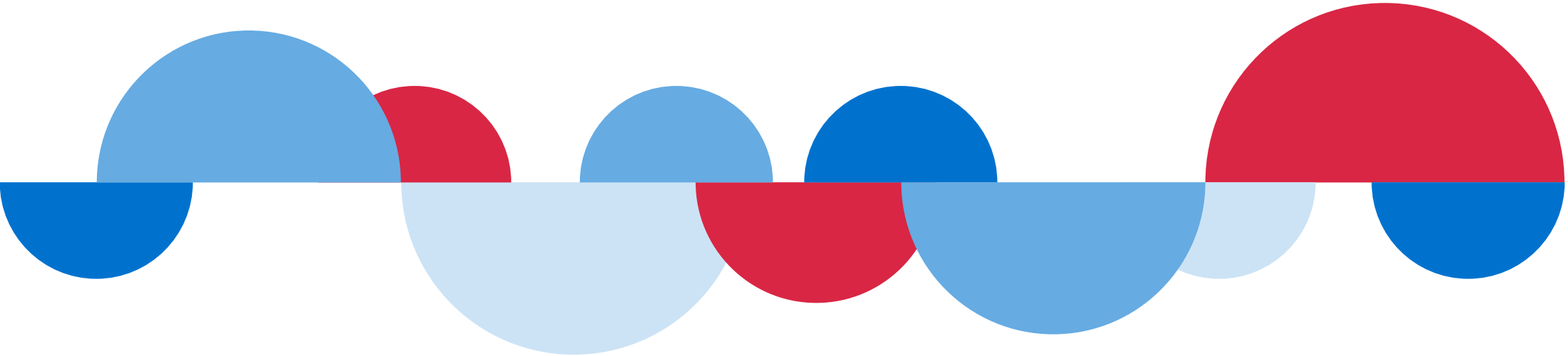
Hammersmith & Fulham
Health and Care Partnership
Better Together.

# 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

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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

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.

# Priorities

## 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

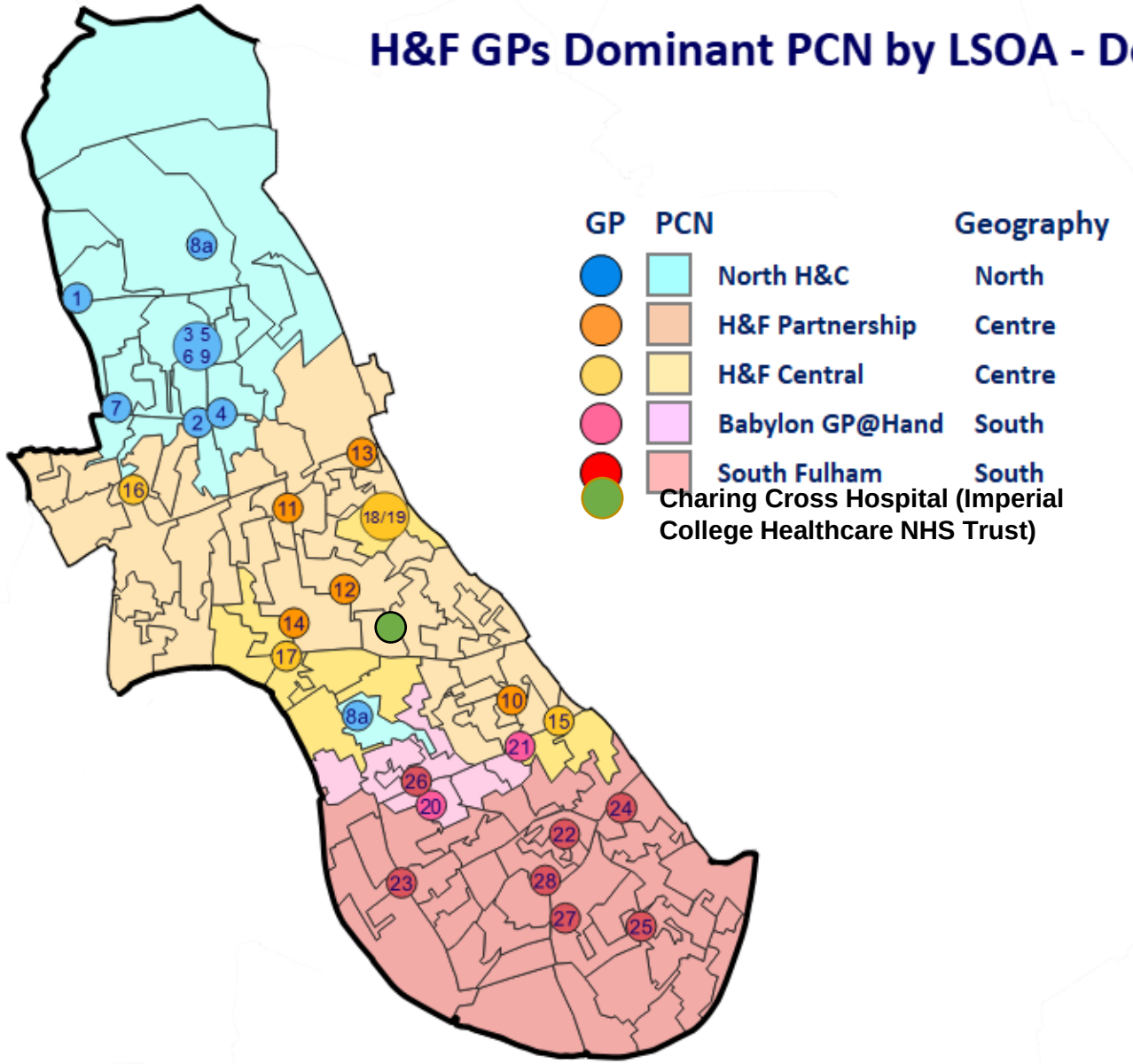
# Why “neighbourhood health” could help

- 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




| 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

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| | |
|---|---|
| Priorities | Health Creation / Integrating Services |
| Workstreams – develop once, then organise at neighbourhood level | Health creation and community empowerment; Adult mental health; Older people and dementia |
| Develop each INT individually, focus on relationships and one or two workstreams | North H&F INT; Central H&F INT; South H&F INT |
| Develop and organise at place level, including the enabling workstreams | Children and young people crisis pathways; Workforce and OD; Estates; Data, Insights and Digital; Engagement and Co-production; Task and Finish Group on Contract Gaps and Overlaps |

# New Partnership Structure

**LBHF**
- Cabinet
- Health & Wellbeing Board
- HASPAC

**Provider Boards**

**ICB**

**Hammersmith & Fulham Health and Care Partnership Board**
Meeting 6x per year

**Joint Leadership Team**
Monthly

**Partnership Forum**
In person 6x per year

**Work programme**

# 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