

# Health and Adult Social Care Policy and Accountability Committee Agenda

Monday 28 April 2025 at 7.00 pm

145 King Street (Ground Floor), Hammersmith, W6 9XY

Watch live on YouTube: [youtube.com/hammersmithandfulham](https://youtube.com/hammersmithandfulham)

## MEMBERSHIP

Administration	Opposition
Councillor Natalia Perez (Chair) Councillor Genevieve Nwaogbe Councillor Ann Rosenberg Councillor Lydia Paynter	Councillor Amanda Lloyd-Harris
Co-optees	
Victoria Brignell, Action On Disability Lucia Boddington Jim Greal, H&F Save Our NHS	

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Members of the public are welcome to attend but spaces are limited, please email [David.Abbott@lbhf.gov.uk](mailto:David.Abbott@lbhf.gov.uk) if you plan to attend. The building has disabled access.

Date Issued: 16 April 2025

# Health and Adult Social Care Policy and Accountability Committee

## Agenda

*If you would like to ask a question about any of the items on the agenda, please email [David.Abbott@lbhf.gov.uk](mailto:David.Abbott@lbhf.gov.uk) by 12pm, 27 April 2025*

<u>Item</u>	<u>Pages</u>
<b>1. APOLOGIES FOR ABSENCE</b>	
<b>2. DECLARATIONS OF INTEREST</b>  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 Standards Committee.	
<b>3. MINUTES OF THE PREVIOUS MEETING</b>  To approve the minutes of the previous meeting as an accurate record and to note any outstanding actions.	4 - 9
<b>4. PREPARATION FOR ADULTHOOD IN HAMMERSMITH &amp; FULHAM</b>  This item provides a summary of the progress made across Children's Services and Adult Social Care in supporting children and young people as they reach adulthood.	10 - 27
<b>5. HAMMERSMITH &amp; FULHAM HEALTH AND CARE PARTNERSHIP PRIORITIES AND GOVERNANCE 2025-26</b>  This item from the Hammersmith & Fulham Health and Care Partnership	28 - 43

presents their overarching plan, priorities and governance for 2025-26.

## **6. DATES OF FUTURE MEETINGS**

To note the following dates of future meetings:

- 24 June 2025
- 17 November 2025
- 27 January 2026
- 22 April 2026

## Health and Adult Social Care Policy and Accountability Committee Minutes

Wednesday 29 January 2025

### **PRESENT**

**Committee members:** Councillors Natalia Perez (Chair), Genevieve Nwaogbe and Amanda Lloyd-Harris

**Co-opted members:** Victoria Brignell (Action On Disability), Lucia Boddington and Jim Grealy (H&F Save Our NHS)

### **Other Councillors:**

Councillor Alex Sanderson (Deputy Leader)

Councillor Rowan Ree (Cabinet Member for Finance and Reform)

### **Officers:**

Jacqui Mcshannon (Executive Director – People)

Katherine Wilmette (Director of Adult Social Care)

Prakash Daryanani (Head of Finance – Social Care)

Dr Nicola Lang (Director of Public Health)

Sarah Bright (Director, Commissioning Transformation and Health Partnerships)

James Newman (Assistant Director – Finance)

### **1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Ann Rosenberg.

Apologies for lateness were received from Councillor Genevieve Nwaogbe (who entered the room at 7.02pm).

The Chair thanked Emma Apthorp for her service on the committee and wished her all the best in her future endeavours.

### **2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **3. MINUTES OF THE PREVIOUS MEETING**

#### **Matters arising**

Jim Grealy asked if the deprivation maps mentioned in the last meeting could be provided to the Committee. Dr Nicola Lang (Director of Public Health) said that the map would be sent after the meeting.

**ACTION: Dr Nicola Lang**

Jim Grealy also asked about the progress on organising a conference between disabled residents, Councillors, and the NHS to advise health services on improving accessibility. Councillor Alex Sanderson (Deputy Leader) updated that Councillors and officers were looking at dates and it would likely be held in autumn.

#### **RESOLVED**

That the minutes of the meeting held on 13 November 2024 were agreed as an accurate record.

### **4. 2025/26 REVENUE BUDGET AND MEDIUM-TERM FINANCIAL STRATEGY (MTFS)**

Councillor Rowan Ree (Cabinet Member for Finance and Reform) introduced the Council's corporate budget and thanked cabinet members and officers for their work in realising a balanced budget over the past year.

Councillor Ree highlighted the following points:

- The Net General Fund Revenue Budget was £221m.
- The difficulty of operating environment included reduced revenue funding, changing demographics and a sluggish national economy.
- The key objectives of the financial plan were ensuring the safety of residents, businesses and visitors, protecting the statutory services and other Council services valued by residents, promoting prosperity, running an efficient council, ensuring strong financial governance and resilience, and preserving low council tax rates.
- The budget headlines for 2025/26 included investing £3.5m in community safety and crime prevention, relieving pressure on statutory services, investing in the Upstream Industrial Strategy, tackling climate change and investing in sports facilities.
- The council tax would increase by 88p per week, but it was estimated that four in 10 households would receive some sort of discount.

Jacqui McShannon (Executive Director – People) introduced the 2025/26 budget for Adult Social Care, emphasising that enabling and empowering residents to live independent and healthy lives remained at the core of the work of the Adult Social Care department despite some changes in the department over the last two years.

Katherine Wilmette (Director of Adult Social Care) highlighted the key achievements of the department:

- An additional Annual Review Team helped double the reviews completed, which was critical to ensuring that residents were receiving and continued to receive the right care. They were also opportunities to make residents aware of the different services and support available to them.
- The launch of the Transitions Team focused on working with young people transitioning from Children's Services to Adult Services, with 80% of permanent staff working on pathways, processes and policies to help with the transition.
- Response times for people requiring assessment had improved as the team worked in more efficient ways, such as pointing people to the right resources at first contact.

Jacqui McShannon added that the department was working on a new workforce strategy, learning from the successes of Children's Services in retaining staff and creating career progression opportunities. There was also a revised Quality Assurance Framework for better governance.

Dr Nicola Lang (Director of Public Health) highlighted the achievements in Public Health. The Reach Out (suicide prevention) campaign was launched in 2024 in collaboration with local charities such as The Listening Place. Drug and Alcohol services were brought together following re-tender in 2022 and were now all provided as an integrated service by Turning Point. The number of persons in treatment had exceeded targets. The borough also had the highest continuity of care (continuity when people leave prison and come back home and have continuity of drug treatment) for London.

Jacqui McShannon noted the funding challenges to adult social care and welcomed the independent commission into adult social care chaired by Baroness Casey. Demographic demand growth and rising costs were also putting pressure on the service. She noted that it was important to be creative and courageous in constantly reviewing models of delivery and engaging with current and future service users.

Sarah Bright (Director, Commissioning Transformation and Health Partnerships) then introduced the strategic 'whole system' approach, which would guide the service in working with partners to meet needs locally through supporting independent living and ensuring residents receive the support they need at the earliest point of their journey. Jacqui McShannon noted that the transformation would take place in three phases, with implementation planned to begin in 2026/27.

Prakash Daryanani (Head of Finance – Social Care) gave an overview of the social care spending plan. He noted that the department has a gross budget of £121.09m, and the Council proposed an increase of £6.4m in 2025/26 (£2.8m investment, £2.09m inflation, £2.16 in other budget adjustments and (£0.65m) of savings). A significant portion of the budget would be spent on frontline services, including residential and nursing placements, supported living and direct payments residents. He also presented the public health spending plan, noting that the department had a budget of £24.46m, pending the funding announcement for 2025/26.

Jacqui McShannon wrapped up the presentation by highlighting the significant investment of the Council, which reflected the commitment to provide free adult social care by the political and corporate leadership. The departments would continue to work diligently to identify any efficiencies to support the health of the Council's budget.

The Chair thanked the officers for their work and their visions and strategies moving forward.

Jim Grealy expressed his appreciation for the balanced budget and the Council's commitment to free adult social care. He asked about the situation of long waiting time for beds after hospital discharge. He also asked what the specific challenges to provision were and how that interfaced with work on mental health.

On the first question, Katherine Wilmette explained that the borough had a relatively low delayed discharge rate. In some cases, there were delays for various reasons, such as an individual wanting a particular area or when someone had very complex needs.

On the second question, Sarah Bright noted the insufficient mental health placements locally as the biggest challenge, meaning that the Council had to purchase out-of-borough placements to meet needs. There was a backlog of hospital discharge, and she would provide more details on the number to the Committee after the meeting.

**ACTION: Sarah Bright**

Councillor Amanda Lloyd-Harris noted that things were going in the right direction. She enquired if rising wages would impact the delivery of independent living. Sarah Bright replied that the challenge was in meeting all the statutory needs within the existing resources and delivering services creatively to meet needs. Procuring additional places costed more than providing care locally, which was why the team was focused on meeting needs locally. Jacqui McShannon added that it was important to review whether the placements currently commissioned were meeting needs. More residents were choosing to take up direct payments and it was necessary to understand what changes residents were expressing and the care they required in the future.

Councillor Lloyd-Harris also asked if the Council had sufficient capacity to take in everyone who needed Drug and Alcohol services and if the service would also take in those who had mental health needs. Dr Nicola Lang explained that there was sufficient capacity as the service had expanded the model to ensure patients were picked up. This was done through outreach ensuring that people coming home from prisons were picked up and co-location in probation services, mental health services, police cells and Accident and Emergency (A&E). Working with drug and alcohol nurses in A&E, drug and alcohol workers in probation offices and police stations, the integrated drug and alcohol service was able to meet the targeted number of

treatments. The team could also respond to concerns raised by residents and politicians about their neighbourhoods – working together with the Law Enforcement Team. Outreach also took place in all homeless hostels with Turning Point visiting each hostel at least once or twice a week.

Lucia Boddington enquired about the connectedness between the Drug and Alcohol services with homelessness and social care departments. Dr Nicola Lang noted that the Council had an enriched offer – all homeless hostels and short stay homeless hotels had an excellent offer from Drug and Alcohol services. The Drug and Alcohol services also had a clinical psychologist to address co-morbid psychological needs. All mental health supported accommodation also received drug and alcohol support. An enhanced dual diagnosis service was also commissioned from Central and Northwest London, which was a big mental health trust in Northwest London and was hugely important in reducing the number of crises.

The Chair asked if there was any example of the strategic vision on partnership and if there was any plan to expand these collaborations. Sarah Bright replied that the borough had a rich community sector, and it was important to work together to help shape future service delivery. While third sector investment funds had a role to play, the team would continue to work with partners on allocating support to the community sector.

The Chair thanked Councillor Ree for the presentation, noting the positive consensus on the corporate budget, from the comprehensive council tax support to the commitment to continue free home care services. The Chair also thanked officers for their work and expressed her appreciation for the achievements in Adult Social Care and Public Health.

## **RESOLVED**

1. That the Policy and Accountability Committee considers the budget proposals and makes recommendations to Cabinet as appropriate.
2. That the Committee considers the proposed changes to fees and charges and makes recommendations as appropriate.

## **5. DATES OF FUTURE MEETINGS**

The date of the next meeting was noted:

- 28 April 2025

Meeting started: 7.00 pm  
Meeting ended: 8.07 pm

Chair .....



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# Agenda Item 4

## LONDON BOROUGH OF HAMMERSMITH & FULHAM

**Report to:** Health and Adult Social Care Policy and Accountability Committee

**Date:** 28/04/2025

**Subject:** Preparation for Adulthood in H&F

**Report author:** Peter Haylock, Operational Director of Education and SEND  
Katharine Willmette, Director of Adult Social Care  
Joe Gunning, Head of Programmes

**Responsible Director:** Jacqui McShannon, Executive Director, People's Services

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### SUMMARY

This report and presentation (Appendix 1) provide a summary of the progress made across Children's Services and Adult Social Care in supporting children and young people as they reach adulthood.

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### RECOMMENDATIONS

1. That the Health and Adult Social Care Policy and Accountability Committee notes the contents of this report.

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**Wards Affected:** All

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Our Values	Summary of how this report aligns to the <a href="#">H&amp;F Corporate Plan</a> and the H&F Values
Building shared prosperity	Ensuring a person-centred approach that delivers the right level of support to meet presenting needs of children, young people and their families – and in so doing provide them with the best opportunities to thrive.
Creating a compassionate and inclusive council	Listening and responding to feedback from professionals, young people, parents, carers, education settings and wider partners regarding what is working well, and areas for development.

Doing things with local residents, not to them	Contributions from key stakeholders including parents, carers and young people and co-design.
Being ruthlessly financially efficient	The SEND strategy supports local partners to meet the needs of children and young people in H&F and increase the confidence of parents and carers.
Taking pride in H&F	Support H&F to be the best place to grow up, live and work. The high-quality services for children and young people with SEND enable them to lead happy, healthy, and fulfilling lives and achieve their life goals.
Rising to the challenge of the climate and ecological emergency	There are no anticipated climate and ecological implications as a result of the publication of these documents.

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## Background Papers Used in Preparing This Report

None

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## CONTEXT

1. Local authorities have a statutory duty across Education, Health and Children's and Adult Social Care to prepare young people for adulthood, commencing from the age of 14 and up to 25. The legislation is intended to provide young people with a seamless transition to adulthood, including those in need of ongoing care and support from Adult Social Care and Health.
2. The H&F Local Area SEND Strategy, which was coproduced with children, young people and their families, identified preparation for adulthood as a key priority. The partnership committed to:
  - Strengthen the young person's voice in their own transition planning.
  - Implement the new 16-25 young people's mental health service.
  - Develop a local area protocol and approach for managing transitions
  - Develop robust processes for joint planning
  - Produce a local area PFA pathways document for professionals, parents and young people to ensure routes are clear and defined across Education, Health and Care
  - Develop a local area PFA toolkit to support a shared understanding of pathways and agency/collective responsibilities in delivering robust PFA outcomes for children and young people

- Expand inclusive employment locally.
3. The presentation provides a summary of the work undertaken across the partnership in delivering against the priorities identified, and the improvements made to support young people in H&F to reach their full potential.

## **APPENDICES**

Appendix 1 – Preparation for Adulthood in Hammersmith and Fulham

# Preparation for Adulthood in Hammersmith and Fulham

*Health and Adult Social Care Policy and Accountability Committee*

*April 2025*

# Children, young people and their families influencing services

Themes from children, young people and their families:

Children, young people and their families need support as they transition to adult services

Pathways for accessing different support need to be clear – who does what and when

More promotion of the current employment opportunities

Improved planning as young people grow up to ensure they are sufficiently prepared for adulthood

Development of young adults offer across Adult Social Care including day opportunities, peer groups and semi-independent living

The feedback from children, young people and their families resulted in the following priority workstream being agreed:

1. **Workforce** - A skilled workforce that can respond and support young people and their families through transition in a timely and consistent way.
2. **Pathways** - Clearly defined roles and responsibilities through a holistic protocol that ensures young people, and their families know what to expect and can be well-prepared for adulthood.
3. **Provision** - Right support, right place, right time

# Co-designing and developing services

## Workforce

Growth for a **new Transitions Team** to support young people and their families as they reach adulthood was agreed.

The service launched in 2023 and is now **fully recruited to**. Parents and carers have been part of the interview panel for new staff. The Team have supported 38 young people in the last year in ASC.

**Focused workforce development** with the wider 'virtual transitions team' building knowledge, skills and capacity.



## Pathways

Coproduced with key stakeholders a **Preparation for Adulthood Pathways and Protocol guide**.

Implemented **new governance and oversight arrangements** for case tracking to ensure young people are supported early



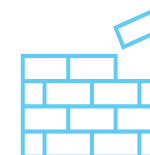
## Provision

Strategic Commissioner onboarded within Adult Social Care and **placement sufficiency review** getting underway to inform future strategic commissioning requirements.

Increased **supported internships, apprenticeships** and **employment offers**.

Refreshed **Inclusive Employment Forum**

**Upstream London**



# Protocol and Pathways

Coproduced our Preparation for Adulthood Protocol and Pathways toolkits which are now available on the Local Offer.

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**h&f** hammersmith & fulham

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**The Family Hub**

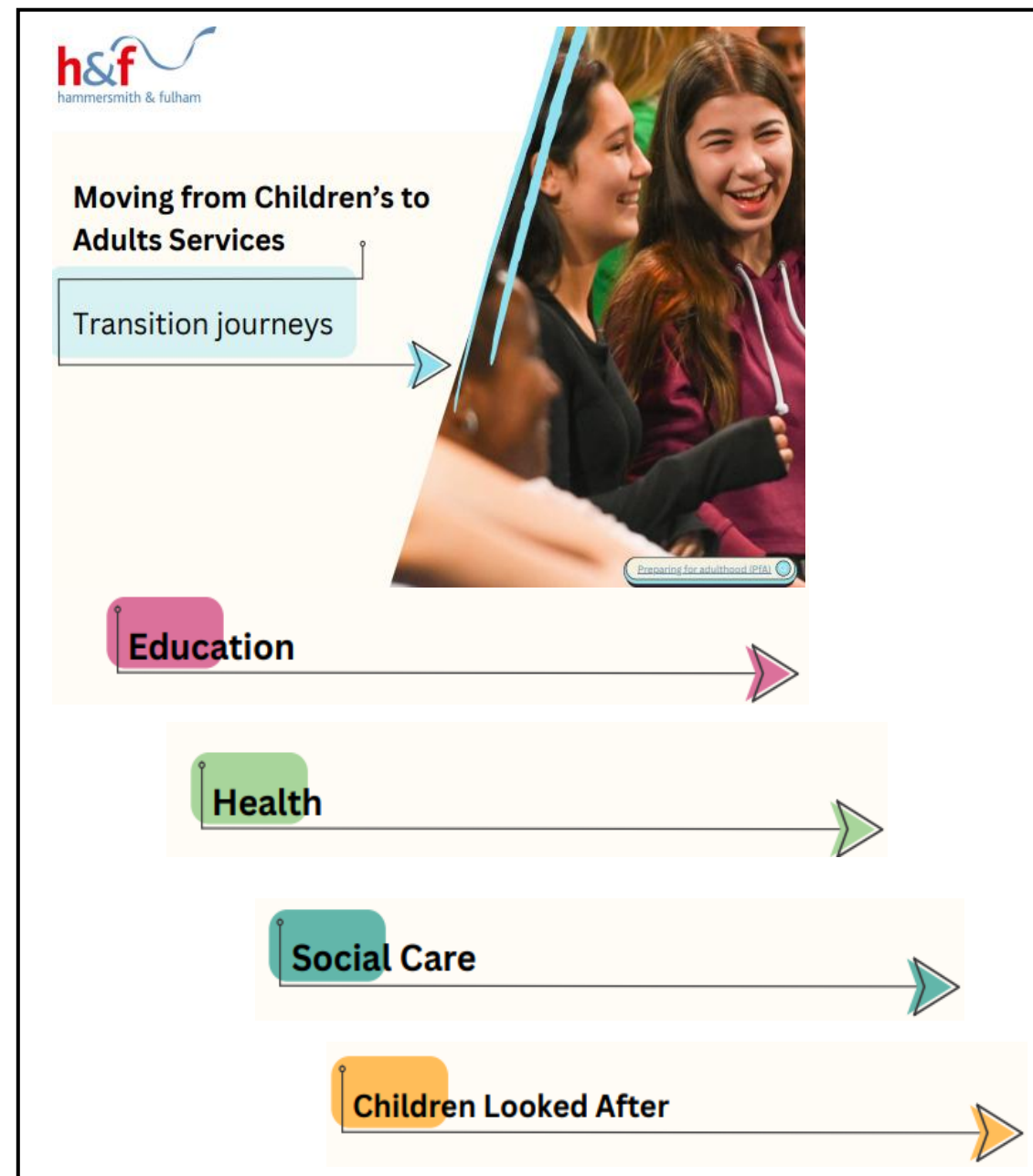
About family hubs	Advice and support	Early years and childcare	Education and learning	Health and wellbeing	Local Offer for SEND	Maternity	Money and benefits	Start for Life	Youth hub
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[Home](#) » [Children and young people](#) » [The Family Hub](#) » [Local Offer for SEND](#)

## Preparing for adulthood (PfA)

### In this guide

- |                                                    |                                                     |                                               |
|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------|
| - Overview                                         | - <a href="#">PfA and EHC plans</a>                 | - <a href="#">Independent living</a>          |
| - <a href="#">What is preparing for adulthood?</a> | - <a href="#">Support from social care services</a> | - <a href="#">Being part of the community</a> |
| - <a href="#">Principles of a good transition</a>  | - <a href="#">Support from health services</a>      | - <a href="#">Resources and legislation</a>   |
| - <a href="#">PfA - what happens and when</a>      | - <a href="#">Pathways to employment</a>            |                                               |





- Ongoing **permanent recruitment** drive
- **Placement sufficiency review across Adult Social Care** with engagement from key stakeholders and partners.
- **Employment Pathways Toolkits.**
- **Expand our consultation with young adults** to mirror the strong relationships and partnership we have with parent/carers in Children's.
- Implementing expansion of our **travel training** offer.



## Moving Home



The team supported a young persons transition to an adults supported living placement.

The young person had a 'moving out party' where all professionals attended including their Transitions Social Worker, their advocate, current provider, new provider and other residents.

The hard work from the team and other parties allowed the young person to have a planned successful transition from children to adult services.

They are now enjoying their new accommodation and getting to know their new staff team.

## New college placement



The team worked closely with the young person, their family, the SEND Service, and Integrated Care Board to support them to attend college.

The young persons family sent thanks to all involved for making their placement possible. A special thanks for pushing things on and always being so supportive about the young persons and families needs.

The team undertook a placement follow up review where the young person was happy and settled.

# Hammersmith and Fulham Supported Internship Experience

by  
Monique Adorno

## Introduction

Hi my name is Monique and I am part of the **Hammersmith and Fulham Supported Internship programme**. I started this internship in September 2024.

Page 20 The internships are designed for young people aged between 16 and 25 who have an EHCP (education, health and care) plan.

This programme will require 4 days on work placement and one day of learning. In the classroom day, we have English and Maths for half of the day and study on OCN units for the rest of the day.

I have enjoyed the work placement I've done so far, I also enjoy the classwork.

# There are 3 rotations in the whole year

## First Rotation - Hammersmith Library

I started my first rotation as a library assistant in Hammersmith Library at the end of September.







My experience at Hammersmith library was an amazing and calm experience. My role involves organising books and putting them in different sections of the library. I have enjoyed my work placement very much . I learned many new skills. In this photo I am sorting out books and put them in different places .I also participated in the under 5 session and school visits session by reading books, poems and engaging with children .

# My 2nd Rotation - Retail-Scope



I started my second rotation in January .I am working in charity shop called Scope. This is a good opportunity to gain more skills in retail. I am practising organisational skills, communication skills and time management skills. My aim in this rotation is to improve my teamwork skills. I am still working around books and organising items around the shop. I am supported by the job coaches, teacher and staff at the workplace.



# My 3rd Rotation - Waterstones



I will start my third rotation after Easter half term . I hope I can get the opportunity to work in Waterstones bookshop because I love books and I like working with customers.

This is a good opportunity to gain more skills in retail .It will also enhance my skills and qualities and I can also use my customer service skills that I acquired in the library and scope.



# Qualification & Certificate



The Supported Internship programme offers level 1 Award in Progression and level 2 Award in Employability based on your previous education level.

I am currently working toward my L1 Award in Progression, which will support me in my career progression . I am also working towards my RARPA Maths qualification .

# Enrichment & Job fairs

During the SI we also go on educational trips to Job fairs and participate in events.

Talking to employers



CV workshop

Raising awareness CB sale



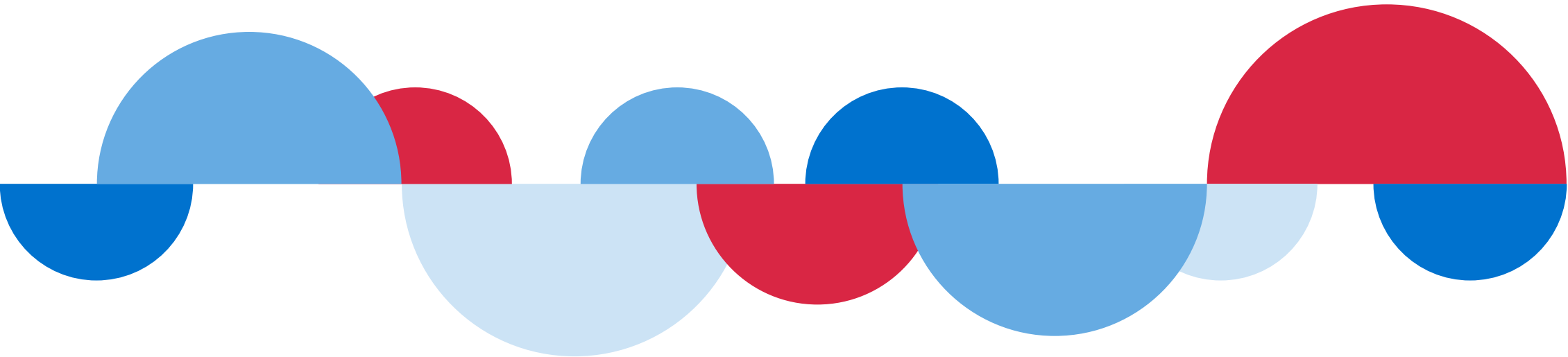
# My Goals and aspiration

My goal after I finish this program is to be in paid employment as a library assistant or shop assistant . I am working hard doing something I enjoy( being around books) and I am having fun as I do it. I have learnt so much during this program it has pushed me out of my comfort zone i started my first placement in Hammersmith library and then i went onto Fulham library which was a big step for me but i did it with help and support from my job coaches and teacher and now i am confident travelling around hammersmith and fulham.



# Overarching Partnership Plan

**December 2024**



# Key facts about the borough



183,158 residents



28 GP Practices / 5 Primary Care Networks



42 Pharmacies



Acute Trust – Imperial College Healthcare Trust, Chelsea & Westminster Foundation Trust



9 Care Homes



Hammersmith & Fulham Local Authority



Mental Health & Community Trust – West London NHS Trust



Community Services – Central London Community Health Trust

- According to the latest census, there were 183,158 residents in H&F in 2021.
- The largest proportion of residents were working aged adults between 25-49 years (45.1%).
- Children and young people (CYP) made up the second largest age group in H&F, with 28.5% aged 0-24 years.
- 10.5% of the population were aged 65 years and above.
- 63.2% of residents were from a 'White' ethnic group. This is larger than the London average of 56%.
- The largest ethnic minority group in the borough is 'Mixed/Other' (14%).
- The smallest ethnic minority group in the borough is 'Asian' (10%).



# Insights from the Shared Needs Assessment

The Shared Needs Assessment was published in September 2024 and aims to enable teams across North West London to gain an understanding of the health needs of the population and to identify which needs have the biggest prevalence, inequality, unmet need and overall impact.

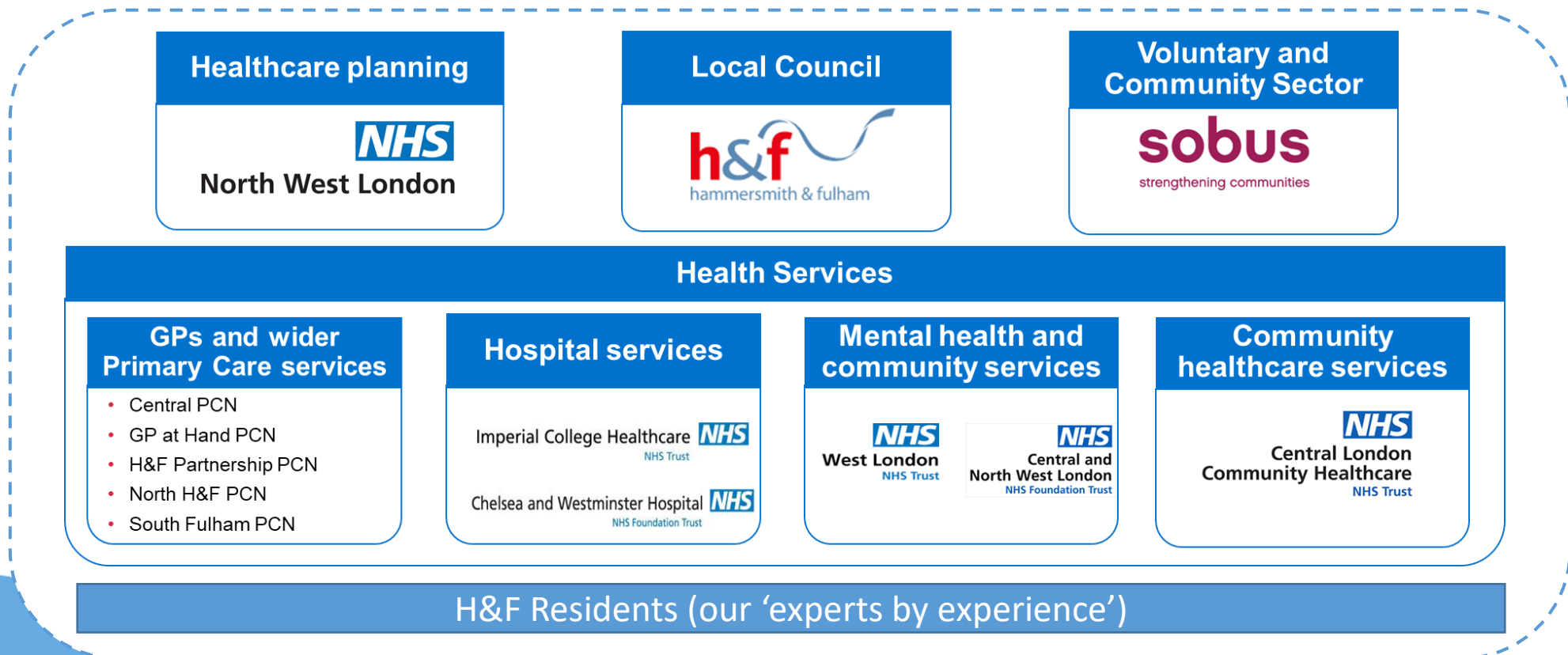
Key issues for Hammersmith and Fulham highlighted within the report include the following:

- Hammersmith and Fulham had the **lowest 3-year life expectancy at birth** for 2020-22 in NWL, and the second lowest when looking at the one-year trend. In common with other areas this has worsened over the last three years, with life expectancy for males falling at a faster rate than for females. This is inconsistent with the average deprivation profile, (as the borough is only the fifth most deprived by average IMD score in NWL) and requires further investigation.
- **18% of the population is in the Core 20 most deprived areas**, compared with 12.7% in NWL. This is the third highest level in NWL. Children within the Core 20 are more likely to live with adults who are smokers and involved in substance or alcohol abuse, with children living in the more deprived communities being three times more likely to live with someone who is engaged in substance abuse than the least deprived group.
- There are **pockets of deprivation across the borough**. The largest area of deprivation is White City and Wormholt in the north, which contains areas of high food and fuel poverty, overcrowding, high crime, high male unemployment, and a higher rate of children living with substance abuse.
- Across the whole borough, older adults have a higher risk than the NWL average of physical inactivity, smoking and substance abuse. There are higher rates of anxiety and depression, cancer, COPD, falls and stroke.
- Among adults there are higher rates of anxiety and depression.

# Our Partnership

The Hammersmith & Fulham Health and Care Partnership, our borough based partnership, was first established in 2016 to work with and for local residents to improve health, care and wellbeing outcomes.

The partnership includes health and care organisations working together with residents of Hammersmith & Fulham to improve health and care services for local people. It is a key part of the changes in the NHS which has seen commissioning responsibility move to North West London level, but with the borough based partnerships responsible for planning and delivering care.



# What do people say about our services?

People rate most individual services very highly, and we have high quality providers

There are significant inequalities in experience of accessing healthcare with a lack of trust in large organisations such as the NHS, particularly within some of our black communities

Page 32  
Care is often perceived as fragmented and disjointed between providers, including between health and social care

Specific areas of feedback include patient transport and disabled access

Experience of general practice is variable and this has been a recent focus locally

People experience a lack of continuity in some services, with multiple professionals involved in their care

**These are issues being experienced in most areas across the country, and the partnership is focusing on working together where this will help us improve**



# Refreshing the Partnership

- The Place Partnership Managing Director role has been created as a dedicated partnership post for the first time in Hammersmith and Fulham
- As part of beginning the role, a review has been conducted of how the partnership is operating, including its workstreams and governance
- Partners fed back that there was more work to do on developing the collective sense of purpose and ambition within the partnership, and greater clarity was needed on what we are trying to achieve through working together
- There was also clear feedback that the workstreams and governance were not as effective as they could be and needed to be refreshed
- All the strategic partners have signed up to a refreshed purpose statement and new governance structure
- Conversations are continuing to agree priorities and workstreams, taking into account feedback from frontline staff and residents in this process

# Purpose of the partnership

We will work together as partners in Hammersmith and Fulham to improve health and wellbeing and reduce inequalities.

We will develop more integrated, connected services that deliver tangible improvements that are better for our population and more sustainable for our organisations.

We will focus on tackling the wider factors that influence health and wellbeing.

We will work with local people to develop trusting relationships, empower communities and co-produce service changes.



## Creating Health

By this, we mean we will:

- Focus on the wider determinants of health and wellbeing
- Work on reducing health inequity
- Empower communities to create health
- Leverage our social capital
- Support self-care and independence
- Ensure a focus on children

We will be guided by the more detailed priorities listed in the **Hammersmith & Fulham Health and Wellbeing Strategy**

## Integrating Services

By this, we mean we will:

- Join up our services for people with more complex needs
- Understand and share care and risk collectively, rather than perpetuating a referral culture
- Develop more accessible services and support
- Improve quality of care
- Reduce repetition and duplication
- Address functional overlaps and gaps

# Understanding “neighbourhood health”

- Many years ago, GP practices were surrounded by a wider primary care health offer for people with additional needs, with linked team members including professionals such as midwives, health visitors, district nurses, therapists and mental health practitioners
- Services were accessed through the surgery and associated clinics, and were trusted and understood in a very local neighbourhood context – with the family doctor at the heart of this
- GPs also had strong relationships with their local hospital colleagues – often they had trained at their local hospital, and people knew each other by name and had each other’s phone numbers
- Over time, as demands on the NHS grew and services were increasingly delivered by multiple different providers, professionals retreated from GP practices and into organisational teams. As the population has grown and aged, it is no longer possible for GPs to know most hospital doctors
- Over a long period, working practices have become more transactional (based on referral forms, criteria and operational protocols) than relationship-based, and some services have reduced in size relative to the size of the population

# Why does this matter?

- As the population has aged and general health has declined, many more people have medium (more than one long term condition) or highly complex needs
- Our population continues to change, in particular our older population, which is small but growing. It has increased by 16% since 2011 and is predicted to further increase by 36% by 2033. Dementia prevalence is predicted to rise by 34% by 2030
- This will increase demand for health and social care services
- For people who have limited need for contact with the NHS, who are generally well and have no ongoing needs, the current way of working can work well – but the pressure services are under from people with greater needs affects them too, and general practice is a good example
- For people with more complex needs, the requirement for coordinated, joined up services has increased, but it has proved difficult to deliver this in practice

# Why “neighbourhood health” could help

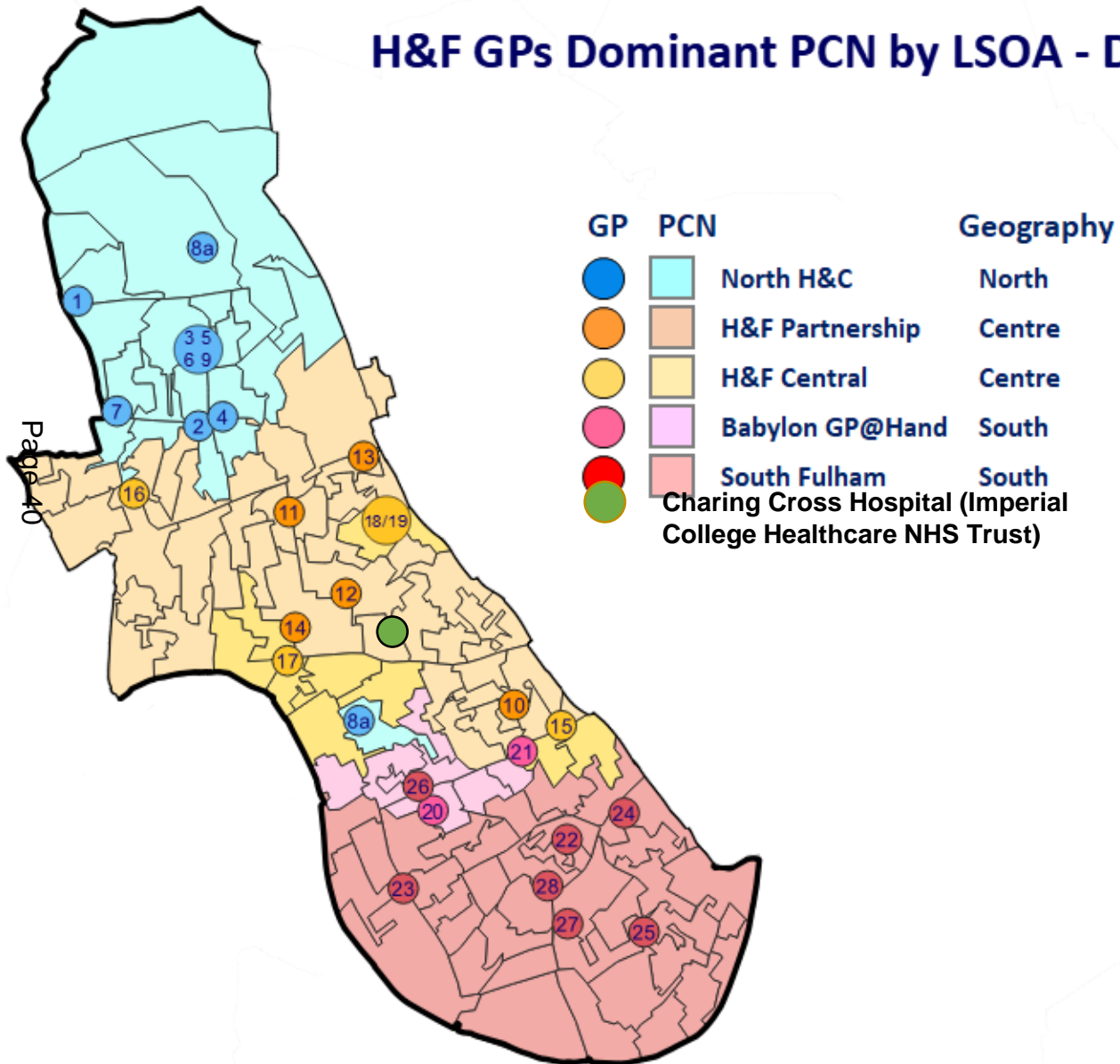
- Neighbourhood health involves reconnecting professionals from different organisations together, working around general practice, in a more relationship-based way
- It is important to be connected through general practice as the only truly local “neighbourhood” service that is continuously serving and in touch with our whole population
- However, it is no longer possible to align services around single practices, with very variable sizes (in H&F our smallest practice has about 2,300 patients and our largest has 19,000)
- Our health “neighbourhoods” will serve local populations of around 70,000 to 100,000 residents – this is a size that we believe means a greater range of services can be more connected
- Much of this work will be behind the scenes, in the day-to-day contact between professionals and the way they work – it will also involve working more closely in co-production with people, particularly those with additional needs
- Services will continue to be delivered more locally than at “neighbourhood” level – at GP surgeries, in people’s own homes, and at other locations in the borough – this is not about all services being delivered in one location, and most services are unlikely to move

# What will be different?

- NHS organisations serving the Hammersmith and Fulham population are working together to develop what Integrated Neighbourhood Teams mean locally – this will take some time
- We are also working with council colleagues to work out how best to connect their services
- We believe we need three Integrated Neighbourhood Teams in Hammersmith and Fulham, formed around groups of GP practices who are already working together – North, Central, and South
- We hope this will mean that people experience:
  - Better access to services
  - More joined up services
  - More personalised care, meeting people's holistic needs
  - Better continuity of care
  - Better health outcomes

# Integrated Neighbourhood Teams

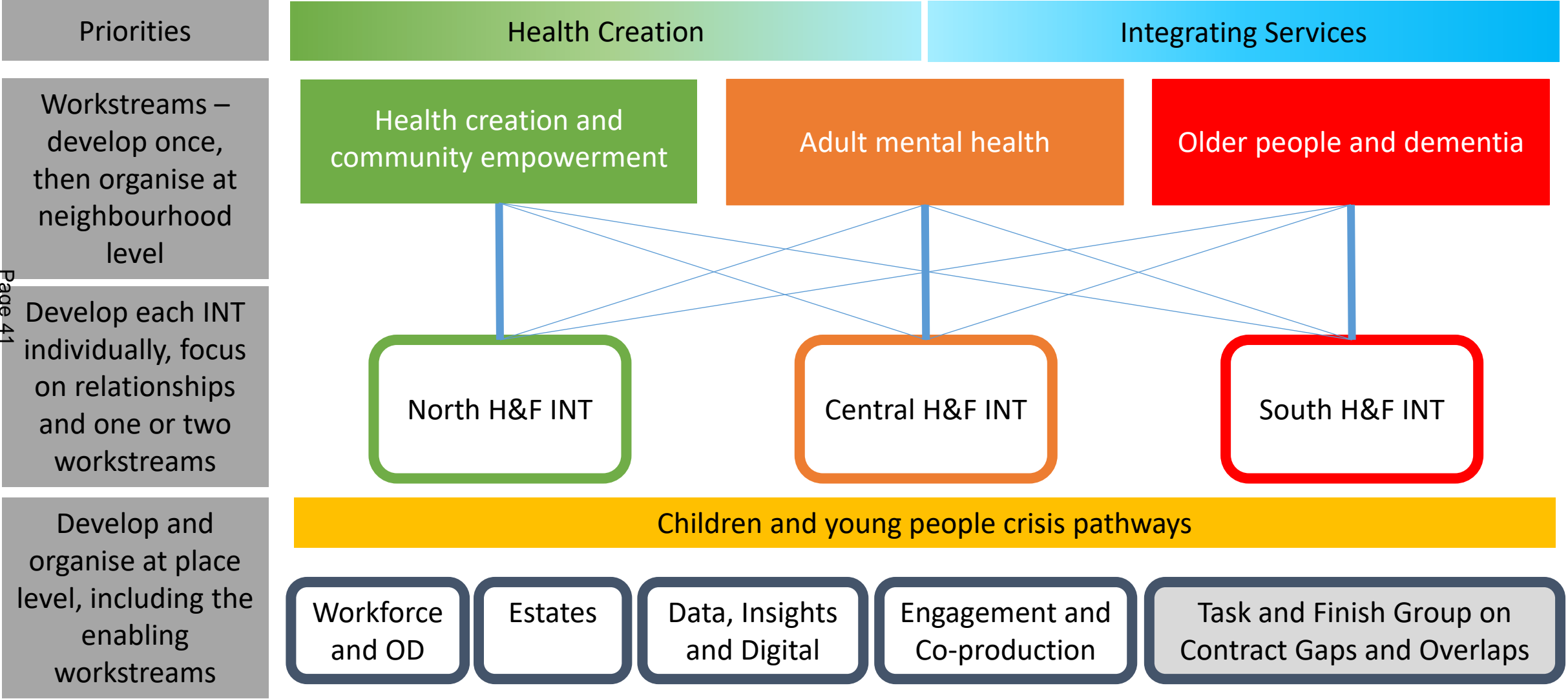
## H&F GPs Dominant PCN by LSOA - Dec 23



GP	Primary Care Networks	Geography	Number
Westway Surgery	North H&F PCN	North	1
The New Surgery	North H&F PCN	North	2
Parkview Practice	North H&F PCN	North	3
Shepherd's Bush Medical Centre	North H&F PCN	North	4
Dr Uppal & Partners, Parkview	North H&F PCN	North	5
Dr Kukar, Parkview	North H&F PCN	North	6
Dr Kukar, The Medical Centre	North H&F PCN	North	7
H&F Centres for Health (Hammersmith)	North H&F PCN	North	8a
H&F Centres for Health (Charing Cross)	North H&F PCN	North	8b
Canberra old oak Surgery	North H&F PCN	North	9
North End Medical Centre	H&F Partnership PCN	Centre	10
Richford Gate Medical Practice	H&F Partnership PCN	Centre	11
Brook Green Medical Centre	H&F Partnership PCN	Centre	12
The Bush Doctors	H&F Partnership PCN	Centre	13
Park Medical Centre	H&F Partnership PCN	Centre	14
North Fulham Surgery	H&F Central PCN	Centre	15
Ashchurch Surgery	H&F Central PCN	Centre	16
Hammersmith Bridge Surgery	H&F Central PCN	Centre	17
West Kensington GP Surgery	H&F Central PCN	Centre	18
Sterndale Surgery	H&F Central PCN	Centre	19
Dr Jefferies & Partners	Babylon GP at Hand PCN	South	20
Babylon GP at Hand	Babylon GP at Hand PCN	South	21
Cassidy Road Medical Centre	South Fulham PCN	South	22
Palace Surgery	South Fulham PCN	South	23
Fulham Medical Centre	South Fulham PCN	South	24
Sands End Health Clinic	South Fulham PCN	South	25
Fulham Cross Medical Centre	South Fulham PCN	South	26
Lillyville @ Parsons Green	South Fulham PCN	South	27
Ashville Surgery	South Fulham PCN	South	28



# Our whole partnership programme and workstreams



# New Partnership Structure



# Key Next Steps

Our focus in the immediate term will include:

- Continuing to build the relationships at strategic and operational levels that will support delivery of our priorities
- Implementing our revised partnership governance
- Developing our priorities, workstreams and enablers, in a way that ensures partners are signed up to delivery of realistic and achievable programmes
- Organising to deliver, with aligned resources and the development of work plans
- Clarifying our arrangements and planning improvements for engagement and co-production with local people