LISTINGS MAGAZINE

- However, there is an acknowledgement that it can be an expensive way of communicating ergo it needs to work smarter
  - Better targeting of people who really need it, e.g. sent out to older people within a certain age group, not all older people 50+
  - A 'pass it on' scheme involving some kind of incentive for the person passing the magazine on and getting friends to join a class
- More web-savvy, Newbies dismissive of the medium
  - Print can't be updated regularly so dates quickly
  - Can't provide enough detail about a class or course beyond a short description
- H&F should consider trialling a small-scale but highly targeted print run of this magazine and monitor it to see if it results in participation before extending it across the borough

# LISTINGS MAGAZINE

*'It's a good idea. You want information about all the things you can do in the borough that comes out maybe every quarter.'*

*'There are people who would like this kind of thing and they're exactly the sort of people who don't have a phone or a tablet so this could reach them.'*

*'There was a magazine that was good but it cost too much money so they scrapped it. I don't know why as there is a lot of cheap printing nowadays'*

*'Good but online better as the information can be updated as and when things change.'*

# OLDER PEOPLE'S CHAMPION / COUNCIL

- Participants aren't convinced on either of these, however, of the two the Champion enjoys widest appeal
- Older residents are open to the idea of a Champion even if they have doubts about its execution
  - Positives revolve around the symbolism of the role, in that it offers a good way of H&F conveying that it takes its older residents seriously, recognising that they are a distinct group with specific needs
- However, putting this responsibility onto just one individual is seen as lacking credibility
  - Too much for just one person, there would need to be a team on board
  - Any issues raised would need to be filtered so that the individual could focus on the more strategic areas affecting older people
    - With most recognising that they would not have enough time to deal with micro-issues such as making the pavement on a particular road more older person friendly
- When it comes to a Council there is more reticence possibly because there is concern that it could simply be a toothless, talking shop for 'the same old faces'
  - To succeed it would need to be diverse, and bring in people more representative of the entire borough whose voices aren't usually heard
  - It would need to have some powers and be seen to be getting things done

# OLDER PEOPLE'S CHAMPION / COUNCIL

*'It shows they take us seriously. Someone to make sure older people are listened to.'*

*'Whoever it is, they would have their work cut out for them!'*

*'The problem is a Champion could end up getting stuck having to deal with someone's rubbish not being picked up. It would need to be very focused around specific issues facing older residents.'*

*'It would need to be representative reflecting everyone who lives here. A lot of the time it's the same people who go on these things who harp on about just one issues that affects them rather than thinking about the whole borough.'*

*'Maybe if it only met up every few months it would be ok, but you'd have so much stuff to do inbetween I reckon.'*



# ONE PHONE NUMBER

- A phone call is the primary medium through which older residents will contact the council so a one-stop shop would be helpful
  - Again, browsing to find the information online isn't something many do
  - All have had horror stories of trying to get through to the council about one thing or another (long waits, getting through to an answer machine, too many buttons to press to get through to relevant department, dropped calls)
- However, even the most optimistic participants voice concern about how this would work in practice
  - Staff would have to be highly trained to know where to place a call within the council
    - More cynical feel this would be beyond the ken of most people working for the council let alone poorly paid receptionists with a high degree of turnover
  - A team would need to work flexibly to cope with peaks and troughs in demand from residents
    - E.g. being busy on a Monday morning, or during the winter when there might be housing issues

# ONE PHONE NUMBER

*'I had to call up about getting some garden waste removed and it was awful. It took so long and I went back to the beginning again... eugh.'*

*'I don't understand how this would help as they'd still have to put you on hold to connect you to the right person... you could still be on there for ages.'*

*'It's good only insofar as the person at the other end of the phone knows exactly what they're doing.'*

*'I guess it's better than having to press all the buttons.'*

# TRANSLATION

- Although it doesn't attract much discussion, older residents can see that this service would be useful for non-English speakers
  - Necessary in such a diverse borough
  - Demonstrates H&F's commitment to looking after all people living in the borough
- Though all the BAME residents whose first language wasn't English were unimpressed as they thought it was someone's duty to learn the language of the country they were living in!

*'It doesn't apply to me but I can see why that would be important as we have a lot of people in the borough who don't speak English.'*

# RENT A ROOM

- Despite sympathising with the plight of younger people moving to London and having to find accommodation on a limited budget, responses to this are negative across the board
- Those who have a spare room don't see this as something the Council could help with
  - At present offering this might be something that happens organically, e.g. through a friend of a friend whose granddaughter is moving to London, or through a church scheme
  - H&F would be too distant from individuals for them to gauge the chemistry necessary to share a space
    - Hard for a bureaucrat to understand the renter and tenant's needs and assess whether they'd be suitable to live together
    - Something that needs to be left to individuals to sort out themselves

# **HAMMERSMITH & FULHAM: THE BEST PLACE TO BE OLD**

# SUMMARY & WAY FORWARD

- On balance participants feel H&F is a good place for older residents to live with the council doing an ok job under difficult circumstances, however, there is still plenty the council could do to transform the borough into an even better place for older people
- Although many aren't clear about H&F's role within certain service areas, the following are mentioned:
  - In **transport** existing tube / train / bus services work well for most typologies who are making full use of their Freedom Pass, however, Strugglers could benefit from a better organised taxi scheme that can deliver a punctual service and more helpful and empathetic, hands-on drivers. H&F could also consider the feasibility of launching a Hail & Ride service for residents living far from bus routes. Straightforward **Parking vouchers for older residents** would also give many peace of mind that any visitors (friends, family, workpersons) can stay as long as they want without worrying about feeding the meter / paying for something via an app / getting a fine
  - In **housing** building more social housing in nicer parts of the borough is on someone's wish list. In general the high cost of housing is not necessarily a pertinent issue for many who if bought their property, bought years ago when prices were lower, however, it is one that prevents extended families from living nearby which can lead to isolation hence the need to meet peers. Although the cost of housing is a concern for many, there's no real interest in **Renting out a room** to a younger person due to trust issues

# SUMMARY & WAY FORWARD

- In general most older residents view **health services** as falling outwith Hammersmith & Fulham's control. Making an appointment, waiting times etcetera aren't a local government issue. However, the closure of Charing Cross Hospital is a low-level worry for many, and it will need to be accompanied by clear and reassuring communication of how older residents can reach any replacement hospital with details on bus routes, parking facilities and how much they charge. Indeed new bus routes may need to be created to get older patients and visitors alike to the replacement hospital
- Relating to the **environment** older residents, perhaps more than most, value pleasant green spaces they can stroll around and will be the first to notice any deterioration. Happily most feel these are kept in good condition and are even a source of pride for many. More attention should be given to keeping pavements clean and in good condition as well as maintaining often-forgotten minor roads to ensure those with poor mobility are able to leave their home, go for a walk without worrying about access or injury
- Making communication between older residents and the council simpler and in line with their usual behaviours is also important
  - Ensuring face-to-face and telephone remain valid mediums of communication alongside texting, emailing etcetera
  - Although the **One phone number** has appeal, to work it needs to be well funded with knowledgeable and personable staff taking ownership of any query

# SUMMARY & WAY FORWARD

- In getting under the skin of older residents by understanding their emotional needs, H&F can pursue strategies that can improve older residents' lives
- **H&F continuing to fund groups & classes seems vital** as these are a positive and visible way to meet older individuals' needs in terms of aiding physical health (at its most basic level getting out the house to attend a class, but also doing exercise), belonging (joining in with others, socialising, camaraderie) as well as achievement (completing a module / class, gaining in confidence, winning a prize)
  - Those who attend groups & classes getting a lot out of each activity they do and feel it's H&F's duty to get more residents involved in these
    - Through a more robust communication strategy – being more present at community events, creating a **Printed listings magazine** with details on each class on in the borough, making more of the power of advocacy (with those already going)
    - As well as removing any barriers to attendance through provision of a hotline for any queries new recruits might have, 'no risk' free introductory class, conveying a tone of inclusivity, providing opportunities to use **Transport services** to get to and from groups & classes
  - In addition, H&F could work with organisations to ensure year-round classes not ones revolving around terms, which isn't a particularly relevant time frame for older residents anyway!
    - To avoid older residents growing restless – and rusty – when their beloved classes aren't on



# SUMMARY & WAY FORWARD

- What's also important for older residents is that they feel valued members of the community over-turning long-standing tropes that once people have retired they're either no use to anyone, only want to hang out with other older people, or lonely
  - H&F should use this insight to provide opportunities for **Older residents to volunteer their skills & passions** to teach younger generations (as well as their own peers) something they have learnt across their life
  - **Befriending** can come across as a somewhat unappealing passive activity for many – however, if it can provide the older resident with a sought after benefit – like getting a difficult to reach lightbulb changed at home – then it becomes more of a win / win situation (**Intergenerational Services**). Similarly meeting up with someone with a shared interest through a befriending scheme from H&F makes it more engaging for both parties. Although some like the idea of spending time with children the practicalities of **Adopting a Grandparent** (safeguarding, selecting the right kinds of individuals) make it impossible
- Although engagement is something that participants say they want when it comes to an **Older Person's Council** there isn't much interest in this with many assuming it will either be composed of the same individuals who pop up everywhere pushing their single issue agenda, or will struggle to push things through. Instead an **Older People's Champion** is seen as a more dynamic means through which to get things done on behalf of older residents

# APPENDIX

A

A magazine with a full  
listing of activities for  
older residents

**B**

# Parking vouchers for your visitors and guests

C

# Transport to groups and clubs

D

The possibility to view  
council letters, GP letters  
etcetera in another  
language

E

# A large-scale Borough-wide befriending service

F

Page 106  
'Adopt a Grandparent'  
programme (a befriending  
service between younger  
and older residents)





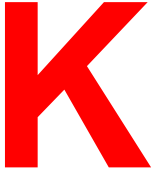
Intergenerational services:  
IT lessons, activities &  
trips, help with DIY around  
the house

H

A single phone number  
you can call for any  
questions or information  
needs you have

J

A specific councillor who is  
an 'Older People's Champion'  
to contact if you have any  
problems / issues



An 'Older People's Council' that meets once a quarter to discuss issues of concern for older residents and gives recommendations to the council



Volunteering

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opportunities that make  
use of your specific skills

M

‘Rent a room’ scheme to  
a younger resident or  
student



# **H&F Older People's Commission**

## **Interim Report**

March 2018







## Contents

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The journey so far	11
Isolation and loneliness	13
The way forward	21
Older residents' opportunity to contribute	22



## Executive Summary

The Older People's Commission was formed in November 2017 to improve the quality of life for all older residents in the borough and make Hammersmith & Fulham (H&F) the best borough in which to grow older.

The chair and the eight commissioners have engaged with residents all across the borough to hear about the problems they encounter and what they think should be improved. They have also met with council officers and third sector organisations to look at services already available and think about how to make them more efficient.

Commissioners in the first instance, have concentrated on the issue of isolation and loneliness, as they recognised that this is a widespread concern for older residents in the borough. This interim report focuses on what contributes currently to isolation and loneliness in the borough and provides a set of recommendations to make sure that older people in H&F feel like more active members of their community.

## Recommendations

### Issue 1: Transport

- TfL should improve and, where necessary, create better transport links.
- TfL staff need better training that takes into account the needs of older customers.
- Public transport should be better integrated including, bus, tube, dial-a-ride, Taxicard and community transport services.
- The Council should consider providing, in partnership with businesses, electrical charging points for mobility scooter users.
- A volunteer car service should be reintroduced.
- Hospital transport services should be improved urgently to benefit both patients and clinicians.

### Issue 2: Parking restrictions

- The Council should consider different ways of allowing families and carers visiting older residents to be given limited exemption from parking restrictions, where needed to reduce loneliness and isolation.

### Issue 3: Information

- Organisations and agencies across the borough should continue to develop basic IT skills for those who wish it and use paper-based systems in parallel to improve the take-up of currently available resources.
- The Council should continue to develop, sponsor and support digital inclusion among older people and fund classes that provide older people with digital skills at a minimal cost in suitable locations across the borough.

#### **Issue 4: Poverty and deprivation**

- Organisations, agencies, and groups across the borough should hold activities and classes for older residents that are either free or truly affordable.
- The Council and other funders should not only prioritise clinical and teaching activities but also social ones.
- The Council should keep on promoting and funding services like Healthier Homes which help vulnerable residents manage their expenses and maximise their income.
- The tradition of short-term funding for successful projects and services needs to be reviewed.

#### **Issue 5: GP Services**

- The H&F CCG and GP Federation should press local GPs to spend more time with older residents and keep informed of different services that are available across the borough to improve signposting and referrals.
- When they identify socially isolated and lonely residents, GPs should be encouraged and supported to alert other services if there are social or safeguarding needs.

#### **Issue 6: Professional carers**

- Companies providing paid carers should better monitor the performance of the carers they employ.
- The Council should closely manage and monitor the performance of the companies in order to improve and maintain the quality standards that this type of work requires.
- As a London Living Wage Council, H&F should take all steps to ensure that agencies are paying carers the London Living Wage.

#### **Issue 7: Unpaid carers**

- The Council should ensure that unpaid carers are supported to maintain or make new social networks. This would include respite care, creating the time to socialise, and ensuring networks are established and supported.

#### **Issue 8: Diversity**

- The offer of local activities across the borough should be culturally reflective of H&F's diverse older residents and encourage inclusion.
- The Council and established community groups should consider options for bespoke befriending services that address the needs of different groups across the borough. However, one-to-one befriending is only part of the solution and there is a need to ensure that older residents can maintain, re-create or make new links with the community they identify with.
- Service providers should demonstrate awareness of the needs of residents with poor mental health.
- They should also focus on the particular needs of different BAME groups and LGBTQ+ people.

#### **Issue 9: Belonging**

- Inter-generational activities, e.g. bringing together 50+ residents and younger residents, should be an integral part of any programme intended to reduce loneliness among older residents.





## Our vision

The Older People's Commission first met in November 2017. We have worked since to improve the quality of life for all older residents in the borough, no matter their race, gender, sexual orientation, religion, ability, country of origin, or economic and social class. Our prime objective is to make Hammersmith & Fulham (H&F) the best borough in which to grow older.

There are more than 19,000 residents aged 65 and over in the borough. Whilst this is only about 10 per cent of H&F population, we are the group that will grow the most over the next years. We are a very diverse group: 22 per cent of us are from non-white ethnic backgrounds.

As older residents, we face a number of issues and challenges:

- A quarter of us are living in poverty and almost a third are receiving pension credit. Both these figures are higher than London's average. Across the borough, there are clear links between life expectancy and deprivation and mortality rates are very unequal: from 300 per 100,000 in Palace Riverside and Munster to 800 in Shepherds Bush Green and Askew.
- 43 per cent of us live alone, which is the fourth highest proportion in the country.
- Almost a fifth of us have poor or very poor health and more than half live with a long-term health problem or disability. Many of us have multiple health problems.

As commissioners, we started from these figures and identified a number of priorities to work on, ranging from poverty and deprivation to access to services and social isolation and loneliness. We have engaged directly with older residents and sought to create an environment for everyone to share ideas, problems and solutions. Our work has just started and this interim report shows our first findings and recommendations. We will continue to put forward opportunities for older residents to contribute to living active, enriching, and healthy lives.





Rosalind Duhs and Jazz Browne in a Commissioners Meeting.



Julie Taylor and Lyn Hally in a Commissioners Meeting.



Commissioners Meeting.



Bryan Naylor, Chair H&F Older People's Commission.

## About the commission and the commissioners

The Older People's Commission is the newest of H&F Council's resident-led commissions. The aim of these commissions is to put local residents at the heart of decision-making.

We believe that residents' satisfaction should be the number one criterion to assess the quality of services delivered in the borough. Co-production is needed at all stages of the development of services and older residents are well placed to find solutions to the problems they encounter.

The Older People's Commission is independent from the Council and we have been setting the commission's agenda and priorities without interference.

Our chair is Bryan Naylor, who has been living in the borough for over 30 years. Bryan was the chairman of the Older People's Consultative Forum for more than 17 years before his election as president of the forum in 2017. Bryan is also a Trustee of H&F Age UK and a volunteer speaker for the Macular Society and Blind Veterans.

Alongside Bryan, we are eight commissioners working together. Most of us are local older residents:

- **Rosalind Duhs** has lived in H&F for 12 years and was previously a Commissioner on H&F Poverty and Worklessness Commission. She is a UCL academic and educationalist and an advocate of lifelong learning.
- **Lyn Hally** has volunteered with Fulham Good Neighbours for over twelve years, since her return from France, where she practised as an architect. Her last job in London was as principal architect at Shepherd's Bush Housing Association. Prior to working in social housing, Lyn was a hospital planner.
- **Marilyn Mackie** is a retired Residential Care Manager, who is currently working as a volunteer in the borough. She chairs many forums and participates in workshops and panels. She is the current Chair of the H&F Older Peoples' Consultative Forum.
- **Keith Mallinson** has worked for HFMind for the past five years as a Primary Care Mental Health Advisor. Keith has also been a trustee of Healthwatch Central West London since July 2015 and sits on the Hammersmith & Fulham Health and Wellbeing Board. Keith has an extensive background in teaching.
- **Anne McAlpine-Leny** is the founder and director of Soup4Lunch Ltd, a local community-based social enterprise fighting isolation by bringing kitchen gardens and community cafes to sheltered housing across the borough. Anne is an advocate for mental health and positive, active ageing with more than 40 years of national and international experience.

A few of us represent charities that offer services to local older residents:

- **Jazz Browne** is the Chief Executive of Nubian Life Resource Centre Ltd, a culturally specific day opportunities service for older people with complex health and social care needs. A former resident of the borough, Jazz grew up on the White City Estate and has worked in the borough for over 20 years.
- **Helen Leech** has been Director of Open Age for 13 years, focusing on the provision of learning, leisure, health and employment opportunities for older people. Prior to this she worked in leadership positions in the homeless and disability sectors in both the UK and the USA.
- **Liban Muse** is the Chief Executive of the Lido Foundation, a charity founded in 2014 that empowers the Somali community in the borough. It aims to overcome disadvantage through education, training, and guidance services. Liban came to the UK from Kenya as a refugee in 1999.

Our Commission is sponsored by Councillor **Ben Coleman**, who is the Cabinet Member for Health and Adult Social Care and the Chair of the Health and Wellbeing Board, and by Councillor **Sue Fennimore**, who is Deputy Leader of the Council and champions social inclusion in H&F.







## The journey so far

The Commission's first meeting took place in early November 2017. Since then, we have met every second or third week. We have visited and listened to the concerns of older people at a number of locations and events, including:

- Askew Road Library
- St Andrew's Project
- Sheltered Housing Representatives Forum
- H&F Consultative Forum
- Lido Foundation
- Fulham Good Neighbours
- Grove Neighbourhood Centre
- An Open Age 'Steady and Stable' session
- An Extra Time session at QPR
- Pensioners Forum

This important part of our work is scheduled to develop and continue through the life and work of the commission.

Additionally, we have met with senior council officers. We have questioned them closely about the current services for older residents and their plans for the future.

We are now planning to talk to representatives of the Clinical Commissioning Group, Imperial College Healthcare NHS Trust and professional service provider companies and voluntary organisations.

Commissioners regularly attend meetings of the H&F Health and Wellbeing Board, where we have been able to discuss how to tackle isolation and loneliness. We have also taken an active part in a meeting of the POPS (Providers of Older People's Services) Forum, an initiative to get the voluntary sector in H&F working in collaboration to address older people's issues.

Our chairman is also a member of the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee, where issues of concern to older residents form an important part of every agenda.

All these meetings and events have given us the opportunity to hear first hand about the concerns and priorities of older residents.

It is vital that we hear the voice of as many older people as possible from every corner of the borough and from every background. Only by this means can we ensure that our recommendations make a real and lasting difference to the lives of older people in the borough.

For the first few months we have worked together, we have decided to concentrate on the issue of isolation and loneliness, as we have felt that this is a widespread concern for older residents in the borough.

In the next sections of this interim report, we will look at what older residents have told us about this issue and what changes and improvements they have suggested to make sure that older people in H&F feel more part of their community.





# Isolation and loneliness

## At national level

Becoming socially isolated or feeling lonely can be triggered by various events and experiences such as failing health, bereavement, and unemployment. It can occur at any stage in life but older people are more at risk.

In the UK, according to a recent Age UK study, as many as half a million people over 60 usually spend each day in complete solitude. Nearly half a million more tend not to see or speak to anyone for at least five days in any given week. Half of all people aged 75 or over live alone, 70 per cent of them women<sup>1</sup>.

Being lonely can be as damaging to someone's health as having a long-term illness. Lonely people are 50 per cent more likely to die prematurely, making loneliness as big a mortality risk as diabetes<sup>2</sup>. The consequence is a substantial reduction in the quality of life for the individual, increased stress for families and carers and greater costs for the public purse as well as society at large.

Social isolation and loneliness is a national problem and various campaigns and commissions have tried to tackle it, including the *Campaign to end loneliness* in 2011 and the *Jo Cox Commission on Loneliness* in 2017. In early 2018, the Government appointed Tracey Crouch MP to be the first "Minister for loneliness"<sup>3</sup>.

## In H&F

Social isolation and loneliness is also a challenge for many of H&F's older residents. Evidence we have collected so far suggests that older residents in the borough are at similar risk of isolation or feeling lonely as the national figures show. However, our borough has a higher than average percentage of cultural diversity when compared to the country as a whole, which adds a degree of complexity to the planning of effective solutions.

Some of the factors contributing to isolation and loneliness among 65+ residents in H&F specifically are:

- 43 per cent of us live alone – the fourth highest proportion in the United Kingdom.
- 18 per cent of us have bad or very bad health.
- 51 per cent of us live with a long-term health problem or disability.
- One in ten of us provide informal care.
- Over a quarter of us live in poverty.
- We have the second highest number of older people living in fuel poverty in London.

Whilst these statistics are useful in identifying the extent and nature of the problem, we have been keen to listen to the concerns of older residents about what it is like to feel lonely or to be socially isolated.

As we began this work we discovered that there is a significant cohort of older residents who report "feeling invisible". Many of those reporting those feelings live in the more deprived areas of the borough and a majority live in blocks of flats where the lack of social connection with neighbours is a common experience.

One older lady from White City commented: "Residents in the block of flats at the back put up a fence on my wall, without even consulting me, as if I am invisible. I am not a ghost".

There are, of course, examples of good neighbourliness. An older resident from Wormholt told us: "A blind lady lives in the next street. I walk her guide dog once a week and have gained so much from my friendship with her. We head off for a meal in the local pub once in a fortnight – when we can both afford it."

1 J. Harris, "We need to talk about ageing – and it's about far more than the NHS", *The Guardian*, 4 February 2018.

2 D. Campbell, "Loneliness as bad for health as long-term illness, says GPs' chief", *The Guardian*, 12 October 2017.

3 "Minister for loneliness appointed to continue Jo Cox's work", *BBC News*, 17 January 2018.



Men's lunch, Open Age.

Alongside the discussions and conversations, we have had with older residents in different parts of the borough, we are also collecting evidence from a survey that has been available online (<https://lbhf.citizenspace.com/>), by post and in different locations across the borough. At the time of this interim report, the survey is still ongoing and the 200 responses we have had so far have already given us a strong feel of the issues older residents are facing. These responses have also helped us to develop our ideas to fight loneliness and isolation.

Thirty-one per cent of the older residents who responded felt "a little lonely" in the week before and just above 9 per cent felt "very lonely". This figure might underrepresent the whole scale of the problem as, by definition, we have only been able to reach those who are in contact with the Council and the organisations we are collaborating with. However, it is comparable to the 10 per cent of the over 65 in the UK that are estimated to be chronically lonely<sup>4</sup>.

In the next pages, we have identified a series of factors that make older residents in the borough feel lonely or isolated and have put together some suggestions from older people themselves to combat the problem. As one female older resident in Ravenscourt Park puts it, "To feel less lonely isn't just about lunch clubs and tea dances for pensioners."

At this stage, we need to continue promoting the survey and to continue with further face to face discussions. We also want to develop the possible solutions with the councillors, officers and organisations who will be responsible for delivering the proposals.

From our findings, it is clear that we must find a range of local solutions that are tailored to the needs of the borough's older population. There is no one solution which will fit the needs of a population as diverse as that in H&F.

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**Case Study<sup>5</sup>:** Claire was always an active member of her community, participating in many social clubs and associations connected with theatre. By the time Claire turned 90, her declining mobility and independence greatly affected her social life. She became unable to manage the stairs leading to and from her flat without help from friends and neighbours. She could only attend clubs if transport was available. As her mobility continued to deteriorate, she became increasingly depressed and spent many periods in hospital with respiratory and heart problems. Eventually a place was found for Claire in residential care, where she was able to make a partial recovery: she was surrounded by people and engaging more in activities. She believed that if it was not for moving into a more accessible environment, she would have gone into deep depression and would not have wished to live.

*Loneliness and isolation can have significant effects on a person's physical and mental health. Claire's case exemplifies the need to support older residents with their changing needs, such as supporting them to move into more appropriate accommodation.*

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<sup>4</sup> C. Victor, "Loneliness in old age: the UK perspective. Safeguarding the Convoy: a call to action from the Campaign to End Loneliness", Age UK Oxfordshire, 2011.

<sup>5</sup> For anonymity, names have been changed.



Discussion group, Open Age.

## Issue 1: Many older residents need better transport options to attend social activities

Many residents have told us that H&F is already a great place to live in, with a great sense of community. Many activities take place across the borough where older residents can meet and get together. However, while some parts of the borough seem to have a lot going on, other parts seem to lack any activity.

Many older residents cannot attend local social activities because of transport issues. These include:

- Many older people, and particularly those with mobility impairment, feel unable to move outside their immediate neighbourhood without assistance, particularly after dark, when they can feel unsafe.
- Many older residents say that they are prepared to travel on a local bus but find access to the tube system difficult.
- Some older residents feel that whilst one bus journey is acceptable, needing to change to another route, particularly one they are not familiar with, is discouraging.
- Many older residents feel that bus drivers are not always mindful of older residents who have a slower pace and limited mobility.

To tackle these transport issues, commissioners believe the following should be done:

- TfL should improve and, where necessary, create better transport links.
- TfL staff need better training that takes into account the needs of older customers.
- Public transport should be better integrated including, bus, tube, dial-a-ride, Taxicard and community transport services.
- The Council should consider providing, in partnership with businesses, electrical charging points for mobility scooter users.
- A volunteer car service should be reintroduced.
- Hospital transport services should be improved urgently to benefit both patients and clinicians.

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**Case Study:** Sue is 72 and Mike is 75. They have been together for 30 years. Mike has recently been in hospital as one of his legs has been amputated due to his diabetes. Mike also has multiple health issues, including a heart condition and vascular dementia, and so requires residential care as Sue can no longer care for him at home. Mike has been offered residential care in Southall, in a community where he does not know anyone and which would be a two-hour round trip for Sue.

*This shows a very common issue that older residents face today. Due to a lack of residential care homes in the borough, many older residents are forced to move far away from their homes and family. This causes much stress for family and friends, who may be of poor health themselves and unable to travel such distances to make visits. It also isolates the individual.*

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Men's chair exercise, Open Age.

## Issue 2: Many older residents feel that parking has impractical hour restrictions

Because of parking restrictions, visits to older residents are restricted. One female older resident from Fulham Broadway told us that she would like to be able to "receive people" and would like them to be "able to stay", but at the moment she cannot have "people to dinner at a reasonable hour as they can't park between 6 and 8 pm".

- The Council should consider different ways of allowing families and carers visiting older residents to be given limited exemption from parking restrictions, where needed to reduce loneliness and isolation.

## Issue 3: Many older residents need better information

Whilst there is a lot going on in the borough, many do not know how to find out information about activities. Much of the information is available online and many older residents are unable to access it. Even those who have the required equipment may not be able to look up the information they need.

- Organisations and agencies across the borough should continue to develop basic IT skills for those who wish it and use paper-based systems in parallel to improve the take-up of currently available resources.
- The Council should continue to develop, sponsor and support digital inclusion among older people and fund classes that provide older people with digital skills at a minimal cost in suitable locations across the borough.

**Case Study:** Charles has twisted vertebrae which cause him chronic pain. He is inoperable. He became very isolated and lonely after having trust issues with friends following his diagnosis. After becoming a member of Open Age, a charity that delivers group activities for older people, he now attends a Relaxation & Mindfulness class which he loves. The people there are very friendly and welcoming, encouraging him to stay on afterwards for tea and a chat. This has given him the confidence to join other activities such as IT classes that are provided at Open Age's Second Half Centre.

*The benefits that social activities can provide for older people are endless. They grant an individual with confidence, a purpose to their day, as well as the opportunity to make friends and communicate with their community. Many older residents are not aware of what is going on and find receiving newsletters and activity schedules through the post very useful.*

## Issue 4: Poverty and deprivation has an adverse effect on social life

Many older residents feel that the price of activities available to them is too high. A female older resident in Hammersmith told us that she would like to do adult education classes but as she does not receive pension credit but "just the basic pension", she does not benefit from a discount and the classes are too expensive as she still has to be "very careful with money." The issue for those who organise these activities is that they need to find funding from statutory and charitable sources and cannot be expected to run activities more cheaply than they cost.

- Organisations, agencies, and groups across the borough should hold activities and classes for older residents that are either free or truly affordable.
- The Council and other funders should not only prioritise clinical and teaching activities but also social ones.

Other older residents have told us that, because they cannot pay for their fuel, they do not want to have guests or visitors at home, as the cold would make them feel embarrassed.

- The Council should keep on promoting and funding services like Healthier Homes which help vulnerable residents manage their expenses and maximise their income.
- The tradition of short-term funding for successful projects and services needs to be reviewed.

### **Issue 5: Many older residents have concerns about GP services**

GPs act as the front door to health services for many older residents. Older residents who feel lonely and isolated sometimes visit their GP only to talk to someone. However, many feel that they are limited to a very short session, only allowed to discuss one issue, and that they are 'processed' as quickly as possible. Many older people feel that a 20-minute consultation should be a bookable minimum appointment when they wish to discuss multiple needs.

- The H&F CCG and GP Federation should press local GPs to spend more time with older residents and keep informed of different services that are available across the borough to improve signposting and referrals.
- When they identify socially isolated and lonely residents, GPs should be encouraged and supported to alert other services if there are social or safeguarding needs.

### **Issue 6: Older residents raise numerous issues around professional carers**

Older residents report that their employed carers sometimes "do not care", are not matched appropriately or are changed frequently. Older residents want to be able to build relationships with their carers particularly when they are providing intimate personal care.

- Companies providing paid carers should better monitor the performance of the carers they employ.
- The Council should closely manage and monitor the performance of the companies in order to improve and maintain the quality standards that this type of work requires.

- As a London Living Wage Council, H&F should take all steps to ensure that agencies are paying carers the London Living Wage.

### **Issue 7: Unpaid carers are particularly at risk of loneliness and isolation**

Whilst many older residents are the recipients of care, a significant number are also carers. This dual role provides a valuable contribution to the community but can be very challenging. Support for these older people both in their caring and as members of the older community is therefore important. The example they set and the experience they have is an important asset.

One male older resident in Sands Ends told us that he felt lonely "mainly at meal times" because his "wife is unable to speak because of dementia." Another resident from Fulham told us: "My wife has physical and mental health problems and I find it very difficult to cope. She gets very verbally abusive to me (... and...) carers that come in. They do not come back and I am left to put up with it. I have a physical disability and am an old age pensioner. I suffer with anxiety and depression and am told by carers network that I do not have to care, but I do not feel that is an option... What would happen to my wife?"

As one older resident from Hammersmith explained, "all the attention is on the person with the problem and there's no help for the person who has to live with them."

- The Council should ensure that unpaid carers are even more supported to maintain or make new social networks. This would include respite care, creating the time to socialise, and ensuring networks are established and supported.

## Issue 8: Diversity is not always fully understood nor addressed

Many older residents, from BAME groups, LGBTQ+ groups or with mental health problems have said that they do not find activities or places where they can enjoy the company of people who understand them.

This is the case for an older resident from Imperial Wharf who told us that "there are not many black people where I live so I don't have company to do the things I like". Some BAME older residents told us that they could not find a place where their culture is understood. We were also told of cases of overt racism in care homes.

There are similar challenges for LGBT+ older residents, such as a man from Shepherd's Bush who feels that "too little is done for either gay men or blind gay men like me."

We believe that isolation and loneliness should be looked at from the point of view of different cultures, religion, genders, and sexual orientations:

- The offer of local activities across the borough should be culturally reflective of H&F's diverse older residents and encourage inclusion.
- The Council and established community groups should consider options for bespoke befriending services that address the needs of different groups across the borough. However, one-to-one befriending is only part of the solution and there is a need to ensure that older residents can maintain, re-create or make new links with the community they identify with.
- Service providers should demonstrate awareness of the needs of residents with poor mental health.
- They should also focus on the particular needs of different BAME groups and LGBTQ+ people.

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**Case Study:** Augustus is an 81-year-old African-Caribbean man who is registered blind. After the death of his partner, he began drinking heavily, which became a great concern to many agencies yet was never explored, leading to overall health deterioration. After he moved out of sheltered housing and into residential care after a long spell in hospital, Augustus' experience of isolation and loneliness deepened. Placed in an environment where he was the only African-Caribbean resident on his floor, he was also surrounded by residents with advanced stages of dementia. This meant that there was no one to communicate with beyond staff and visits from the Nubian Life Centre. Augustus' cultural needs were not met with activities or food. Within the last year, Augustus' mobile phone has been accidentally washed by the laundry service six times. This means he is unable to communicate with friends and family. Each time the phone is replaced, he receives a new SIM card and number. Because of this, he has permanently lost contact with friends and family, deepening his isolation and feeling of loneliness.

*Cultural needs are not met in many services such as residential care. In many cases this can be down to a lack of training and awareness for staff in such environments. Better training would give staff the right information and resources to provide culturally appropriate activities for all residents.*

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Group exercise class, Open Age.

## Issue 9: Older residents want to feel part of the community they live in

The most effective programmes to combat isolation and loneliness have developed the community to be an essential part of the solution. Even at this early stage of our work, it is clear that the resources inherent in older residents themselves is underused and undervalued.

Assets within the community need to be galvanised and we propose to work with as many individual residents as possible to engage the knowledge, experience, and skills in the community. We will meet with community champions to consider ways of developing the strengths that already exist in our community.

Many of the activities across the borough are intended for older residents but there is a need to increase opportunities to meet with people of different age groups. As one older Brackebury resident suggested, "I want to meet 'younger people'". She continued, "It is horrible to be lumped in with other pensioners all the time." Another Hammersmith older resident told us, "it would be good if older people's knowledge, skills and talent could be used."

- Inter-generational activities, e.g. bringing together 50+ residents and younger residents, should be an integral part of any programme intended to reduce loneliness among older residents.



## The way forward

The Older People's Commission will continue to develop contacts with individual older residents and the professional and voluntary groups working with them. So far, we have concentrated on isolation and loneliness and we will continue to gather evidence and suggestions from all stakeholders in order to recommend effective measures to enhance the quality of life of those older residents suffering its effects.

However, there are many other issues which affect the quality of life for older residents and we want now to look at the other issues and priorities older residents have told us about.

This is an interim report. We expect to prepare a more in-depth report with full recommendations for publication by the end of the year. Until then, we will continue listening to older residents to take forward the issues that are important to them. We will organise new meetings and discussions with experts, residents, and groups across H&F. We will continue to adopt an inclusive, accessible, approachable, open, and independent-minded approach to our work.

## Older residents' opportunity to contribute

We have already met and worked with many different people and organisations across the borough and we really thank everyone for their precious help.

But we also need you to join us in being part of the solution. Would you be happy to meet with us to share your views and find solutions together? Would you know of a group of older residents that we could meet? Would you volunteer to be part of our change programme?


Please get in touch with Bryan Naylor and the commissioners by sending us an email at [Julien.Danero-Iglesias@lbhf.gov.uk](mailto:Julien.Danero-Iglesias@lbhf.gov.uk) or a letter addressed to '**Freepost LONDON BOROUGH OF HAMMERSMITH & FULHAM**'. No stamp is needed, nor is a postcode or street.

Together, we can build a better future for all older residents and a stronger and more resilient community overall. The challenge is exciting and we have only just begun!







<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>HEALTH, INCLUSION AND SOCIAL CARE POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p><b>15 JANUARY 2019</b></p>		
<p><b>SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2017/18</b></p>		
<p><b>Report of Lisa Redfern, Strategic Director of Social Care and Public Services Reform</b></p>		
<p><b>Open Report</b></p>		
<p><b>Classification - For Information</b> <b>Key Decision: No</b></p>		
<p><b>Wards Affected: All</b></p>		
<p><b>Accountable Director:</b> Lisa Redfern, Strategic Director of Social Care and Public Services Reform</p>		
<p><b>Report Author:</b> Christopher Nicklin Head of Safeguarding Adults (Interim)</p>		<p><b>Contact Details:</b> Tel: 07919 175657 E-mail: <a href="mailto:Christopher.Nicklin@lbhf.gov.uk">Christopher.Nicklin@lbhf.gov.uk</a></p>

## 1. EXECUTIVE SUMMARY

- 1.1 This is the fourth 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.
- 1.2 It is the second year that the Board has operated 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. Members are invited to pay particular attention to the issues that the SAEB are currently working on during 2017/18. These themes have emerged from Safeguarding Adult Enquiries and Reviews.

## **2. RECOMMENDATION**

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

## **3. BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

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

### **Appendix 1 - Safeguarding Adults Executive Board Annual Report 2017-18**



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# **SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2017/18**

mistreated?  
bullied?  
hit?

neglected?  
hurt?

**COURAGE**  
**COMPASSION**  
**ACCOUNTABILITY**

silenced?  
ignored?

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# **SAFEGUARDING ADULTS EXECUTIVE BOARD ANNUAL REPORT 2017/18**

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# FOREWORD



I am pleased to present the fifth annual report of the Safeguarding Adults Executive Board (SAEB) for Westminster, Kensington and Chelsea, and Hammersmith & Fulham. The report explains the role, functions and purpose of a Safeguarding Adults Board which are prescribed by the Care Act 2014. It lists the organisations who are represented on the Board as well as other groups and agencies who contribute to the Board's work streams. Everyone, both jointly and independently, work to ensure the safety of those adult residents who are deemed to be most at risk of harm through the actions of other people.

The report contains examples of this collaborative work. Following the success of the Hoarding event mentioned in last year's report, the Board organised a similar conference which was held during National Hoarding Awareness week. The report describes the increasing emphasis the Board places on financial abuse by giving prominence to the work of the boroughs' Trading Standards Officers. New initiatives include developing a closer working relationship with the London Fire Brigade through more 'person-centred risk assessments' and increasing the involvement of the Community Champions network with the work of the Board.

The Board wants to ensure that all its members' adult safeguarding work is person led, focusses on outcomes that meet the needs of the individual and thereby improves their quality of life, well-being and safety. The work mentioned above, together with other examples, is shown under the headings 'You Said, We Did' and designed to illustrate the Board's Safeguarding Strategy, commonly known as 'The House' in action. The strategy received recognition as 'best practice' by the National Safeguarding Adults Chairs Group, and I was pleased to share it with colleagues from across England.

The Board continues to promote the concept of Making Safeguarding Personal- 'no decision about me without me'. As in previous years, the report contains case studies which show the application of this principle and highlight the difference that a person-centred safeguarding intervention makes to the life of an individual. However, whilst the emphasis of the report is about people, there are some statistics about the safeguarding journey. The purpose is to show the number of concerns, enquiries and cases

resulting in some form of action. It is important to provide 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.

Last year, I mentioned a high-profile case involving a death at a care home which led to the commissioning of a Serious Adult Review (SAR) in September 2015. Over the past 3 years, the Board has continually reviewed and considered what we can learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs. This report contains my summary of the reasons for commissioning the SAR, the questions posed to Board members and some of their responses. The inter-dependency of different agencies is evident in making the right placement for a dementia sufferer utilising the skills, knowledge and experience of staff to ensure the best outcome for the individual.

Monitoring dementia care provision, like many areas of safeguarding is ongoing, and it will be the responsibility of the two new Safeguarding Adults Boards to decide upon their priorities and work plans for 2018/19. The new arrangements are a consequence of the disaggregation of the three boroughs and result in a Bi-Borough Board covering Westminster and Kensington and Chelsea with a separate Board for Hammersmith and Fulham.

I have chaired the SAEB since its inception 5 years ago. I have worked with many people over this period, and I would like to express my appreciation to everyone who has contributed to the work of the Board and supported me in my role. One of the key strengths of the Board is the diversity and the seniority of its members and their willingness to get involved in its work. As always, I am particularly grateful to those members to find time to chair one of the Board's workstreams; this breadth of experience and knowledge ensures that adult safeguarding is seen as not just the responsibility of the local authorities.

Thank you,

A handwritten signature in black ink that reads "Mike Howard".

**Mike Howard**

Independent Chair of the Safeguarding Adults Executive Board

# WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

The Board is responsible for overseeing and leading on the protection and promotion of an adult's right to live an independent life, in safety, free from abuse and neglect across The Royal Borough of Kensington and Chelsea, The City of Westminster and the London Borough of Hammersmith and Fulham.

**“The Safeguarding Adults Executive Board is the statutory body under the Care Act 2014 that sets the strategic direction for safeguarding. The Board is greater than the sum of the operational duties of its core partners”**

The Board is a partnership of organisations working together to prevent abuse and neglect, and where someone experiences abuse or neglect, to respond in a way that supports their choices and promotes their well-being.

The Board believes that adult safeguarding takes **COURAGE** to acknowledge that 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 another, 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 2014 says key members of the Board must be the Local Authority; the Clinical Commissioning Groups; and the Chief Officer of Police. The statutory members of the Safeguarding Adults Executive Board:**

- The Bi Borough Executive Director of Adult Social Care and Health
- The Director of Social Care, London Borough of Hammersmith & Fulham

- Deputy Director Quality, Nursing and Patient Safety, North West London Collaboration of Clinical Commissioning Groups
- The Kensington and Chelsea Borough Commander of the Metropolitan Police

**The Care Act 2014 states that the Board can appoint other members it considers appropriate with the right skills and experience.**

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

- London Fire Brigade
- 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
- Community Rehabilitation Company (CRC)
- National London Probation Service
- Children's Services
- Community Safety
- Local Councillors
- Housing (Local Authority)
- Mind
- Genesis Notting Hill Housing
- Trading Standards
- Public Health Community Champions Programme
- HM Prison, Wormwood Scrubs
- Royal Brompton and Harefield HNS Foundation Trust
- Healthwatch
- Adult Social Care

**“Board members are the senior ‘go to’ person in each of these organisations with responsibility for adult safeguarding”**

They bring their organisation's adult safeguarding issues to the attention of the Board, promote the Board's priorities, and disseminate lessons learned throughout their organisation.

The Board can use its statutory authority also to assist members in addressing barriers to effective safeguarding that may exist in their organisation, and between organisations.

# WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?

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 Board's four work-streams.

The sub-groups of the board are all chaired by either organisations representing health and the police or by voluntary sector organisations

- Community Engagement Group
- Developing Best Practice Group
- Better Outcomes for People Group
- Safeguarding Adults Case Review Group

**“The Board recognises that hard-working staff on the front line of all these organisations carry out the challenging and complex work of preventing and responding to abuse and neglect, every day of every year”**

**The Care Act 2014 says members may make payments for purposes connected with the Board.**

Most of the Funding for the Board comes from the Local Authorities and the **Clinical Commissioning Groups**.

**Mayor's Office for Policing and Crime** provides an annual contribution of £5,000 to local safeguarding adult boards.

Also for the third year running, **The London Fire Brigade** have contributed £1,000 per borough, to be shared between the Safeguarding Adults Board and the Local Safeguarding Children Board.

The Board is using these contributions to fund the independent Chair and a Board Business Manager, to further improve its effectiveness and efficiency.

The Care Act 2014 says that all members of the Board have the right skills and experience necessary for the Board to act effectively and efficiently to safeguard adults in its area.

Attendance is good and members are committed and work hard to progress the Board's priorities, and safeguard adults at risk of abuse and neglect.

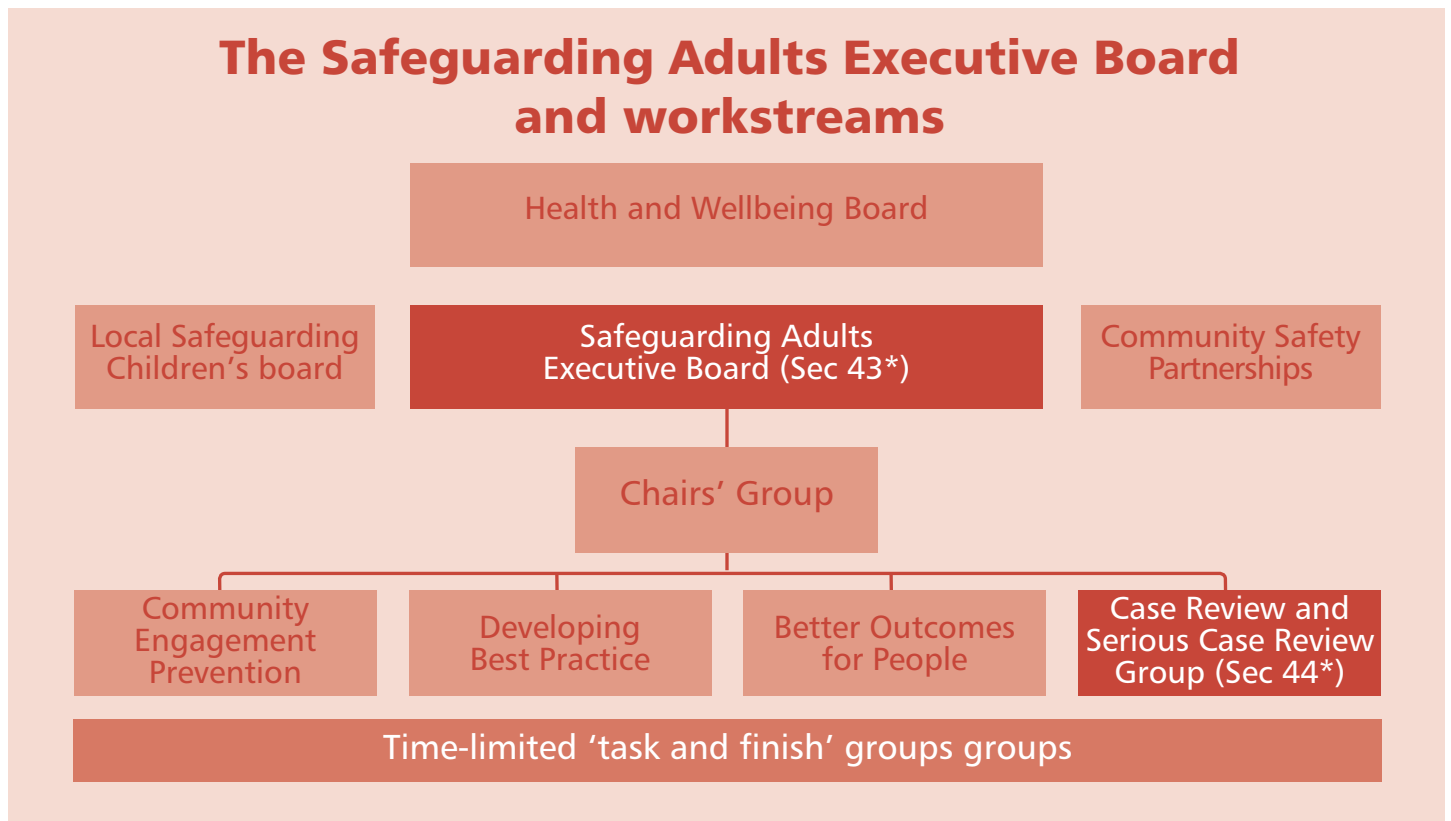
## **The North West London Collaboration of Clinical Commissioning Groups (NWL CCGs)**



are committed to safeguarding the wellbeing of vulnerable adults who access services that are commissioned by the NWL CCGs. As a member of the Safeguarding Adults Executive Board and in line with multi-agency Pan London Adult Safeguarding policies and procedures, NWL CCGs ensure that staff have appropriate policies, procedures, training and access to expert advice to ensure that adults at risk are identified and where appropriate a referral is made to adult social care. Safeguarding is about making sure everyone is treated with dignity and respect and does not suffer abuse. This is particularly important for those who are unable to protect themselves from harm or abuse, possibly because of their age, a disability or because they are unwell. To ensure this, care has to be of a high quality in order to prevent abuse happening. It also means there is an effective response if there is evidence or suspicion of abuse.

*Deputy Director Quality, Nursing and Safeguarding,  
North West London Collaboration of Clinical  
Commissioning Groups*

# WHAT IS THE SAFEGUARDING ADULTS EXECUTIVE BOARD?



**\* Section 43:**

Requires the Local Authority to establish a Safeguarding Adults Board (SAB) whose main objective is to protect adults from experiencing, or being at risk of abuse and neglect. The three main duties of the SAB are to produce an annual strategic plan, publish an annual report and undertake a safeguarding adults review under certain circumstances.

**\* Section 44:**

Requires the SAB to arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and the adult has died, and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

# ADULT SAFEGUARDING STRATEGY 2015-19

**The Care Act says the Board must publish its strategic plan and what members of the Board are doing to implement that plan.**

The Board's Strategy framework came out of a series of consultation events in 2015 and 2016. We consulted with people living in the three boroughs, and with organisations working with people who have care and support needs, to develop the Board's four-year plan.

From what people told us was important to them, we created the Adult Safeguarding Strategy 2015-2019 'house' below which is built upon the well-being principle.

People said they do not want to be seen as victims, and said how important it is to be in control of the decisions they

make about their life, even when they have experienced abuse or neglect.

Residents said they want to be healthy and safe. They want to know what to do when they themselves, or someone they know, is being neglected or abused, and they want to be listened to.

We said that we want to be leaders who listen and learn from what people are telling us.

**"This strategy has supported the Board to ensure that all its safeguarding adults work is focused on making safeguarding better by being Person led, Outcome-focused, Improving quality of life, wellbeing and safety "**

## Making Safeguarding Personal

I am able to make choices about my own well-being

### Creating a Safe and 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

### Leading, Listening and Learning

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



# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### YOU SAID:

I am able to make choices about my own wellbeing.

### WE DID:

The Better Outcomes for People subgroup was asked by the Board to explore the extent to which Making Safeguarding personal was being applied across board member organisations.

The group analysed safeguarding data to identify to whether:

- The person or person's representative was asked about their desired outcomes
- If desired outcomes had been expressed, whether these were met

The report highlighted:

**"Over 90% of peoples wishes and desires about the safeguarding incident are recorded as being achieved"**

- That engagement of advocacy had a positive impact on ensuring that the person's voice was heard throughout the safeguarding enquiry
- When the adult at risk is supported by agencies to find the right solutions to keep them safe informed decisions are made leading to longer lasting outcomes

## Safeguarding Principles- Care Act Statutory Guidance 2014

### **Empowerment**

*I am best placed to judge my well-being. Don't make assumptions about what is important to me and how I view risk and safety.*

**Protection** of the person and others from further harm  
**Proportionate** most effective, least intrusive response  
**Partnership** working together and sharing information to understand what happened  
**Accountable** duty of candour and transparency  
**Prevention** learning lessons and making changes

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

Here are three case examples of how the work of the Safeguarding Adults Executive Board is making a difference to residents using the safeguarding principles

### How we supported Mr Cheng\* to maintain his independence

I have one close friend that visits me as I have no family. I have a good relationship with the Manager of my sheltered accommodation and I rely on him for help. I have carers who come to help me about four times a day as I have memory problems and Parkinson's. I find it difficult to get out of bed, to wash, brush my teeth and shave. I use a wheel chair to get round and about and have a carer who helps me get to the bank to pay my bills. I feel indebted to the carers who help me. I like to give them a little something extra when I can.

I told my friend about this last week and he seemed concerned. Last week the Manager came to me and said he had been aware that over the past 11-months about £1000 was taken out of my bank account each month and wanted to know what I was spending it on.

I was very irritated by this. I may be in a wheel chair but I am not stupid. I told him no one is stealing my money.

Over the next few weeks I had many visitors who were worried about me and talked of me being under safeguarding. I then had a visit from the Police who made me think about one of the carers who sometimes comes to the bank with me.

I think that this carer was taking my money and I told her I did not want her to visit me again. I dealt with it my way.

### Outcome

A Mental Capacity Assessment was completed to determine Mr Cheng's ability to manage his finances. The outcome of this assessment found that although he is able to understand and retain relevant information and relay his decisions, he was unable to weigh up that information. Therefore, it was decided he was unable to manage his finances effectively but it was clear he was a proud man and wanted to retain as much control over his financial decisions as possible.

Professionals involved considered safe options in his best interest, his friend helped Mr Cheng to communicate what he wanted to happen and as an outcome the least restrictive option was chosen. This was a plan which allowed Mr Cheng to continue to manage his own finances with monitoring and oversight from the local authority and the Manager of the Sheltered Housing Scheme and his friend.

Unfortunately, the whereabouts of the money already removed remain unknown and the Police investigation is on-going.

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### How we supported Mrs Khan\* to be looked after by her daughter who was preventing carers entering into their flat

My daughter looks after me which must be very difficult for her as she has her own life. I don't like to make a fuss but I don't go out much anymore, not like I used to. I have carers who help my daughter to look after me but I don't think they come any more. My daughter has very high standards.

A social worker came round the other day to see how I was. My daughter seemed angry when she left.

### Outcome

A traditional, heavily interventionist response to ensure Mrs Khan received the services needed, regardless of the daughter's wishes, could have damaged an important relationship and not achieved a positive outcome. Instead, social workers worked with Mrs Khan and her daughter to find a solution that achieved the best care outcomes for everyone involved. They addressed the daughter's concerns by finding ways to support her in her caring role and showing real commitment to tailoring the intervention to the particular needs of the family. Working together and addressing both the needs of Mrs Khan, who wanted to go out more, and her daughters concerns around the standard of care being delivered by the care agency ensured that Mrs Khan was receiving all the support needed. Social Services arranged for services to escort Mrs Khan to social clubs and events. Mrs Khan's physical and emotional health and wellbeing has improved and she say's,

**"I now have something to look forward to each week."**

### 'No decision about me, without me'

The Trust has continued to make safeguarding personal with the approach of "No Decision About Me Without Me". This ensures that patient's wishes and views are central to discussions with other agencies to support them to make

informed choices and to keep them safe and is a key part of discussion when discussing safeguarding adult's referrals with patients.



*The Royal Marsden NHS Foundation Trust*

\* Not her real name.

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### How the Deprivation of Liberty Safeguards have made a real difference for Mrs O'Reilly\*

When Bill and I married we came to London. It was 1963 and we have never spent a single day apart, not one. We are both getting older now and want to look after each other in our own house as we get older.

My memory is not so good these days and Bill looks after me. Bill says that the ambulance found me walking down the High Street the other day at 10 o'clock at night. I don't know how I got there! I don't remember.

Emergency services have been called out several times in the last six months for Mrs O'Reilly who has been found wandering the streets late at night. Family members raised concerns that the home environment was no longer safe for Mrs O'Reilly.

Mr O'Reilly very reluctantly agreed with his family and social services to arrange for his wife to go into a care home to keep her safe at night.

Following her admission, the care home raised concerns that Mr O'Reilly was visiting all day, every day and when visiting time was over, he would sleep in his car until the following morning. Mrs O'Reilly was very unhappy in the care home and desperately unhappy without him always calling out his name and asking staff where he was.

The care home made a referral to the Deprivation of Liberty Safeguards Team who arranged for an Assessment to be undertaken. This determined that Mrs O'Reilly lacked capacity to consent to care or treatment but under European Convention of Human Rights (ECHR) Article 8 had a right to family and private life.

Mrs O'Reilly is now back at home with her husband and her care is being managed in a less restrictive manner with telecare monitoring and support.

### Simple Adjustments make a big difference

Chelsea and Westminster NHS Trust have embraced Mencaps 'Treat me well' campaign which is transforming how the NHS treats people with a learning disability in hospital. The Trust puts the patient at

the heart of discussions and works closely with families to support decisions in the best interests of the patient.

*Chelsea Westminster Hospital NHS Trust*



\* Not her real name.

# WHAT HAS THE BOARD BEEN DOING?

## MAKING SAFEGUARDING PERSONAL

### 'This is Me'



Central London Community Healthcare NHS Trust is committed to supporting people with dementia and have a competent workforce who advocate for both patients and carers. In order to support the effective co-ordination of care and communication for dementia sufferers, the Trust is implementing the use of the 'This is Me' document to enable person-centred care so as to reduce distress for the person with dementia and their carer. In addition, a 'This is what I would like you to know about me...' information sheet, has been developed to promote sharing of important information about the patient's preferences, dislikes, routines and specific requests to personalise care and support choice and independence.

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*Head of Safeguarding,  
Central London Community Healthcare NHS Trust*

### John's Campaign



Chelsea and Westminster and West Middlesex Hospital have launched John's Campaign across the Trust as part of plans to improve patient experience and make the Trust more dementia friendly. We have introduced activities to our elderly care wards, as well as improving the environment on our key ward. The next steps include providing a more suitable environment in emergency departments, along with activities to distract patients with dementia. We are considering a fast track system within our emergency and outpatient's departments for patients with dementia.

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*Director of Nursing,  
West Middlesex & Chelsea and Westminster Hospital Trust*

### Patient Involvement



Working in partnership with patients is fundamental to delivering high quality care. That's why CNWL involves patients in many of the practical aspects of providing services. The Mental Capacity Act 2005 (MCA) provides a framework to assess whether a patient has capacity to take decisions, for example, whether to consent to medical treatment, or whether to agree to a proposed home care package. The Act makes clear who can take decisions in which situations, and how they should go about this. Anyone who works with or cares for an adult who lacks capacity must comply with the MCA when making decisions or acting for that person. This applies whether decisions are life changing events or more every day matters and is relevant to adults of any age, regardless of when they lost capacity. The underlying philosophy of the MCA is to ensure that those who lack capacity are empowered to make as many decisions for themselves as possible and that any decision made, or action taken, on their behalf is made in their best interests. In 2017/18 CNWL developed a Mental Capacity Toolkit to equip staff to make assessments and ensure documentation is consistent and legally compliant.

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*Associate Director of Quality - Safeguarding and Safety,  
Central North West London NHS Foundation Trust*

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

The Care Act 2014 states that the Board must conduct a Safeguarding Adults Review in accordance with Section 44 of the Act.

**“The Group considers the recommendations and lessons learned from enquiries and Safeguarding Adults Review and where relevant, from Children’s Serious Case Reviews; Domestic Homicide Reviews; and reviews of Fatal Fires”**

### YOU SAID:

We want you to listen and hold each other to account.

### WE DID:

This year we have been working on what safeguarding enquiries and safeguarding adult reviews, SARs, are telling us needs to change and improve.

Local cases are received and reviewed by the Group involving the death of an adult at risk, or a near miss to determine whether or not to recommend that a SAR be conducted.

In 2017-18 six cases were accepted for discussion by the Group as possibly meeting the Section 44 Safeguarding Adults Review criteria.

A list of the emerging themes from the Reviews is found at the back of this report in APPENDIX 1.

### What the Board worked on in 2017-18:

#### Emerging Themes and Board Priorities

##### Hoarding and Self Neglect:

Working together to win the trust of people who are reluctant to accept care from statutory services, with the result that their health and care needs are not being met. The Board held a very successful Hoarding Conference in May 2018.

##### Mental Capacity Act (MCA) 2005:

Increasing staff confidence with application of the Mental Capacity Act 2005; with the result that the MCA Champions network is growing in strength to support advice giving right down to front line staff.

##### Physical Health:

Improving the physical health of people with mental health needs and learning disabilities. Work undertaken by the Group has supported change within agencies so that individuals with mental health needs or a learning disability have access to the same treatment options as the general population.

##### Safe Transfers Between Care Settings:

Improving people’s experiences of transferring between care settings.

##### No Replies / No Access:

Improving compliance and escalation across organisations and agencies when staff cannot gain access was a focused piece of work completed by Central London Community Health Care Trust.

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

### Why asking about outcomes matters?

#### Winifred's\* Story

**'I have spent my whole life looking after others and now I would like a little help'**

**Winifred told her story in person to the Safeguarding Adults Review Group. This was a powerful experience for the group members.**

"I was born in Freetown, Sierra Leone in 1950 the youngest of 4. I came to Britain looking for work as there was nothing for me in Sierra Leone. I left behind my family but I was excited about my new life. I lived in privately rented property in London and have always paid my bills. I never did get married. Some people don't.

I worked as a secretary for most of my life looking after directors of large organisations like yours. I took retirement at 62. I have paid my taxes and don't ask for anything from the State. I have found the last few years a bit of a struggle. I feel that I lost my way a bit but not sure why. I don't want to bother my neighbours. The Post Office on my street has recently closed down and this makes me anxious, life has become more complicated.

I think I was in a bit of a muddle just before Christmas. I liked to light candles around my flat at Christmas and

one day a small fire broke out. My neighbours called the fire brigade and an ambulance. I was taken to hospital. I was a bit confused. So many people were asking me questions my head wasn't working right. My neighbour came to visit me and I asked to go home. A social worker came to see me. He asked me lots of questions about where I wanted to live which I thought was a bit strange. I told him I wanted to live at home. I had no one to talk to and was feeling very scared.

I was told I was going to a new home where I would be cared for. I remember arriving at the care home in a nightdress and coat which did not belong to me. I was asked if I wanted to see my bedroom when I arrived and I said **'I did not and I shouldn't be here'**. All I could think of was trying to leave this place as soon as possible and go home and that is what I did. I managed to find my way back to my flat and as I walked up to the front door a police officer and a women were there waiting for me. She asked me if I had any family or friends and I spoke of my neighbours. I said that I had not been very well but was feeling much better. We sat down and had a cup of tea she asked me what had been going on for me and what I wanted to do next. I wanted to go home. She was the first person who actually spent time talking with me, finding out a little about who I was. I now live in a sheltered home with a warden my neighbours come and visit me.

**The group identified three key messages after hearing Winifred's story:**

- 1. We need to continue to help staff to deliver a more personalised response to all our interventions and to not assume that we or clients know what a person centred response looks like.**
- 2. Winifred's story demonstrates the amount of resources which are wasted when we do not put the person at the centre of the process.**
- 3. We are continuing to be challenged by pressures in the systems which impacts upon our decision making. E.g. winter pressures in hospitals to discharge people puts pressure on systems and allows for practitioners to not follow process. In Winifred's case failing to follow the principles of the Mental Capacity Act ensured her voice was not heard.**

\* Not her real name.



# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

**No Replies / No Access:** Following a number of cases where staff cannot gain access this emerging theme was explored.

Initial actions are as follows:

### Adult Safeguarding learning in action

#### ISSUES

- Staff did not follow the 'No Reply' procedure
- Family members prevented staff accessing the adult at risk
- Challenges were presented by clients who allowed access on an intermittent basis

#### PROCEDURE EXPLAINED

- **No Access/No Reply:** Where there is no access or contact with the service user at a planned or agreed visit.
- **Failed Visit:** Where the purpose of the visit is not achieved because although the service user is there, they refuse access or where access arrangements in place allow the visiting agency to enter the property and find the service user not present and their whereabouts need to be determined to ensure that they are safe.
- **Cancelled Visit: These should be considered when the service user has cancelled a visit.** In such instances, it is important to check that the service user has capacity to make such a decision. If they do not, then the visit must still take place which will potentially result in a failed visit or no reply.

- **Was not brought:** this is where someone with care and support is dependent on others accompanying to appointments and they are not supported to do so.

#### LEARNING IN ACTION

Two workshops have been held across the local health provider partnership. An agreement was made to develop a standard response with clear escalation processes and in collaboration with other agencies.

#### REFLECTIONS

We need to improve our working relationship with people who use services. We need get better at having conversations with people about why we need to be informed if they are not going to be at home. We need to understand with people why they may wish to refuse care and not let services in.

"Maintaining good communication and relationships with people who use services means that we are more likely to know what is going on and will appear less intrusive in people's lives."

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*Central London Community Healthcare NHS Trust*

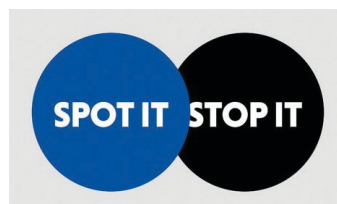


# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

In December 2017 the Chairs of the Safeguarding Adults Case Review Group made a recommendation to the Independent Chair of the Safeguarding Adults Executive Board to commission a statutory Safeguarding Adults Review (SAR) to learn from the case of a person where staff could not gain access leading to a near miss.

As an outcome to the subsequent Police investigation the Local Safeguarding Children Board has agreed to make a contribution to the Safeguarding Adults Review.



This review is being carried out using the SCIE Learning Together model, which is based on a systems approach, and will be led by an Independent Reviewer.

**“The focus of a SAR is not about blame but instead it intends to gain learning to support improvements to the local safeguarding system”**



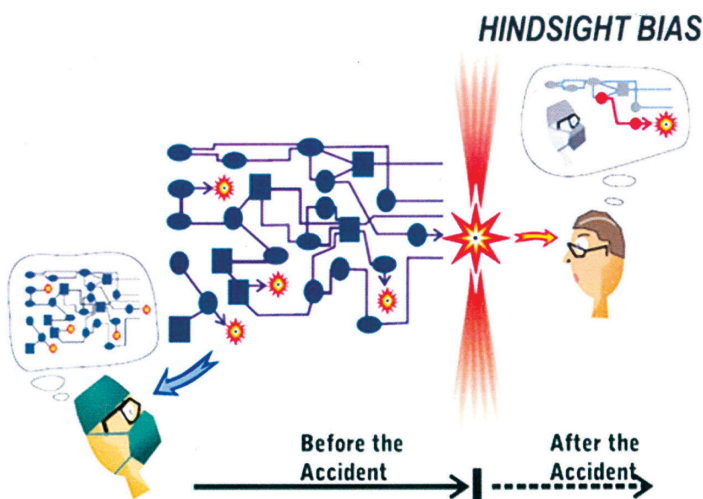
### A systems approach

SCIE has adapted the systems approach specifically for use in reviews of multi-agency adult safeguarding and child protection work. While historically reviews of practice have often ended up tending to blame individuals for mistakes and failures, the SCIE systems approach takes account of the context people work in, the tasks they perform, and the tools they use. Using the concept of “Hindsight Bias”. It addresses what happened but focuses on understanding the reasons behind the approaches and decisions taken – i.e. why someone acted (or did not act) in a certain way. It highlights what factors in the wider system contributed to people’s actions and decisions. The SCIE process also highlights what is working well locally and patterns of good practice.

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

**Hindsight Bias:** also known as the knew-it-all-along effect, is the inclination, after an event has occurred, to see the event as having been predictable, despite there having been little or no objective basis for predicting it.



### Holding each other to account

**This is a summary of findings and outcomes of a Safeguarding Adults Review commissioned from SCIE by the Board in August 2015**

What can we learn about how placements for people with dementia are commissioned, made and monitored across the three boroughs?

The decision was made not to focus the SAR on the person who had died but instead on the person who caused the harm, who himself had care and support needs. He is referred to in this document as Andrew by the request of his family. It is acknowledged that not to focus on the adult who died is unusual so attention was paid to ensure that the family members of both service users were kept informed of the SAR process and outcomes.

### Case history

Andrew\* stayed at the care home in question for two and a half months. Andrew was removed after he pushed over a fellow patient in the home, who broke her hip and suffered a bleed on the brain as a result. She subsequently died. The coroner at the inquest determined:

**“the placement was not the right place .. but the decision to place...at the time was based on information available so was not 'unreasonable'. The Coroner said it was a 'pity there was no understanding what was being commissioned.”**

The final report posed questions to Board members about the provision of dementia care. Evidence in the full SAR report demonstrated that these are systemic issues and not a one-off event.

1. How current workplace pressures are perceived to be making it more difficult to make shared values a reality for individual patients and service users. The update to this finding is themed in two areas of current Adult Social Care activity: Delayed Transfer of Care and delivery of Section 42 enquiries
2. That there is a minimal range of care options available for people with dementia creating a mismatch between needs and services.
3. Professionals despite policies and practices, fail to recognise or accommodate situations where the person causing the harm also has care and support needs
4. Decision-making about the kind of placement for someone with dementia needs and market provision is not straightforward. Having the right people, with the right knowledge, skills and experience making those decisions is therefore critical.

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## LEADING, LISTENING AND LEARNING

### WE DID:

A re-design of the whole systems approach to commissioning residential and nursing care for dementia. The following changes have been put in place.

- The discharge to assess scheme designed to speed up the transfer of patients to an appropriate care setting has been improved.
- Integration of IT systems between Adult Social Care and health providers is being reviewed.
- The Better Outcomes Panel oversees all placement decisions.

**“The case for change is a recognition that the Health and Social Care system is confronted by clients with challenging behaviours but this client group only makes up 10% of residents aged 65+ living in care homes. However, it is encouraging to see how agencies have responded in such a positive way to the need to change their approaches to dementia care for the residents of the three boroughs. This momentum needs to be maintained as decision making about the kind of placement for someone with dementia needs, and where exactly to place them, is not straightforward. Having the right people, with the right knowledge, skills and experience making those decisions is therefore critical”**

Board Chair

### Dementia Care Champions

Central London Community Healthcare NHS Trust has a dementia charter and strategy in place, and is a partner in the Dementia Alliance Action Plan which has actively increased the number of Dementia Friends across our organisation. Our dementia engagement project has been listening to and working alongside people with dementia and their carers since January 2016. The Dementia Care Champion programme has been in place since 2015 and this enhanced training is aimed at practitioners and compliments mandatory organisational dementia training requirements for clinical staff. The programme includes input from dementia patients and their carers, who review staff projects and give feedback and advice to enhance the learning experience and services to people with dementia. It is the only programme of its kind in London. Community dementia champions can support and advise people with dementia and their families to maintain independence, especially in their choice of living accommodation. Champions also support residential care staff with nursing or therapy assessments to ensure an individual's needs or increasing risk is explored and escalated as needed. The electronic clinical record systems used in the Trust have had electronic alerts to flag patients with a diagnosis of Dementia and help ensure they are identified by staff and any appropriate care and support is provided.

*Director of Nursing and Therapies (Patient Experience),  
Central London Community Healthcare NHS Trust*

### Dementia Care Champions

The Trust, Dementia Champions Network, has been key to continue to improve the health care provision and experience of patients coming into the Trust with different types of dementia. During this year, we have also improved

our hospital environments to make them more dementia friendly through improved signage and facilities, especially in bathrooms. We have also installed dementia friendly clocks across the Trust.

*Head of Adult Safeguarding,  
The Royal Marsden NHS Foundation Trust*

# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY



### YOU SAID:

My choices are important

### WE DID:

Prompted by themes emerging from safeguarding enquiries and reviews, the Board held a Hoarding and Self Neglect Conference on National Hoarding awareness week.

The Conference was attended by key partners, including:

- The person who is hoarding
- Adult Social Care
- Mental Health
- The London Fire Brigade
- Environmental Health
- Housing

A partner who is increasingly valued is EASL (Enabling Assessment Service London) who work sensitively with the person to understand why they feel the need to collect things. This is a personalised empathetic approach to tackling Hoarding and Self-Neglect which has been shown to result in longer-term reductions in clutter, and happier outcomes for the person.

### Easl's Message

- Don't give up, hold hope
- Be curious and aware of your own judgements
- Allow a lot of time and be consistent
- Recognise small changes and celebrate them
- Be dynamic and creative, keep trying new things
- Three most important things...  
Relationship, relationship and relationship!

# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY

### How we supported Mr. Johnson not to sweep his clutter under the carpet

#### Case study - Mr Johnson\*

Mr. Johnson loves reading and has hundreds of newspapers and gardening magazines cluttering the hallway and living room preventing access to the bathroom and making it very difficult to get through the front door. He and his late wife used to have an allotment and he says

**“I like to keep up with all the gardening news you just never know when you may need it.”**

Mr Johnson is also keen on recycling and is proud of his contribution to the ‘**In It to Win It**’ scheme, which provides monetary rewards to local schools for increasing their recycling. However the build-up of plastic cartons in his kitchen prevented him from moving safely round his home. These items were rarely washed, creating a contaminated and unhealthy environment. Following numerous complaints from neighbours about the smell of rubbish and flies populating the communal corridors of his building, two public health notices were served to clear his home.

In early 2017 Mr Johnson fell over his clutter and was admitted to hospital. He was no longer able to move around independently and was struggling with his care needs. This crisis situation led him to agreeing to accept more support from services which he had in the past

refused. This support included him attending network meetings with The London Fire Brigade, Environmental Health, Clouds End and Adult Social Care. Using a collaborative approach Mr Johnson felt valued



and slowly trust developed. This led to all his newspapers and magazines being moved into a nearby storage unit which he visits regularly to check they are safe. He now receives two visits a week from cleaning services who work sensitively with him to organise his belongings.

#### A Good Outcome

At a recent network meeting Mr. Johnson acknowledged that

**“I know I haven’t made things easy for you lot but since my wife died I have felt very lonely. I want to thank you for all the support you have given me and for doing it my way.”**

#### The Hoarding and Self Neglect protocol

Housing, Supported Housing providers, City West Homes, Environmental Health, Registered Providers, Floating support, Mental Health Teams, Adult Social Care, The Metropolitan Police and the London Fire Brigade work together to reduce the risk to the person who is hoarding or self-neglecting, and to reduce the risk to other people. The protocols emphasis is on multi-disciplinary working

and a person centred approach to the support being offered to all residents. “Organisations raise awareness and contribute to prevention by working collaboratively and sensitively with each other and with people who hoard”

*Head of Prevention, Housing Department,  
City of Westminster Council*

\* Not his real name.



# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY

### YOU SAID:

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



Taking a 'Stand against Scams' Work with Trading Standards and Community Champions 'SCAMchampions'



Zara Ghods, Kensington and Chelsea Forum for Older Residents

### WE DID:

### National Friends Against Scams Campaign

This year Trading Standards have continued to support the National Friends Against Scams Campaign to raise awareness about scams, by delivering free training within the community in partnership with Kensington and Chelsea Forum for Older Residents, Age UK Kensington and Chelsea, Community Safety, Hammersmith United Charities, Age UK Hammersmith & Fulham, Caring for Carers Association, Carer's Rights Network, Community Champions and Barclays Bank

Trading Standards delivered Friends Against Scams Training to 100 Royal Mail postal workers. The training focussed on how to spot scam mail and to identify and report details of residents, who may be receiving large volumes, being targeted by scammers. The training was well received.

**"I have seen this type of mail all the time but didn't know it was scam mail or how to report it"**

**Royal Mail Worker**

We participated in London Trading Standards Week in September. This included holding scams awareness events at Kensington Town Hall, delivering Friends Against Scams Training to residents and carrying out home visits to local residents who had responded to fraudulent prize draws, to provide advice and support for the future. At Hammersmith Town Hall. in partnership with Barclays Bank, we delivered training to 50 local residents and businesses.

In March, officers delivered Friends Against Scams training to 180 residents in partnership with the Community Safety Team, the National Trading Standards Scams Team and Zara Ghods, Chief Executive, Kensington and Chelsea Forum for Older Residents, who has signed up as a SCAMBassador.

# WHAT HAS THE BOARD BEEN DOING?

## CREATING A SAFE AND HEALTHY COMMUNITY

### How we know we are making a difference to people who are a victim of scamming

#### Case Study - Jim\*

In April 2014 the National Trading Standards Team notified the local Trading Standards Teams that Jim had been a victim of scam mail. When an officer visited his home they found scam mail from around the world. He confirmed he would return requests for small amounts of money as he

**“did not want to miss his opportunity to win the lottery.”**

The officer removed several shopping trollies full of mail and under data protection enforcement arranged to have his details removed from hundreds of lists. In December 2014 the work undertaken had proved to be successful. Post had stopped coming in and Jim was able to successfully manage any 'nuisance' calls received.

However, in January 2018 Adult Social Care raised a concern that Jim had received calls from his banks fraud department informing him that he needed to transfer £10,000.00 as part of an undercover operation to identify corrupt bank staff.

This sounded suspicious but Jim's law-abiding fear of financial authorities and the importance he placed on helping them led him to complete the transfer. When

he got home he began to question his actions. He called his bank, who immediately alerted the Police who made a full investigation and £5,000 of the funds were recovered. The bank staff were questioned about whether they had followed the Banking Protocol for large and unusual transactions. Jim had been confused about the conversation that had taken place within the branch and had not co-operated about the transfer request, believing that he was part of an undercover operation.

**“He had been effectively 'groomed' by the fraudster.”**

Trading Standards have now installed a Nuisance call blocking device into his home and continue to provide ongoing support to Jim.

**“The national average of nuisance calls received is 18 per month. Monitoring Jim's nuisance phone-calls, confirms he receives approximately 117 a month.”**

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## HOW WE KNOW WE ARE MAKING A DIFFERENCE

### YOU SAID:

You are willing to work with me.

### WE DID:

In 2017/18 520 referrals were made from the three boroughs to the London Fire Brigade to carry out Home Fire Safety visits. The visits included installation of a range of products such as sprinklers, smoke alarms, and fire retardant furnishings.

#### The London Fire Brigade

##### Protecting the lives of people at risk

In 2018 the London Fire Brigade introduced the person centred risk assessment.

This form has been designed for carers, support workers, housing officers and social workers, but can be also used by family members to assess the risk of fire to individuals.

A new training programme supported by the Community Engagement Group will be provided to all multi-agency membership organisations, Community Champions and the wider voluntary sector across the three boroughs. The training will enable the workforce in all agencies to confidently carry out initial **Person-centred Risk Assessments**, support people to make fire safety decisions in their own homes and make necessary onward referrals to the London Fire Brigade to carry out home safety visits.



### Community Champions

#### Connecting communities and residents with local services

### YOU SAID:

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

### WE DID:

Adult Safeguarding have linked up with Public Health Behaviour Change Services and have developed a bespoke Adult Safeguarding 'Train the Trainers' model and 'Keeping Safe' tool-kit to support building capacity and expertise in the Community Champions programme.

We know from national and local evidence that using a community engagement approach is both cost effective and leads to improved health and well-being. We have replicated this by raising awareness of adult safeguarding and supporting a strong prevention agenda which:

- Empowers people by giving them confidence to raise concerns
- Increases confidence, self-esteem and self-efficacy and gives people an increased sense of control over decisions affecting their lives particularly in areas of safety decisions
- Contributes to developing and sustaining areas of need
- Working with community safety teams

**"I joined the team of Community Champions. It was a great opportunity to gain knowledge about Public Health Campaigns and Community Research and also to know better the local community and the local services. Exactly what I was looking for! The Community Champions project manager and the Volunteer Centre staff made me feel very welcome from the start and helped me feel a valuable team member."**





# WHAT HAS THE BOARD BEEN DOING?

## HOW WE KNOW WE ARE MAKING A DIFFERENCE

### YOU SAID:

My recovery is important.

### WE DID:

#### Board member organisations tackle domestic abuse and provide support services

Joint working protocols were established between the Violence Against Women and Girls Group; The Local Safeguarding Children's Board; and the Safeguarding Adult Executive Board. The Partnership is driven by seven strategic priorities which include ongoing communication, prevention and awareness-raising activities, creating a menu of options for survivors and their children and continuing to strengthen the coordinated community response. The success of the Partnership's work is evident through the range of referrals to the Angelou Partnership and to the Multi-Agency-Risk Assessment Conferences. The partnership is focused on ensuring there is preventative, immediate and long term support for survivors and their children. They have recently launched a new service, 'Meeting Survivors Where They Are,' which provides support for survivors with the most complex needs or experiencing multiple disadvantages.

**"The Angelou Partnership saved my life as I wouldn't have been able to go on without the support I received."**

Survivor

### Case Study - Pam

Pam\* disclosed to hospital staff that she had been in an abusive relationship with a much older man since she was 15 years old. A safeguarding meeting was held and attended by Pam who was supported by a family friend. She was able to report the sexual assault to the police and was allocated a specialist officer who helped her to give a video interview. Over the course of a year, intensive support was provided by the team as Pam found it very difficult to leave this abusive relationship, and remained at risk of sexual, physical and psychological abuse.

Due to the extensive support from services Pam has been able to leave her long term relationship with the abusive ex-partner, is living alone, has stable mental health and has returned to work. She continues to access counselling at the Haven and is also considering re-training for a change of career.

### Championing Responses to Domestic Abuse

Chelsea and Westminster and West Middlesex NHS Trust have 100 trained Domestic Abuse Links who work across the Trust in a variety of roles and who champion responses to domestic abuse. The Trust charity is funding a Domestic Abuse coordinator who will provide training, development and support across all sites.

### Board Member Organisations Working Together

The West London Mental Health Trust is working closely with Standing Together to develop a network of Domestic Abuse Leads across the organisation. Standing Together supports organisations, including the Police, criminal justice partners, social services, healthcare workers and charities to identify and respond effectively together to domestic abuse.

*Standing Together and West London Mental Health NHS Trust*

\* Not his real name.

# WHAT HAS THE BOARD BEEN DOING?

## SAFEGUARDING IN ACTION

### A Learning Culture



The West London Mental Health Trust have developed a 'Think Incident Think Safeguarding' bespoke training for all teams, supporting staff awareness of Safeguarding Adult Practice.

*West London Mental Health NHS Trust*

### Assisting residents to stay 'Safe at Home'



Age UK Kensington & Chelsea assists residents who are aged 55 and over to maintain their independence, making the tasks of daily living a bit easier. The aim of the 'Safe at Home' service is to reduce the risk of falls in the home, reduce the risk of harm from other hazards in the home, improve health, wellbeing and peace of mind by ensuring that the home environment is safe for the resident.

*Community Engagement Manager,  
Age UK Kensington & Chelsea*

### Respecting the right to make unwise or risky decisions



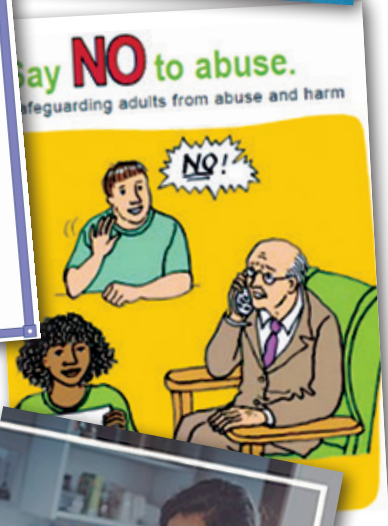
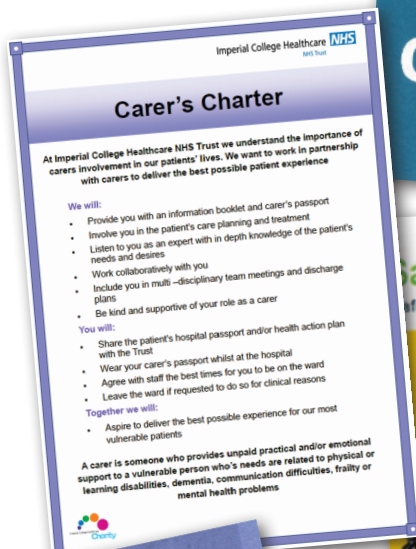
In 2017 we have had a number of cases where we have worked with customers to reduce hoarding and improve their living conditions. This work has meant we have not had to seek possession of their property and instead we support them to maintain their home. We have also embedded learning and awareness amongst staff using case studies provided by the Safeguarding Adults Executive Board to explore the complex issues surrounding self-neglect, capacity and the right to make unwise or risky decisions.

*Head of Safeguarding  
Notting Hill Genesis*





# WHAT HAS THE BOARD BEEN DOING?



## The Carer's Charter



Imperial College Healthcare NHS Trust understand the importance of carers involvement in our patients lives and we work in partnership with carers. In 2017 we revised our approach and guidance in relation to supporting carers of people with dementia and other vulnerabilities. We recognise the benefits of having carers actively involved in the care and of people with complex needs as they usually know the patient better than hospital staff. Their input can make the experience less distressing for the patient and help to facilitate care and treatment. The Trust introduced a carer's charter that outlines how we will work with carers to support vulnerable patients. Carers are also issued with special "carers passports" which enable them to get access out of normal visiting hours.

*Deputy Director, Patient Experience,  
Imperial College Healthcare NHS Trust*

## The Metropolitan Police are making safeguarding their highest priority within the new Basic Command Unit structure

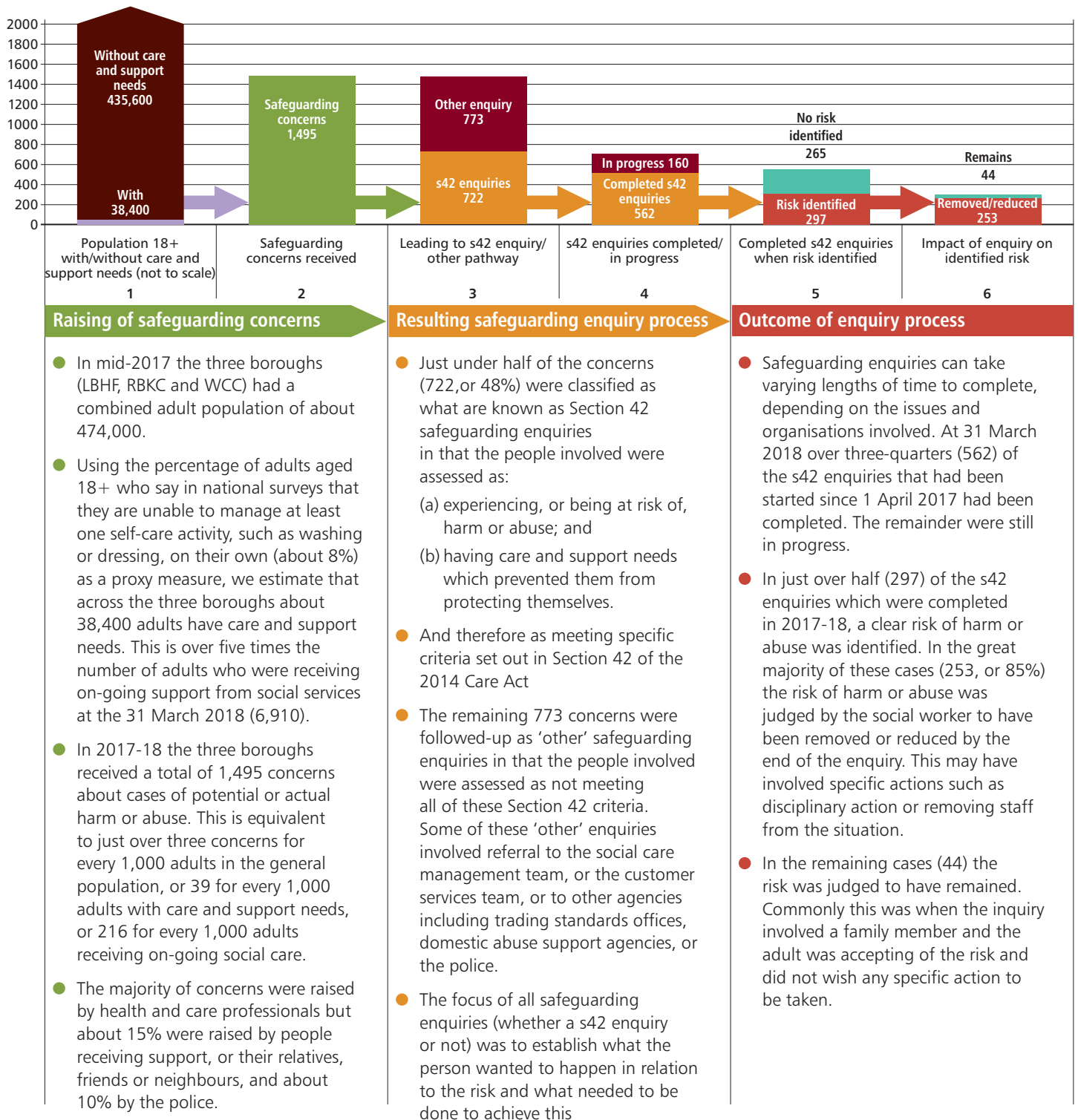


The Metropolitan Police Service are changing the way they help safeguard vulnerable people by investing more resources in preventing and investigating domestic abuse, sexual offences and all other types of abuse within the new Basic Command Unit Structure. Locally this will result in the policing units of Hammersmith and Fulham, Kensington and Chelsea and Westminster boroughs amalgamating to form 'Central West Basic Command Units' led by BCU Commander Rob Jones. Having an all-encompassing safeguarding function locally will mean the Police can work in a more holistic approach putting vulnerable people at the centre of our policing response in conjunction with our partners. Safeguarding is Everyone's Business!

*Safeguarding Lead,  
Tri-Borough Metropolitan Police Service*

# WHAT ARE THE NUMBERS TELLING US?

**Chart 1**  
The safeguarding journey, from raising of safeguarding concern to outcome of safeguarding enquiry

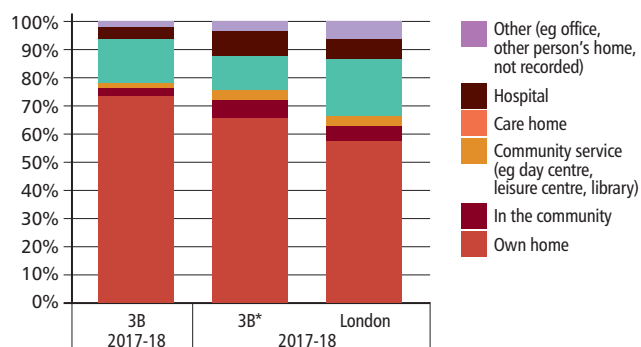


# WHAT ARE THE NUMBERS TELLING US?

## A COMPARISON WITH 2016-17- FOR s42 ENQUIRIES COMPLETED IN THE YEAR

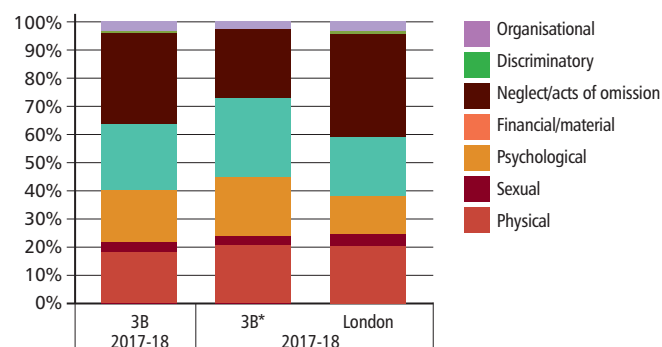
\* Care needs to be taken when drawing comparisons with 3B data for 2016-17 as a new safeguarding pathway was introduced part way through this year.

**Chart 2**  
Where the alleged harm or abuse occurred



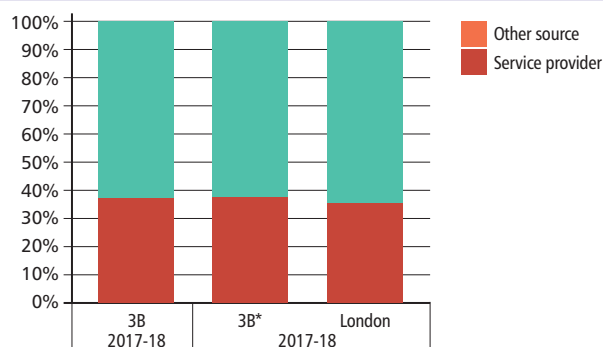
Compared with London as a whole, a higher percentage of s42 enquires in 3B related to abuse in people's own homes, while a lower percentage related to care homes.

**Chart 3**  
Types of harm or abuse alleged



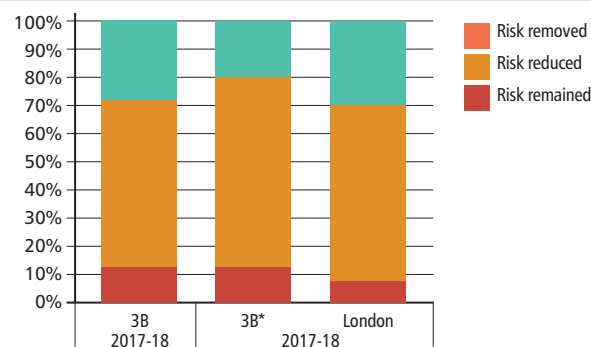
The frequency with which different types of abuse were reported in 3B in 2017-18 was similar to London in 2016-17 but proportionately fewer s42 enquiries involved instances of neglect. These nearly always involved care providers.

**Chart 4**  
Source of risk or harm or abuse



In about four out ten s42 enquiries the source of risk was a service provider, consistent with the pattern for London as a whole in 2016-17. Where the source of risk was not a service provider, in the majority of cases the person causing harm or abuse was known to the adult at risk.

**Chart 5**  
Whether, where a risk of abuse was identified, the risk had been reduced or removed at the end of the enquiry



The frequency with which different types of abuse were reported in 3B in 2017-18 was similar to London in 2016-17 but proportionately fewer s42 enquiries involved instances of neglect. These nearly always involved care providers.

# WHAT THE BOARD WILL BE WORKING ON IN 2018/19

## Making Safeguarding Personal

I am able to make choices about my own well-being

### Creating a Safe and 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

### Leading, Listening and Learning

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

Establishing and developing 'Making Safeguarding Personal' as a core objective of both Safeguarding Adults Boards will continue.

**Mike Howard**  
**Independent Chair**

# JARGON BUSTER

**There is a lot of safeguarding jargon in health and social care and we are committed to busting it. This is Our Safeguarding Jargon Buster using plain English definitions of the most commonly used words and phrases in this annual report.**

## Abuse

**Harm that is caused by anyone who has power over another person**, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Abuse may be carried out by individuals or by the organisation that employs them.

## Accountability

**When a person or organisation is responsible for ensuring that things happen**, and is expected to explain what happened and why.

## Adult at risk

**An adult who is in need of extra support because of their age, disability, or physical or mental ill-health, and who may be unable to protect themselves from harm, neglect or exploitation.**

## Advocacy

**Help to enable you to get the care and support you need that is independent of your local council.** An advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations.

## Autonomy

**Having control and choice over your life** and the freedom to decide what happens to you. Even when you need a lot of care and support, you should still be able to make your own choices and should be treated with dignity.

## Best interests decision

**Other people should act in your 'best interests' if you are unable to make a particular decision for yourself** (for example, about your health or your finances). The law does not define what 'best interests' might be, but gives a list of things that the people around you must consider when they are deciding what is best for you. These include your wishes, feelings and beliefs, the views of your close family and friends on what you would want, and all your personal circumstances.

## Carer

**A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help.** This is distinct from a care worker, who is paid to support people.

## Challenging behaviour

**Challenging behaviour may cause harm to the person or to those around them, and may make it difficult for them to go out and about.** It may include aggression, self-injury or disruptive or destructive behaviour. It is often caused by a person's difficulty in communicating what they need - perhaps because of a learning disability, autism, dementia or a mental health problem. People whose behaviour is a threat to their own wellbeing or to others need the right support. They may be referred by their GP to a specialist behavioural team. The specialist team will work on understanding the causes of the behaviour and finding solutions. This is sometimes known as positive behaviour support.

## Deprivation of liberty safeguards

**Legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support, property or finances.** People with mental health conditions, including dementia, may not be allowed to make decisions for themselves, if this is deemed to be in their best interests. The safeguards exist to make sure that people do not lose the right to make their own decisions for the wrong reasons.



# JARGON BUSTER

## Dignity

**Being worthy of respect as a human being and being treated as if you matter.** You should be treated with dignity by everyone involved in your care and support. If dignity is not part of the care and support you receive, you may feel uncomfortable, embarrassed and unable to make decisions for yourself. Dignity applies equally to everyone, regardless of whether they have capacity.

## European Convention on Human Rights (ECHR)

**Formally the Convention for the Protection of Human Rights and Fundamental Freedoms, the ECHR is an international treaty to protect human rights and political freedoms in Europe.**

## Human trafficking

**When someone is dishonest to you about the job you are interested in** and you travel to a place and find out that you have been lied to. But you have paid money to get there and find out you now need to pay this money back before you are allowed to leave.

## Making Safeguarding Personal (MSP)

**It means that you are asked what you want to do about the incident of abuse and how you may be supported in making yourself safe.** It helps you to take control and it gives you choice.

## Mental Capacity Act 2005

**A law that is designed to protect people who are unable to make decisions about their own care and support, property or finances,** because of a mental health condition, learning disability, brain injury or illness. 'Mental capacity' is the ability to make decisions for yourself. The law says that people may lose the right to make decisions if this is in their best interests.

## Near miss

**Something that is not supposed to happen and is prevented before harm is caused.**

## Outcomes

**In social care, an 'outcome' refers to an aim or objective you would like to achieve** or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.

## Pressure ulcer

**Pressure ulcers, also known as pressure sores, bedsores and decubitus ulcers, are localized damage to the skin** and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction.

## Prevention

**Any action that prevents or delays the need for you to receive care and support,** by keeping you well and enabling you to remain independent

## Proportionality

**Doing what is needed, without intruding into people's lives any further than is necessary to meet their needs or keep them safe.** It is an important principle in the Care Act 2014.

## Root cause analysis

**Root cause analysis is a method of problem solving used for identifying the root causes of faults or problems.** A factor is considered a root cause if removal thereof from the problem-fault-sequence prevents the final undesirable outcome from recurring; whereas a causal factor is one that affects an event's outcome, but is not a root cause. Though removing a causal factor can benefit an outcome, it does not prevent its recurrence with certainty.



# APPENDIX

## Cases Accepted for discussion by the Safeguarding Adults Review Group in 2017-18: Emerging Themes and Changes Made

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
1	11 April 2017	<p>This is a 'near miss' case involving a person who was discharged from hospital. Using information gathered from the safeguarding enquiry, the review highlighted:</p> <ul style="list-style-type: none"> <li>● staff lacked confidence and knowledge on how to refer to the Deprivation of Liberty Team</li> <li>● staff had not properly assessed the risk of domestic abuse/violence.</li> <li>● a lack of domestic abuse awareness and support available.</li> </ul> <p>The case was discussed with all staff to raise awareness of these issues and to instil future confidence in making necessary referrals. A full report was distributed to Group members who noted the learning undertaken by the relevant agencies..</p>
2	13 June 2017	<p>A case concerning a woman who was admitted to an appropriate care setting under a Mental Health Act order due to her violent behaviour. She was physically fit and refused all support offered by staff so was discharged the next day. Four days later she was admitted to hospital after reporting hallucinations, saying that she felt unsafe and lonely. A few days later she died from a heart attack. The death of this woman was investigated using a Root Cause Analysis (RCA) as this case did not meet the criteria for a full safeguarding adult review. The analysis revealed the need for crisis and contingency planning for all discharges from inpatient and recovery wards. This is now in place together with a new female Psychiatric Intensive Care Unit pathway which opened earlier this year.</p>
3	13 September 2017	<p>A case concerning a woman with care and support needs who was at risk of harm, consistently refused any offers of medical help over a long period. She refused to admit nurses and care staff to her home. Her primary carer also had care and support but also refused to allow any engagement, despite the individual concerned being unable at times to make decisions for themselves.</p> <p>This case highlighted the consequences of unwise decision making over time. The Group shared this learning with Mental Capacity Act Training Leads to seek assurances that training and 'toolkits' are in place to equip staff with the necessary skills to cope with such situations and to ensure that escalation pathways are embedded within all policy and procedures across Board member organisations.</p>

# APPENDIX

	Date case to SACRG	Emerging themes from Safeguarding Adults Reviews
4	25 January 2018	<p>A case concerning a woman with learning disabilities who, over a number of years, had suffered from family violence and coercive, controlling behaviour. Family members made it very difficult to speak for herself. Whilst the case had been reported, there was a lack of consistent engagement from safeguarding agencies. Ultimately, she went missing on numerous occasions in 2017 due to her unhappiness at home.</p> <p>This case highlighted that someone with learning difficulties who is experiencing domestic abuse may find it harder to protect themselves, access sources of help, or remove themselves from the abusive situation. This person was socially isolated because of their learning difficulties and had no opportunity to see health or social care professionals without their abusers being present. This prevented professionals from understanding and assessing the risk to the person. This person now lives on her own in a supported environment with regular visits from her mother.</p>
5	25 January 2018	<p>This case concerns a person with a learning disability who was discharged from hospital after initial treatment for a broken arm with sheltered housing staff being given the responsibility for further ongoing treatment. However, the arm did not properly heal and the person is now on the waiting list for an operation. Hospital staff over-estimated the ability of residential staff to care for a serious injury and the review raised concerns regarding communication with Learning Disability patients. This prompted training across the Hospital Trust and the Learning Disability and Autism policy was ratified which includes the 'Purple Pathway' for Learning Disability inpatients, outpatients and A&amp;E attenders.</p>
6	12 March 2018	<p>In this case relatives felt that internal systems and service provision may have contributed to the death of a family member who was admitted to hospital from a care home with six pressure ulcers. This person was transferred a number of times between interim beds in a residential care home and hospital in a deteriorating condition. Various safeguarding enquiries were open at different stages of this person's journey. This review illustrated the value of working with the family to identify further themes. A Root Cause Analysis (RCA) identified a lack of multi-disciplinary information sharing which contributed to a poor care plan with the family not being aware of the condition of the pressure areas. However, the safeguarding enquiry concluded that the person was not a victim of neglect and that good practice was being applied within care homes who were adhering to the Pressure Ulcer Protocol.</p>




**mistreated?**  
**bullied?**  
**hit?**  
**neglected?**  
**hurt?**  
**exploited?**  
**silenced?**

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<p><b>London Borough of Hammersmith &amp; Fulham</b></p> <p><b>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY &amp; ACCOUNTABILITY COMMITTEE</b></p> <p><b>15 JANUARY 2019</b></p>		
<p><b>WORK PROGRAMME 2018-19</b></p>		
<p><b>Report of the Chair – Councillor Lucy Richardson</b></p>		
<p><b>Open Report</b></p>		
<p><b>Classification:</b> For review and comment  <b>Key Decision:</b> No</p>		
<p><b>Wards Affected:</b> None</p>		
<p><b>Accountable Director:</b> Rhian Davis, Assistant Director of Legal and Democratic Services</p>		
<p><b>Report Author:</b>                  Bathsheba Mall, Committee Coordinator</p>	<p><b>Contact Details:</b>                  Tel: 020 87535758                  E-mail: bathsheba.mall@lbhf.gov.uk</p>	

## 1. EXECUTIVE SUMMARY

The Committee is asked to consider its work programme for the municipal year 2018/19.

## 2. RECOMMENDATION

- 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 2018/19

**Health, Inclusion and Social Care Policy and Accountability Committee  
Work Programme Development Plan 2018/19**

<b>Item / working title</b>	<b>Overview / Development</b>	<b>Report Author / service</b>
<b>02 July 2018</b>		
Housing Independent Living Strategy	This will be a draft report that members will have an opportunity to shape at PAC	Labab Lubab
Disabled People's Draft Housing Strategy	Building on the recommendations and actions arising from the DPC report	Labab Lubab
<b>17 September 2018</b>		
Safeguarding / MH	Interpreting the appropriate safeguarding thresholds and the subsequent management of safeguarding within the treatment and therapeutic setting.	Officer Lead Helen Mangan, WLMHT
NHS Workforce Recruitment and Retention	<p>What provisions and strategies are being implemented to address the difficulties in recruiting and retaining staff; what protocols are in place to facilitate the reporting of patient concerns by staff.</p> <ul style="list-style-type: none"> <li>• Working conditions – including terms, engagement, support;</li> <li>• Staff consultation, involvement and engagement</li> <li>• Training, development and retention</li> </ul>	NHS service providers

<b>04 December 2018</b>		
Pembridge Hospice	To understand the background to the decision to temporarily close the hospice.	H&F CCG and CLCH
The Royal Brompton Hospital - Bid	Information about a joint bid between Imperial College Healthcare NHS Trust, and, Chelsea and Westminster Hospital NHS Trust	Joint report from Imperial and Chelsea and Westminster
H&F CCG Primary and Urgent Care Proposals for Consultation	Report of H&F CCG on plans to locally consult on primary and urgent care proposals.	H&F CCG
H&F CCG – Financial Recovery Plan	Report of H&F CCG regarding the CCG's financial recovery plan.	H&F CCG
<b>15 January 2019 (additional meeting date)</b>		
Older Peoples Commission	Report of the findings of the Older People's Commission.	LBHF
SAEB	Presentation of the final Tri-Borough Safeguarding Adults Executive Board by the Chair, Mike Howard	SAEB
CCG Update??	Cuts to primary care support services	CCG
<b>11 February 2019</b>		
Budget	Corporate, ASC and Public Health	LBHF
WLMHT	Update following September PAC meeting presentations, and, post CQC Inspections	
Housing impact on health and inclusion	Development of housing support services that help alleviate or prevent health conditions from deteriorating	ASC / HSG / PH
Aids and adaptations	Challenge to consider the terms and conditions and the provision of services	ASC / HSG



26 March 2019		
CQC Draft Quality Accounts	Imperial	Imperial
Listening to and Supporting Carers	To review current support for LBHF carers; to consider ways in which this could be developed; to understand the impact of caring on the health and wellbeing of carers themselves.	Older Peoples Commission
Access to Leisure Services for the learning disabled and vulnerable groups	To consider the access to and the provision of local leisure services for the learning disabled and any groups that may experience social isolation and loneliness.	

***Suggested items – included for information***

- Immunisation: Report from the HWB Task and Finish Group
- CAMHS update
- Community Champions - to consider current provision and support, following disaggregation of the service and what this means for LBHF residents; to consider the further development and support of the service.