

London Borough of Hammersmith & Fulham Integrated Care Partnership

Report to: Health and Wellbeing Board

Date: 21 September 2021

Subject: Hammersmith & Fulham Integrated Care Partnership Update

Report of ICP Co Chairs: Lisa Redfern, Strategic Director of Social Care, Philippa Johnson, ICP Director

1. Introduction

- 1.1 The Health and Wellbeing Board, (HWB), received a report from the Hammersmith & Fulham Integrated Care Partnership (H&F ICP) in June 2021, updating on how the ICP is developing and the progress made up to that point.
- 1.2 This paper will provide a further update around how the ICP is working, and the progress made in each campaign since the last Health and Wellbeing Board. It will also include a summary of the work that the ICP has been undertaking in collaboration with PPL, with a particular focus on engagement. It will then touch on some key areas that may be of interest to the Board.

2. Recap on ICP Areas of focus and Immediate priorities

- 2.1 We have 5 areas of focus and 4 campaigns:

Focus	Aim	Campaign
Staying well	We support people of all ages to live well and support communities and voluntary organisations to develop & mobilise support/community assets.	Health and Wellbeing Campaign
Living with illness	Keep people of all ages well at home, avoid admissions to hospital unless necessary and ensure good transitions between care sectors.	Diabetes Campaign Frailty Campaign
All age mental health	Partners unite to rapidly tackle the impact of COVID-19 on mental wellbeing for all ages with a long-term focus on the development and delivery of holistic mental wellbeing support.	Mental Health Campaign

Recovery	Restoration of health and care services based on learning from COVID-19 in order to address the most pressing needs.	
ICP and PCN development	Develop the ICP to be delivery-focused with PCNs at the heart of local communities.	

3. Progress Update

- 3.1 The ICP has been making good progress.
- 3.2 Governance consists of an **ICP Board** that meets every two months to look forward strategically and monitor progress against plans. Additionally, the (i) **ICP Executive Group** and (ii) **ICP Operational Leadership Group** meet on alternate weeks.
- (i) The Executive Group is an ICS requirement and has one executive member representing primary care, one from the lead community healthcare trust, one from the mental health trust, plus the CCG borough director, H&F Council strategic director of social care and the CCG inner cluster chief operating officer and the GP Federation managing director to add additional connection with primary care. One of whom takes an overall lead director role for the ICP.
 - (ii) The ICP Operational Leadership Group includes members from every sector across the borough, a representative from each primary care network (PCN), lay partners and voluntary sector partners. This is a large group which meets fortnightly to focus on operational matters and system connectivity, so that all partners understand what is happening in the borough and can seek support from each other to address operational matters. There is an opportunity for stakeholders to bring system innovations or issues for wider support and discussion.
- 3.3 Since the last Health and Wellbeing Board the ICP have recruited a new programme manager, Helen Lipinski, and a public health data analyst, Tahrira Choudhury. They join our part time programme support officer and engagement lead, Val Chaggar.
- 3.4 There has been considerable work in the ICP since the last meeting of the HWB. There is still much more to do. Additionally, there was an NWL symposium where borough health leads came together to share information in relation to the development of ICPs across the patch and if there is any shared learning we can adopt if projects / campaigns are aligned. This will be important to support the reduction of health inequalities across our geography.

4. PPL

- 4.1 The ICP have engaged a partner, PPL to support the development of the ICP with a particular focus on engagement and partnership development. PPL is a social enterprise and B-Corp that exists to support better health, wellbeing and economic outcomes through management consultancy and organisational development. They have been engaging with partners and the wider community throughout the summer, their initial findings are detailed below. They will be presenting and further building on these findings at a workshop on the 15th September.
- 4.2 PPL has been working with all partners to identify key areas of focus in moving from where the ICP is now to a renewed, shared focus on delivery. This has included:
 - a desk-based review of ICP documentation;
 - a series of 1:1 interviews and
 - attendance at ICP meetings.
- 4.3 As part of the engagement, PPL has spoken with representatives of Hammersmith and Fulham including the Voluntary & Community Sector, Public Health, Patients, Lay Partners, Acute, Primary Care, Social Care, Public Health, PCN CDs, Delivery Campaign Managers and Clinical Leads and the CCG.
- 4.4 Engagement is ongoing with residents and voluntary and community sector groups. PPL have also been working with the Delivery Campaigns to understand the progress being made in delivery and the direction that this work should take moving forward.
- 4.5 Key findings from the engagement so far are that:

Vision

- While there is a broadly shared view of what the priorities and outcomes are, there are many different perspectives on what this all means in practice.
- The vision must be inclusive and resonate with all partners, residents and communities. Right now, it is not widely shared within or outside the system partners.

Partnership working

- It is essential to build on the foundations of collaboration to date to build a more equal and representative partnership at borough and neighbourhood level.
- Transitioning to delivery will challenge the ICP's ability to make collective decisions, which has yet to be fully tested. Organisational development is a missing component.

Co-production

- The ICP needs to build a shared approach to co-production, using assets that exist already in Hammersmith & Fulham.
- True co-production means working with all residents and communities through planning, delivery and assurance.

Delivery

- The ICP is moving in the right direction with some areas further ahead than others and a need to build momentum across all.
- The ICP needs a systematic, outcome focussed approach to identifying collective priorities in the short, medium to long term.

Infrastructure

- The ICP needs to ensure the delivery work is resourced correctly, and that it is making the best use of what is available.
- The ICP needs a systematic approach to using data and applying population health management.

4.6 The next workshop will be on 15 September and will be a session with system leaders to agree the future shape of the ICP and approach to partnership working. The workshop will focus on three key questions:

1. **What is the purpose of the H&F ICP?** (Overarching outcomes and priorities for partnership working);
2. **How do we work with our communities to create change?** (Ways of working to understand priorities, and design and deliver change with communities); and
3. **How do we create a shared identity?** (Enablers and barriers).

4.7 A verbal update will be provided to the board on the preliminary outcomes. Those unable to attend the workshop have been offered the opportunity to meet with PPL ahead of the workshop, either 1:1 or in small groups, to enable their perspectives to feed into the workshop discussions. PPL will also share the outcomes of the session with all invited for any further feedback.

5. Campaign updates

5.1 The campaigns have further developed since the last HWB. Initial priorities have now been established and the campaigns are now working on the structures required to deliver on those priorities. There are a number of sub- groups which will feed into the main campaign. There is also a weekly campaign managers meeting, chaired by the ICP programme manager, which is an opportunity for learning to be shared between the campaigns, actions that cut across multiple campaigns to be developed, and interdependencies to be monitored. The next stage will be to build on the initial scoping work done within the campaign meetings, as well as the wider work done by PPL, to deliver the tangible benefits.

6. Diabetes Campaign

6.1 Updates are as follows:

REWIND programme

- H&F referrals are exceeding target as a borough (342 referrals at 31.08.21 compared to a target of 73)
- Further work is required to identify variation in uptake across the borough.
- Review of practice allocations and utilisation of TDR (Total Diet Replacement)
- Ongoing targeted support for practices with low uptake of REWIND
- Supporting Pharmacists to set up Level 1 & REWIND clinics

Virtual Group Consultations (Type 2)

- A new element of the Enhanced Primary Care specifications for Diabetes Level 1 now includes a requirement to provide group consultations to support the management of our diabetic population.
- All Primary Care Networks (PCNs) have signed up to VGC Training and progressing with recruiting to VGC roles
- Fresh Start Study (VGC study) has commenced in Central PCN

Obesity & Diabetes

- Working with system partners (Public Health and Business Intelligence in particular) to identify and address wider health issues linked to diabetes. Work on addressing obesity has commenced as the first work stream under this. This will entail: Linking up people that are obese with LA commissioned services i.e., healthy lifestyle programs including healthy eating, cooking and nutrition and workshops. There is also a social prescribing aspect - art, creative activities and also mentoring and peer support. It will explore options to address digital poverty and access to subsidised gym membership.

Aims:

- Adults identified as being overweight or obese are given information about local lifestyle weight management programmes.
- Adults identified as overweight or obese, with comorbidities are offered a referral to a lifestyle weight management programme.
- Discussions with LBHF/PH colleagues to explore provision of subsidised/free gym membership and extending availability; exploring availability of health coaches and the replacement of Healthy Hearts with another service.
- Discussions with the LBHF/PH colleagues about the possibility of virtual gym/workshops for patients to access from their homes.
- The ICP recognises that the diabetes campaign can be quite medically orientated and therefore the inclusion and work with public health to maximise the prevention and well-being elements for the resident population is something progressing as part of the campaign

7. Frailty Campaign

- 7.1 The Frailty campaign is led by Dr Louise Cavanagh, GP and Sonia Berjon, community matron CLCH. It includes representatives from CCG, LBHF, primary care; provider organisations including CLCH, CIS, West London Health Trust, Imperial and the voluntary and community sector.
- 7.2 The campaign has identified the three main priority areas, listed below, and has established three sub- groups to focus on each of these areas:

Main priority identified

Work to be undertaken

Mapping of services around frailty in HF to establish what already exists in H&F and where the gaps are.	<ul style="list-style-type: none"> • Health, social care, voluntary sector and communities integration • Existing services, initiative and innovations • Mapping IT systems and how they could integrate better
Data (including relative and carer feedback) to inform baseline and help identify outcome measures,	<ul style="list-style-type: none"> • Unplanned admissions and A&E attendances, • measuring quality of life, role of life care-plan/CMC
Mental/Physical health interface in Frailty Integration.	<ul style="list-style-type: none"> • Early detection. • Dementia (diagnosis-coding- and services). • Mental health for older people.

Each of these sub- groups met up in August and are currently focusing on developing performance metrics. The wider campaign group will meet monthly and the sub - groups will report into this meeting.

8. Mental Health Campaign

- 8.1 The mental health campaign is led by Helen Mangan, Deputy Director of Local services at West London Trust. A core group has been established and includes representation from health, social care, voluntary sector and lay partners. The campaign has identified the three main priority areas below. It has mapped work which has already started or needs to be undertaken to support the priorities.

Main priority identified	Work to be undertaken
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Increase community offer and reduce the use of unscheduled care	<ul style="list-style-type: none"> • Readmission and frequent uses of unscheduled care project • MINT (Mental Health Integrated Network teams) fully operationalised; Integration with primary care and social care • Advance mental health equalities and working with communities to ensure that services meet local need • Expand local voluntary sector and mutual aid groups • Fully operationalise crisis alternatives • Asset mapping (service and community asset mapping) • Identify the strengths of the community/micro-communities/PCN
Reduction of out of area placements and spend	<ul style="list-style-type: none"> • Optimising the use of in-borough supported accommodation • Bolster reablement provision • Increase use of direct payments • Community mental health rehabilitation service to be fully operationalised • Development of complex emotional needs offer from West London Trust
Improving the physical health of people with mental health problems	<ul style="list-style-type: none"> • Annual physical health checks: Minimum requirement 60% of all patients on the Severe Mental Illness (SMI) register and the top 5% of the Common Mental Illness (CMI) register to have the full Physical Health Check • Devise a clear list of interventions available to address areas of need identified from the physical health checks • Undertake CLCH and West London Trust Case load audit to identify where there is overlap/duplication, where services can work together more effectively based on the principles that every contact counts.

8.2 To help inform the development of work in the ‘increase community offer and reduce the use of unscheduled care’ priority, a readmissions and high intensive user of unscheduled care review is being undertaken. This review involves analysis of data from WLT, CLCH and H&F LA to provide an accurate snapshot of readmissions and intensive user data across the H&F borough. Each organisation will conduct a deep dive of performance data on this particular cohort.

8.3 Twenty patients will be selected from each cohort for qualitative analysis of patient notes/ care journey. WLT will use the BPS Power Threat Meaning Framework to categorise themes and identify patterns of emotional distress. This qualitative section will be supported by input from experts-by-experience to help identify themes and verifying findings. The aim is for this work to be completed by the end of the year and will provide recommendations on how use of unscheduled care can be reduced.

9. Mental Health Children & Young People Sub-group

9.1 A children and young people’s sub- group of the mental health campaign has been established chaired by Helen Mangan. Three priorities have been identified:

- Pathway mapping. This will deliver; improved service user experience, easier system navigation for parents and professionals and clarity on the roles, responsibilities and assurance processes of all agencies across the different stages of the pathways;
- CAMHS transformation to deliver the requirements of the long- term plan, increased access and capacity. LTP target 35% of prevalence and treatment within 18 weeks; and
- 16-25 offer- this will focus on ensuring that mental health services for young adults meet the specific needs of this age-group and provide an effective transition between children’s and adult mental health services.

9.2 The campaign is currently developing draft metrics and identifying leads for each of the areas.

10. Health and Wellbeing Campaign

10.1 Drs Chad Hockey Nicola Lang co-chair the group. They have started to shape the work regarding addressing inequalities and connecting with communities in a real and meaningful way both to understand need, especially unmet need, but also to understand community assets, and how as an ICP we can build on the tremendous effort of communities and sustain this positive momentum and way of working. This means not focusing purely on their medical needs but taking a holistic approach.

10.2 There is a lot of enthusiasm and passion within the campaign. This work will also include a focus on how we can improve the system wide early intervention offer for children and young people with the first meeting scheduled for September 2021.

10.3 It should also be noted that there is additional support available both from the ICS and nationally for this population health management approach. Free to H&F ICP, targeted support is available to one neighbourhood per borough. The ICP will identify which neighbourhood this additional support will be offered to.

11. Engagement

11.1 The ICP recognises the importance of having a local focus to engagement to complement the work happening at ICS level. As detailed above, the ICP have engaged PPL who are helping to develop the ICP and provide additional capacity to support the development of our local engagement activities. The ICP programme manager and programme support have been working very closely with PPL and are working with partners to ensure that future engagement work builds on the work started by PPL.

12. Update from ICP engagement lead

12.1 The ICP is working with Sobus the Umbrella organisation for the Voluntary and Community Sector (VCS). Sobus are on the ICP Board and Operational Leadership group. They provide a regular update on the ICP at the monthly Providers of Older Peoples Services Forum which is well attended by VCS representatives. Plans are ongoing for a series of workshops at the end of September for the VCS to engage and further understand the work of the ICP and its partners. The workshops will

comprise of one main event with ICP Chairs speaking and presentation of the ICP's work to date and then smaller workshops pertaining to the campaign areas. This will ensure engagement is more reflective of the borough demographics and enable the VCS to have a real voice.

13. Children and Young People

13.1 Although all the campaigns are designated as “all ages” and so include children and young people, there are also some targeted pieces of work taking place which have a specific focus on children. As outlined above, there is a specific children and young people’s sub-group within the Mental Health Campaign, and the Health and Wellbeing Campaign are focusing on the needs of Children and Young People.

13.2 The children’s team are implementing a partnership board for children and young people’s services areas. Terms of reference are being finalised and dates will be set for the meetings shortly. To ensure the direct links to the ICP this group will be jointly chaired by Philippa Johnson the ICP Director and Linda Jackson from the adult social care team in the council.

13.3 In addition, the Youth Offending Team, (YOT), presented an update to the wider ICP Leadership Group. The presentation highlighted many of the challenges faced by people accessing the service and the opportunity for the ICP to develop an approach to supporting children and families much earlier and therefore taking a preventative approach. This was a good example of using the collective efforts of ICP partners to design new solutions and will be a test for the ICP. The YOT team will need to work with ICP partners to deliver tangible change.

14. CIS Task and Finish Group

14.1 During an Operational Leadership Meeting representative from CIS highlighted an issue with a mismatch of demand and capacity within the rehab service. This led to the establishment of a Task & Finish Group comprising of representatives from health (both community and acute), social care, patient representatives and voluntary sector. Several actions have been identified in an attempt to address the short-term pressure and to ensure the pathway is clear and efficient.

Key actions include:

- Waiting list review
- Pathway mapping
- Identification of additional funding if available
- Working with community MSK providers to offer alternative to CIS where appropriate
- Improving links between partners

14.2 The group will remain a stand-alone task and finish group while the immediate issue resolves but will have close links with the Frailty Campaign. This group was able to mobilise quickly and has been very well attended, so is a good example of the partnership working coming out of the ICP.

15. Dementia Strategy Development

- 15.1 The H&F Dementia Strategy Task and Finish Group (“Dementia Strategy Group”) initially convened in March 2020 as a group of stakeholders concerned as to the impact of Covid-19 lockdown restrictions on elderly residents with cognitive issues.
- 15.2 The Dementia Strategy Group has representation from H&F Dementia Action Alliance, the Alzheimer’s Society, For Brian CIC, Carers Network, Nubian Life, Elgin Day Centre, the Memory Clinic, H&F Council, H&F Clinical Commissioning Group, and the GP Federation.
- 15.3 The Dementia Strategy Group began by identifying the key issues in the H&F Dementia Care Pathway and focusing on sufficiency and quality of local services with the aim of ensuring the best life outcomes for people with dementia, their carers and families.
- 15.4 The Group gathered quantitative data available on dementia locally, regionally, and nationally, undertaken surveys with residents with dementia, their carers and families, stakeholders, and businesses, and reviewed where we are now and how we need to improve services and support in Hammersmith and Fulham to become a Dementia Friendly Community.
- 15.5 The data, surveys and co-production identified eleven local priorities:
1. Early and accurate diagnosis within clearly understood timeframes
 2. Clear accessible information about how to get services and support
 3. People affected by dementia must be treated with dignity and respect and be offered opportunities for good quality of life throughout their condition
 4. Good availability and choice of day services, short breaks, and overnight respite to support people with dementia, their families and carers
 5. Multi-disciplinary coordination between services with improved communication and cooperation between services and with people with dementia, their carers and families
 6. Continuation of support and care for people with dementia, their carers and families, including the sensitive planning and provision of end-of-life care
 7. Services must meet the real needs of people with dementia and their carers and families as opposed to assumed needs
 8. A network of peer-led support groups across H&F for the recently diagnosed, for families and carers, for people who have been living with dementia and for carers living with bereavement
 9. A range of dementia-specific and dementia-inclusive activities that give choice and control, reduce social isolation, and promote equality
 10. Ensure that the health and social care workforce meets core competencies around dementia and family carers are offered training to meet their needs and
 11. Hammersmith and Fulham to be a Dementia Friendly Community

15.6 It is proposed that a Hammersmith and Fulham Dementia Partnership Board will be established to oversee the recommendations contained within the Dementia Strategy which and to ensure that they are aligned to the priorities of the ICP and to the work of the individual Campaigns.

15.7 The Hammersmith and Fulham Dementia Strategy can be found here [\(to be added\)](#)