London Borough of Hammersmith & Fulham Integrated Care Partnership

Report to: Health and Wellbeing Board

Date: 29 June 2021

Subject: Hammersmith & Fulham Integrated Care Partnership Update

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

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1.0 Introduction

The Health and Wellbeing Board received a report from the Hammersmith & Fulham Integrated Care Partnership (H&F ICP) in March describing the five areas of focus for its work across the life course to improve the health and wellbeing of the population, with an ethos of reducing and preventing health inequalities across the borough.

This paper will provide a general update around how the ICP is working and will provide an update on the progress made in each campaign over the last 3 months. The progress reports are set in the context of our continued efforts to manage through the pandemic and the recognition that all parts of our system face significant challenges. The recent rise in cases means our absolute priority is the vaccination effort, in parallel with keeping our services operating as fully as possible to meet the needs of our population. We have a tired workforce and recovery is, and will continue to be, a significant challenge.

At the previous Health and Wellbeing Board, the ICP leadership heard the strong desire to capitalise on resident voices, build on current networks and commit to improving the engagement with H&F residents to ensure anything we do is “with” not “to” residents. This report will update on progress and provide a forward look at our engagement work.

Finally, the report will provide the Board with an update on the North West Lindon ICS work with the newsletter included at appendix 3.

2.0 Recap on ICP Areas of focus and Immediate priorities

We have 5 areas of focus and 4 campaigns:

Focus	Aim	Campaign
Staying well	We support people of all ages to live well and support communities and voluntary organisations to develop &	Health and Wellbeing Campaign

	mobilise support/community assets.	
Living with illness	Keep people of all ages well at home, avoid admissions to hospital unless necessary and ensure good transitions between care sectors.	Diabetes Campaign Frailty Campaign
All age mental health	Partners unite to rapidly tackle the impact of COVID-19 on mental wellbeing for all ages with a long-term focus on the development and delivery of holistic mental wellbeing support.	Mental Health Campaign
Recovery	Restoration of health and care services based on learning from COVID-19 in order to address the most pressing needs.	
ICP and PCN development	Develop the ICP to be delivery-focussed with PCNs at the heart of local communities.	

3.0 Progress Update

Generally, the ICP has been making good progress. Governance consists of an **ICP Board** that meets every two months to look forward strategically and monitor progress against plans. Additionally, the (i) **ICP Executive Group** and (ii) **ICP Leadership Group** meet on alternate weeks.

(i) The Executive Group is an ICS requirement and has one executive member representing primary care, one from the lead community healthcare trust, one from the mental health trust, plus the CCG borough director, Local Authority Director of Strategy and the CCG Inner Cluster Chief Operating Officer. We have recently invited the GP Federation Managing Director to add additional connection with primary care.

(ii) The ICP Leadership Group includes members from every sector across the borough, a representative from each primary care network (PCN), lay partners and voluntary sector partners. This is a large group which meets fortnightly to focus on operational matters and system connectivity, so that all partners understand what is happening in the borough and can seek support from each other to address operational matters.

The conversations are focussed on the needs of the population across the borough and how we as system leaders can collaborate to address need. This is a real shift in

ethos as all system partners are working together to understand gaps and develop solutions. The obvious example is the response to COVID-19 pandemic, e.g., vaccination plans and long-COVID plans. There are other example too; care home response and integrated discharge developments, for example

NWL ICS team have offered a workshop on population health management which we look forward to as population health data is a key enabler of our work.

3.1 Campaign updates

The campaign groups have been set up by building on previous work and capitalising on the positive energy in the borough: interested individuals have self- selected to be part of the initial scoping exercise. The first stage of the work has focussed on gathering opinions and synthesising the views into campaign priorities. The ask was to ensure that each campaign adopts a population health approach and an inequalities lens, but also to think in the widest and most creative way about what we could do to improve health and wellbeing across the borough and address any inequalities.

This has been a challenging phase of the work as there is a lot of interest and lots of passion, which has resulted in many people stepping forward and wanting to participate. In addition, the people who have stepped into this initial leadership space have invariably done so alongside their busy roles. This is hugely impressive and shows the level of commitment we have across the borough. Our next step is to work out how to manage the campaigns going forward so that it a reasonable and manageable task especially for individual leads.

HWBB should be aware that the ICP programme manager left at the end of May and the role is currently in recruitment. We therefore have very little infrastructure and need to fill this post to add some management capacity to the ICP. Whilst we recruit we continue our momentum trading on lots of goodwill and hope to be able to secure resource quickly to make the programme management more sustainable.

In the meantime, we have asked leads to bring a proposal on campaign priorities and proposal on delivery to the July Board meeting. Below is a brief update on each Campaign from the groups. HWBB are asked to note that these priorities are draft and a point in time, and we would warmly welcome input from the HWBB to ensure we stay true to the ambition of the ICP.

3.1.1 Diabetes Campaign

Hammersmith and Fulham local diabetes stakeholders' group has been reinstated, chaired by Dr Paula Fernandes. The group met on 16.06.21 to discuss progress in priority areas. Updates are as follows:

<u>REWIND programme</u>

- H&F referrals are exceeding target as a borough (305 referrals as 15.06.21 compared to a target of 29)
- Further work is required to identify variation in uptake across the borough.

- Review of practice allocations and utilisation of TDR (Total Diet Replacement)
- Targeted support for practices with low uptake of REWIND

Virtual Group Consultations (Type 2)

- A new element of the Enhanced Primary Care specifications for Diabetes Level 1 now includes a requirement to provide group consultations to support the management of our diabetic population.
- Primary Care Networks (PCNs) to sign up to training programme by 21.06.21
- Ongoing work with CLCH and PCNs to scope dietician, podiatrist and pharmacist support.

Community Type 1 Clinics Pilot

- Targeted support from secondary care diabetes consultant for primary care clinicians to manage Type 1 patients who do not wish to be seen in hospital settings.
- This model was piloted successfully in the South Fulham PCN and Central PCN in 2019.
- Proposed rollout of Type 1 virtual clinics in North Hammersmith PCN, led by Diabetes Nurse Consultant and ICHT Diabetes Consultant.

3.1.2 Frailty Campaign

The Frailty campaign is led by Dr Louise Cavanagh and Sonia Berjon, community matron CLCH. A wider frailty group meeting including representatives from CCG, LBHF, primary care, provider organisations including CLCH, CIS, West London Health Trust and Imperial, plus community sector took place on 17 June 2021. The campaign has identified the three main priority areas below:

Mapping of services around frailty in HF which includes

- Health, social care, voluntary sector and communities integration.
- Existing services, initiative and innovations
- Mapping IT systems and how could integrate better.

Data (including relative and carer feedback),

- Unplanned admissions and A&E attendances,
- measuring quality of life, role of life care-plan/CMC.

Mental/Physical health interface in Frailty Integration.

- Early detection. Dementia (diagnosis-coding- and services).
- Mental health for older people.

3.1.3 Mental Health Campaign

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

Main priority identified	Work to be undertaken
Increase community offer and reduce the use of unscheduled care	• MINT (Mental Health Integrated Network teams) fully operationalised; Integration with primary care and social care • Advance mental health equalities and working with communities • Expand local voluntary sector and mutual aid groups • Full operationalise crisis alternatives • Asset mapping (service and community asset mapping) • Identify the strengths of the community/micro-communities/PCN
Reduction of out of area placements and spend	• Optimising the use of in-borough supported accommodation • Bolster reablement provision • Increase use of direct payments • Community mental health rehabilitation service to be fully operationalised • Development of complex emotional needs offer from West London Trust
Improving the physical health of people with mental health problems	• Annual physical health checks: Minimum requirement **60%** of all patients on the SMI register and the top 5% of the CMI register to have the full Physical Health Check • Devise a clear list of interventions available to address areas of need identified from the physical health checks • Undertake CLCH and West London Trust Case load audit

The children and young people's subgroup of the mental health campaign is holding its first meeting on Monday 28th June to agree priority areas. Improvements to the ASD pathway has already been identified as a key area of focus.

A mental health stakeholder group has been formed to support the work of the campaign. Dr Beverley McDonald, GP clinical Lead has chaired the first two meetings. The group is looking to identify a co-chair either from the VSCE or expert by experience. The meetings so far have been very well attended with over 40 stakeholders including a wide range VCSE partners, experts by experience as well as health and local authority partners. Initial meetings have focused on sharing information about current services available. The next meeting on 24th June will include presentations on the new Crisis Safe Space run by H&F MIND which has just opened and The Listening Project. A small working party is being set up to agree terms of reference and how the group can support the campaign going forward.

It has been identified that further work needs to be undertaken to develop partnership working, improve the ways the diverse populations of the borough are reached and how data is used to address health inequalities.

3.1.4 Health and Wellbeing Campaign

Dr Chad Hockey and Dr Nicola Lang co-chair the group. They have met twice and have started to shape the work around addressing inequalities and connecting with communities in a real and meaningful way both to understand need, especially unmet need, but also to understand community asset, and how as an ICP we can build on the fantastic effort of communities and sustain this positive momentum and way of working.

A wider health and wellbeing group meeting took place on 17 June 2021 and included representatives from CCG, LBHF, provider organisations, community sector and primary care. The group agreed the following:

- All the group members were on board with developing a social model / social definition of health rather than a medical driven model defining health.
- The group agreed to work at level of place; with local communities, within communities.
- The group is conscious of the role of systems in terms of disempowering and the system potentially being causative for some of the issues that we are facing in terms of inequity. The group agreed that this work stream needs to focus on inequity.
- As the first priority, the group agreed to develop a health equity framework which would define a set of overarching principles that provides the architecture to support the discussion about how we can best help and support communities at place level.

4.0 Engagement

The ICP has re-started its resident and patient engagement and, in line with the discussion at March HWBB, is committed to getting this right. We have taken some small steps but recognise there is much to do and have recently agreed to prioritise this work now the ICP governance is in place and campaigns are underway.

From May 2021 we have undertaken the following virtual engagement activity:

- Sobus Providers for Older People Services (POPS) Forum, 10th May 2021 (attendance 40+). The forum is a mixture of Voluntary and Community sector organisations and some key stakeholders in attendance.
- Central Primary Care Network, Patient Participation Group (PPG), 12th May (attendance 33).
- South Fulham Primary Care Network, Patient Participation Group update, 27th May (attendance 18).

We also have planned discussions with Healthwatch Hammersmith and Fulham and the Maternity Champions to run some blended virtual and face to face events during the summer for local residents.

To progress the thinking, we invited our engagement lead to present at and lead a discussion at the leadership group on 16th June. As a result, the group agreed that the ICP Communications and Engagement strategy and plan needed to be added to our list of immediate priorities in order to ensure meaningful engagement. A draft list of the audiences is set out in appendix 1 (this list is not exhaustive).

The leadership group also agreed to ensure each Campaign group (Diabetes, Frailty, Mental health, Health and Wellbeing) would need to assign a Communications and Engagement lead, VCS and Lay member representation.

In addition, we agreed we needed a set of engagement principles (see draft at appendix 2)

5.0 Communications

We will need to use a wide and varied selection of communications channels to share our messages and to promote the Integrated Care Partnership.

Next steps for the ICP involve:

- Agreeing the key messages and information.
- Creating clear and effective branding, website, social media presence and printed materials.
- As above, finalise the communications strategy and plan.
- Agree resources and how work is undertaken collaboratively with the existing Communications teams within the Council, NWL CCG, NHS Trusts and other partners.

6.0 NW London Integrated Care System

The ICS has set out immediate priorities of recovery and rapid acceleration of the vaccination programme (see newsletter at appendix 3).

Clarity on the engagement strategy is required through dialogue with the ICS. An understanding of the integration between ICS and ICP engagement strategies is also important. Further information can be given at the next board meeting, if required.
We welcome your views on the above.

Appendix 1: Engagement Plan (Audience, Groups and Key Stakeholders (draft)

Audiences	• Patients/residents • Community groups • Voluntary groups/organisations • Faith groups • Council • NWL CCG • NHS Trusts • GP Federation • Other key stakeholders ie Healthwatch, Sobus
Patient Forums/Meetings	• Sobus – POPS Forum • Patient Reference Group • Patient Participation Groups (PPG's) • Citizens Panel • Youth board (link with Healthwatch) • Community Champions Provider meetings • ICS Patient Forum • Community groups • EPIC NWL (Engage, Participate, Involve, Collaborate – 'Resident advisory groups' to support ICS Workstreams) • NWL Integrated Lay Partner Group • Hammersmith & Fulham Pensioners Forum
Groups and organisations identified by Demographics	• Black and Minority Ethnic (BAME) • Disability • Faith groups • HIV • LGBTQI+ • Carers • Homeless • Older people • Mental Health • Refugees and Migrants • Young people • Women's groups
Community & Voluntary & Residents Groups	• Bishop Creighton House • Fulham Good Neighbours • Fulham Estate Residents Association • Elgin Close Resource Centre • South Acton Wellbeing Centre • Masbro Centre Urban Partnership Group • Neighbourhood Watch
Other Key Stakeholders	• Chelsea Football Club Foundation • QPR in the Community Trust • Fulham FC Foundation

Appendix 2: Engagement principles

Engagement Principles (Draft)	
Engage early: embed a strategic approach to engagement and communications from the start	• Embed strong engagement and communications from the start, with early notification of patient and public involvement opportunities. • Recruit, train, place, support and value patient, carer and public representatives on the board and campaign groups • Co-production to be an embedded process. • Engage early with patients, residents, NHS Trusts, GP practices, Public Health, Local Borough of Hammersmith and Fulham, NWL CCG, Sobus, Healthwatch and other key partners (particularly groups able to circulate key messages further afield). • Enable decision-making and system transformation through strong engagement and communications – recognising these as a key enabler of change. Both are fundamental to ensuring the voices of patients, communities and staff are involved and that their insights are used to inform planning and decision-making.
Build trusted relationships: Adopt systematic approaches to continuous relationship building	• Work together on effective two-way communication with patients, residents, NHS Trusts, GP practices, Public Health, Local Borough of Hammersmith and Fulham, NWL CCG, Sobus, Healthwatch and other key providers and partners. Ensure the process is bottom up and not top down. • Ask the public how they want to be involved and ensure that face to face engagement and small group discussion are an option wherever possible. • Success in building strong relationships is done through a planned, systematic and continuous basis. It is important to get governance and co-production processes right so that everyone can see how decisions are made – transparency leads to trust. • Leaders and others must invest time in building relationships systematically by reaching out across institutional, professional and hierarchical boundaries with clearly communicated messages.
Develop a shared vision and narrative and make it real	• Develop a shared vision and narrative, with strong messaging that all ICP partners support and which is also well understood and supported by the public. This will support the delivery of effective engagement and communications at local place and neighbourhood level. • This must be shared ‘with’ people, not done ‘for’ or ‘to’ them. Articulating stories that demonstrate steady improvements in the lives of patients, communities and staff is an important part of ICP engagement and communications.

Improve accessibility and consistency of engagement	• Provide accessible communications and engagement in other languages and accessible formats where requested as well as digital and social media to meet the needs of both patients and community groups. • Proactively seek views from groups seldom heard or groups with poor health outcomes. • Embed consistent and accessible communications and engagement across the ICP • ICP to produce all information and documents in plain English, with a reduction in the use of acronyms.
Promote effective, transparent engagement and co-production. Embed open, transparent and two-way engagement approaches	• Provide transparent and clear requests to local people and partners to work with the ICP and demonstrate how their contributions affected decisions. • Measure and evaluate engagement, communications and co-production effectively and transparently. • A broad and strategic engagement approach is important to build confidence and trust. This should encompass a focus on transparency and the provision of clear public information about vision, plans and progress. • Utilise existing engagement and communication channels, i.e. residents' panels, to ensure services are designed in partnership with patients, carers, staff and other partners.
Develop engagement and communication leadership, capacity and expertise	• Strong engagement and communication can help to build effective partnerships, more open and transparent ways of working, greater trust, and more engaged public. These will help the ICP to achieve their aims of more joined-up care and better outcomes for the public.

Appendix 3

North West London Integrated Care System
Working together for better health and care

Monthly NW London ICS update
June 2021

This is the first monthly update from the NW London Integrated Care System (ICS).

It covers our two current priorities: service recovery and Covid 19 response and vaccination programme, along with a brief update on ICS development.

Context

The NW London ICS will play a critical role in aligning action between partners to achieve our vision: **to improve life expectancy and quality of life, reduce inequalities and achieve health outcomes on a par with the best global cities.**

As a starting point, it is worth noting again that everyone across our health and care system has made extraordinary efforts to manage the COVID-19 pandemic and deliver the vaccination programme, while continuing to provide essential services. We want to put on record our thanks and appreciation for their remarkable response to an unprecedented public health challenge.

As this paper makes clear, we still face major operational challenges to provide the services our communities need: tackling backlogs; meeting deferred demand; new care needs; tackling longstanding health inequalities; and enabling respite and recovery for staff who have been at the frontline of our response.

1. Service recovery

The pandemic has had a significant impact on services, creating a lengthy backlog of unmet need. As patients with Covid-19 were prioritised and essential infection prevention and control measures and workforce pressures further limited our capacity, we now have around 4,500 patients who have been waiting over a year for elective care. This compares to a figure of just 26 patients waiting for a year or more prior to the pandemic. The figure peaked at 7,000 and we have been working since then to reduce it. Even with our best efforts, we expect it will take us until March 2022 to have nobody waiting for over a year.

We are committed to equity of access across North West London. Our view is that it should not matter where in North West London you live; treatment should be offered in priority order of patient need. This means that patients in greatest need will be prioritised, potentially resulting in treatment in a different North West London hospital to the one they were referred to. This approach is likely to make waiting times more equal across our hospital sites and will mean a shorter wait for those in most urgent need. It follows that patients with less urgent needs may wait longer – though we recognise all of these patients have had longer waits than we would have wanted.

In order to maximise treatment, we are carrying out a number of measures:

- We will bring together routine clinical operations into 'fast track surgical hubs' in order to improve quality and efficiency.

- In common with other areas of the country, reduced theatre capacity during Covid has created a significant backlog in cancer care. Patients are being offered treatment in order of need regardless of where in North West London they live.

- Hospital clinicians are reviewing each of their patients to prioritise and ensure the treatment is still needed.

- Primary care services have been operating throughout the pandemic and have been pivotal to the Covid vaccination programme. Some GP appointments are offered virtually, though patients are seen on face to face when necessary. Demand is significantly increasing in primary care.

- For new referrals, GPs can get advice and guidance quickly and easily from specialist colleagues in the acute trusts to ensure that only those patients who need hospital treatment are referred.

- We will maintain high quality, virtual outpatient appointments for a significant proportion of our patients. We continue to build in improvements to our processes and ways of working and to find better ways of identifying and supporting patients who have difficulty in accessing care in this way.

- To ensure patients get appointments when they need them, we are increasing our offer of 'patient initiated follow-ups' in line with national guidance on outpatients, meaning patients get follow-up appointments when they clinically need them and we reduce pre booked appointments that are not needed.

- The NHS 111 First service was introduced in December, enabling patients who need to attend A&E or an urgent treatment centre to be given a timed slot to attend and we have expanded our 'same day emergency care' services.

- Demand for mental health services has risen significantly, particularly among children and young people. This includes increased urgent attendances at hospitals by young people and a significant rise in young people with eating disorders. A joint approach between CAHMS and social care is needed to address this rising challenge. Fewer beds are available nationally than previously for Child and Adolescent Mental Health Services (CAHMS) which is being addressed nationally. We are investing an additional £14.4m in mental health services in 2021/22.

- In order to provide consistent high quality care across NW London clinicians continue to develop clear, evidence-based specifications for delivery, for example for hospital discharge, care homes, long term conditions and community nursing.

  A good example is diabetes care, where significant variation has resulted in uneven service delivery and outcomes. For example, Brent, Harrow and Hillingdon have been less well-resourced in primary and community based diabetic services in spite of high need. The agreed service specification and additional resource will reduce

variation, drive up equality of access and provision, and address health inequalities in these boroughs.

- System-wide reviews to ensure we provide the best care are being carried out on community rehab beds, end of life care, walk in and urgent treatment centres and neurological rehabilitation.

2. Covid-19 update and immediate rapid acceleration of the vaccination programme

Rates of Covid-19 are rising rapidly again in North West London and we have to plan for a potential third wave of hospitalisations in late summer. The Delta variant is now the dominant strain of Covid-19. This strain is highly transmissible: it is the most infectious strain of Covid-19 to date. Proposals for 'opening up' on 21 June 2021 were postponed by the Government for a minimum of four weeks, with the aim of vaccinating as many people as possible during this period, **including second doses for those over 40 and single doses for all adults aged 18-40.** The second dose is essential protection against the Delta variant.

Across health and care in NW London we are making every effort to protect all adults through vaccination and **we need to vaccinate 200,000 people a week for the next four weeks** – in most weeks, we deliver just over 20,000 vaccines, so the new target is placing unprecedented demands on clinical staff and vaccination centres and relies on people wanting to be vaccinated. Vaccine hesitancy remains an issue with some communities and residents and the challenge of getting people to take up the vaccination offer – including going back for second vaccines – cannot be under-estimated. However, through working together we are determined to succeed. We have already carried out over two million vaccinations in North West London; the highest number of any ICS in the country.

We are diverting clinical staff and resources to vaccination centres where appropriate to support this demand and three mass vaccination events took place on Saturday 19 June, at Chelsea Football Club, Bridge Park Community Leisure Centre in Brent and the Dominion Centre in Ealing. Mass vaccination events have been taking place across the capital, following our event in May at Twickenham, where 11,000 people were vaccinated in a single day.

We recognise that this serious situation means the NHS needs to be prepared for a potential third wave and that this could further impact our ability to recover elective care services. The next four weeks will be critical in striving to avoid this.

3. NW London ICS development

Local Authorities and the NHS in NWL will, together with residents, deliver a real and felt difference in care and outcomes in NWL through the ICS. We are determined to maintain our commitment to collaborative action, along with the agility and pace in decision-making that has characterised our response to the pandemic and vaccine.

North West London was formally designated as an ICS from April 2021, and ICSs are expected to become statutory bodies from April 2022, pending national legislation. In reality, we have been working as an ICS across all parts of the local NHS and our eight local

authorities for some time, and this partnership working was strengthened as we worked together in response to the Covid-19 pandemic.

Our collective leadership is committed to continued progress in improving outcomes and supporting recovery while responding to the proposed new legislation to embed new arrangements for collective strategic planning and collective accountability across partners

Together we will do the following.

- Agree core strategic priorities for ICS and bespoke priorities for Boroughs. And agree an ICS financial strategy that directly tackles inequalities and directs resource where the need is greatest and reduces the current variation in outcomes within and between boroughs.
- Ensure integrated delivery, as local as possible, through the eight ICPs.
- Hold ourselves and each other to account through trusting relationships and good governance.

The NHS in NW London has a significant underlying deficit. We are working to understand the drivers of this deficit and we will reduce costs through increased productivity which will not impact on the quality of patient care.

The ICS has an independent Chair, Dr Penny Dash and an interim Chief Executive, Lesley Watts (also chief executive of Chelsea and Westminster NHS Foundation Trust). Statutory accountability remains with statutory bodies – Trust boards, local authorities and the CCG governing body – until ICSs become statutory bodies and take on the CCG statutory functions. The ICS will operate formally in shadow from October and subject to proposed legislation, is expected to become a statutory body in April 2022.

We expect senior appointments to the NW London ICS to be confirmed in the autumn. Our current ICS plan will be further developed following the publication of the ICS Design Framework by NHS England on 16 June 2021. All partners will work together to design a governance structure that will assure the success of the ICS and maximise opportunities for residents and stakeholders to work with us to deliver on our vision.