London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Agenda

Tuesday 12 March 2024 at 6.30 pm

145 King Street (Ground Floor), Hammersmith, W6 9XY

Watch live on YouTube: youtube.com/hammersmithandfulham

MEMBERSHIP

Councillor Ben Coleman (Chair) - Deputy Leader and Cabinet Member for Health and Social Care
Councillor Alex Sanderson – Cabinet Member for Children and Education
Dr James Cavanagh – H&F GP
Carleen Duffy – Healthwatch H&F
Phillipa Johnson – Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust
Linda Jackson – Strategic Director of Independent Living (DASS)
Jacqui McShannon – Strategic Director of Children's Services
Dr Nicola Lang – Director of Public Health, LBHF
Sue Roostan – Borough Director, H&F, Borough Based Partnership
Sue Spiller – Chief Executive Officer, SOBUS
Detective Inspector David Nicolls – Met Police

Nominated Deputy Members
Councillor Natalia Perez – Chair of Health and Adult Social Care Policy and Accountability Committee
Councillor Helen Rowbottom – Chair of Children and Education Policy and Accountability Committee
Nadia Taylor – Healthwatch, H&F

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Members of the public and press are welcome, but spaces are limited so please contact David.Abbott@lbhf.gov.uk if you'd like to attend. The building has disabled access.

Date Issued: 04 March 2024
Date Updated: 05 March 2024

Health & Wellbeing Board Agenda

Item **Pages**

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

If a Member of the Board, or any other member present in the meeting 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 Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member 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 Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members 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.

Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.

3. MINUTES AND ACTIONS 4 - 11

To approve the minutes of the previous meeting as an accurate record and note any outstanding actions.

4. BETTER CARE FUND QUARTER 3 SUBMISSION 2023-2025 12 - 20

This report sets out Hammersmith & Fulham Council and the H&F Integrated Care Board's Better Care Fund quarter 3 submission 2023 - 2025 to NHS England detailing planned and actual expenditure and outputs delivered to date.

5. PUBLIC HEALTH UPDATE ON ORAL HEALTH IN HAMMERSMITH AND FULHAM 21 - 29

This report provides a summary on the oral health of the borough's population and access to NHS dental services. It uses data to profile the oral health of Hammersmith and Fulham residents, describes the provision and use of NHS services, in addition to how the services are commissioned.

6. PUBLIC HEALTH UPDATE ON SUICIDE PREVENTION IN H&F

This report provides an update on the incidence of deaths by suicide in Hammersmith and Fulham and the work at both strategic and operational levels in the Council to examine the context and develop learnings to inform targeted and universal approaches for reducing the rate and preventing further occurrences.

This item includes an appendix that contains exempt information. Discussion of the contents of the appendix will require passing the proposed resolution at the end of the agenda to exclude members of the public and press.

7. WORK PROGRAMME

To suggest items for the Board's work programme.

8. DATES OF FUTURE MEETINGS

To note the following dates of future meetings:

- 26 June 2024
- 11 September 2024
- 11 December 2024
- 19 March 2025

9. DISCUSSION OF EXEMPT ELEMENTS (IF REQUIRED)

LOCAL GOVERNMENT ACT 1972 - ACCESS TO INFORMATION

Proposed resolution

Under Section 100A (4) of the Local Government Act 1972, that the public and press be excluded from the meeting during the consideration of an item of business, on the grounds that it contains the likely disclosure of exempt information, as defined in paragraph 3 of Schedule 12A of the said Act, and that the public interest in maintaining the exemption currently outweighs the public interest in disclosing the information.

London Borough of Hammersmith & Fulham

Health & Wellbeing Board

Minutes

Wednesday 20 September 2023

PRESENT

Members
Councillor Ben Coleman (Chair) (Deputy Leader and Cabinet Member for Health and Social Care)
Jacqui McShannon (Strategic Director of Children's Services)
Linda Jackson (Strategic Director of Independent Living (DASS))
Sue Roostan (NHS North West London ICB)
Councillor Alex Sanderson (Cabinet Member for Children and Education)
Sue Spiller (Chief Executive Officer, SOBUS)

Nominated Deputy Members
Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)
Councillor Helen Rowbottom (Chair of Children and Education Policy and Accountability Committee)
Nadia Taylor (Healthwatch, H&F)

Guests, officers and other attendees
Helen Mangan (Deputy Director of Local Services West London NHS Trust)
Peter Haylock (Operational Director for Education and SEND)
Alison Markwell (Head of SEND Health Partnerships/Senior Designated Clinical Officer)
Julius Olu (Assistant Director – Commissioning and Partnerships)
David Abbott (Head of Governance)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Nicola Lang.

2. DECLARATIONS OF INTEREST

There were no declarations of interests.

3. MINUTES AND ACTIONS

It was noted that Phillipa Johnson had not attended the previous meeting and should be removed from the attendance list.

RESOLVED
With the amendment noted above, the minutes of the meeting held on 28 June 2023 were approved as an accurate record.

4. SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND) JOINT STRATEGIC NEEDS ASSESSMENT AND SEND STRATEGY

Peter Haylock (Operational Director for Education and SEND) introduced the item and explained that the Joint Strategic Needs Assessment (JSNA) drew together data and evidence from a range of sources, including the views of parents and professionals working in the field, to describe a picture of need and service provision across Hammersmith & Fulham. The needs assessment provided the evidence base to inform the Local Area Special Educational Needs and Disabilities (SEND) Strategy. The SEND Strategy set out Hammersmith & Fulham's local area commitment to improve the educational, health and emotional wellbeing and life outcomes for all young people in the borough aged 0-25 years who have SEND while promoting inclusion.

Alison Markwell (Head of SEND Health Partnerships/Senior Designated Clinical Officer) discussed the report and strategy. She noted that it had been developed in partnership and extensively co-produced across the local area with families and groups like Parentsactive. Following public consultation, the strategy was approved at Cabinet in June 2023.

The Chair asked what key issues had been highlighted by the JSNA. Peter Haylock said the percentage of children with complex needs was increasing significantly due to a range of factors including improvements to medical care and diagnosis. Officers noted that factors such as socio-economic status, gender, and ethnicity could have a significant impact on health. Alison Markwell added that effective early identification had also improved. She said there was a better understanding of special educational needs and disabilities now too. She noted that the numbers had been growing for several years, but lockdown had a significant impact.

Sue Spiller asked, in reference to the profile of young people with special educational needs in borough, how confident officers were that they were reaching all children, particularly traditionally excluded communities. Peter Haylock said the JSNA was based on robust data that was extrapolated out to provide an accurate representation of the community.

Sue Spiller asked if support was dependent on parents coming forward. She was concerned that some people may not know how the system worked or what support was available and would be missed in the data. Alison Markwell said a variety of methods were used to ensure families were supported, but acknowledged there was always more to be done when it came to co-production. She noted that Parentsactive were the formal co-production strategic voice of parents, but they also spoke with youth groups, families, schools, and other local groups and organisations.

Councillor Natalia Perez discussed the impact that long waiting times for diagnosis could have on children and families and asked what provision was needed to address those concerns. Alison Markwell said the social communication diagnosis pathway was the biggest issue. She said progress was being made, the Integrated Care Board had recently invested £1.6m in the service and third-party assessments had been commissioned. They were also trying to recruit an additional paediatrician, though there were challenges in the recruitment market. She added that there was a 'waiting well' service in place to provide support to families waiting for a diagnosis.

The Chair said the wait for an autism diagnosis was far too long and had been for some time. He noted the importance of the diagnosis to allow people to access other services such as housing. He noted recruitment had been a problem for years and asked if additional incentives had been offered to overcome those challenges. Alison Markwell said she wasn't aware of the details, but that the workforce issues were a national problem and there had been successful appointments recently and the number of children waiting had come down. 400 assessments had also been outsourced. Workforce challenges extended to other professions including occupational therapy and there had been agreement to recruit overseas with visa sponsorship.

The Chair asked what the total waiting list for assessment was. Jacqui McShannon noted that the self-evaluation proposals would come to the Board for discussion and would include those figures.

The Chair expressed concern about the attention and level of resource allocated to autism. He noted there was only one person currently carrying out diagnoses for adults in the borough. He was also concerned that the strategy for North West London did not prioritise autism.

Councillor Perez asked if there was a prioritisation system in place for families on the waiting list who needed urgent support. Alison Markwell said there was a triage system in place for those who needed assessment urgently. There was a statutory duty for Health to notify children under five who may have special educational needs to the local authority and they were referred to the Stephen Wiltshire Centre. There was also a programme of 'while you wait' groups that helped families with access to benefits, understanding their children's behaviour, language and communication skills, and accessing education. Children in school received support through the 'ordinary available' offer.

Linda Jackson noted that the Council and the NHS has just appointed an autism lead to develop an all-age autism strategy. She recognised that the offer wasn't joined up and there was still work to be done. She noted that the challenge was not just around diagnosis but making services accessible to people with autism, including the housing waiting list and medical assessments. Regarding co-production, she said reaching those furthest away from decision making was a challenge for the whole of the Council and the NHS. That was why the Health and Social Care Partnership in H&F had made it a priority to do co-production and ensure it was meaningful. She then commended the work done on the JSNA and noted it had generated a lot of questions, which was one of its goals.

Nadia Taylor (Healthwatch) said the pathways had been a source of confusion for residents. In response, Healthwatch had a signposting programme for residents looking for guidance. She said the south of the borough had better provision for autism and SEND despite there being more need in the north. To mitigate this disparity, she asked if decision makers had looked at ways to share provision across borough, or address travel costs for residents in the north. Alison Markwell said they were trying to even out provision across the borough, partly through the new Family Hubs that would operate on a hub and spoke outreach model.

The Chair asked how the Hubs would work. Peter Haylock said services from specialist centres could be run from the Hubs on a rotating basis to reach people across the borough. He noted that Queensmills school already ran satellite provision from other local schools and were looking to expand it further. The goal was to meet needs locally and reduce travel distances for families. Officers were looking at how to ensure equality and match services to local need.

The Chair asked how the strategy would lead to better outcomes. Jacqui McShannon said it was the first time the Council had such a well-articulated strategy that could be used to hold itself to account in a clear way. But she noted that not every issue would be resolved immediately. The Chair agreed that having such a strategy was important and unlocked many opportunities. Alison Markwell explained that there were detailed plans, workstreams, and an outcomes framework that supported the three priority areas.

Jacqui McShannon discussed how officers tracked Ofsted inspections of schools, with a strong reference to SEND and how children's needs were met. She noted the outcomes exceed expectations at most stages. They had also introduced a new role to work with schools to ensure they evolved their offer for children and families. The Council was also mobilising the expertise of special schools to support mainstream schools. Officers had discussed an outreach model to share learning. The Chair welcomed this work.

The Chair asked if schools had funding to do this work or if the Council should provide it. Peter Haylock said funding was a challenge. The Council had an autism team that went out to schools to support SENCOs and teachers which was funded from the High Need Block. They were looking at an additional element with Jack Tizard but the Council would have to fund that itself. The Chair felt it would be cost effective for the Council to fund, but noted Local Authorities had lost a significant amount of their funding over the past decade.

Councillor Rowbottom noted that there seemed to be a discrepancy between those getting support and those with Education, Health and Care Plans. Peter Haylock said it depended on the level of need. The borough had higher than average number of children with Education, Health and Care Plans.

Councillor Rowbottom noted there was a higher percentage of children with Education, Health and Care Plans and asked if the funding had risen to match the increase. Officers said funding had not risen in line with demand.

Councillor Rowbottom noted there was a gap in the ambition to diagnose all children. Alison Markwell said they were looking at need rather than diagnosis. Some children may have an autism diagnosis but could function well in a mainstream environment and achieve, while others would need a lot of support through an Education, Health and Care Plan. She said they looked at each child as an individual.

Councillor Rowbottom felt it was important to identify the level of need both for the benefit of the individual but also to help plan services and workforce requirements. Alison Markwell said the challenge was that a medical condition didn't necessarily translate into additional support. She agreed diagnosis was important but said there was a danger of over-diagnosis. Jacqui McShannon said officers were thinking about the barriers across the whole system that stopped children from reaching their potential and trying to address them.

The Chair asked if the preparation for adulthood team were getting enough support from Adult Social Care. Alison Markwell said they worked well in partnership together. She noted they were looking at the pathways across health, education, and social care. There was a new panel supporting transition. Everyone was committed to give the time to put the correct support in place.

Nadia Taylor, noting the impact of the pandemic and lockdowns on mental health, asked if the new 16-25 mental health service was just for children with SEND or if it was open to all children. Alison Markwell said the service was for children and young people already in CAMHS provision or those who are referred in at transition age. It gave the flexibility to stay in Children's Services a little longer or move into Adult Mental Health services. She gave the example of a young person turning 18 in their final year of A-Levels who may have concerns about moving provision at such a stressful time.

The Chair thanked officers and partners for their work. He highlighted the focus on measurement and was keen to see more engagement with children, young people, and their families about whether they are satisfied with services.

RESOLVED

1. That the Health and Wellbeing Board noted the SEND Joint Strategic Needs Assessment (Appendix 1) and the Local Area SEND Strategy (Appendix 2).

5. BETTER CARE FUND 2023/25

Linda Jackson (Strategic Director of Independent Living) and Julius Olu (Assistant Director, Commissioning and Partnerships) presented the paper which set out the proposal for the London Borough of Hammersmith & Fulham and the H&F Integrated Care Board (ICB) that would form part of the submission to NHS England following the meeting.

Linda Jackson noted that the Better Care Fund was the only pooled budget that the Council had locally with the NHS and that was managed at a local level. The fund helped services to be set up to get people out of hospital as quickly as possible. The

fund paid for a range of contracts, including reablement, home care, and preventing people going into hospital.

Linda Jackson explained that officers were ready to submit proposals in June, but the ICS asked for further information from all eight Local Authorities which pushed submission back to the 4th of August. Officers worked closely with Sue Roostan (NHS North West London ICB) to put a memorandum of understanding in place to ensure continuation of services.

The Chair addressed the Board and noted that the Council had been working well for years with the local NHS and the sign-off process for the Better Care Fund was usually relatively smooth. However this year, the last-minute requests from the Integrated Care System (ICS) created a huge challenge for Local Authorities.

Linda Jackson agreed it was a major challenge. The ICB requested further information on outcomes. There had been debate at NHS NW London Board level about wanting consistency of outcomes – but the Better Care Fund should be built around local communities and their needs. She felt there was a lack of understanding about what Social Care does and how localities worked together.

There was the idea that we could get efficiencies out of the fund. This led to officers having to respond to questions around outcomes. The driver was from the Finance team at North West London ICS. Officers agreed to answer the questions and do a review next year. Services could not change this year as contracts had already been agreed. We refused to respond to all of the questions as some felt unnecessary. The process seemed to be a way of removing money from system. She thanked Sue Roostan for helping to resolve the situation.

At a recent Partnership Board, Rob Herd, ICS Chief Executive, gave an apology for the way it had happened. He recognised it had damaged trust and confidence. As a result, Alex Dewsnap, Chief Executive of Harrow Council, was putting together a group to look at what Local Authorities wanted from the terms of reference for the Better Care Fund process in future. Councils and the ICS were looking at how to work better together and had produced a 'ways of working' agreement document.

The Chair said the situation had exposed a number of issues with the new landscape of Integrated Care Systems. Despite the serious challenges, he hoped it would lead to a better way forward. He asked to see the terms of reference when they were agreed, and the wider review to ensure it fairly reflected the Council's views and outcomes.

ACTION: Linda Jackson

Sue Roostan noted there was a meeting the following day to discuss the terms of reference with health and social care representatives and they would be sharing lessons learned. Linda Jackson said there were also lessons for local authorities and they would be putting them forward at the meeting. The Chair felt the ICS was a good idea in principle, but it needed to be flexible to local need. He said the Council was determined to take it seriously, working together as equal partners.

Councillor Rowbottom asked about the accuracy of the delayed transfers of care statistics, noting it was only used by NHS England and Doctors used the term medically fit discharge in hospitals.

Linda Jackson said NHS England kept changing the measure, from delayed transfers of care to medically fit discharge, to medically optimised and no need to reside. Part of the challenge was around the different data collected around discharges. She noted the acute submitted data that didn't tally with primary care data. The Partnership had come together to combine intelligence to get an accurate picture of the figures. New IT systems being rolled out in acute would bring together social care and primary care data, giving a more accurate picture. A manual trawl of people across North West London done on 18 September showed one person medically fit for discharge waiting for social care intervention. All others had planned discharges. There were 56 overall.

Councillor Rowbottom said a Doctor from Charing Cross reported on 14 September that 15 patients were medically fit for discharge and only a handful were discharged by the end of the day. The Doctor felt the discharge coordination team were not proactive enough. She acknowledged Charing Cross served a large local area, not just Hammersmith & Fulham, but wondered if with Better Care funding, the partners could put a more proactive team in place to improve discharges. Linda Jackson said that had been done through the Better Care Fund, supported by BI data. Sue Roostan said there were system wide calls across the eight boroughs regularly looking at discharge data. The Chair suggested organising a meeting to take a closer look at the data issue and discuss solutions.

ACTION: Linda Jackson

Councillor Perez felt there was a lack of understanding amongst health partners about social care and asked what Councils could do to make them see local authorities as equal partners. Linda Jackson said those issues had been discussed at an informal Health Care Partnership Board meeting and the Board had agreed to work on a presentation to facilitate a better understanding of the role of local authorities.

RESOLVED

1. That the Chair, on behalf of the Health and Wellbeing Board, agreed the planned total expenditure and the proposed schemes for 2023-25.

2. That the Health and Wellbeing Board receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

6. WORK PROGRAMME

Members made the following suggestions for the work programme:

- Healthwatch survey – Nadia Taylor noted that the Healthwatch cost-of-living survey was live, and the early findings could be shared in October. The Chair asked for it to come to the next meeting.

- ICS strategy and priorities – Councillor Rowbottom asked for a breakdown of the ICS strategy and spend, and how it aligned with the Board's priorities and data.
- Winter pressures - The Chair asked for an item on winter pressures at the next meeting to cover both how the NHS will deal with the usual winter pressures and the additional pressures due to the cost-of-living crisis. Linda Jackson said both the health and social care aspects of the impact of the cost-of-living crisis should be considered.

7. DATES OF FUTURE MEETINGS

The following dates of future meetings were noted:

- 13 Dec 2024
- 12 Mar 2024

Meeting started: 6.05 pm
Meeting ended: 8.05 pm

Chair .....

Contact officer: David Abbott
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LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Wellbeing Board

Date: 12/03/2024

Subject: Better Care Fund (BCF) Quarter 3 Submission 2023 – 2025

Report author: Julius Olu, Assistant Director for Independent Living, Commissioning & Partnerships, H&F

Responsible Director: Linda Jackson, Strategic Director of Independent Living (DASS) & Sue Roostan, Borough Director, H&F CCG

SUMMARY

The Better Care Fund (BCF) paper setting out Hammersmith & Fulham (H&F) and the H&F Integrated Care Board (ICB)'s BCF quarter 3 submission 2023 - 2025 to NHS England detailing the following:

- Planned and actual expenditure to date.
- Planned and actual outputs delivered to date.

The BCF quarter 3 submission 2023 - 2025 forms part of ongoing submissions to NHS England following sign off from the Health and Wellbeing Board.

RECOMMENDATIONS

1. That the Health & Wellbeing Board, retrospectively agrees the BCF quarter 3 report that enabled submission to NHS England by the 9 February 2024 deadline.

2. That the Health and Wellbeing Board receive an end of year report outlining the outcomes of each scheme and the difference it has made for residents of H&F.

Wards Affected: (Give the Wards directly affected, or "None" or "All")

Our Values	**Summary of how this report aligns to the H&F Values**
Creating a compassionate council	The Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital and supporting people to get home as soon as they are well.

Background Papers Used in Preparing This Report
None.

1. EXECUTIVE SUMMARY

1. In accordance with the statutory duties and powers given to the Health and Wellbeing Board (HWB) by the Health and Social Care Act 2012, the Board's Terms of Reference in Hammersmith & Fulham Council's constitution include overseeing the development and use of the Better Care Fund (BCF) by the Council and the H&F Integrated Care System (ICS).

2. For clarity, the Better Care Fund supports community health and social care resources to reduce the number of people who need to be admitted to hospital. Residents that do require admission to hospital are supported to get home as soon as they are well.

3. The deadline date set by NHS England for submission of the BCF quarter 3 submission 2023 - 2025 to NHS England was 9 February 2024. The H&F HWB did not sit in February 2024 which meant the Chair of the H&F Health and Wellbeing Board had to review and approve the final version of the BCF quarter 3 submission 2023 – 2025 before officers submitted it to NHS England.

4. The HWB is asked to retrospectively sign off the BCF quarter 3 submission 2023 - 2025 which is enclosed with this paper.

HWB BCF requirements

5. The HWB is required to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 continue to be met through the delivery of joint BCF plan[1]

6. The four national conditions are as follows:

- National condition 1: Plans to be jointly agreed – This continues to be met.

- National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer – This continues to be met as the H&F BCF plan 2023-2025 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off by the H&F HWB on 20 September 2023. The enclosed quarter 3 submission template contains the list of H&F BCF funded services.

[1] Better Care Fund planning

- National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time – This continues to be met as the H&F BCF plan 2023-2025 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off by the H&F HWB on 20 September 2023. The enclosed quarter 3 submission template contains the list of H&F BCF funded services.

- National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services. – This continues to be met as the H&F BCF plan 2023-2025 comprises a list of relevant BCF funded services that were jointly agreed by all partners and signed off by the H&F HWB on 20 September 2023. The enclosed quarter 3 submission template contains the list of H&F BCF funded services showing the NHS contribution to adult social care and NHS commissioned out of hospital services.

7. The key purposes of BCF reporting are as follows:

- To confirm the status of continued compliance against the requirements of the fund (BCF).

- In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans.

- To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics.

- To enable the use of this information for national partners to inform future direction and for local areas to inform improvements.

List of Appendices

Appendix 1 – H&F Council and H&F ICB's BCF quarter 3 submission 2023 - 2025

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

1. Guidance for Quarter 3

Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, which supports the aims of the BCF Policy Framework and the BCF programme; jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities (DLUHC), NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

The key purposes of BCF reporting are:
1) To confirm the status of continued compliance against the requirements of the fund (BCF)
2) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
4) To enable the use of this information for national partners to inform future direction and for local areas to inform improvements

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (HWBs) on progress on integration and the BCF. It is also intended to inform BCF national partners as well as those responsible for delivering the BCF plans at a local level (including ICBs, local authorities and service providers) for the purposes noted above.

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be published on the NHS England website.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

Note on viewing the sheets optimally

To more optimally view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance tab for readability if required.

The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require narrative information.

Please DO NOT directly copy/cut & paste to populate the fields when completing the template as this can cause issues during the aggregation process. If you must 'copy & paste', please use the 'Paste Special' operation and paste 'Values' only.

The details of each sheet within the template are outlined below.

Checklist (2. Cover)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be complete before sending to the BCF team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.

5. Please ensure that all boxes on the checklist are green before submitting to england.bettercarefundteam@nhs.net and copying in your Better Care Manager.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
4. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. National Conditions

This section requires the HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the time of completion.
https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf

This sheet sets out the four conditions and requires the HWB to confirm 'Yes' or 'No' that these continue to be met. Should 'No' be selected, please provide an explanation as to why the condition was not met for the year and how this is being addressed. Please note that where a National Condition is not being met, the HWB is expected to contact their Better Care Manager in the first instance.

In summary, the four national conditions are as below:
National condition 1: Plans to be jointly agreed
National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer
National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time
National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of hospital services

4. Metrics

The BCF plan includes the following metrics:
- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

Plans for these metrics were agreed as part of the BCF planning process.
This section captures a confidence assessment on achieving the locally set ambitions for each of the BCF metrics.
A brief commentary is requested for each metric outlining the challenges faced in achieving the metric plans, any support needs and successes in the first six months of the financial year.
Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

You should also include narratives for each metric on challenges and support needs, as well as achievements.
- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data.

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

No actual performance is available for the ASCOF metrics - Residential Admissions and Reablement - so the 2022-23 outcome has been included to aid with understanding. These outcomes are not available for Hackney (due to a data breach issue) and Westmorland and Cumbria (due to a change in footprint).

5. Spend and Activity

The spend and activity worksheet will collect cumulative spend and outputs in the year to date for schemes in your BCF plan for 2023-24 where the scheme type entered required you to include the number of output/deliverables that would be delivered.

Once a Health and Wellbeing Board is selected in the cover sheet, the spend and activity sheet in the template will prepopulate data from the expenditure tab of the 23-25 BCF plans for all 2023-24 schemes that required an output estimate.

You should complete the remaining fields (highlighted yellow) with incurred expenditure and actual numbers of outputs delivered to the end of the third quarter (1 April to 31 December).

The collection only relates to scheme types that require a plan to include estimated outputs. These are shown below:

Scheme Type	**Units**
Assistive technologies and equipment	Number of beneficiaries
Home care and domiciliary care	Hours of care (unless short-term in which case packages)
Bed based intermediate care services	Number of placements
Home based intermediate care services	Packages
DFG related schemes	Number of adaptations funded/people supported
Residential Placements	Number of beds/placements
Workforce recruitment and retention	Whole Time Equivalents gained/retained
Carers services	Number of Beneficiaries

The sheet will pre-populate data from relevant schemes from final 2023-24 spending plans, including planned spend and outputs. You should enter the following information:
- **Actual expenditure to date in column I.** Enter the amount of spend from 1 April to 31 December on the scheme. This should be spend incurred up to the end of December, rather than actual payments made to providers.
- **Outputs delivered to date in column K**. Enter the number of outputs delivered from 1 April to 31 December. For example, for a reablement and/or rehabilitation service, the number of packages commenced. The template will pre-populate the expected outputs for the year and the standard units for that service type. For long term services (e.g. long term residential care placements) you should count the number of placements that have either commenced this year or were being funded at the start of the year.
- **Implementation issues in columns M and N.** If there have been challenges in delivering or starting a particular service (for instance staff shortages, or procurement delays) please answer yes in column M and briefly describe the issue and planned actions to address the issue in column N. If you answer no in column M, you do not need to enter a narrative in column N.

More information can be found in the additional guidance document for tab 5, which is published alongside this template on the Better Care Exchange.

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

2. Cover

Version 2.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will published in an aggregated form on the NHSE website. This will include any narrative section. Also a reminder that as is usually the case with public body information, all BCF information collected here is subject to Freedom of Information requests.

- At a local level it is for the HWB to decide what information it needs to publish as part of wider local government reporting and transparency requirements. Until BCF information is published, recipients of BCF reporting information (including recipients who access any information placed on the Better Care Exchange) are prohibited from making this information available on any public domain or providing this information for the purposes of journalism or research without prior consent from the HWB (where it concerns a single HWB) or the BCF national partners for the aggregated information.

- All information will be supplied to BCF partners to inform policy development.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

Health and Wellbeing Board:	Hammersmith and Fulham
Completed by:	Rebecca Richardson, Carol Lambe
E-mail:	rebecca.richardson@lbhf.gov.uk; carol.lambe@nhs.net
Contact number:	0208 753 4022
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

Checklist

Complete:
Yes
Yes
Yes
Yes
Yes
Yes

Question Completion - when all questions have been answered and the validation boxes below have turned green you should send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete

	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5. Spend and activity	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

3. National Conditions

Selected Health and Wellbeing Board: Hammersmith and Fulham

		Checklist Complete:
Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off		Yes

Confirmation of National Conditions			
National Conditions	**Confirmation**	**If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:**	
1) Jointly agreed plan	Yes		Yes
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes		Yes
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes		Yes
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes		Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

4. Metrics

Selected Health and Wellbeing Board: Hammersmith and Fulham

National data may be unavailable at the time of reporting. As such, please use data that may only be available system-wide and other local intelligence.

Challenges and Support Needs Please describe any challenges faced in meeting the planned target, and please highlight any support that may facilitate or ease the achievements of metric plans

Achievements Please describe any achievements, impact observed or lessons learnt when considering improvements being pursued for the respective metrics

Metric	Definition	For information - Your planned performance as reported in 2023-24 planning				For information - actual performance for Q1	For information - actual performance for Q2	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs in Q3	Q3 Achievements - including where BCF funding is supporting improvements.	Checklist Complete:
		Q1	Q2	Q3	Q4						
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	41.3	29.9	39.2	34.2	23.6	43.0	Data not available to assess progress	The admission avoidance data provided by NHSE / BCF team appears to have data quality issues/ data anomalies issues making it hard to currently use to predict the Q3 performance reliably.	Locally there are a range of schemes/initiatives in place ensuring patients are not admitted to acute settings unnecessarily including: - HCP Diabetes workstream across primary,	Yes
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	96.3%	96.7%	97.1%	96.7%	95.9%	95.4%	Not on track to meet target	Q3 forecasted performance is 94.8%, slightly below target but still highest performance in North West London	A programme of work is in place to improve discharge and the flow out of acute hospitals. This includes discharge funding to support a bridging service and better joint working between health and social care	Yes
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				2,317.7	16.4	35.5	Data not available to assess progress	Falls Actual Performance data for 23/24 published by the National BCF team appears to not be comparable to the Public Health Outcomes Framework - Data used to set the 23/24 plan. Therefore we have used the	Q3 forecasted performance, based on 12 month rolling average, is 176.2. Falls prevention service in place along with a VCSE service providing a 52 week falls prevention programme	Yes
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				0	2022-23 ASCOF outcome: 329.8		Not on track to meet target	Rate of permanent admissions to residential care per 100,000 population (65+) Planned 23/24 316.1 o[illegible]1 = 277.5 o[illegible]2 = 408.4	The rise in number of residential placement in Qtrs 2 & 3 was also due to the amending of a large number of interim placements to permanent placement (Data quality issue). This task has now been completed and we	Yes
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				0.0%	2022-23 ASCOF outcome: 92.1%		Data not available to assess progress	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services. Planned 93.5%. o[illegible]1 = 92.3%	Q2 achievement is exceeding planned target. Data is not available to submit for Q3 but will be reported on for Q4. Wirk	Yes

Better Care Fund 2023-25 Quarter 3 Quarterly Reporting Template

6. Spend and activity

Selected Health and Wellbeing Board: Hammersmith and Fulham

Checklist						Yes		Yes		Yes	Yes
Scheme ID	Scheme Name	Scheme Type	Sub Types	Source of Funding	Planned Expenditure	Actual Expenditure to date	Planned outputs	Outputs delivered to date (estimate if unsure) (Number or NA)	Unit of Measure	Have there been any implementation issues?	If yes, please briefly describe the issue(s) and any actions that have been/are being implemented as a result.
009	Community Equipment	Assistive Technologies and Equipment	Community based equipment	Minimum NHS Contribution	£1,148,100	£979,000	13,568	2,419	Number of beneficiaries	Yes	There was a new contract award to NRS which launched in 23/24. There have been some implementation issues which have been escalated to the Heath & Care Partnership (HCP) executive group - these have been logisitcal, IT and operational. HCP partners are aware of the issues and regular updates are provided as part
012	Intermediate care Beds (Alexandra Ward) – CLCH	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£526,638	£394,979	154	27	Number of placements	No	The number of patients placed is lower than plan as there was an error in the initial plan for the number of placements. Alex unit has an occupacy rate of 89% Apr-Dec . In addition H&F residents are placed in other NWL intermediate care rehab units if local capacity is not immediately available
013	Intermediate care Beds (Athlone Ward) – CLCH	Bed based intermediate Care Services (Reablement, rehabilitation, wider short-	Bed-based intermediate care with rehabilitation	Minimum NHS Contribution	£779,479	£584,609	154	56	Number of placements	No	The number of patients placed is lower than plan as there was an error in the initial plan for the number of placements. Athlone unit has an occupacy rate of 86% Apr-Dec . In addition H&F residents are placed in other NWL intermediate care rehab units if local capacity is not immediately available
019	Farm Lane PFI	Residential Placements	Nursing home	Additional NHS Contribution	£1,507,590	£1,129,750	18	18	Number of beds/placements	No	
020	St Vincent PFI	Residential Placements	Nursing home	Additional NHS Contribution	£1,726,344	£1,296,369	13	13	Number of beds/placements	No	
024	LD Placement Reviewing Officer Dual Diagnosis Worker	Workforce recruitment and retention		Additional NHS Contribution	£28,407	£36,322		1	WTE's gained	No	These are two separate posts. LD Reviewing Officer and Dual Diagnosis worker are not related functions.
025	Carer's Advice, Info & Support	Workforce recruitment and retention	Carer advice and support related to Care Act duties	Additional NHS Contribution	£44,989	£33,742		1	WTE's gained	No	
032	S256 Recurrent Reablement	Home-based intermediate care services	Reablement at home (to support discharge)	Additional NHS Contribution	£267,755	£175,714	347	268	Packages	No	
38	Contract Beds Older People (Farm Lane)	Residential Placements	Nursing home	Additional LA Contribution	£1,493,728	£1,120,296	18	18	Number of beds/placements	No	
39	Contract Beds Older People (St Vincent)	Residential Placements	Nursing home	Additional LA Contribution	£2,424,086	£1,818,069	17	17	Number of beds/placements	No	
41	Joint Equipment Budget	Assistive Technologies and Equipment	Assistive technologies including telecare	Additional LA Contribution	£793,200	£732,996	6,188	1,612	Number of beneficiaries	Yes	There have been some implementation issues which have be There are a number of issues with the outputs delivered to date figure: it is has been affected by performance issues we have been experiencing with the provider and the fact that the planned outputs figure may have been wrong as it may have been based on
49	Disabled Facilities Grant	DFG Related Schemes	Adaptations, including statutory DFG grants	DFG	£1,495,597	£1,121,697	160	89	Number of adaptations funded/people supported	Yes	There have been a combination of issues that have contributed to the lower than expected number of DFG awards processed. This includes problems with the OT referral channels and frequency, administration and system update changesthat have resulted in a less seamless work flow of assessed applications.

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Wellbeing Board

Date: 12/03/2024

Subject: Public Health Update on Oral Health in Hammersmith and Fulham

Report of: Councillor Ben Coleman, Deputy Leader

Report author: Helen Byrne, Head of Commissioning, Public Health

Responsible Director: Dr Nicola Lang, Director of Public Health

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SUMMARY

This report provides a summary on the oral health of the borough's population and access to NHS dental services. It uses data to profile the oral health of Hammersmith and Fulham residents, describes the provision and use of NHS services, in addition to how the services are commissioned.

Responsibility for improving oral health is shared across public health led oral health initiatives and NHS dental services. The report will support North West London Integrated Care Systems approach to improve child oral health and dental access in North West London. Particularly adopting the recommendations and actions to drive forward improved outcomes for the population.

The report places a focus on health equity, highlighting known gaps in our knowledge and intelligence. Finally, the report will provide feedback from partners/providers in relation to a range of vulnerable or health inclusion groups.

RECOMMENDATIONS

1. Support the development of a Hammersmith and Fulham specific oral health plan aligned with the North West London Integrated Care System approach to improving child oral health.

2. Support the approach to address poor levels of oral health in the local population, drive improvements to NHS dental services and reduce inequalities for the Hammersmith and Fulham population.

3. Request that the Director of Public Health reports back to the Board on progress and the priority actions agreed.

Wards Affected: ALL

Our Values	Summary of how this report aligns to the H&F Values
Building shared prosperity	The report identifies key vulnerable groups who are particularly susceptible to poor oral health and describes actions to support all family members across the life courses so they can thrive and achieve economic independence.
Creating a compassionate council	Good oral health is important for general well-being. Ensuring children are provided with a supportive environment from an early age embedding every child gets the best start in life.
Doing things with local residents, not to them	We work closely and will engage with our local communities to support them in maintaining good oral health. We have been working with families, schools and health care providers to ensure that services are relevant and meet the needs of residents.
Being ruthlessly financially efficient	We will utilise our resources and shape community practice interventions. Collaborating at a regional level to maximise the funding available for oral health.
Taking pride in H&F	The oral health plan will be community led to support some of most vulnerable populations to access dentistry and ensure residents feel supported in their communities.
Rising to the challenge of the climate and ecological emergency	By embedding a community practice model that has a focus on prevention we will collocate services hubs that are already in existence therefore encouraging residents to attend appointments by foot or public transport.

DETAILED ANALYSIS

BACKGROUND

1. The national position in accessing to NHS dentistry is well documented highlighting actions required to address the growing oral health crisis. In November 2022, the Department of Health and Social Care acknowledged the challenges in accessing accessible and affordable dental care and announced a new package of measures to improve patient access to dental care.

2. February 2024 the government published their plan to recover and reform NHS dentistry*: Faster, Simpler and Fairer*. This includes a commitment to additional

investment in 2024/25, to promote access to dentistry and embed oral health awareness programmes for children and young people.

3. The plan has three components:
    - Significantly expanding access so that everyone who needs to see a dentist will be able to, by providing incentives to dentists to focus on people who have not been to the dentist for over 2 years.
    - Smile for Life' – a new focus on prevention and good oral health in young children, to be delivered via settings providing Start for Life services and promoted by Family Hubs.
    - Ramp up the level of dental provision in the medium and longer term by supporting and developing the whole dental workforce, increasing workforce capacity in line with commitments in the NHS Long Term Workforce Plan, reducing bureaucracy and setting the trajectory for longer-term reforms of the NHS dental contract.

4. **Local Authorities** have responsibility for tackling and improving oral health in the population and reducing inequalities. Local authorities fund oral health promotion and are responsible for monitoring of these programmes, undertaking health needs assessments, and providing services including Health Visiting, School Nursing, children's centres and family hubs.

5. **NHS NW London** has delegated authority from NHS England to commission NHS dental services. This includes all general dental practices, the community dental services, access centres, specialist care, and dental and general hospitals for inpatient and outpatient care.

6. Evidence based recommendations to improve oral health from NICE and OHID include:
    - supervised toothbrushing and fluoride varnish (in early years settings and schools)
    - provision of toothbrush and toothpaste (e.g. through the healthy child programme)
    - healthy food and snack policies in early years settings (e.g. through water only schools and school super zones)
    - training for the wider social, health and education workforce
    - creating a public service environment to promote oral health (promoting breast feeding, reducing extended bottle use, improving early nutrition (e.g. healthy start vouchers/sugar smart)
    - the development of oral health needs assessments and a place-based oral health strategies

STRAGETIC CONTEXT

7. Good oral health is an essential component of active ageing, whereas poor oral health is an indicator of people's general health and quality of life. Poor oral health affect people's ability to eat, speak and socialise can lead to pain, infections, which may impact on diet and nutrition, impaired and growth.

8. Poor oral health is a public health problem in Hammersmith and Fulham. Those who may need dental treatment may have to be absent from work or school. In older

people poor oral health can increase the risk of respiratory tract infections, aspirational pneumonia, the ability to eat and therefore support nutritional requirements, and to communicate.

9. North West London Integrated Care Systems drivers are to improve child oral health and access to dental care, the outcome measures in define success include;

- Reduction in tooth decay
- Reduction in numbers of hospital episodes
- Reduction in days missed from school due to tooth pain
- Increased numbers of 0-5 year old having regular dental checks
- Reported improved understanding of value and steps to protecting oral health amongst parents/carers and children and young people
- Reported improved understanding of NW London dental offer and how/when to access support and report improvement in access to dentistry

10. Poor oral health is inextricably linked to general health and wellbeing and the underlying socio-economic determinants of health. Child poverty is an important determinant of poor oral health. There are shared risk factors between oral health and general health including breastfeeding, diet (specifically sugar intake), hygiene, smoking and alcohol intake with a range of chronic diseases such as obesity, cardiovascular diseases, diabetes, and cancer.[1]

ACCESS TO NHS DENTAL SERVICES

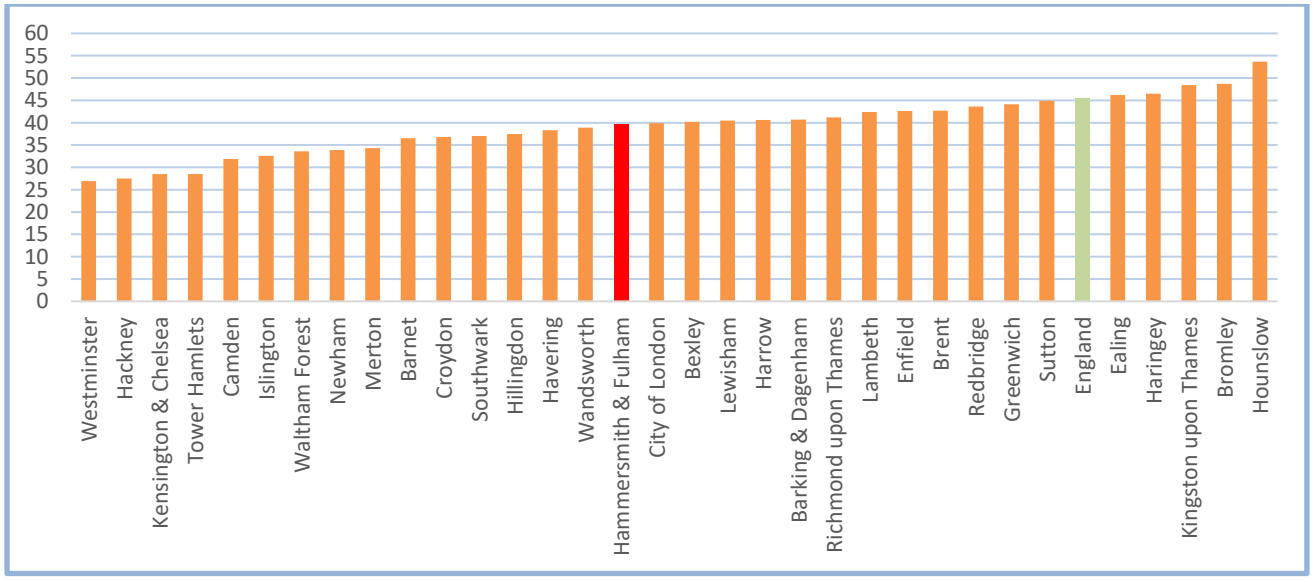
11. Access to NHS dental services is free for:

- under 18, or under 19 and in full-time education.
- pregnant or have had a baby in the last 12 months.
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist (but you may have to pay for any dentures or bridges).
- receiving low income benefits, or for those who are under 20 and a dependant of someone receiving low income benefits.

12. Chart 1 - Percentage of children (0-17 years) seen by NHS dentists for all London boroughs (2021-2022)[2]

[1] Moynihan PJ, Kelly SA. Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines (2014). J Dent Research;93(1):8-18. Te Morenga L, Mallard S, Mann J (2012). Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ*; 346: e7492

[2] NHS Digital, "NHS Dental Statistics for England dashboard", 2024. [Online]. Available: Microsoft Power BI [Accessed February 2024].



13. Adults who are not eligible to pay for NHS dental treatment (including those on a low income or receiving help with health costs) were more likely to receive urgent treatment compared with children or paying adults. NHS digital dashboard report 44% of the adult population have been by a dentist in the last 24 months (data until June 22) (3)

14. There is a well-established clinical care pathway for those needing urgent dental care through NHS 111, a triage system with a network of urgent dental care hubs across London.

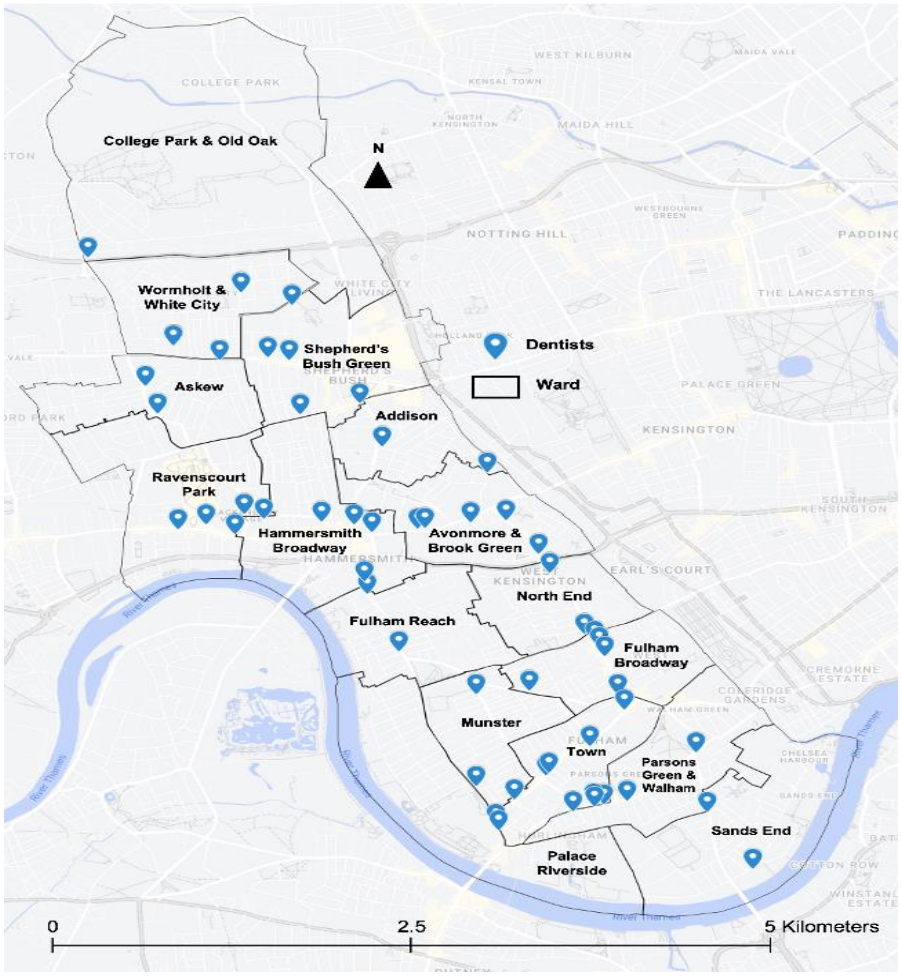
15. The impact of the Covid-19 pandemic on dental services has been significant, and recovery work led by NHS England, Central London Community Healthcare (CLCH) and Hammersmith and Fulham is in its early stages, the oral health plan will underpin this work to reduce the poor oral health particularly for children and young people.

16. The North West London Integrated Care System are investing in oral health promotion across the region, Hammersmith and Fulham will support to evidence the impact of these initiatives on our population via the oral health plan. This will be achieved through

    - Building a comprehensive oral health promotion offer – a focus on oral health promotion to focus on consistency.
    - Creating oral health friendly public service environments – within the family hubs and via the 0-19 contract we will link to healthy start and sugar smart initiatives and healthy school's programmes, promoting breastfeeding and sign up to the sugar levy.
    - Improving access to dentistry in areas of higher need and offering family friendly practices– addressing inequalities by focus on children and young people in areas of poor oral health.

3 NHS Digital, "NHS Dental Statistics for England dashboard", 2024. [Online]. Available: Microsoft Power BI [Accessed February 2024].

17. There are 30 General Dental Services providers in Hammersmith and Fulham. Hammersmith & Fulham; CLCH; which provides dental care across Hammersmith & Fulham, Kensington & Chelsea and Westminster. See the map of dental services below.

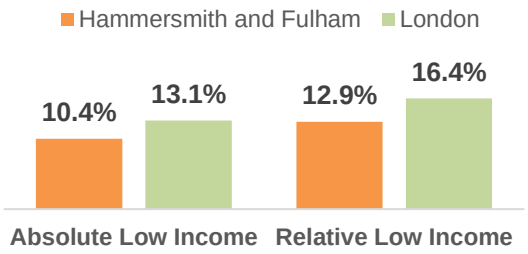


Oral health profiles

14 Oral health inequalities are reflective of the socio-economic inequalities in general health (poverty, education, unemployment, living and working conditions etc). There is variation in tooth decay experience by deprivation and ethnicity highlighting oral health inequalities. In Hammersmith and Fulham, 10.4% of children live in absolute low-income families and 12.9% live in relative low-income families.

Children (under 16s) in low-income families (2021/22)4:

4 Office for Health Improvement and Disparities, "Child and Maternal Health", 2024. [Online]. Available: Child and Maternal Health - OHID (phe.org.uk) [Accessed February 2024



15 Published data from the National Dental Epidemiology Programme for England in 2019 has demonstrated that 28.3% of 5 year olds have experience of tooth decay in Hammersmith and Fulham, slightly higher than London (27.0%). The mean number of teeth affected was 3.6 in Hammersmith and Fulham compared to 3.8 for London[5].

16 This could be explained by the low access rate of children and young people accessing density compared to London.

Table 1 Dental Access by Child Age Group for Hammersmith and Fulham, compared to London and England in 2022-2023

Patient Local Authority	Access Rate 2022-2023				
	0-2 Yrs	3-5 Yrs	6-10 Yrs	11-14 Yrs	15-19 Yrs
Hammersmith and Fulham	13.4%	31.4%	41.6%	39.4%	40.7%
London	17.6%	41.1%	55.7%	48.7%	44.1%

17. In 2020, 10.5%[6] of children aged 3 had tooth decay experience in Hammersmith and Fulham, lower than the London figure (12.6%).[7]

18. Certain groups of the population may have poorer oral health and may include:

- Children and adults with additional needs
- Children looked after and care leavers
- Care/nursing home residents and older people with care needs living at home
- Those experiencing homelessness including rough
- Severe Mental Illness
- Refugees and asylum seekers

5 Office for Health Improvement and Disparities, "Oral health survey of 5-year-old children 2022", 2023. [Online]. Available: NDEP_for_England_OH_Survey_5yr_2022_Results_v3.ods (live.com) [Accessed February 2024].

6 https://assets.publishing.service.gov.uk/media/60a391a2e90e07357303682f/NDEP_for_England_OH_Survey_3yr_2020_v2.0.pdf

7 https://www.gov.uk/government/statistics/hospital-tooth-extractions-of-0-to-19-year-olds-2021

19. There are a number of recommendations to improve oral health for these populations, they include supervised tooth brushing in children centres and family hubs, this is conducted by health visitors.

20. Water fluoridation as a universal offer as it reduces that health inequalities of oral health, we are working with schools to enable this. Drinking water fluoride keeps teeth strong and reduces cavities in children.

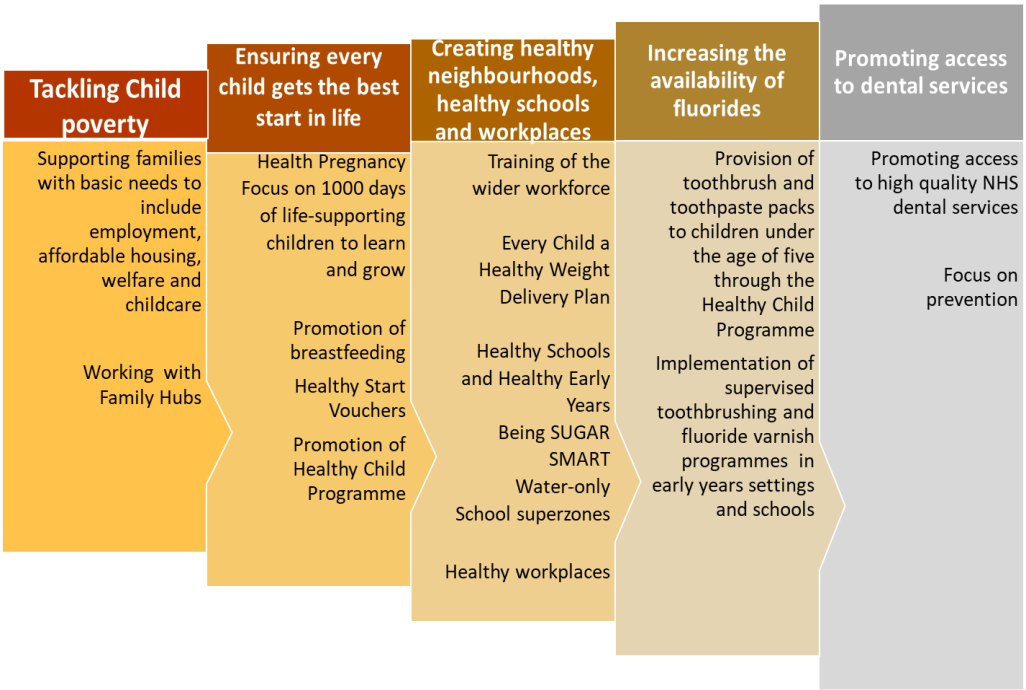
21. Including oral health into assessments for health and social care can support adults to address poor oral health.

ORAL HEALTH PLAN

22. Focus on populations with greatest need (Core20Plus; children with SEND) by adopting a system wide approach developed by the North West London Integrated Care System to improving the picture of oral health in Hammersmith and Fulham addressing child poverty and ensuring families have access to employment and healthy environments if a key driver.

23. It is also critical to maintain good oral health by adopting healthy behaviours including a well-balanced diet, a reduction in foods that are high in salt, fat and sugar, increasing the availability of fluorides and signposting to NHS dental services. We have a number of initiatives including healthy early, healthy schools and water only schools and community based Supervised toothbrushing and Oral health promotion programmes to drive improvements in child oral health.

24. The plan will be supported by a range of actions including creating healthy neighbourhoods, schools and workplaces, increasing the availability of fluorides and promoting access to NHS dental services.



25. We recommend a needs assessment is conducted to review best practice in other areas such as the child smile programme in Scotland designed to improve oral health in children and reduce inequalities in dental health and access to dental services.

26. In order to achieve our ambitions in delivering an oral health plan we will report back to the board who can assure accountability and oversight of the partnership. Additionally, we recommend the oral health plan is reviewed at North West London Integrated Care System to support the outcomes of their regional strategy of improving child oral health and dental access.

List of Appendices

None.

LONDON BOROUGH OF HAMMERSMITH & FULHAM

Report to: Health and Wellbeing Board

Date: 12/03/2024

Subject: Public Health Update on Suicide Prevention in H&F

Report of: Councillor Ben Coleman, Deputy Leader

Report author: Jess Dawson, Senior Lead Children's Public Health

Responsible Director: Dr Nicola Lang, Director of Public Health

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SUMMARY

This report provides an update on the incidence of deaths by suicide in Hammersmith and Fulham which, based on the latest data, now has the highest rate of deaths by suicide of any London borough. Work is happening at both strategic and operational levels in the Council, and amongst broader partners, to examine the context of recent deaths by suicide, and develop learnings to inform targeted and universal approaches for reducing the rate and preventing further occurrences.

The purpose of this report is for the Health and Wellbeing Board to note the current situation; and provide feedback to inform the development of a holistic H&F suicide prevention strategy; action plan; and commissioning work over the coming months.

RECOMMENDATIONS

1. To agree that Appendix 1 is not for publication on the basis that it contains information relating to unpublished data on suspected deaths by suicide in H&F in 2023.

2. That the Health and Wellbeing Board **notes** the current context relating to suicide prevention in the borough; and **provides feedback** to inform the development of a new suicide prevention strategy for the borough.

Wards Affected: All

Our Values	**Summary of how this report aligns to the H&F Values**
Building shared prosperity	Supporting residents to be resilient, have the care they need, and to improve mental wellbeing at a population level supports H&F residents to achieve their goals in life and increase their time spent in good health.

Creating a compassionate council	Addressing suicide in the borough through the Council taking a proactive approach to supporting the mental wellbeing of residents demonstrates that we care, and are attuned to the complex factors driving deaths by suicide locally.
Doing things with local residents, not to them	The approaches that are being developed for the new H&F suicide prevention strategy will be informed by discussions with local people with lived experience of mental ill-health and suicide amongst their friends and family. These discussions have already commenced and will be continued through the life of the strategy, to ensure that actions are relevant, appropriate, effective and place-based.
Being ruthlessly financially efficient	The new suicide governance groups underpinning this work bring together local partners to ensure we are working effectively and efficiently together, to make best use of local resources.
Taking pride in H&F	The suicide prevention strategy will take a place-based approach, for example linking with existing local community groups and organisations, to support H&F being a borough where residents feel supported by people in their local community.
Rising to the challenge of the climate and ecological emergency	By utilising local services and assets for actions in the new suicide prevention strategy action plan, residents will be able to walk or take public transport to appointments – not only reducing emissions from vehicles, but also supporting their mental wellbeing due to spending time in nature.

Financial Impact

There is no direct cost impact associated with this report. Work to develop the suicide prevention strategy and action plan will be supported by existing members within the Public Health Team and other Council departments (e.g. Adult Social Care, Children's, Housing), as well as local service providers who have already been commissioned.

Background Papers Used in Preparing This Report

1. H&F Suicide Prevention Needs Assessment, 2021–2024 (publicly available)

DETAILED BRIEFING

Background

1. Suicide prevention is a matter of national priority. Overall, rates across England have declined in recent decades, however, more recently, progress has been stagnant or regressed since 2020. Whilst London has the lowest regional rate in the country, Hammersmith and Fulham regrettably has the highest rate of any London borough. The latest Office of National Statistics (ONS) data (2019–2021) puts the England rate at 10.4 per 100,000, London at 7.2, and Hammersmith and Fulham at 12.9.

Table 1: Incidence of confirmed deaths by suicide in the London borough of Hammersmith and Fulham, compared to England and London averages, and other London boroughs, 2019–2021.

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	15,447	10.4	10.3	10.6
London region	–	1,679	7.2	6.9	7.6
Hammersmith and Fulham	–	70	12.9	10.0	16.5
Sutton	–	56	10.6	8.0	13.8
Kensington and Chelsea	–	43	10.2	7.4	13.8
Ealing	–	83	9.8	7.8	12.2
Southwark	–	70	9.0	6.8	11.7
Camden	–	55	8.9	6.6	11.7
Hounslow	–	63	8.8	6.7	11.4

Source: Office of National Statistics (ONS)

2. Within local authorities, suicide prevention falls within the remit of Public Health. In H&F, work has been centred around our 2021–2024 Suicide Prevention Needs Assessment and related Action Plan, which outlines actions for each of the priority population groups identified, with responsibility delegated across Public Health, Adult's, and Children's services. Currently, work is being undertaken to produce an updated Suicide Prevention Strategy and Action Plan, based on more in-depth data analysis facilitated by real-time surveillance databases, and regular meetings of newly re-instated prevention boards.

Data on deaths by suicide in Hammersmith and Fulham residents

3. There are two main sources of data on deaths by suicide in H&F, which have different data protection sensitivities. These sources include the publicly available ONS data (which is complete, but not up-to-date as they reflect cases who have had coroner's inquests completed, which takes some time following the death); and the Thrive London Real-Time Surveillance System (RTSS), which contains up-to-date data on both confirmed and suspected deaths by suicide. As the data in the latter database includes suspected cases which are still subject to confirmation following coroners' inquest, these data need to be analysed carefully, as some deaths recorded as suspected suicides may later be assessed as having a different cause of death, following inquest. Additionally, these RTSS data contain detailed information on cases to support with case reviews and learnings for service providers to facilitate further prevention work, and as such, are subject to strict data protection and not publicly available.

4. Due to the data sensitivities described above, the most recent data we have on deaths by suicide (from 2023) are included in exempt appendix 1.

National guidance

5. The work that we are undertaking on suicide prevention must be focussed on borough-level data, and the specific demographics of those at risk in H&F. However, national government guidance provides a helpful framework for our approach. In September 2023, **DHSC published their suicide prevention 5 year cross-sector strategy** and accompanying action plan. In short, the top priorities at a national level are as follows:

    1. Improving data and evidence.
    2. Tailored, targeted support to priority groups.
    3. Addressing common risk factors.
    4. Promoting online safety and responsible media content.
    5. Providing effective crisis support.
    6. Reducing access to means and methods of suicide.
    7. Providing effective bereavement support to those affected by suicide.
    8. Making suicide everybody's business.

6. These are relevant areas of concern that can be incorporated into our strategy, ensuring that we are broadly aligned with national-level priorities, and applying them to our specifically identified high risk groups.

7. More specifically, the action plan identifies **local authorities as the leads for the following actions:**

- Work together to improve data collection and data sharing in all areas, including identifying where an individual resides as well as the location in question, to improve understanding and provide appropriate support and guidance for future lessons learned.
- Make use of local near real-time suicide surveillance systems in connecting families, friends, carers and loved ones to bereavement support.

8. These are areas with which H&F are compliant. Data are collected using real-time surveillance systems (Thrive LDN), from which our Police contacts will offer support to next-of-kin. The data we collect are shared and reviewed at panel meetings.

Suicide prevention work in Hammersmith and Fulham

9. As mentioned, Public Health are currently working on producing an updated H&F Suicide Prevention Strategy. This will be based on the trends in deaths by suicide in H&F, in 2023. The rationale for focusing specifically on these most recent cases is due to the large increase in cases seen in 2023 compared to previous years, signifying an emerging risk and need to respond to contemporary challenges that residents are facing.

10. One working group that has been established is the Case Review and Learning Panel, which has begun to meet monthly to review, in detail, a small number of suicides from the 2023 database. We will select cases based on chosen characteristics, such as those who were known to MH services, or those in prison etc. The other group, that will meet bi-monthly, is the Strategy Group— whose meetings will focus on the production and implementation of our action plan, informed by the findings of the Learning Panel. Where risk factors or trends are identified from the cases, we are seeking opportunities for intervention which can be reviewed and implemented by the group.

11. It will be crucial that the appropriate attendees are involved, and we have spent time having introductory meetings with a variety of contacts (local mental health services, HMP Wormwood Scrubs, the Safeguarding Adults Executive Board, GPs, Adult's and Children's Services, the Coroners Court, etc.), to ensure that the sharing of information and actions is maintained and effective. Involving representatives from these different agencies will mean that we can improve the effectiveness of interventions, which is a priority for us. Moreover, the group membership is not closed, and additional members may be recruited as and when appropriate for the cases under review.

12. Another primary focus is improving referrals to our local crisis support service – The Listening Place (TLP). TLP offer face to face support to clients as well as preventative intervention training. We are working with GPs to enhance referral pathways, and arranging for specific intervention training sessions to be delivered for staff and stakeholders who are resident-facing. We have also facilitated several introductions between TLP and other agencies (for example West London Trust), in order to encourage a joined-up approach so that all parties are aware of what support is available; and what the journey of a resident in crisis would look like through these services. Over the Christmas break, we arranged for the Council's communications department to share support available through TLP and Samaritans on social media for our residents. Our intention is for this to become routine.

13. There are several intended outcomes that these actions will aim to achieve. We expect to facilitate better partnership working across agencies, which will allow for enhanced and broader outreach to those at risk. As such, we anticipate increased referrals to services, which will indicate that our joint up approach has been successful. Given that a large proportion of recent cases were known to mental health services, we aim to ensure that all residents who encounter services going forward are equipped with the support and contacts to remain safe, this will be evidenced by a reduction in the number of deaths within this

cohort. Ultimately, our intended outcome is an overall reduction in deaths by suicide.

14. All work on suicide prevention will be reported back to the Health and Wellbeing board for governance, ensuring accountability for discussed outcomes and to support partnership working on suicide prevention between Council and Health partners.

Reasons for recommendations

15. Because of the data discussed above, including the relatively high incidence of deaths by suicide in H&F, this report seeks the support of the Health and Wellbeing Board for Public Health to proceed with development and publishing of a Suicide Prevention Strategy for the borough, with an associated action plan for use amongst Council staff and sector partners.

LIST OF APPENDICES

Exempt Appendix 1 – Analysis of H&F deaths by suicide in 2023

Document is Restricted