

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

Monday 12 December 2016

PRESENT

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

Co-opted members: Patrick McVeigh (Action on Disability) and Bryan Naylor (Age UK)

Other Councillors: Sue Fennimore, Sharon Holder and Vivienne Lukey

Officers: Christine Mead, Behaviour Change Commissioner, Public Health, Anna Waterman, Strategic Public Health Advisor

Guests: Rahma Ibrahim, Edward Woods Community Champion, Chris Mikata-Pralat, Fulham Good Neighbours, Anne McApline-Leny, Soup4Lunch and Helen Leech, Open Age

105. MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on Thursday, 20th October 2016 and Wednesday, 2nd November 2016 were agreed as a correct record.

106. APOLOGIES FOR ABSENCE

Apologies for absence were received from Co-optee, Debbie Domb and Councillor Sue Macmillan.

107. DECLARATION OF INTEREST

Councillor Joe Carlebach declared an interest in Agenda Item 5, as a trustee of Hammersmith and Fulham Citizens Advice Bureau.

108. COMMUNITY CHAMPIONS

Councillor Rory Vaughan welcomed Christine Mead, Behaviour Change Commissioner, together with Rahma Ibrahim, a Community Champion from the Edward Woods Estate. Ms Mead provided a background to the project which had started with The White City project, initiated as one of 16 projects under the Well London Programme, in 2008. Three initial projects in Old Oak, Park View and Edward Woods had successfully established themselves within the fabric of the local communities they served. This led to three more projects being established, also based within the Borough. Ms Mead attributed this success to way in which the projects were structured and the responsiveness of volunteers within the community. Volunteers worked towards improving their own as well as local health knowledge and also received training and support from the Royal Society of Public Health. This process equipped them with skills and knowledge to enable them to undertake health focused projects within their localities that were of interest to them, allowing them to develop at their own pace and initiative. Evaluations of the first three projects demonstrated significant impact beyond the broader sense of public health, so affecting positive change on community safety and cohesion, employability and improved health in terms of being more active. At the core of each project was a strong sense of neighbourliness and the desire to affect change from within the community.

Mrs Ibrahim was invited to share her experience as Community Champion, based in her locality, the Edward Woods Estate. In 2013, Mrs Ibrahim explained that she had found herself struggling to cope with the demands of a growing family and expecting her fourth child. Feeling isolated and seeking a wider purpose in life, she discovered the work of the Edward Woods Community Champions, who had welcomed her, offering support, information and guidance. Mrs Ibrahim eloquently explained that the Community Centre had become a surrogate family to her, having herself, no immediate family residing in the UK. She discovered a passion for volunteering, attending coffee mornings and organised events, and was subsequently motivated by a strong desire to help her local community flourish. As her confidence increased, in time Mrs Ibrahim was sufficiently motivated by the experiences of mothers and families in the Somalian community to reach out to them, offering support, information and organising group trips. Recognising a health need within the Somalian male community, and the high prevalence of drug use (specifically, "Khat", a class C drug illegal since 2014) eventually led Mrs Ibrahim to paid employment with Turning Point. Her experience as a Community Engagement Worker offered her invaluable learning and development opportunities, through which she was able to engage with Somalian community.

Mrs Ibrahim expressed her gratitude for the opportunities she had gained through her work as a Community Champion, which she considered to be life-changing. The beneficial impact of this role also extended to her family, and in particular her daughter, for whom she had become positive a role model.

Councillor Joe Carlebach thanked Mrs Ibrahim for her excellent presentation, and commented that the Community Champions initiative was a fantastic intervention in hard to reach communities, noting the empirical evidence (Cabinet Office report, social Return on Investment or SROI) which supported this view. He commended the work of Ms Mead and her colleagues, who had been instrumental in launching the project. Given the huge benefits in terms of improved health outcomes, self-esteem, employability and engagement with hard to reach groups, Councillor Carlebach asked what further support could be offered to further facilitate the work of the programme, particularly, for example, with GP's, who have not integrated Community Champions into the services they offer. Ms Mead explained that the Community Champion model had evolved from the work of what was known as the "Nudge Unit" (Cabinet Office, Behavioural insights Team), which established that most people were likely to act on messages communicated to them by friends, family or neighbours. It followed that communicating messages about health in this way would ultimately lead to improvements. The SROI study did not just set out the aims of the project but additionally, the benefits. It was noted that there had been further developments, working more closely with the CCGs and housing providers. Working with GPs was more challenging given the pressures practices were facing, although there were exceptions with Community Champions based in practices.

Ms Mead sought the support of the Committee on how links with GP practices could be further improved.

ACTION: Public Health / HASCSIPAC

Councillor Andrew Brown commended Mrs Ibrahim on her moving presentation and congratulated her on seeking improvement that was not limited to her own circumstances but more broadly linked to that of the wider community she lived in. Councillor Brown viewed this as a clear return on social investment and believed the estimate of £ 2.78 million to be considerably underestimated. In response to the question of what the Committee could do to further support this work, Ms Mead referred to the concept of "frugal innovation". There were many ideas involving innovative development and communication and their applications. Community focused helpers were a vibrant and growing resource, which when motivated and stimulated offered a potentially huge social return on investment.

Referencing her earlier example of Somalian drug users addicted to "Khat", Mrs Ibrahim sought more support. She explained that many users lacked awareness about how the drug was manufactured or where it originated from and were subsequently also unsuspecting about possible contaminants, with serious consequences. Help, advice and support services to users were unavailable to many who were already dealing with difficult situations, and feeling increasingly disenfranchised and isolated. She concluded that a holistic approach was required, as the prevailing enforcement laws ensured that some Somalian men returned to Somalia, leaving Somalian mothers to deal with a second generation of young people, continuing the same cycle of addiction. Community Champions did much to raise awareness about drugs and alcohol but further support was needed.

Patrick McVeigh welcomed the report, and with reference to page 36 enquired what was the appropriate community response. Ms Mead explained that the JNSA was an evidenced based analysis which identified the need of communities across the community. In terms of inequalities, Public Health looked at the age of death, with early death being equated with the level of poverty and deprivation that characterised deprived areas.

Councillor Natalia Perez thanked Ms Mead for the report and commended Mrs Ibrahim for the good work undertaken and how it had benefitted her community. Focusing on issues such as employability, Councillor Perez enquired about the role of the third sector in terms of supporting the beneficiaries of the programme and in terms of the volunteering opportunities to engage with local residents. Ms Mead responded that the programme focussed both on improving employability and health outcomes. Public Health focussed on the wider determinants of health, which in turn could improve employability. Community Champions was a pathway to employment and offered a clear link to improved health outcomes. Mrs Ibrahim pointed out that every champion was an individual, with choice as to what they could achieve once they were offered a road map to guide them. Ms Mead continued that they relied on the third sector coming forward as an organisation which could determine and shape the structure of the projects, with the primary capability being the capacity to reach local residents. Mrs Ibrahim confirmed that while her experience as volunteer had directly led to paid employment, it had also exceeded her expectations, offering her the opportunity to develop skills and be passionate about serving her community.

Councillor Hannah Barlow commended the report and enquired about the training days offered, what were the key incentives and pastoral support volunteers were provided with, acknowledging that voluntary roles required energy, commitment and support. Mrs Ibrahim explained that she had received health care training (achieving NVQ Level 3), travel and childcare reimbursement, assistance with training placements. Funding was a practical concern, but more important was mentoring and support from like-minded individuals, acknowledging that individual volunteers would each have different skills but would receive equal commitment.

Co-optee Bryan Naylor expressed his support for the report and enquired about the way in which community champions were recruited and the sustainability of the programme and how the third sector worked to sustain it. Commenting on recruitment, Ms Mead explained that successful recruitment was based on hard work and the commitment of colleagues, spending considerable time in talking people. She added that there were limitless numbers of people (of employment age) who were interested in making this kind of contribution through the programme. The work of the project manager, together with committed volunteers, was critical to the projects overall success, which then became sustainable through the energy generated. Sustainability was also achieved through the life of the community itself, with most individuals residing within them long term, helping to sustain and embed a network which exceeds the span of the locality of the project itself. Community projects have a natural lifespan, evolving over time.

Councillor Brown enquired whether the training offered to volunteers could be extended to include academic support for Mathematics and English qualifications. Mrs Ibrahim commented that these had never been her strength but acknowledged that during the course of her training, her proficiency in both verbal and written English had improved considerably because of her work as a Community Champion.

Councillor Sue Fennimore reported that the Administration had undertaken considerable work through Poverty and Worklessness Commission which had produced a report, the findings of which were promising and impressive. The Community Champions programme was major part this work, as was the role and vital contribution of volunteers and the third sector. The draft strategy contained 10 main recommendations, many of which captured the journey experienced by Mrs Ibrahim. The Community Champions programme was embryonic and the start of a number of projects that will be rolled out across the borough under the Poverty and Worklessness Commission umbrella. It was noted that the Commissions' report will be considered by the Committee at its meeting in January 2017.

Councillor Rory Vaughan asked how information about the benefits of the project could be more effectively communicated across the Borough, and further, how it could be made more accessible. Councillor Barlow distinguished between face to face contact and online social media tools, and how these could be applied more effectively. Ms Mead confirmed that face to face contact was critical in the way in which it reduced social isolation but added that a number of the Community Champions used Whatsapp group messaging to maintain contact and share information. However, while this was a powerful tool, it was no substitute for face to face contact.

Summarising the key points of the discussion Councillor Vaughan confirmed that the Committee supported the continued expansion of the programme and emphasised the importance of partnership working between Public Health, housing and health professionals across the Council. Councillor Vaughan also recognised the potential hurdles in engaging GPs in this area and noted the increasing need to raise drug and alcohol awareness amongst particular groups of the community. Councillor Vaughan acknowledged the vital role of the third sector in the development and training of volunteers and the benefits generated, both in terms of improved health outcomes and employability. Finally, Councillor Vaughan confirmed that the Committee would be considering the Poverty and Worklessness Commission report in January 2017.

RESOLVED

That the report be noted.

109. ADDRESSING SOCIAL ISOLATION AND LONELINESS IN HAMMERSMITH AND FULHAM

Councillor Vaughan welcomed Anna Waterman, Strategic Public Health Advisor, together with Helen Leech, Open Age, Anne McApline-Leny,

Soup4Lunch and Chris Mikata-Pralat, Fulham Good Neighbours. Ms Waterman presented the report which set out the draft strategy on Tackling Social isolation and Loneliness. The Committee's scrutiny of the draft strategy would form part of the pre-consultation and engagement process. Ms Waterman outlined how work on the strategy had been initiated by the Social Inclusion Cabinet Member Board (CMB) in February 2016, which had established social isolation and loneliness as a priority for action. A workshop, led by The Campaign to End Loneliness (The Campaign), was held in April 2016, which explored contributory factors for social isolation and loneliness and how this would shape the size and scope of a work program. It also explored how loneliness specifically manifested itself in Hammersmith and Fulham, with the aim of identifying which groups were at particular risk and what else could be done to improve health and well-being.

The Campaign worked closely with Age UK to develop a framework for identifying social isolation and loneliness, which was adopted for the draft strategy. Four pillars were formulated within the draft strategy which were viewed as necessary to ensure a robust approach (listed at section 1.2 of the report). The first was 'foundation services' such as Community Champions, which were aimed at identifying and supporting those at risk. These were people who were not usually visible, contacting the Council through services such as refuse collection, bill paying or libraries. The second pillar was 'direct interventions', addressing directly the needs of socially isolated residents, and the third 'gateway services', without which residents could not access direct interventions, such as public transport and on-line information and advice. The fourth pillar was 'structural enablers'; meaning the local environment shaping the right conditions for local residents to engage other residents, groups and service providers. This might include neighbourliness, dementia/age friendly neighbourhoods, places designed to engender social contact.

Two major conclusions that resulted from the April 2016 workshop were firstly that tackling social isolation and loneliness required a whole systems approach with collaborative intervention from health and social care practitioners and others. Secondly, a Task and Finish group was set up to develop the draft strategy, evaluating the evidence base and looking at current best practice. Initially, the intention was to focus exclusively on older people, however, while it was accepted that there was a recognised set of structural triggers, for example, economic deprivation, divorce and bereavement, as well as personal characteristics such as disability and ethnicity, which either singly or collectively had a cumulative impact over time and evidence suggested that the prevalence of older people experiencing isolation or chronic loneliness was higher.

The CMB took the view that they would adopt a strategic perspective using the set of triggers to inform the framework of the draft strategy. There were a number of policy levers in Hammersmith and Fulham as set out in section 3, such as a commitment to increase capital through securing value for money contracts. Section 5 of the draft strategy set out a number of strong, local assets which would place the Council in a strong position to effectively deliver what was currently a draft work programme.

There were three strategic objectives driving the work programme. The first, was to raise local awareness and skills among residents and staff to enable them to 'Make Every Contact Count'; to feel confident in offering support if someone appear to be isolated and/or lonely. The second was to address specific issues relating to the four pillars of The Campaign's framework, for example developing community resilience and social capital and digital inclusion. Finally, the third objective was to ensure that the right services and facilities were available locally to address the needs of at risk populations. There was a need to ensure that staff were supported and empowered to notice social isolation and can be equipped to address issues guiding residents on to the next set of services that they might need, following the policy of 'Making every Contact Count'.

Ms Waterman explained that the Social Inclusion Board, which included providers such as Shepherds Bush Housing Association and Job Centres Plus, had been involved in the development of the strategy pre-consultation and that services, facilities and local businesses that came into direct frequent contact with residents would also be engaged to ensure that they inform and were part of implementing the work programme. A second workshop was planned, involving the same representatives who attended the April workshop; the CMB will consider widening the representation to get into the granularity around what the work programme might look like.

In concluding, Ms Waterman sought the Members views on whether the draft strategy sufficiently made the case for a strategic response and whether it adequately reflected current provision and whether there were other issues it should be exploring

Co-optee Bryan Naylor thanked Ms Waterman for her presentation and observed that there were many individuals who were difficult to reach out of choice and who should be able to exercise their right or preference to be alone. Mr Naylor expressed the view that one of the key themes was about local issues such as being neighbourly and, about reaching out and engaging with people locally. He observed that there was no homogenous answer that could apply across the borough. There were approximately 70 charities based in the borough and although there were many projects aimed at alleviating isolation, some of the work was unconnected. Ms Waterman responded that addressing social isolation was highly challenging, and that projects such as the Community Champions were in part so successful as they did not operate as institutions and were very much part of the local fabric. She acknowledged that there were many who did not want to be involved or part of organised activities. Acknowledging also a point made by a member of the public, the impact of closing activities on social isolation was not always perceived.

Ms Leech explained that Open Age worked with elderly people and that the primary purpose was to reduce loneliness. While there were a number of activities, it was important to ensure that people were engaged. Open Age was not a befriending service but linked with projects like Community Champions, health professionals and local residents, talking to people in the

area in order to understand what the barriers were to getting people to participate. If an individual wants to go out and about, Ms Leech explained that they could be referred to local groups and organisations.

Councillor Hannah Barlow commented that the strategy was a comprehensive starting point and asked if there was a mechanism for identifying or preventing any duplication in provision. Mr Mikata-Pralat responded that he concurred with the point made by Mr Naylor about individual choice, however, it was important to ensure that there was sufficient access to resources and support. He suggested that a more co-ordinated response might be the answer and could make significant difference, acknowledging that most people did not realise that they need help until a crises event occurred.

Ms McAlpine-Leny observed that older people were an untapped resource, referencing John L. Mcknight (Chicago, USA, Asset-Based Community Development Institute), who had in the 1960's, employed a young Barack Obama. The key was to identify what resources were already in place, for example, a soup kitchen for the homeless in a local church. In this particular example, the skills of the people using the soup kitchen were deployed to develop the kitchen into a café with other support available to users. Soup4Lunch advocated developing similar initiatives in places such as sheltered housing, supported by older volunteers. There was a need to develop programmes around older people as a resource.

Councillor Joe Carlebach welcomed the report, commenting that isolation could mean many things to different individuals. He asked what advice and guidance could be offered to Council departments who did not always co-ordinate, citing an example of one of his constituents, a 90-year-old man, in sheltered housing and with a hearing deficiency, where the lack of co-ordination between Housing and Adult Social Care had been unhelpful. He also asked what could be done strategically to remove these barriers. Ms Waterman responded that a recent report she had produced, the 'Housing support and care Joint strategic needs assessment, highlighted a need to ensure better collaborative working between Council departments, service providers and external colleagues such as registered housing providers. She highlighted the work of "People First", which aimed to provide digital access to services. This was an example of a 'Gateway service', helping people find and engage with the service they needed.

Mr Naylor commented that Age UK offered advice and guidance support, but there was high demand and a waiting time of up to six weeks to speak to an advisor. A triage arrangement was in place to ensure that the most urgent cases could be identified but a lack of funding was a concern.

Councillor Natalia Perez thanked Ms Waterman for her presentation and noted the holistic nature of the report, with a whole person approach, which she endorsed. Councillor Perez took the view that the role of the advice sector was essential, as a first port of call for many seeking support. She asked what help could be offered to ensure that the triage model outlined by Mr Naylor could be further supported. She also observed that it was important for provider organisations to maintain lines of communication and

asked how good communication was sustainable by the key players involved. Ms Waterman responded that draft work programme outlined within the report (page 81, Appendix 2, Draft Work Programme) sought to address this. The difficulty lay in ensuring the activities in the programme gained the trust of the people it sought to support, referring to point 6.2, V, in Appendix 2, and the establishment of a main portal to information and advice, ensuring better links between organisations. Ms Leech added that improved funding provision and sustained publicity for activities would also be helpful, citing the examples of the Freedom Pass and the Silver Sunday (WCC). This was a way of contacting large numbers of people and providing information about events and services.

Councillor Barlow noted that the Digital Inclusion work was included in the Committees forward work programme, listed for March 2017. It was confirmed that this centred on the barriers to accessing WiFi services in the Borough. It was noted that there was a pilot project planned around using social housing as a hub.

Councillor Vaughan summarised that the data within report made a strong case for the way in which social isolation and loneliness impacted on residents in the Borough. However, he observed that there was a need to simplify the language used and remove professional jargon and to make the report reader friendly. Highlighting the strategic objectives in Appendix 2, and the digital information portal, he reiterated the earlier point made by Mr Naylor and asked what will work and who were the target group that the initiative would aim to support. Acknowledging that there would be some who did not want support, Councillor Vaughan asked how such people could be identified.

RESOLVED

1. That the draft document made the case for a strategic response to isolation and loneliness;
2. That the comments and actions arising from the Members discussion, be noted;
3. That the Committee endorses the strategic commitment set out in the draft document; and
4. That the report be noted.

110. WORK PROGRAMME

During the course of the discussion Members noted the urgent need to formulate a considered response to the STP and agreed that it would be helpful to discuss this in detail at the meeting scheduled for March 2017.

RESOLVED

That the work programme be noted.

111. DATES OF FUTURE MEETINGS

The Committee noted the dates of meetings for the remainder of the municipal year:

Tuesday, 31st January 2017
Wednesday, 8th March 2017
Wednesday, 26th March 2017

Meeting started: 7pm
Meeting ended: 9:45pm

Chair

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