

Committee Agenda



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Title: **Health & Wellbeing Board**

Meeting Date: **Thursday 8th October, 2020**

Time: **4.00 pm**

Venue: **This will be a 'virtual meeting' live streamed to YouTube:**
<https://youtu.be/JkEwVYkOWzU>

Councillor Tim Mitchell (Chair)	WCC – Cabinet Member for Adult Social Care and Public Health
Councillor Timothy Barnes	WCC – Cabinet Member for Children's Services
Cllr Sarah Addenbrooke (Chair)	RBKC - Lead Member for Adult Social Care and Public Health
Councillor Josh Rendall	RBKC – Lead Member for Family and Children's Services
Cllr Nafsika Butler- Thalassis	WCC - Minority Group
Sarah Newman	Bi-Borough Children's Services
Olivia Clymer	Healthwatch Westminster
Angeleca Silversides	Healthwatch RBKC
Jo Ohlson	NHS England North West London
Bernie Flaherty	Bi-Borough Adult Social Care
Russell Styles	Director of Public Health (Interim)
Anna Bokobsa	Imperial College NHS Trust
Philippa Johnson	Central London Community Healthcare NHS Trust
Dr Andrew Steeden <i>Vice-Chair (to be notified)</i>	Chair of West London CCG West London CCG
Detective Chief Inspector Liam Adams	Metropolitan Police
Darren Tully	London Fire Brigade
Dr Neville Pursell	Central London CCG
Hilary Nightingale	Westminster Community Network

Jennifer Travassos
Angela Spence

Iain Cassidy

Housing and Regeneration
Kensington & Chelsea Social
Council representative
Open Age representative



This will be a virtual meeting and members of the public and press are welcome to follow the meeting and listen to discussion to Part 1 of the Agenda.

This meeting will be live streamed and recorded. To access the recording after the meeting please revisit the link.

PLEASE NOTE that any member of the press and public may listen-in to proceedings at this 'virtual' meeting via a weblink which will be publicised on the Council website at least 24hrs before the meeting. Members of the press and public may tweet, blog etc. during the live broadcast as they would be able to during a regular Committee meeting at the Town Hall.



If you require any further information, please contact the Committee Officer, Gareth Ebenezer, Governance Administrator Tel: 7641 2341; Email: tfieldsend@westminster.gov.uk

Corporate Website: www.rbkc.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Director of Law in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. WELCOME TO THE MEETING

The Chair to welcome everyone to the meeting.

2. MEMBERSHIP

To report any changes to Membership, and any Apologies for Absence.

3. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of the existence and nature of any pecuniary interests or any other significant interest in matters on this agenda.

4. MINUTES OF THE LAST MEETING

To agree the minutes of the joint Royal Borough of Kensington and Chelsea and Westminster Health & Wellbeing Board meeting on 9 July.

(Pages 5 - 12)

Agenda Items: Part A - COVID-19

5. COVID-19 GENERAL UPDATE

- 1) Verbal Update on COVID-19 (Russell Styles, Director of Public Health (Interim))
- 2) COVID-19 Health disparities update report (Russell Styles)

(Pages 13 - 18)

Part B - Other Important Items Sponsored by the Board

6. UPDATE ON THE DEVELOPMENT OF THE INTEGRATED CARE SYSTEM

(Pages 19 - 46)

7. JOINT WINTER PRESSURE PLANS

(Pages 47 - 52)

8. DEMENTIA PLAN

(Pages 53 - 86)

Part C - Monitoring - Statutory Items/Other

9. BETTER CARE FUND

- Quarterly BCF Update (Q1) – (Grant Aitken)
- BCF Programme 2020-21 (Grant Aitken)

(Pages 87 - 96)

10. ANY OTHER BUSINESS

**Stuart Love
Westminster City Council Chief Executive**

**Barry Quirk
Royal Borough of Kensington and Chelsea Chief Executive**

30 September 2020

MINUTES



CITY OF WESTMINSTER



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Health & Wellbeing Board

MINUTES OF PROCEEDINGS

Minutes of a virtual joint meeting of Westminster City Council's and the Royal Borough of Kensington & Chelsea's **Health & Wellbeing Boards** held on 9 July 2020 at 4pm.

Present:

Councillor Tim Mitchell (WCC - Cabinet Member for Adult Social Care and Public Health)
Councillor Sarah Addenbrooke (RBKC – Lead Member for Adult Social Care and Public Health)
Councillor Josh Rendall (RBKC - Lead Member for Family and Children's Services)
Councillor Tim Barnes (WCC – Cabinet Member for Children's Services)
Councillor Nafsika Butler-Thalassis (WCC - Minority Group Representative)
Councillor Christabel Flight (Deputy Cabinet Member for Adult Social Care and Public Health)
Bernie Flaherty (Executive Director for Adult Social Care and Health)
Sarah Newman (Executive Director of Family Services)
Houda Al-Sharifi (Interim Director of Bi-Borough Public Health)
Senel Arkut (Bi-borough Director Health Partnerships)
Gareth Wall (Director of Integrated Commissioning)
Natalia Clifford (Deputy Director of Public Health)
Jennifer Travassos (WCC – Head of Rough Sleeping)
Russell Styles (Deputy Director of Public Health)
Visva Sathasivam (Bi-Borough Director of Adult Social Care)
Grant Aiken (Bi-Borough Head of Health Partnerships)
Neville Pursell (Chair, Central London CCG)
Jo Emmanuel (Medical Director, CNWL)
Philippa Johnson (Central London Community Healthcare NHS Trust)
Robyn Doran (Central and North West London NHS Foundation Trust)
Hilary Nightingale (Westminster Community Network)
Simon Hope (Deputy Managing Director – West London CCG)
Olivia Clymer (CEO, Healthwatch Central West London)
Angela Spence (Kensington & Chelsea Social Council)
Holly Eden (Central London CCG)

Anna Bokobza (Imperial College Healthcare NHS Trust)
Lesley Watts (Chelsea and Westminster Hospital)
Dominic Conlin (Chelsea and Westminster Hospital)
Jane Wheeler (Acting Deputy Director for Mental Health, NWL CCGs)
Rodney Vitalis (London Fire Brigade)
Shabana Kauser (Violence against Women & Girls Tri-Borough Strategic Lead)
Iain Cassidy (Open Age)
Angeleca Silversides (Healthwatch RBKC)

1. WELCOME TO THE MEETING

- 1.1 Councillor Tim Mitchell welcomed everyone to the meeting. The joint Board confirmed that as the meeting was due to be held by Westminster, Councillor Mitchell would Chair the meeting in line with the agreed memorandum of understanding.
- 1.2 The Chair explained that the Westminster and K&C Boards had each chosen three Health & Wellbeing priorities. However, given the exceptional circumstances over the past few months, the theme of this Board meeting would be the Coronavirus pandemic and its impact on the bi-borough.
- 1.3 The Board then held a one-minute's silence in tribute to the Kensington & Chelsea and Westminster residents who had died of Covid-19 since March 2020.

2. MEMBERSHIP

- 2.1 Apologies for absence were received from Detective Inspector Liam Adams (Metropolitan Police), Louise Proctor (West London CCG) and Darren Tulley (London Fire Brigade).

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest.

4. MINUTES

RESOLVED:

- 4.1 That the minutes of the Royal Borough of Kensington & Chelsea and Westminster City Council joint Health & Wellbeing Board meeting held on 5 February 2020 be agreed as a correct record of proceedings.

5. BI-BOROUGH SYSTEM RESPONSE TO COVID-19

Bi-Borough System Response to Covid-19

- 5.1 Senel Arkut (Bi-borough Director Health Partnerships) and Gareth Wall (Director of Integrated Commissioning) provided the Board with an overview of the activities undertaken across RBKC and WCC by system partners in response to the Covid-19 pandemic.
- 5.2 The work undertaken with system partners and communities had played a significant role in supporting the UK Government's Covid-19 pandemic response. This had included adjusting services to support people; providing incident management oversight, support for shielding and other vulnerable residents, and using data to enhance the local understanding of, and mitigate against, the impact of the virus on residents, visitors and local health and care services.
- 5.3 It was recognised that the coming months and years would provide challenges, but it was explained that there were opportunities to build on lessons learned and put in place policies that could make positive differences to people's lives. In particular it was important to tackle inequality and ensure resources were allocated in a way that could be channelled to areas and communities of greatest need.

Central London CCG Recovery Plan Summary

- 5.4 Neville Pursell, Philippa Johnson and Holly Eden (Central London CCG) provided a summary of the Central London CCG's response to Covid-19 including what would be required in the event of a second wave and identifying future challenges and opportunities.
- 5.5 The Board was interested to learn about the specialist homelessness hubs which had been established within Westminster led by specialist primary and community teams. In addition, a virtual first model which had been implemented in all GP practices had resulted in a significant reduction in the need for face to face consultations with an increased focus on proactive care management of those identified as being most vulnerable.
- 5.6 The importance of collaborative, integrated working between all partners was stressed in order to build on existing work undertaken and to try and identify and meet the future challenges which remained. It was already recognised that more work was required to demonstrate that it was safe to attend health sites as there was increased concerns over the impact this was having on those residents in need not attending and the associated effect this could have on their mental health.

North West London CCG Recovery Plan Summary

- 5.7 Robyn Doran and Jane Wheeler (North West London CCG) provided a summary of NWL CCG's response to Covid-19 including what would be

required in the event of a second wave and identifying future challenges and opportunities.

- 5.8 It was explained that there had been early development of additional bed capacity to support the discharge/system flow with a discharge hub at its core. Most services had been provided virtually, including mental health and community services which had resulted in a corresponding reduction for same day urgent access to services. The Board was advised however that, whilst a 'digital first' approach would be embedded, engagement with communities would be undertaken to understand the impact this delivery of services would have on those classed as 'digitally excluded'. The Board was also pleased to note that services had been commissioned to support those impacted by the Grenfell Tower fire.
- 5.9 Looking forward, the importance of building on the mental resilience and good emotional wellbeing offer for those who didn't need to access more specialised services through a community and voluntary sector response was highlighted. In addition, it was welcomed that local GP practices had staffed and opted into a collaborative approach to the 'hot hub' for Covid-19 patients including a universal visiting service with a supporting single point of access. Support continued to be provided to all staff with testing/antibody testing, risk assessment and appropriate infection prevention and control measures. Additionally, as services stepped back up the opportunity would be taken to confirm these different, collaborative ways of working.

Disparities in the Risk and Outcomes of Covid-19

- 5.10 Russell Styles (Deputy Director of Public Health) updated the Board on the disparities identified on those impacted by Covid-19. The statistics provided were noted which including that almost 60% of Covid-19 deaths were men and people aged over 80 seventy times more likely to die than those under 40. Significantly, the research had also highlighted the disproportionate impact Covid-19 was having on BAME communities. The importance on building on the current understanding of the impact of Covid-19 on particular groups and communities was highlighted. The initial findings locally were detailed and it was explained that work was ongoing in terms of community engagement, investigating the demographics of those who had died or became infected from Covid-19 and monitoring the wider health impact of Covid-19 on the health of the local population.
- 5.11 The Board discussed in further detail the role of the voluntary sector in providing support to those impacted by Covid-19 and the importance of ensuring residents had multiple ways of accessing the health services they required. The Board expressed its thanks to those organisations and individuals involved in responding to the Covid-19 pandemic for all their hard work and efforts in extremely challenging circumstances.

6 PATIENT EXPERIENCES OF CARE DURING COVID-19

- 6.1 Olivia Clymer (CEO, Healthwatch Central West London) informed the Board of Healthwatch Central West London's work undertaken since the beginning of the Covid-19 outbreak. It was explained that this had focused on providing clear and accurate information and advice to local people and gathering feedback from local people about their needs and experiences in relation to Covid-19 and other services.
- 6.2 An overview of the key findings from the data collected from the engagement was provided and discussed by the Board. Other areas highlighted in the report included concern over bereavement and how support was provided to families and peer groups going forward. Concern was also raised over those residents who were not minded to use digital platforms in order to stay in touch with others or to access services. The Chair expressed the Board's thanks to Healthwatch for all their hard work and effort in producing a very useful report which would assist in shaping current and future action in regards to Covid-19, in addition to ensuring there was consideration of inequalities and the wider determinants of health in the bi-borough area.

7 FURTHER INCIDENCES OF COVID-19 OUTBREAK CONTROL PLAN

- 7.1 Russell Styles (Deputy Director of Public Health) introduced a report setting out the ring-fenced test and trace service support grant provided to local authorities. It was explained that the grant went towards expenditure incurred or to be incurred in the mitigation and management of local Covid-19 outbreaks.
- 7.2 The Board noted the Outbreak Control Plans and the work undertaken by Public Health in conjunction with colleagues across Emergency Planning, Environmental Health, Communications and others in the development of the Outbreak Control Plans for RBKC and WCC. This included drafting the governance structures and the Standard Operating Procedures for outbreaks in care homes, schools and nurseries, housing (including hostels and rough sleepers), and workplaces. RBKC and WCC had developed sovereign Outbreak Control Plans although consideration had been made to align them as far as possible.
- 7.3 A Bi-Borough Covid-19 Health Protection Board had been convened which provided strategic leadership and oversight to the development and delivery of the plans. The Board was interested to note that a Local Bi-Borough Data Hub had been established to manage and analyse the data flowing into the local authorities and to inform the local response.
- 7.4 The Board welcomed all the work undertaken on the Control Plans and hoped it provided reassurance that measures were in place in the event of further outbreaks.

8 DOMESTIC ABUSE DURING COVID-19

- 8.1 Shabana Kauser (Violence against Women & Girls Tri-Borough Strategic Lead), provided a verbal update on how Covid-19 had impacted on the issue of domestic abuse. No significant increase in rates of domestic abuse had been evidenced during the lockdown period, however the referrals being received were often of a more complex nature. As lockdown continued to be eased it was anticipated that a significant increase in referrals would emerge.
- 8.2 The responses provided to tackle domestic abuse during the Covid-19 pandemic were detailed. This included setting up a weekly meeting with key stakeholders to monitor risks and trends, introducing a bi-weekly meeting with providers and the development of a briefing for professionals on how the domestic abuse service was operating. In addition, a poster campaign had been launched and online training had been developed for those workers shielding.
- 8.3 The Board welcomed the steps undertaken to tackle domestic abuse during this challenging period and was advised of the next steps for the service. The main priority was to sustain the response to domestic abuse, ensure services were fit for purpose, embed locally the measures outlined in the Domestic Abuse Bill currently going through Parliament and strengthening the coordinated, community response to the issues of domestic abuse.

9 ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT ON SERIOUS YOUTH VIOLENCE

- 9.1 Sarah Newman (Director of Family Services) and Natalia Clifford (Deputy Director of Public Health) introduced the report which built on a report previously taken to the Board in July 2019 and on that previous mapping exercise to provide examples of best practice, recommendations and actions to implement best practice going forward. Thanks, were provided to the many stakeholders who had contributed to the report, particularly to the Youth Crime Prevention Partnerships in both boroughs for their input and guidance in the development of the report.
- 9.2 The benefits of taking a Public Health approach to tackling youth offending, reoffending and violence were highlighted. The Board was interested to note that this looked at the root causes of crime and utilised a life-course whole-system approach informed by data and intelligence. The importance of collaboration and leadership across the system was seen as key to achieve this. Some of the key findings highlighted how young people from black and minority ethnic (BME) backgrounds were disproportionately represented in the youth offending cohorts and crime hotspots in the borough correlated with areas of multiple deprivation.
- 9.3 The Board was advised that the report would be published following its approval. Work would commence on developing action plans with identified leads for each of the recommendations and actions proposed in the report. These would be taken forward by working groups reporting to the Youth Crime

Prevention Partnership Boards. Also, business intelligence was developing dashboards to underpin the understanding on youth crime.

RESOLVED:

- 1) That the Youth Offending and Serious Youth Violence JSNA and APHR be approved.
- 2) That the implementation of a public health approach to youth offending and serious youth violence in Kensington and Chelsea, and Westminster be supported; and
- 3) That the actions from the report be supported.

10. ANY OTHER BUSINESS

- 10.1 The Board noted that the Q4 Better Care Fund Programme 2019/20 had been circulated to all Members and agreed to sign off the headline details of the Better Care Fund (BCF) performance in delivering the 2019/20 plan. The Board also noted the 2020-2021 BCF Priorities and Programme which had been circulated. This included the BCF review outcomes and priority areas for the new BCF Plan and it was agreed for the Joint BCF Programme Board to develop schemes.
- 10.2 Cllr Addenbrooke raised a concern over the future of the Brompton Hospital regarding recent developments of the treatment of paediatric congenital heart disease (CHD) and the resumption of treatment for urgent and clinical care cases. It was suggested a memorandum of understanding had been entered into regarding a merger between the Royal Brompton Hospital and Guys and St Thomas' for CHD, with the consultation process only taking place after the merger had occurred. Councillor Addenbrooke was advised that efforts would be made to understand the current position in order to provide the Board with a clear update.

11. OPTIONS FOR THE FUTURE OF THE GORDON HOSPITAL

RESOLVED:

That under Section 100 (a) (3) and Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 (as amended), the public and press be excluded from the meeting for the following Item of Business because it involves the likely disclosure of exempt information relating to the financial or business affairs of any particular person (including the Authority holding that information) and it is considered that, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information

- 11.1 The Board was provided with an update and held a detailed discussion on the future of the Gordon Hospital in Pimlico.

The Meeting ended at 5.57 pm.

CHAIR: _____

DATE _____



City of Westminster

Westminster Health & Wellbeing Board



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

RBKC Health & Wellbeing Board

Date:	8 th October 2020
Classification:	General Release
Title:	Coronavirus (Covid-19) disparities update
Report of:	Enter details
Wards Involved:	N/A
Financial Summary:	N/A
Report Author and Contact Details:	Russell Styles, Interim Director of Public Health

1. Executive Summary

- 1.1 This report provides an update on local disparities, recovery planning and next steps to promote and protect the health and wellbeing of residents living in the Royal Borough of Kensington and Chelsea and the City of Westminster.

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is invited to consider the local actions to reduce the disproportionate impacts of Covid-19 on particular groups and to engage in developing system-wide recommendations to reduce health inequalities.

3. Background

- 3.1 In June 2020, PHE published the report 'Disparities in the risk and outcomes of COVID-19'. It confirmed that the impact of COVID-19 has replicated existing health inequalities and had disproportionately affected some groups. Attention was given to disproportionate impacts associated with age and sex, geography, deprivation, ethnicity, occupation, inclusion health groups, deaths in care homes and comorbidities. A summary of the key findings from this report was discussed at the Health and Wellbeing Board on 9 July 2020.
- 3.2 National research and understanding about the disparities into coronavirus is growing, with a recognition that, as well as the direct impacts of coronavirus, the social distancing and

lockdown measures have had a disproportionate impact on individuals and communities where restrictions on social and economic activities have been more keenly felt.

- 3.3 To some extent, Covid-19 has displayed patterns of inequality shown across other health outcomes; many of our residents live long lives, with some of the longest life expectancy in the country however, variation exists and the gap in life expectancy has increased. In Westminster for men there is 13.5 year difference in life expectancy between the most and least deprived parts of the borough. This is the fourth highest gap in England. For women it is 7.4 years. In Kensington and Chelsea life expectancy varies for men by 14.5 years between the most and least deprived parts of the borough (second highest in England). For women it is 10.1 years.
- 3.4 On 25 February 2020, *Health Equity in England: The Marmot Review 10 years on*, was published. The report was commissioned by the Health Foundation and undertaken by Professor Sir Michael Marmot and the Institute of Health Equity, as a follow up to the 2010 report.
- 3.5 Health inequalities are avoidable by tackling the social determinants of health and harnessing the power of our communities to respond to need. Policies to tackle health inequalities should be based on the proportionate universalist principle, with the greatest investment being directed at regions and communities which have suffered most during the years of austerity.

4. Local data and response

- 4.1 The Public Health Intelligence team continually monitor local case details and testing activity to support a local needs-led response, mobile testing capabilities and outreach strategies.
- 4.2 In addition, to complement and localise the PHE and other national research, the Public Health department have conducted a rapid Health Impact Assessment (HIA) which assesses the national and local evidence of current direct and indirect impacts of COVID 19 on the health and wellbeing of our residents. The findings of this tool are feeding into the recovery and renewal programmes in each borough.
- 4.3 The HIA is intended to provide a snapshot of health impacts in the short to medium term and serves as a repository of useful national and local data that can be drawn upon to inform action. It covers the 9 protected characteristics included in the Equalities Act 2010 but also wider health considerations including how COVID-19 might have impacted on:
 - health conditions and behaviours such as cancer, mental health, long term conditions, drug and alcohol use
 - groups of residents – such as carers or people with dementia and those sleeping rough or living in overcrowded circumstances, refugees and other vulnerable groups
 - wider determinants such as the security of housing, employment, air quality those who are at risk of homelessness or sleeping rough.
- 4.4 This data will need to be interpreted in the context of what we already know about health and wellbeing in both boroughs. Many of our residents live long lives, with some of the

longest life expectancy in the country. However, depending on where you live in Westminster, life expectancy varies for men by 13.5 years between the most and least deprived parts of the borough. This is the fourth highest gap in England. For women it is 7.4 years. In Kensington and Chelsea, life expectancy varies for men by 14.5 years between the most and least deprived parts of the borough (second highest in England). For women it is 10.1 years.

- 4.5 The gap in life expectancy has increased since 2010. In Westminster, the gap has increased by 1.5 years for men over the last decade (12 to 13.5 years) while it has increased slightly for women (6.7 to 7.4 years). In Kensington and Chelsea, it has increased by 2.9 years for men (11.4 to 14.5 years) and 3.9 years for women (6.2 to 10.1 years)
- 4.6 In the more deprived areas, people are living a greater proportion of their lives in poor health. In Westminster, this gap in healthy life expectancy between the most and least deprived areas is 20 years for men and 19 years for women. In Kensington and Chelsea it is 25 years for men and 21 for women.
- 4.7 The local data reflects the national findings that COVID-19 has disproportionately affected a range of groups including older people, Black, Asian and Minority Ethnic groups (BAME) groups and those with co-existing conditions.
- 4.8 In relation to co-existing conditions, of those residents who have died from Covid-19 and had their death registered in Westminster, 89% had an underlying health condition. In RBKC, 88% had an underlying health condition. Our One You and Change4Life services are addressing these risk factors but we are reviewing if there is more these services can do to reach BAME groups and others that have been disproportionately affected by COVID-19.
- 4.9 National research to date, including that published by Public Health England, has confirmed that Covid-19 has disproportionately impacted certain people and communities, and has exacerbated existing inequalities. Local data and intelligence suggests that this pattern is being reflected in both Kensington and Chelsea and Westminster. Specifically:
 - A higher proportion of deaths from Covid-19 are among people from a BAME background compared to non Covid-19 deaths.
 - Deaths are higher in more deprived areas with the pattern mirrored, not exacerbated, by Covid-19
 - Those from a BAME background are more likely to be at risk due to higher prevalence of diabetes, hypertension and obesity.
- 4.10 Moving forward a population health surveying and monitoring approach will be adopted to support longer term recovery and enable prevention to be embedded in our local planning so early changes in local health and wellbeing are identified and addressed at the earliest opportunity.

5. Developing an Action Plan

- 5.1 With both local and national data showing clear disparities in the impact of Covid19 on our local populations, early interpretation of the Health Impact Assessments indicate there are four key focus areas where we will be looking to prioritise our response. Some of the

associated desired outcomes are listed below although we hope to shape this further following stakeholder engagement along with the actions to deliver change.

- **Improved health outcomes of BAME groups** to address the increased risk of Covid-19 infection, mortality and disparities in other health conditions
- **Enhanced action to support mental health and wellbeing** and address the drivers related to the pandemic such as social isolation, job and financial loss, housing insecurity and quality, working in front line services, reduced access to services and loss of coping mechanisms.
- **Specific health promotion efforts with targeted groups** particularly where there is evidence of reduced access to health services during the pandemic or where health outcomes were already of concern
- **Action on the social determinants of health** – the circumstances in which we live, work and play command the greatest control over our health and wellbeing. Policies to tackle health inequalities should be based on the proportionate universalist principle, with the greatest investment being directed at communities whose health we would want to improve the fastest.

Table 1

Areas of focus	Desired Outcomes
1. Improve health outcomes of BAME groups	<ul style="list-style-type: none"> • Improve the cardiovascular health of BAME residents specifically, reducing the risk of diabetes and obesity. • Greater understanding of health issues faced by BAME population, to focus on, engage and understand health from a resident perspective.
2. Improve targeted mental health support	<ul style="list-style-type: none"> • Support people at increased risk through having suffered a Covid19 bereavement • Increase in support for children and young adults 18-25 • Enhanced support for people at risk of or experiencing social isolation. • Increased community awareness and support for mental health issues and use of interventions that are available.
3. Specific health promotion efforts with targeted groups	<ul style="list-style-type: none"> • Enhanced support for rough sleepers that use drugs and alcohol. • Reduce the gap in child development and immunisation outcomes exacerbated by lockdown.

	<ul style="list-style-type: none"> • Increase the number of residents accessing health promotion services and health protection initiatives in targeted areas.
4. Action on the social determinants of health	<ul style="list-style-type: none"> • Improve understanding and action on risk factors for homelessness post Covid19. • Integrated health/employment support offers to sustain people in employment. • Enhance the numbers of people using active methods to travel to school and work and support action to create healthier food neighbourhoods in targeted areas where related health outcomes are the poorest.

6 Immediate Actions

6.1 In order to mitigate the risk and impact of COVID-19 amongst those groups known to be disproportionately affected, there are a number of communications and community engagement strategies that have already been implemented. These include:

- Targeted paid social media advertising in postcodes with high levels of cases, and among groups where we are seeing most cases occur.
- Delivering a community outreach offer on NHS Test and Trace and outbreak control to upskill our community groups, residents' associations, religious leaders, institutions and others on the importance of Test and Trace and their support roles.
- Working with our local groups and networks to ensure our residents, businesses, and stakeholders are aware of how we can all prevent the spread of the virus.
- Commissioned Support When It Matters (SWIM) to provide culturally sensitive information and support to residents to reduce their chance of COVID infection.
- Produced a short film with members of our Church Street community on the importance of using Test and Trace to protect themselves and our communities.
- Ensured resources are available in multiple, commonly spoken languages.

6.2 Additionally, every resident is invited to be a Health Champion. By recruiting Champions from all sections of the community, we will be able to mitigate as far as possible, the negative impacts of disparities and inequalities in disease prevalence and spread. Champions will reach our older and younger, more vulnerable residents and the range of diverse communities to ensure messages are communicated effectively and received well.

7 Next steps

7.1 As a system it is recommended that we recognise and act to address the disproportionate impacts of Covid-19. Through the recovery programmes being established in each local authority, plans are being developed to provide a collaborative and holistic approach to

addressing the wider determinants of health. Focus on active travel, employment, housing and education will seek to overcome the root cause of the health inequalities.

- 7.2 The Public Health team will publish an Annual Public Health Report which summarises the Health Impact Assessments conducted in each borough and set out more detailed recommendations for action following engagement with all stakeholders. It is proposed that progress against system wide key performance indicators are reviewed every year for the next three years.
- 7.3 A governance process will be established for oversight of this recovery investment programme to ensure investment is prioritised and outcomes independently monitored.
- 7.4 Bi-Borough will appoint an academic partner to review Bi-Borough approach to data and analysis in order provide an independent assessment and peer review. This partner will also support evaluation of the investment programme to ensure action delivers greater equality of health outcomes across Bi-Borough.
- 7.5 In the development of an action plan to address the disparities it will be crucial to engage widely with the community and groups we are looking to support to enhance both the quality and accessibility of the responses and interventions that are developed.

8. Legal Implications

There are no direct legal implications at present connected to these broad policy recommendations.

9. Financial Implications

There are no direct financial implications at present connected to these broad policy recommendations. The Public Health grant (and any reserve carried over) is ring-fenced and must only be used for eligible expenditure to be incurred by local authorities for the purposes of their public health functions or will have a significant effect on public health.

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

Russell Styles, Interim Director of Public Health

Email: rstyles@westminster.gov.uk



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	8 th October 2020
Classification:	General Release
Title:	NW London Integrated Care System update
Report of:	Jo Ohlson Accountable officer, Collaboration of NW London CCGs
Wards Involved:	All
Financial Summary:	The financial implications of planning for the rest of 20/21 is not included in this update. NW London health system has assumed that NWL NHS organisations can live within the allocations received for the planned level of activity but the planned activity does not include arising from a second COVID peak e.g. critical care and personal protective equipment. The London region has confirmed this is the correct assumption to make.
Report Author and Contact Details:	Jo Ohlson jo.ohlson@nhs.net

1. Executive Summary

- 1.1 This report provides an update from the North West London Integrated Care System, which brings together health organisations, local authorities and voluntary sector organisations. It describes the Integrated Care System arrangements and the importance of enhancing local, place-based partnerships within that for the provision of responsive, proactive care that meets the needs of local residents.
- 1.2 The paper goes on to highlight some of the key services developments across North West London, including the restoration of planned services, the approach to ensuring effective flu vaccination and the joint work being undertaken by health

and local authorities to plan for, and manage, future increases in Covid-19 infection.

2. Key Matters for the Board

- 2.1 The paper is for noting. We invite debate and questions around the issues raised in the paper.
- 2.2 We request the support of the board as we work to further enhance our approach to integrated, place-based care.
- 2.3 We welcome insight into health inequalities experienced by residents.
- 2.4 We request the support of board members in encouraging vulnerable residents to receive a flu vaccination.

3. Background

- 3.1 Health and Local Government in North West London have been working as a health and care partnership over the last few years. In recent months, we have witnessed the benefits of close partnership working in how we have been able to quickly respond to the challenges of managing a pandemic and supporting residents with the health and care services needed. We want to build on this lived-experience and strengthen our joint working going forward.

4. Options / Considerations

- 4.1 See above – the paper is to inform members on the development of the ICS and to ask for support as we develop partnership working into the future.

5. Legal Implications

None.

6. Financial Implications

- 6.1 None

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

[Jo Ohlson Accountable Officer, Collaboration of NW London CCGs

Email: [jo.ohlson@nhs.net]

This page is intentionally left blank

NW London Integrated Care System Update



*Westminster Council Health and Wellbeing Board
September 2020*

Contents

- Developing an Integrated Care System for NW London
- Reducing health inequalities in NW London
- Service update
 - elective restart
 - urgent care services
 - support to care homes
 - mental health
- Enabling our residents and staff to receive Flu vaccinations
- Effective surge planning for Covid19

Developing an Integrated Care System for North West London

Purpose

The purpose of the NWL Integrated Health Care System is to reduce inequalities, increase quality of life and achieve health outcomes on a par with the best of global cities.

All organisations will work together

To set consistent standards of care across NWL

Integrated Care will be delivered in Boroughs

- Page 20
- Hospitals
 - Community services
 - Primary Care
 - Mental health
 - Learning disabilities
 - Local Councils
 - Community Groups

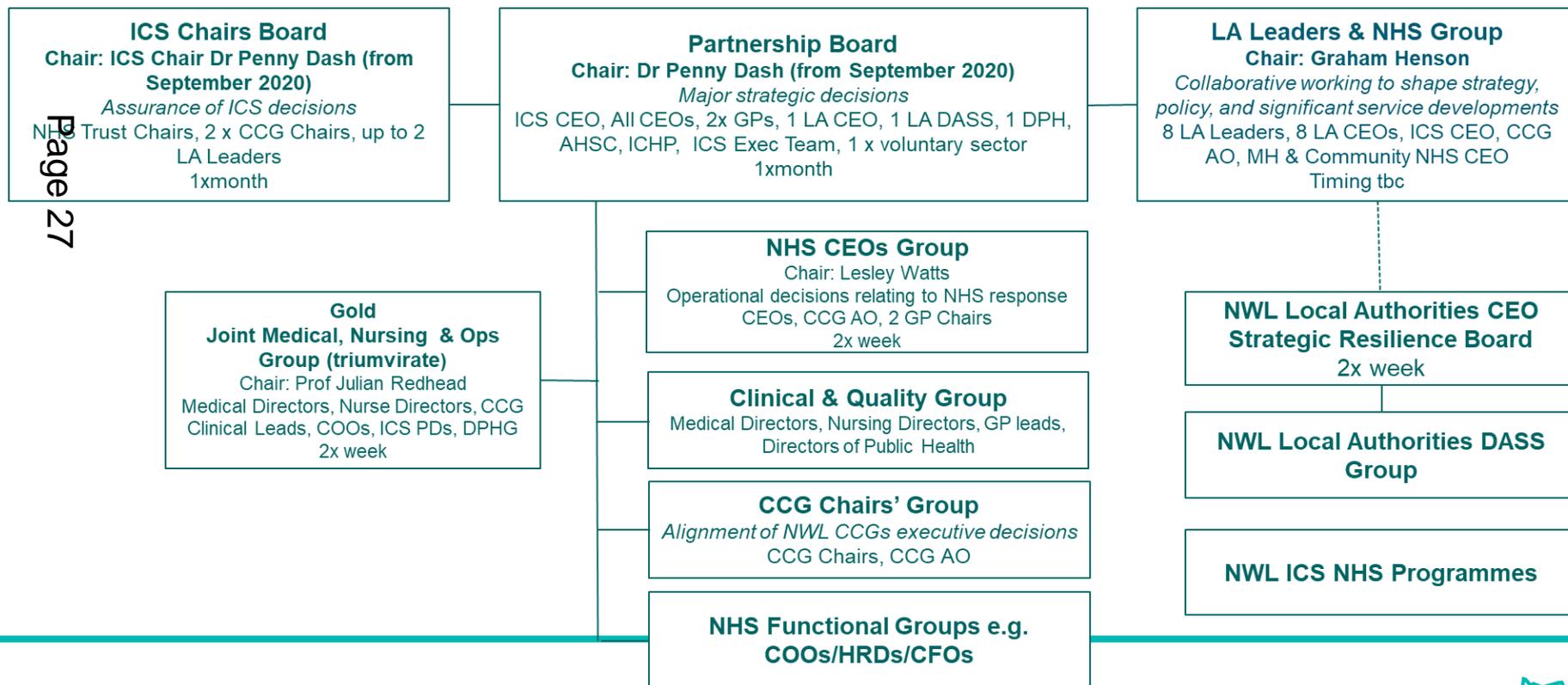
- Allocate resources fairly across NWL
- Share data to understand needs of communities
- Set standards of care to meet needs
- The ICS will monitor the quality of care

- To deliver consistent high quality standards of care and equity of outcomes
- Focus on prevention and self management
- Keep patients and staff safe during Covid pandemic

Proposed transitional structure

The transitional structure for the ICS involves the NHS, LAs and the voluntary sector. The chart below describes the proposed governance arrangements to ensure strong collaboration between councils and the NHS (clinical, officer and political leaders).

- **Chair of the ICS** - Dr Penny Dash
- **CEO of ICS:** Lesley Watts, CEO of Chelsea and Westminster Hospital NHS Foundation Trust

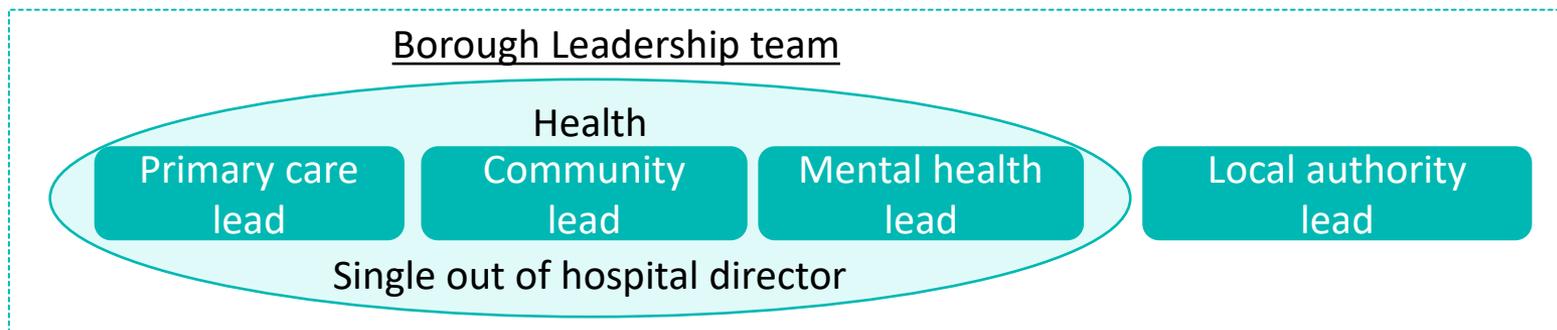


Page 27

Strengthening borough-based relationships

- Through the COVID-19 crisis NWL boroughs have consistently demonstrated the benefit of working in partnership, focussed around the common issue of best supporting residents through the crisis.
- **Real commitment to build on this joint approach – wherever possible decisions about care delivery should be taken at borough-level**
- Requires a strong **partnership of providers at borough level** for implementation and delivery
- Needs to be **co-designed by Local Authority and health leaders**
- There will be leads for primary care, community care and mental health.
- One of these leads will assume overall responsibility as **Out of Hospital Director**
- The Out of Hospital Director will:
 - Have **local understanding** and knowledge
 - Build strong **local relationships**
 - Work jointly with the Local Authority lead to develop integrated care provision for local residents
- A lead for acute services will link in with the borough team.
- ICS staff (staff working in the CCG) **will work on behalf of this quartet** developing strong, integrated borough-based care.

Page 28



Reducing health inequalities in NW London

An NW London board to focus on reducing health inequalities

- This board is jointly chaired by Niall Bolger, CEO Hounslow Local Authority and Carolyn Regan, CEO West London NHS Trust
- It brings together health, local authority, voluntary sector, residents and others to provide strategic direction in this area
- We have identified 3 main areas of work, as illustrated below; key is health actively working with the WLA economic regeneration board and as major employers supporting the economic regeneration agenda
- Two other areas of immediate focus are ensuring we reach our most vulnerable residents with flu vaccinations and digital exclusion.

Page 30

Population Health and reducing Health Inequalities

Dr M C Patel/Director of Public Health

Developing and supporting a culture that uses population health to drive change and service provision

- Population health management and measurement
 - Developing a consistent approach across NW London
 - Developing a culture of improvement
- Working with target communities to address local inequalities
- Identification of immediate priorities eg flu vaccinations

Economic Regeneration

Niall Bolger/Charlie Sheldon

Developing employment opportunities so as to not further exasperate inequalities

- WLA Economic Regeneration Board
- Grow Own Workforce
- Arts Health and Well Being

System Delivery and Accountability

Juliet Brown/Bernie Flaherty

Ensuring system wide accountability, delivery and assurance

- Continued focus on reducing inequalities throughout ICS work
- Deep dives into identified priority areas of concern

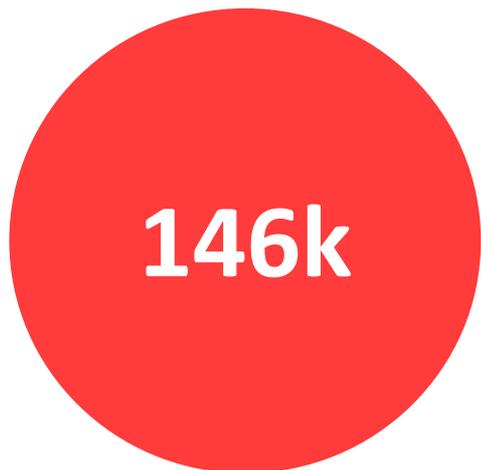
Service update

- Elective care programme
- Managing urgent care demand
- Support to care homes
- Mental health

Across NW London our focus is on restoring our planned services for residents quickly and safely

- During Covid we stopped services in order to save lives and therefore now have long waits.
- We are working to re-establish our planned services as quickly, safely and effectively as possible enabling us to diagnose, advice and treat our residents in a timely way whilst ensuring the highest level of safety
- This is dependent on being able to continue operating without disruption caused by further Coronavirus peaks.
- Our aim is to be providing planned elective activity at 90% of last year's capacity by October; we are at 70% capacity now.
- We do not plan to stop other services in the event of another Covid surge.

The size of our challenge



Page 33

- **146k** patients on the waiting list for planned treatment with **22k** of these waiting for surgery.
- **3.7k** patients waiting over 52 weeks with **2.4k** of these waiting for surgery.

CWHFT

36k patients
405 waiting 52+wks

ICHT

56k patients
1163 waiting 52+wks

LNWUHT

34k patients
970 waiting 52+wks

THHFT

16k patients
1123 waiting 52+wks

NB in April 2020 the number of people waiting over 52 weeks was 772

To achieve this with our operating services we are working to a 3-part plan

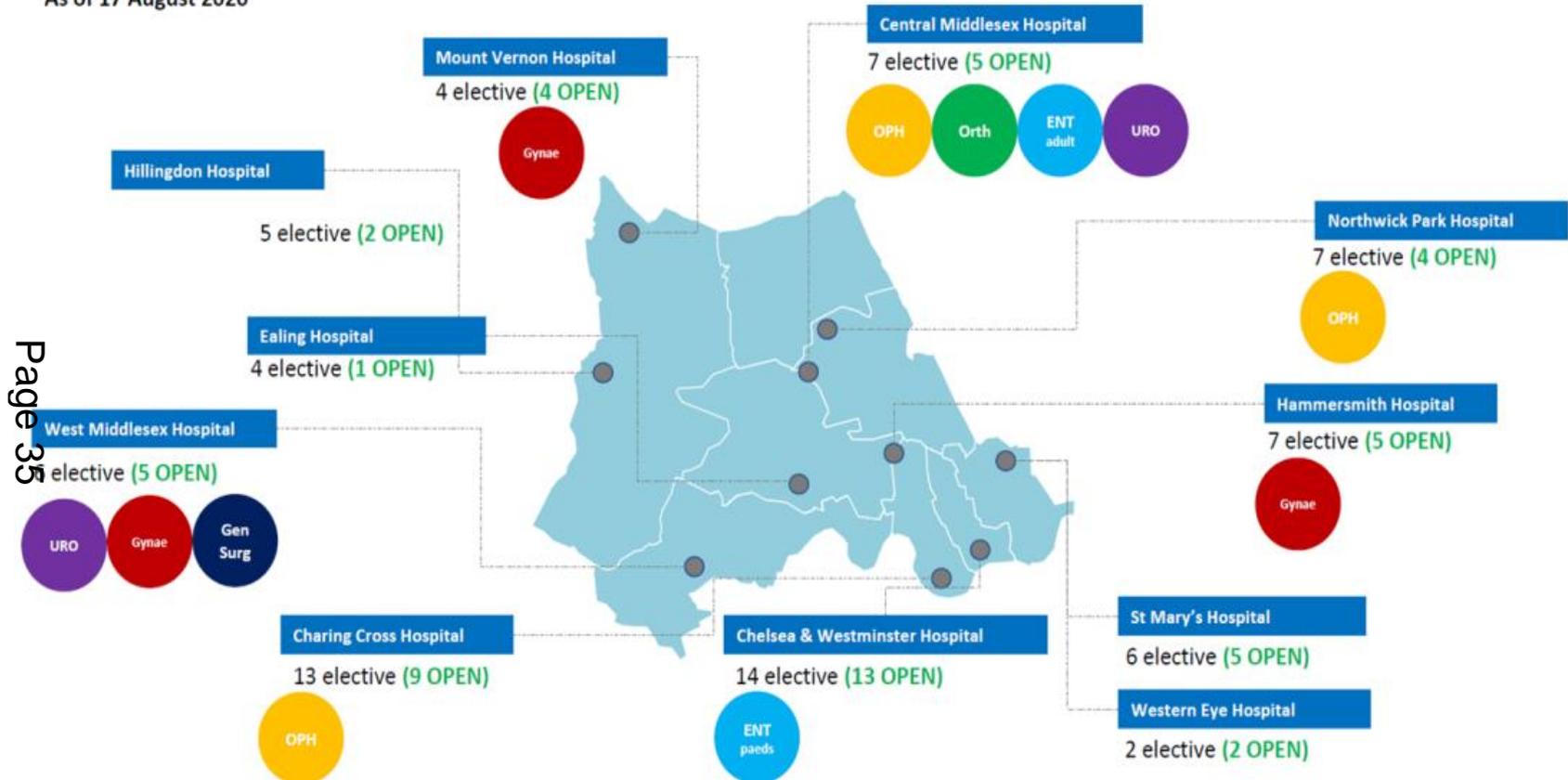
- **Maximising the throughput of our existing theatres** - by October all of our Trusts will be operating at close to 90% capacity having segregated provision, invested in new intensive care facilities and air flow systems etc; however, due to new infection control procedures we can not undertake previous levels of surgery in these facilities.
- **Private sector capacity** - we are maximising our use of private sector facilities with 300 patients a week being treated in these facilities.
- **Fast track surgical hubs** - in a coordinated programme across London, we have established fast track hubs for our top 6 specialities, developing focussed facilities so as to increase operating throughput and improve quality of outcomes.

Page
34

Initial proposal for the development of these hubs

Map of NW London theatres and initial thinking regarding proposed Fast Track Surgical Hubs:

As of 17 August 2020



Page 35

Restoring our outpatient and diagnostic facilities

Outpatients

- Our outpatient services are currently operating at 70% of pre-covid capacity with the aim to be at 100% by end of September.
- Our focus is on using digital technology to offer a more responsive and patient-centred service. This includes:
 - Developing our advice and guidance service, enabling GPs to access specialist opinions easily and therefore manage a wider range of patients' conditions through their surgery
 - When a patient needs to consult a specialist this is organised remotely by phone or video, whenever possible
 - We provide face to face appointments in hospital for those who need them
 - We are also looking to move to a system of patient-initiated follow-up; initial pilots indicate that enabling a patient to request a follow-up has reduced wasted appointment by up to 50%

Diagnostics

- We continue to focus on increasing our capacity within diagnostics. The aim is to be at 100% capacity by October 2020. Currently we are working at:

Endoscopy	65%
MRI	84%
CT	87%
Ultra sound	75%

Working to continue to provide accessible, safe care for residents

Urgent Care

- It is important that our residents feel able to access urgent care safely when they need it. We have developed a set of clear messages to guide people as to how best to access the care they require:
 - **Talk before you walk** – if you need urgent medical help call 111 in an emergency call 999 – please call before you attend an urgent treatment centre or A&E
 - **The NHS is here for you:** please seek help if you need it. If you need medical advice, please call your GP or visit 111 online in the first instance. In a medical emergency, call 999.
 - **Follow the national guidance** on social distancing, wash your hands frequently for at least 20 seconds, test and trace and wear a face covering in public places.
 - If you experience a high temperature, a new, continuous cough or changes in your sense of smell or taste, you must **book a covid-19 test immediately.**

Working together to support care homes

- The **clinical support** given to care home continues, supporting both proactively and in helping to manage Covid cases
- **Testing** of residents and staff is key; unfortunately there is a delay in accessing national testing routes consistently, we have therefore prioritised additional testing locally and are working with DASSs to ensure fair and easy access
- We are also working together to support **home care** providers

Mental Health

- **IAPT (talking therapies) is open in each Borough** and takes self referrals as well as via GPs
- A significant focus is in **supporting our 0-25 year olds.**

Enabling our residents and staff to receive flu vaccinations

Page 38

Flu: A priority for NW London

- For some people flu can be severe and they are at risk of further complications particularly if combined with Covid-19, these people can have a free flu vaccination. We are aiming to achieve a 75% uptake in the vaccination for these high risk groups.
- The likely combination of flu and a second wave of Covid during winter has led to considerably more ambition for flu vaccination as well as expansion of eligibility.
- Focussing on those most at risk - including people with a long term condition, people over the age of 65, households of those who have been shielding, pregnant women, people in disadvantaged areas and BAME communities, those with a learning disability and children aged 2-11.
- Lower risk groups may be invited for vaccination in November if vaccination stock is received (this includes the 50-64s).
- We also need to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities.



Flu: Working together with you

- To achieve all of this, there will need to be a **greater focus on and high quality, dedicated and culturally competent engagement with faith and community groups**, linking with local authority networks and ensuring we have culturally appropriate communications to increase our reach.
- **We are asking local authority colleagues for their help in reaching these communities** through all means possible – not only via formal communications but in every contact with the general public - in particular those at high risk of flu and the most deprived groups.
- We also need to work together to encourage **all eligible social care and health staff to receive the vaccination.**



Effective surge planning for Covid 19

Management of Covid surge is a priority for the system

Outbreak management

- Public health, health and local authorities across NW London have worked together to agree thresholds and an escalation plan giving a multi-agency, coordinated approach to outbreak management; they meet regularly as a covid surveillance group
- This works with, and builds on, local borough-specific plans
- Our population health data base enables us to have good visibility of positive test results by geographical areas, ethnicity etc; this reviewed regularly by the Covid surveillance group

Surge management

- With the rise in cases in recent days detailed surge plans have been developed and are being implemented at the appropriate point
- These include – coordinated primary care, robust support to care homes and home care services, general hospital services, intensive care
- The plans cover staffing, equipment and PPE – building on, and learning from, our response in the first wave

Testing

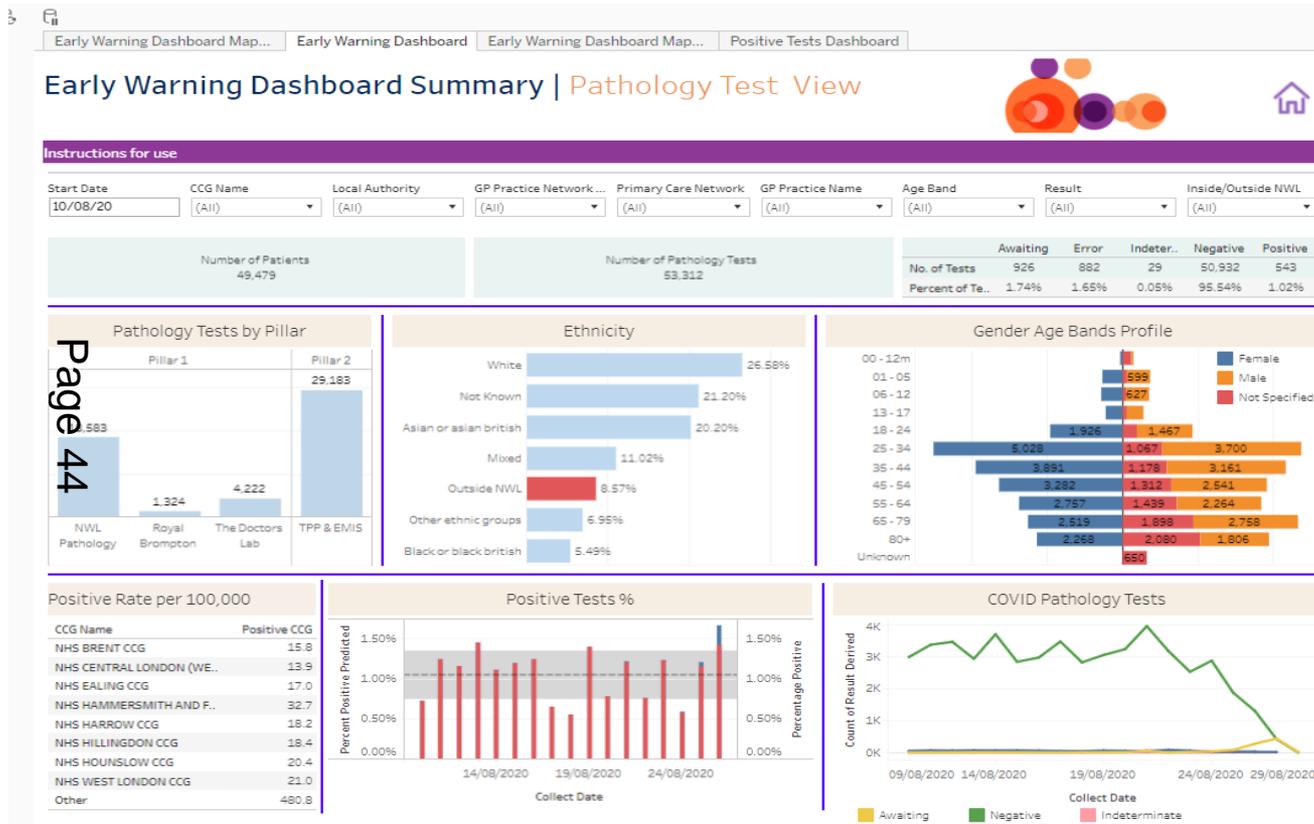
- Health continue to work with local authorities to support testing and have committed to enabling testing of care home residents and staff through the NHS pillar 1 capacity until pillar 2 testing is robust and reliable

Covid-19 threshold steps and escalation plan

CoViD rate per 100k pop.		Multi-agency , coordinated outbreak management action			
		Multi-agency action (inc PHE)	Hotspot borough	Neighbouring borough	NWL health services
D o o r s t r i c a l i n t e n s i v e	<5	NWL CoViD Surveillance <ul style="list-style-type: none"> Daily borough monitoring Early warning spikes (111, GPs, hospital admissions) Weekly NWL-wide review Check if <5% of tests are positive (concern if trend above 2%) 	Monitor for outbreaks	Monitor for outbreaks	PPE used in all health settings where social distancing is not possible No self-isolation required for routine operations CoViD pathways in place for risk managed and protected Limit hospital visiting to safe capacity
	5 to 10	As above, plus... <ul style="list-style-type: none"> Check if >5% of tests are positive 	Check GIS, postcode, and geography for common factors Communication to education and care staff about the rise Review PPE stock and testing capacity Review care home protocols	Monitor for outbreaks	Community settings Communication to relevant PCN and community health staff about the rise Review PCN and community health PPE stock Hospital settings Review admissions for common factors
D o o r s t r i c a l i n t e n s i v e	10 to 15	As above, plus... Incident Management Team convened <ul style="list-style-type: none"> Deploy local targeted testing Review for clusters and high risk settings Look for outbreaks in neighbouring boroughs Support self-isolation as needed (food, income, social support) Outreach (environmental health & housing officers) Increase asymptomatic staff testing 	Incident Management Team participation <ul style="list-style-type: none"> Review for clusters (same postcode, building, household) Review for social activity (workplace, faith settings, gatherings, parties, unlicensed music events) Targeted messages (community leaders, social media, relevant schools) <ul style="list-style-type: none"> Avoid unnecessary travel Stay inside unless you have to go out Wear a face covering in crowded spaces Do not gather with friends and family Do not gather at school gates to chat Wash hands regularly and thoroughly Get a CoViD test as soon as symptoms start 	Increased vigilance <ul style="list-style-type: none"> Communication to education and care staff about the rise Review PPE stock and testing capacity Review care home protocols 	Incident Management Team participation Review Pillar 1 for home address and age patterns Wider health care providers Communication to relevant pharmacy, dental, and optometry services Community settings Update relevant PCN and community health staff Communication to relevant safeguarding teams to help support vulnerable people Hospital settings Communication to hospital health staff about the rise Review hospital PPE stock and testing capacity Self-isolation 7 days prior to routine operations
	15 to 20	As above, plus... Incident Management Team daily review <ul style="list-style-type: none"> LCRC and PHE involvement Extend local targeted testing to care homes, hostels, household of multiple occupancy Self-isolation of positive cases Extend support for self-isolation as needed (local accommodation) 	As above, plus... Wider communication <ul style="list-style-type: none"> Consider postcode or borough-wide campaign Work with high risk settings and venues to reinforce safe behaviours 	As above	Community settings Update relevant PCN and community health staff Hospital settings Update hospital health staff about the rise Self-isolation for 14 days prior to operations Prepare for possible rapid surge in demand
D o o r s t r i c a l i n t e n s i v e	20 to 30	As above, plus... Incident Management Team daily review <ul style="list-style-type: none"> LCRC and PHE deploy mobile testing units and batch processing of tests for high risk groups Review hospital admission data 	Enhanced communication <ul style="list-style-type: none"> Stay in unless essential to go out Arrangements to deliver food and medication Hotspot maps available to residents Consider reverse targeted easing of lockdown <ul style="list-style-type: none"> Re-establish shielding for some groups Re-establish limited contact with friends and family Temporary closure of specific venues (schools, bars, restaurants, faith settings, work places) 	As above, plus... Targeted messages to reduce cross-borough transmission (community leaders, social media, relevant schools) <ul style="list-style-type: none"> Avoid unnecessary travel Stay inside unless you have to go out Wear a face covering in crowded spaces Do not gather with friends and family Do not gather at school gates to chat Wash hands regularly and thoroughly Get a CoViD test as soon as symptoms start 	Community settings Consider dedicated testing hub Anticipate surge in GP presentations Multi-lingual communication about online primary care Multi-lingual communication about mental wellbeing Hospital settings Temporarily stop hospital visiting Anticipate imminent surge in CoViD admissions Ensure staff training complete for possible deployment Anticipate any changes to ambulance arrangements
	30 to 40	As above	As above, plus... <ul style="list-style-type: none"> Reinforce self-isolation message and support by door to door messages (Safer Neighbourhoods and housing teams) 	As above	Community settings Pro-active engagement with shielding patients with mental illness, learning disabilities, or Special Educational Needs and Disabilities Hospital settings Prepare additional care areas
>40	As above, plus <ul style="list-style-type: none"> Weekly whole ward testing 	As above, plus... <ul style="list-style-type: none"> Use of volunteers to support those self-isolating Whole ward or postcode lockdown 	As above, plus... <ul style="list-style-type: none"> Coordinated mutual aid 	Community and Hospital settings Redeploy staff as required	

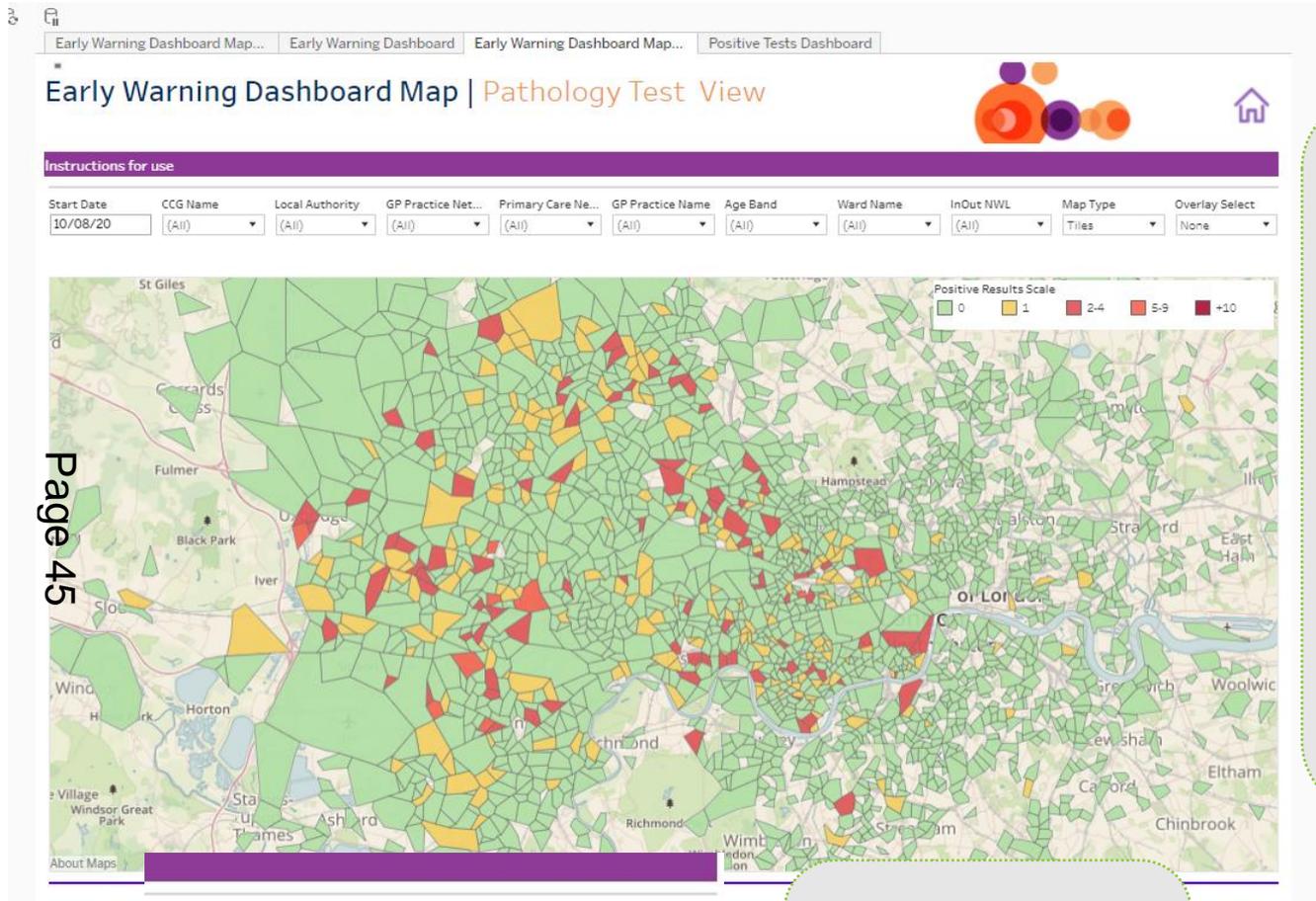


NW London Covid-19, early warning dashboard, gives insight into test results - 1



This is a summary of all COVID testing (both Pillar-1 and Pillar-2). This dashboard shows the breakdown of testing by borough, ethnicity, age band, gender and also outcome (number of positives)

NW London Covid-19, early warning dashboard, gives insight into test results - 2



This is a map view of the positives with thresholds applied at a LSOA level. Thresholds have been agreed at the COVID surveillance group

The map has schools and care homes over-lay applied



Protection against Covid-19 for the public

We will continue to advise the public that you are safest when you follow this advice:

Hands. Face. Space.

- **Wash your hands** frequently, with soap and water, for 20 seconds.

Page 46

Wear a face covering on public transport, in shops and in supermarkets.

Remember to **social distance** when in public areas – keep at least 2 metres away from people you don't live with, if you can.

- **If you have any symptoms** of coronavirus (a new continuous cough, a high temperature, or a loss of/change in taste or smell) please immediately **self-isolate and book a free test online** at www.nhs.uk/coronavirus or by calling **119**.



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health
& Wellbeing Board

RBKC Health
& Wellbeing Board

Date: 8th October 2020

Classification: **General Release**

Title: 2020-2021 Winter Pressures Programme

Report of: Senel Arkut, Bi-Borough Director of Health Partnerships

Wards Involved: All

Report Author and Contact Details: Grant Aitken, Head of Health Partnerships
grant.aitken@rbkc.gov.uk

1. Executive Summary

- 1.1 On 18 September 2020 the Department for Health and Social Care (DHSC) published a national social care plan for winter 2020-21, focusing on managing the 'second wave' of the coronavirus pandemic. Although local health systems are already required to produce winter plans each year, this is the first time the Government has produced a national plan outlining actions that local authorities, NHS organisations and social care providers must take ahead of the winter
- 1.2 Winter presents numerous challenges on the health and care system through increased demand on front line services. COVID-19 will be also be circulating, alongside seasonal flu and other viruses, and transmission is predicted to increase over the winter period. These pressures will create risks to the health and wellbeing of both people who need care and support and the health and social care workforce.
- 1.3 The Bi Borough and West London and Central London CCG have worked in Partnership to develop a winter plan, along with other system partners to support the management of flow through Chelwest and Imperial.
- 1.4 This paper summarises the winter programme across the local health and social care system. It has, in draft, been presented at local AEDBs and will continue to be refined to respond to local surges in demand heading into the winter period. It also builds on the learning through the Covid 19 pandemic and from the 19/20 winter programme.
- 1.5 The winter programme has two broad priorities in supporting the local health and Care system:
 - manage demand pressures on the NHS with reference to seasonal winter pressures e.g. reduce admission to acute settings by supporting people to receive their care closer to home or in community settings

- support timely and safe discharges from hospital, with the appropriate support in place, to help promote people's independence and choice.

1.6 As part of the response to Covid19, NWL is also seeking to provide a more strategic approach to the development of the winter response and therefore many of the priorities will be supported through the coordination of primary and community care.

2. Key Matters for the Board

2.1 The Board is asked to note the draft winter plan. Further updates will be available on overall winter performance, if requested.

3. Winter Pressures Programme 20/21

3.1 The aim of the programme is to ensure services are aligned to support residents throughout the winter also to support acute providers with demands on their beds by supporting discharge and reducing unnecessary admissions. It is recognised that as the system heads into the winter period there is highly likely to be increased pressure on admissions and the bed base. With Covid-19 and normal winter flu season circulating there will also be pressures on community and care providers; therefore, the plan will be about ensuring the sustainability and resilience of these key services.

3.2 Early modelling of demand on acute beds by NWL CCG has identified key (peak) periods where demand may outstrip supply. Therefore, it is critical that there is a balance between the new schemes to support likely pressures versus flexing existing capacity in the system to respond to surges in demand – quickly and safely.

3.3 Understanding the changing pressures will be through the relevant A&E operational groups and regular system escalation calls with partners. Close monitoring of demand and the wider system capacity will then allow for schemes to be brought forward.

3.4 As part of the national winter plan the following summarises the key actions for local authorities and NHS organisations to take:

- co-production is at the heart of decision-making
- plans must be put in place, building on existing initiatives, including local outbreak plans
- local authorities and NHS organisations should continue to address inequalities locally,
- local authorities must distribute funding made available through the extension of the Infection Control Fund
- local authorities must continue to implement relevant guidance and promote the compliance of the guidance to all social care providers
- local systems should continue to take appropriate actions to treat and investigate cases of COVID-19. This includes hospitals continuing to test people on discharge to a care home

- local authorities and NHS organisations should work together, along with care providers and voluntary and community sector organisations, to encourage those who are eligible for a free flu vaccine to access one
- local authorities and NHS organisations should continue to work with providers to provide appropriate primary and community care at home and in care homes, to prevent avoidable admissions, support safe and timely discharge from hospitals, and to resume Continuing Healthcare (CHC) assessments at speed
- NHS organisations should continue to provide high-quality clinical and technical support to care providers through the Enhanced Health in Care Homes framework and other local agreements

3.5 The following areas have been identified as key to meeting the local priorities of winter and the national winter plan:

ACUTE	Same Day Emergency Care (SDEC)	<ul style="list-style-type: none"> • This will be fully operational from November
	Frailty Pathway	<ul style="list-style-type: none"> • Front door frailty service to be fully operational from November
	7 Day Working	<ul style="list-style-type: none"> • This will be across all services including hospital discharge teams
	Escalation beds	<ul style="list-style-type: none"> • No funding identified Fully operational
MENTAL HEALTH	Community based crisis alternative service, provided by Hestia	<ul style="list-style-type: none"> • The Coves a crisis haven for residents based at Paddington Arts (gatekept i.e. must be referred and triaged via CNWL). https://www.cnwl.nhs.uk/services/coves • Non-clinical alternative up to 3 sessions for service user, digital or face to face support 17:30-00:30, 7 days a week including bank holidays.
	First Response Face to face gatekeeping	<ul style="list-style-type: none"> • First Responders will be borough based and will carry out gate keeping assessment on all patients referred to the service to establish whether admission to an inpatient bed is required
	Home Treatment Team	<ul style="list-style-type: none"> • Increased capacity to enable 24/7 coverage, and provision of intensive home treatment and in reach to wards to facilitate early discharge.
	Inpatient Care	<ul style="list-style-type: none"> • CNWL are working to reduce those inpatients who have been on the wards for over 30 days and embed clear therapeutic interventions
	Enhanced SPA-NHS 111 link	<ul style="list-style-type: none"> • CNWL are looking to increase numbers of people calling a single point of access (SPA) number instead of presenting to A&E through the provision of enhanced phone, virtual /digital support and The Coves service.
	Increased staffing to support discharge	<ul style="list-style-type: none"> • Additional experienced staff to co-ordinate discharge • This will reduce DToCs and help reduce lengths of stay

	Increased capacity in liaison mental health teams in A&E	<ul style="list-style-type: none"> Additional 3 staff per shift will enable psychiatric liaison nurses to rapidly focus on emergency department presentations Expediting front-door triage and decision-making.
	Enhanced community evening and weekend clinics	<ul style="list-style-type: none"> To reduce potential for crises 6 additional nurses will be appointed to do evening clinics to 8pm and at weekends, and enhance the Home Treatment Team
	Step-down	<ul style="list-style-type: none"> Additional spot purchasing agreed to assist and enhance discharge
PRIMARY CARE	Shielded Patients	<ul style="list-style-type: none"> Primary Care - Shielded Patients - Operational in Sept
	Increased provision in Primary Care	<ul style="list-style-type: none"> Enhance Health and Care Home (EHCH) programme including flu vaccinations
	Extended Hours	<ul style="list-style-type: none"> Operational throughout winter
	Hot Hub / Escalated Care Clinic	<ul style="list-style-type: none"> Contracts in place
COMMUNITY	Homeless Pathways & Homeless Step-down	<ul style="list-style-type: none"> Homeless Step Down and Step Up Beds
	Escalation beds	<ul style="list-style-type: none"> Use of escalation beds (Pembroke) operational. This will include Covid-19 positive or Covid-19 unknown pathways
	Flu Strategy	<ul style="list-style-type: none"> In place
ASC	D2A/Home First	<ul style="list-style-type: none"> Discharge Hubs including D2A - operational September
	Care Home Project	<ul style="list-style-type: none"> Care Home Project - operational in October
	Reablement capacity	<ul style="list-style-type: none"> Additional capacity, including supporting providers to understand the changing needs of patients with higher acuity needs and having distinct pathways for Covid positive and Covid negative patients in place -

3.6 Below are some examples from last year that will be repeated this winter

- The provision of additional review officers allowed for increases in the number of home visits and interventions to enable residents to remain safely at home. Additional Occupational Therapists (OTs) and Independent Living Assessors (ILAs) also allowed for early assessments of increased reablement referrals.
- Two step-down flats commissioned in RBKC enabled people to gain skills and confidence to return home. Both flats were fully utilised and provided a real choice for patients who could not return home, but not suitable for care home placements.
- Additional step-down bed capacity was utilised to its full (including step down MH beds) and allowed for the management of flow of people out of hospital. The beds were very effective and successful in managing system pressures. Additional social worker capacity was also put in place to move these patients on.

If you have any queries about this Report or wish to inspect any of the Background papers please contact:

Grant Aitken, Kensington and Chelsea

Email: grant.aitken@rbkc.gov.uk

Telephone: 07814 174605

This page is intentionally left blank



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	8th October 2020
Classification:	General Release
Title:	Dementia Plan
Report of:	Bernie Flaherty, Bi-Borough Exec. Dir. ASC and Public Health
Report Author and Contact Details:	<i>Andrew Carpenter, Dementia Programme Lead,</i> <i>acarpenter@westminster.gov.uk</i>

1. Executive Summary

- 1.1. This report sets out the draft Dementia Plan (2020-2025) for Kensington and Chelsea and Westminster. The plan, co-designed and co-authored by service users and our communities, sets out an ambitious and practical realisation of Kensington and Chelsea and Westminster as Dementia-Friendly Communities for now and for the future. The plan is also intended to be a practical guide for all those who live with the condition, and for their families, friends and carers.
- 1.2. The plan takes a whole-systems approach to supporting people living with dementia and has been developed in partnership between the Royal Borough of Kensington & Chelsea, Westminster City Council, CLCCG and WLCCG.
- 1.3. Around 170 residents living with dementia and unpaid carers have been involved in developing the Plan, including via the Dementia Partnership Group and the Local Account Group. This engagement was supported by community, voluntary, and service user groups. Engagement took place in a variety of ways, from larger groups to smaller focus groups and one-to-one interviews, to ensure that the plan has been genuinely co-produced.
- 1.4. The plan has been shared with governance bodies across both boroughs in draft for input before being finally signed off in Autumn 2020, postponed from the Spring due to COVID-19. Both RBKC's Leadership Team and WCC's Cabinet have been engaged in this process. The joint Kensington & Chelsea and Westminster Health

and Wellbeing Board, as the formal body endorsing the plan across both areas, is being presented with the plan for final approval. The plan will then be presented to RBKC's Leadership Team for a final time in November 2020, before publication.

- 1.5. The Dementia Plan now contains additional information based on the COVID-19 response, which is shown in a series of themed information boxes. Details of where to get help and up-to-date information is provided, with brief outlines of some of the additional or adapted support that has been put in place. The rest of the content remains the same as this was agreed by the Board in February.

2. Key Matters for the Board

- 2.1 The Kensington & Chelsea and Westminster Health and Wellbeing Boards are asked to give final agreement and sign off on this document.

3. Background information about dementia (including updated statistics released November 2019)

- 3.1 The word 'dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. A person with dementia may also experience changes in their mood or behaviour.
- 3.2 Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. Alzheimer's disease is the most common cause of dementia. Other common types of dementia are vascular dementia, mixed dementia, dementia with Lewy bodies and fronto-temporal dementia.
- 3.3 Dementia is a progressive condition. As such, these changes are often small to start with, but they can become severe enough to affect daily life for someone with dementia. This progression will vary from person to person and each will experience dementia in a different way – people may often have some of the same general symptoms, but the degree to which these affect each person will vary.
- 3.4 In November 2019, The Alzheimer's Society released a new report in conjunction with the LSE. This report found that in 2019 the total cost of dementia in the UK was estimated to be £34.7 billion. Of this, approximately £4.9 billion consists of health care, and approximately £15.7 billion consists of social care. The remaining £19.9 billion accounts for estimated unpaid care contributions.
- 3.5 Statistics from this report are quoted directly below, as the most up-to-date available. These statistics demonstrate a growing issue with cost implications and in the context of a predicted significant change in demographics. The need to take action now and consider the different needs arising is clear. Please note that because of COVID-19, Memory Assessment Services across London were closed and many staff at Alzheimer's Society were furloughed, so these remain the most up-to-date statistics available.

Estimated population prevalence and estimated costs of care

In November 2019, The Alzheimer's Society published work by the London School of Economics that provided Local Authority level estimates of dementia prevalence by severity and the estimated cost of dementia care by sector. This information is presented below.

Table 1: Estimated Prevalence of Dementia in the population aged 65+ - Kensington and Chelsea (2019-2030)

Borough	Severity	2019	2020	2025	2030	Change 2019-2030
RBKC	Mild	236	242	279	328	39.2%
	Moderate	458	451	503	573	25.1%
	Severe	877	942	1,233	1,537	75.3%
	All	1,570	1,630	2,020	2,440	55.2%

Table 2: Estimated cost of Dementia (All severities) - Kensington and Chelsea (2019-2030)

Borough	Severity	2019	2020	2025	2030	Change 2019-2030
RBKC	Healthcare	£8.6M	£8.9M	£11.7M	£15.5M	80.8%
	Social Care	£35.3M	£38.4M	£52.3M	£70.9M	100.9%
	Unpaid Care	£24.9M	£26.3M	£34.6M	£45.6M	83.2%
	Other	£0.3M	£0.4M	£0.6M	£0.8M	146.2%
	Total	£69M	£74M	£99M	£133M	92.3%

Table 3: Estimated Prevalence of Dementia in the population aged 65+ - Westminster (2019-2030)

Borough	Severity	2019	2020	2025	2030	Change 2019-2030
WCC	Mild	310	317	356	413	33.3%
	Moderate	595	582	648	749	25.9%
	Severe	1,158	1,233	1,599	1,975	70.6%
	All	2,060	2,130	2,600	3,140	52.1%

Table 4: Estimated cost of Dementia (All severities) – Westminster (2019-2030)

Borough	Severity	2019	2020	2025	2030	Change 2019-2030
WCC	Healthcare	£11.3M	£11.7M	£15.2M	£19.9M	76.1%
	Social Care	£46.7M	£50.3M	£67.6M	£90.4M	93.6%
	Unpaid Care	£32.6M	£34.3M	£44.9M	£59.2M	81.5%
	Other	£0.4M	£0.6M	£0.8M	£1.0M	141.2%
	Total	£91M	£97M	£128M	£170M	87.3%

GP data

Locally, the number of residents recorded with a diagnosis of dementia in the population aged 65+ is available from GP registers. The latest data, published on the Public Health England Fingertips pages provides the following information:

- Kensington and Chelsea: In 2019, 1,017 residents registered with a diagnosis of dementia. This register is estimated to represent 67.7% of the total population of those living with dementia (diagnosed and undiagnosed)
- Westminster: 1,275 residents registered with a diagnosis of dementia. This register is estimated to represent 77.2% of the total population of those living with dementia (diagnosed and undiagnosed)

Based on London-wide estimates, Table 5 shows the estimated percentage of the population aged 65+ that will be of Black And Minority Ethnic (BAME) by year. Table 6 shows the adjusted rates for the years considered. Table 7 the results of applying these estimates to the LSE estimated prevalence of dementia (Tables 1 and 3 above).

Table 5 Estimated change in the percentage of the population (London) that is of BAME origin (2019-2051)

%BAME	2016	2026	2051
Population aged 65+	5.1%	8.1%	20.5%

Table 6 Estimated change in the percentage of the population (London) that is of BAME origin (2019-2030)

%BAME	2019	2020	2025	2030
Population aged 65+	5.86%	6.14%	7.73%	9.40%

Table 6 Estimated Prevalence of dementia BAME and Non-BAME (2019-2030)

Borough	Ethnicity	2019	2020	2025	2030
RBKC	BAME	92	100	156	229
	Non-BAME	1,478	1,530	1,864	2,211
	All	1,570	1,630	2,020	2,440
WCC	BAME	121	131	201	295
	Non-BAME	1,939	1,999	2,399	2,845
	All	2,060	2,130	2,600	3,140

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Andrew Carpenter, Dementia Programme Lead & Autism Lead

Email: acarpenter@westminster.gov.uk

Telephone: 07817 055093

APPENDICES:

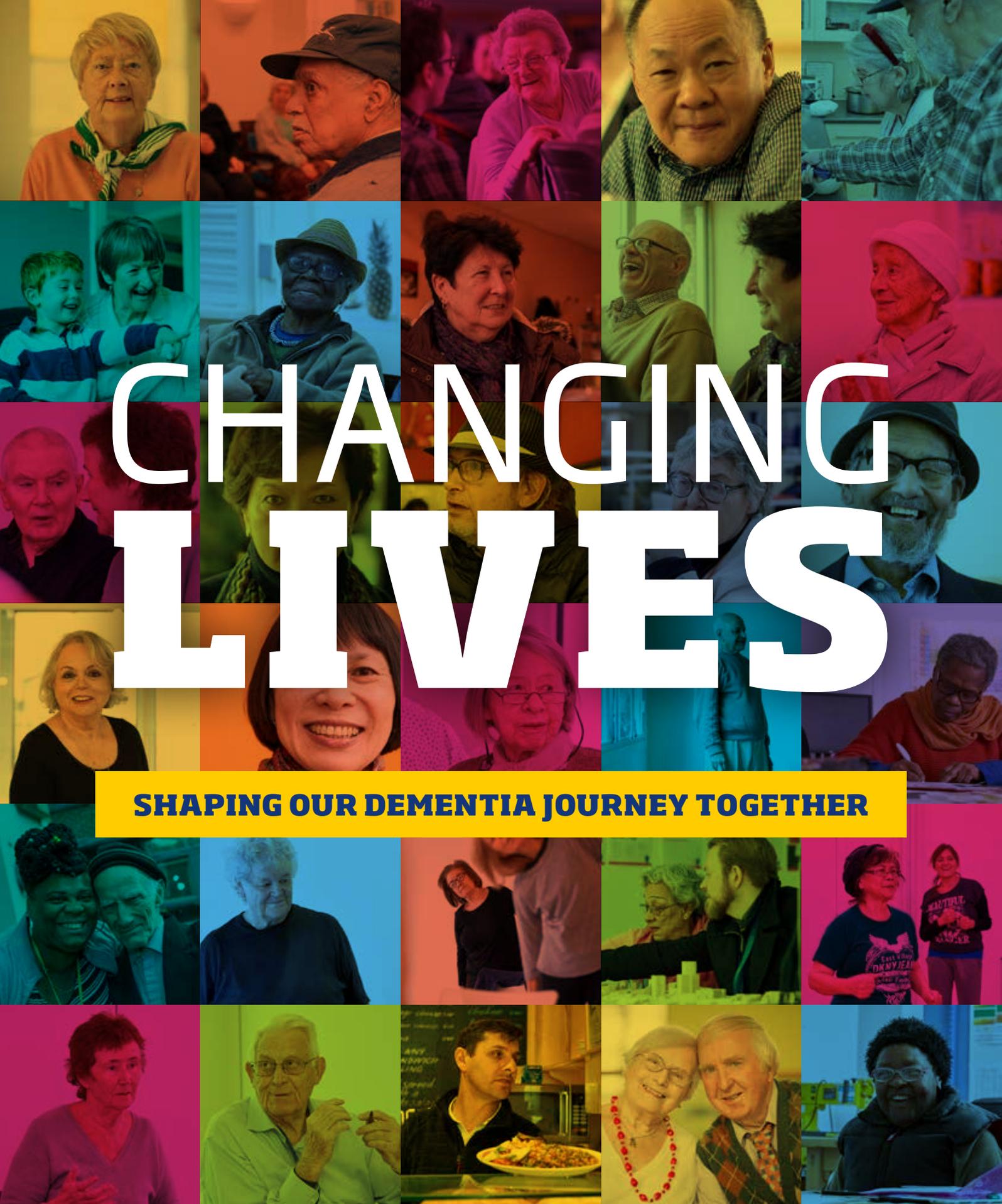
Appendices being attached are:

- 1) The Dementia Plan
- 2) The Pull-out section of the plan, with local contacts and details. This section can be updated regularly

BACKGROUND PAPERS:

As above

This page is intentionally left blank



CHANGING LIVES

SHAPING OUR DEMENTIA JOURNEY TOGETHER

"I WAS DIAGNOSED WITH DEMENTIA A COUPLE OF YEARS AGO."

"I have chosen to be open about my diagnosis, or as open as I can be, because not everyone finds a diagnosis easy to accept or deal with. The way we think and talk about dementia needs to change. I want to be open with everyone, without feeling any stigma. I want people to understand that I am still me.

I am pleased to be part of creating this document, along with many other residents. Any dementia plan needs not just to consult with us, but to actively involve us. We are all different, with different needs and different interests, and our voices need to be at the heart of what happens next, too.

Language matters. I am living with dementia. I want that life to be as full and active as possible, driven by my choices, within a community that works together to understand dementia better and removes the stigma. I am pleased that this document reinforces that message and shows how we can work better together to make this a reality."

ALISON
Resident living with dementia



CONTENTS

FOREWORD	02
THE DEMENTIA JOURNEY	06
WHAT IS DEMENTIA?	08
PREVENTION AND EARLY INTERVENTION	10
GETTING A DEMENTIA DIAGNOSIS	12
WHAT TO EXPECT FROM A DIAGNOSIS	13
KEEPING SAFE	14
LIVING WITH DEMENTIA	16
WHAT'S GOING ON IN OUR BOROUGHES	18
CARING FOR SOMEONE WITH DEMENTIA	20
LIVING AT HOME WITH DEMENTIA	21
HOME CARE	24
CARE HOMES AND SUPPORTED LIVING	28
PLANNING AHEAD	30
OUR DEMENTIA PLAN	36
WHAT WE WILL DO	37
OUR COMMITMENTS	38
JARGON BUSTER	40
THANK YOU	42



DID YOU KNOW?

We've involved residents from the start to help us create our 'Dementia Plan'. Over 170 people, made up of those living with dementia and their carers, came along to workshops and one-to-one interviews. We gave a commitment to produce a plan that was both for and by people living with dementia and their carers.



DEMENTIA & CORONAVIRUS

In January 2020 the World Health Organisation (WHO) declared a global health emergency following thousands of new cases of a new virus discovered in Wuhan, China. This led to countries all over the world responding to limit the spread of the novel coronavirus, COVID-19. On 11 March 2020 the WHO declared a global pandemic and measures tightened.

With worldwide figures at more than 270,000 infections and 11,000 deaths the United Kingdom imposed lockdown measures from 23 March requiring people to stay at home and only leave their homes for certain defined purposes. This report was written and agreed before the new virus changed the way people lived their lives in 2020. In order to recognise this and the significant impact COVID-19 has on the lives of people with dementia, we have added some helpful advice throughout. Just look out for the purple coronavirus boxes.

DEMENTIA FIRST HAND

Dementia is probably the biggest health care challenge we face today. We want to tackle the issue with commitment and focus making sure that Westminster and Kensington and Chelsea are leading the way as two of the most dementia-friendly boroughs in the country.

To do that, we've called on lots of people who live in our community to tell us what's important to them and how we can help provide them with the support they need.

Working with local residents, we have had the privilege of meeting and supporting many families going through all stages of dementia, from pre-diagnosis to end of life.

We've seen first-hand how frightening a dementia diagnosis can be, and what a significant impact it can have on the person, their friends and family. Each of us have also personally experienced supporting family and friends during their dementia journey.

In our Kensington and Chelsea 'Council Plan' and Westminster 'City for All' manifesto, we commit to improving the lives of people living with dementia and their carers. The quality of care and improving the experiences of those with dementia is also a priority of the NHS' Long-Term Plan. This is in line with the Mayor of London's ambition that London will be a dementia-friendly capital city by 2022.

We've worked with residents and local organisations across both boroughs to explore how we can all act to ensure every aspect of living here in Kensington and Chelsea and Westminster enables people with dementia to live fulfilling and active lives for as long as possible.

We know that the illness does not define a person. Living well with dementia is about much more than just getting the right health and social care – it's about ensuring community, transport, shopping, sports, arts and leisure, housing and more are all dementia-aware and can support people living with the illness to continue to live in our communities.

Last but not least, we want to thank everyone, particularly our residents, who gave up their valuable time and energy to share their stories and shape our plan to become leading dementia-friendly boroughs.

“LIVING WELL WITH DEMENTIA IS ABOUT MUCH MORE THAN JUST GETTING THE RIGHT HEALTH AND SOCIAL CARE.”



Dr Neville Pursell
Chair – Central London CCG



Dr Andrew Steeden
Chair – West London CCG



Cllr Sarah Addenbrooke
Lead Member for ASC and Public Health – Kensington and Chelsea City Council



Cllr Tim Mitchell
Cabinet Member for Family Services and Public Health – Westminster City Council



BERNIE FLAHERTY
Kensington and Chelsea and Westminster's Executive Director of Adult Social Care and Health

“I'M EXCITED TO BE INVOLVED IN THIS DEMENTIA PLAN IN BOTH OUR BOROUGHS.”

I was talking to a group of young graduate trainees recently who had joined the councils and I asked them to put their hands up if they knew someone who had dementia. 19 out of 20 did.

We will all know someone who has the condition. Dementia is a real and present concern for us as a society and, as a representative of social care and health, I want to draw on that personal experience to make sure all our work and our plan is totally person-centred and people-focused, drawing on the experiences of our residents to enact policies and commitments that will directly influence and improve their lives.

Our boroughs are making the commitment to be leading 'dementia-friendly' communities and, as Executive Director for Adult Social Care, I want to make sure that the conversations we have with and about our friends and loved ones diagnosed with dementia are open, engaging and honest.

This document is part of enabling these kinds of conversations and demonstrating what we are currently doing to support people living with dementia in the next few years. I am proud to say that this document has been created by, for and with our residents over a number of creative, lively and engaging consultation sessions, and I am delighted that so many residents' voices can be so clearly heard through these pages.”



DEMENTIA & CORONAVIRUS

We wrote our Dementia Plan before we knew about the coronavirus pandemic. As we go to publication, there is still a lot to learn about COVID-19 and the long-term effects it will have. The delivery of this plan will accommodate any necessary changes, but our broad values remain the same – to improve the lives of people living with dementia by working in direct partnership with local residents. When we learn more about the virus and its effects, we will add this to the plan.



THE DEMENTIA JOURNEY

We want to support you on your own personal journey with dementia. It may be that you have noticed differences in your mental sharpness that you want to check with your GP, or you may be caring for someone in the later stages of dementia.

No matter which stage you're at, we are working towards making our boroughs a place where you can still live a happy and fulfilled life. We're also on a journey of our own, to develop and implement a whole range of initiatives to truly make Kensington and Chelsea and Westminster 'dementia-friendly'.

This is our plan of what we're going to do to make sure that happens. You'll notice that lots of things have already been implemented, and also spot what's still on our 'to-do' list. One thing you can be assured of, is that we're putting dementia at the top of our agenda.

DID YOU KNOW?

Residents living with dementia and their carers worked on all aspects of the final plan, including the design of this Dementia Journey.



DEMENTIA & CORONAVIRUS

Keeping in touch with family and friends became more difficult during the lockdown and the pandemic. To make things a little easier, technology has played a huge part in helping people stay connected. Tablet computers and mobile phones have been provided in our care homes to allow residents to access online activities and stay in contact with their families. Health and Social Care are working with the voluntary sector to support people living in the community, adapting activities and day opportunities so that they are as safe as possible. We understand the need to balance the risk of infection against the risks of social isolation and loneliness and will continue to find new and creative opportunities to make this happen.

"THE GP RECEPTIONIST RINGS TO REMIND ME ABOUT APPOINTMENTS, SHE CHECKS IN ON ME REGULARLY - ABOUT EVERY 5 TO 6 WEEKS."



TECHNOLOGY AND INNOVATION

Smart speakers are like having your own personal assistant. They can tell you the latest weather forecast and news, read you a story and even switch your lights and heating on or off.



TO GET THE MOST OUT OF OUR GUIDE, SIMPLY FIND THE SECTION BELOW THAT APPLIES TO YOU AND TURN TO THAT COLOURED PAGE:



I'M FIT AND WELL
PAGE 10

What is dementia and how to prevent it?



I'VE GOT EARLY SYMPTOMS
PAGE 12

How can I get a diagnosis?



I'M LIVING WITH DEMENTIA
PAGE 14

Getting the most from dementia-friendly spaces and support groups



I'M LIVING WITH DEMENTIA AND NEED MORE HELP
PAGE 27

Getting extra help at home



THE LATER STAGES OF DEMENTIA
PAGE 30

How to make an 'end of life' care plan

WHAT IS DEMENTIA?

We're all unique and will each experience dementia in our own way. 'Dementia' is an umbrella term that describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language.

A person with dementia may also find that their mood or behaviour changes. It's a progressive condition which means that changes are often small to start with but will gradually become more obvious over time. How quickly this happens varies greatly from person to person.

If you or a family member has developed dementia, it's always worth asking your GP if they can give you an indication of what might have contributed to it.

There are many diseases that result in dementia. The most common types are:

- Alzheimer's Disease
- Vascular Dementia
- Dementia with Lewy bodies
- Frontotemporal Dementia (including Pick's disease)

There is currently no cure for dementia, although research continues to make strides to improve new treatments and drugs.

"DEMENTIA IS CHANGEABLE, LIKE THE WEATHER. WHEN IT'S A SUNNY DAY, I CAN HOLD A CONVERSATION EASILY BUT ON A FOGGY DAY, FINDING THOSE WORDS IS A REAL CHALLENGE."



DID YOU KNOW?

Over 3,100 people are living with dementia in Kensington & Chelsea and Westminster. By 2030, this figure is expected to rise to over 5,500.

Many people go on to live with dementia for many years after their diagnosis. Early intervention is the key to finding a treatment and medication that can reduce the symptoms and delay development. We also know from research that leading a healthy and active lifestyle can also help to delay the onset of dementia.



DEMENTIA & CORONAVIRUS

We know that many of our residents have had their routines disrupted during the COVID-19 pandemic. In Kensington and Chelsea and Westminster we have managed to stay in touch using technology and have heard stories of people using technology to contact their family and friends, to enjoy virtual coffee mornings, quizzes, free online classes, and much more!



TECHNOLOGY AND INNOVATION

We're proud to say that when it comes to new technology and innovations that can improve our lives, we are often leading the way. And this will continue to be the case when we look at new products and technology to support people living with dementia and their carers. Examples of Assistive Technology can be found at atdementia.org.uk For more information contact the Adult Social Care team in Kensington and Chelsea or Westminster.



EVERY 3 MINUTES SOMEONE DEVELOPS DEMENTIA IN THE UK

225,000

PEOPLE WILL DEVELOP DEMENTIA THIS YEAR

885,000

PEOPLE ARE LIVING WITH DEMENTIA



BY THE YEAR
2030

THE NUMBER OF PEOPLE OVER 65 LIVING WITH DEMENTIA

2,440
Kensington and Chelsea

3,140
Westminster

1,045,000

PEOPLE WILL BE LIVING WITH DEMENTIA



DIAGNOSIS RATES FOR DEMENTIA

73.5%
Kensington and Chelsea

70.5%
Westminster



1 in 6
PEOPLE OVER THE AGE OF 80 HAVE DEMENTIA

I'M FIT AND WELL

PREVENTING DEMENTIA EARLY INTERVENTION

We all know the things we need to be doing to stay healthy and happy. The great news is that if we can try and stick to these, our chances of developing dementia reduce and it can help to slow it down too. Here are our top tips.

- ✓ Take part in regular physical exercise - brisk walking, cycling and swimming are all great ways to get your heart pumping.
- ✓ Eat a healthy, balanced diet to maintain a healthy weight.
- ✓ Look after your teeth. Make sure you brush twice daily after meals. Limit sugary or acidic drinks and food and see your dentist regularly for check-ups.
- ✓ Stay mentally active - learn a new skill, read the paper, do the crossword or play Sudoku.
- ✓ Keep a good social life - visit family and friends, volunteer with a local organisation, join a choir or visit a place of worship - whatever you think you'll enjoy.
- ✓ Stop smoking - your local GP will talk you through lots of ways to make it easier.
- ✓ If you drink alcohol, do so in moderation.
- ✓ Don't be on your own - we know this may be easier said than done, but read on to find out some of the initiatives you could be part of.
- ✓ Have your hearing checked regularly. Research shows that using a hearing aid, if you have one, reduces your risk of getting dementia.

Research suggests up to one in three cases of dementia are preventable. Modifiable risk factors include:

- Diabetes
- High blood pressure
- Obesity
- Poor physical health
- Poor oral health
- Hearing impairments

There are also certain factors you can't control that can affect your risk of developing dementia. These include:

AGE

Dementia is not a natural part of ageing. Although it is possible to develop the disease at a younger age, you're more likely to be diagnosed with dementia once you turn 65.

GENETICS

Some genes do not directly cause the illness, but affect your risk of developing it. Other genes do directly cause dementia, but these are rarer than the risk genes. Having a parent or sibling with Alzheimer's disease increases your chances of developing it very slightly, but it does not mean that dementia is inevitable for you.

ETHNICITY

Certain ethnic communities appear to be at higher risk of dementia than others. For example, South Asian, African or African Caribbean people seem to develop dementia more often than white Europeans.

GENDER

More women are affected by dementia than men. Worldwide, women with dementia outnumber men two to one.



DID YOU KNOW?

65% of dementia risk is due to factors you can't change. We can address the other 35% of overall dementia risk factors.

Dementia is now the leading cause of death in the UK, with 1 in 8 people currently dying from the condition. Here in Kensington and Chelsea and Westminster, we've set up a variety of services to help you stay healthier for longer:

- Lower the risk of dementia by taking part in our smoking cessation service, which can protect you from heart disease and poor oral health. Take part in our cardio-vascular disease prevention programme and the alcohol service.
- Our Community Champion projects support physical activity, healthy eating, and wellbeing. To find out more or to become a Community Champion, visit www.communitychampions.uk.org
- If you're feeling lonely, depressed or want to do more physical activity, we may be able to help. Come along to one of our befriending sessions, supper clubs or exercise classes.

"THE EXTRA HELP AND SUPPORT I'M GETTING HAS MADE MY FUTURE SEEM MUCH BRIGHTER."

SOCIAL PRESCRIBING

Many factors affect a person's health and wellbeing, from their financial background and social interactions to their education and environment.

In London, 1 in 5 patients go to their GPs about social problems, such as housing or loneliness. Often a patient needs a service which does not come in a bottle or a tube; for example getting rid of mould or joining an art class might work better. Social Prescribing refers patients to relevant support or activities in the community to improve their health and wellbeing.

It can't take away the symptoms of dementia, but it can help to improve general wellbeing. Talk to your GP to find out more.

TECHNOLOGY AND INNOVATION

We've partnered with King's College London and University College London (UCL) to become a 'research ready' borough to improve care, treatment and, ultimately, find a cure for dementia.



GETTING A DIAGNOSIS

We understand that talking about memory loss, or another symptom you're concerned about, can be frightening. However, it is important to get an accurate diagnosis as early as possible.

It's normal to forget things every now and then. But if you, or someone else, have noticed that you're becoming increasingly forgetful or issues with your memory are affecting your everyday life, it's a good idea to visit your GP.

"MY PARTNER NOTICED I WAS GETTING MORE FORGETFUL, NOT QUITE MYSELF, AND HAVING PROBLEMS FINDING THE RIGHT WORD."

Do you know someone who you think may have dementia?

It can be difficult to bring up the issue of memory loss and the possibility of dementia with someone you love. They could be confused, unaware there is a problem, worried, anxious or in denial. We would encourage you to start the conversation, choosing a place that is familiar and non-threatening. Allow plenty of time, so it isn't rushed and you can listen carefully to them.



DEMENTIA & CORONAVIRUS

During the COVID-19 lockdown, it has been particularly difficult for people to get to see their GP or specialist in person. However, the NHS has stressed that people should continue to seek help where necessary. Many appointments have moved online, with telephone and video call appointments available with doctors, nurses and other healthcare professionals. For more information visit: www.nhs.uk/conditions/coronavirus-covid-19/social-distancing/using-the-nhs-and-other-health-services/



DID YOU KNOW?

Only 75% of people living with dementia in our boroughs have a formal diagnosis. That means lots of people might not be receiving the care and support they need.

'I run a business where you have to be on your toes. I noticed things that worried me and I thought, "I must get this checked." My GP was fantastic. He said: "Don't panic!" and he's very supportive. He looks at things very positively. I did feel a bit bereaved, but was very grateful that I had shared it with someone; that made me feel better.

People don't want to know, they look away. I get a huge amount of encouragement from my children but as a society we're not very good with people getting older. There's a stigma around diagnosis. The message should be - "don't be embarrassed, go to your doctor."

You have to live well. Just because you can't remember stuff, it doesn't mean you're boring and uninteresting. It's important to keep your self-esteem. I can do such a lot but I have to allow for things. Even so, many people don't realise I have dementia.'

JACKIE, PATIENT



WHAT TO EXPECT

If you get to the stage where you have decided to visit your GP to get a diagnosis, there are several things they should do:

- Talk about your symptoms and worries.
- Rule out other conditions with similar symptoms (like depression or urinary tract infections).
- Rule out other possible causes of feeling a bit confused (e.g. poor sight or hearing), emotional changes and upsets (e.g. moving to a new house or bereavement), or the side effects of certain drugs.
- Provide you with an explanation for your symptoms, removing uncertainty and allowing you to begin to adjust.
- Allow you to access treatment as well as information, advice and support (emotional, practical, legal and financial).
- Allow you to plan and make arrangements for the future.

Dementia can be difficult to diagnose. Your GP may make a diagnosis or refer you to the Memory Service for a specialist assessment. Your doctor or specialist will explain to you and your family:

- What care and support services are available in your area.
- How to get in touch with your local Dementia Advisor.
- What advocacy services are in your area.
- Where you can get advice about continuing to drive or your employment (if this applies to you).
- Where you can find financial and legal advice.

Don't forget, emotional health is just as important as physical health. If you feel depressed, worried or anxious, talking to your GP can help identify if you need any additional support.

CASE STUDY

FARUKH MALIK

A local GP

"Getting a diagnosis gives you and your family the best chance to prepare and plan for the future. If the diagnosis is dementia, it may come as a shock. You may not know what to think or feel, or what to ask at the time. Make sure you ask to have another conversation once you are a little more settled.

We'll keep in touch and arrange to see you from time-to-time to see how you're getting on. We might prescribe medication that may be helpful in treating some of the symptoms. With treatment and support from healthcare professionals, family and friends, people with dementia can still lead active and fulfilling lives."

USEFUL NUMBERS

Call 999 if you or someone else is in immediate danger, or risk of harm.

Call 111 for general health enquiries. This is the number for non-emergency advice.

You can also contact your GP or local pharmacist for advice.

STAYING SAFE AT HOME

It is important to feel safe in your own home and this becomes even more important with a diagnosis of dementia. Dementia does not mean you cannot live at home independently, but there are things you can do to help you stay safe.

FIRE SAFETY

Fitting community alarms linked to smoke alarms and checking home appliances can reduce the risk of fire. London Fire Brigade offers free fire safety checks and they can fit smoke alarms for free. To book a free fire safety visit, simply call **free** on **0800 028 4428** or fill in the form at **www.london-fire.gov.uk**. Alternatively, you can ask a friend or relative to do it for you.

APPLIANCE SAFETY

Have your gas appliances (gas boiler, gas cooker or gas fire) regularly serviced and safety-checked every year by an engineer who is on the Gas Safe Register. Just call Freephone: **0800 408 5500** to find a registered business near you.

Carbon Monoxide alarms cost around £15 and can be purchased from your local DIY store, supermarket or from your energy supplier. Ask your Gas Safe registered engineer if you are not sure which alarm to buy or how to fit it.

PRIVACY

Nobody likes unwanted calls or junk mail, but it can be particularly confusing for someone with dementia.

You can avoid unwanted marketing by:

- Registering for free with the official Telephone Preference Service to stop cold calls. Just call **0845 070 0707**
- Registering with the official Mail Preference Service to be taken off junk mail listings. Just call **0207 291 3310** or go to **www.mpsonline.org**.

Other technologies to help you stay safe include:

- 'Hive' home heating system, which allows family and friends to monitor the property temperature remotely and change it via an app.
- Lifestyle monitoring programmes, such as Alcuris, which help family and friends to understand behaviour patterns when a person is home alone. It can let them know if anything seems unusual.

We also have a dedicated Technology Development Officer, who works closely with technology suppliers to develop products to support people with dementia.

To find out more contact Adult Social Care on:

Kensington & Chelsea - 0207 361 3000
Westminster - 0207 641 2500



TECHNOLOGY AND INNOVATION

We're looking at early intervention technology solutions to help people to manage their lives as the condition progresses. For example, this could involve learning a range of coping strategies.

DRUG TREATMENTS

There are no drug treatments that can cure dementia. However, there are medicines that can help with the symptoms of dementia, or that in some cases may stop them progressing for a while.

A person with mild to moderate Alzheimer's disease or mixed dementia in which Alzheimer's is the main cause may be prescribed one of three different drugs: donepezil, rivastigmine or galantamine. These may give temporary help with memory, motivation, concentration and daily living.

In the moderate or severe stages of Alzheimer's disease someone may be offered a different drug called memantine. This may help with attention and daily living, and possibly ease distress and behaviours that challenge.

Donepezil, rivastigmine and galantamine can also be helpful for someone with dementia with Lewy bodies who has distressing



DID YOU KNOW?

An estimated 1,400 people living with dementia could be living alone in our boroughs – we want to make sure that they are active and independent at home for as long as possible.

hallucinations or delusions, or who has behaviours that challenge (for example, agitation or unusual levels of anger).

For a person with vascular dementia, drugs will be offered to treat the underlying medical conditions that cause dementia. These conditions often include high blood pressure, high cholesterol, diabetes or heart problems. Controlling these may help slow the progression of dementia.

A wide range of other drugs may be prescribed at different times for a person with dementia. These include drugs for depression or anxiety, sleeping tablets or antipsychotics. Please be aware that some of these drugs can have severe side effects and not all are recommended for all types of dementia. Health professionals will generally recommend that a non-drug approach is tried first before prescribing medication, unless a person's symptoms are very severe.



DEMENTIA & CORONAVIRUS

Although good hygiene is more important than ever at the moment, people living with dementia can find excessive handwashing distressing. A couple of tips that may help are:

Prompting – remind people living with dementia to wash their hands, using soap and make sure their hands are fully clean. It may also help to support this with visual and verbal prompts (for example a towel, or a bar of soap) and to positively acknowledge when the task has been completed.

Sensory issues with soap – there are lots of different types of soap products: liquid soap, bars of soap, scented and unscented. It is advisable to work with a person with dementia to understand and be sensitive to their preferences. Some people have also said that using soap inside a fabric pouch or automatic dispenser is easier.

When hand washing is not an option – Sometimes when soap and water is not an option, hand sanitiser may be used instead.



LIVING WITH DEMENTIA

Meet Otto, he desperately wanted a trip down memory lane, to visit his home town of San Remo, Italy.

A trip back to the family home town in Italy doesn't sound like a major achievement. Until you take into account that the gentleman on holiday was 92 year old Otto, a resident in 'extra care' accommodation who has dementia, and that those accompanying him were care staff from Leonora House.

Otto had been talking of going to San Remo to visit his sister for some time. Care assistants Sylvia and Noria worked with his social worker to make it happen for him. From arranging the trip to getting his documents prepared and even taking him on a test train trip to Brighton, the professionalism and attention to detail shown by Sylvia and Noria is a great example of how care staff are dedicated to personalising care for residents.



Otto and Sylvia

“OLDER RESIDENTS ALL HAVE DIFFERENT NEEDS AND WE TRY OUR BEST TO MEET THEM.”

SYLVIA, CARE ASSISTANT

In the early stages of dementia, it is likely that a person will be fairly independent. They should still be able to do most things with a little bit of extra help or by doing it a little differently.

There is no reason why you, or anyone around you, should dramatically change your life or stop enjoying activities you love. In fact, it's quite the opposite. It's important to stay active, keep practising the skills you've learnt in life and get out to see your friends and family as much as possible.



DID YOU KNOW?

In Westminster there is a day centre open 7 days a week to offer support, therapies and activities including gardening, arts & crafts and exercise **(0203 905 6982)**. In Kensington and Chelsea, Chamberlain House are running a weekly surgery where you can pop in for advice, support and guidance **(020 8206 8628)**.

“WE’RE GOING TO POTTERY TOGETHER - I’VE ALWAYS WANTED TO DO THAT!”

“I MAKE SURE I TALK TO TWO TO THREE PEOPLE A DAY.”

“SEEING THE HAPPY FACES OF PEOPLE AT AN EVENT BRINGS ME JOY, MORE THAN THE EVENT ITSELF.”



GETTING OUT AND ABOUT

There are some great activities in our boroughs that are ideal for people living with dementia and their carers.

- Community hubs and centres offering free and low-cost activities for people over 50.
- Monthly memory cafés, offering a mixture of talks, information, advice, activities and group support for people in the early stages of dementia and their carers. The Rainbow Memory Café hosted by Open Doors is specifically aimed at people living with dementia and their carers from the LGBTQ+ community.
- A number of local organisations offer a variety of arts and culture-based reminiscence, drama or music activities that are accessible to people with dementia and their loved ones.
- Some art galleries run free or low-cost adapted tours and monthly interactive sessions for people in the early stages of dementia. For example, the Wallace Collection and the Victoria & Albert Museum offer dementia-friendly tours.
- There are various choirs across the boroughs that are suitable for people living with dementia.

- Some of our places of worship offer various events and activities for people with dementia that are open to non-members too. Your chosen place of worship might have its own programme of events.
- Reminiscence can stimulate your brain and preserve memories. Lords Cricket Ground run regular arts and sporting reminiscence sessions that are open to everyone.
- Charities, such as Age UK, Octavia Foundation, One Westminster or Neighbourcare offer befriending services to people who might feel lonely.

To find out more about what's going on in your local area, go to www.peoplefirstinfo.org.uk/events and www.resonatearts.org/listings

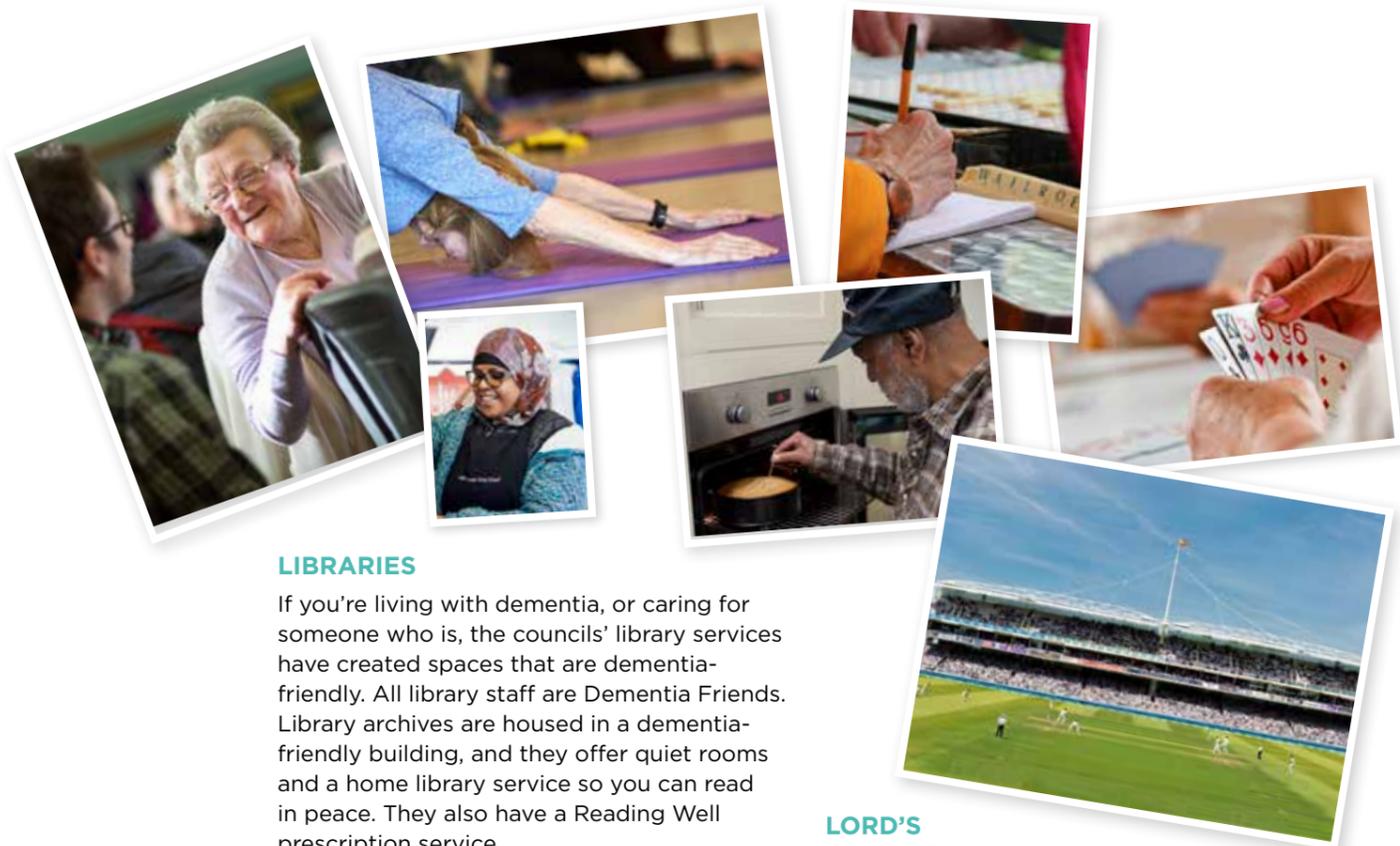


DEMENTIA & CORONAVIRUS

It has been very difficult for people to get out and about during the current health crisis. Some of our residents have been joining in with some great online activities at home to keep busy; digital concerts, a weekly 'singalong' with care homes forming a Dementia Choir across London, online yoga classes, chair fitness and dance/football sessions. We have also funded dementia bikes and 'magic tables' for digital games in some care homes.

During the pandemic, over 3,000 people in Kensington and Chelsea and Westminster volunteered to support vulnerable people by delivering emergency food and medical supplies, and running social interaction and befriending services.

The councils also supported the Voluntary Sector to deliver personalised activity and crafting boxes in Kensington and Chelsea and to create a pen pal project with young and older people in Westminster, organised by the local Dementia Advisor.



LIBRARIES

If you're living with dementia, or caring for someone who is, the councils' library services have created spaces that are dementia-friendly. All library staff are Dementia Friends. Library archives are housed in a dementia-friendly building, and they offer quiet rooms and a home library service so you can read in peace. They also have a Reading Well prescription service.

Libraries also work closely with the Memory Assessment Service and local arts and wellbeing dementia services. They recently displayed art by people living with dementia and they hosted Resonate Art's artists and poetry sessions.

To find out more about what's going on for people living with dementia, visit your local library, which will display a monthly calendar of activities.

LORD'S CRICKET GROUND, HOME OF MARYLEBONE CRICKET CLUB

Marylebone Cricket Club (MCC) is committed to Lord's becoming a dementia-friendly ground. For the last five years, MCC has enjoyed hosting monthly reminiscence sessions. This is in addition to the annual Memories Match, when Lord's Cricket Ground opens to people living with dementia.

MCC's match day volunteers are Dementia Friends, trained to provide support to people attending major matches at Lord's. Visitors are able to have dementia lanyards, which help staff to identify people living with dementia so that they can provide them with the help they need.

DEMENTIA & CORONAVIRUS

Members of Kensington and Chelsea or Westminster libraries, can borrow and download books, magazines, newspapers, audiobooks and comics for free. All you need is your own device like a mobile phone, iPad or laptop.

TECHNOLOGY AND INNOVATION

In partnership with the Metropolitan police and Buddi we are offering a safer walking service to people who wish to go out but may be at risk of getting lost or confused when out. This is the first service of its kind in London.

To find out more contact Adult Social Care on: **Kensington & Chelsea** - 0207 361 3000
Westminster - 0207 641 2500

CARING FOR SOMEONE

When someone living with dementia can no longer carry out daily tasks for themselves, you may find yourself deciding to become their carer. It is a big commitment, and can be mentally and physically challenging, so make sure you're aware of all the support and financial help available to you.

LOCAL SUPPORT SERVICES

The Carers Hub Service

The Carers Hub Service provide support, information and advice to carers living in our boroughs, including:

- Completing in-depth carers assessments that consider the individual circumstances and specific needs of each carer. It is important you have an assessment so your needs are known and can be supported practically and financially.
- A dedicated information, advice and guidance service for unpaid carers covering carer-related benefits and services.
- Supporting carers to access additional support from a range of sources.
- Support groups and drop-in sessions that allow carers to come together for face-to-face support from their peers or a trained support worker.
- Social, training and information events and activities in the local area. These include IT training, mindfulness workshops and organised trips to local attractions.



DID YOU KNOW?

200 people are confirmed as caring for someone with dementia in our boroughs - but the true figure is likely to be higher.

Open Age 'Time for Me' project

A free weekly support and activities group for carers aged 50 and over living in North Kensington, South Kensington and Chelsea, and Westminster. A diverse programme is organised to provide carers with an opportunity to have some time for themselves, improve their health and well-being, feel less isolated and make new friends.

If you would like to find out more, just get in touch by calling 0208 962 4141.

Admiral Nurse Service

The Admiral Nurse Service provide information, practical advice and emotional support for people living in Westminster or Kensington and Chelsea who care for a relative or friend who has dementia.

Nurses can assist in obtaining professional assessment, support services, welfare benefits and relief care.

What are Admiral Nurses?

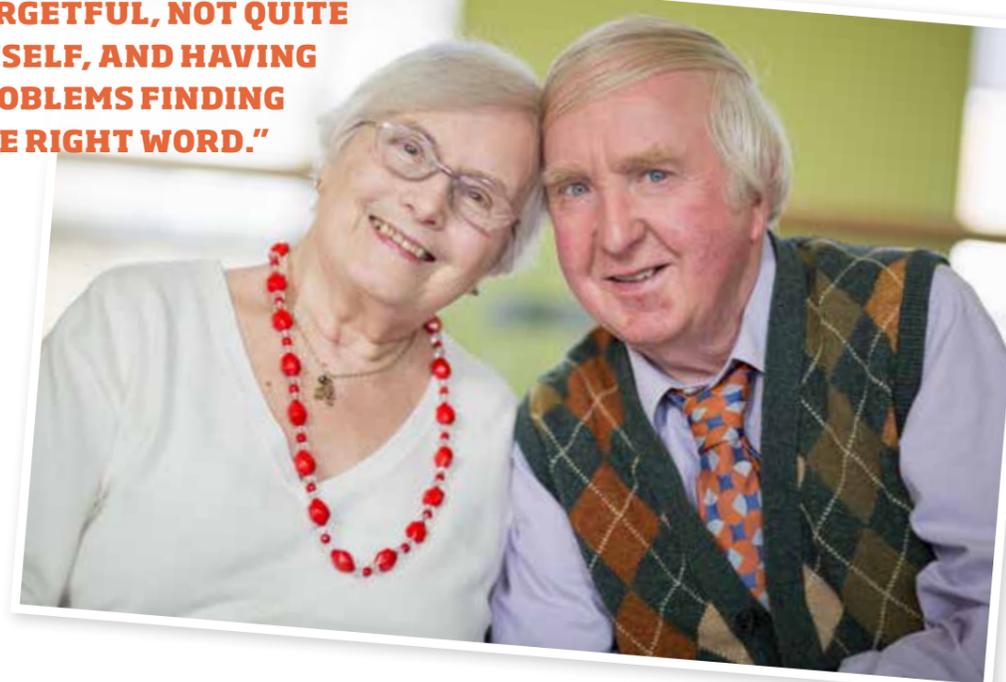
Admiral Nurses are specialist dementia nurses who work to support, both practically and emotionally, the family carers of people with dementia.



TECHNOLOGY AND INNOVATION

We're looking at early intervention technology solutions to help people to manage their lives as the condition progresses. For example, this could involve learning a range of coping strategies.

"MY PARTNER NOTICED I WAS GETTING MORE FORGETFUL, NOT QUITE MYSELF, AND HAVING PROBLEMS FINDING THE RIGHT WORD."



How can an Admiral Nurse help me?

- If communication gets hard, an Admiral Nurse is on hand with skills and techniques to help you stay connected to the person you love.
- If someone with dementia is showing signs of fear or distress, an Admiral Nurse will work with you to find the best ways of preventing or managing this.
- If your family is struggling to cope, an Admiral Nurse will be there to help you get the best possible additional care and support.
- If you have questions you can't get answered, an Admiral Nurse will take time to really understand the problem and give you the expert support you need to tackle it.

We know that caring for somebody with dementia can sometimes be a hard and lonely experience.

If you wish to see an Admiral Nurse, please call **020 3317 3667** and request you are referred to the Admiral Nursing Service.

USEFUL CONTACTS

Admiral Nurses: 020 3317 3667

Independent Age: 0800 319 6789

Age UK

Westminster: 0203 004 5610

Kensington & Chelsea: 020 8969 9105

Westway Community Transport: 020 8964 4928

Memory Service: 020 3219 0910

Adult Social Care

Westminster: 0207 641 2500

Kensington & Chelsea: 020 7361 3013



DEMENTIA & CORONAVIRUS

Many carers have told us that since the pandemic it has been particularly challenging for them. Routines have changed, people are working from home and care is not being delivered in the same way it was before. It is more important than ever that carers look after their own mental health and wellbeing. Our websites contain lots of useful information and advice, with links to resources offering support.

ARTS EVENTS CALENDAR

Find out about all the activities open to residents and carers in the borough, at www.peoplefirstinfo.org.uk/events and www.resonatearts.org/listings

SUPPORTING OUR STAFF WHO ARE CARERS

We are establishing a support group for council staff caring for someone with dementia and reviewing our policy on respite care for staff too. If this is of interest to you, just get in touch with your Human Resources team to find out more.

END OF LIFE CARERS SUPPORT

The Carers Network run a specialist project supporting older carers (65 and over) who are caring for a loved one who is approaching the end of their life. They offer one-to-one support to the carer through this difficult time in their life, as well as specialist advice on writing a will, Lasting Power of Attorney and lots more.

FORMER CARERS PROJECT

The Carers Network run a project supporting former carers' who are no longer looking after someone. They can help people understand their identity beyond being a carer, provide practical approaches to manage their physical and mental health and advise on housing and financial changes.

USEFUL CONTACTS

Carers Trust

Helping unpaid carers access the help they need to live their lives.
www.carers.org.uk

Carers Network

T: 020 8960 3033
E: carers@carers-network.org.uk
www.carers-network.org.uk

Open Age - Time for Me

Free or low-cost leisure activities for people over 50 who look after a family member or friend as an unpaid carer.
T: 020 8962 4141
www.openage.org.uk/carers

People First

Supporting independent living and health in your borough.
www.peoplefirstinfo.org.uk/looking-after-someone

Marie Curie Nurses

T: 0800 090 2309
www.mariecurie.org.uk

If things are getting to be too much and you're thinking of moving someone into residential care, it can have a big impact on you too. It's not unusual to feel lonely or experience guilt, so make sure you seek support from your GP.



CARER STORY

WEI ROSE

Wei Rose looks after her elderly parents, in particular her father who has dementia.

"My experience in Westminster of being a carer for someone with dementia is very positive, especially with the range of services and activities provided, which have helped to give both my parents fuller lives. A dementia plan is important as it looks at achieving a long term aim in different areas, from the initial diagnosis of dementia to providing appropriate care, support, transport and dementia awareness in the community. All of which are important for those living with the illness and their carers."



TECHNOLOGY AND INNOVATION

Digital Personal Assistants (PAs), such as Alexa and Google, can help to tackle loneliness and isolation by helping groups of like-minded people interact, especially useful for those diagnosed with dementia who may not be able to get out. Digital PAs also provide entertainment. For example, you can instruct them to read a favourite author or put on a much-loved music track.

YOUNG PEOPLE AND DEMENTIA

Bringing together different generations gives great health benefits for both young and old. It's worthwhile finding ways to involve your child, grandchild, niece, nephew or friend in providing care for the person living with dementia, or just allow them to spend time with the person.

This will help make the situation seem more normal for them, and will prevent them from feeling left out. However, it's important that they continue with their normal lives, so don't give them too much responsibility, or let these tasks take up too much of their time.

- Let the child or young person know that simply being with the person living with dementia and showing them love and affection is the most important thing that they can do.
- Try to ensure that the time they spend with the person is enjoyable. Activities could include going for a walk, playing games, sorting objects, or making a scrapbook.
- Talk about the person's life and interests and show the child or young person photographs and mementos.
- Take photographs of the child or young person together with the person you care for, to remind you all that there can be good times, even during the illness.
- Don't leave a child or young person alone in charge, even briefly, unless you are sure that they are happy about the situation.

- Make sure that the child or young person knows that you appreciate their help, and show them how they are helping the person with dementia.
- Be aware of things that the person with dementia may find upsetting or confusing, and be prepared to provide reassurance if these occur when a child or young person is present.
- Talk to the child or young person afterwards if the person does become upset or confused, to help them understand why this happened.

We have worked with schools to deliver Dementia Friends Awareness sessions for children and young people and we're encouraging young people to volunteer with older people in care homes through the Duke of Edinburgh award scheme.



DEMENTIA & CORONAVIRUS

During the pandemic, we have worked with local schools and children's services under a programme called 'Sunflower Sessions'. Local children created flowers, cards, pictures and letters to bring light and positivity to people living in care homes across both boroughs.



DEMENTIA & CORONAVIRUS

The coronavirus outbreak has placed a strain on everyone, but especially those of us living with dementia. If you, or a friend or family member, currently live with dementia, here are some simple tips specially created to help make things more manageable.

→ STAY SAFE AND WELL

Always stay three steps (two metres / six feet) away from anyone you don't live with and wash your hands regularly. If you develop a cough or a temperature of 38°C or higher, or start to feel breathless, phone 111. Seek and accept help – but only from people you know and trust, or a registered volunteer.

→ STAY CONNECTED

There are lots of ways to stay connected with friends and family, from phone calls and letters to online video calls. You can also feel closer to the important people in your life by thinking about them and looking at photographs.

→ KEEP A SENSE OF PURPOSE

Make a list of jobs and pleasurable activities and create a daily routine that you enjoy. Keep up your usual daily activities such as washing, dressing, eating, cleaning, gardening and watching your favourite TV and radio programmes.

→ STAY ACTIVE

Stay active in ways that you enjoy. Get some daily exercise outdoors if you can, or do some simple indoor exercises – like stretching if you can't.

→ STAY POSITIVE

This is a frustrating time, but try to be patient and thoughtful, and support each other. There will be good days and bad days, but if you're feeling anxious, try using relaxation techniques or call a helpline such as the Alzheimer's Society.

We will get through this, and we will be together again.

ADVICE AND SUPPORT ON STAYING SAFE DURING COVID-19

ROYAL BOROUGH OF KENSINGTON & CHELSEA COVID-19 HUB

T: 0207 361 4326

E: C19Hub@rbkc.gov.uk

www.rbkc.gov.uk/coronavirus-covid-19

WESTMINSTER CONNECTS

T: 0207 641 1222

E: westminsterconnects@westminster.gov.uk

www.westminster.gov.uk/coronavirus

FOR GENERAL UPDATES ON COVID-19 AND NATIONAL GUIDANCE

www.nhs.uk and search for 'coronavirus'

FOR ADVICE ON COVID-19 AND DEMENTIA

www.alzheimers.org.uk and search for 'coronavirus'

BEST PRACTICE: HOW TO HAND WASH

Here is a step-by-step guide from the NHS to washing your hands with soap and water. Make sure you are doing this regularly for at least 20 seconds and remember to dry your hands thoroughly.



PALM TO PALM



**THE BACKS OF
HANDS**



**IN BETWEEN THE
FINGERS**



**THE BACK OF THE
FINGERS**



THE THUMBS



**THE TIPS OF THE
FINGERS**

LIVING AT HOME WITH DEMENTIA

We've created our own dementia-friendly home, looking at changes you can make to each room in the house:

THE LIVING ROOM

- **Make sure there are no trip hazards** – glass furniture can be harder to see; rugs may need an anti-slip mat to ensure they stay in place and get rid of any trailing wires.
- **Don't forget music and the radio** – people tend to find it easier to follow the radio, so don't be afraid to turn the television off. Music can be a great mood and memory booster.
- **Display your photos** – they can help bring back happy memories and have a comforting effect. You may find it helpful to label the location, people and relationships so you can always remind yourself of a special moment.

THE KITCHEN

- **Safety first** – if you have a gas cooker, you can get an automatic shut-off mechanism installed. You can also ask your Gas supplier to fit a gas detector so you'll always be alerted if you ever happen to leave it on.
- **Pin important information to the fridge** – it's somewhere you'll go to often, so stick up useful details you don't want to forget. We've included a pull-out poster with lots of helpful advice that you could use.
- **Use labels to remind you where things are kept** – whether it's your cutlery, food cupboard or pots and pans, having each cupboard labelled will save time and confusion.
- **Avoid clutter** – where possible, try to keep your surface areas clear of too many things, as these can add to confusion.

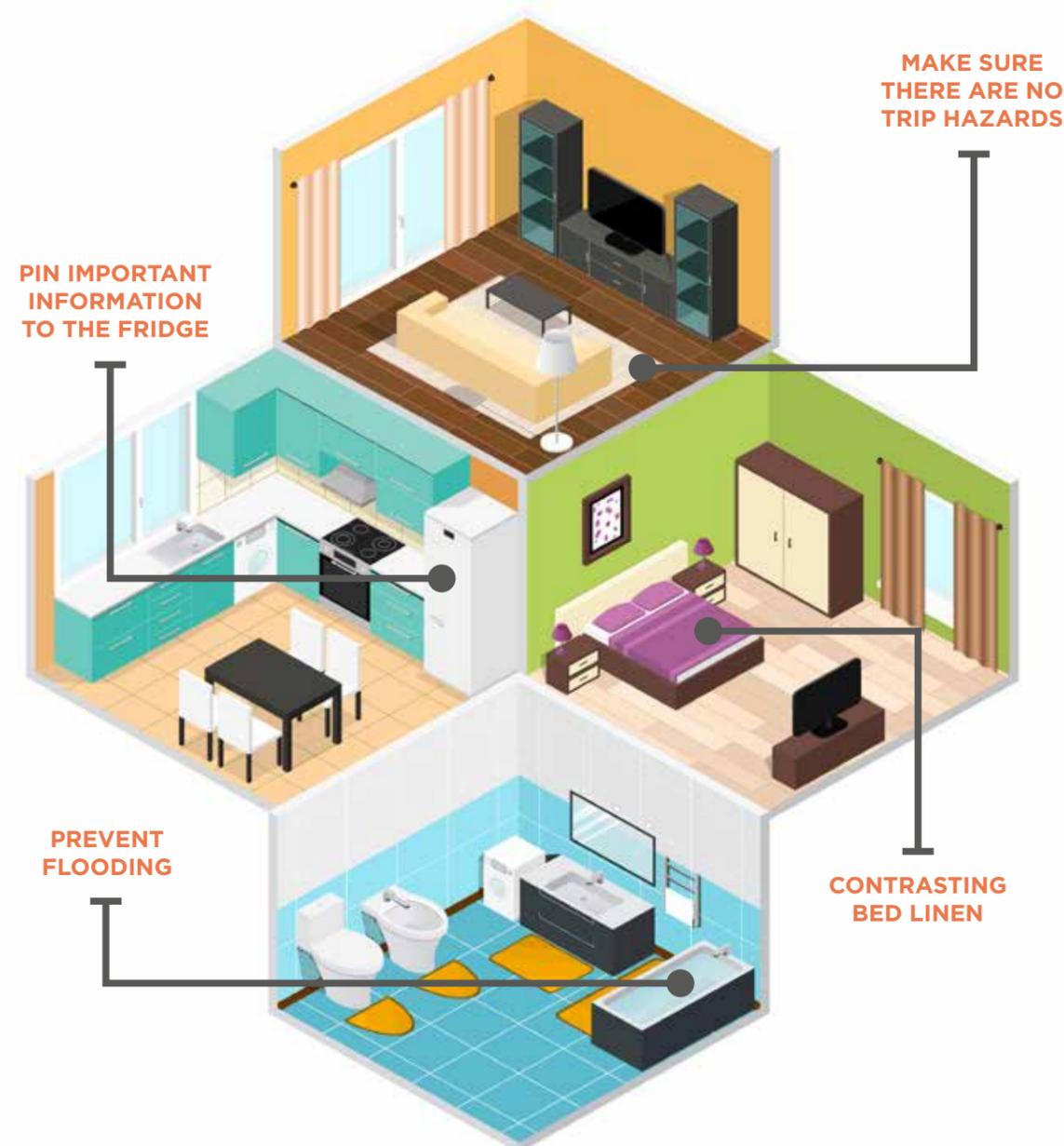
THE BEDROOM

- **Plug in a night light** – this will help you see where you're going, and you can get motion-sensored lights that only come on when you move around.
- **Install a pressure sensor** – these can either be fitted in to or beside the bed and can detect someone getting out of bed and not returning within a certain time. An alert can then be sent directly to an emergency response or chosen contact, such as your neighbour or carer.
- **Contrasting bed linen** – choose a duvet cover that is bright and bold, so it's easier to see your bed.

THE BATHROOM

- **Talk to us** – it may be that your local council can make some small changes to your bathroom, like installing a bath seat to help you get in and out safely, or a hand rail next to the toilet.
- **Prevent flooding** – you can buy a 'flood prevention plug' that lets water out of the bath when it becomes too full. Some of them will also change colour if the water gets too hot.
- **Contrasting tones** – try and make sure important things in the bathroom like the soap, towel or toilet seat are in a different colour to the floor and walls. This will make them much easier to recognise.
- **Traditional taps** – lots of the new, modern mixer taps can be very confusing to master. It might be worth opting for separate hot and cold taps if you can.
- **Store medicines safely** – keep them stored away in the same place. Check with your local chemist if they can arrange to collect any out-of-date or unwanted medication, so they can dispose of it safely.

MAKING A DEMENTIA-FRIENDLY HOME



We are also exploring how to make our buildings low-stimulus environments, which will benefit not just people living with dementia, but others too, such as autistic people. This involves including dementia-friendly planning policies in Westminster's City Plan and Kensington and Chelsea's Older People's Housing Design Guidance.



DEMENTIA & CORONAVIRUS

During the pandemic we have worked with suppliers locally and across London to deliver personal protective equipment (PPE) to care homes and home care agencies, to support the safety of residents and care workers.



DEMENTIA & CORONAVIRUS

We are working closely with local care homes and supported living facilities, extra care housing schemes and the voluntary sector to share knowledge, guidance and support. This has included working with Public Health England, the London Coronavirus Response Cell and North West London NHS to provide advice and guidance about infection control measures, PPE and best practice.

GETTING EXTRA HELP AT HOME

Home care is an option for people when they need a little extra help at home to manage day to day tasks. It's also called 'domiciliary care' or 'care at home'. Home care support can be as little as a quick check that someone is OK or to make sure they have taken their medication, to 24 hour live-in care.

PATIENT STORY

AISHA'S HOME CARE PROVIDER

There were some very important things in Aisha's life before she had dementia that we continue to help her with. We take her every week to the hairdresser and nail salon. She used to spend a lot of time and effort on her appearance, but when we first started to support her she wasn't doing this anymore. Now she has got this back into her routine and is really enjoying it.

We take her on reminiscence walks in Hyde Park as this is a very special place for her; lots of important events happened in her life there and she regularly remembers these. We support her in reading the Quran in her home. These activities are person centred and structured around her health and wellbeing, rather than purely doing tasks for her.

"We see a high standard of care in the best services and we need to make sure every service achieves the best outcomes for people living with dementia. We are pleased to work closely with the Royal Borough of Kensington and Chelsea and the City of Westminster to drive up standards for everyone who's using the services."

Our Care Quality Commission (CQC) local team



DID YOU KNOW?

85% of people would like to remain in their own homes for as long as possible if diagnosed with dementia. It is estimated that the number of people living with dementia will rise by 40% for Kensington and Westminster between 2017 and 2050.



TECHNOLOGY AND INNOVATION

In partnership with London Fire Brigade, we offer fire safety assessments, smoke alarms, extreme temperature sensors and misting towers. These are active 24 hours a day and send out a message to the fire service if activated.

CARE HOMES AND SUPPORTED LIVING

For lots of people living with dementia, or their carers, there may be a time when further help is required. This can be provided in your own home or within a residential care home.

EXTRA CARE

Extra Care, also known as assisted or supported living, is a type of 'housing with care'. People in extra care housing are able to keep their independence while being assisted with tasks such as washing, dressing, going to the toilet or taking medication. Residents usually have their own self-contained one-bed flat or studio where they are encouraged to live as independently as possible, whilst receiving care tailored to their individual needs. This could include 24-hour care and planned social events in a safe and secure environment.

RESIDENTIAL AND NURSING CARE HOMES

Care homes will have staff 24 hours a day, with a key number of qualified care assistants.

Nursing homes provide all the support that a care home would but registered nurses are also on-site throughout the day and night. Residents usually have a medical condition that needs regular attention from nurses or doctors.

COVERING THE COST OF 'CARE'

The cost of extra care housing will be different depending on the type of care you need. Nursing homes usually cost more than residential homes as they provide nursing care.



DID YOU KNOW?

We're developing a new care home at Beachcroft that will include dementia friendly designs, including a dementia-friendly garden. The home will open in mid-to-late 2020 and is one of a number of dementia friendly settings being planned.

FINANCIAL HELP FROM YOUR COUNCIL

Before deciding how to pay, it's worth asking your local authority for a needs assessment. The council can then help you look at all your options. Just get in touch with Social Services:

Kensington and Chelsea residents go to rbkc.gov.uk or call **020 7361 3000**

Westminster residents go to westminster.gov.uk or call **020 7641 2500**

PAYING FOR YOUR OWN CARE (SELF-FUNDING)

You can choose to pay for care yourself if you're able to afford it or you don't want a financial assessment. Read more about paying for your own care at www.nhs.uk

Need help or advice with finding a care home? Just go to cqc.org.uk/what-we-do/services-we-regulate/find-care-home



TECHNOLOGY AND INNOVATION

Soon we'll be introducing interactive game tables into a number of care settings. These provide cognitive stimulation through fun games that entice children, adults, and older people to get moving and have fun together.



CASE STUDY

LIAM HALLETT,
Specialist Older Adult
Psychologist and
Psychotherapist

Liam has been working with people living with dementia and other mental health difficulties for the last 13 years. He's leading on an exciting and innovative new project.

'The Care Home In-Reach project is a year-long pilot in four care homes in the two boroughs focused on working with residents as individuals and their specific needs. It's very person-centred. We look at each resident's life story, experience and personal journey and work with a range of professionals to tailor support around that individual person's needs.'

We want to promote improved quality of life, wellbeing and safety of care home residents, and improve the skills and capabilities of the staff who care for them. It's about passing on knowledge and good practice and being collaborative. We collaborate across several big organisations and focus on every single individual's experience. Every person's journey matters.'

CASE STUDY

MOTITECH BIKES

We were some of the first boroughs to pilot the innovative Motitech Dementia Bikes in four care homes. Residents can explore over 350 locations, all from an exercise bike that hooks up to a televisual experience; so you might be riding through the mountains in Tuscany or going off-road in New Zealand.

"THIS WAS MY SEVENTH TIME. MOSTLY I'VE BEEN DOING ROUTES ALONG THE NORTH AFRICAN COAST, I HAVE REALLY ENJOYED IT."



DID YOU KNOW?

We've created a new team called Quality Assurance (QA) to act as an 'independent eye' on the standards of our local services.

PLANNING AHEAD, END OF LIFE CARE

When someone is living with dementia, it's important to make sure that certain financial and legal decisions are put in place. Here are our recommendations of what you should do.

LEGAL AND FINANCIAL

- Set up a Lasting Power of Attorney (LPA) - in the event you are not able to make decisions, you will have enabled a family member or trusted acquaintance to do so.
- Make a will - it ensures that when you die, your money, property and possessions go to the people you choose. If you die without making a will, the state decides who to apportion your assets to. A person with dementia can still make or change a will, provided you can show that you understand its effect. Your will must be signed and formally witnessed. It should also be kept in a safe place where others can find it, either at home or with a solicitor. It's always a good idea to consult a solicitor who specialises in writing wills. The cost of a solicitor will vary - ask what the fee will be and what this includes before going ahead. Some charities offer a free will writing service, so it's worth checking with them.

MEDICAL

- In the event that you are hospitalised, you may want to consider what your wishes are about treatment. This is only invoked where the medical situation is critical. A person living with dementia may express their wishes using:
 - 'Advance decision to refuse treatment', which is a legally binding document or
 - 'Advance statement of wishes', which is not legally binding, but will be taken into account.

- Sometimes doctors make a medical decision that if a person's breathing or heart stops, there should be no attempt to resuscitate them. This is known as a DNR (do not resuscitate) or DNAR (do not attempt resuscitation) order. It is a good idea to talk about these situations with your loved ones or a trusted friend or someone like a solicitor when you are well, so that your wishes are known if this situation arises and you know the full implications. This often gives people peace of mind.

"We wanted to carry on with life as long as we could, knowing that it would change over time, but also knowing that it was important for my husband to have his independence. We have made Powers of Attorney both medical and financial in favour of our daughter".

CARERS

It's never an easy conversation to have but understanding the wishes of someone living with dementia means they can get the care they want in the later stages of dementia.

If they're not ready to talk about the specifics, trying to get to know their values, wishes and beliefs more generally can help in the future when decisions need to be made on their behalf.

It's also worth considering making plans for care in case you're not able to continue your role, for example If you (the carer) are admitted to hospital.

You can get advice on how to find the right care home at cqc.org.uk/what-we-do/services-we-regulate/find-care-home



CASE STUDY

**MANDY ANDREWS
AND TEREZIE
WICKENDEN,**
Our Dementia Advisors,
explain their roles.

"As Dementia Advisors we support people who have received a diagnosis of dementia. In our role we usually visit service users at home, and also provide telephone and email support. We are a continuous point of contact for as long as they need us.

Our work involves providing information, advice and support to help people feel informed and able to access appropriate help when needed.

We can help people understand and manage their symptoms, provide tips on living well and strategies on how to maintain a quality of life. We provide information and signposting to support people to stay living independently at home, accessing suitable social activities and care options if necessary.

We support people living with dementia in a person-centred way to feel in control and plan their future using tools such as the **Lasting Power of Attorney** and **Advance Statements**.

**"WE RUN REGULAR MEMORY
CAFÉS THAT OFFER SUPPORT,
INFORMATION AND
STIMULATING ACTIVITIES."**



END OF LIFE CARE

When a person with dementia is approaching the end of their life, it can be a very difficult time for them and the people around them.

PALLIATIVE CARE

Palliative care is for anyone diagnosed with a life-limiting illness, including dementia. It focuses on maintaining a person's quality of life by relieving discomfort or distress (whatever the cause). Any palliative care in place continues alongside end of life care.

Palliative care professionals at a local hospice or hospital may give specialist input if this is needed. This team of professionals should keep you updated on any changes in the person's condition and involve you in any decisions.

The person should always have an up-to-date care plan that includes end of life plans and is shared with those involved in the person's care.

END OF LIFE CARE

End of life care involves treatment, care and support for people who are nearing the end of their life. It's an important part of palliative care.

It's for people who are thought to be in the last year of life, but this timeframe can be difficult to predict. Some people might only receive end of life care in their last weeks or days.

CARERS

Everyone reacts and copes with bereavement in their own personal way.

How you feel following a bereavement may be affected by different things, such as your relationship with them and your situation and personality. Sometimes, you may find that you can't grieve and it can take a long time for your feelings to come out.

Some carers may feel a sense of emptiness after bereavement. This can be for different reasons, including struggling to come to terms with the loss of the person, missing their defined role as a carer, feeling like they have too much free time - especially if they've lost past interests and hobbies and they've not been in touch with other people while caring. All of this can add to feelings of loneliness and isolation.

Some people find it hard to adjust to living without the person. It can help to talk through these feelings with someone you trust or a professional.

PLANNING FOR A FUNERAL

It has become more common to plan and even pay for a funeral in advance. The advantages of doing this include being able to plan the funeral that you would like. It can also make it easier for your family and friends to arrange the details. Undertakers or funeral service companies should be able to provide you with more information about funeral planning.



TECHNOLOGY AND INNOVATION

Pressure mats linked to pagers

These can help support family or a carer who is living with someone who is at risk when getting in or out of bed or a chair. The mat is pressure-activated and an alert is sent to a family member's pager. This allows them to be in another part of the house or garden, giving everyone the space they may need.

USEFUL CONTACTS

Marie Curie

Care and support through terminal illness www.mariecurie.org.uk/help or call 0800 090 2309

Macmillian Nurses

Care and support for cancer www.macmillan.org.uk or call 0808 808 0000

Cruse Bereavement Care

National Helpline 0808 808 1677
Local 020 8964 3455

"DEATH AND DYING SHOULD BE A NATURAL MATTER TO DISCUSS. PALLIATIVE CARE FOR ME, SHOULD START, THE MINUTE THAT YOU GET A DIAGNOSIS. PEOPLE TEND TO REGARD DYING AS SOMETHING UNNATURAL, BUT IT ISN'T."



DEMENTIA & CORONAVIRUS

Our plan was written before the pandemic, but we know that the impact on people living with dementia will be felt for many years to come. We will be working on specific actions to support people living with dementia and their carers affected by the COVID-19 crisis and lockdown measures.



MAKING OUR BOROUGH DEMENTIA-FRIENDLY



CASE STUDY

ANDREW CARPENTER,
Dementia lead, Kensington
and Chelsea and Westminster
councils

"I've enjoyed getting to know so many lovely people and working with them to make our boroughs leading dementia-friendly communities. It's been amazing to see how keen people are to help make things better and do their part.

To raise awareness of dementia, I worked closely with the local Dementia Action Alliance to put scarves on famous statues around our boroughs. We did this during Dementia Action Week and followed it up with a social media campaign.

With my colleagues, I've also set up the Dementia Partnership Group alongside Bernie Flaherty, our Kensington and Chelsea and Westminster Executive Director of Adult Social Care and Health, as a way of involving local people in the long-term. Made up of residents living with dementia, and their carers, the group gives us direct feedback on our services, from adult social care to housing, leisure and transport. It's vitally important that residents really do inform how we do things in Kensington and Chelsea and Westminster".



COMMUNITY NHS SERVICES

There's a great range of local NHS services in Kensington and Chelsea and Westminster.

This includes Admiral Nurses (specialist dementia care nurses), the Memory Assessment Service, which assesses and diagnoses dementia and provides other dementia support services, through to talking therapies for all patients and carers with low-levels of cognitive impairment or with caring responsibilities. Speak to your local GP to find out more.



INTEGRATED CARE

Both the West London CCG and the Central London CCG work with the councils and local health, care and community organisations. They provide services to meet the needs of older people with multiple physical, mental health and care needs, including people with dementia.

Though not yet available in the whole of Westminster, the Integrated Care Teams work to create a single care plan that is monitored by a range of professionals, benefits patients and staff and means you only need to tell your story once. Talk to your local GP to see how you can be part of these services.

WORKING TOGETHER

Our ambition to become a leading dementia-friendly borough is shared with other public, private and third sector organisations.

Both directly, and through the Dementia Action Alliance, we work closely to ensure our services work effectively for people living with dementia, our environments are dementia-friendly and our staff are Dementia Friends. We also share best practice and resources.

For example, we're working with the Met Police, London Fire Brigade and many other

public sector partners to deliver the Mayor's ambition to make London the first dementia-friendly capital in the world.



CASE STUDY

SUPT. MARK LAWRENCE,
Lead for Mental Health

"Every year MPS Officers complete over 10,000 'Merlin' reports about adults who may be vulnerable through dementia. That's an average of over 27 reports completed every day across London.

Responding to dementia in all of its guises, whether it's looking for missing people or investigating crimes that take advantage of vulnerability, represents a significant safeguarding issue for the police, its partners and the community it serves. And of course, most officers and staff will have friends or relatives touched by dementia. This is why the MPS is committed to supporting the Mayor in his ambition to make London the first dementia-friendly capital city in the World by 2020.

As part of this commitment, the MPS is encouraging as many of its staff as possible to be Dementia Friends, and is actively engaged in Dementia Action Alliances across London, working in partnership with initiatives like the Herbert Protocol*. We applaud the work being conducted in Kensington and Chelsea and Westminster and we look forward to working with partners across both boroughs to help people live well with dementia and improve the service we provide to both those experiencing dementia and the carers and relatives that support them".

"THE MPS IS COMMITTED TO SUPPORTING THE MAYOR IN HIS AMBITION TO MAKE LONDON THE FIRST DEMENTIA FRIENDLY CAPITAL CITY IN THE WORLD BY 2020."

DEMENTIA FRIENDS

Small changes make a big difference, and we will lead the way by introducing many new ideas and initiatives across our councils, helping others to become dementia-friendly. We will support shops, galleries and leisure centres to train their staff as Dementia Friends, so you know

there's always a welcome anywhere you go. All council staff will become Dementia Friends by 2020, with 70% by Christmas 2019. We are pledging real changes to the way we work to become more dementia-friendly. For example, we already ensure any building we build is designed, constructed and finished in a dementia-friendly way.

*The Herbert Protocol is a national scheme introduced by the police. Working with other organisations, it encourages carers to fill out a form of useful information that could be used if a vulnerable person goes missing.

OUR DEMENTIA PLAN

People are living longer, and the number of those developing dementia is increasing. This means the cost of care is increasing and putting pressure on our services.

We want to enable people to live life to the full by creating dementia-friendly communities. We also know people with dementia want to live at home for as long as they can, so we want to help provide the extra care they need.

We know that there's great work going on already to transform our boroughs into leading dementia-friendly communities, but there's a lot more we plan to do.

- Raising awareness of dementia and ways to help prevent it.
- Providing personalised, timely and high-quality services.
- Creating a community that is dementia-friendly.
- Giving unpaid carers good support.

We'll know we've been successful if:

- Through The Dementia Action Alliance, we achieve Dementia Friendly Community accreditation by 2020.
- 6,000 Dementia Friends are created from public, private and third sector organisations across both boroughs by December 2020.
- The percentage of short-term dementia acute care admissions is reduced to below the national average by 2025. Short-term dementia acute care admissions currently represent 32% of all hospital admissions of people living with dementia in Kensington and Chelsea and 33% in Westminster. This will show community care and support is working.
- Our new, targeted survey of dementia carers shows an increase in carer satisfaction with council services by 2025.

"YOU KNOW A PLACE IS DEMENTIA FRIENDLY WHEN, AS SOON AS YOU WALK IN THE DOOR, THERE'S A WELCOME."



TECHNOLOGY AND INNOVATION

The Memrabel 2 is a clock that displays the day, time and date. It also has 20 alarms which can be set up with pictures, written prompts and recorded videos to help remind people to do things. This could be when to eat a meal, exercise or a prompt about a GP appointment.

WHAT WE'LL DO

There's already some great stuff taking place across our boroughs. We will continue to ensure we're leading the way to create dementia-friendly communities by:

PRIORITY 1

Raising awareness of dementia and ways to prevent it

- ✓ Launching an awareness-raising dementia campaign in 2020.
- ✓ Making all our staff Dementia Friends with 70% already trained - and helping others to do the same.
- ✓ Having an easy-to-find dementia area on our website.

PRIORITY 2

Providing personalised, timely and high-quality services

- ✓ Piloting a holistic single plan to ensure that people living with dementia can properly plan for the future they want from diagnosis onwards.
- ✓ Incorporating more specialist adjustments for people with learning disabilities into our home support services.
- ✓ Arranging bespoke training for health and social care staff to best support people living with dementia and their carers with partners.

PRIORITY 3

Creating a community that is dementia-friendly

- ✓ Providing a toolkit for businesses and other local organisations to help them become dementia-friendly.
- ✓ Working with the Salvation Army's Central London venue to pilot a quiet space and community hub.

PRIORITY 4

Giving unpaid carers good support

- ✓ Establishing a support group for council staff caring for someone with dementia.
- ✓ Reviewing respite care to ensure it is fit-for-purpose and takes into account people's individual needs.

"OUT IN THE STREET THEY DON'T KNOW I HAVE DEMENTIA; EVERYONE IS A SPECTATOR AND NO ONE HELPS. PEOPLE ARE DETACHED."

"WE NEED MORE INFORMATION ON DEMENTIA FOR THE GENERAL PUBLIC TO OVERCOME FEARS AND STIGMA."

OUR COMMITMENT TO YOU

PRIORITY 1

Raising awareness of dementia and ways to reduce the risk

WE COMMIT TO:

- ✔ Encouraging residents to take action to reduce the risk of dementia and to seek a timely diagnosis.
- ✔ Promoting understanding, acceptance and support within the community for people living with dementia.
- ✔ Raising awareness of dementia and the needs of people living with dementia amongst public and private sector partners.
- ✔ Increasing awareness of dementia and the needs of people living with dementia amongst council and NHS staff.

"I HAVE LEARNT THAT WE CAN ADJUST TO CHANGES IN OUR RELATIONSHIP. WE DO HAVE VERY HAPPY TIMES."

PRIORITY 2

Providing personalised, timely and high-quality services

WE COMMIT TO:

- ✔ Ensuring that services are easy to use and support is joined up (including for multiple health needs), recognising that people are more than their diagnosis.
- ✔ Creating services that are personalised and relevant, because we acknowledge that everyone is different.
- ✔ Providing residents with the right information and advice, in the right place and at the right time.
- ✔ Continuing to innovate and provide high-quality services, exploring new technology to give people living with dementia the best care.
- ✔ Making sure good quality staff receive the necessary training to best support you.

"ALTHOUGH I'M GLAD TO BE THERE FOR HIM, IT WAS SO HARD TO GIVE UP MY LIFE TO CARE FOR MY DAD."

PRIORITY 3

Creating a community that is dementia-friendly

WE COMMIT TO:

- ✔ Embedding dementia design across all council services.
- ✔ Working with local public, private and third sector organisations to create a holistic, dementia-friendly community.
- ✔ Ensuring that communities are aware of and make the most of the services and activities available to them.
- ✔ Using technology and digital solutions to support people to live independently in their communities for as long as possible.
- ✔ Making available the latest memory devices and technology.
- ✔ Doing everything we can to support you to stay where you are.
- ✔ Ensuring the suppliers we work with to deliver our dementia strategy are aligned with our Corporate Social Responsibility strategy.

PRIORITY 4

Giving unpaid carers good support

WE COMMIT TO:

- ✔ Giving carers personalised support, including respite care.
- ✔ Ensuring carers are well informed about dementia and the needs of people living with it.
- ✔ Providing carers with information about services, networks and activities for carers, as well as those for people living with dementia.
- ✔ Supporting carers of people with dementia in the workplace and encouraging others to do the same.

"MY WIFE MAKES ME FEEL SAFE. SHE WRITES DOWN FOR ME WHERE I AM GOING BECAUSE AS SOON AS I GO OUT OF THE DOOR, I HAVE NO MEMORY OF WHERE I AM GOING OR WHY."



JARGON BUSTER

We understand that dementia can open up a whole new vocabulary of medical and legal words that you might not know. So, we've tried to list them below with their meaning. We hope it helps.

WORD OR PHRASE	EXPLANATION
Acute Care	Short-term health care that you receive in hospital following an injury, operation or illness. It is different to any care you may receive for an ongoing health condition from your GP, community nurse or other professionals in the community where you live.
Advocacy	Help to enable you to get the care and support you need that is independent of your local council. An advocate can help you express your needs and wishes, and weigh up and take decisions about the options available to you. They can help you find services, make sure correct procedures are followed and challenge decisions made by councils or other organisations.
Intergenerational	People of many different ages and generations coming together.
Lasting Power of Attorney (LPA)	A legal agreement where you allow someone to make decisions on your behalf about your property and finances or health and welfare, if the time comes when you are unable to make these decisions for yourself.
Dementia Action Alliance (DAA)	The DAA is a local network of people and organisations, working together to improve the lives of people living with dementia
Clinical Commissioning Group (CCG)	CCGs are responsible for planning, designing and commissioning (paying for) health services in their local area.

Co-ordinate My Care (CMC)	CMC keeps an online 'urgent care plan'. These plans are personalised to the patient and can be accessed by different emergency care services, so the information is easy to find and all in one place.
Court of Protection (COP)	The COP makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made (they 'lack mental capacity').
Dementia Partnership Group (DPG)	A group of residents living with dementia and their carers in Kensington and Chelsea and Westminster, who advise and inform council services.
Co-production	Where residents and users of services act as equal partners with professionals in designing care and support services you receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care.
Health and Welfare Deputy	A Health and Welfare Deputy is appointed by the Court of Protection. They can make certain decisions on behalf of a person who doesn't have the mental capacity to do so themselves.
Whole-systems (or Holistic) Approach	Looking at every aspect of how a system works - such as the health, social care and housing system - and understanding what each part does, where the connections are and how it all fits together. Looking at the system in this way should help show how things can be done differently and better, working with the whole community together.
Psychiatrist	A medical doctor specialising in the diagnosis and treatment of mental illness, including dementia.
Statutory Services	Organisations that have a legal responsibility to do something, and whose role and powers are defined by law. They are different to voluntary organisations, which may provide some of the same services but which are not set up by law. Your local council is an example of a statutory organisation, as is the NHS.

MEET MICK

Living with dementia has its challenges – not everyone understands it or how it affects people living with it, like me, or people caring for someone living with dementia, like my partner Kathie.

It's also not just about being understood. Because of my dementia, my partner and I have different needs – my sight could be affected, so I might avoid black mats at entrances. I have confused them before for a big black hole!

This plan highlights some of the great initiatives that are already in place across Kensington & Chelsea and Westminster. I'm thrilled that it's not just focused on health and social care but thinks about a person's whole life.

“I WANT TO BE ABLE TO CONTINUE TO LIVE AT HOME FOR AS LONG AS POSSIBLE IN A COMMUNITY THAT CONTINUES TO UNDERSTAND AND SUPPORT ME.”

I'm really glad to have been involved in developing this plan with other people, like me and Kathie. However, there's more to do. Now that people living with dementia have outlined what they need to live well, we are calling on everyone – neighbours, businesses, doctors – to do their bit to put this into action.

So I am pleased to be able to close this document as the first step towards transforming my home boroughs into leading dementia-friendly communities. Join me in starting this journey together.

Mick, lives with dementia and is cared for by his partner, Kathie.

Page 81



HELP BEAT DEMENTIA

Vital studies into early diagnosis, prevention and new treatments for dementia are taking place in the UK – but more volunteers are needed. Anyone over 18, with or without dementia, can register their interest as a volunteer. To sign up, or find out more, just go to www.joindementiaresearch.nihr.ac.uk

We are also working together with local research groups and will keep you posted about any study opportunities you can take part in.



USEFUL CONTACTS

GENERAL ADVICE AND INFORMATION ON DEMENTIA

Age UK

T: 0800 678 1602 or go to www.ageuk.org.uk

Alzheimer's Society

Advice for people affected by dementia. T: 0300 222 1122 or go to www.alzheimers.org.uk

Dementia UK

Provides specialist dementia advice and support for families through its Admiral Nurse service. T: 0800 888 6678 or go to www.dementiauk.org

Admiral Nurses

Information, practical advice and support for people who care for a relative or friend who has dementia. T: 020 3317 3667

Young Dementia UK

Support, information and guidance for those who are affected by young onset dementia. www.youngdementiauk.org

HEALTH AND CARE SERVICES

Age UK

Advice on dementia care, funding care provisions and entitlements to benefits.

Kensington and Chelsea - T: 020 8969 9105. www.ageuk.org.uk/kensingtonandchelsea

Westminster - T: 020 3004 5610. www.ageuk.org.uk/westminster

BME Health Forum

Health advice for members of the black, Asian and minority ethnic communities. T: 07958 479217 www.bmehf.org.uk

Marie Curie

Care and support through terminal illness. T: 0800 090 2309 www.mariecurie.org.uk

Macmillan Nurses

Care and support for cancer. T: 0808 808 0000 www.macmillan.org.uk

People First

Supporting independent living and health. www.peoplefirstinfo.org.uk/looking-after-someone

Dementia Advisors

Practical support, advice and guidance on services and local activities. Kensington and Chelsea - T: 020 3181 0002 Westminster - T: 020 3905 6981

Adult Social Care Services

Local social care, information, advice and support. www.rbkc.gov.uk www.westminster.gov.uk

ADVICE FOR CARERS

Carers Network

Advice and support on Carer's Assessment, Benefits, Legal Rights and Wellbeing. T: 020 8960 3033 E: carers@carers-network.org.uk www.carers-network.org.uk

Carers Trust

Helping unpaid carers access the help they need to live their lives. www.carers.org.uk

Carers UK

Advice and support to anyone looking after a family member or friend with dementia. T: 0808 808 7777 www.carersuk.org

Open Age - Time for Me

Free or low-cost leisure activities for people over 50 who look after a family member or friend as an unpaid carer. T: 020 8962 4141 www.openage.org.uk/carers

Revitalise

Respite holidays for carers. T: 0303 303 0145 www.revitalise.org.uk

Westway Community Transport

A local charity providing transport for those who find it difficult to get around. T: 020 8964 4928 www.westwayct.org.uk

THINGS TO DO IN YOUR AREA

Rainbow Memory Café

For members of the LGBTQ+ community living with dementia.

T: 020 7239 0400

www.openingdoorslondon.org.uk/rainbow-memory-caf

Arts4Dementia

Empower and inspire people with early-stage dementia with artistic stimulation.

T: 020 7239 4954

www.arts4dementia.org.uk

Creating with Dementia

Nationwide listings of arts events for people with dementia.

T: 07775 784520

E: creatingwithdementia@gmail.com

Resonate Arts

Find out what activities are on in your area.

T: 020 7321 2702

www.resonatearts.org

STAYING SAFE

The Metropolitan Police

In an emergency call **999**. If you want to report a crime call **101**

The London Fire Brigade

For information on fire prevention & safety advice, or to get a free fire alarm fitted.

T: 020 8555 1200 or www.london-fire.gov.uk

NHS

For urgent medical attention call **111** or **999** in an emergency. For general medical information and advice, go to www.nhs.uk

STAYING SAFE DURING COVID-19

Kensington & Chelsea COVID-19 Hub

T: 0207 361 4326

E: C19Hub@rbkc.gov.uk

www.rbkc.gov.uk/coronavirus-covid-19

Westminster Connects

T: 0207 641 1222

E: westminsterconnects@westminster.gov.uk

www.westminster.gov.uk/coronavirus

National Covid-19 guidance

www.nhs.uk and search for 'coronavirus'

Covid-19 and dementia

www.alzheimers.org.uk and search for 'coronavirus'

THIS PLAN WAS WRITTEN WITH THE SUPPORT AND ADVICE OF OVER 170 RESIDENTS. THANK YOU FOR GIVING UP YOUR TIME TO INFORM AND SHAPE OUR THINKING.

We want to thank the Abbey Centre, the Advocacy Project, Age UK RBKC, Opening Doors, Resonate Arts and Musawa for facilitating workshops and one-to-one interviews with residents. Without your help, it would not have been possible to reach out to so many residents, ensuring that the plan is genuinely co-produced with residents who reflect our boroughs' diversity.

We also want to thank everyone from a wide variety of organisations who have inputted into our strategy, including representatives from health and social care professions as well as the worlds of design, architecture, business, culture, sport and more. Your advice and support during the development of the plan has been invaluable and we look forward to working with you again to implement it.





THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA



City of Westminster



The Royal Borough of Kensington & Chelsea

Tel: (020) 7361 3000 | Email: SocialServiceLine@rbkc.gov.uk | www.rbkc.gov.uk

The City of Westminster

Tel: (020) 7641 6000 | Email: adultsocialcare@westminster.gov.uk | www.westminster.gov.uk

www.nhs.uk

Co-produced and designed by www.pinkantiacreative.co.uk

This page is intentionally left blank

CHANGING LIVES

SHAPING OUR DEMENTIA JOURNEY TOGETHER



City of Westminster



We've put together a handy little guide that's jam-packed with lots of helpful stuff. On one side, you'll find a list of useful contact details where you can get advice on everything from staying safe to financial support.

And on the other side, we've come up with our top tips on ways to make living at home a bit easier.

It's a good idea to pop me in your purse, or stick me up on the fridge as a useful reminder.



LOCAL HEALTH AND CARE SERVICES

Age UK

Advice on dementia care, funding care provisions and entitlements to benefits

Kensington and Chelsea - T: 020 8969 9105, or go to www.ageuk.org.uk/kensingtonandchelsea

Westminster - T: 020 3004 5610 or go to www.ageuk.org.uk/westminster

BME Health Forum

Health advice for members of the black, Asian and minority ethnic communities. T: 07958 479217 or go to bmehf.org.uk

Marie Curie

Care and support through terminal illness. T: 0800 090 2309

Macmillian Nurses

Care and support for cancer. T: 0808 808 0000



Admiral Nurses

Information, practical advice and support for people who care for a relative or friend who has dementia. T: 020 3317 3667

People First

Supporting independent living and health in your borough. www.peoplefirstinfo.org.uk/looking-after-someone

Dementia Advisors

Practical support, advice and guidance on services and local activities

Kensington and Chelsea - T: 020 3181 0002

Westminster - T: 020 3905 6981

Kensington and Chelsea and Westminster Adult Social Care Services

Local social care, information, advice and support. www.rbkc.gov.uk and www.westminster.gov.uk

GENERAL ADVICE AND INFORMATION ON DEMENTIA

Age UK

Freephone 0800 678 1602 or go to www.ageuk.org.uk

Alzheimer's Society

Advice for people affected by dementia. Freephone 0300 222 1122 or go to www.alzheimers.org.uk

Dementia UK

Provides specialist dementia advice and support for families through its Admiral Nurse service

Freephone 0800 888 6678 or go to www.dementiauk.org

Young Dementia UK

Support, information and guidance for those who are effected by young onset dementia. www.youngdementiauk.org

NHS

Need medical attention? Call 111 or dial 999 in an emergency. For general medical information and advice, go to www.nhs.uk

THINGS TO DO IN YOUR AREA

Open Age

Activities for all older people. T: 020 8962 4141 or go to www.openage.org

Rainbow Memory Café

For members of the LGBTQ+ community living with dementia. T: 020 7239 0400 or go to www.openingdoorslondon.org.uk/rainbow-memory-caf

Arts4Dementia - T: 020 7239 4954 or go to www.arts4dementia.org.uk

Creating with Dementia - T: 07775 784520 E:creatingwithdementia@gmail.com

Resonate Arts

Find out what activities are on in your area. T: 020 7321 2702 or go to www.resonatearts.org

ADVICE FOR CARERS

Carers Network

Advice and support on: carer's assessment, benefits, legal rights and wellbeing.

T: 020 8960 3033

E: carers@carers-network.org.uk

www.carers-network.org.uk

Carers Trust

Helping unpaid carers access the help they need to live their lives.

www.carers.org.uk

Carers UK

Advice and support to anyone looking after a family member or friend with dementia.

T: 0808 808 7777

Open Age - Time for Me

Free or low-cost leisure activities for people over 50 who look after a family member or friend as an unpaid carer.

T: 020 8962 4141

www.openage.org.uk/carers

Revitalise

Respite holidays for carers.

T: 0303 303 0145

Westway Community Transport

A local charity providing transport for those who find it difficult to get around.

T: 020 8964 4928



DID YOU KNOW?

Lots of arts and cultural organisations host events aimed at people living with dementia and their carers. The Victoria & Albert Museum, the National Gallery, the Museum of Brands, The Royal Albert Hall and Marylebone Cricket Club to name a few.



STAYING SAFE



The Metropolitan Police

In an emergency call 999
If you want to report a crime call 101

The London Fire Brigade

For information on fire prevention & safety advice, or to get a free fire alarm fitted, call 020 8555 1200 or go to london-fire.gov.uk



www.peoplefirstinfo.org.uk

FOR MORE INFORMATION ABOUT DEMENTIA, LOCAL SERVICES AND WHAT'S HAPPENING IN YOUR AREA, GO TO



City of Westminster



THE ROYAL BOROUGH OF
KENSINGTON
AND CHELSEA

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	8 th October 2020
Classification:	General Release
Title:	2020-2021 BCF Priorities and Programme
Report of:	Senel Arkut, Bi-Borough Director of Health Partnerships
Wards Involved:	All
Report Author and Contact Details:	Grant Aitken, Head of Health Partnerships grant.aitken@rbkc.gov.uk

Recommendations

This report summarises the 20/21 Better Care Fund programme and recommends the Joint HWBB to:

- Note the issues identified through the review
- Agree the 20/21 BCF Programme as shown in Appendix 1

1. Executive Summary

- 1.1 The Better Care Fund (BCF) is a single Plan to support the transformation and integration of health and social care. Due to the Covid19 pandemic, it was agreed by the NHS that the 2019/20 BCF Plan would be rolled forward, including uplifts to social care.
- 1.2 Demographic changes from an ageing population and increased complexity of need continue to place significant pressure on the Council and CCG's budgets; whilst the COVID19 crisis has made us rethink our models of care across all system partners, principles of prevention, integration and person-centred care remains the driver to reduce duplication and provide more timely support to ensure the best outcomes for residents. This also helps to manage demand and avoid the need for high cost interventions.
- 1.3 Efforts will continue to focus on delivery of existing BCF schemes; but there will be opportunities to increase efficiency and manage demands by reducing hospital

admissions/re-admissions and by a reduction in long-term care costs, including fewer care home admissions. The review of the BCF programme and learning from COVID19 has shown that by timely and targeted interventions, managing demand and by remodelling services, we are able to achieve efficiencies, without a negative impact on service users. This will mean having good engagement and co-production with people.

- 1.4 Our BCF Plan 20/21 will increasingly align with our wider ambitions around 'whole system' prevention, connected communities, personalised care and population health. These are key ambitions also identified in local Out of Hospital plans with a further shift in our system away from a hospital-centric and reactive model to a more anticipatory and proactive model of care.

2. Key Matters for the Board

- 2.1 The Board is asked to note priority areas for the 20/21 BCF Plan and agree for the Joint BCF Programme Board (formerly Joint Operations and Finance Group) to ensure the schemes meet the agreed outcomes and report to the Board on a quarterly basis (see appendix A).

3. Better Care Fund Programme 20/212

- 3.1 The RBKC and WCC BCF plan represents over £60m of spend and makes significant contributions to agreed local health and care priorities; whilst also meeting national targets.
- 3.2 The lessons from COVID19 and changes to the way services have been designed and delivered, alongside the impact COVID19 has had on people's health and wellbeing, has reinforced the need to understand how the BCF programme can be reorganised to meets future needs.
- 3.3 Given the significant change taking place nationally, regionally and locally across the health and care system, we have taken the opportunity to review the BCF to make sure we invest in the right schemes, our plan is relevant, transparent and able to meet the needs of our residents. This will also support the wider changes in health. It has been confirmed that the 20/21 Planning Guidance will be issued in October and that although there will be the expectation for the HWBB to sign off the plan, reporting will be more "light touch".
- 3.4 Appendix A provides a summary of the schemes to be covered within the Better Care Fund programme for 20/21.

4 Health and Wellbeing Priorities

- 4.1 The joint Kensington and Chelsea and Westminster Health & Wellbeing Board agreed a set of shared priorities on 28th March 2019, as a focus of its discussions. These included:
 - Dementia
 - Taking a Public Health approach to Serious Youth Violence
 - Mental Health & Resilience

4.2 Nationally, the BCF is judged against the 4 areas as set out below.

- **Non-Elective Admission (NEA):** Total number of specific acute non-elective spells per 100,000 population
- **DToC:** Delayed Transfers of Care (DToC) per day (daily delays) from hospital (aged 18+). These are presently not collected and there is likely to be a greater focus on Long Length of Stay (LLOS)
- **Admissions to Care Homes:** Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes per 100,000 population
- **Reablement:** Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.

4.3 At the last HWBB, there was a wider discussion on the Local Recovery Plans, setting out shared priorities for services to both manage a Covid response but also to ensure the impact of service changes during Covid is mitigated going forward. This reflects national requirements including the 'phase 3 letter' describing NHS priorities nationally.

These include:

- Maintaining 'BAU' services alongside a Covid response
- Planned and practice care to the most vulnerable (including shielding)
- Access to same day urgent care – via primary care community support
- Care Home support.

5 BCF 20/21

5.1 At the start of the year, health and the local authorities, supported by the LGA, started a review of the BCF programme, whilst also bringing in national examples of good practice. The review looked at all the schemes under 4 main areas (bundles) covering:

1. Mental Health - recovery, resilience and long-term needs
2. Long term and complex conditions, including dementia
3. Having a sustainable health and care system
4. Homelessness

5.2 Some initial findings from the review include:

- Our BCF does not fully reflect our strategic priorities as a system because a lot of schemes are historical. This means it is harder to understand the contribution of the programme to HWBB priorities and to ensure there is clarity and openness on this to allow it to respond to changes in priorities, as they evolve.
- Health inequalities remain at the forefront of the BCF programme but there needs to be greater understanding of the impact of schemes to address these inequalities.
- There should be a greater focus on preventative services with an emphasis on information, advice and mental health support that assist recovery.
- Support for care homes and home care should remain a priority including looking at areas such as designing information and advice services with Covid recovery in mind

- The importance of Psychological Therapies and social isolation services and support for carers services to be considered as part of the wider response to Covid19
- Long term and complex conditions, including dementia services, will need to consider the impact of COVID19
- Embedding the learning achieved from COVID 19 changes, such as changes to the Discharge Hubs and discharge pathways.
- Our reporting focuses heavily on the nationally mandated metrics. However this covers a minority of our spend meaning some service areas have less visibility. There needs to be a greater emphasis on local indicators to support the HWBB in understanding the wider contribution of the BCF in addressing health inequalities.

5.3 There is a need to strengthen the planning and scrutiny of the BCF programme but this will take time. There is a shared commitment to work collaboratively across health and local government and with system partners to make the BCF more strategically sensible in mapping to current system priorities.

5.4 Where service changes are needed there is also a commitment to develop alternatives, in a cooperative way and through mutual agreement. The Section 75 agreement provides a mechanism to make these decisions with formal notice periods. We will ensure contractual requirements are met, whilst focusing on a partnership approach to evolving the BCF into a better vehicle for local delivery.

If you have any queries about this Report or wish to inspect any of the Background papers, please contact:

Grant Aitken, Kensington and Chelsea

Email: grant.aitken@rbkc.gov.uk

Telephone: 07814 174605

Appendix A: 20/21 Better Care Fund (BCF) Summary

WCC BCF Summary						
Categories	Funding for Joint work - S75	Health Commissioned Service	Protect of Adult Social Care	Care Act	LA Commissioned Reablement	Total
	3,745,016	8,204,192	7,096,248	804,444	1,180,928	21,030,828
Advocacy	496,727	-	102,500	351,575	-	950,802
CIS	-	5,850,231	337,225	-	717,500	6,904,956
Equipment Services	1,233,071	-	714,677	-	-	1,947,748
Homelessness	373,338	796,574	-	-	-	1,169,912
MH Supported Living	851,925	-	1,530,000	-	-	2,381,925
Neuro rehab	-	1,161,206	-	-	-	1,161,206
Packages and care	212,225	-	3,634,650	76,312	407,193	4,330,380
7 Day Service	327,947	-	-	-	-	327,947
S117 Placements	235,750	-	235,750	-	-	471,500
Safeguarding	20,500	-	-	338,250	-	358,750
Total	3,751,483	7,808,011	6,554,802	766,137	1,124,693	20,005,126
iBCF						17,130,064
DFG						1,523,990
	3,751,483	7,808,011	6,554,802	766,137	1,124,693	38,659,180
Uplift to be applied	-6,467	396,181	541,446	38,307	56,235	1,025,702

KC BCF Summary						
Categories	Funding for Joint work - S75	Health Commissioned Service	Protect of Adult Social Care	Care Act	LA Commissioned Reablement	Total
	2,140,651	5,457,272	4,648,775	572,077	756,019	13,574,794
Advocacy	-	-	-	125,411	-	125,411
CIS	-	4,115,604	-	-	739,745	4,855,349
Equipment Services	714,982	-	371,538	-	-	1,086,520
Homelessness	254,676	-	-	-	-	254,676
MH Supported Living	780,241	-	946,931	-	-	1,727,172
Neuro rehab	-	1,224,192	-	-	-	1,224,192
Packages and care	184,823	-	2,826,434	100,204	-	3,111,461
7 Day Service	319,690	-	-	-	-	319,690
S117 Placements	-	-	-	-	-	-
Safeguarding	-	-	111,854	-	-	111,854
Information and Advice	-	-	-	334,148	-	334,148
Total	2,254,412	5,339,796	4,256,757	559,763	739,745	13,150,473
iBCF						7,436,663
DFG						845,918
	2,254,412	5,339,796	4,256,757	559,763	739,745	21,433,054
Uplift to be applied	-113,761	117,476	392,018	12,314	16,274	424,321

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	8 th October 2020
Classification:	General Release
Title:	Q1 Better Care Fund Programme 2020/21
Report of:	Senel Arkut, Bi-Borough Director of Health Partnerships
Wards Involved:	All
Financial Summary:	Contained in Report
Report Authors and Contact Details:	Grant Aitken Grant.Aitken@rbkc.gov.uk

1. Executive Summary

- 1.1. This paper summarises the outcome (Q1 Return) of the Better Care Fund (BCF) Plan for 2020/21 for both Westminster and Kensington & Chelsea, as approved at the board meeting on 30th September 2020.
- 1.2. All BCF plans must include ambitions for each of the four metrics (see section 4).
- 1.3. NHS England sets out the CCG minimum contribution which includes funding to support local authority delivery of reablement, Carers Breaks and implementation of duties to fund carer support under the Care Act 2014. In fact, there is a strong emphasis on reablement and other support to help people remain at home or return home from hospital with support. These are also linked to the NHS Long Term Plan.

2. Key Matters for the Board

2.1. HWBB is invited to note and sign off headline details of Q1 BCF performance in delivering the 2020/21 plan.

3. Background

3.1 The BCF programme plan across Kensington and Westminster is £61,542,635 broken down through the following (table 1):

Table 1: Financial Plan – 20/21

	Westminster	Kensington
CCG Minimum Contribution	21,030,828	13,574,795
iBCF	15,806,905	6,569,857
Disabilities Facility Grant (DFG)	1,523,990	845,918
Winter Pressures*	1,323,159	866,806
Total	39,684,882	21,857,376

* Winter Pressures grant is now combined with iBCF but for the purpose of this report has been identified separately.

3.2 This report covers the period from 1st April 2020 to 30th June 2020 and provides a summary of performance covering:

- National metrics
- Financial
- Examples of integrated working

4. National Metrics

4.1 This section includes performance against the national metrics that the Bi-Borough are required to report to NHSE. The impact of the Covid19 pandemic can be seen in the Q1 statistics.

Emergency admissions target (also known as non-elective admissions):

4.2 There were 2,505 (Westminster) and 1,828 (Kensington and Chelsea) emergency admissions of people aged 65 and over, during the April 2020 to June 2020 period. The planned target is yet to be published.

Table 2: Emergency Admissions 65 + Population (2020/21)

Financial Year	Total Number of Emergency Admissions (Westminster)	Total Number of Emergency Admissions (Kensington & Chelsea)
Q1 2019/20	4,102 (4,043 planned)	2,984 (2,869 planned)
Q1 2020/21	2,505 (Plan tbc)	1,828 (Plan tbc)

Delayed transfer of Care (DTOCs):

4.3 The collection of DTOC statistics has been paused. This is due to COVID19 and the need to release capacity across the NHS to support response.

Permanent admissions to care homes target:

4.4 Westminster and Kensington and Chelsea's permanent admissions to care homes is low in the quarter. This has been due to:

- Family and carers reluctance to place clients in residential settings and testing being an issue in care homes
- The strengthening of discharge to assess and reablement which has supported more people to be supported in their own homes

Table 3:

	Westminster	Kensington & Chelsea
Rate of permanent admissions to residential care per 100,000 population (65+)	Target (2019/20): * 314 Performance: 79.7	Target (2019/20): * 252 Performance: 43.9

* To be agreed

Reablement:

4.5 The proportion of older people still at home after 91 days at Westminster was 99 out of 113 people and for Kensington it was 86 out of 96 people. This is on target based on 2019/20 plan, however, 2020/21 plan has yet to be agreed with NHS England.

Table 4:

	Westminster	Kensington
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Target (2019/20): * 90.1% Performance: 87.6%	Target (2019/20): * 89.9% Performance: 89.6%

* To be agreed

5. Integration Highlights

5.1 The following are some of the integration highlights in Q1:

- Continued whole system support by close integrated working with Home First to support D2A and hospital discharges capacity has allowed an established pathway during the pandemic period
- Workshops provided to spot reablement providers to support with preparedness for Winter and lessons learnt from COVID19
- The CIS team continued working with CNWL CIS colleagues supporting PPE training and return to work plans in CIS Reablement, wider ASC teams and Reablement spot providers
- The Discharge hubs were established quickly and successfully due to good inter-agency relationships at all levels. This has continued throughout Q1 and is heavily influencing future models of care
- Kensington and Chelsea continue to benefit from the successful use of assessment flats with the focus on returning home where its safe and appropriate and the hospital discharge to assess pathway.

6. Financial Implications

6.1 The overall BCF spend is on plan at Q1. Schemes updates will be provided in Q2's report.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact:

[Grant Aitken]

Email: grant.aitken@rbkc.gov.uk