

<p style="text-align: center;">London Borough of Hammersmith & Fulham</p> <p style="text-align: center;">HEALTH AND WELLBEING BOARD</p> <p style="text-align: center;">20 MARCH 2017</p>	
<p style="text-align: center;">DEMENTIA JOINT STRATEGIC NEEDS ASSESSMENT PROGRESS REPORT</p>	
<p style="text-align: center;">REPORT OF THE DIRECTOR OF ADULT SOCIAL CARE</p>	
<p>Open Report</p>	
<p>Classification - For Information</p> <p>Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Director: Liz Bruce, Executive Director for Adult Social Care and Health</p>	
<p>Report Author: Frank Hamilton, Strategic Commissioner, Adult Social Care</p>	<p>Contact Details: Tel: 020 8753 7933 E-mail: frank.hamilton@lbhf.gov.uk</p>

1. EXECUTIVE SUMMARY

- 1.1 The Health & Wellbeing Board is requested to note this progress report in response to the 32 recommendations set out in the Joint Strategic Needs Assessment (JSNA) on dementia; in addition, it is requested to note the Three Boroughs Joint Health and Social Care Dementia Programme Board approach to facilitate implementation.

2. RECOMMENDATIONS

- 2.1. That the Board consider and note the progress of the Three Boroughs Joint Health and Social Care Dementia Programme Board;
- 2.2. That the Board agree to monitor the progress of the implementation of the JSNA on dementia recommendations, holding to account the parties involved; and

- 2.3. That the Board continue to support and to promote the partnership work between health and social care to improve the patient, service user and carer experience.

3. INTRODUCTION AND BACKGROUND

- 3.1. On the 9th September 2015, the JSNA on dementia and its recommendations was presented by Colin Brodie and Lisa Cavanagh and endorsed by the Health & Wellbeing Board.
- 3.2. Since the publication of the JSNA on dementia in 2015, diagnosis rates have been consistently increasing. This will have an impact on the way that health and social care commissions post-diagnostic services as it is expected that there will be a requirement for more services and a range of services in the future. Each of the three CCGs are in the top performing category for diagnosis rates having exceeded the NHS England national target of 67% with Hammersmith & Fulham CCG at 80.9%, West London CCG at 76.2% and Central London CCG at 77.5%.
- 3.3. NHS England have recently strengthened the Quality and Outcomes Framework (QoF) 2016/2017 indicators on dementia care planning and post-diagnostic support to include the proportion of patients with dementia whose care plan has been reviewed in the preceding 12 months. All three CCGs currently fall within the 'needs improvement' category (<75.6%). Hammersmith & Fulham CCG and Central London CCG require a small increase in the proportion of care plan reviews to meet the performing well target. However, West London CCG requires a little distance to travel to meet the performing well target and an action plan is in place to achieve improvements in this area. This has been communicated to GPs, the performance against this target and is being monitored locally by the Local Implementation Group.

4. PROGRESS REPORT

- 4.1. Membership of the Three Boroughs Joint Health and Social Care Dementia Programme Board now includes clinicians, patient representatives, safeguarding leads, and subject matter experts, such as, the Alzheimer's Society as in Appendix 1.
- 4.2. Considerable work is in progress to implement The Three Boroughs' Joint Health and Adult Social Care Dementia 'Plan on a Page' in Appendix 2 setting out the vision, performance standards and programme deliverables within the financial year 2016/2017. To achieve this, the programme board agreed to use the NHS England 'Well Pathway': preventing well, diagnosing well, supporting well, living well and dying well, as a framework to better understand the stages in the pathway and the key interdependencies to deliver high quality health and social care.
- 4.3. Alongside this, the programme board recognised that implementing the 32 Tri-borough JSNA on dementia recommendations within the current financial year

would be extremely ambitious given the limited resources and timescales. After in-depth discussion, the programme board agreed that facilitating implementation should be based on common themes across the three boroughs. The five overarching key recommendations are set out in Appendix 3 below, the aim is to prioritise (5 out of 32) nearly 16% this year.

- 4.4 The programme board acknowledges that only through effective business intelligence gathered and triangulating information to produce the evidence base can effective implementation of the JSNA recommendations on dementia be realised. Considerable work is in progress to develop a performance management dashboard to give assurance to the Health & Wellbeing Board to monitor progress against these key deliverables.

5. EQUALITY IMPLICATIONS

- 5.1 JSNAs must consider the health, wellbeing and social care needs for the local area addressing the whole local population from pre-conception to end of life. The “whole local population” includes people in the most vulnerable circumstances or at risk of social exclusion (for example carers, disabled people, offenders, homeless people, people with mental health needs etc.)
- 5.2 The Online JSNA Highlight Reports considers the whole population including vulnerable groups.
- 5.3 The Young Adults JSNA focusses on the needs of young adults who are an often overlooked population group and include very vulnerable people such as care leavers and people with eating disorders. The recommendations of this JSNA can be expected to make a positive contribution to reducing health inequalities and delivering Hammersmith and Fulham’s equalities objectives.

6. LEGAL IMPLICATIONS

- 6.1 The Health and Social Care Act 2012 placed a joint and equal duty on local Authorities and clinical Commissioning Groups (CCGs) to prepare JSNAs through the Health and Wellbeing Board.
- 6.2 Legal implications completed by Rhian Davies, Chief Solicitor (Litigation and Social Care).

7. FINANCIAL AND RESOURCE IMPLICATIONS

- 7.1 There are no financial implications arising directly from this report. Any future financial implications that may be identified as a result of the review and re-commissioning projects will be presented to the appropriate board & governance channels in a separate report.
- 7.2 Finance implications completed by Cheryl Anglin-Thompson Principal Accountant, Planning and Integration. Telephone: 020 8753 4022.
- 7.3 Clinical Commissioning Groups:
Any future projects will be contained within the CCG budget.

8. RISK MANAGEMENT

- 8.1 Public Health risks are integrated into the Council's Strategic Risk Management framework and are noted on the Shared Services risk register, risk number 5. Market Testing risks, achieving high quality commissioned services at lowest possible cost to the local taxpayer is also acknowledged, risk number 4. Statutory duties are referred to in the register under risk 8, compliance with laws and regulations. Risks are regularly reviewed at Business Board and are referenced to in the periodic report to Audit, Pensions, and Standards Committee.
- 8.2 Risk Management implications verified by Michael Sloniowski, Shared Services Risk Manager, telephone 020 8753 2587.

9. PROCUREMENT AND IT STRATEGY IMPLICATIONS

- 9.1 Officers from the commercial and procurement function will be consulted at the outset to develop procurement options and strategies as a result of the JSNA and re-commissioning projects.
- 9.2 Procurement and strategy implications verified by Michael Sprosson, Commercial Development Manager, Telephone 07725 623440.

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

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
	Dementia JSNA and Commissioning intentions	Lisa Cavanagh 020 7641 2631 Colin Brodie 020 7641 4632	Public Health Team, WCC

LIST OF APPENDICES:

Appendix 1: The Three Borough Joint Health and Social Care Dementia Programme Board Membership

Appendix 2: Three Boroughs Joint Health and Social Care Dementia 'Plan on Page' 2016/2017

Appendix 3: Combined Targeted JSNA on Dementia Priorities