London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

Monday 18 April 2016
7.00 pm
Courtyard Room - Hammersmith Town Hall

MEMBERSHIP

Administration:	Opposition	Co-optees
Councillor Hannah Barlow Councillor Rory Vaughan (Chair) Councillor Natalia Perez	Councillor Andrew Brown Councillor Joe Carlebach	Patrick McVeigh, Action on Disability Bryan Naylor, Age UK Debbie Domb, HAFCAC

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Date Issued: 08 April 2016

London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Agenda

18 April 2016

Item		Pages
1.	**MINUTES OF THE PREVIOUS MEETING HELD ON 14 MARCH 2016**	1 - 9
	(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on	
	(b) To note the outstanding actions.	
2.	**APOLOGIES FOR ABSENCE**	
3.	**DECLARATION OF INTEREST**	

If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.

At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.

Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.

Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.

4.	**UPDATE ON CO-PRODUCTION IN COMMISSIONING**	10 - 16

The report produced by SOBUS on behalf of stakeholders provides information on the development of co-production in commissioning and outlines the next steps in the development of a Co-production Charter.

5. ACCESS TO GP SERVICES 17 - 34

This report provides an update on the following areas:

- Patient experience of booking a GP appointment
- GP access arrangements – Extended Hours
- Services commissioned from GP Practices
- Practice locations and detail in relation to GP workforce numbers in Hammersmith and Fulham.

It also provides information on other areas that can impact the availability of GP services to patients, in order to provide Committee members with a full overview of GP access arrangements in Hammersmith and Fulham.

6. LEARNING POINTS FROM THE FLU SEASON 2015-16 35 - 44

This report aims to describe the flu immunisation performance in Hammersmith and Fulham and highlights some successes and key actions and learning points for next season.

7. SOCIAL INCLUSION AND LONELINESS IN THE BOROUGH 45 - 55

This report highlights the issue of Social Inclusion and loneliness in the borough.

8. WORK PROGRAMME 56 - 57

The Committee is asked to consider its work programme for the remainder of the municipal year.

9. DATES OF FUTURE MEETINGS

The dates of the future meetings are 14 June 2016, 12 July 2016 and 12 Sept 2016.

London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minutes

Monday 14 March 2016

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Hannah Barlow, Natalia Perez, Andrew Brown and Joe Carlebach

Co-opted members: Patrick McVeigh (Action on Disability) and Debbie Domb (HAFCAC)

Other Councillors: Stephen Cowan, Sue Fennimore, Sharon Holder and Vivienne Lukey

Officers: Liz Bruce, Executive Director of Adult Social Care and Health

Other Attendees: Clare Parker, Chief Officer, H&F CCG and SRO, SaHF, Dr Tim Spicer, Chair, H&F CCG and Medical Director, SaHF, Dr Mark Spencer, Medical Director, SaHF, Tracey Batten, Chief Executive, Imperial College Healthcare NHS Trust and Dr Julian Redhead, Medical Director, Imperial College Healthcare NHS Trust

53. MINUTES OF THE PREVIOUS MEETINGS

RESOLVED

i. The minutes of the meeting held on 19 January 2016 were approved as an accurate record and signed by the Chair Councillor Rory Vaughan.

ii. The minutes of the meeting held on 2 February 2016 were approved with the following amendment, which was proposed by Councillor Hannah Brown and seconded by the Chair. That the resolution under item 49 now read 'That the Committee welcomed the budget proposals and thanked officers for all their hard work'.

iii. The Chair welcomed Tara Flood and announced her appointment as the Chair of a new resident-led commission on disability. The Disability Commission will look not only at local services but also at national and regional policies that are impacting on the lives of disabled residents of Hammersmith and Fulham. The Committee agreed to the establishment of the commission as its sub-committee.

54. APOLOGIES FOR ABSENCE

Apologies for absence were received from Bryan Naylor, Age UK.

55. DECLARATION OF INTEREST

Councillor Joe Carlebach declared an other significant interest in all items on the agenda as the Vice Chair of the Royal National Orthopaedic Hospital Trust, Stanmore.

56. UPDATE ON FUTURE PLANS FOR CHARING CROSS HOSPITAL AND THE IMPERIAL COLLEGE HEALTHCARE NHS TRUST AND THE CCG'S RESPONSE TO THE MANSFIELD INQUIRY

Clare Parker, Tracey Batten and Dr Mark Spencer gave a presentation covering Shaping a Healthier Future (SaHF) - programme recap and patient benefits to date, the Imperial College Healthcare NHS Trust's clinical strategy, site strategy and estates redevelopment plans, and the Charing Cross local hospital – the vision, the goals, next steps, ongoing engagement and the priorities for the next two years. The presentation was provided in full in the supplementary agenda.

Dr Mark Spencer in response to questions from Councillor Brown stated that the North West London CCG felt the Mansfield report was unhelpful. It did not offer any new clinical or financial evidence that they were not already aware of. They believed strongly that the SaHF strategy was the best way forward to improve and provide high quality patient care and maintain access for all the population. The CCG welcomed recommendations related to additional funding of social services, better advice to Healthwatch and patient groups, and better investment in primary care. Councillor Brown noted that reconsulting, reengaging, and speaking to local residents and the local authority was a key issue raised at the last meeting but not yet addressed. Taking another a look at the demographics which had now changed significantly since the original plan was proposed was a priority. The population density will grow over the next 20 years therefore demands on health care will also significantly increase.

Clare Parker noted that the population information used during the consultation included actual population. The numbers have been consistent

with population projections made at that time. She explained that they were updating the implementation business case to recognise the changes in demographics and a number of new development within the local area.

The population projections seen would not require an increase in the number of existing major hospitals. However there will be a need for additional primary care and hub capacity in relation to Old Oak Common. They would be using those population assumptions to update future acute bed and non acute bed requirements.

She also stated that in terms of capital funding they were in discussions with NHS England and were in the process of submitting an implementation business case which they aimed to have completed by summer 2016. Regarding capital funding, the current figures were between £785 to £985 million. The figures considered in February 2013, at the pre consultation stage, was £535 million. The key changes were due to inflation, contingencies and additional cost associated with extended models resulting from local engagement with the public. This amount would be spread over the construction period. Tracey Batten estimated that 50% of the budget relates to the costs of Imperial College Healthcare NHS Trust.

In response to a question from Debbie Domb, Clare Parker stated that she would report back to the Committee on how CAMHS fitted into the 24 hour access points for mental health. Dr Tim Spicer confirmed that the initial phone line was for adults. There was no reason why it could not be extended to young people with some extra investment to extend capacity and reduce waiting time. Dr Julian Redhead reported that the Imperial College Healthcare NHS Trust was part of a national programme called the 100,000 Genome Project. Research into specific cancer and rare diseases are part of the project. Patients would be able to access the project through their GPs.

ACTION - Clare Parker

Councillor Perez expressed concern that there would not be enough time for a meaningful consultation to take place on the new business case. Dr Mark Spencer stated that there was no substantial change to the programme. Therefore, they felt it was not necessary to undertake a full scale consultation. There would be ongoing engagement on parts of the programme as directed by the Secretary of State. He added that this was because the new business case was for capital expenditure. The issues of services and approach had already been consulted upon in the decision making business case. Clare Parker stated that they were not able to elaborate on the details of the new business case at present. She also confirmed that this was the third business case and that they had initially started off with a pre-consultation business case and then progressed to a decision making business case and were now working on their implementation business case. She recognised that there was more that they could do in terms of communication and engagement with the public and the local authority and wants to build on this going forward.

ACTION - Clare Parker

Councillor Carlebach noted that it was not only the capital funding but the running costs and depreciation which were required to ensure the affordability of the programme. The Committee was informed that specialist commissioning rates had not yet been finalised. Therefore many NHS Trusts, including Imperial College Healthcare NHS Trust, were on a 2015/16 default roll over tariff. Finance directors were working on financial modelling and income assumptions to develop a budget. Negotiations were on-going with the aim for all specialist commissioning contracts to be signed off by the end of March 2016 for approval by the Imperial College Healthcare NHS Trust Board in April.

Councillor Carlebach expressed concern regarding paediatric services in the area particularly that parents could not access the 7 days a week service at Parsons Green. Dr Tim Spicer agreed to report back to the Committee on the issue. He noted that there are opportunities to build on and enhance the services provided at Charing Cross Hospital.

ACTION - Dr Tim Spicer

In response to a question from Councillor Barlow on governance arrangements, Clare Parker stated that since April 2013 decision making sat with the eight Clinical Commissioning Groups in NW London. In practice, the CCGs have delegated to one CCG the decision making for each of the changes. For instance, the other CCGs delegated decision making to Hammersmith CCG on the Hammersmith A&E closure. Dr Mark Spencer also confirmed that a working group was looking at the design and implication of the accident and emergency provision at Charing Cross hospital.

Councillor Holder requested a summary of the details of what was in the business case i.e. decision making business case and implementation business case. Clare Parker stated that the decision making business case is in the public domain considered by the joint committee of PCTs in 2013. The first business case produced was the pre consultation business case which went out for public consultation. The decision making businesses case was updated following the consultation. This sets out the proposed configuration of services, the overall clinical strategy and estate strategy. The implementation business case focuses on finance - capital and revenue requirements to proceed with the estate strategy. She could not share numbers because the finances of the Trusts have deteriorated. They will have to revise and update the revenue assumptions and capital requirements and rewrite the business case.

In response to further Member questions, Clare Parker also stated that the strategic planning group and the Health and Wellbeing Board were looking into the sustainability footprint. The CCG is following the decision that had been taken by the Secretary of State in October 2013 on changes to NHS services in North West London.

Councillor Lukey reiterated her comments expressed when the Committee last received a presentation from the CCG and Imperial College Healthcare NHS Trust. She noted that some new services were being developed in the borough and there have been some positive developments to improve service at GP level. She recognised the good joint work between Adult Social Care

led by Liz Bruce and the Imperial College Healthcare NHS Trust and the CCG particularly in dealing with winter pressures. Unfortunately, there had been an amazing increase of 13 percent activity level at Charing Cross A&E.

She noted that she had not seen the response to the local review panel and a suggestion by Jeremy Hunt that there would be engagement and discussion around what the A&E might look like, what it would provide, and what a local hospital might have. She stated that there had been no secret meetings between the administration and the NHS about what a local hospital might look like. She was of the view that the Keogh report just seemed to stop every time there was an election was looming.

She expressed her disappointment that there was no real community engagement about what our local hospital services might look like. She expressed the view that the changes seem to be driven by finance. The business plan had to be tailored to meet the budget. She expressed her disappointment that the paper before the Committee scarcely mentioned hospital bed numbers. She asked for response to her question - what was the current thinking about the number of beds that would be provided at Charing Cross Hospital?

Clare Parker responded that in early 2014 they had engaged with the local population and that there had since been further developments within the NHS. She recognised it was long since the original engagement. The NHS are keen to kick start that engagement. She stated that the plan had to be financially sustainable.

ACTION - Clare Parker

The Leader of the Council, Councillor Cowan asked about the number of proposed rehabilitation and acute beds for the new local hospital at Charing Cross. Dr Tim Spicer confirmed that there were no set numbers at present. The task was to create a balanced base across North West London to meet the needs of population.

Councillor Cowan commented that it was five years since the project had started and that it was originally intended to be a five year plan. He added that there are high levels of patient complaints in NW London and that doctors are discontented with the NHS's plans. He asked why things were taking so long. Dr Tim Spicer stated that it is now a revised plan as well as a dynamic situation and a complex task.

Councillor Cowan commented that it looked chaotic and not sensible to cut acute beds. In response Dr Tracey Batten stated that the financial environment for 2015/16 was tough. The Trust was no longer receiving Project Diamond funding in 2015/16 to reflect the complexity of much of its specialist work. The Trust's financial plan was for an £18.5 million shortfall for 2015/16, but it was now forecasting an estimated £30 million end of year deficit.

She added that there was an increase in activity on admissions as well as a restructure across the NHS Trust and that the future for 2016/17 looked very challenging. The number of beds overall in NW London had increased due to

additional rehabilitation services. She clarified that the Imperial College Healthcare NHS Trust was only a part of that figure and that the final numbers of beds had not yet been finalised.

Councillor Cowan asked how the increase in population would impact on the capability of the proposed five major hospitals. Clare Parker stated that they had taken account of population projections in their thinking. She added that different elements of service provision would be impacted in different ways and in the Primary Care services. She concluded that there were some elements of population projections that were uncertain and levels of detail that were currently unknown. Dr Mark Spencer stated that research from the Royal Colleges and current working practices across the country demonstrated that a major hospital had the capacity to provide for a population of about 500,000 and that, taking into account the population projections for NW London, the proposal did provide appropriate capacity for the future population of the region.

Councillor Cowan expressed concern at the need for information to be shared better. He criticised the level of detail and reiterated his request for more information and detail to be provided. He added that he was not confident of the capability of the NHS and CCG to lead such a major transition especially given the level of conflicting information and the financially chaotic situation they were in and considering the potential detriment to the population. Clare Parker stated that a number of comments in the Mansfield Inquiry report were assertions which had not come from them.

Councillor Carlebach asked whether the estimate of required beds at Charing Cross had taken account of the provision of specific beds and commuter beds that provide for a wider catchment area than NW London. Clare Parker agreed to report back on these points.

ACTION - Clare Parker

In response to a question from a resident about ambulance service performance times Dr Mark Spencer stated that their modelling had been very accurate in terms of performance times from when the ambulance had arrived but that they had not modelled waiting times for ambulances. Another resident asked about the response to the Mansfield report and complained about the lack of detail in the response from the CCG. He also stated that he had no confidence that residents would be consulted properly on any of the issues. He also felt that there was a lack of honesty and transparency.

Another resident expressed disappointment at the lack of clinical evidence that had been provided in support of the SaHF programme proposals. Dr Mark Spencer agreed to share the relevant papers.

ACTION - Dr Mark Spencer

Clare Parker confirmed that the Welbourn review of the organisation and governance of SaHF had cost around £50,000 in response to a question from a resident. She also confirmed that clearly the Mansfield report felt there was more they could do to improve the governance of SaHF.

Dr Tim Spicer added that when the initial planning for Charing Cross was complete in the autumn they will set out their future engagement plans. In

response to another resident question he also stated that healthcare can be better delivered through a differentiated approach that recognises the needs of different population groups, and that it is expected there would be a consultant based at Charing Cross accident and emergency who would deal with particular issues such as frailty. The issue of who would be transported where to receive treatment was undecided.

A resident proposed that every household in the Borough be involved in a proper consultation and that the truth be told as she feared in the future good care provision would not be there. She added that it was an inappropriate description of urgent care for people to have to diagnose themselves. Dr Tim Spicer stated that there would be cases where facilities would not be on site and that patients would be stabilised in those situations.

The Chair, Councillor Vaughan, asked what would happen if the business case were to be rejected by the Treasury or the NHS. Clare Parker stated that their strategy was clear which was more care out of hospital and that they were confident of getting the capital needed. She also confirmed that level of future engagement would depend upon the level of difference between the final plans for Charing Cross and the changes we previously consulted on.

In summing up Councillor Vaughan stated that there was deep scepticism and opposition to the plans over a number of strands. That there should be an in-depth consultation for the new business case at the earliest opportunity and communication in more detail confirming the shape of the changes and proposals for accident and emergency. He added that he highlighted that a good point was raised by a resident that every household should be consulted and informed. He also clarified that there had been a financial escalation of costs and wondered what the plan would actually be. He requested that they come back with figures on hospital capacity and figures for rehabilitation and acute beds across the Borough.

ACTION - Clare Parker

Councillor Cowan concluded the discussion stating that it was a disappointing paper which had been many months in the waiting. That it was almost an insult and bordering on ridiculous. He added that the lack of clinical evidence only led to a complete lack of clarity. He went on to say that there was no public backing for the proposals and concern that they would be putting healthcare at risk in NW London. His final comment was that he did not think the CCG should be invited back until they could provide what had been requested and it was simply not good enough.

RESOLVED

1. The Committee requested that the CCG provide clinical evidence to support their plans for five major hospitals.

2. The Committee requested that there be an in-depth consultation on the new business case at the earliest opportunity involving each household in the Borough.

3. The Committee requested more detail on the shape of the changes and proposals for Charing Cross accident and emergency.

4. The Committee requested the CCG provide information on CAMHS, Paediatric services, details of the financial contingency and the proposed numbers and types of hospital beds across the Borough.

57. UPDATE ON CO-PRODUCTION IN COMMISSIONING

Councillor Vaughan stated that this item would be postponed until a future date could be arranged as the representative from Sobus had to leave.

RESOLVED

The Committee requested the report come back to a later meeting.

Councillor Fennimore commented that it was exciting work and she looks forward to it coming back to the Committee. She also updated everyone on the opening of the White City food bank which had taken place earlier in the day.

58. WORK PROGRAMME

The Chair reminded Members to consider the remaining work programme for this year. Councillor Brown suggested that Antibiotic prescriptions was an interesting topic for a future meeting.

59. DATES OF FUTURE MEETINGS

The dates of the future meetings are 18 April 2016, 14 June 2016, 12 July 2016 and 12 Sept 2016

60. ANY OTHER BUSINESS

Councillor Carlebach expressed best wishes on behalf of the Committee to Sue Perrin and James Reilly.

Councillor Holder reminded Members of the Neighbourhood forum taking place this Wednesday.

Councillor Lukey updated the Committee that the Salvation Army had decided not to put their property on the market and to continue with their provision which was excellent news for the Borough's residents.

Meeting started: 7.00 pm
Meeting ended: 9.50 pm

Chair .....

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	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **18th April 2016**
Update on co-production in commissioning	
Report of the Executive Director for Adult Social Care and Health – Liz Bruce	
Open Report	
Classification - For Scrutiny Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Liz Bruce, Executive Director for Adult Social Care and Health	
Report Author: Paul Rackham, Head of Community Commissioning for Adult Social Care	**Contact Details:** Tel: 020 7361 2408 E-mail: paul.rackham@rbkc.gov.uk

1. EXECUTIVE SUMMARY

1.1. There is a manifesto commitment to greater involvement of local voluntary and community sector organisations to identify and solve problems.

1.2. The attached report, produced by SOBUS on behalf of stakeholders, provides information on the development of co-production in commissioning and outlines the next steps in the development of a Co-production Charter.

2. RECOMMENDATIONS

2.1 The Committee is asked to note the work led by SOBUS on developing the local approach to co-production in commissioning and the background information provided. The Committee is also asked to comment on the plans to further develop the Charter.

3. INTRODUCTION AND BACKGROUND

3.1 Involvement of residents and voluntary and community sector organisations is a key manifesto commitment. This report provides an update on the approach led by SOBUS, representatives of voluntary and community sector organisations and officers representing the Council and the Clinical Commissioning Group.

3.2 The report highlights the importance of understanding the language and process of co-production in order that those involved have a shared sense of purpose and clarity around any constraints.

3.3 Workshops have been held to identify priority areas for co-production and to help develop the Charter. Further work is planned to develop the Charter and to provide a report on lessons learned from the co-production pilots in services for carers and in supported employment.

3.4 Based on the lessons learned and further feedback from stakeholders, a final version of the Charter will be produced.

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

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.			

*[**Note:** Please list only those that are not already in the public domain, i.e. you do not need to include Government publications, previous public reports etc.] Do not list exempt documents. Background Papers must be retained for public inspection for four years after the date of the meeting.*

sobus
strengthening communities

Co-production in Hammersmith and Fulham

Executive Summary

Our collective vision is to radically transform the process via which services are designed and delivered locally; co-production is at the centre of this vision.

Co-production is a framework for design and delivery of services for stakeholders, which is person centred and therefore starts with residents not services or departments.

Co-production is a way of fully involving residents in decision making and a way of devolving power which enables the council to fulfil its manifesto commitments.

The co-production work and this report came out of the Leaders of the Voluntary and Community Sector meetings. Specifically, the need to find a new and more intelligent way to design, procure and delivery services in the light of reducing financial resources from central government.

The work has been supported by Cllrs Lukey, Fennimore, MacMillan and Coleman during its development and in ensuring that is discussed and debated within the council.

This paper is a summary paper with a background to co-production, the evidence of where it has been successful, how it has been applied locally and what the next steps area.

This report and the co-production work has been co-produced and had input from local residents, local organisations, council officers and CCG officers.

A full report will be brought to the council in later this year which will:

- Identify lessons learned
- Further demonstrate the benefits to the council and other stakeholders
- Provide recommendations for implementation

Background

The New Economics Foundation (NEF) working definition of Co-production is *"A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities".*

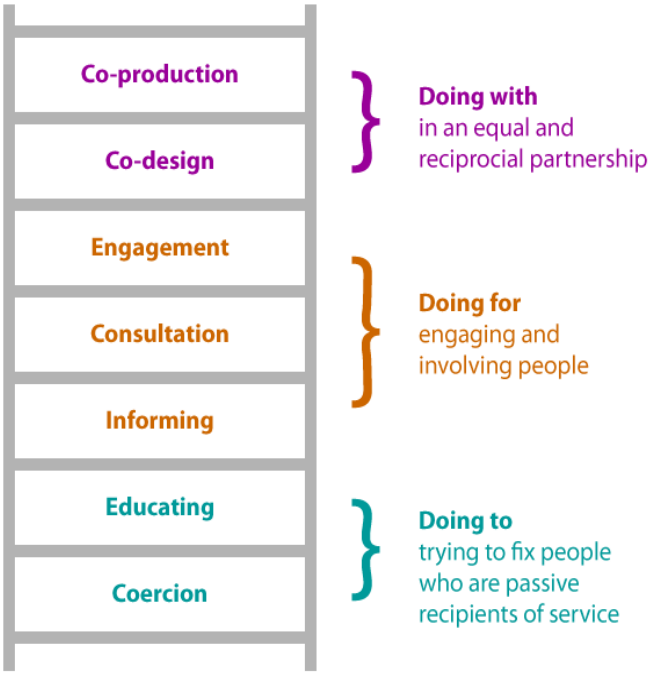
		Responsibility for design of services		
		Professionals as sole service planner	Professionals and service users/ community as co-planners	No professional input into service planning
Responsibility for delivery of services	Professionals as sole service deliverers	Traditional professional service provision	Professional service provision but users/communities involved in planning and design	Professionals as sole service deliverers
	Professionals and users/communities as co-deliverers	User co-delivery of professionally designed services	Full co-production	User/community delivery of services with little formal/ professional
	Users/communities as sole deliverers	User/community delivery of professionally planned services	User/community delivery of co-planned or co-designed services	Self-organised community provision

There are six principles which are the foundation stones of co-production. Co-production in practice will involve alignment with all of these principles, and they are all underpinned by similar values.

1. Transforming the perception of people, so that they are seen as equal partners in designing and delivering services - not as passive recipients of services and burdens on the system. (Asset based approach)
2. Altering the delivery model of public services from a deficit approach to one that provides opportunities to recognise and grow people's capabilities and actively support them to put these to use at an individual and community level. (Building on people's existing capabilities.)
3. Offering people a range of incentives to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities and expectations. (Reciprocity and mutuality)
4. Engaging peer and personal networks alongside professionals as the best way of transferring knowledge. (Peer support networks)
5. Removing the distinction between professionals and recipients, and between producers and consumers of services, by reconfiguring the way services are developed and delivered. (Blurring distinctions)
6. Enabling public service agencies to become catalysts and facilitators rather than being the main providers themselves. (Facilitating rather than delivering)

Evidence

Public Services Inside Out examines public services which are designed and delivered by the professionals who run them and people who use them. This 'co-production' approach is more effective at getting the public what they want out of public services and at a reduced cost compared to conventional top-down approaches.



For example, Scallywags in Bethnal Green, London is a childcare provision which involves parents and staff working together. It costs just £2.50 an hour, significantly lower than comparable childcare provision. In addition to making it affordable for parents to go to work, the children benefit from having their parents involved in their education.

Jonathan Kestenbaum, Chief Executive of NESTA, says: *'The public is desperate to get involved in solving issues that affect them. Co-production offers people who have a strong sense of what's needed on the ground the chance to act'.*

Local context

In mid 2015 Sobus organized a Leaders of the Voluntary and Community Sector (VCS) meeting. The meeting was attended by leaders of the VCS, Cllr's Lukey, Fennimore and MacMillan and council officers. Everyone present recognised that due to previous funding cuts it was not going to be possible to apply further cuts to services without making them ineffective, unviable or potential dangerous. Therefore to be able to respond to future funding cuts a radical new way of working was going to be required where the starting point was no longer how much is currently spent on a service and how much needed to be saved but what is the need and how do we meet that need with the range of resources that all stakeholders have available to it.

Since then Sobus has been working with a range of partners including H&F Mind, Desta, H&F CAB, a local resident, H&F CCG and LBHF Adult Social Care Commissioners. The partnership working of the group has taken a lot of time and effort and has meant that 2 events were successfully run in September and October 2015. The events were attended by 50+ and 65+ people respectively and were made up of residents, service users, organisations and officers of the council and CCG. At the events we discussed what co-production was, how it works and applied it to developing a draft charter and selecting two services to apply the principles of co-production in pilots. Those pilots were democratically selected through a vote by everyone present which means that all stakeholders have bought in to the process and working in a co-productive way. So far we estimate that the partners have invested £22,000 of pro bono time to get the work to this stage of development.

The two services selected for the co-production pilots were Carers Services and Supported Employment Service. Feedback from the co-production work so far has been very positive with services users, providers and commissioners expressing that the co-production work has enabled fresh thinking on how to address the needs of local residents. The outcome of this work, so far is that we have been able to gain the genuine commitment of residents, commissioners and providers to work together to redesign Supported Employment Services and Carers Services. Since the two initial pilots were selected Sobus has also been appointed to use a co-production approach with Children's and Families' Universal Service.

To ensure that there is a common structure to the process a draft charter has been developed based on national and regional best practice and local experience.

Charter and its purpose:

A charter has been drafted that provides a clear framework in which partners can have a shared confidence in how their commitments, actions and behaviours can achieve joint objectives. It enables consistency for different groups that are using it across the borough. Partners can use the charter to hold each other to account based on what is included in the charter and its overarching principles.

The charter has key areas including:

- Vision for Co-production Partnership
- Principles of Co-production
- Co-production Group Membership
- Behaviours & Ways of Working
- Governance
- Inventory of key information
    - Resources – financial and non financial
    - Timescales
    - Decision making powers
    - Decision making process
    - Membership
    - Legal requirements eg Care Act

The charter is currently in its third iteration and when it has been further developed based on the pilots that are taking place and work with the Youth Partnership it will be presented as a final draft.

We propose bringing the final draft and recommendations to LBHF and H&F CCG to approve the charter and the principles of co-production as the way services are redesigned, procured and delivered in Hammersmith and Fulham.

Next steps

- There will be discussions between all stakeholders about the benefits of this approach and how it can be included in governance and resourced within existing resources.
- From the pilots a report will be written by September 2016 with recommendations which, may include:
    - Co-production best practice written into a charter
    - Allowing enough time for co-production to be succesful
    - Training and mentoring for those involved in co-production including residents, VCS, commissioners and councillors
    - Changes to procurement process like questions in Invitations to Tenders which are developed with service users to ensure what is establised as most important is prioritised in the procurement process
    - Changes to governance structures to ensure co-production is given the same level of importance as Equalities, Business and Risk.
    - All stakeholders including VCS, residents, council and CCG sign up to the co-production charter.

London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY & ACCOUNTABILITY COMMITTEE** 18th April 2016	
TITLE OF REPORT: Access to GP Services	
Report of the Executive Director of Adult Social Care and Health	
Open Report	
Classification - For Information **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Janet Cree, Managing Director, Hammersmith and Fulham CCG and Julie Sands, Head of Primary Care, NW London, NHS England	
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APPENDICES

APPENDIX 1 – GP PRACTICE MAP

APPENDIX 2 – PRIMARY CARE AND COMMUNITY CARE ESTATE IN HAMMERSMITH AND FULHAM

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1. EXECUTIVE SUMMARY

1.1. This report provides an update on the following areas:

- Patient experience of booking a GP appointment
- GP access arrangements – Extended Hours
- Services commissioned from GP Practices
- Practice locations and detail in relation to GP workforce numbers in Hammersmith and Fulham.

This report also provides information on other areas that can impact the availability of GP services to patients, in order to provide Committee members with a full overview of GP access arrangements in Hammersmith and Fulham.

2. PATIENT EXPERIENCE IN BOOKING AN APPOINTMENT

2.1 Patient Satisfaction Data - London wide analysis

The graphs below show that patient satisfaction with experience of making an appointment and ability to get through on the phone in London's boroughs varies significantly. Hammersmith and Fulham is **above London average** in terms of overall experience of making an appointment and is in the **upper quartile of London CCGs** in terms of ease of getting through on the phone.

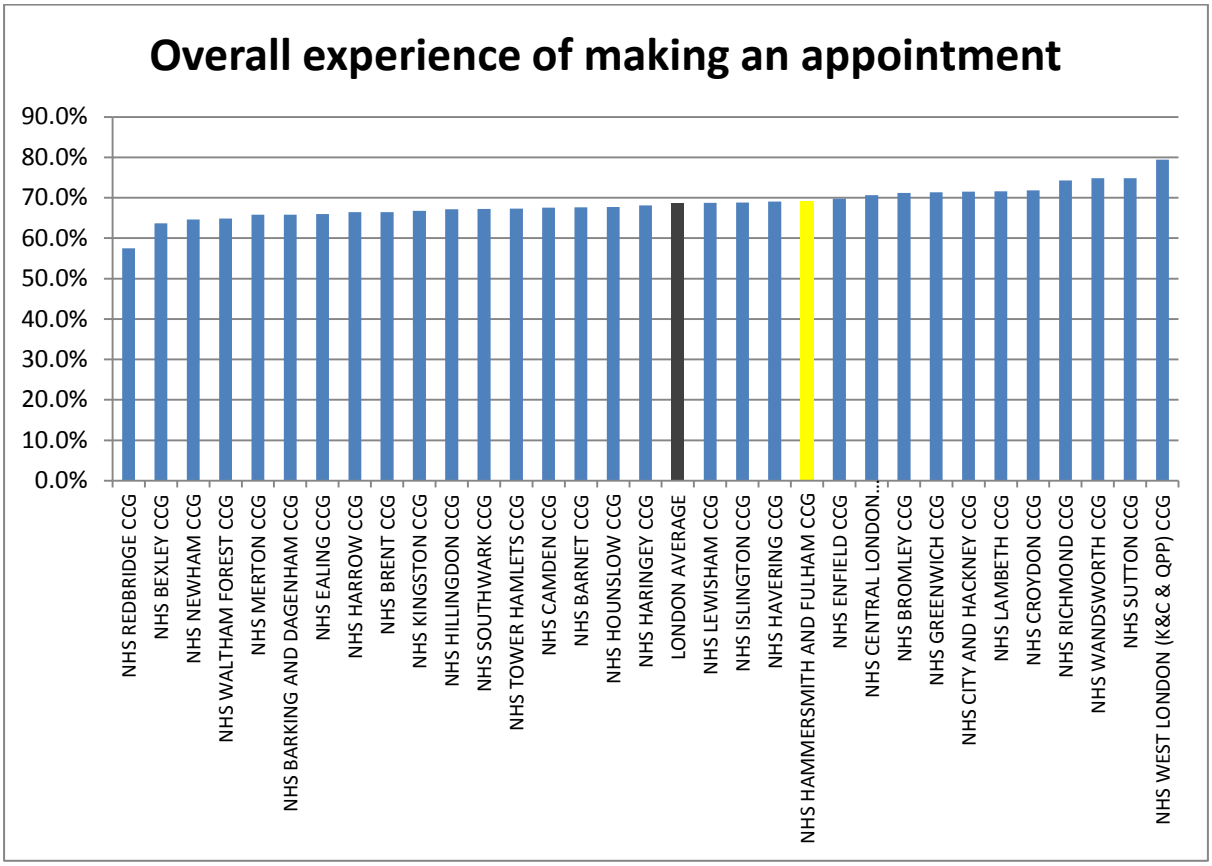


Table 1 –*Overall experience of making an appointment - Source GP Patient Survey Jan 2016*

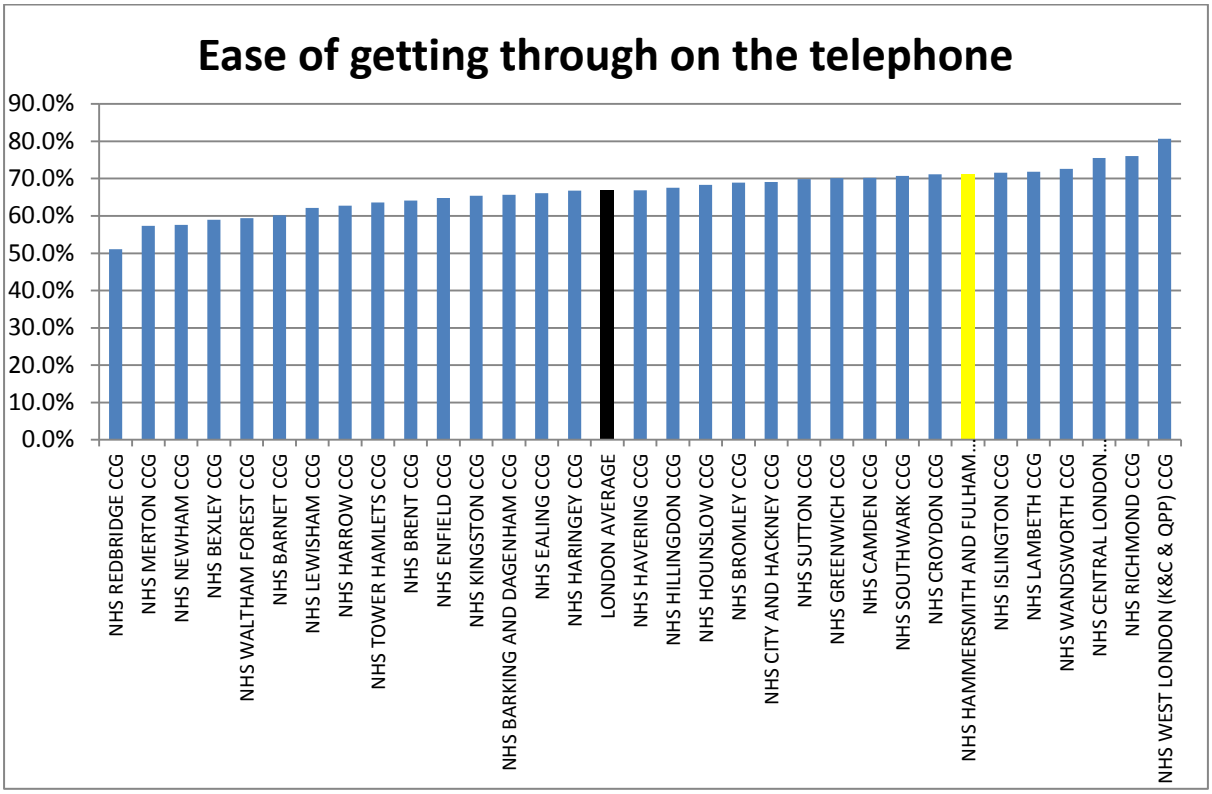


Table 2 –*Ease of getting through on the phone - Source GP Patient Survey Jan 2016*

Table 3 below shows patient satisfaction in Hammersmith and Fulham relative to other London CCGs across key metrics.

Above London Average
Below London Average

CCG NAME	GP Patient Survey Measures							
	Overall experience of making an appointment	Ease of getting through on the telephone	Aware of online services offered	Convenience of appointments	Able to get an appointment or speak to clinician on the same day	See preferred GP always, almost always or a lot of the time	Satisfaction with opening hours: positive	Proportion who would recommend their GP surgery
NHS REDBRIDGE CCG	57.5%	51.1%	32.0%	84.7%	34.7%	51.1%	69.4%	63.9%
NHS BEXLEY CCG	63.6%	59.0%	32.2%	89.4%	31.4%	54.2%	70.2%	68.9%
NHS NEWHAM CCG	64.6%	57.6%	25.7%	85.2%	32.3%	48.4%	74.1%	66.6%
NHS WALTHAM FOREST CCG	64.9%	59.4%	16.7%	86.7%	32.0%	48.8%	71.8%	68.0%
NHS MERTON CCG	65.8%	57.4%	24.7%	88.1%	39.1%	49.7%	69.6%	71.2%
NHS BARKING AND DAGENHAM CCG	65.8%	65.7%	19.5%	87.3%	24.8%	50.9%	73.4%	66.3%
NHS EALING CCG	66.0%	66.1%	24.3%	86.9%	30.8%	52.6%	70.8%	69.0%
NHS HARROW CCG	66.4%	62.7%	42.4%	87.6%	34.5%	49.8%	72.8%	70.8%
NHS BRENT CCG	66.5%	64.1%	26.4%	87.2%	31.6%	51.0%	71.1%	68.5%
NHS KINGSTON CCG	66.7%	65.4%	34.0%	90.3%	40.9%	55.9%	70.9%	74.9%
NHS HILLINGDON CCG	67.2%	67.6%	31.1%	87.6%	28.8%	54.9%	68.6%	69.7%
NHS SOUTHWARK CCG	67.3%	70.8%	25.7%	86.6%	30.4%	53.4%	74.5%	72.7%
NHS TOWER HAMLETS CCG	67.4%	63.6%	35.2%	88.0%	25.9%	54.1%	76.9%	71.8%
NHS CAMDEN CCG	67.6%	70.2%	36.5%	86.1%	31.9%	49.8%	69.1%	74.8%
NHS BARNET CCG	67.7%	60.1%	34.1%	89.8%	40.2%	55.2%	68.7%	73.6%
NHS HOUNSLOW CCG	67.7%	68.4%	31.0%	88.1%	28.5%	55.0%	73.6%	71.8%
NHS HARINGEY CCG	68.1%	66.7%	28.2%	88.6%	30.0%	53.4%	70.3%	70.8%
NHS LEWISHAM CCG	68.8%	62.2%	37.8%	90.2%	40.2%	49.9%	73.7%	76.2%
NHS ISLINGTON CCG	68.8%	71.6%	25.3%	87.4%	33.3%	52.9%	67.0%	74.0%
NHS HAVERING CCG	69.0%	66.9%	24.0%	90.6%	25.3%	61.8%	69.5%	70.3%
NHS HAMMERSMITH AND FULHAM CCG	69.1%	71.3%	32.9%	88.7%	27.4%	55.0%	75.9%	77.6%
NHS ENFIELD CCG	69.8%	64.8%	19.9%	89.2%	34.6%	52.8%	74.3%	72.1%
NHS CENTRAL LONDON (WESTMINSTER) CCG	70.6%	75.6%	25.7%	87.4%	29.5%	57.5%	74.6%	72.7%
NHS BROMLEY CCG	71.2%	68.9%	37.6%	90.9%	32.1%	56.7%	70.8%	75.2%
NHS GREENWICH CCG	71.4%	70.1%	20.2%	88.6%	28.6%	57.3%	74.4%	73.7%
NHS CITY AND HACKNEY CCG	71.5%	69.1%	23.7%	88.1%	36.7%	54.3%	77.8%	76.1%
NHS LAMBETH CCG	71.6%	71.8%	36.7%	90.1%	36.8%	53.7%	76.7%	77.2%
NHS CROYDON CCG	71.8%	71.2%	32.9%	90.7%	35.5%	53.8%	75.6%	73.7%
NHS RICHMOND CCG	74.3%	76.0%	35.1%	91.0%	34.2%	59.9%	69.5%	81.0%
NHS WANDSWORTH CCG	74.8%	72.6%	42.9%	91.0%	31.2%	54.6%	79.7%	81.7%
NHS SUTTON CCG	74.8%	69.9%	30.5%	92.4%	40.2%	62.4%	74.7%	78.7%
NHS WEST LONDON (K&C & QPP) CCG	79.5%	80.7%	25.2%	90.8%	29.6%	64.7%	79.1%	80.1%
London Average	**68.7%**	**66.8%**	**29.7%**	**88.6%**	**32.6%**	**54.2%**	**72.8%**	**72.9%**

Table 3: ***Patient satisfaction in Hammersmith and Fulham relative to other London CCGs across key metrics.***

2.2 Hammersmith and Fulham CCG performance

Of the eight indicators in the table above, Hammersmith and Fulham is **above the London average** for all with the exception of same day access. The expansion of extended hours ("Weekend Plus" service) within the borough frees up **15,720 additional** GP appointments and we therefore expect to see a positive impact in the results of the next survey.

2.3. Patient satisfaction with opening hours

Hammersmith and Fulham patient satisfaction with opening hours is once again **above London average**. Generally patient views as expressed in the GP Patient Survey (see Table 4 below) strongly prioritise Saturday and evening opening and this is also the case in Hammersmith and Fulham.

Section 3 of the paper describes the extended hours provision across the borough.

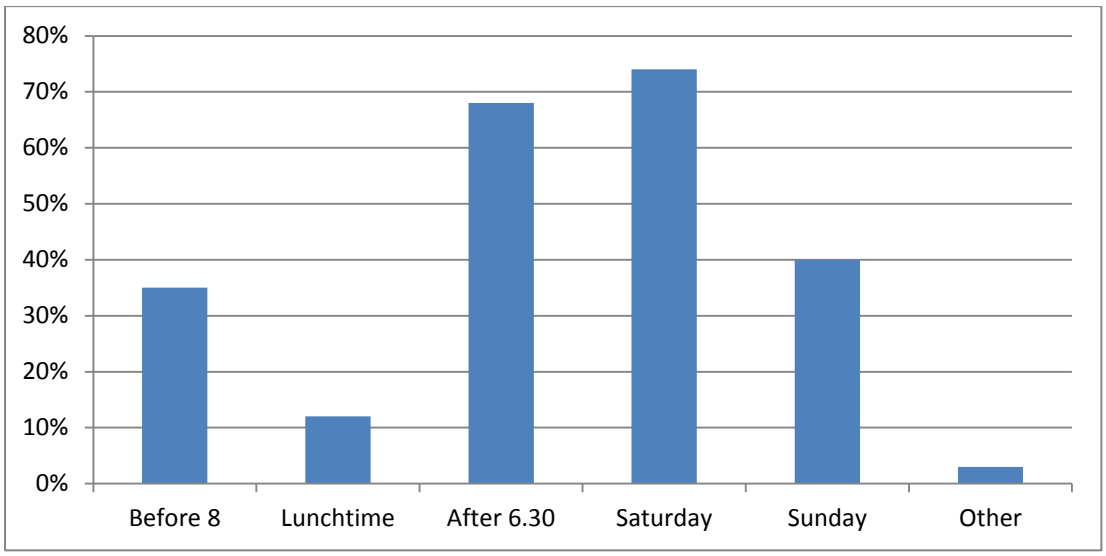


Table 4: ***Patients across London asked which additional opening times would make it easier to see or speak to someone***

3. GP ACCESS ARRANGEMENTS

3.1 Extended Hours – Local scheme arrangements

Currently, 19 Practices are providing Extended Hours under the existing scheme commissioned by the CCG, to their own registered patients. **This results in a total of 177.75 hours of access outside of core hours per week.**

A further 4 practices in H&F provide extended hours to their own registered patients according the nationally directed enhanced service (DES) commissioned by NHS England and a further 3 Practices provide extended hours services to their own registered patients as part of their contract.

A total of 26 Practices provide extended hours for their patients and in addition to core service provision, a total of **91 GP appointments per 1000 patients**[1] is available each week.

The Practices that do not provide extended hours for their own patients refer to the local hubs (mentioned below in 3.2)

3.2 Weekend Plus Service

The Weekend Plus Service was launched on 26th September and is designed to provide all patients in Hammersmith and Fulham with access to bookable appointments with a GP or practice nurse. The hubs are staffed as follows:

- One GP
- One Practice Nurse
- Two receptionists

[1] *Data taken from the Prime Ministers Challenge Fund online survey completed by Hammersmith and Fulham GP Practices.*

Operating out of three GP Practice hubs extra appointments are available early in the morning or later in the evening Monday to Friday as well as weekends. Patients can book these appointments through their own GP and they can be used for standard check-ups, minor wound care, cervical screening, contraceptive advice or vaccines.

They do not have to be registered with the practice offering the extended hours to use this service, and doing so will not affect their registration with their own GP.

In addition, one GP appointment slot per hour of extended hours opening is available for patients who need to see a GP or practice nurse urgently. These are accessed through the NHS 111 Service. The new service provides:

- Provision of an additional 7.5 hours each week; 1.5 hours per day **per hub** (6:30pm – 8pm), Monday to Friday, including weekday public/bank holidays, meaning that a **total 22.5 additional hours** are available for GP and Practice Nurse Extended Access appointments during the week.

- Provision of an additional 12 hours at weekends **per hub**; meaning that a **total 36 additional hours** will be available for Extended Access appointments during the weekend.

There are three Practice hubs and weekend plus opening times are as follows:

1. **Brook Green Medical Centre,** Bute Gardens, W6 7EG

   Mon – Fri 18:30 – 20:00
   Sat & Sun 9:00 – 15:30

2. **Parkview (Drs Canisius and Hasan),** Parkview Centre for Health & Wellbeing, Cranston Court, 56 Bloemfontein Road, W12 7FG

   Mon – Fri 18:30 – 20:00
   Saturday 9:00 – 17:30
   Sunday 9:00 – 13:00

3. **Cassidy Medical Centre,** 651A Fulham Road, SW6 5PX

   Monday 18:30 – 20:00
   Tuesday 7:00 – 8:00; 18:30 – 19:00
   Wednesday 7:00 – 8:00; 18:30 – 19:00
   Thursday 7:00 – 8:00; 18:30 – 19:00
   Friday 18:30 – 20:00
   Sat & Sun 9:00 – 15:00

3.2.2 Weekend Plus activity

Appointments at these hubs are available up to two weeks in advance. Patients can access these appointments by contacting their practice to book an appointment.

In the period 1st October to 31st December 2015, 3190 GP appointments out of 3992 available were booked (80%) and 1530 Nurse appointments out of 3785 available were booked (40%).

In terms of GP appointments booked;

- **58%** of appointments were booked in advance of more than a day
- **42%** of appointments were booked by patients on the day (and potentially were booked by patients for urgent care treatment)
- **51/663** appointments available for patient redirections via the 111 service were booked through the 111 service. This is however a conservative estimate, as providers have reported that a greater number of patients have attended via referral by the 111 service (although no appointment pre booked)

The 111 service provider (London Central and West Unscheduled Collaborative – LCW) are implementing a solution whereby the service will be able to book directly onto the clinical system; this will mean that we will be able to capture more accurately the numbers of patients being booked into the service.

The CCG has agreed specific key performance indicators in relation to the delivery of this service from providers and which include ensuring that 70% of GP appointments available are bookable by patients from other practices. In the period October to December 2015, 36% of appointments were booked by patients from other practices, however more recent data (January 2016) would indicate that a greater proportion of patients registered at other

practices are booking available appointments. To date, **a total 26 practices** have booked appointments for their patients in the Weekend Plus sessions.

We are currently looking at how we can improve patient uptake, especially of nurse appointments.

Anecdotal evidence from providers, via contact with patients, has been positive with patients appreciative of being able to book an appointment at times that are convenient for them, particularly at a weekend, this strongly concurs with National Patient survey results which indicate patients preference for evening and weekend opening, however as per all other OOH services, there is a plan to gather more comprehensive patient feedback to inform service development.

3.3 Urgent Care – Out of Hours and 111

In Hammersmith and Fulham CCG, 30 practices have opted-out of Out of Hours services, and one practice has opted-in to provide Out of Hours services. London Central and West Unscheduled Care Collaborative (LCW) is the provider for all opted-out Out of Hours services. The provider of out of hours services for opted out practices can be decided by the individual practice but in most cases is provided by LCW within Hammersmith and Fulham CCG. NHS 111 services in the borough are also provided by London Central and West Unscheduled Care Collaborative (LCW).

4. PATIENT ENGAGEMENT

4.1 Patient Engagement on GP Access

4.1.1. Hammersmith and Fulham Neighbourhood Forums

Hammersmith and Fulham neighbourhood health forums were recently run by the council. A key topic for discussion was in relation to GP access and Cllr Holder is compiling feedback from these events and will make the CCG aware of key themes in relation to GP access.

4.1.2. Raising awareness of the Weekend Plus Service

The CCG is keen to receive feedback from patients about the GP services that they receive. At the CCG's December Patient Reference Group, an update was given to patient representatives in relation to the new Weekend Plus service and **positive feedback** was received with an action to further promote the service amongst all patient groups.

4.1.3. GP Federation role in increasing patient engagement

The GP Federation has recently contracted with **Healthwatch** in order to develop the existing Patient Participation Groups within each practice. This will lead to PPG networks that can feed into the Patient Reference Group run by the CCG in order to strengthen the patient voice in commissioning decisions and improving the quality of primary care.

As part of GP Access funding available (previously Prime Ministers Challenge Fund), the GP Federation has commissioned GP Practices to deliver "engagement weeks" which are designed to **increase patient awareness of accessing online services, including making or cancelling a GP appointment as well as ordering repeat prescriptions**.

Healthwatch will be contributing to these sessions to further encourage patient recruitment for Patient Participation Groups.

4.1.4. Patient Voice Indicators for measurement

The CCG are seeking to engage with patients around the inclusion of specific Patient Voice indicators for GP Practice performance measurement and we will be attending the Patient Reference Group (PRG) on Thursday 14th April to discuss this with patient representatives present.

4.1.5. Primary Care Co- Commissioning

The NHS England and Hammersmith and Fulham CCG joint commissioning committee has the primary purpose of jointly commissioning GP services for Hammersmith and Fulham patients and members of the public are invited to attend the meetings held in public. Key objectives for the committee is to establish and / or maintain:

- Improved access to primary care and wider out-of-hospitals services with more services available closer to home
- High quality out-of-hospital care.
- Improved health outcomes, better access to services and reduced health inequalities.
- A better patient experience through more joined up services.

5. RANGE OF SERVICES COMMISSIONED

GP Practices are commissioned to deliver a number of services to patients in addition to their core contract.

5.1 Directed Enhanced Services

NHS England commission Practices to deliver the following Enhanced services:

- Facilitating timely diagnosis and support for patients with Dementia (30 out of 31 Practices provide this service)
- Learning Disability Health Checks (all Practices provide this service)
- Avoiding unplanned admissions (all Practices provide this service)
- Minor Surgery (11 out of 31 Practices provide this service)
- Childhood Immunisations (all Practices provide this service)
- Influenza Immunisation (all Practices provide this service)
- Pneumococcal Immunisation (all Practices provide this service)
- Drug misuse service (8 out of 31 Practices provide this service)
- Sexual Health Services (22 out of 31 Practices provide this service)
- NHS Health checks (30 out of 31 Practices provide this service)

5.2 Local Services (previously called Out of Hospital Services (OOHS)

Hammersmith and Fulham CCG has commissioned the Hammersmith and Fulham GP Federation to provide patients with 19 local services in 2015/16. These are **population-based services** meaning that regardless of where patients are registered, they should be able to access all services commissioned. The GP Federation, which is

an umbrella organisation comprising of all GP Practices in the borough, is responsible for ensuring full population coverage of services commissioned.

The services commissioned and their commencement dates are as follows:

Service	Start Date
Anti-Coagulation Initiation	5th August
Anti-Coagulation Monitoring	1st July
Phlebotomy	1st July
Complex Common Mental Health	1st November
Severe and Enduring Mental Health	5th August
Electrocardiogram (ECG)	5th August
Ambulatory Blood Pressure Monitoring (ABPM)	5th August
Near Patient Testing	1st July
Case Finding and care management	1st July
Homeless Health	5th August
Service for patients at high risk of developing Diabetes	1st July
Diabetes Level 1	1st July
Diabetes Level 2	5th August
Simple Wound Care	1st July
Complex Wound Care	5th August
Ring Pessery	5th August
Extended Hours Service (Weekend Plus)	26th September
Coordinate my Care	1st July
Spirometry Testing	5th August

***Flex data**
****Appointment data from 1st October to 31st December 2015**

5.2.1. Contract Monitoring

The CCG closely monitors activity levels across all local service commissioned services and meets formally with the GP Federation to review activity and quality as well as focussing on how activity levels can increase in 16/17.

5.2.2. Patient Engagement

A Patient Engagement Committee (PEC) has been established and led by patients to develop communication material to make patients aware of services now available. This group is finalising survey questionnaires to enable patient feedback on the quality of services commissioned. The Hammersmith and Fulham GP Federation is also working alongside Healthwatch who will work with individual practices and patients to support patient feedback on services provided.

5.2.3. Service review

H&F CCG are undertaking a review of the services commissioned in close liaison with the GP Federation and practices as well as colleagues from the other CCGs in CWHHE. This review will consider how the description of services to be delivered may

need to be amended or clarified to help improve the quality and the delivery of patient care. The CCG will implement necessary changes as agreed to support the continued development of high quality primary care.

6. PRACTICE LOCATIONS

Appendix 1 provides a map indicating where all 31 Practices are located.

7. GP WORKFORCE IN HAMMERSMITH AND FULHAM

There are approximately 136 GPs working in Hammersmith and Fulham

Training Practices

There are 7 Practices in Hammersmith and Fulham that train qualified doctors to complete the final stages of their GP Training. These Practices are:

- Richford Gate Medical Centre
- Brook Green Medical Centre
- Hammersmith Bridge Surgery
- Park Medical Centre
- North End Medical Centre
- The Lillie Road Surgery
- Parkview Medical Centre (Drs Canisius and Hasan)

8. GP PREMISES

8.1 Background

- We have 31 GP practices who each belong to one of five networks.

- The London Borough of Hammersmith & Fulham (LBHF) are also working on their estates strategy, which shall be completed in 2016. Joint developments and colocation of services are considered as positive by both parties and **we have regular meetings with London Borough of Hammersmith and Fulham officers** from Valuation and Property Services and Planning where we discuss this and another issues such as population growth linked to property development.

Appendix 2 provides an overview of all Primary Care and Community Care estate in Hammersmith and Fulham.

8.2 Population Growth

We use various population growth datasets in our planning including those of the Healthy Urban Development Unit, the London Borough of Hammersmith and Fulham Population Census and the Joint Strategic Needs Assessment.

The Office for National Statistics estimates the current resident population of 179,000 people, living in 6.3 square miles. The population is expected to increase in the medium to long term, particularly in areas such as White City in the north of the borough.

The 2013 GLA (central trend) projections show that the number of households is expected to increase by 1.5% between 2014 and 2019 (1177 households); and by 2.7% up to 2024 (2128 households) and by over 6% to 2041 (almost 5000 households).

8.3 CCG Opportunities

- **Partnership Working.** We will continue to engage with local forums and in joint initiatives to provide enhanced care in fit for purpose premises. The One Public Estate Initiative is to be pursued to create more new estate across the public sector.

- **Transformation of Services.** Improving and evolving the way services are delivered across health and social care will result in changes to estate requirements, for example increasing the use of Technology. Application of new technologies will allow greater access for some of our residents and enable greater efficiency within the estate.

- **Development of health and social care hubs.** Building on the success of the Parkview Centre for Health and Wellbeing, the CCG is taking forward the development of a new expanded hub at Parson's Green and an expanded hub within the local hospital at Charing Cross.

8.4 Estates

i. Hubs

- Parkview Centre for Health and Wellbeing was opened in 2014 and provides Hub services for the north of the borough.

- Two Hub sites have been identified in the south of the borough; Parsons Green and Charing Cross Local Hospital.

ii. Primary Care Premises Investment

The primary care estate is a vital part of the health estate infrastructure in the Borough and the CCG is committed to ensuring that practices operate from premises which are fit for purpose, provide sufficient capacity to respond to population growth and align with national and local commissioning priorities.

The CCG is in the process of developing a primary care investment plan which will be available by the end of March 2016 and will identify where investment in the primary care estate infrastructure is needed in the future. The document will take into account planned investment via the creation of Out of Hospital Hubs, the Primary Care Transformation Fund (formerly Primary Care Infrastructure Fund) and Section 106/Community Infrastructure Levy opportunities.

The key criteria identified nationally, and supported locally, for investment in primary care premises are:

- contribute to 7 day access to effective care
- increase capacity of Primary Care
- enable access to wider range of services to reduce unplanned admissions to

hospital

- increase training capacity in general practice
- support the delivery of the Out of Hospital Strategy and delivery of community based services as part of the CCG commissioning intentions

In addition PCIF 2015/16 funding is being used to carry out condition and capacity surveys at GP premises by the end of March 2016 to identify schemes for future investment. All bids will be subject to an affordability assessment.

iii. Development proposals

- **Parsons Green.** A proposal is being developed for consideration by the CCG, CLCH and NHSE, proposing a redevelopment of the site to provide primary care (GP) facility and generic clinical rooms for Hub services.

- **Milson Road**. A proposal is being development for consideration by the CCG, NHSPS and NHSE to accommodate two GP practices and associated health and social care and community services. The CCG held a co-design workshop with staff, service users and the community to look at future use of the site. The results of which will feed into development proposals.

- The (Old) White City Health Centre and Stamford Brook are currently held as an options for a mental health Recovery House, subject to further discussions with West London Mental Health Trust.

- Bridge House Centre for Health: the CCG is in dialogue with the landlord (CHP) to convert second floor void office space to a clinical suite.

9. CONCLUSION

- Patient Satisfaction in Hammersmith and Fulham across seven out of eight key metrics measured in the GP Patient Survey is higher than the London average. Further work is required by NHSE working closely with H&FCCG, to understand low levels of patient reported satisfaction with same day access. It is envisaged, however, that future patient surveys may indicate increased patient satisfaction following the introduction of the Weekend Plus service in Hammersmith and Fulham and the availability of additional GP appointments.

- There are comprehensive arrangements in place for patients to access GP services outside of core opening hours, with the majority of Practices providing an extended hours service to their own patients as well as the Weekend Plus service which is available to all patients across the borough. This means that patients are able to see a GP at a time that is convenient to them and reflects National Patient Survey results which indicate that patients would prefer to be seen weekday evenings and on a Saturday and Sunday.

- The CCG is keen to receive feedback from patients about the GP services that they receive and will review emerging themes following the recent Hammersmith and Fulham Neighbourhood Forums.

- GP Practices in Hammersmith and Fulham provide a full range of enhanced services which are over and above core GP services. *Local Services* commissioned by the CCG are population based services meaning that regardless of where patients are registered, they are able to access the services commissioned.

- Hammersmith and Fulham CCG has a high proportion of GP training Practices that train qualified doctors to complete the final stages of their GP Training. Having local experience whilst training in a supportive environment is condusive to retaining locally trained clinical staff.

- Hammersmith and Fulham CCG is developing a robust premises development strategy and is working jointly with the London Borough of Hammersmith and Fulham **officers** from Valuation and Property Services and Planning to discuss issues such as population growth linked to property development.

- The CCG is looking to develop expanded health and social hubs in Parsons Green and Charing Cross Hospital, building on the success of the Parkview Centre for Health and Wellbeing

- The CCG is in the process of developing a primary care investment plan which will be available by the end of March 2016 and will identify where investment in the primary care estate infrastructure is needed in the future.

- There are two development proposals being developed for consideration by the CCG – Milson Road and Parsons Green.

- The CCG held a co-design workshop with staff, service users and the community to look at future use of Milson Road site. The results of which will feed into development proposals.

Appendix 1

H & F GP Networks

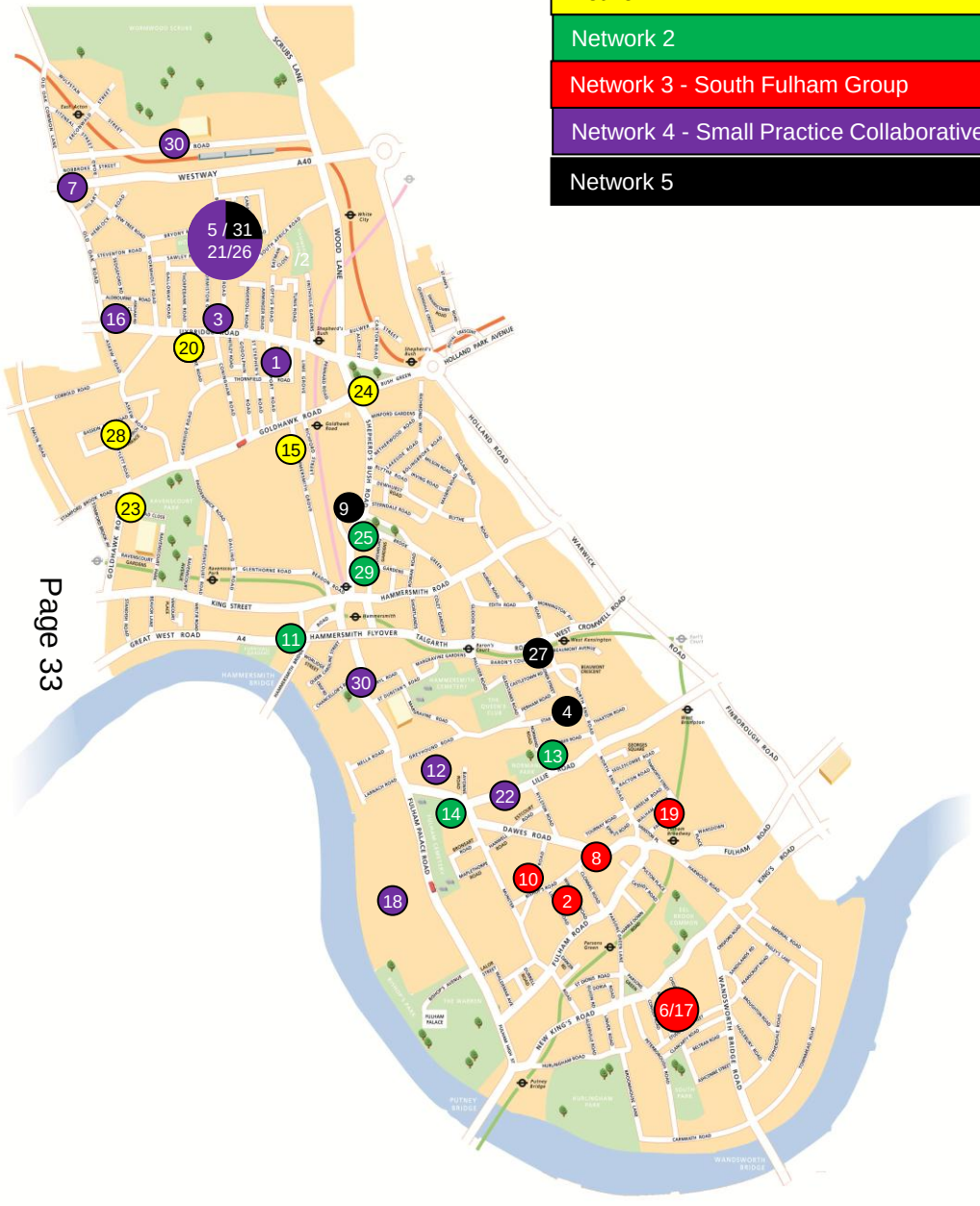
Network 1

Network 2

Network 3 - South Fulham Group

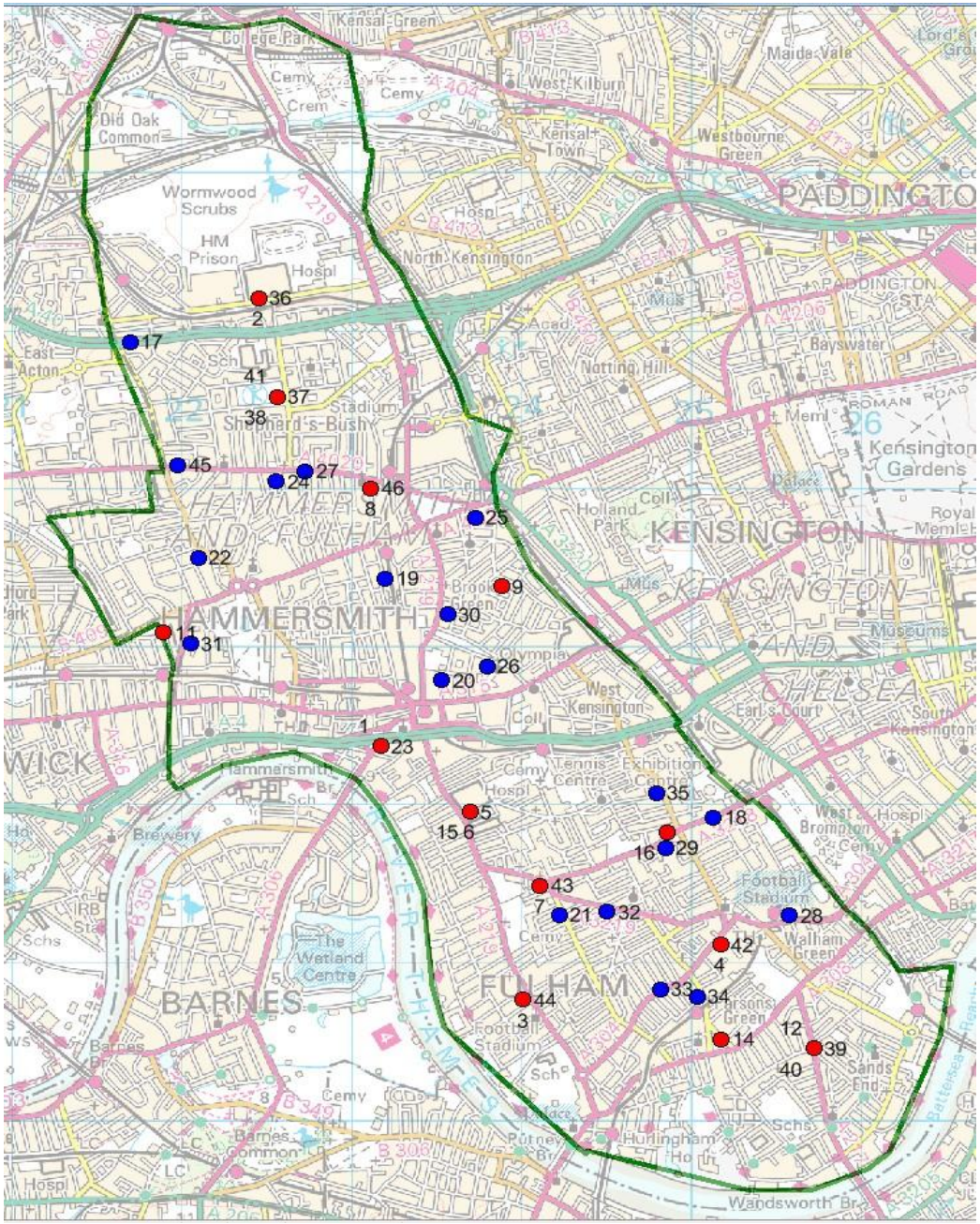
Network 4 - Small Practice Collaborative

Network 5



No	Practice	RAW List Size	Network List
15	The Bush Doctors	12173	42570
20	Park Medical	9021	
23	Richford Gate Medical Practice	10576	
24	New Surgery	5441	
28	Ashchurch Surgery	5359	
11	Brook Green Surgery	4392	43822
13	The Hammersmith Surgery	9362	
14	Brook Green Medical Centre	12770	
25	Dr Jefferies and Partners (Mun	14506	
29	Dr Jefferies & Partners (Lillie F	2792	
2	Ashville Surgery	10879	42341
6	Fulham Medical Centre	7033	
8	Lillyville Surgery	8150	
10	Sands End Clinic	8054	
17	Dr Das & Partners (South Fulham Medical Centre)	3231	
19	Cassidy Medical Centre	4994	
1	Hammersmith & Fulham Centre	7280	46266
3	Shepherds Bush Medical Centr	3251	
5	The Westway Surgery	3512	
7	Parkview Practice (Dr Canisius & Dr Hasan)	4661	
12	Fulham Cross Medical Centre	2508	
16	Palace Surgery	5265	
18	Sailsbury Surgery	1435	
21	Parkview Medical Centre (Dr Kukar)	1852	
22	The Medical Centre / Dr Kukar	6561	
26	The Surgery (Dr Uppal) - Parkview and Southall	6873	
30	Old Oak Surgery	3068	
4	North End Medical Centre	18332	34918
9	82 Lillie Road Surgery	7655	
27	Canberra Centre for Health	4078	
5	Sterndale Surgery	4853	
		209917	

Appendix 2: The Estate Overview



No.	Property Name	No.	Property Name
1	Hammersmith Bridge Road Surgery	24	The New Surgery
2	Hammersmith Hospital Urgent Care Centre	25	The Bush Doctors
3	Palace Surgery	26	Brook Green Surgery
4	Cassidy Medical Centre	27	Shepherds Bush Medical Centre
5	Charing Cross Hospital (Walk-in Centre)	28	The Fulham Medical Centre
6	Charing Cross Hospital (Polyclinic)	29	Lillie Road Practice
7	Fulham Cross Medical Centre	30	Sterndale Surgery
8	Old Oak Surgery (41 Uxbridge Road)	31	Park Medical Centre
9	Milson Road Health Centre	32	Salisbury Surgery
10	White City Health Centre	33	Lilyville Surgery
11	Stamford Brook Centre	34	Swan House
12	Bridge House Centre for Health	35	North End Medical Centre
13	Parkview Centre for Health and Wellbeing	36	Hammersmith Hospital
14	Parson Green Health Centre	37	Parkview Medical Centre
15	Richford Gate	38	Parkview Centre For Health
16	Normand Croft School	39	The Surgery (Bridge House C for H)
17	The Surgery	40	Sands End Health Clinic (Bridge House C for H)
18	The Surgery	41	Canberra Centre For Health (Parkview Centre for Health and Wellbeing)
19	Richford Gate Medical Practice	42	Cassidy Medical Centre
20	Brook Green Medical Centre	43	Fulham Cross Medical Centre
21	The Medical Centre	44	Palace Surgery
22	The Ashchurch Medical Centre	45	The Medical Centre (Parkview Centre for Health)
23	The Surgery	46	The Old Oak Surgery
		47	Parkview Practice (Parkview Centre For Health)

	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **18th April 2016**
LEARNING POINTS FROM THE FLU SEASON 2015/2016 IN HAMMERSMITH AND FULHAM	
Report of the Executive Director of Adult Social Care and Health – Liz Bruce	
Open Report	
Classification - For Scrutiny Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Executive Director: Liz Bruce	
Report Authors: Sarah Wallace, Three Boroughs Public Health Registrar; Sophie Ruiz, Senior Network Coordinator Hammersmith and Fulham CCG, and Johan van Wijgerden NHS England (London), Commissioning Lead - Immunisations	**Contact Details:** Tel: 02076411256 E-mail: swallace@westminster.gov.uk

LEARNING POINTS FROM THE FLU SEASON 2015/2016 IN HAMMERSMITH AND FULHAM

1. SUMMARY

1.1. The Hammersmith and Fulham systems immunisations group has been meeting throughout the 2015/16 flu season with the aim of improving the uptake of the flu immunisation in Hammersmith and Fulham. Membership of the group includes Local Authority Public Health, Hammersmith and Fulham CCG, Children's Services, NHS England and CNWL NHS Trust who are the commissioned provider for the school based programme.

1.2. The latest nationally published data on flu immunisation uptake is for September -January 2015. Across London uptake of flu immunisations has dropped in all groups. However, Hammersmith and Fulham has shown an improvement in uptake among pregnant women, and 3 year olds. The decrease in uptake in the over 65s and under 65 at-risk groups has been in the context of a London-wide drop. In terms of staff vaccination, in local NHS Trusts, CLCH's and Chelsea and Westminster's uptake improved, but Imperial's and WLMHT's uptake dropped. CLCH won the 'most improved' award in the national Flufighters awards.

1.3. This season the immunisation group has worked with many stakeholders and targeted multiple groups of eligible residents, with the aim of improving the uptake of the flu vaccine in Hammersmith and Fulham. The group, with the endorsement of NHS England, designed and delivered a flu pilot in children's centres, the first in London. While the detailed planned activities were described in the Policy and Accountability Committee paper of 4th November 2015, this paper focuses on the learning from this season and the emerging action plan for Winter 2016/17.

2. BACKGROUND

2.1 Uptake of flu immunisations in Hammersmith and Fulham has been low in previous flu seasons. This year a systems immunisations group was convened by the Executive Director of Adult Social Care and Public Health bringing together the Local Authority, Hammersmith and Fulham CCG and NHS England. This group has been working to establish reasons and develop solutions to the poor uptake of flu immunisations in Hammersmith and Fulham, with a particular focus on the 2, 3 and 4 year old age group.

2.2 This report aims to describe the flu immunisation performance in Hammersmith and Fulham. It also highlights some successes and key actions and learning points for next season.

3. PERFORMANCE

3.1 GP Data

Data on flu immunisation uptake in GP practices is published monthly. In London there has been a drop in uptake in every area compared with the previous season. Clinicians reported to the group that there was low public confidence in the flu vaccine; given challenges relating to the efficacy of the vaccine in the previous year which may have had an impact on uptake rates. Compared with other London CCGs, Hammersmith and Fulham has improved in ranking across most eligible groups between 2014/15 and 2015/16. Three year olds showed a particular improvement: out of 32 London CCGs, uptake in the Hammersmith and Fulham CCG went from 31st place in 2014/15 to 23rd place in 2015/16 (with 2 and 4 year olds currently in 24th place). The table below shows uptake rates for the different groups for last year and this year, and the percentage change.

	2 years	3 years	4 years	Over 65s	Under 65 'At Risk'	Pregnant Women
H&F CCG 2014/15	26.2%	22.7%	19.6%	61.7%	38.4%	31.1%
H&F CCG 2015/16	**24.7%**	**26.2%**	**19.4%**	**57.3%**	**32.8%**	**32.4%**
% Change	-1.50%	+3.50%	-0.20%	-4.40%	-5.60%	+1.30%
London 2014/15	30.3%	32.7%	23.6%	69.2%	49.8%	39.9%
London 2015/16	26.5%	28.8%	21.8%	66.2%	43.6%	38.5%
% Change	-3.80%	-3.90%	-1.80%	-3.00%	-6.20%	-1.40%

Source: PHE. Seasonal flu vaccine uptake in GP patients: 1 September 2015 to 31 January 2016, and Seasonal flu vaccine uptake in GP patients: 1 September 2014 to 31 January 2015

Hammersmith and Fulham has shown increased uptake in pregnant women and in 3 year olds. This is in line with the focus of the systems group which in this first year has been on 2, 3 and 4 year olds. Over 65s and the under 65 'at risk' group will need to be an increased focus in future seasons.

3.2 Children's Centre Flu Pilot

A flu pilot was undertaken in two LBHF children's centres, where practice nurses delivered a total of 71 flu immunisations in drop-in sessions in children's centres. This was the only pilot of this kind undertaken in London, and was brought about from the initiative of the immunisation group. Further details are given in section 4.5.

3.3 School Immunisation Programme

This is the first year of the national school flu immunisation programme, therefore there is no comparator data for previous years. This year the immunisation has been offered to children in School Years 1 and 2.
80% of primary schools in Hammersmith and Fulham held a flu immunisation session, despite a national shortage of the children's flu vaccine in the early part of the season. Others were offered a catch-up session. Data from NHS England indicates that uptake in year 1 was 34.9% (ranking 25/32 in London) and in year 2 was 32.6% (ranking 26/32).

3.4 Frontline Health Care Workers Uptake

For frontline healthcare workers at NHS trusts, again there was a drop in uptake across London. CLCH increased their uptake by 19.5% between 2014/15 and 2015/16 , and Chelsea and Westminster by 2.4%. **CLCH won the 'most improved' category' in the national Flufighters awards.** However, the other two local NHS trusts have dropped, with a particularly large decrease at Imperial.

NHS Trust	2015/16 to 29th February (% Uptake)	2014/15 to 28th February (% Uptake)
London Area Team	40.7	43.2
CLCH NHS Trust	46.0	26.5
Chelsea and Westminster NHS Trust	60.2	57.8
Imperial College NHS Trust	30.4	47.9
West London Mental Health Trust NHS Trust	23.0	29.8

Source: PHE. Seasonal influenza vaccine uptake amongst frontline healthcare workers (HCWs) in England: February Survey 2015/16. (Published 17.3.2016)

4. SUCCESSES AND LEARNING POINTS

Actions and learning points for next flu season have been included in italics. A timetable for next year's flu season is included in appendix 1 which includes the organisation or directorate responsible for the action.

4.1 Programme as a whole

4.1.1 Data

Access to accurate and timely local uptake data was essential; it helped in planning and targeting specific groups. PHE own most of the flu performance data, which they then share with partners. However sometimes it was difficult to access timely local data from PHE, especially where there were data access difficulties with the computer systems used locally early in the season. Hammersmith and Fulham CCG were able to obtain performance data when Public Health England had difficulty extracting data. Practice specific data was used to assess local performance; this data was shared with practices who could then compare themselves with others in terms of performance.
NHS England shared schools data with the local authority, which meant that the local authority were able to contact schools who had not engaged. NHS England was visiting practices as part of their engagement with GPs and the flu programme was discussed as part of the visit.

ACTIONS:

i. *Share performance data within the group confidentially and regularly.*
ii. *Send an update to practices with performance at a practice level every 2 weeks from mid-October. This should include numbers of immunisations needed to reach 75% target.*
iii. *Performance on immunisation uptake, including flu, to be placed as a standing item for H&F CCG and NHSE co-commissioning meetings.*

4.1.2 Accessibility

a. Outreach

Accessibility was felt to be an important factor. There was good uptake in pharmacies, with 2683 people in total vaccinated in 26 participating pharmacies. According to current Department of Health guidance pharmacies can only vaccinate adults. However, anecdotally pharmacies reported that parents had sought children's immunisations in local pharmacies. The group felt that it was important to make obtaining a flu jab as straightforward as possible. As an innovative strategy, the provision of flu jabs for residents at community events by local pharmacies was championed by the group. The group aimed to increase the awareness among carers, and at the carers network event on 20th November a presentation by the CCG vice-chair was undertaken and a pharmacy attended to administer vaccinations to attendees.

ACTION:

iv. *PAC asked to consider making representation to the Department of Health on behalf of residents to consider changing its policy and allow pharmacies to administer the flu immunisation to children.*

b. Weekend Flu Hubs

For the first time this year, three practices in the borough were commissioned by the CCG to provide extended hours services to all LBHF registered patients. The specification for this service includes a requirement to immunise eligible patients for flu. In order to maximise uptake across all

eligible age groups, each of the three hubs hosted a three hour flu immunisation clinic on a Saturday morning (31st October, 28th November, 19th December and 30th January). A total of 217 flu immunisations were administered to patients at 'weekend plus' hubs this season. Given that the hubs only became operational from October and were a new service, the group expects to see an increase in numbers of residents immunised at these hubs as patients and clinicians become more familiar with them.

ACTION:

v. Advertise flu sessions at hubs early in 16/17 flu season and explore mechanisms to allow patients to walk in

4.1.3 Porcine Gelatine in the children's nasal spray vaccine

The children's flu immunisation contains porcine gelatine as a stabiliser which may have raised concern among some residents for religious, cultural or lifestyle reasons. Public Health England produced information to address concerns that might be raised. According to the 2011 Census, 10.0% of residents of Hammersmith and Fulham identify themselves as Muslim and 0.6% Jewish (Office for National Statistics, 2011 Census: Religion, local authorities in England and Wales). The group recognised that the porcine gelatine was likely to be an issue locally, and disseminated the information from Public Health England and in addition organised a drop-in 'question and answer' session on the children's flu vaccine (particularly around the porcine gelatine element) in a local health centre, where a local Muslim practice nurse was present to talk to attendees. Despite wide publicity, it was not well attended, but the group gathered some insight into engaging local groups.

ACTIONS:

vi. Engage mosques and local groups early in the flu season
vii. Identify local health professionals of the Muslim faith who would be willing to act as 'flu champions' and undertake peer engagement.
viii. Explore the possibility of developing flu champions in local communities.
ix. Use existing networks, such as schools, to promote the vaccine among local faith communities.

4.1.4 GP surgery action

Hammersmith and Fulham CCG sent a monthly 'flu bulletin' to the GP surgeries, which includes uptake data in addition to information relevant to the flu campaign. The bulletins provided an opportunity to address uncertainty and advise of best practice e.g. chemotherapy and flu vaccine guidelines. Local GPs were advised to offer the flu immunisation 3 times to eligible patients before documenting a refusal. We had hoped to capture the 'reasons for decline' among general practice patients to enrich our insights but were unable to do this in winter 2015/16 because of delays in creating and implementing the mechanism for doing this on the SystmOne programme used by practices. NHSE has conducted a London-wide programme of visits and reviews of the highest and lowest performing practices and will share learning from the visits later in the year.

ACTIONS:

x. *Capture 'reasons for decline' among general practice patients so that they can be targeted in Winter 2016/17*
xi. *Continue to send regular bulletins to surgeries with updates and best practice information.*
xii. *Scrutinise flu immunisation specific arrangements for local practices with the lowest uptake, and share best practice of those practices that have the highest uptake.*

4.2 Over 65s

Community engagement was undertaken in various venues within the borough, for example at an Age UK forum, housing association venues, and community champions' events. It is possible for pharmacies to visit some of the larger events and deliver flu immunisations at the venue, for example a local pharmacy attended the Carers' Network event.
Adult social care and voluntary organisations were contacted and asked to promote the flu immunisation. There was a service level agreement (SLA) for district nurses to be able to vaccinate housebound residents. The total number of housebound residents vaccinated through this SLA is not yet available.

ACTIONS:

xiii. *Work further with adult social care and voluntary organisations to raise the profile of the flu immunisation.*
xiv. *Further promotion of the housebound flu immunisation SLA to general practices, which will again be offered next season.*
xv. *Identify events where pharmacies could attend to administer flu vaccines, and create a list of local pharmacies who would be willing to attend.*

4.3 Under 65 at-risk

This group had a low uptake in Hammersmith and Fulham. This group is probably one of the more difficult to reach. It seems likely that, other than GP surgeries, some of the venues that this group may attend are pharmacies and hospital outpatient units. With increasing participation of pharmacies in the flu vaccination scheme, this opportunity to encourage this risk group to be immunised is likely to have increasing impact in the future.
In hospitals resources are usually invested in the staff vaccination campaign, however there is also a clear opportunity to promote the flu immunisation to hospital users, many of whom will be in the at-risk groups. The two local NHS trusts were contacted and asked to promote the flu immunisation to patients within both outpatient and acute services. Letters were sent from the Deputy Director of Public Health to consultants and managers within the hospitals asking for their help to promote the flu immunisation to their patients. Imperial reported that they promoted via plasma screens, social media and also in specific clinical areas e.g. the haematology department. There are other ways that hospitals could promote the flu vaccines e.g. on telephone messages, prescriptions, outpatient letters.
Voluntary organisations were contacted and asked to promote immunisations to their members.

ACTION:

xvi. *Work further with hospitals to ensure that they promote the flu vaccine to eligible patients.*

4.4 Pregnant Women

LBHF improved its flu uptake rate in pregnant women this year in contrast to overall uptake in London where uptake dropped. This is in spite of the fact that none of the local maternity providers signed up to the SLA offered by NHSE, to enable midwives to vaccinate their patients. In addition to advertising locally to women via GPs and promoting the flu vaccine to midwifery staff, NHS England engaged with the maternity providers as it is felt that the most effective way of increasing the uptake among pregnant women is for midwives to vaccinate them. For the 2016/17 season, conversations are ongoing with the relevant local providers and it is anticipated that local maternity services will sign up to a contract vaccinating pregnant women against both pertussis and influenza.

ACTION:

xvii. Work with the maternity providers to ensure that obstacles are overcome, and they sign up to the NHSE SLA to provide flu immunisations.

4.5 2, 3 and 4 year olds

2, 3 and 4 year olds have been a particular focus for the group; this is reflected in the improved ranking for uptake in this age group compared with other CCGs in London. Posters, leaflets and a letter were sent to LBHF nurseries and children's centres. The children's centre flu pilot (described in section 3.2) was widely promoted in the borough, however if was found that most immunisations were opportunistic, where children were at nursery on site. This pilot was the first of its kind undertaken in London, and highlighted advantages but also potential obstacles to providing vaccinations in this setting. In order to continue this, appropriate staff to deliver the immunisations and funding would need to be identified in order to be both sustainable and cost-effective.

ACTIONS:

xviii. Explore possibility of immunising in nurseries, either provided by community NHS services, primary care or pharmacists.

xix. Include the flu immunisation in the information given by the health visitor during the 2 year review.

xx. Ensure that each nursery receives enough information leaflets for each child to take home.

4.6 School Years 1 and 2

CNWL is the new school immunisation service provider in Hammersmith and Fulham, and Winter 2015/16 was the first year that flu immunisation has been offered. These two factors were felt to mean that there was difficulty initially in engaging primary schools in the programme, despite CNWL contacting schools by letter, phones calls and emails. This was particularly reported for independent schools. The local authority worked with CNWL to engage schools.

ACTIONS:

xxi. *Engage primary school Headteachers in the flu programme, through CNWL attendance at local Headteachers meetings.*
xxii. *Write to each school Headteacher and Chairman of the Governors emphasising the importance of engagement with the programme.*
xxiii. *Ask for one designated and accountable person per school who will oversee arrangements for the flu immunisation clinic.*
xxiv. *Start school engagement before the end of the summer term.*
xxv. *Explore ways of engaging independent schools.*
xxvi. *Work further with school nurses to ensure they are promoting the flu vaccine. School nursing is currently being reprocured and the service specification requires that the service works to increase vaccination coverage.*

4.7 Frontline Health and Social Care Staff

Trusts manage their own staff immunisation campaign, and while CLCH have made significant improvements, Imperial's uptake dropped sharply. Following their campaign in 2015/16, the CLCH Flu Fighter team won the NHS Employers Flu Fighter national award for the 'most improved flu fighter campaign'.
The Chair of the CCG and senior Councillors promoted the requirement for all GP practice staff and frontline staff, to have an immunisation in order to set an example to patients as well as to reduce the spread of flu.

ACTIONS:

xxvii. *Continue to work with Local Authority staff to promote the flu immunisation to frontline staff.*
xxviii. *Ask local NHS providers to submit a short report on their staff immunisation plan, including their plans to promote the flu immunisation to patients, to the local Clinical Quality Group.*

It is anticipated that action points already described will impact on the uptake in 2016/17. The group also contacted a Central London borough where uptake is high, and the good practice identified has been incorporated into this year's flu plan.

5. OTHER IMMUNISATIONS

Hammersmith and Fulham have low uptake rates across the rest of the national immunisation schedule. It is planned that the group will use the learning from the work on the flu campaign and the relationships established and expand this to other childhood immunisations.

6. CONCLUSIONS

6.1 While progress has been made this year, there is further action identified which will be carried through to the next flu season. A timeline for next year's campaign has been created.
6.2 The system working will also be used to address other immunisations.

Appendix 1: Timeline for Season 2016/17

	Action	Date to be Completed by	Responsible Directorate/ Organisation
i.	Share performance data within the group confidentially and regularly.	Throughout the flu season - September to January	All
ii.	Send an update to practices with performance at a practice level every 2 weeks. This should include numbers of immunisations needed to reach 75% target.	October-January	CCG
iii.	Immunisations, including flu, to be placed as a standing item for H&F CCG and NHSE co-commissioning meetings.	31st July 2016	CCG/NHSE
iv.	PAC asked to consider making representation to the Department of Health on behalf of residents to consider changing its policy and allow pharmacies to administer the flu immunisation to children.	30th June 2016	PAC (if agreed)
v.	Advertise flu sessions at hubs early in 16/17 flu season and develop mechanism to allow patients to walk in	31st October 2017	CCG
vi.	Engage mosques and local groups early in the flu season	31st August	Public Health
vii.	Identify local health professionals of the Muslim faith who would be willing to act as 'flu champions' and undertake peer engagement.	31st July	CCG
viii.	Explore the possibility of developing flu champions in local communities	31st August	All
ix.	Use existing networks, such as schools, to promote the vaccine among local faith communities.	31st July	Children's Services/Public Health
x.	Capture 'reasons for decline' among general practice patients so that they can be targeted in Winter 2016/17	30th November	NHSE/CCG
xi.	Continue to send regular bulletins to surgeries with updates and best practice information	Throughout the flu season - September to January	CCG
xii.	Scrutinise flu immunisation specific arrangements for local practices with the lowest uptake.	31st August	NHSE/CCG
xiii.	Work further with adult social care and voluntary organisations to raise the profile of the flu immunisation.	30th September	Public Health
xiv.	Further promotion of the housebound flu immunisation SLA to general practices, which will again be offered next season.	30th September	NHSE/CCG
xv.	Identify events where pharmacies could attend to administer flu vaccines, and create a list of local pharmacies who would be willing to attend.	30th September	All

xvi.	Work further with hospitals to ensure that they promote the flu vaccine to eligible patients.	30th September	CCG/Public Health
xvii.	Work with the maternity providers to ensure that obstacles are overcome, and they sign up to the NHSE SLA to provide flu immunisations.	31st July	NHSE
xviii.	Explore possibility of immunising in nurseries, either provided by community NHS services, primary care or pharmacists.	31st July	NHSE
xix.	Include the flu immunisation in the information given by the health visitor during the 2 year review.	31st May	Public Health
xx.	Ensure that each nursery receives enough information leaflets for each child to take home.	30th September	Public Health/Children's Services
xxi.	Engage primary school headteachers in the flu programme, through CNWL attendance at local headteachers meetings.	30th June	CNWL/Children's Services
xxii.	Write to each school headteacher and Chairman of the Governors emphasising the importance of engagement with the programme.	30th June	Public Health/Children's Services
xxiii.	Ask for one designated and accountable person per school who will oversee arrangements for the flu immunisation clinic.	30th June	CNWL/Children's Services
xxiv.	Start school engagement before the end of the summer term.	30th June	CNWL
xxv.	Explore ways of engaging independent schools.	30th June	CNWL/Children's Services
xxvi.	Work further with school nurses to ensure they are promoting the flu vaccine. School nursing is currently being reprocured and the service specification requires that the service works to increase vaccination coverage.	31st August	Public Health/Children's Services
xxvii.	Continue to work with the local authority to promote the flu immunisation to frontline staff.	31st August	Public Health
xxviii.	Ask local NHS providers to submit a short report on their staff immunisation plan, including their plans to promote the flu immunisation to patients, to the local Clinical Quality Group.	31st August	CCG

	London Borough of Hammersmith & Fulham **HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE** **18th APRIL 2016**
Social Isolation and Loneliness in the Borough	
Report of the Director for Delivery and Value – Kim Dero	
Open Report	
Classification - For Scrutiny Review & Comment **Key Decision: No**	
Wards Affected: All	
Accountable Director: Kim Dero - Director for Delivery and Value	
Report Author: Fawad Bhatti – Policy Officer	**Contact Details:** Tel: 020 8753 7346 E-mail: fawad.bhatti@lbhf.gov.uk

1.0 Background

1.1 In recent years social isolation and loneliness have become issues with an increasing national and regional profile. Research has shown that social isolation and loneliness can be issues for anyone, regardless of age and background. Links have been established with wider health and wellbeing outcomes, including the increased risk of physical ill health and mental health issues.

1.2 Tackling social isolation and loneliness amongst older people presents a number of challenges. Identifying and targeting those who would most benefit from support is a key challenge. Many isolated older people are usually the most hidden and the stigma attached to 'loneliness' means that they are reluctant to acknowledge loneliness and hence access support services.

1.3 Based on the latest Greater London Authority Population Projections for Hammersmith and Fulham in 2016 there are 5,400 men over 70 and 7,000 women over 70. A total of 12,400.

1.4 Based on the 2011 census, Hammersmith and Fulham has the third highest proportion of older people who live alone (43%) of anywhere in England. This amounts to 7,100 people. Ten years previously, the proportion was even higher (56% - the third highest in the country). The drop since 2001 is broadly reflective of a

general drop across the country but may have been larger in the borough due to a change in the affordability and tenure of housing locally.

2.0 Defining Social Isolation and Loneliness

2.1 Social isolation is an *objective* measure and is a way of reflecting an individual's lack of connections with others. A separation from social or familial contact, community involvement or access to services.

2.2 Loneliness is *subjective* and is the (unwelcome) feeling of a gap between the social connections we want and the ones we have. It is influenced not only by circumstances and events, but also by cultural and psychological factors.

2.3 Although social isolation can lead to loneliness, loneliness is not inherently linked to social connectedness. Someone can feel lonely despite participating in various social networks. An individual may also make a choice to be alone but not consider themselves as lonely.

2.4 People experiencing loneliness may benefit from tailored social support to help them develop meaningful social networks. People experiencing social isolation may require practical assistance such as transport arrangements or other resources to help them re-establish or strengthen their social contacts.

2.5 However there are instances where the distinction blurs. Sensory deprivation combined with depression can create physical barriers which mean some older people can experience isolation even in a group setting (especially if there first language is not English.

3.0 Demographic groups at risk of being isolated and lonely in H&F

3.1 Key H&F statistics:

- At the time of the 2011 Census there were 16,413 people aged 65 or over living in the borough, making up almost 9% of the total population.

- The proportion of those aged 65 and over who were divorced increased by half from 10% in 2001 to 15% in 2011; this compares to 9% in London and 11% in England.

- 16.7% (30,148) of the population within LBHF are living alone. The Borough has the 4th highest proportion of older people (aged 65 or over) that live alone (at 43%). Just over 7,050 adults aged 65 or over live alone in the borough (out of a total population aged 65 or over of 16,413).

- 41.9% (20,778) of people aged over 45 are not in a family (Never married, Separated, Divorced or Widowed).

- According to the 2015 Index of Multiple Deprivation over 37% of the older population live in the top 30% of most deprived areas (nationally), with over a fifth in the top 20%.

- Almost 68% of the older population of the borough live in areas which are in the top 30% most deprived nationally for Income Deprivation Affecting Older People, with over 18% living in the most deprived decile.

- 22% of older people are from non-white ethnic backgrounds.

- Just over 51% of older people living in the borough stated that their day to day activities were limited (either a lot or a little). This is similar to the levels in London and England.

- 54.8% of older people living alone have a long term health problem or a disability.

- Almost 32% of the population of the borough aged 65 or over are receiving Pension Credit. This is high compared to London as a whole (at 25%) and England (at 19%).

- 53.2% of the population aged 65+ live in social rented or private rented accommodation and are highly unlikely to be able to afford market or some affordable housing products.

- Only 10.6% of older people living in the borough provide some level of informal, unpaid care. This is low when compared to London as a whole (12.4%) and to England (13.8%).

- There are an estimated 8,500 households deemed to be in fuel poverty in the Borough, representing just over 10% of the total number of households in the Borough.

(Insight & Analytics Team, March 2016)

3.2 **APPENDIX A** shows two radar charts that display various indicators that are linked to isolation and loneliness. Each indicator is ranked nationally with the blue line representing LBHF and the red line representing the worst local authority in the country. The nearer the blue line is to the red line the worst the issue is in LBHF.

3.3 The charts indicate that the borough has a relatively high number of one person households, a high number of older people who are income deprived as well as a significant number of people who experience anxiety.

4.0 Causes of Social Isolation and Loneliness in Older People

4.1 Research shows that older people, particularly carers, older men and the least wealthy over 50s, are higher risk demographic groups. However older people living alone in more affluent areas can also be at risk. Studies have estimated that nearly three-quarters of over 75s who live alone feel lonely and there is a growing number of older people living alone with their children being living a substantial distance away.

4.2 Other conditions which are prevalent amongst elderly people, such as caring responsibilities, bereavement, mental health problems and physical limitations, often present barriers to social engagement and for many older people can compound the issue of loneliness and / or social isolation.

4.3 Some external factors can also act as a barrier to social engagement. Lack of easy access to public transport is consistently identified by older people as a key barrier to social engagement. Older people are often afraid to use public transport, are put off by unreliable provision, lengthy waiting times for connections and many do not have the confidence to plan connections for indirect journeys. Cold weather, and dark nights often acerbate the above issues, and as a result older people can miss medical appointments as well as forego social activities.

4.4 Although wealth is an important determinant of life satisfaction, its effect declines over the age of 75.

5.0 How does the Council measure degrees of isolation for older people in H&F?

5.1 Every year, a sample of users of adult social care respond to a question around how they rate their level of social contact. This question is also asked to carers every two years. The proportion that say “I have as much social contact as I want with people I like” is used as the basis for an indicator in the ASC and Public Health Outcomes Framework.

- In LBHF in 14/15, 38% of ASC service users say they have as much social contact as they would like, which is fifth lowest in London (London is 42%) and lower than England (45%)

- For carers in 14/15, 27% in LBHF have as much social contact as they would like, which is the sixth lowest in London (London is 36%) and lower than England (39%)

6.0 Initiatives to tackle Social Isolation and Loneliness in H&F

6.1 There are a range of projects and voluntary and community sector organisations funded through Public Health, the Third Sector Investment Fund (3SIF) and by Adult Social Care. Some of these are jointly funded with the Clinical Commissioning Group, who also have their own funding programme through the work on Whole Systems Integrated Care

6.2 As part of the Public Health Investment Fund in LBHF, £190,000 is used to fund eight community and voluntary sector initiatives. All of these either focus directly on reducing loneliness or have an impact indirectly. These grants are administered by LBHF's Corporate Community Investment Team

6.3 The Community Investment Team administer 3SIF which includes a specific stream for "Health and Well-Being". Through monitoring, organisations report on customer information, which includes the individual's social connectivity rating - on a scale from having good social networks and socialise often, to extremely lonely and isolated. Although the figures are not just for people over 70, 41% of people reported that they were very isolated with few families and friends.

6.4 Funding to a range of other areas through this fund also address the issues of isolation, for example through the contribution to community centres, neighbourhood projects, the arts, culture and sports and environmental projects.

6.5 In addition to those services funded through the Third Sector Investment Team, ASC funding of community services is used to address isolation and community engagement issues for people with a variety of support needs and their family carers. Extra Care Housing schemes and Day Services are an obvious example, but the recent specification for Home Care also includes reference to the providers responsibility to support people to link up with local community services.

6.6 ASC is also piloting a 12 month project to develop an innovative Befriending and Community Engagement Service. The service, delivered by Bishop Creighton House, aims to provide support by way of home visits and phone calls to isolated, hard to reach, socially excluded people who face barriers such as confidence and motivation to leave home and get involved in community activities.

6.7 This service works specifically with older people (55 and above) living in Hammersmith and Fulham and referrals are coordinated through PATHS (Placement and Assessment Team).

6.8 For those referred to the service, a support plan is developed which puts in place a programme of 1:1 visits, phone call updates and referrals to community activities, to enable confidence building. The eventual aim is for participants to access activities which will improve their mental and physical wellbeing and increase socialisation and involvement in the community.

6.9 For those older people whose frailties are such that they cannot leave the house, the service looks at neighbourly contacts as well as possibly arranging for small group activities in the user's home.

6.10 A senior commissioner for ASC appeared in a campaign video produced by Open Age, an organisation funded by LBHF and others to provide activities and to support people to be active in their communities.

6.11 **APPENDIX B** lists a number of council funded 3rd sector initiatives being delivered to tackle social isolation and loneliness. There are also befriending

initiatives being delivered on council estates and parts of the borough that are not funded by the council (e.g. White City Big Local).

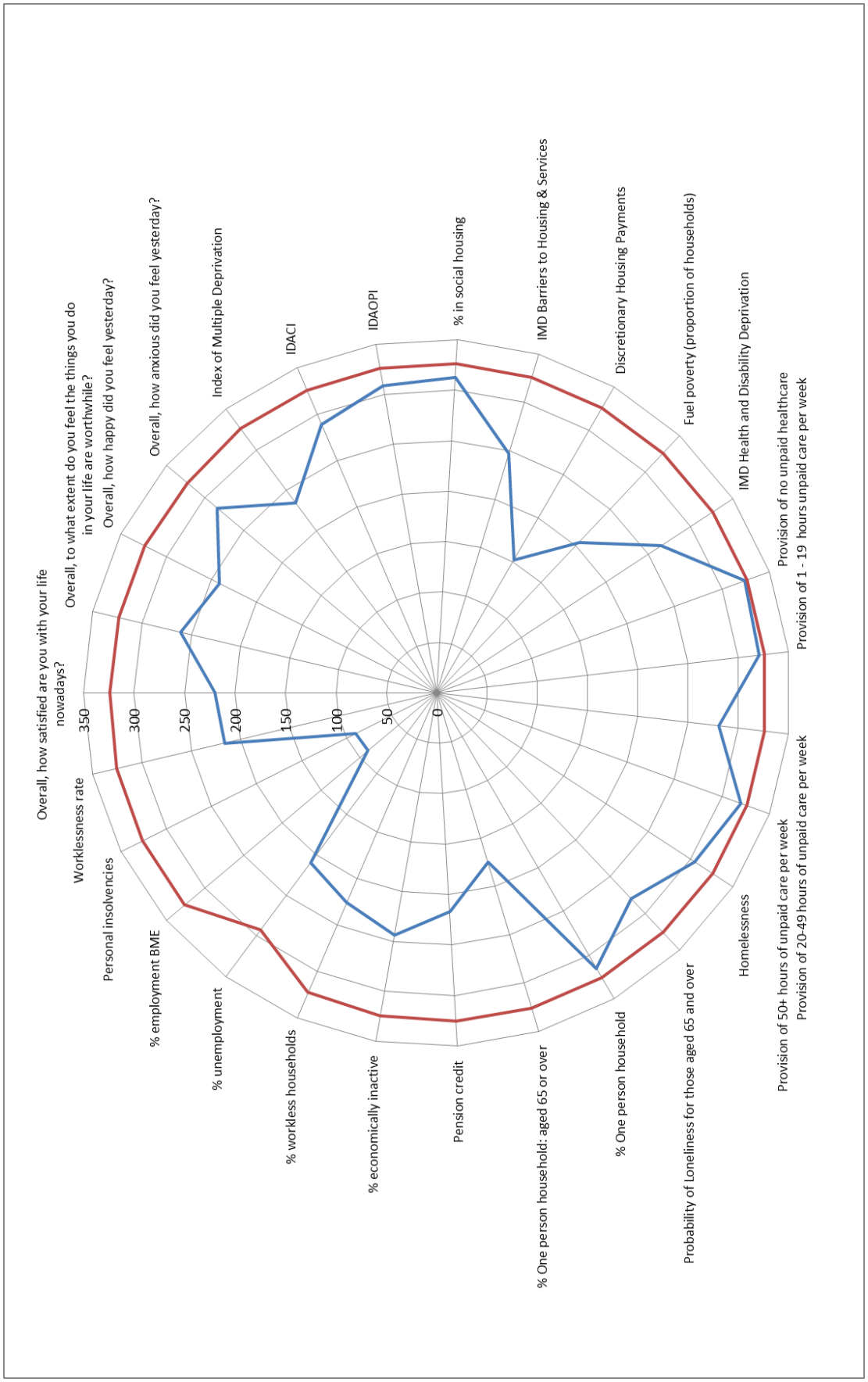
7.0 The next steps

7.1 Working with the Campaign to End Loneliness, a workshop is currently being planned to bring together all relevant local stakeholders across the public and 3rd sectors. The workshop will aim to take in learning and good practice from elsewhere, identify community assets and gaps in provision as well as develop realistic solutions.

7.2 'Silver Sunday' 2016 will also promote and stimulate activities that will primarily address loneliness and isolation amongst older people in the borough. The 2015 Silver Sunday scheme included awarding a Third Sector Invest Fund grant to the Consultative Forum and Age UK to host a local conference on tackling isolation.

7.3 Based on the new duties in the Care Act 2014, Public Health, ASC, the Third Sector Investment Team, Housing and the Clinical Commissioning Group are starting to work to develop a more coordinated prevention strategy which identifies loneliness as one of the key risk factors that contributes to frailty and loss of independence. This work has been informed by many of the documents produced by the Campaign to End Loneliness (e.g. The Cost of Loneliness, January 2014).

APPENDIX A


Overall, how satisfied are you with your life nowadays?
Overall, to what extent do you feel the things you do in your life are worthwhile?
Overall, how happy did you feel yesterday?
Overall, how anxious did you feel yesterday?
Index of Multiple Deprivation
IDACI
IDAOPI
% in social housing
IMD Barriers to Housing & Services
Discretionary Housing Payments
Fuel poverty (proportion of households)
IMD Health and Disability Deprivation
Provision of no unpaid healthcare
Provision of 1 - 19 hours unpaid care per week
Provision of 20-49 hours of unpaid care per week
Provision of 50+ hours of unpaid care per week
Homelessness
Probability of Loneliness for those aged 65 and over
% One person household
% One person household: aged 65 or over
Pension credit
% economically inactive
% workless households
% unemployment
% employment BME
Personal insolvencies
Worklessness rate
350
300
250
200
150
100
50
0

APPENDIX B

Current 3SIF funded services.

Age UK:*"The Connect Project"*
The Connect Project is designed to improve the quality of life for older people, their families and carers. Its aim is to reduce isolation and loneliness and generate a feeling of safety in the home, at the same time improving physical and mental wellbeing. The project has developed participatory ways through local activities in which older people could help each other to achieve well-being through social networking and offering volunteering opportunities to local people.

Activities include:
Exercise, Pilates, Book and a Cuppa, Crafts & sewing, Health promotion & checks , IT & telephone lessons, Silver Surfer Internet Café, Information& advice, Holistic & beauty therapy, Community café, Information & Advice, Escorted Shopping service, In-Touch befriending & Practical support service (weekly to isolated older people), Well-Being Supporters Group (volunteers offering 1:1 support to older people experiencing a difficult period i.e. following a fall or bereavement), 'Mindgames'.

Alzheimer's Society: *"Dementia Support Worker & DFC"*
The Dementia Support Service supports people with dementia and/or their carers who live in the LBHF. The service will identify the barriers people with dementia experience when obtaining a diagnosis, and then accessing both mainstream and statutory services. The service also support people with dementia and/or their carers who are of a working age and who wish to remain actively employed.

Volunteers will be trained as Dementia Friends Champions, and in partnership with the Dementia Support worker will work closely with providers to ensure they are aware of the difficulties people with dementia and their carers may be experiencing whilst trying to access, and make use of their services.

Asian Health Agency: *"Shanti Lunch & Wellness Service"*

The service aims to improve physical and mental wellbeing amongst older people & older carers and reduce social isolation, primarily through a café service with additional activities that focus on health education and healthy living, reducing isolation and connecting communities. The café aims to operate 6 days a week, delivering up to 25 meals a day.

Barons Court Project

Day centre for residents with mental illness and/or are at risk of becoming homeless. The service also works with people that have a mental illness that are street homeless in LBHF. The service receives referrals from GP's, CMHT's, Charing Cross Hospital and Social Workers.

The service includes:
- Alcohol and drug free drop-In Mon, Tue and Wed 2-5pm: practical support, showers, laundry and a cost-price café.

- Tuesday & Thursday 11-1: one-to-one support (mainly benefits advice) plus help with budgeting, housing advice and emotional support.
- Thursday afternoons: Life skills - an 8 week programme including cookery, IT, Arts & Crafts & Living Skill).
- Fridays: a Women's Group and a BME Group.

The service offers users the opportunity to take part in social activities away from the centre.

Bishop Creighton House: *"Homeline"*

A telephone based service which aims to reduce the loneliness and isolation felt by older people in Hammersmith and Fulham through greater social contact and increased activity. Homeline volunteers provide telephone befriending, plus home visits, help with day to day tasks, walking outdoors and hospital visits.

Deaf Plus: *"Living with hearing loss"*

Service designed to support older people to manage the difficulties experienced by losing their hearing through the ageing process. This is achieved by providing access to appropriate information, skills and services in an empathic learning environment.

Fulham Good Neighbour Service

Helping local older people overcome social isolation & loneliness and to help people remain active & independent. The service will achieve increases in social contact, people getting out and about, and independence. The service will offer 1-2-1 befriending, social events, help with getting out and about, practical help in and around the home and information and signposting.

H&F Mencap: *"Community Inclusion"*

This will enable Mencap to utilise existing community facilities, developing tailor-made community packages to support users of the service to access meaningful day and evening local community activities, including mainstream leisure, sport, recreation, cultural activities, community events, social clubs, developing skills to increase independence, confidence and skills for life.

H&F Mencap: *"Safety Net People First"*

This service focuses on user participation and a self-advocacy group that aims to empower individuals with learning disabilities living in the LBHF to become equal and active citizens in the community supported by a co-ordinator who actively supports the development of meaningful volunteering opportunities for members.

Open Age: *"Linked In And Active"*

A service for older people who live on low incomes to improve their health & wellbeing and thus enable them to live independently within the community for longer.

The **Link-Up** element of the service will reach out to people age 50+ in primarily deprived areas of H&F through a dedicated worker. They will support and encourage people into activities offered by both Open Age and other. The project aims to reach older people who are socially excluded, less motivated, or more isolated (perhaps as a result of bereavement, health issues, or a fear of crime) and provide encouragement and continuing support to help them choose an activity that interests them, and then help build their confidence to initially access health related activity sessions. Once introduced to an activity and taken to the first session, Volunteer Champions will offer ongoing peer support to the individual if appropriate.

Urban Partnership Group: *"Masbro Older People's Access Service"*

Enable older people to live independently reducing their need for high level care. The service includes:

- Weekly tea clubs with guest speakers and activities
- Local visits to places of interest
- Celebration lunches at Eid, Christmas etc.
- A whole day summer outing
- Information and access to mainstream services through a service information pack
- Running of the Masbro Elders Forum
- A Digital Inclusion programme
- home visiting service offering companionship and supporting
- risk assessments
- Health and fitness activities at the Masbro Centre
- Guidance on healthy living and eating
- IAG on keeping warm in winter and hydrated in summer
- Information and assistance in managing finances

A brokering service whereby people can access 'in home' personal services to maintain their appearance and external physical health

N&NWL Vietnamese Association: *"Vietnamese Elderly People"*

A weekly Luncheon Club with drop in session, health advice, keep fit exercise, home visits and befriending for the Vietnamese and Chinese elder community age 50 plus, to prevent social isolation. Funding also sought to provide basic informal IT and ESOL classes to improve language and digital skills, to promote independent living.

Agenda Item 8

Health, Social Care and Social Inclusion Policy and Accountability Committee

Work Programme 2015/2016
3 June 2015
Preparing for Adulthood: A Report About Young People Aged 14-25 with Disabilities Chelsea and Westminster Hospital NHS Foundation Trust: CQC Report The Francis Inquiry Recommendations: Responses by Chelsea and Westminster Hospital NHSFT and Imperial College Healthcare NHS Trust Chelsea and Westminster Hospital NHSFT: Integration with West Middlesex Hospital
7 July 2015
Addressing Food Poverty in Hammersmith & Fulham Chelsea and Westminster Hospital NHSFT: Integration with West Middlesex Hospital Primary Care Briefing: GP Networks Network Plan 2015-2016 and Out of Hospital Services
14 September 2015
Customer Satisfaction Immunisation Uptake New Home Care Service West London Mental Health NHS Trust: Development of Services
4 November 2015
Immunisation Uptake: Update CQC Inspections: Central London Community Healthcare NHS Trust and West London Mental Health NHS Trust Public Health: introduction to community services and strategy and in year Public Health savings
19 January 2016
Healthcare Commission Report Safeguarding Adults: H&F Report
2 February 2016
2016 Medium Term Financial Strategy Imperial College Healthcare NHS Trust: Winter Pressure and Outpatients PAS Update Care Act Part 1
14 March 2016
An update on Charing Cross revised
18 April 2016
• Flu Vaccination: Update and Monitoring Data (to include CNWL) • GP Access • Social isolation and loneliness in the borough. • Co-production in commissioning

Future Meetings
Meal Agenda Digital Inclusion Strategy Impact of devolution on Local Health Services ~~Care Act~~ Chelsea and Westminster Hospital NHS Foundation Trust: Integration with West Middlesex Hospital ~~Co-commissioning Work~~ Commissioning Strategy: Providers Community Champions Community Independence Service Customer Journey: Update End of Life Care: JSNA and CLCH to Update on Action Plan Equality and Diversity Programmes and Support for Vulnerable Groups H&F CCG Performance H&F Foodbank Immunisation: Report from the HWB Task and Finish Group Integration of Healthcare, Social Care and Public Health Listening To and Supporting Carers Public Health Report Self-directed Support: Progress Update Vaccinations West London Mental Health Trust: Update Antibiotic prescriptions