

London Borough of Hammersmith & Fulham
**Health & Wellbeing
Board
Minutes**



Tuesday 21 November 2017

PRESENT

Committee members: Councillors Ben Coleman (Chair) and Sue Macmillan, Vanessa Andreae, H&F CCG
Janet Cree, H&F CCG
Ian Lowry, Chief Executive, Sobus
Keith Mallinson, H&F Healthwatch Representative
Steve Miley, Director of Family Services

Nominated Deputies - Councillors:

Sharon Holder and Rory Vaughan

Nominated Officer Representatives:

Mike Boyle, Director for Strategic Commissioning and Enterprise (for Lisa Redfern, Director of Adult Social Services)

Officers: Helen Banham, ASC Strategic Lead for Professional Standards and Safeguarding; Fawad Bhatti, Policy and Strategy Officer; Colin Brodie, Knowledge Manager, Public Health; Gaynor Driscoll, Head of Commissioning Adults Public Health; and Ashlee Mulimba, Director of Healthy Dialogue

120. MINUTES AND ACTIONS

The minutes of the previous meeting held on 13th September 2017 were agreed as an accurate record.

121. APOLOGIES FOR ABSENCE

Apologies for absence were received from Dr Tim Spicer, H&F CCG (Vice-chair) and Lisa Redfern, Director of Adult Social Services.

122. DECLARATIONS OF INTEREST

There were no declarations of interests.

123. DEVELOPING A SHARED SOCIAL ISOLATION AND LONELINESS PLAN

Councillor Ben Coleman welcomed members of the public seated in the audience, most of whom represented a range of local community groups.

Introducing the report, Councillor Coleman explained that its purpose was to facilitate a discussion and collaborative approach in developing a strategy; addressing social isolation and loneliness within the Borough.

Gaynor Driscoll briefly highlighted several key elements which included the need to define social isolation and loneliness (SIL). It was explained that SIL could affect young and old, new mothers, the recently bereaved and early retirees, and was also influenced by any combination of personal factors. What was required was the proactive involvement of the local community in helping to alleviate SIL.

Referring to anticipated Census data for 2021, social disadvantage and poverty indices in the North of the Borough expected to be high. This, together with a more transient population, was associated with the disruption of social ties or community networks, and hence a greater risk of a loss of informal social control. Developing strong bonds and community cohesion was a primary element in addressing SIL. With a high percentage of residents aged +50 living alone in the Borough, it was important to understand the need for a multi-generational approach. To illustrate, simple, low cost solutions included adapting the urban streetscape to ensure that there was adequate seating, where needed.

Bryan Naylor, from Age UK, seated in the audience, observed that SIL was a both a local and national problem with no easy or quick solution. He was keen to see strategic outcomes.

Dr Kellie Payne, Research and Policy Manager, Campaign to End Loneliness briefly provided details about the work of the organisation. Highlighting the work of Jo Cox, MP to develop a National Commission on Loneliness, the difficulties faced by young mothers and the, combined risk factors affecting older people, there was agreement that SIL required a national and community based solution.

A member of the public observed that it would be helpful to have a breakdown of the data by ethnic groups, whose experience of SIL would be markedly different. Councillor Bevan Powell, RBKC, and a trustee of Nubian Life, expressed concern regarding the impact of SIL on older, black and minority ethnic groups (BAME), and, health inequalities experienced by them. It was agreed that a BAME data breakdown would be helpful to understand both need and identify barriers.

Christine Smyth, from Home-Start, explained Home-Start was a small pilot project supporting socially isolated pregnant and new mothers living in the Borough. Ms Smyth commented that working closely with the NWL Mental Health Trust, would help prevent the escalation of mental health issues. They had identified a huge need amongst in BAME groups experiencing social isolation, with little or no family support networks. LGBTQ (Lesbian, Gay, Bisexual, Transgender Questioning/Queer) communities, socially stigmatised or rejected by their families, lacked support, and experienced SIL.

Fawad Bhatti provided brief background details, setting out the remit of the Commission. A key aim had been to bring together different Council services, and to work with the voluntary and community sector, local businesses, and the CCG. The Business Intelligent Unit (LBHF) had provided evidence based data, which had allowed the Commission to compile a framework of reference. The Campaign to End Loneliness had facilitated workshops, utilising the framework and an officer group was set up to formulate a draft strategy, together with a draft work programme.

It was recognised that the impact of social isolation resulted in the loss of a person's contribution to the wider community, the loss of both skills, experience and knowledge. Bryan Naylor commented that elderly men found it particularly difficult to engage with 'professionals', and anecdotally, find simple solutions such as lurching alone in a pub. The work of groups such as Community Champions provided invaluable support but there was a need to build stronger links with the CCG. Vanessa Andreae acknowledged the evidence linking SIL with mental health issues but observed that many of those attending surgeries sought an opportunity to engage in conversation. Ian Lowry commented that social prescribing enabled GPs and clinicians to make direct referrals and avoid a medical intervention. There was also a need for accountability, as the funds potentially available from GPs for such referrals came from the public purse. It was difficult to evidence cost and link this to positive health outcomes.

Following a question from Councillor Vaughan, Dr Payne explained that they had been working with the LSE to evidence the cost of care, which could be £12K per person, over a period of five years. It was accepted that collecting data was problematic, particularly given the difficulties of evaluating projects; and that it was hard to attribute the impact of SIL without conducting longitudinal studies. Finding a longer term, joined up approach was a funding and a systems issue and the impact of austerity, together with increasingly siloed working, overlooked the potential benefits across all services and the return in social investment which was much broader in terms of outcomes. To illustrate, Steve Miley explained that they were joining up services to ease transitions, establishing a new team, Preparing for Adulthood.

Dr David Wingfield, GP Networks Federation observed that a lack of power and short-term planning further hampered development. There were strategies in place but it was difficult to evidence outcomes. Councillor Coleman suggested a joint project between the Council and the CCG was required to look at the potential business case for a SIL campaign. Councillor Holder observed that in terms of improving SIL outcomes, it was essential that BAME and LGBTQ groups were identified within the Borough.

Resourcing was not limited to financial cost. The impact of restoring a person's sense of self-worth was invaluable; and smaller, group working better to alleviate SIL. Some age groups found that there was limited support available to them.

Vanessa Andreae felt this had been a useful discussion and confirmed CCG support for the HWB's work on SIL. In terms of next steps, a task force to

asset map and identify facilities like Bishop Creighton House was suggested to identify different the different voluntary resources available. In response to whether there were other local authorities that had achieved positive outcomes, in addressing SIL, it was acknowledged that this was yet to be evidenced; and it was acknowledged that a further challenge existed around commissioning ASC contracts.

In the closing discussion, the following points were summarised:

- That there was a SIL work programme planned to follow up the workshop discussions and that this would need to be refreshed;
- The CCG would like to see clear, evidenced based outcomes;
- That an asset mapping exercise was needed to identify voluntary and community based resources and facilities; and
- That a shared approach, co-ordinated by a lead person or organisation, with a jointly funded post, could be feasible, subject to more detailed discussion.

There were several events and facilities that were available to residents, but it was acknowledged that it was not always possible to make use of them at a time that was convenient to the individual. Councillor Coleman asked that officers explore the opening times of the Janet Adegoke Swimming Pool, to investigate if opening times could be more amenable. The North End Road Christmas market would be taking place shortly, together with another on King Street in December; and a community event hosted by White City Enterprise on 23 December. In addition, a tea dance for older people was held three times a year, hosted at Hammersmith Town Hall and finally, the Council will be hosting a free Christmas meal on Christmas Day, for elderly and vulnerable people.

RESOLVED

1. That further discussions take place to agree a joint approach (aims, strategy, work programme and measurement) to reducing isolation and loneliness in Hammersmith and Fulham;
2. That the progressed made to date by HWB members (Appendices 1 and be noted;
3. That the Board note how the current range of social isolation and loneliness projects could be better coordinated and connected (Appendix and what other services may be needed; and
4. That the Board note, alongside services, the role that individual staff members across a wide range of activity can play (including but not just front-line staff) in reducing loneliness and isolation.

124. SAFEGUARDING ADULTS EXECUTIVE BOARD - ANNUAL REPORT 2016-17

Councillor Coleman welcomed Helen Banham who presented the Annual Report of the Safeguarding Adults Executive Board (SAEB). The report had also been considered by the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee.

Vanessa Andreae, commended the report which she had reviewed in her capacity as Chair of the CCG Quality Committee. This was a very good report which provided great assurance about the work of the SAEB in the Borough. During the brief discussion which followed, it was confirmed that the SAEB were in the process of looking at feedback and referral mechanisms.

Councillor Coleman commented that the report was excellent and commended Ms Banham. On behalf of the Board, Councillor Coleman wished her well in her retirement, observing that her commitment, hard work and dedication would be greatly missed.

RESOLVED

That the report be noted.

125. PHARMACEUTICAL NEEDS ASSESSMENT

Councillor Coleman welcomed Colin Brodie and Ashlee Mulimba, who presented a report on the Pharmaceutical Needs Assessment (PNA). There was a statutory responsibility to produce a PNA for the Borough, to ensure adequate provision of local pharmacy services; to better understanding the needs of the local population; improve access to services and to identify any gaps. A 60-day period of consultation with a prescribed group of stakeholders would be undertaken, together with engagement with residents and the Council.

Following a question from Councillor Carlebach, it was explained that the Prescribing Wisely strategy served a useful reference point for understanding the PNA and the provision made by local pharmacies and aimed to encourage patients to be more involved in decisions about their medication. Referencing the issue of access and gaps in provision, it was understood that opening hours and out hours provision would also be explored.

It was agreed that the Board would write to NHS England, highlighting the following points:

- Accessible opening hours
- Medication and self-assessment (in the context of Prescribing Wisely)
- End of life care
- Alcohol and drug misuse

Councillor Vaughan suggested that it would be helpful to be able identify where local pharmacy services could be sourced. An interactive map or hyperlink on the Council or CCG's website mapping out local pharmacists would be useful.

Members commended the emergency support provided by local pharmacies during the Parsons Green station incident, noting that they would be have been reimbursed through NSH England. It was suggested that pharmacies

should be included in future emergency services planning, considering the support they could potential provide.

ACTION: LBHF / officer

RESOLVED

That the Pharmaceutical Needs Assessment report be noted.

126. WORK PROGRAMME

The Board noted the work programme would be subject to further discussion and development.

127. DATES OF NEXT MEETINGS

The next meeting of the Board was noted as 31st January 2018.

Meeting started: 6.00 pm
Meeting ended: 9.15 pm

Chair

Contact officer:

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