

# Health & Wellbeing Board Agenda

Tuesday 28 March 2023 at 6.30 pm

Online - Virtual Meeting

Watch live on YouTube: [youtube.com/hammersmithandfulham](https://www.youtube.com/hammersmithandfulham)

## MEMBERSHIP

Councillor Ben Coleman (Chair) - Deputy Leader and Cabinet Member for Health and Social Care  
Dr James Cavanagh – H&F GP  
Carleen Duffy – Healthwatch H&F  
Dr Nicola Lang – Director of Public Health, LBHF  
Phillipa Johnson – Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust  
Jacqui McShannon – Strategic Director of Children's Services  
Lisa Redfern – Strategic Director of Social Care, LBHF  
Sue Roostan – Borough Director, H&F, Borough Based Partnership  
Councillor Alex Sanderson – Cabinet Member for Children and Education  
Sue Spiller – Chief Executive Officer, SOBUS  
Detective Inspector Luxan Thurairatnasingam – 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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Date Issued: 20 March 2023  
Date Updated: 27 March 2023

# Health & Wellbeing Board

## Agenda

If you would like to ask a question about any of the items on the agenda, please email [David.Abbott@lbhf.gov.uk](mailto:David.Abbott@lbhf.gov.uk) by 12pm, 27 March 2023.

<u>Item</u>	<u>Pages</u>
<b>1. APOLOGIES FOR ABSENCE</b>	
<b>2. DECLARATIONS OF INTEREST</b>	
<p>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.</p> <p>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.</p> <p>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.</p> <p>Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.</p>	
<b>3. MINUTES AND ACTIONS</b>	4 - 13
<p>To approve the minutes of the previous meeting as an accurate record and note any outstanding actions.</p>	
<b>4. REDUCING INEQUALITIES - A SYSTEM PERSPECTIVE</b>	14 - 22
<p>This item from the North West London Integrated Care System covers plans to identify and reduce health inequalities across the borough.</p>	
<b>5. YEAR ONE IMPLEMENTATION OF THE HAMMERSMITH AND FULHAM DEMENTIA STRATEGY</b>	23 - 53
<p>This item covers the implementation of the H&amp;F Dementia Strategy, including key achievements in 2022/23.</p>	

**6. WORK PROGRAMME**

To discuss the Board's work programme.

**7. DATES OF FUTURE MEETINGS**

To note the following dates of future meetings:

- 28 Jun 2023
- 20 Sep 2023
- 13 Dec 2023
- 12 Mar 2024

# Agenda Item 3

London Borough of Hammersmith & Fulham

## Health & Wellbeing Board Minutes



Tuesday 13 December 2022

### **PRESENT**

#### **Committee members:**

Councillor Ben Coleman, Deputy Leader and Cabinet Member for Health and Social Care, Chair  
Dr Nicola Lang - Director of Public Health, LBHF  
Jacqui McShannon - Strategic Director of Children's Services  
Lisa Redfern - Strategic Director of Social Care, LBHF  
Sue Roostan - Borough Director, H&F  
Councillor Alexandra Sanderson - Cabinet Member for Children and Education  
Detective Inspector Luxan Thurairatnasingam - Metropolitan Police

#### **Nominated Deputies:**

Councillor Natalia Perez, Chair, Health, Inclusion and Social Care Policy and Accountability Committee  
Councillor Helen Rowbottom, Chair of Children and Education Policy and Accountability Committee  
Nadia Taylor, Healthwatch, H&F

#### **Councillors in attendance:**

Liz Collins - Lead -Member for Energy Crisis Support  
Rebecca Harvey - Cabinet Member for Social Inclusion and Community Safety  
Genevieve Nwaogbe - Deputy Whip (Labour)  
Patricia Quigley - Lead Member for Inclusive Community Engagement and Co-production

#### **Officers and guests:**

Jo Baty, Assistant Director Assistant director specialist support and independent living, Social Care, H&F  
Sarah Bright, Assistant Director, Children's Commissioning, H&F  
Maria Connolly, H&F ICP Resident & Patient representative  
Angela Caulder, CYP Programme Delivery Manager, NWL ICS  
Peggy Coles, H&F Dementia Action Alliance Coordinator  
Helen Green, Service Manager Engagement and Planning, Education and SEND, H&F  
Rob Hurd, Chief Executive Officer, North West London Integrated Care System  
Trish Longdon, Imperial College Healthcare NHS Trust  
Helen Mangan, Deputy Director, West London NHS Trust  
Sharon Tomlin, Community Organiser – Old Oak in Hammersmith and North End in Fulham, SOBUS

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Minutes are subject to confirmation at the next meeting as a correct record of the proceedings and any amendments arising will be recorded in the minutes of that subsequent meeting.

## **1. APOLOGIES FOR ABSENCE**

Apologies for absence were noted from Dr James Cavanagh, Phillipa Johnson, and Carleen Duffy.

## **2. DECLARATIONS OF INTEREST**

None.

## **3. MINUTES AND ACTIONS**

Dr Nicola Lang provided an update on matters arising from the Agenda Item 4 of the minutes. It was explained that cases of diphtheria had been identified amongst migrants that were currently being housed in asylum hotels in the borough. Positive work was ongoing with the hotels to offer diphtheria vaccinations and migrants had been signed up with Brook Green General Practice.

Dr Lang reported on the recent increase in Group A streptococcal infections which was three times higher than in the last recorded peak in 2017-18. This had been attributed to a number of different theories, for example, a lack of social distancing, low immunity and viral infections. Dr Lang indicated that this type of infection was rare and that there was a greater prevalence of cases amongst children. Jackie McShannon confirmed that communication and messaging to schools had been effective, a meeting had been held with the borough's primary school headteachers and a helpline established. Guidance had been issued to allow greater flexibility to pharmaceutical prescription rules to prescribe tablets if liquid forms were not available. Sue Roostan emphasised that there was not an issue with supplies and delivery difficulties had been addressed.

Councillor Coleman explored the issue of covid, and flu vaccine take up given that this was now becoming part of "business as usual" work. Sue Roostan confirmed that take up rates had stabilised, with a mix of people seeking boosters or first vaccination.

Councillor Coleman requested that the minutes reflect his concerns regarding the latest placement of migrants by the Home Office in the borough without formal notification. The Home Office had been inefficient in its dealings and Linda Jackson had expressed the borough's concerns to the Home Office about the level of support asylum seekers received. A visit by Home Office officials was anticipated soon.

### **ACTION:**

Sue Roostan to look at winter pressures communications to encourage vaccination take rates.

## **RESOLVED**

The minutes of the previous meeting held on Wednesday, 12 September 2023 were agreed as an accurate record.

### **4. PUBLIC PARTICIPATION**

No public questions received.

### **5. BETTER CARE FUND**

Linda Jackson provided a brief overview of the Better Care Fund (BCF) operational and strategic framework that allowed the NHS and council to establish a shared budget. The report set out the details of the BCF financial agreement which would support a locally prioritised, integrated health and social care approach aimed at improving rates of hospital discharge and ensuring that support was provided in the community. Key points included the retendering of the council's home care service, proactive work with NHS colleagues to develop a more integrated approach which could reduce the reliance on community nursing, and the reprovision of existing services.

Sue Spiller asked if there were opportunities for voluntary and community services (VCS) to get involved in providing preventative support services and how this could be facilitated and delivered as part of the BCF programme. This raised the question of how early intervention and prevention work could be funded and Linda Jackson indicated that there was scope to further explore this in the future round of funding. Councillor Coleman highlighted a concern about home care staff being effectively asked to provide clinical support that they were not trained to deliver. It was acknowledged that this was difficult issue however, a program of training for domiciliary care workers would be implemented under the new BCF contract.

Nadia Taylor enquired if there was any indication occupational and physiotherapy staff would be taking strike action. It was confirmed that there was no information to indicate any social care strike action. Rob Hurd reported that operational plans to mitigate in response to planned action had been implemented across the North West London Integrated Care System (NWL ICS). This would ensure that contingencies were in place around service delivery, some of which would be downscaled to support essential core services to minimise the impact.

Councillor Coleman thanked NHS staff for their commitment and work in keeping residents safe. The Board felt discouraged by the government's reluctance to engage with unions to broker a swift and effective resolution for NHS nurses and to alleviate the significant concerns of residents.

## **RESOLVED**

That the Health and Wellbeing board approved the Better Care Fund agreement 2022/23.

## **6. HOSPITAL DISCHARGE FUND 2022/23**

Linda Jackson reported that the Hospital Discharge Fund for 2022/23 was part government funding to support social care discharge announced in July 2022 help support timely and safe hospital discharge and avoid patient delays. The report (page 55 of the Agenda pack) outlined details of the amount of a two part allocation of £500 million nationally, of which £16 million was allocated to the NWL ICS. Of the national allocation, £40 million was allocated to social care and had H&F received £765k, and a further £8.6 million was allocated to the Integrated Care Board (ICB). Plans about the fund allocation were developed with the support NWL health colleagues. It would be shared between domiciliary care, reablement services, step down and residential care. At a local level, there would be funding for residential care homes that required improvement and further support to help achieve improved Care Quality Commission ratings. Detailed figures were contained in the report.

Linda Jackson highlighted a concern that the programme did not sufficiently address the provision of “step up” preventive work in H&F which contributed significantly towards ensuring that residents did not need to go to hospital. Sue Roostan elaborated on the operational aspects of the fund reporting that Linda Jackson would be co-ordinating a fortnightly meeting to monitor the delivery and expenditure of the programme. Rob Hurd commented that there were two key objectives to address immediate needs, but the monitoring and assurance process could develop an evidence base to inform future provision. Releasing the funds was imperative given that it covered a short period of winter provisioning, and both health and social care partners had signed off on the agreement. Councillor Coleman concurred that it was important to analyse the impact of this work to understand the delivery of future provisioning and that this could be considered further by the Board.

Merril Hammer commented that the issue of funding extended beyond the scope of ensuring sufficient pay for health and social care staff. It was about retaining and sustaining expertise and knowledge within the staff workforce. Care staff were able to find more lucrative opportunities in areas such as retail. Lisa Redfern acknowledged that there were significant national difficulties in achieving a fair cost of funding for social care and that this had been widely recognised without resolution. Overall, funding was insufficient to meet increased costs, accentuated by greater acuity of care and complexity of need, with more people leaving hospital that required support at home. This would not be adequately resolved without societal acceptance of the need to fund social care. In addition to the introduction of a Living London Wage (LLW) in H&F, career progressing development initiatives were available to all care staff.

The Board explored the need for a financial resolution that fundamentally addressed the core issues facing councils about how they managed and delivered social care support, both prevention and intervention, to help reduce the need for hospital based treatment. Linda Jackson reiterated that it was important to understand what was meant by “increased complexity of care” and although the borough performed very well on addressing discharges, and

offered an excellent reablement services, more could be achieved with further funding. In response to a point of clarification from Jim Greal, Linda Jackson explained that discharges were largely from acute trusts, however, there was a small percentage of cases that had mental health needs. Such cases were more likely to be subject to delayed discharges given the combined complexity of both mental and physical care needs.

Maria Connolly commented that having a holistic approach that included a sustainable staffing model was important. Deteriorating illnesses and complex need meant that people often rebounded back to acute care settings. Linda Jackson explained that the council's response to government had advocated for funding for years two and three. An assurance framework for a combined health and social care workforce was required to support the development of a sustainable programme of discharge funding that could intervene to prevent a revolving cycle of illness and treatment.

Councillor Natalia Perez asked if cost of living issues had been considered in planning to improve workforce recruitment and retention. There were a number of local initiatives such as the Cost of Living booklet, which also contained a separate booklet outlining health and wellbeing tips and advice, provided by the council to support residents, and key workers in the borough, in addition to ensuring a LLW to the social care workforce.

## **RESOLVED**

1. That the Health and Wellbeing Board agreed the planned total expenditure and the proposed schemes for 2022-23; and
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.

## **7. INTEGRATED CARE SYSTEM AND H&F CARE PARTNERSHIP POLICY CONTEXT**

### ICS Overview

Rob Hurd presented an overview of the North West London Integrated Care Board (NWL ICB), which delivered a range of services to a population of 2.1 million across 8 boroughs, within a budget of £4.5 billion. The ICB recognised that there were significant variations in demography across the area and that this required a whole systems integrated information centre to develop an analytical understanding of population health.

The pandemic had exposed the need for significant work in order to build trusted relationships between health care providers and residents, and to address the inequalities experienced by some population groups in accessing health services. The ICB budget also held a strategic commissioning role for health care services for the area. The ICB was required to work in partnership with the eight local authorities in order to develop strategic priorities tailored to evidenced based population health needs.



Each locality was supported by a borough based partnership, which in Hammersmith and Fulham was the H&F Health and Care Partnership H&F HCP. The Integrated Care Partnership (ICP) consisted of a membership drawn from the eight local authorities and chaired by Penny Dash. The ICB co-ordinated and convening of work of health partners to address operational issues by delivering an assurance framework as required by NHS England, which potentially did not align with locally driven perspectives. Details of the ICB structures and systems links were explored in more detail (page 60 of the Agenda pack).

Merril Hammer sought further information about the proposed relationship between the Integrated Care Partnership and residents and what this would look like, given her concerns about the lack of engagement with residents and how they may not be able to input into service development and delivery. Rob Hurd explained that engagement was expected to take place through the borough based partnerships to facilitate resident involvement and to value the input of local authorities, strategically facilitated by the ICB. Rob Hurd emphasised that this was the start of a process at a local level and would require a long term approach, and he acknowledged that this could occasionally be influenced by central government initiatives.

Detective Inspector Luxan Thurairatnasingam asked about the ICB perspective on A&E departments and whether these incorporated the whole NHS framework as one structured and accountable system, given changes to the administrative framework of the NHS, particularly in relation to mental health care, and the importance of data sharing and integrated systems. Rob Hurd explained that a core aspect informing the ICB structure was to achieve a refined, scaled up collective approach, streamlining models of care. The intention was to address the variations in services across NWL and ensure that provision reflected local population need.

Acute provision in NWL was collectively delivered by four trusts and the ICB regarded this as one service, comparing and contrasting its constituent parts to identify improvements to the service. A collective approach embedded greater strength and stability in commissioning. The NWL ICS was unique in having clear regulations on information governance and had now agreed consent to share primary care data with every general practice in NWL, bar two. Joined up patient care records was a key aim of the work programme. Whole systems information was supported by the anonymised population health management data which informed outcome's and recognised the reality of the patient experience. This was distinct from ongoing work to achieve a common care record that could be shared through seamless systems alignment.

Jim Grealy highlighted that most people outside of the NHS sphere would not know of the change to the NHS administrative structure and the introduction of H&F HCP. He asked how it could be more visible, contacted and what its membership consisted of. Merrill Hammer sought clarification about the role of the H&F HCP in relation to the strategic policy development work of the ICP, and how residents would be able to engage. Rob Hurd concurred and emphasised the need for a balance between both structures to "build up" from residents. The ICP would not undertake strategic policy development work but would have oversight and agreement of it. Plans that flowed out from this would provide a framework for understanding and informing population need, with a policy

informing service function. It was important to centrally support the borough based partnerships across the system, but Rob Hurd also acknowledged that there were unacceptable borough variations in health and social care services. Part of the responsibility at NWL was to ensure that core standards were implemented to ensure greater equity and reduce variation.

An outline strategy was expected by January 2023 that would also incorporate community engagement with residents. Rob Hurd explained that this would be developed within the framework of NHS planning guidance to identify priorities and metrics over the next five years. These would cover a range of conditions including hypertension, cardiovascular disease, and diabetes, to identify inequalities in context of population health and prevention and inform the future prioritisation of services. The draft strategy would be high level and build on existing programmes of work and through other channels such as Health and Wellbeing boards.

### Local partnership

In this second part of the presentation Lisa Redfern described the local level H&FHCP which would be officially launched in January 2023 and how it was structured in relation to the wider ICP. Echoing Rob Hurd's comments, it was acknowledged that the structures were nebulous from the resident's perspective. The main focus of the partnership was drive through strategy, policy and operational planning. It had benefited from building on the strong collaborative relationships arising from the pandemic. There were four main campaign boards: Population Health, Diabetes, Frailty and Mental Health.

### Resident Engagement

Maria Connolly and Trish Longdon described their work and commitment to ensuring that services were locally co-designed and co-produced. Integrated or interconnected care networks between primary and secondary care was critical for residents but there was a lack of continuity with shared patient owned records. Development of a single system was a challenge within NWL. The patient reference group had been reformed, of which HaFSON were members. Another challenge highlighted by the patient reference group was patient referrals, with poor signposting (cultural barriers) and referral mechanisms.

Jackie McShannon asked about the engagement with, and representation of children and young people and their lived experience as patients, and also the experience of their families and carers. Sue Roostan explained that whilst they were not represented on the patient reference groups, significant work was undertaken through Children's Services and forums such as Parent's Active. It was acknowledged that further engagement should extend beyond this, for example, into schools and potentially, directly involve young people in shaping services.

### Resident Engagement – Dementia

Jo Baty and Peggy Coles provided a joint update on progress delivering on recommendations outlined in H&F Dementia Strategy 2021-24. Jo Baty described two key areas of work, the first was a workshop held with residents with dementia and their carers, which offered great insights into their experiences of navigating the ICS and highlighted areas for improvement. Additional work had been undertaken in engaging directly with residents in a

safe and trusted environment. Next steps included the co-ordination of a group of older residents, led by Christopher Nicklin, Assistant Director for Independent Living and Quality Standards and Performance, H&F to co-produce services and activities.

Peggy Coles continued that the strategy aimed to work with older people but would be broad in approach. Local community and voluntary services organisations such as Nubian Life would be involved to ensure the work would be co-produced, particularly in those communities which had experienced health inequalities and barriers to accessing the healthcare system. Peggy Coles explained the need for a “road map” to improve service signposting and referral pathways.

As a borough, there were low rates of dementia diagnosis and there was a need to understand the reasons for this, and how it could be addressed. One approach being considered was “train the trainer”, so that those diagnosed relatively early with their dementia condition could be trained, as way of contributing to the community, working with the memory clinic and other community groups. Work was also ongoing to develop a dementia hub to provide information on services that reflected a holistic approach across the system.

#### Resident Engagement – Palliative Care

An overview of the NWL ICS work on palliative care was provided by Sue Roostan reflecting a strong commitment to the principles and values of co-production. HaFSON had supported the co-design of engagement work on palliative care which had been invaluable to ensure that it was effective.

#### Resident Engagement – Mental Health

Helen Mangan provided a brief overview of the work that had been undertaken during a period of 18 months covering both adult and children’s services, taking a partnership approach to resident engagement. A Mental Health Stakeholder Group was also in place, meeting monthly, with a membership of between 20-40 resident service users, voluntary and community sector colleagues, and representatives from other statutory services. This was a forum for sharing information and experiences. Helen Green provided a perspective on her co-production work based in Children’s Services, H&F.

A piece of work had been undertaken to support the Youth Council in conducting a deep dive research project which included focus groups involving 300 young people. This had led to the production of a video expressing and describing pandemic related feelings and experiences. Angela Caulder outlined the range of co-produced mental health activities provided to children and young people to clearly understand what provision was needed and to identify any gaps, particularly in relation to the transitions workstream for 16-25 year olds.

#### Resident Engagement – Mental Health

Michele Roberts described the work of the ICB mental health campaign, and as part of this, the Health Community Grant scheme. This was a collaborative effort between West London NHS Trust and SOBUS where £200k in funding was allocated to 11 CVS's in 2022, providing everything from dance clubs to yoga, to support residents in maintaining good mental and emotional health and wellbeing. This asset based, preventative, community approach promoted good mental health across five priority areas including people with learning disabilities, those whose first language was not English, young people, those who have experienced trauma through migration and black and Asian minority ethnic LGTBQ+ groups (Lesbian, Gay, Transgender, Bisexual, Queer), and learning, physical and neurodiversity disabilities.

### Resident Engagement – building trust with black communities

Sharon Tomlin described the engagement work undertaken with stakeholder groups across the voluntary and community sector to help build trust with black and Asian minority ethnic communities. A steering group had been formed and had been active for about a year. They had explored how minority communities perceived their interactions with the health system and were planning a series of “listening” workshops supported by dialogue facilitators hear about people’s lived experiences. This was an opportunity for stakeholders to engage with and influence decision makers.

The need to build trust stemmed from how the pandemic had highlighted the impact of health inequalities and how this effected minority communities. Such stories were usually not reflected in empirical data and helped to build compelling evidence to support the project through co-production. The first of the workshops would take place between February and April 2023 and would lead to the formation of a mandate for action to understand what people wanted, to build stronger communities and to effect change.

### Discussion and Q&A Session

Merril Hammer commended the good work that had been taking place which many residents would not be aware of. More work was needed to ensure that residents received information about this and were more engaged, citing the example of the lack of clarity about the names of new structures, such as moving from the term “borough based partnership” to H&F HCP. A further point was raised about the clarity of governance arrangements for the new structures, for example, the number of meetings being held, and how many of these were being held in public. Councillor Coleman responded that these were issues that required further exploration, particularly in terms of facilitating greater engagement with residents.

Councillor Helen Rowbottom addressed an earlier point raised by Jackie McShannon about hearing from children and young people and the practical ways in which this could be input into the ICS. She suggested that an item to explore this further could be considered at the next meeting of the Children and Education Policy and Accountability Committee. The representation of children and young people in shaping services was often an afterthought so this was a great opportunity to take practical steps to address this.

Jim Grealy commented that more work could be undertaken on raising the profile of the new H&F HCP body, particularly as this was about to be launched. It was vitally important that this be visible to residents as a body that was well positioned to influence policy development at both ICP and ICB levels. It was equally important the residents understood the ways in which they could engage with the H&F HCP and could know that health bodies are working with them. Councillor Coleman asked if there would be both an internal and public launches of the H&F HCP, with the latter promoted to encourage residents to attend. Lisa Redfern acknowledged the points raised by HaFSON and accepted that there was a need for a more visible launch of the H&F HCP, extending beyond the current plans limiting the event to clinicians.

**ACTIONS:**

1. Sue Roostan to arrange a meeting with HaFSON and Trish Longdon to further discuss resident engagement with H&F Health and Care Partnership;
2. The H&F HCP to consider the need for residents to engage with them and the feasibility of a more visible launch event aimed at residents.

**RESOLVED**

That the Board noted the verbal report.

**8. WORK PROGRAMME**

Noted.

**9. DATES OF NEXT MEETING**

14 March 2023\*

*\*The date of this meeting was subsequently changed to 28 March 2023.  
14 March 2023\**

*\*The date of this meeting was subsequently changed to 28 March 2023.*

Meeting started: 6pm  
Meeting ended: 8.20pm

Chair .....

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# Reducing inequalities: A system perspective

28/03/2023

Nicola Kay / June Farquharson

# We have three agreed pillars of the Population Health Management and reducing inequalities approach for NW London, which will organise our work

1



## **Identify and tackle inequalities**

Identify and address inequalities in (a) access to (b) experience of and (c) outcomes achieved by each of our existing health and care services

2



## **Population health management building blocks**

Put in place the building blocks of a population health approach – that will help us to reduce inequalities - across all of our work within the ICS

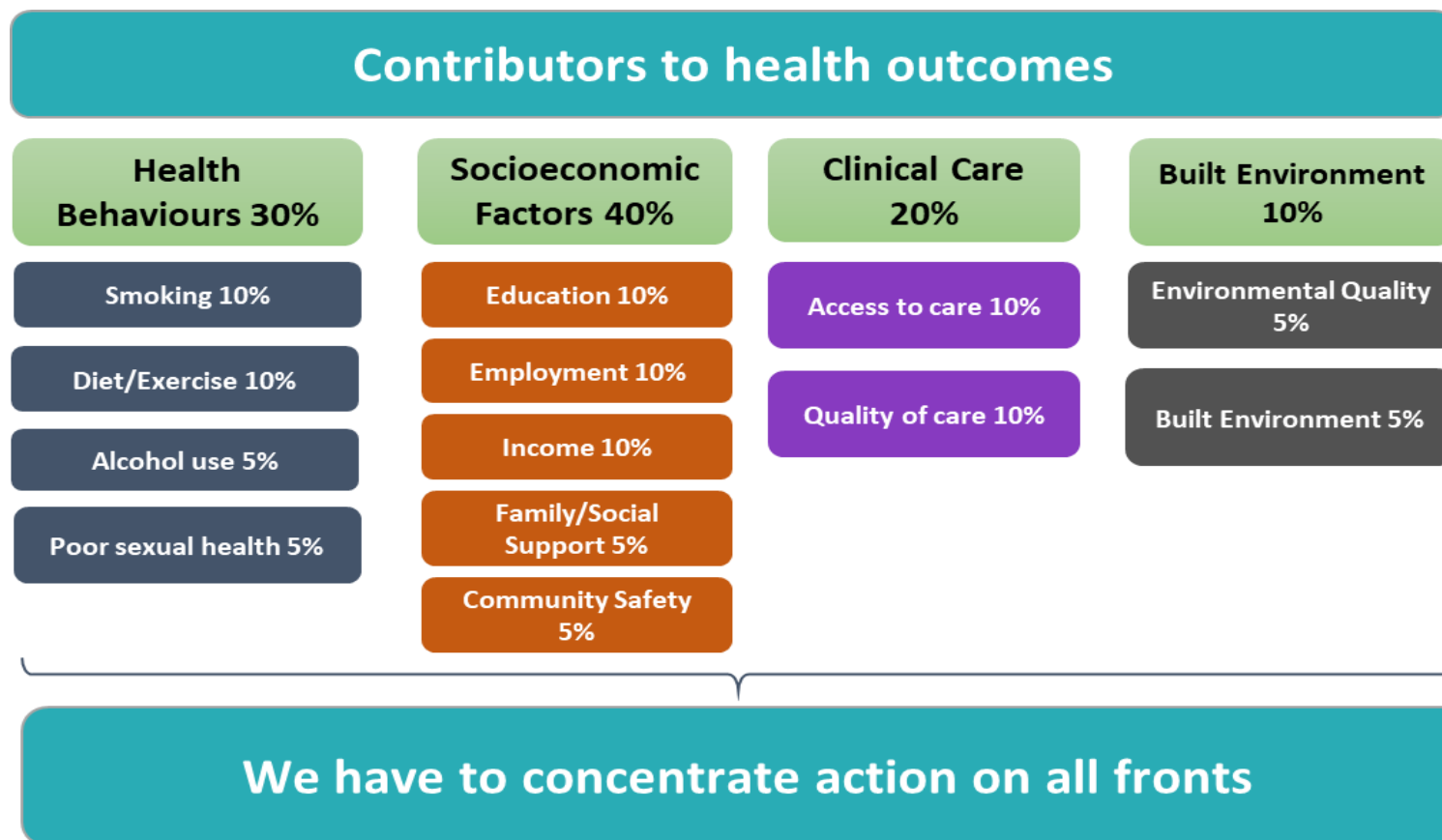
3



## **Partnership working on wider determinants**

Work together with all of the partners in our ICS to improve social, environmental and healthy living factors that adversely affect health and well-being

Recognition that we need to approach things differently if we are going to make an impact. We are looking across the wider determinants of health to improve health outcomes and reduce inequalities to identify what are key barriers.





The Core20Plus5 Framework is an opportunity to focus on the key priority inequalities areas and as an engagement tool with communities on the Plus element



## REDUCING HEALTHCARE INEQUALITIES

**CORE20**  
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation



The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

**PLUS**  
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

# CORE20 PLUS 5

Key clinical areas of health inequalities

1



**MATERNITY**  
ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups

2



**SEVERE MENTAL ILLNESS (SMI)**  
ensuring annual health checks for **60%** of those living with SMI (bringing SMI in line with the success seen in Learning Disabilities)

3



**CHRONIC RESPIRATORY DISEASE**  
a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

4



**EARLY CANCER DIAGNOSIS**  
**75%** of cases diagnosed at stage 1 or 2 by 2028

5



**HYPERTENSION CASE-FINDING**  
and optimal management and lipid optimal management

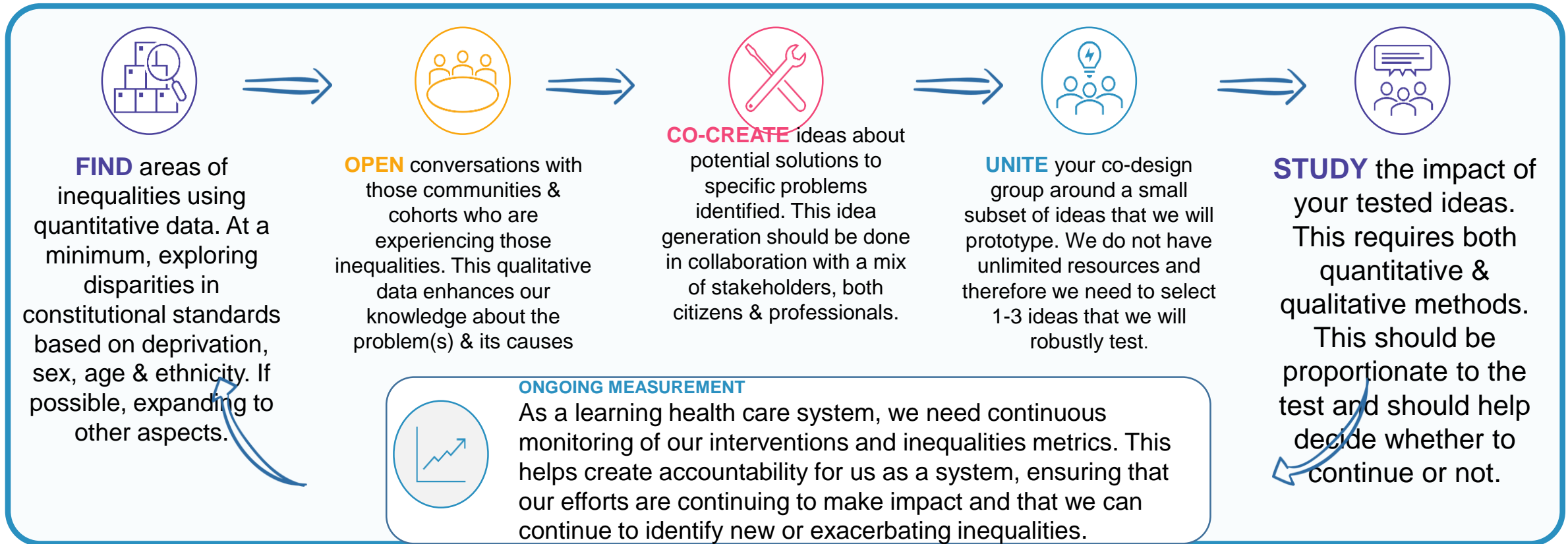


**SMOKING CESSATION**  
positively impacts all 5 key clinical areas

# We have developed the FOCUS-ON framework to provide a methodology to deliver Population Health Management and reduce inequalities



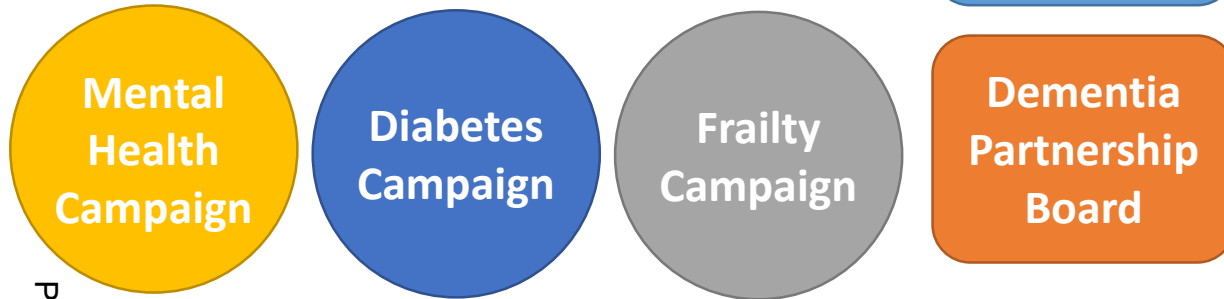
Page 18



# Hammersmith and Fulham Health and Care Partnership

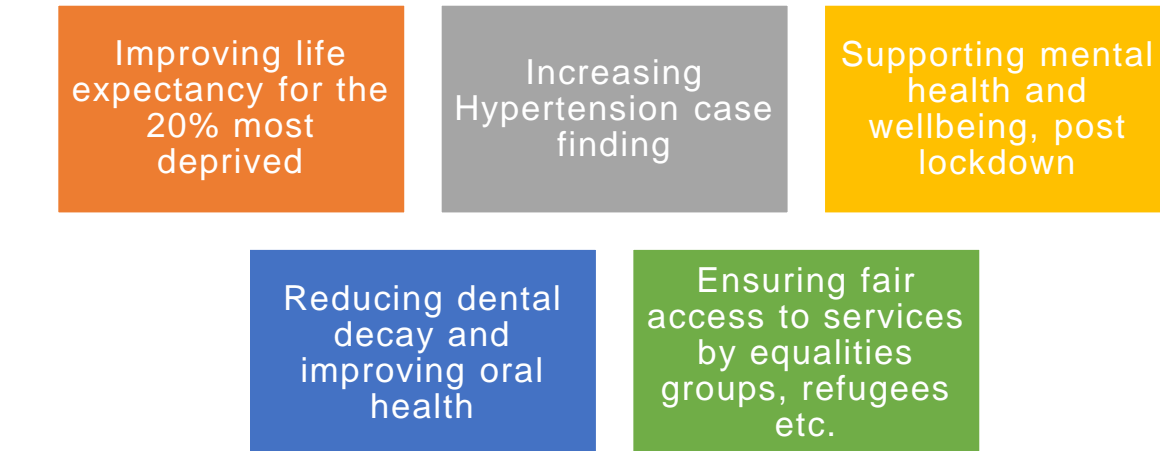


**Campaigns and Boards:** these are structures that have been developed to bring partners together to support transformation within key priority areas



**Tackling Inequalities Campaign:** we have identified that we need a new campaign to focus specifically on tackling inequalities. This campaign will oversee the administration of the PPHMI fund (see below), as well as overseeing other inequalities initiatives. This campaign structure will also support the work of the other campaigns and boards to ensure that an inequalities focus is a golden thread running through everything we do as a partnership.

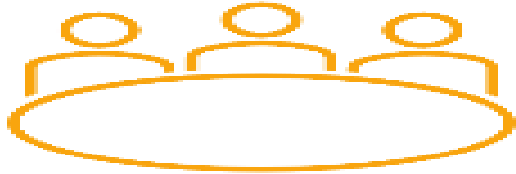
**Locally identified priorities:** in late 2022 we undertook a listening exercise to identify our key local priorities. This is a process that we will repeat and keep under review and use to evaluate existing campaigns and develop new ones.



**PPHMI Fund:** we have bid for a budget of £340k that will be ringfenced for tackling inequalities. We aim to spend this money in the following way:



# Effective collaboration between all partners is core to the approach – H&F Focus



- To have the maximum impact on inequalities, we need to build trust with our population, putting ‘what matters to you’ at the heart
- We want to work at system level to support and accelerate work at place and neighbourhood level to implement the Population Health Management approach through Borough Based Partnerships and Integrated Neighbourhood Teams, aligning work across all partners
- This includes maximising the opportunities to build infrastructure using the available investment and provide support through the Core20Plus5 Delivery Group
- We want to improve our evidence base on ‘what works’ and help with sharing and embedding best practice across the system
- We are building closer relationships between the system team and Borough teams and **welcome input on how best to work together to have the biggest impact for our local population**

# What does it mean for H&F – Building the Partnership

Page 21

- NW London's **Race Steering Group** (co-chaired by Linda Jackson) is aligned to the local “building trust” work, looking at cancer outcomes and staff leadership barriers
- Working in partnership to deliver Thrive London **cost of living training** to equip frontline staff on how to have crisis discussions whilst providing care – 20 staff identified
- **Plus** group identified locally as HMP Wormwood Scrubs – working with public health to co-produce interventions
- Opportunities to align **campaign** work around inequalities and the local health and wellbeing strategy
- Working in partnership with ICHT on **DNA Programme** – co-producing barriers and solutions with local H&F communities
- Looking at Allied Health Care Professional **Career opportunities** in ICHT for people from BME backgrounds, particularly apprenticeships
- **Wider employment opportunities** – making the NHS an attractive employer to local communities as an Anchor Institution. Niki Lang is part of our Anchor Steering Group
- Working closely with 3ST to build infrastructure to work more closely with the **third sector** – all infrastructure bodies are represented, including MIND West London, Sobus and Age UK Hammersmith and Fulham

# Future plans and areas of opportunity in reducing health inequalities in a structured, proactive and measured way

- Moving forward, action will be co-designed and co-produced with Delivery Group members, being shaped by their need and where our support will be most effective. Via ongoing collaboration and engagement, we will support borough teams to make progress on the Core20PLUS5, ensuring they have the skills and resources to achieve this and action is coordinated across the ICS.

## Borough-based workshops

- We are in the process of planning borough-based workshops to co-design detailed plans on Core20PLUS5, capturing everything that is in progress or planned, and developing additional actions where there are gaps.
- Alongside the plans we will also develop high-level requirements for delivering on these plans.
- This will include a deep dive into Population Health Management, to understand current capabilities and how future development can be supported by the NWL team (see right hand box).
- The workshops will be tailored to borough need, making them relevant and useful for all involved with the aim of bringing colleagues to a similar stage of maturity.

## Embed and align Population Health Management into NWL's Core20PLUS5 approach.

- The Core20PLUS5 is seen as the key driver providing directionality to action and activity, with PHM a powerful tool to guide skill development and identify *where and how* framework-aligned action can be taken.
- We plan to use a focus on the PHM approach to help to identify the skill gaps that currently exist across the boroughs that make hinder progress against the Core20PLUS5 framework, now and in the future.
- This will also highlight boroughs with strengths in this area, providing opportunities for them to share their learnings, support peers, and improve skills and capabilities across NWL ICS.
- Start to track improvement in outcomes.



**Report to:** Hammersmith and Fulham Health and Wellbeing Board

**Date:** 28/03/2023

**Subject:** Year One Implementation of the Hammersmith and Fulham Dementia Strategy

**Report of:** Toby Hyde (Chair of the Hammersmith and Fulham Dementia Partnership Board), Peggy Coles (Coordinator of Hammersmith and Fulham Dementia Action Alliance) and Jo Baty (Assistant Director Specialist Support and Independent Living, Adult Social Care, LBHF)

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### 1.0 Introduction

The Health and Wellbeing Board, (HWB), received a report from Hammersmith and Fulham Dementia Action Alliance and the stakeholders involved in co-producing the Hammersmith & Fulham Dementia Strategy in September 2021, updating on proposals to implement the Hammersmith and Fulham Dementia Strategy.

The HWB endorsed the Dementia Strategy and supported proposals to establish a Dementia Partnership Board, with representation from the local Council, the local NHS, the voluntary sector, our residents and businesses to oversee the implementation of the Dementia Strategy, aligned to the work of the ICP.

This paper will provide an update on the work of the now established Dementia Partnership Board (DPB) and on the implementation of Year 1 priorities. The report will highlight areas where the DPB is making great progress in improving outcomes for residents with dementia and their carers and families and the areas where we require Health and Wellbeing Board support.

### 2.0 Background to the Hammersmith and Fulham Dementia Strategy

The H&F Dementia Strategy Task and Finish Group (DSTFG) initially convened in March 2020 as a group of stakeholders concerned about the impact of Covid-19 lockdown restrictions on elderly residents with cognitive issues.

The DSTFG had representation from H&F Dementia Action Alliance (DAA), the Alzheimer's Society, For Brian CIC, Carers Network, Nubian Life, Elgin Day Centre, the Older People's Mental Health Service (OPMHS) Clinic, the GP Federation and with support from H&F Adult Social Care (ASC).

The group began by identifying the key issues in the borough's Dementia Care

Pathway and focusing on the sufficiency and quality of local services with the aim of ensuring the best quality of life for people with dementia, their carers and families.

Using the Hammersmith and Fulham Disabled People's Commission model of co-production and following the DEEP (Dementia Engagement and Empowerment Project, the network of Dementia Voices), we developed our understanding of the experience of people with dementia, of their carers and families and of the people who support them through:

- Regular meetings of the Dementia Strategy Task and Finish Group
- Conversations with people with dementia and with their carers and families as to how they experience local services and support
- Four online surveys for people with dementia, carers, stakeholders and businesses to establish what works well locally, where there are gaps and what needs to be improved

The surveys were communicated via our respective Dementia stakeholders, and for businesses via the Council's Economy Team business newsletter.

We received 135 responses and identified the 11 highest scoring priorities identified by people with dementia, their carers and families and the people supporting them and local businesses.

1. Early and accurate diagnosis within clearly understood timeframes
2. Clear and accessible information about how to get services and support
3. People affected by dementia must be treated with dignity and respect and be offered opportunities for good quality of life throughout their condition
4. Good availability and choice of day services, short breaks and overnight respite to support people with dementia, their families and carers
5. Multi-disciplinary coordination between services, with improved communication and cooperation between services and with people with dementia, their carers and families
6. Continuation of support and care for people with dementia, their carers and families, including the sensitive planning and provision of end-of-life care
7. Services must meet the real, as opposed to assumed, needs of people with dementia and their carers and families
8. A network of peer-led support groups across H&F for the recently diagnosed, for families and carers, for people who have been living with dementia and for carers living with bereavement.
9. A range of dementia-specific and dementia-inclusive activities that give choice and control, reduce social isolation, and promote equality
10. Ensure that the health and social care workforce meets core competencies around dementia and that family carers are offered training to meet their needs
11. Hammersmith and Fulham to be a Dementia Friendly Community.

These priorities in turn informed our nine recommendations, which included a Dementia Partnership Board be established to oversee an implementation plan, with representation from the NHS, Hammersmith and Fulham Council, the Voluntary and Community Sector and people with dementia, their carers and families.



This report updates the Board on the work of the Dementia Partnership Board to date.

### **3.0 Progress Update**

The Dementia Partnership Board has made good progress overall.

The Board is chaired by Toby Hyde, Deputy Director in the Strategy Group NHS England (and formerly Deputy Director of Transformation at Imperial College Healthcare NHS Trust).

Governance consists of an overarching Dementia Partnership Board that meets quarterly to address the strategy, monitor progress against Year One Implementation Plan and associated risks. Additionally, the Dementia Partnership Board Programme Team meet weekly, and a number of task and finish groups have been established to support Year 1 Implementation Plan.

- (i) The Dementia Partnership Board has senior representation from the Hammersmith and Fulham Dementia Action Alliance, Central London Community Healthcare Trust, West London Mental Health Trust, the NWL Integrated Care Board, H&F Council Social Care and Public Health, UK DRI, Imperial College London, For Brian CiC, Carers Network and a local Councillor.
- (ii) The Dementia Partnership Board Programme Team consists of the Chair of the DPB, the Assistant Director Social Care (Specialist Support and Independent Living), the Coordinator of H&F Dementia Action Alliance, the Mental Health Programme Manager, Hammersmith and Fulham Health and Care Partnership and an H&F Programme Manager.

### **3.1 Year One Dementia Strategy Implementation Plan**

In order that the work of the Dementia Partnership Board reflects the most pressing issues for people with dementia and their carers, the four highest scoring priorities for people with dementia and their carers were agreed to be key areas of focus for year one implementation of the Dementia Strategy at the Inaugural Meeting of the Dementia Partnership Board on 22<sup>nd</sup> January 2022. They are.

- Clear and accessible information about how to get services and support.
- Services must meet the evidenced needs of people with dementia and their carers and families as opposed to assumed needs.
- A range of dementia specific and dementia inclusive activities that give choice and control, reduce social isolation and promote equality.
- Hammersmith and Fulham to be a Dementia Friendly Community.

Aligned to this, the Dementia Partnership Board made a commitment to address 'whole system' issues around residents securing an early and accurate dementia diagnosis within clearly understood timeframes. This priority area of focus has been and continues to be core to the work of the Dementia Partnership Board in addressing, at the time of writing the Dementia Strategy, Hammersmith and Fulham

having the lowest number of people diagnosed with dementia in any London borough and also the second lowest recorded dementia prevalence of any London borough after LB Newham.

### **3.2 Update on meeting priorities**

The Hammersmith and Fulham Dementia Partnership Board was established after the Hammersmith and Fulham Health and Care Partnership H&F HCP) and its' associated Campaigns.

The H&F HCP is a collective of health, care and wellbeing organisations and resident representatives dedicated to improving the health and wellbeing of residents.

The H&F HCP is currently working to 5 key priorities:

- Supporting people to stay well as long as possible
- Supporting people who are living with an illness
- Supporting people with mental health needs
- Supporting people suffering with or recovering from Covid-19 and
- Developing the partnership (including the partnerships in local neighbourhoods across H&F, known as Primary Care Networks)

To deliver on these priorities there are currently 4 delivery areas known as Campaigns that are implementing changes to health and care services. They are:

- Diabetes Campaign
- Mental Health Campaign
- Frailty Campaign and
- Population Health Management

Mindful of a proliferation of sub-groups attached to H&F HCP Campaigns, the DPB have attempted to align their work and resources to existing Campaigns and to wider work across the Health and Care Partnership in relation to Warm Hubs, Cost of Living Crisis, Mental and Physical Wellbeing, Tackling Isolation and Loneliness and development of an H&F Carers Strategy.

This alignment and pooling of resources has worked well in some areas of our delivery and less in others, not least because the co-produced Dementia Strategy has a detailed Implementation Plan and associated actions which do not always easily align to work and priorities of one specific Campaign, but rather to the whole integrated 'system.'

Progress against the four priority areas of delivery in the Year 1 Implementation Plan are included in the table below on pages 7 to 13, and a summary of what has worked, what has been difficult and our learning to date is enclosed below.

#### **3.2.1 What has worked well?**

The areas where we can evidence most progress and impact are around awareness raising and development of a range of dementia friendly activities for residents

across the borough, working collaboratively with public, private and voluntary and community sector partners. Of those not represented on the Dementia Partnership Board, examples include teams within the Council (Economy, Housing, Libraries, Sports and Leisure), GP Training Hub, Audiology Team at Imperial, Dementia Link Workers, Godolphin and Latymer school, Fulham Good Neighbours, Sands End Community Centre, Dance West, Nourish Hub, Age UK, Nubian Life, Elgin Resource Centre, Alzheimer's Society, Hurlingham Club, Earls Court Development Company, Saatchi Gallery, National Gallery, Metropolitan Police and our three local Football Clubs.

Peggy Coles from Dementia Action Alliance has instigated and nurtured relationships with an extensive range of partners committed to improving life outcomes for residents with dementia, be it through arts and dance, through sport and leisure activities, through events focused on health and wellbeing, through social gatherings and through the sharing of information around services and support. The partnership working on these priority areas are now well embedded and this work goes from strength to strength.

In reaching out and engaging a number of residents in both attending and contributing to events and activities for residents with dementia and their carers, we have engaged a group of residents with dementia who, with support from 'Innovations in Dementia,' will 'grow' our co-production and specifically how we engage residents with dementia in informing, shaping and improving the services and support they receive in Hammersmith and Fulham. This model is in line with the work Action on Disability (a Disabled Peoples Organisation, led by disabled people) have led on behalf of Hammersmith and Fulham Council to recruit and support disabled residents to be part of the co-production championed by Hammersmith and Fulham Co-production Implementation Group (HFCIG) and to make real the Council's vision for Independent Living.

### **3.2.2 What has been difficult and where do we require support from the Health and Wellbeing Board?**

#### **Dementia Diagnosis rates**

The issues around improving the dementia diagnosis rates for Hammersmith and Fulham continue to be challenging and multi-faceted.

In H&F, as of July 2021, there were 770 people over the age of 65 with a recorded diagnosis of dementia (representing 3.5% of the total H&F population in the 65+ age group). At that time, this was the lowest number of people diagnosed with dementia in a London borough and also the second lowest recorded dementia prevalence of any London borough after Newham.

As of Sept 2022, there were 842 people over the age of 65 with a recorded diagnosis of dementia (representing 4.4% of the total population in the 65+ age group). At that time this was the tenth lowest number of people diagnosed with dementia in any London borough and also the lowest recorded dementia prevalence of the NWL boroughs.

The issues related to dementia diagnosis are complex and require the DPB to fix a number of issues, including data sharing (to get information to residents at the earliest opportunity) and data recording across health and social care; staff capacity and awareness raising within workforce (health, social care and the voluntary and community sector).

Despite a number of meetings, bringing together colleagues across the Dementia Partnership Board and wider H&F Health and Care Partnership, and though we have scoped the Key Performance Indicators (KPI's) we are looking to track and monitor progress against, we are not yet in a position to track and report against KPI's.

It is critical going forward that we can access the following data, and specifically.

- **Diagnostic gap** – to know what the gap is between observed and expected diagnosis rates, split by GP Practice.
- **Referral accuracy** – looking at conversion rates for each GP Practice.
- **Number of residents on waiting list** for assessment at OPMHS
- **Waiting time for diagnosis** – average and variation of waiting times
- **Total number of residents with a confirmed diagnosis of dementia** who are H&F registered / resident.
- **Outcomes for people with dementia** (for example unplanned admissions, measures of experience and/or 6 month reviews).

We are still benchmarking very poorly as a 'whole system' and there appears to be confusion as to who holds which data and if, how and the regularity of when it can be shared to inform a dashboard.

We are still addressing the whole system approach required to improve not only diagnosis rates but how best we can support residents on the waiting list for assessment at the Older Peoples Mental Health Service. To those ends the new Clinical Director at the Older Peoples Mental Health Service, Suhana Ahmed has agreed to chair a monthly meeting of the Dementia Diagnosis Improvement Group (DDIG), which will focus not only on improving diagnosis rates, but on:

- reducing waiting times for assessment at OPMHS
- improving engagement with Primary Care
- ensuring that we can contact support residents pre and post diagnosis at earliest opportunity.
- Clarifying the role of the Dementia Link Workers and
- Protocols which capture how the NHS, Council and voluntary and community sector can improve our dementia diagnosis rates and associated KPI's.

Suhana Ahmed's commitment and the establishment of the DDIG is a positive move forward but going forward we do require the support of the Health and Wellbeing Board in ensuring that all stakeholders are represented at the DDIG are committed to this priority area of work.

## **Governance**

Further work is required to understand how the Dementia Partnership Board relates to the Hammersmith and Fulham Health and Care Partnership (H&F HCP). This may well be of little interest to our residents, but the clarity would enable us to avoid duplication, confusion and mitigate against the risk of delays in delivery.

Three examples as to where we have lacked clarity around governance (and 'who does what') are.

- Data – we have not yet agreed or understood how best we can use the wealth of data held at NWL and at local level to ensure that we have some equity of approach in supporting residents with dementia and their families. It remains unclear as to who is doing what.
- Another is engagement with GP's – how can we effectively engage GP's and Primary Care, acknowledging the demands of their time but also their critical role (often) as the 'front door' in the dementia pathway.
- Lastly, further work needs to be given as to where the DPB accountabilities sit within the H&F Health and Care Partnership governance and as the resources required to sustain and grow momentum in delivery of the Year Two Implementation Plan going forward.

The issues around accessing and utilising data, engagement of Primary Care and accountabilities/resources are also areas where we require the support of the Health and Wellbeing Board.

#### **4. Update as to progress in meeting Hammersmith and Fulham Dementia Strategy Year 1 Implementation Plan priorities**

##### **Priority 1. Clear and accessible information about how to get services and support.**

Priority	Year 1 Actions	Lead	Update as at March 21 <sup>st</sup> 2023
That a Dementia Guide is co-produced with residents with dementia and their carers and families. The guide should include the NHS health check dementia leaflet and be available in different languages and accessible to all our communities. It should explain each stage of the Dementia care pathway starting with pre-diagnosis, and explain treatment interventions and emotional and practical support available, with access-to-assistive technology	Produce a Dementia Guide outlining the Dementia Pathway providers, NHS, Social Care and voluntary and community sector support, with a focus on prevention.	Dementia Action Alliance	<p>The H&amp;F Dementia Guide is drafted and includes a chapter on Assistive Technologies.</p> <p>An editorial group will be established to review the Guide and ensure that it is circulated widely and promoted on the Council's Independent Living webpages.</p> <p>The H&amp;F Dementia Guide will be launched during Dementia Action Week 15<sup>th</sup> – 21<sup>st</sup> May 2023 at a Reception for GPs, Primary Care, Dementia Link Workers and staff at the OPMHS.</p>
That the Dementia Partnership Board co-produces a Communications Plan. This would acknowledge that whilst some residents will access websites and use social media, others will not use technology. Printed information will need to be in different formats and languages to be accessible to all residents, with a 'drop-in' offer where questions can be	That we establish the Dementia Co-production Forum and develop a Communications Strategy to ensure that we are meeting the needs of our diverse population in H&F	LBHF Adult Social Care	<p>In aligning with the work of the DPB to wider activities across the Health and Care Partnership, we are developing a hearing screening pilot to add to the awareness and prevention of dementia.</p> <p>We have also established a small LBHF working group to resource and coordinate how and where we promote events and activities for older residents, working with our Lead Member for Older residents, Cllr Siddique.</p> <p>Going forward the work of this group needs to be expanded to include NHS and voluntary and</p>

<p>answered face-to-face, with signposting as necessary</p>			<p>community sector partners and the 'drop in' to be delivered by our Dementia Hub. Going forward the work of this group needs to be expanded to include NHS and voluntary and community sector partners. The 'drop in' will be delivered by our Dementia Hub.</p>
<p>That, aligned to the recommendations in the Hammersmith and Fulham Older Peoples Commission (March 2019), highlighting the importance of partnership with the H&amp;F Council Housing Team, Sheltered Housing providers, Tenants and Residents Associations, Wardens and Careline, we disseminate information on dementia services and support to the thousands of older residents H&amp;F Council supports and accommodates.</p>	<p>A Dementia Housing Workshop to plan as to how we can better support older residents living in Council accommodation.</p>	<p>LBHF Housing</p>	<p>Initial meetings with Yvonne Stoney, Sheltered Service Manager and Amanda Green, Interim Head of Provided Services as to how we can better collaborate and reach out to residents (in Sheltered Housing and via Careline) to better promote services and support. Workshop to be coordinated at the end of May 2023 to promote the Dementia Guide.</p>

**Priority 2. Services must meet the evidenced needs of people with dementia and their carers and families as opposed to assumed needs.**

Priority	Year 1 Actions	Lead	Update as at March 21 <sup>st</sup> 2023
That the support offered to all who are referred to the Memory Clinic (OPMHS) is reviewed, acknowledging that support is not diagnosis dependent and those with Minor Cognitive Impairment should receive focused support from existing Dementia Link Workers in collaboration with dementia services.	A review of the quality and sufficiency of support for all referrals to the Memory Clinic	West London Trust	<p>New Clinical Director at the Older Peoples Mental Health Service (Suhana Ahmed) to Chair monthly Dementia Diagnosis Improvement Group (DDIG) with a focus on how best we can collaborate around data sharing, supporting residents on the Memory Clinic waiting list and those with a diagnosis, further developing protocols between Primary Care, OPMHS, Adult Social Care and Dementia Hub.</p> <p>We have launched Diadem (cognitive screening integrated project for residents in Care homes) with OPMHS, GP's, Primary Care, Imperial MDT Lead and Adult Social Care.</p>
That a referral protocol be established between the Alcohol Service and the OPMHS to support those at risk of getting alcohol-related dementia, building on the existing good practice protocol between the Learning Disability Team and the Memory Clinic.	A Protocol between the Alcohol Service and OPMHS to be developed (as part of further review of protocols across dementia stakeholders in phase 2)	Alcohol Service/OPMHS	As above – this will shift into year 2 Implementation Plan



<p>That the Dementia Partnership Board works with expert bodies, such as the Social Care Institute for Excellence (SCIE), when considering how best to support, for example, H&amp;F's LGBT community and those with complex needs to access dementia services and support.</p>	<p>We build on the work of the H&amp;F GP Federation Training Hub with LGBT community to ensure accessibility of dementia services and support (for those living independently and in care homes)</p>	<p>NWL Training Hub and DAA (Dementia Hub)</p>	<p>The GP Federation no longer in existence but excellent work done with Peggy Coles (DAA) Hannah Lambert (LBHF) and Caroline Durack (NWL Training Hub) on a Dementia Training Needs Analysis across the DPB. The work and partnership with SCIE, London Care and Support Forum and Skills for Care will inform a Year 2 Implementation Plan priority. 7 Adult Social Care staff completed their <i>Social Works</i> Level 2 Award Dementia Awareness training in March 2023</p>
<p>That engagement with Research and the use of Advanced technologies, Assistive Technology and the range of equipment and adaptations is promoted to support independence and quality of life for people with dementia and their carers/families.</p>	<p>That a short life working group be established to review how we coordinated, refer and promote advanced and assistive technologies</p>	<p>Imperial College Dementia Research Institute (DRI) and Adult Social Care Assistive Technologies Lead.</p>	<p>Imperial College DRI continue to work collaboratively with Dementia Partnership Board stakeholders and launched the UK DRI Care Research &amp; Technology Centre in May 2022 and presentation to March 2023 DPB as to Research from National Institute of Health and Care Research and UK DRI for a key focus in year 2 Implementation.</p>

**Priority 3. A range of dementia specific and dementia inclusive activities that give choice and control, reduce social isolation and promote equality.**

Priority	Year 1 Actions	Lead	Update as at March 21 <sup>st</sup> 2023
<p>That the proposed Dementia Partnership Board ensures (via self-referral or social prescribing link workers) a coordinated range of inclusive and accessible activities for people with cognitive impairment or a dementia diagnosis across the borough. This could include additional Memory Cafes in the north and south of the borough, an intergenerational dementia hub and a regular programme of outdoor and cultural activities, all increasing resident wellbeing and reducing patient medical visits.</p>	<p>A detailed map and gap of dementia support and services funded by the NHS, CCG and Local Authority (including Public Health) to better understand issues around demand, supply, sufficiency and quality of core services and support.</p>	<p>Commissioners across the H&amp;F Health and Care Partnership and Dementia Hub</p>	<p>West London Trust funding and ICB Health Inequalities monies have enabled the DPB to fund a number of inclusive and accessible activities for residents with dementia and their carers/families.</p> <p>New services and support.</p> <ul style="list-style-type: none"> <li>• Three new Memory Café's at the Nourish Hub, Age UK, Elgin Day Centre and a fourth (existing) one at the Alzheimer's Society</li> <li>• Art Classes at Bishop Creighton House</li> <li>• Silver Socials for older residents</li> <li>• Incorporating information and advice from local services (including the audiology team)</li> <li>• Partnership with Chelsea Football Club to promote dementia across their intergenerational 'fan' base.</li> <li>• Partnership with the Hurlingham Club to use their venue to promote wellbeing and reduce isolation.</li> <li>• 'Good Life with Dementia' peer support for people with dementia</li> </ul> <p>Map and gap to be further developed to understand the demand for and capacity of existing services and support to meet the needs of residents with dementia and their carers - this</p>

			work, undertaken by commissioners across the NHS and Council will further inform business case for our Dementia Hub.
That H&F Council and CCG take a holistic approach in supporting people with dementia and their carers/families, acknowledging that being active, being creative and having a safe place to live are as important as receiving good quality health and social care.	To review how inclusive mainstream services are of people with dementia and their carers across the borough and what capacity they have to meet increase in demand	Dementia Action Alliance (DAA)	Strong partnership working between DAA and Council Teams (Adult Social Care, Leisure and Cultural Services, Housing and Economy). The detailed map and gap of services and support available across the integrated partnership will further inform our work in ensuring that specialist dementia services are working with mainstream services to widen the range of services and support available to our residents, regardless as to where they live in the borough.

#### Priority 4. Hammersmith and Fulham to be a Dementia Friendly Community

Priority	Year 1 Actions	Lead	Update as at March 21 <sup>st</sup> 2023
That an application for H&F to receive Alzheimer's Society accreditation as a Dementia Friendly Community is progressed and approved	To co-produce a range of activities in H&F which meet the needs of our diverse population as detailed in our H&F Dementia Strategy	Dementia Action Alliance	Dementia Action Alliance have worked collaboratively across the integrated partnership with 1000 dementia friends in Hammersmith and Fulham as at the end of March 2023. We will be looking to progress our Dementia Friendly Community status with the national Alzheimer's Society once we have 'landed' our Dementia Hub.
That best practice is celebrated in becoming a Dementia Friendly Community. One such example is the Herbert Protocol, a national scheme encouraging carers of any age to compile information in advance of a vulnerable person going missing (promoted by H&F DAA in partnership with the Metropolitan Police's Mental Health Team to "help everyone stay safe").	To co-produce proposals for a dementia friendly community, including dementia friendly travel and dementia friendly swimming	Dementia Action Alliance	Meetings with Chelsea Football Club to 'roll out' 'Dementia Friends' to their Stewards and with South Fulham PCN to become a 'Dementia Friendly GP Surgery.'  Dementia Friendly Swimming at Fulham Pools (Virgin)  Best practice to be further developed from our Dementia Hub in Year 2 implementation

# Hammersmith and Fulham Dementia Partnership Board

## Year One Implementation of the H&F Dementia Strategy

### Key Achievements 2022/2023



# YEAR ONE PRIORITIES

**Overarching priority - getting an early and accurate diagnosis within clearly understood timeframes**

**Priority 1** - Clear, accessible information about how to get services and support

**Priority 2** - Services must meet the evidenced needs of people with dementia and their carers and families as opposed to assumed needs

**Priority 3** - A range of dementia specific and dementia inclusive activities that give choice and control, reduce social isolation and promote equality

**Priority 4** - Hammersmith and Fulham to be a Dementia Friendly Community

# Living with Dementia

Getting help in Hammersmith & Fulham



**Priority 1** - Clear, accessible information about how to get services and support

- \* Our H&F Dementia Guide – to be launched in Dementia Action Week 15-21 May 2023 at reception for GPs, Primary Care, Dementia Link Workers and staff of the Older Peoples Mental Health Service

**H&F Dementia Action Alliance and  
H&F Dementia Partnership Board**

invite you to

## **Afternoon Tea at Hammersmith & Fulham Dementia Fair**

**Your dementia questions answered as part of  
National Dementia Action Week 2022**

**Sponsored by ACTIVE MINDS Wellbeing Programme**

**Date:** Tuesday 17<sup>th</sup> May 2022

**Time:** 2:00pm - 4:30pm

**Location:** Sands End Art & Community Centre  
(SEACC) Peterborough Road  
Fulham SW6 3EZ

### **STALLHOLDERS**

Meet representatives and collect information from many of the local organisations listed on the reverse

### **RSVP**

Call: 0777 578 4520

Email: HamFulDAA@gmail.com



**DAA** Hammersmith & Fulham  
Dementia Action Alliance



## **Priority 1 - Clear, accessible information about how to get services and support**

- \* A celebration of our integrated partnership working
- \* Over 150 residents attending and 20 local organisations and services represented
- \* Early recruitment of our future dementia co-producers







**Priority 2** - Services must meet the evidenced needs of people with dementia and their carers and families as opposed to assumed needs

- \* “Nothing about us without us” - how residents experience our services and support – Dionne describing her experience of living with dementia at the Dementia Fair on 1th May 2022.





**Priority 2** - Services must meet the evidenced needs of people with dementia and their carers and families as opposed to assumed needs

- \* 'Innovations in Dementia' growing our co-production with 8 residents with dementia
- \* Peer support for people with dementia, sharing information and experiences



# 12 Creative Art Sessions to preserve brain health

Arts prescription programmes empower residents with cognitive challenges to choose activities that most interest them, to preserve brain health, identity and a meaningful life in the community

JOIN US **EVERY FRIDAY** FOR 12 WEEKS STARTING **FRIDAY 3 FEBRUARY**

## DATES

February 3, 10, 24  
March 3, 10, 17, 24, 31  
April 14, 21, 28  
May 5  
NO SESSIONS  
EASTER 7 - 14 APRIL

## TIME

11:00am - 1:00pm

## HOW TO JOIN

GP referral gives opportunity for positive treatment with social interaction and the acknowledgement/confidence building that residents (and their carers) are not alone

## LOCATION

**Bishop Creighton House**  
378 Lillie Road,  
London SW6 7PH  
(near junction with  
Fulham Palace Road)

Buses 74, 190, 211, 295, 424, 430 stop outside  
220 stops nearby

## ALL SESSIONS ARE FREE

Fully inclusive & dementia friendly  
Materials and refreshments  
will be provided

To sign up for classes, please call Peggy on **07775 784520**  
or email [peggy@hfdaa.org](mailto:peggy@hfdaa.org)



Featured artwork by Anarkali Checkrahamatoula

Age Unlimited Charity No: 1137423

**Priority 2** - Services must meet the evidenced needs of people with dementia and their carers and families as opposed to assumed needs

- \* Year one of our Dementia Hub activities delivered across the borough  
84 residents accessed Art Sessions and 624 accessed Dementia Friendly Bingo
- \* Support for residents waiting for a diagnosis – they have seen GP and have been referred to OPMHS.





**Priority 2** - Services must meet the evidenced needs of people with dementia and their carers and families as opposed to assumed needs

\* Launch of the UK DRI Care Research & Technology Centre in May 2022 – a multi-million pound research facility to improve the lives of people living with dementia





**Priority 3** - A range of dementia specific and dementia inclusive activities that give choice and control, reduce social isolation and promote equality

- \* All Ability Cycling Hub on Fridays – For Brian CIC with Bikeworks

# THE TUESDAY CLUB

A new network of memory cafes in H&F running each week



The Tuesday Clubs are a place where people can find companionship in a relaxed environment away from the stresses of everyday life; the activity groups can improve wellbeing by:

- ✓ Providing interest and enjoyment
- ✓ Connecting with others
- ✓ Sharing experiences among peers
- ✓ Getting out into the community

**Nourish Hub** where communities come together to share food.  
Swanscombe House  
1 St Ann's Road  
London W114SS



(OPENS 4<sup>th</sup> APRIL)

SUPPORTED BY  
**DAA** Hammersmith & Fulham  
Dementia Action Alliance

FIRST  
TUESDAY OF  
THE MONTH  
11:00am -  
1:00pm

**Age UK Hammersmith & Fulham**  
Supported by **Visiting Angels**

(OPENS 11<sup>th</sup> APRIL)

105 Greyhound Road  
London W6 8NJ



SECOND  
TUESDAY OF  
THE MONTH  
11:00am -  
1:00pm

**Elgin Close Resource Centre**  
Supported by **Walfinch Home Care**

1-3 Elgin Close (off Goldhawk Road)  
London W12 9NH

(OPENS 18<sup>th</sup> APRIL)

Housing (2)



THIRD  
TUESDAY OF  
THE MONTH  
11:00am -  
1:00pm

**Alzheimer's Society Day Centre**

(OPENS 29<sup>th</sup> APRIL)

49 Queen Caroline Street  
(behind the Apollo Theatre)  
London W6 9QH



PLEASE NOTE:  
This event is held  
on a Saturday

FOURTH  
SATURDAY  
OF THE MONTH  
2:00pm  
-4:00pm

Look for a location near you! To sign up or ask questions, please call Peggy on 07775784520 or email [peggy@hfdaa.org](mailto:peggy@hfdaa.org)



**DAA** Hammersmith & Fulham  
Dementia Action Alliance

**h&f** Dementia  
Partnership Board

**Priority 3** - A range of dementia specific and dementia inclusive activities that give choice and control, reduce social isolation and promote equality

\* Dementia Hub (and spoke) activities to reach residents living across the borough commencing in April 2023.





**SILVER SOCIAL  
SERIES**

**The Macbeth Centre**  
Macbeth Street W6 9JJ

Join us for bingo, raffle, sing-a-long  
and afternoon tea

ON  
**Wednesday 8 March**

AT  
**1pm - 4pm**

All activities are **free**, fully inclusive  
and dementia friendly

For any enquiries, please contact  
**Nav Panesar on 07341 673117**

**Priority 3** - A range of dementia specific and dementia inclusive activities that give choice and control, reduce social isolation and promote equality

- \* 'Better Together' – promoting services and support for older residents whilst having fun. Over 300 residents have benefitted from Silver Socials to date.





## Priority 4 - Hammersmith and Fulham to be a Dementia Friendly Community

- \* Promoting awareness of dementia across Hammersmith and Fulham – public, private, voluntary and community sectors.
- \* 57 residents, staff and stakeholders accessed the dementia immersive experience on 30 September 2022.







### Priority 4 - Hammersmith and Fulham to be a Dementia Friendly Community

- \* Dementia Action Week 2022 – Westfield
- \* Partnership with local businesses a key priority for Year 2 Dementia Strategy Implementation
- \* Over 100 residents accessed information about dementia





## Priority 4 - Hammersmith and Fulham to be a Dementia Friendly Community

- \* Imperial College School of Medicine Dementia Friends session
- \* Hammersmith and Fulham now has target **1000** Dementia Friends



**Highfield Qualifications**

Certifies that

*Lorraine Mason*

has successfully passed an assessment in  
Highfield Level 2 Award in Awareness of Dementia  
(RQF)

Qualification number 600/1826/4

Date of award 02 March 2023

Certificate number HSC7212882

Social Works Limited

Course Director

Training Organisation



  
Jason Sprenger - Chief Executive  
Highfield Qualifications



**ofqual**  
REGULATED  
register.ofqual.gov.uk



This is an electronic version of the certificate provided by Highfield. To verify this certificate please go to <https://www.highfieldqualifications.com/checkcert>

## Priority 4 - Hammersmith and Fulham to be a Dementia Friendly Community

- \* Seven Adult Social Care staff passed the 'Social Works' Level 2 Award in Awareness in Dementia





## Priority 4 - Hammersmith and Fulham to be a Dementia Friendly Community

- \* Staff and volunteers at the May 2022 Dementia Fair



# DEMENTIA AWARENESS WORKSHOP

Tuesday 11th of April 2023

2:00 pm - 3:30 pm

Fulham Good Neighbours

Rosaline Hall  
70 Rosaline Rd  
SW6 7QT



Fulham Good Neighbours welcomes the local workforce across all sectors & volunteers to our Dementia Awareness workshop

*Presented by*

**Jo James**, Dementia Specialist & Consultant Nurse at Imperial College Healthcare NHS Trust & **Maddy Alemayehu**, Registered Specialist Nurse & Care Manager & Dementia Champion

Please join us to learn how we can best support our older community members and those most at risk of dementia.

**RSVP NOW:**

020 7385 8850

[info@fulhamgoodneighbours.org](mailto:info@fulhamgoodneighbours.org)



## Priority 4 - Hammersmith and Fulham to be a Dementia Friendly Community

- \* Fulham Good Neighbours promoting Dementia Awareness with Jo James, Imperial College Healthcare NHS Trust on 11<sup>th</sup> April 2023.

