

## **65+ ENGAGEMENT WITH HEALTH AND WELLBEING SERVICES**

### **IN HAMMERSMITH AND FULHAM**

**April 2016**

#### **(1) INTRODUCTION**

Hammersmith and Fulham Clinical Commissioning Group and the Hammersmith and Fulham GP Federation are working together to develop a sustainable model of care through the Whole Systems Integrated Care programme which aims ‘to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community’.<sup>1</sup>

Sobus is the umbrella organisation for the voluntary and community sector in Hammersmith and Fulham. It provides organisational development services, training and networking opportunities to promote collaboration within and across sectors.

This report was commissioned in order to provide an assessment of health and wellbeing services in the London Borough of Hammersmith and Fulham (LBHF) from the viewpoint of services users aged 65 and over, together with input from voluntary/community and statutory services providers. Findings are presented under sections covering broader themes and sub-sections discussing some specific areas. Recommendations at the end of this report aim to support the delivery of GP and primary care services and avoid preventable hospital admissions, including those via A&E departments. Finally, this study provides a reference point for a future remapping of health and wellbeing services with a view to support improved coordination between health and social care, and engagement across sectors.

#### **(2) METHODOLOGY**

This work was informed by desk-based research to ensure alignment with relevant NHS policy related to out-of-hospital strategies and continuity of care, as highlighted in the Hammersmith and Fulham Clinical Commissioning Group (H&F CCG) Strategic Plan 2012 – 2017.

Participant organisations were selected from Sobus database of over 500 organisations, of which approximately 100 provide health and wellbeing services, to enable an

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<sup>1</sup> <http://www.hammersmithfulhamccg.nhs.uk/what-we-do/our-plans/north-west-london-five-year-strategic-plan.aspx>

appropriate representation of the client group (over 65s) as well as service providers in the north and south of the borough.

The study was carried out mainly through qualitative methods: one-to-one interviews with service providers and focus groups with services users.

Two questionnaires were developed to guide the focus groups discussions and provide feedback from service providers:

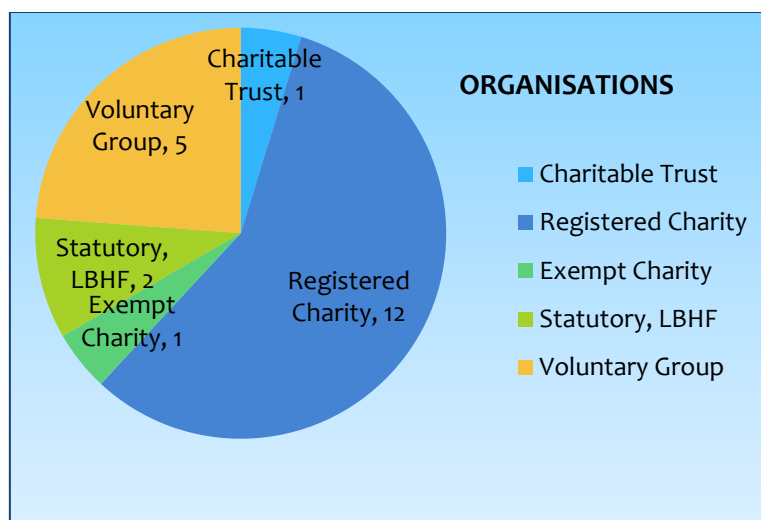
1. The focus group questionnaire explored awareness of existing services, which services were used or not, the quality of services, what would help with self-care, participation in health services, and information technology. In addition, data was collected regarding participants' demographics (age, gender and postcode) and health (self-assessment).
2. The questionnaire for the interviews included information on organisational structure, type of services, funding, self-assessed positive aspects of organisations current services, premises, unmet needs or gaps, and relationship with other service providers, including referrals and partnership working.

### (3) FIELDWORK

In total, 39 organisations from the voluntary, statutory and private sector were contacted to organise focus groups or provide interviews. Of these, 21 participated in the study. The majority were from the community and voluntary sector.

None of the contacted private sector organisations (private care homes and care providers) were able to participate. Neither was it possible to gather insights from LBHF Community Independent Services at this stage.

A complete list of participant organisations is provided under the Focus Groups and Interviews sections.



### (3.1) FOCUS GROUPS – Service Users

Eight focus groups were conducted involving 64 participants. Two focus groups were fully represented by BAME women. The focus groups were organised as an extra activity to a current social activity or network meeting, which enabled good participation levels.

Two organisations (Imperial Wharf Resource Centre and White City Enterprise Befriends Group) that hosted focus groups during their social activities also completed the service providers’ questionnaire.

	ORGANISATION	ACTIVITY	SECTOR
4	Age UK Hammersmith & Fulham	Lunch Club	Charity
2	Caring for Carers	Network	Charity
8	Fulham Bangalee Women’s Group	BAME Group	Voluntary Group
6	Imperial Wharf Resource Centre	Day Care Services	Statutory
3	Next Step Community Group	BAME Group	Voluntary Group
5	Seniors Group at the Peabody Estate	Seniors Club	Voluntary Group
1	St John’s Church	Luncheon Club 55+	Voluntary Group
7	White City Enterprise Befrienders Group	Meeting	Charity

Overall, focus groups participants did actively engage in the discussions. They raised important issues including difficulties in accessing GP services, poor quality of paid care, mobility issues and lack of access to appropriate transport to access health and social care services. Older people are particularly concerned with the physical and mental health risks associated with loneliness and social isolation, and highly value socialising opportunities. Another recurrent topic was support required in the home such as cleaning, repairs and maintenance. Related to this was the absence of regular family support, as family members have to move out of the borough due to the housing crisis (shortage and cost).

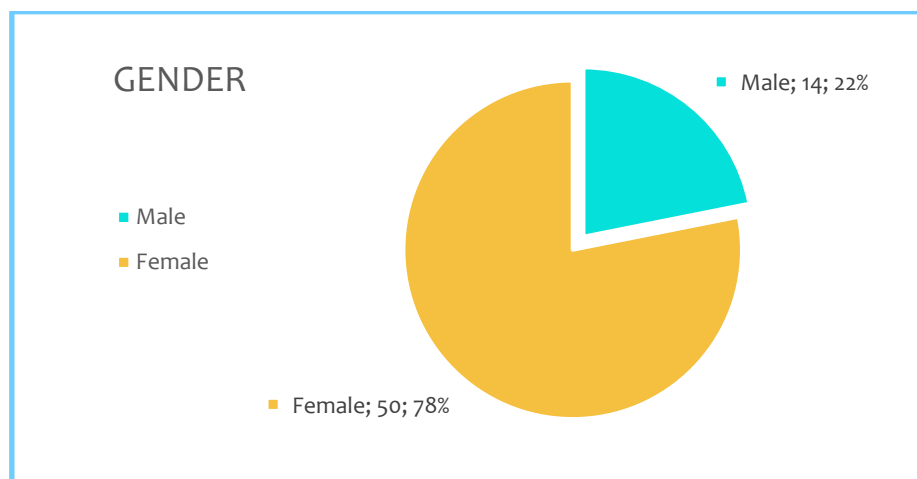
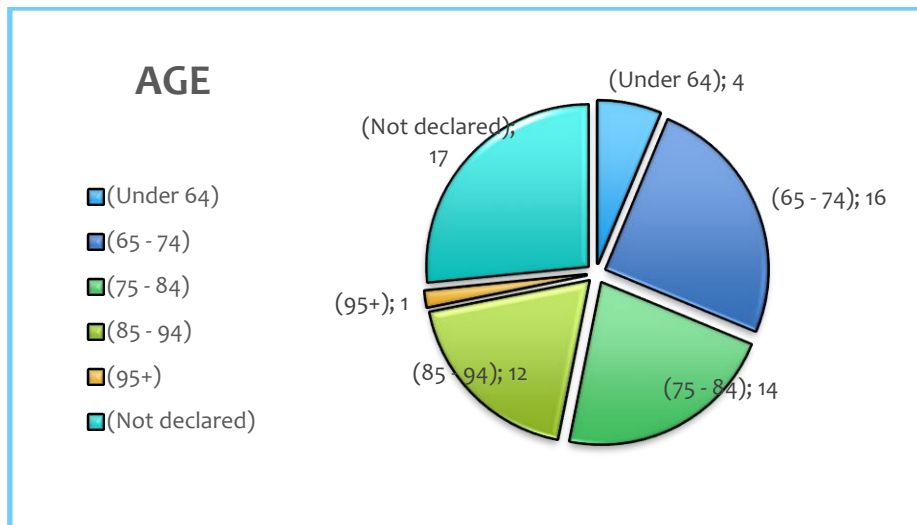
There was a good knowledge of health services; Milson Road, Parkview and St Charles health centres were mentioned often. However, information about available services and signposting to other providers needs to improve considerably.

The majority of participants reported to have at least one long term condition. Health self-assessments were mostly declared as ‘reasonable’ and ‘good’, although most stated that some level of extra help is needed to avoid any deterioration in their condition.

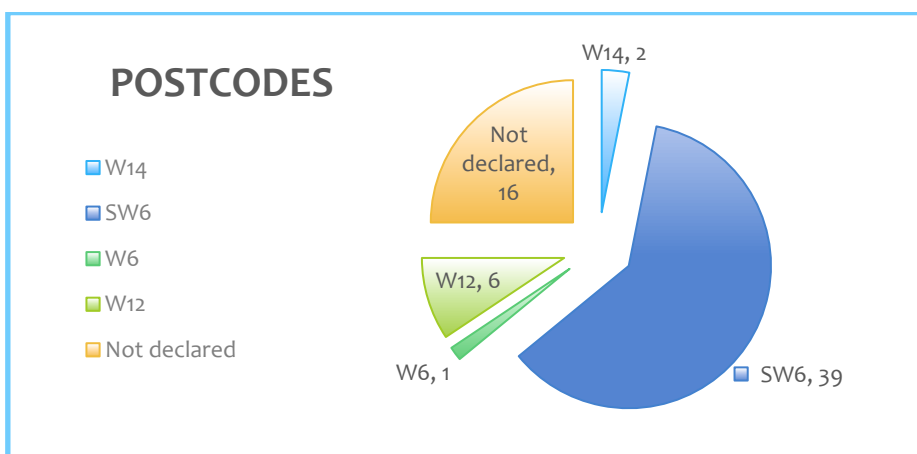
Recommendations to enable self-care included the provision of appropriate training and information on specific topics, low-cost activities and the engagement of other professionals such as social workers and district nurses.

The need for better care coordination within and between services was also repeatedly mentioned, indicating that the concept of integrated care is understood and valued.

**Profile (64 participants)**



\*The majority who did not declared their age confirmed they were over 65.



### (3.2) INTERVIEWS – Service Providers

Fifteen interviews with representatives from community and statutory organisations were conducted in person, over the phone, or returned the questionnaire via e-mail.

ORGANISATION	SERVICE	SECTOR
1 Alzheimer's Society	People living with dementia and carers	Charity
2 Bishop Creighton House	Home safety/care/repairs, 1:1 support, social	Charity
3 Carers Network	Support unpaid carers	Charity
4 Elgin Close Resource Centre	Extra Care – residential project	Exempt Charity
5 Fulham Good Neighbours	Home care/repairs, 1:1 support, social	Charity
6 Hammersmith United Charities	Sheltered Accommodation	Charity
7 Imperial wharf Resource Centre	Day Care	Statutory
8 London Irish Centre	Drop-in sessions, outreach	Charity
9 Masbro Centre	Befriending, social	Charity
10 Nazareth House - Hammersmith	Residential nursing care	Charitable Trust
11 Nubian Life	Day Care (complex needs)	Charity
12 Old Oak Community Centre	Residents group, provide health training	Voluntary
13 Red Cross (H&F Projects)	Primary Care, Out of Hospital	Charity
14 Viking Court Sheltered Accommodation	Supported Housing	Statutory
15 White City Enterprise Befriending Group	Befriending , 50+	Charity

Financial pressures on the healthcare system and rising patient demands are also impacting local service providers' ability (human and physical resources) to meet the increasingly complex needs of an ageing population. Although lack of appropriate funding is a recurrent and pervasive issue within and across sectors, local providers are calling for better joined-up ways of working to increase efficiency and efficacy of services that enable older people to live independently for longer, avoid hospital admissions and early admissions into care homes. For example, they would like to work more closely with local GP practices, develop better referral and signposting systems (social prescribing and care navigators), and importantly, invest in prevention/early intervention projects in the community. This includes the expansion of befriending services to reduce social isolation, providing support mechanisms for self-care and management of long term conditions.

Local providers rate the flexibility of their approach in the community and good working relationships between and across sectors, as key positive aspects of the services they deliver. In summary, respondents emphasised the need to advance coordinated

approaches covering both health and social care as services shift from hospital settings to the community.

### **(3.3) Voluntary and Community Sector**

Local voluntary and community organisations are well established in the borough and already provide a wide-range of services within health and social care with a focus on prevention and wellbeing support activities, including information, referrals and signposting. The sector's strength lies in its ability to develop community relations and outreach work to isolated individuals and groups who do not engage with health services. Volunteers play a key role in many aspects of service delivery, helping to transform and improve health and social care services making a significant contribution to the wellbeing of patients and residents.

Since the implementation of new policy directives, such as the Health and Social Care Act 2012, organisations are facing new challenges in terms of human and financial resources. Firstly, how do they retain the instrumental contributions of volunteers as they become themselves increasingly affected by the financial pressures on public services. Secondly, how to negotiate and access funding streams that can ensure the continuity of current service provision (longer term) and allow organisations to adapt services to evolving local needs (flexibility).

Broad themes have been identified and are discussed in more detail below.

## **(4) KEY THEMES – Concerns**

### **(4.1) Need to improve coordination between Health and Social Care**

- Perceived enduring gap between primary care and social care
- Patchy information about available services and navigation between services
- Need to improve information management systems to better integrate and enable sharing of health information within clinical settings and between health and social care. Also, clinical information needs to be available for appointments in different healthcare settings, for example in outpatients' clinics
- More flexible funding agreements needed to meet the evolving health and social care needs of local communities

### **(4.2) Difficulties accessing GPs and Health Services**

- Need to address patient/public difficulties in accessing clinical services: getting through for appointments, facing long delays to get an appointment
- Seeing a different GP every time

- Insufficient time given to a more holistic assessment
- GPs lack of personal approach
- Inappropriate access to transport and having to travel to different places for different health needs and check

#### **(4.3) Social Isolation**

- Individuals and some communities, particularly BAME, not engaging with services
- Lack of engagement and social support leading to poor physical and mental health outcomes
- Men engaging less than women
- Less engagement opportunities for people with mobility issues
- Awareness of many other available services only for those who 'go out and look'

#### **(4.4) Poor delivery of paid Carers Services**

- Different carers
- Limited or no brief for carers or cared
- Inappropriate personal care
- Minimal time spent by carers on visits
- Continued support needed to unpaid carers (families and volunteers) for those who cannot afford private care

#### **(4.5) Minimal IT Engagement**

- Current over 65s not engaging or using IT much if at all
- Culture as well as ill-health and complexity of use are barriers
- Costs associated with wireless technology and mobile phones can be a deterrent
- Reliance on others to access or navigate the internet

#### **(4.6) Housing**

- Unaffordability means relatives not able to live in local area or London
- Lack of repairs and basic maintenance in the home leading to unsafe housing conditions and health problems
- Lack of access and/or opportunities to wellbeing activities in open spaces, such as gardening

## **(5) RECOMMENDATIONS**

### **(5.1) Integrated Care**

Support joined-up working between health and social care and partnership working with other health and wellbeing providers

- Support integrated approach to the development of health and wellbeing centres, for example, Milson Road Health Centre feasibility study
- Develop referral system within and between healthcare providers
- Improve care through care navigation and social prescribing schemes
- Develop communication strategies in partnership with providers to provide clear, accessible and up to date information on available health and wellbeing services
- Develop communications strategies in partnership with local community-based health and wellbeing service providers to deliver key messages locally
- Develop and support self-care programmes for the management of long term conditions
- Continue to support community-based projects provided by the voluntary and community projects that target vulnerable groups, for example, people living with long-term conditions, in isolation, and those not engaging with healthcare services.

### **(5.2) Access to GP / Health Services**

Develop a model that improves patient access

- Specific GP allocation for patient
- More personal approach
- Outreach health or GP services
- Greater coordination with social care and community-based care
- Develop joint-working with pharmacies

### **(5.3) Social Isolation**

Support more Social Activities and promotion of Agencies across all sectors to work together

- More community-based activities through voluntary and community sector
- More engaged and holistic approach between support agencies, i.e., private, statutory and voluntary sector
- Develop and promote activities targeted at men



#### **(5.4) Paid for Carer Services**

Support development of more patient-centred care

- Improve handover system
- Provide brief for carer and cared
- Reduce number of different carers involved
- Improve communications (recipients, care organisations and care homes)
- Develop more personalised approaches
- Develop better assessment and response to recipient needs
- More resourcing and support for unpaid carers

#### **(5.5) Information Technology**

Explore how to support e-inclusion for current generation of 65+

- Recognise that current generation not engaging with IT
- Training may help some to engage
- Look at intergenerational projects
- Costs for older people needs to be addressed

#### **(5.6) Housing**

Support interventions to keep older people safe at home

- Modifications to improve accessibility
- More outreach to identify conditions people live in and needs
- Basic home repairs support
- Housing inaccessibility impact should be communicated to statutory agencies such as Local Authorities and government

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