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Notice of Meeting:

North West London Joint Health Overview & Scrutiny Committee (JHOSC)

Meeting Location:	Conference Hall, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ
Date and Time:	Thursday, 14 March 2024 at 10.00 am
Contact for Enquiries:	**Email:** democraticservices@ealing.gov.uk **Telephone:** 020 8825 6253
Chief Executive:	Tony Clements

Committee Membership: Councillors

Councillor Sheth London Borough of Brent
Councillor Ben Wesson London Borough of Ealing
Councillor Perez London Borough of Hammersmith & Fulham
Councillor Knight Royal Borough of Kensington and Chelsea
Councillor Sharma London Borough of Hounslow
Councillor Denys London Borough of Hillingdon
Councillor Halai London Borough of Harrow
Councillor Albert London Borough of Westminster
Councillor Vollum London Borough of Richmond - non-voting

AGENDA

1	**North West London Joint Health Overview and Scrutiny Committee 14 March 2024 Agenda Pack**	**(Pages 3 - 98)**

Published: 10 July 2023

North West London Joint Health Overview and Scrutiny Committee

Thursday 14 March 2024 at 10.00 am
Conference Hall - Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

This meeting will be held as an in person physical meeting with all members of the Scrutiny Committee required to attend in person.

The meeting will be open for the press and public to attend. Alternatively the link to follow the webcast live will be made available HERE.

Membership:

Members Councillors:	**Representing**
Ketan Sheth	London Borough of Brent
Wesson	London Borough of Ealing
Perez	London Borough of Hammersmith & Fulham
Denys	London Borough of Hillingdon
Halai	London Borough of Harrow
Sharma	London Borough of Hounslow
Knight	Royal Borough of Kensington and Chelsea
Albert	London Borough of Westminster
Vollum	London Borough of Richmond - non-voting

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Agenda

Introductions, if appropriate.

Item		Page
1	**Apologies for absence and clarification of alternate members**	
2	**Declarations of Interest** Members are invited to declare at this stage of the meeting, the nature and existence of any relevant disclosable pecuniary or personal interests in the items on this agenda and to specify the item(s) to which they relate.	
3	**Minutes of the previous meeting** To approve the minutes of the previous meeting as a correct record.	1 - 12
4	**Matters Arising (if any)**	
5	**Obesity and Preventative Services** To receive a report on the current state of obesity and preventative services across North West London.	13 - 22
6	**Primary Care Access following changes to GP Contracts and Announcement of the Same Day Access Model** To receive a report on the state of Primary Care Access across North West London following recent changes to GP contracts and the announcement of the Same Day Access Model.	23 - 40
7	**Commissioning Arrangements for Community Pharmacy and Dental Services** To receive a report on the current state of North West London commissioning arrangements for community pharmacy and dental services across North West London.	41 - 46
8	**Update on Community Based Specialist Palliative Care Improvement Programme** To receive an update on the community based specialist palliative care improvement programme.	47 - 56

9 Update on potential change of control at AT Medics Ltd 57 - 58

To receive an update in relation to the potential change of control at AT Medics Ltd.

10 Recommendations Tracker 59 - 88

To present the latest scrutiny recommendations tracker.

11 For Noting: Work Programme 2023-24 89 - 92

This item presents the work programme 2023-24 and is for information only.

12 Any other urgent business

Notice of items to be raised under this heading must be given in writing to the Head of Chief Executive and Member Services or her representative before the meeting in accordance with Standing Order 60.

- Please remember to switch your mobile phone to silent during the meeting.
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At a meeting of the Joint Health Overview & Scrutiny Committee (JHOSC) held on Tuesday, 5 December 2023 at 10:00 am at Rooms 6:06 & 6:07 - 6th Floor, Hounslow House.

Members Present:

Councillor Ketan Sheth (Chair)
Councillor Natalia Perez (Vice-Chair)
Councillor Nick Denys
Cllr Chetna Halai
Cllr Lucy Knight
Cllr Marina Sharma
Cllr Claire Vollum
Cllr Ben Wesson
Cllr Concia Albert (online)

Others Present:

Rob Hurd – CEO, Integrated Care Board
Daniel Elkeles – CEO, London Ambulance Service
Pippa Nightingale – CEO, London North West NHS Trust (LNWT)
Nina Singh - Chief People Officer, West London NHS Trust
Mark Titcomb – Managing Director, London North West NHS Trust (LNWT)
Rory Hegarty - Lead Director of Communications & Engagement, NWL ICS (online)
Clare Murdoch – CEO, Central and North West London NHS Foundation Trust (online)

1. Apologies for Absence and clarification of alternate members

No apologies for absence were received.

2. Declarations of interest

The Chair, Councillor Ketan Sheth (Brent Council) declared a non-pecuniary interest that he was the Lead Governor a Central And North West London NHS Foundation Trust(CNWL)

Councillor Ben Wesson (Ealing Council) declared a non-pecuniary interest that he worked for The Nursing and Midwifery Council.

Councillor Marina Sharma (Hounslow Council) declared a non-pecuniary interest that she worked for a local domiciliary care provider.

Councillor Claire Vollum (Richmond Council) declared a non-pecuniary interest that she worked for Hounslow and Richmond Community Healthcare Trust.

3. Minutes of the previous meeting held on 12 September 2023

The minutes of the meeting held on 12th September 2023 were agreed as an accurate record.

4. Matters arising (if any)

There were no matters arising.

5. ICS Workforce Strategy and Programme Update

See the report at Agenda item 5, page 17

The Chair invited Clare Murdoch, SRO for Workforce in North-West London, and Nina Singh, Chief People Officer-West London, to present the report and the following points were made:

- The workforce was a top priority, other than patients, as they were the lifeblood of what we do in North-West London.
- The strategy has been widely consulted with a whole range of colleagues
- As an anchor organisation they have looked creatively at how they can employ local people from different backgrounds and create career and job opportunities, reflect our local communities and be more flexible than they have ever been. Apprenticeship routes were one example of how they would like to create a more homegrown workforce.
- They have worked together with local authority colleagues on this strategy and invited colleagues' feedback on the Health and Care Academy as they try to grow a strategy that supports an integrated approach to workforce recruitment. North-West London is uniquely vibrant and diverse and the workforce should reflect that.
- Retention was also a big focus point as well as recruitment as it was important to retain staff in the health and care sector – see the slides for more detail.
- The workforce strategy plan and action would sit in support of real transformation in patient care through the incorporation of digital strategies, assisted technologies or redesigning pathways of care to make sure they are optimising every penny and the health and care benefits and outcomes.
- The strategy would be continually reviewed and monitored and invited feedback from this Committee.
- From the two high level themes identified in developing the Workforce Strategy seven workforce priorities have been developed – see slide 2.
- Focus over the next 18 months would be on the top three priorities shown on slide 6, page 22 which have been developed in collaboration with partner organisations in North-West London including local authority and NHS colleagues and was clear on how the key priorities will be delivered at system level, through provider collaborations and by individual organisations. The focus for CPOs would be at system level.
- Nina Singh reviewed the priority 3 – Multi-Professional Education and Training Strategy and potential investment to support the training places required in North-West London.

The Committee were then invited by the Chair to ask questions and Committee Members:

Questioned how employment opportunities for refugee communities would be improved. Nina Singh confirmed that this would be a challenge and they have brought together a collection of partner organisations and were working with the Refugee Council and voluntary groups that specialise in working with the refugee community to develop a pathway particularly around the immigration and visa applications and the particular challenge that the refugee community face obtaining a DBS check which is a pre-employment requirement for NHS. This new pathway has led to the recruitment of 62 people from the refugee community of which 11 were doctors who have gone into a medical role or a medical support worker role. They also work with the Mayor's Office through the Anchor Programme.

Asked what measures are in place to ensure recruitment is ethical when hiring overseas nurses from red list countries. Nina Singh replied that the NHS have a code of practice list. If there was a country that was on the red list they would not recruit from there and did not encourage partner organisations to recruit from there. The list changed regularly and the countries on the list varied for each different stream of nursing so recruitment would be within the NHS Code of Practice for overseas recruitment.

Asked if the recent announcement of changes to immigration rules would affect the ICS workforce strategy and programme. Clare Murdoch replied that they had not had the opportunity to properly assess the changes announced by Parliament and would need to do a detailed assessment of the impact it would have on overseas recruitment. Nina Singh added that ICS had a good connection through the NHS Employers group with the immigration department and would work with them to ensure that they can still recruit to shortage occupations. The Chair asked for the Committee to be kept updated with developments.

Noted that the workforce strategy and programme did not include mental health as a known priority when it had been noted previously there were significant gaps in specialist mental healthcare and asked what was being done to address the issue and why mental health was not highlighted as a priority in the report. Clare Murdoch replied as National Director of Mental Health for England that workforce growth in mental health was an absolutely key part of the ICS's plans and referred to the recent investment in mental health across the eight boroughs from the Mental Health Investment Standard monies which was ring fenced for investment in improvement of mental health services. She added that the slides would be reviewed to reflect that mental health was a priority for workforce development through the ring fenced investment specifically for mental health services and other eligible investment streams.

Asked about the delays in discharging mental health patients from a hospital to community settings and sought confirmation that the issue remained a major focus. Clare Murdoch replied that there was immense pressure on the UEC pathway and they have seen a creeping increase in length of stay and delayed transfers of care and noted that it was really important to work together across health and care and that enhanced discharge planning was a critical part of modern mental health services and therefore, workforce and joint working.

Asked for clarification on how productivity will be measured and reviewed and how this could be monitored going forward and asked for it to provide more qualitative data as well as quantitative data. Clare Murdoch replied that the productivity measures were being developed to ensure that the data was more qualitative and that progress/outcomes were clear to see across all work streams. Rob Hurd, Chief Executive, added that insight data would be developed working together with local authority partners through borough based partnerships on gathering the insight data and applying it to experience data alongside the quantitative data to ensure investment was made in the most optimum place to get the best outcomes for patients with a limited, constrained workforce resource.

Asked about the workforce shortage in maternity services and what was being done to recruit to the vacancies, how this impacted patient safety and the reason why nursing and midwifery were particularly affected. Pippa Nightingale updated the Committee on recent recruitment initiatives which has created a pipeline that takes North-West London to a less than 5% vacancy rate including overseas recruitment and increased student and apprenticeship recruitment. In response to measures taken to retain overseas recruits Pippa replied that the retention of overseas recruits was really positive having made a big life changing decision they come, and they stay. What needed to be improved was their career progression into more senior management roles and this was being reviewed a part of their inclusion agenda.

Nina Singh responded to a question on provision of flexible working and training to expand and diversify routes into employment from people with school age children and ICS were reviewing how this could be integrated into the workforce to enable more recruitment and retention.

Rob Hurd agreed that he would bring an update on the progress of the Race and Equalities Steering Group to a future meeting. He suggested, if the Committee wished to, he could provide an annual report to the Committee which he jointly chaired with Linda Jackson. He reviewed the work of the group so far which had produced some really good outcomes for workforce race equality standards.

The Chair asked for regular updates to the Committee on the progress of the 7 priority workstreams so they can monitor genuine tangible progress. Nina Singh said she would be happy to provide an update in 6 months time.

The Committee RESOLVED to recommend that the North West London ICS:

1. Provide an update to the Committee once they have assessed the Government's new position on immigration and how this might affect recruitment and workforce within North West London.

2. Noted the invitation from Clare Murdoch as Chair of the Workforce Board to attend meetings of the Board.

3. Provide an update of progress by the Race Equality Steering Group.

4. Provide regular updates on progress of the seven priority workstreams.

6. North West London Winter Resilience and London Ambulance Performance Update

See the report at Agenda item 6, page 25

The Chair invited Rob Hurd, Chief Executive – ICB, and Daniel Elkeles, Chief Executive- LAS, to present the report and the following points were made:

The work of the London Ambulance Service cuts across how hospitals and other services are performing and responding to patient needs.

Provided an update on the workforce improvements and service delivery improvements in the LAS including:

- Recruitment of more staff both call handlers and paramedics
- The opening of 2 state of the art training facilities, one which is.based in Brentford. Committee Members were invited to visit the facilities.
- The benefits of newly introduced team working which had improved staff engagement, resulting in a 70% (6500 staff) response to the most recent staff survey.
- A new app to be introduced by Christmas which will allow staff to monitor the progress and outcomes of patients transported to hospital allowing staff to received feedback on how the patient was treated.
- Updated Members on the service performance in each category and the outreach work to train Londoners to be London Lifesavers and the new campaign to teach year 7 students in Brent, Harrow and Ealing to be London Lifesavers.
- The increase in staff and ambulances had improved performance in category 2 by 26 minutes from last November 2022
- Frail and elderly patients and mental health patients in category 3 were responded to as quickly as possible and not de-prioritised.

Committee Members were then invited by the Chair to ask questions and Committee Members:

Asked about the decision of the Metropolitan Police about right care, right person and the knock-on effect of that. Daniel Elkeles, CEO-LAS, updated Members and said that London Ambulance Service had planned very carefully with the Metropolitan Police and worked together to implement the right care, right person protocol which had resulted in between 150 and 200 extra calls a day for LAS. The transition had worked well by placing a paramedic in the Police call centre to observe and ensure the right questions were asked and then have the details and contact details of the caller transferred to the LAS call centre who would contact the patient and refer them as 999 emergency or 111 as required. Activity had increased but did not result in more ambulances sent to people who did not need them and ambulance crew have the full support of police assistance if crews require support. LAS had received the capital for 13 new dedicated mental health ambulances to transport sectioned mental health patients where Metropolitan Police carried out the responsibility but would no longer do so as this was an NHS responsibility. Clare Murdoch confirmed that she was leading nationally on the issue and monitoring the situation closely and noted that it could affect fire services, ambulance services, the acute trust social care and mental health providers. It was about doing the right thing for people using the right resources and are keen to understand what the resource implications are nationally to make sure they are properly funded. There were also cohorts that did not fit neatly into a particular path, ie, welfare checks which also needed to properly assessed. A report on right care, right person would be presented to the Committee at a future meeting.

Asked for more information on the ongoing major focus during winter, discharging patients from hospital beds and the plan for combatting that in the short term until the spring, and also the estimated risk for industrial action and the ability to meet the national targets for the delivery of urgent and emergency care over this winter and if the described mitigations fully offset the impact of industrial actions during the winter. Rob Hurd replied that they have tried to learn from last winter because a lot of the challenges the ambulance service face arise as a result of backdoor issues in hospitals and could have at any one time 650 patients in acute hospitals not meeting the criteria to reside and estimate that they can and should be making an improvement of 100 to that figure over the course of winter. This why the have introduced bridging services, invested in additional beds, invested in additional virtual ward capacity which represented approximately 500 beds and 178 extra physical beds over the winter. The discharge hub was up and running in all North West London boroughs. Rob explained that with the right measures in place and the additional £37.1 or £38.1 million industrial action funding which would be used entirely to mitigate the impact of industrial action and keep planned performance targets on track.

Asked for information on how many of the 630 virtual beds were in Hounslow and a breakdown of beds by borough if available. Rob Hurd said that he did not have the figures to hand for a breakdown by borough but would find out the information and confirmed that there were currently 330 of 500 overall virtual ward beds. This level of utilisation and growth in usage if virtual wards was one of the leading geographies in the country. Pippa Nightingale confirmed that the figures could be broken down by borough but broken down by hospital, West Middlesex was actually one of the best performing at virtual wards and have now been doing the cardiac pathways for some and the heart failure pathway for some time. It has been very well embedded and the majority of that are Hounslow patients. The figures each borough could be produced by breaking down hospital figures by Borough.

Asked for information on hospital bed capacity target of 92% for winter pressures when it has been recommended that hospitals work most safely and effectively at a bed capacity of no higher than 85%. Referred to page 29, figure 2 – general and acute bed plan and asked if there was a case for increasing bed capacity and if there was enough bed capacity to meet winter pressures. Rob Hurd confirmed that there was enough beds in North West London but

were not used effectively as they should referring to discharge issues. The Trust had invested in additional acute capacity in a context where there was significant opportunity for people not being in the right setting for their needs and their care. The strategy was to ultimately improve and get patients and residents to the right care setting as opposed to open up more and more acute beds and providing care in an appropriate setting.

Referred to sufficient medicine supplies to meet winter pressures and the issues faced previously and asked if there were plans to increase medicines to ensure that there was no risk to patients. Pippa Nightingale replied that the Trust had planned their hospitals for the winter at 96% capacity and planned the additional services required such as tests on this basis including medicines that were needed. Most of the previous medicine shortages were due to supply chain issues on the back of COVID and they have risen over that and no longer have supply chain issues of any of the medications that are used. There are no shortages and they have planned for the capacity that will be delivered over winter.

Asked for further details from London Ambulance Services on meeting category 2 and 3 targets. Daniel Elkeles provided an overview of the service standards for category 2 and category 3 calls and explained the variables within and the decisions applied to patient care and transferring them to the most appropriate setting for providing that care . Pippa Nightingale promoted the need to educate the population on using emergency services and the mythical understanding that they would be treated quicker if they called an ambulance or attended an urgent care facility. Having replied to questions on a recent radio show on inappropriate use of emergency services she noted that there was a need to start re-educating the population on seeking care from pharmacists and GPs.

Asked about the communication plan and any new communications channels not used in previous plans. Rob Hurd confirmed that they do invest significant money in communication plans and try to do this in partnership with local boroughs. It needed to be hyper-local and acknowledge local variation and local communities hearing messages. Rory Hegarty provided an outline of communications which were produced working closely with local authority comms teams. A big part of the communications plan was targeted engagement with specific communities and had funded 34 community groups and grassroots groups to go out and talk to people and take some of the messaging to people that they wouldn't necessarily always reach but are known to the community groups who are trusted sources of information for them. Also in the plan are social media campaigns which are done every year and are mostly targeted advertising to promote specific messages in key areas on particular issues in the local area. This year they have included Spotify advertising and also Google advertising targeted to searches made by the user.

Asked London Ambulance Service if they expected category three calls to reduce or since the last published figures or would they go up. Daniel Elkeles provided an update on expected category 3 demand and how calls would be managed with the appropriate response from car teams, eBike responders or if required, an ambulance. Category 3 calls were from the frail and elderly. As they go into the winter, they expect an increase in emergency calls to both 111 and 999.

The Committee RESOLVED to recommend that the North West London ICS and LAS:

1. Provide a briefing paper on the impact of right care, right person focussing on the impact on partners and the changes taking place in the Spring.

Increase collaboration with Local Authority Comms Teams to reach wider audiences.

7. North West London Elective Orthopaedic Centre update

See the report at Agenda item 7, page 43

The Chair invited Mark Titcomb, LNWH Managing Director-EOC, CMH & Ealing, and Pippa Nightingale, CEO-London North West NHS Trust, to present the report and the following points were made:

- The Elective Orthopaedic Centre opened as scheduled and treated its first patient on 4th December 2023.
- There would be around 46 patients treated at the EOC for the first week and just under 200 going through in December 2023 in total.
- Once the EOC has reached full capability at the end of February 2024/Beginning of March 2024 when the additional 2 theatres are ready the EOC will be seeing between 400 – 500 patients a month which will take the total patients treated to 5000 – 6000 each year and was very much on track in terms of this progress.
- In consultation with local residents and public a transport working group was formed to design a transport service for patients based at Central Middlesex Hospital available 7 days a week and also 4 patient pathway navigators to assist patients, their family and carers with transport requirements.
- When the EOC has reached full capability at the beginning of March 2024 it will be carrying out routine hip, knees and some upper limb work which will free up capacity within the home trusts for more complex orthopaedic work other elective surgeries which will help reduce the long waiting lists.

The Committee were then invited by the Chair to ask questions and Committee Members:

Asked if they saw any challenges between now and March 2024 that would need to be looked at again and asked Mark to elaborate on the mechanisms that have been established for ongoing monitoring of the new Orthopaedic Centre, specifically producing intended improvements, productivity, quality which is quantitative and qualitative and efficiency that led to the Centre being developed. Mark Titcomb said that the challenges between now and March 2024 are continually keeping a really close eye on the programme to make sure that it is kept on track. A key focus was on making sure they have the right workforce and the right people. They currently have between 86-90 of 140 people based at Central Middlesex Hospital. Ongoing monitoring was a key part and as part of the planning and as part of the business case which was quite a comprehensive benefit realisation plan and outcomes that are expected for patients both in terms of qualitative ones are around patient experience, around the level of engagement and around the way that they are clinically cared for within the hospital and within the EOC and also the quantitative ones about productivity particularly around areas such as length of stay, ie, within the hospital. They will continue monitor all metrics and matrix's. The report refers to the Patient Engagement Committee for example that currently exists at Central Middlesex Hospital they will make sure that that absolutely includes the EOC patients as well so they have got that real time feedback from patients and from residents. Pippa Nightingale said that this was a huge challenge for productivity and for surgeons to adapt to a different way of working that will see them increase the number of surgeries performed without the distractions of emergency surgery.

Asked if by February/March/April they will have a full workforce in place. Pippa Nightingale said that February/March was when Hillingdon Hospital comes on board as well as having an additional 2 new theatres which will also be finished which will complete the picture. The workforce recruitment should also be completed by then using a bespoke model that attracted new people to North West London.

Asked what specific systems were there in place to engage patients in terms of this initial experience with more specific information as to how that is captured also for patients who may not have English as a first language, what systems were there in place to capture their feedback. Pippa Nightingale said that they have done a few things, first of all the normal collection of patient experience that happens for all patients and then it can be broken down by specialty and will be able to see which patients had their care at the elective orthopaedic centre. What their friends and families score is, that's only a small little touch base. What will be done for the first few patients is really getting some detailed feedback face to face. Pippa and Mark reviewed the monitoring measures and that the performance was reported monthly to the Partnership Board with the first report at the end of January 2024.

Asked when the first report to understand the changes to different levels of care that are being introduced and overall clinical outcomes for patients be considered? Has a timeframe for this being worked out. Mark Titcomb confirmed that a monthly Partnership Board which comprises all four acute partners for the Elective Orthopaedic Centre that has been sitting every month will begin to look at the initial data from December when it meets at the end of January and every month thereafter and it will effectively have a dashboard of both clinical quantitative and qualitative patient experience results to look at, so from the end of January onwards that will be looked at, of course within that on a weekly basis and indeed on a daily basis the medical director and Mark will check on a regular basis but the formal reporting will begin at the end of January through the partnership board.

Rob Hurd noted that in the context everything, this was a fantastic example of implementing good practice to getting the balance between scaling something for the benefit of patients with the important work of involving residents on the travel. I think if we can't do it in orthopaedics good luck to us in everything else is what I would say. This is a lesson for the future of orthopaedics. You can measure things, we have things with patient related outcome measures. There's something called a national joint registry and you can look up online what patients are actually saying and how individual hips and knee joints and how effective they are. There is a wealth of information so commend the team for that. I think the wider point is the best use of resources for best outcomes for patients that meets the workforce required is a lesson for many other services that will be going on a journey in the coming years.

Offered congratulations on the first procedure yesterday (4th December) Appreciate there is still a long way to go but also wanted to pay tribute particularly for the work that you've done around transport. We often talk about co-production within the NHS and I think this a is really good example of including patients on that journey and the report mentions about reviewing the situation on an ongoing basis and it would just be helpful to have the details of those reviews in due course. Mark Titcomb added that within that transport group they developed a real rapport with that group and wanted to build on that. So rather than just saying that the transport piece is done, they want to effectively move that into the patient experience/patient feedback and how is transport looking.

Asked for clarification on what criteria are considered for defining journey times as costly, complex or lengthy making patients eligible for the free transport services and confirm that this would be delivered through ambulance services and not contracts with taxi companies. Mark Titcomb replied that what they have got is effectively at Central Middlesex for the Elective Orthopaedic Centre. They have a dedicated effectively ring fenced transport facility. There is no emergency care at Central Middlesex which is a huge advantage so there is no risk of that transport being taken off for a higher priority and have made sure that they have sufficient of that. It is ambulances or car ambulances for patients so that they can get them in early in the morning when they need to and can get them home in the evening or indeed at weekends and are expecting to discharge throughout the whole of the weekends. In terms of the first point around long, complex and costly, they have got established criteria on that.

Effectively they are trying to be as open and as helpful as possible not just for patients but for their carers as well. They can't extend that all the way to family and friends as you'll recognise but they are being really open and transparent around that.

Checked if the plan put in action included the Healthcare Travel Costs Scheme to provide financial support to those who qualify for benefits and within the guidelines of the scheme it said one of the specifications was to have a referral for specialist care which presumably would be what the appointment would be categorised as. Mark Titcomb confirmed that they do include the healthcare travel scheme.

The Committee RESOLVED to recommend that the Elective Orthopaedic Centre

1. Report to this Committee on the success against metrics and targets identified for the Orthopaedic Centre and also get feedback from staff and patients. It would be interesting to get some reports from staff and patients after March on - how they feel things have been going and what could be improved and what the NHS system can learn going forward.

2. Report to this Committee on the operation of the dedicated transport provision.

8. ICS Updates (Palliative Care, Estates Strategy, Consultation on Acute Mental Services & ICS Running Costs Reduction)

See the report at Agenda item 8, page 52

The Chair invited Rob Hurd, Chief Executive-Integrated Care Board, to present the report and the following points were made:

This was a mop-up report on various ongoing themes in the background that the Committee requested.

Rob Hurd provided an overview of the work of the NHS North West London I Integrated Care Board Organisation and Design Programme which referred to the core staff that are employed and funded under National Health Service running cost allowance which is being reduced in order to reinvest £12m in frontline services. That is going to lead to a significant staff reduction of the order of 100 staff out of the 900 that are currently employed. 3 years ago it was 1100 people so on a continued trajectory to reduce the overhead management costs in order for that money to be reinvested in frontline care.

The Committee were then invited by the Chair to ask questions and Committee Members:

Asked about provision of palliative care. In September there was mention of providers working together closely on workforce issues for expanding our palliative care offer and asked to be provided more details on the specific progress or developments that have occurred in this regard. Pippa Nightingale replied that palliative care was a really hard to recruit to role and that was because NHS was not offering the right model of care and also because this model of care is not largely the NHS. Most hospices were run by Charities and therefore for a nurse to go and work in it they would lose their pension status because they were not working within the NHS and why this issue was bigger than just beds. This would need to be about having the right clinical model, therefore the right workforce model and how do we attract people to work in this because Pippa believed, when you listened to nurses they really want to work in this area but they are almost stopped from that because of having to leave the NHS to do it. We need to create NHS pathways so that we can provide good palliative care and therefore use NHS staff to be able to deliver that care as well as the voluntary sector that are

huge in this area and our hospices that have great expertise as well but they are almost competing with us at the moment so it is a bit of a wipe the mat clean, what does the right clinical model look like, therefore the workforce model needs to be layered on top of that and then what we understand it would be much easier to recruit to them because right now it is virtually impossible to recruit to a specialist palliative care nurse as all providers were competing with each other to do that. It was also not just about beds but about really understanding the needs of our population and supporting patients to die well in a comfortable setting of their choice. Rob Hurd provided reasons why it was not possible to make use of Pembridge in Westminster.

Requested confirmation that ICB will be engaging with the Council's estates team to ensure that there is an alignment on projects and residents needs.
Rob Hurd replied yes absolutely. Part of what ICB are trying to do in the estate strategy is make this beyond an NHS only in a health strategy. All models are on the table. One has to acknowledge however, within that, that we face some constraints in how we are funded and the models of estates that we are able to enter into in the NHS without headquarters approval around some of those models. As PFI and other initiatives have shown over the years we need to tread carefully in all of those models but the basic concept of working together on making better use of having options for the future configuration.

Asked Rob Hurd if considering the cuts that are required, if there was a possibility of surrendering the 10 year lease for the ICB offices in Marylebone Road. Robin replied that they were doing everything they could to get out of the lease/subcontract. Every £1 spent on office and underutilized facilities was a £1 that could be better spent in other ways. It is in the papers that a £2m reduction in our office costs across our 8 different boroughs was part of this and very much see the Marylebone Road as an expensive underuitlized facility. He has been showing people around regularly to get that office paid for my somebody else until we can break the lease as soon as possible.

Noted that the plans for the 30% reduction in expenditure for the ICS had not been shared in any detail with local authorities. There was a perception that there would be variation in terms of the impact on local teams across North West London with up to a 40% reduction for some borough based partnerships. The balance between centralisation and localisation of staff would be key in terms of how the borough based partnerships and place based working is applied and understanding what the centralized functions will be would be key in understanding what the remaining borough based partnership function will be. They asked Rob Hurd to comment and he said that this week ICB were launching an engagement document with partners which will be coming out to borough based partnerships and local authorities. Within the overall timetable, we are now entering an engagement phase prior to next year a consultation phase. Next year being a transition year for implementation in full for April 2025 of these changes so we are still at an early stage of these proposals. Second point, borough-based partnerships were a fundamental component of our operating model. We think there will always be a London and we think there will always be a London Borough but there won't necessarily always be a North West London sub-regional unit of which he was currently the accountable officer so the fidelity of upholding the borough based partnership model out of where we came from with clinical commissioning groups into a future model of borough based partnership he assured Committee was at the heart of what this was trying to do.

Questioned the need to for reorganisation so soon after the last time and the impact this would have on the current structure which was working well. Rob replied that the idea would be to hold on to that which is working and improve that which is not working effectively looking to build on the good work in that and making the HQ better at supporting that place based partnership to succeed. As I say there will be some conversations through the engagement

around whether the 40 staff the ICB support, the funds in the Hillingdon component of our overall 800 staff, how those staff are reconfigured so that we have a broader resource out of our 800 focused around supporting that so is a different model of support we need to work through. It is frustrating that it is another change, it has been driven by circumstances beyond control in terms of a requirement to do this over this time scale.

The Committee RESOLVED to recommend to the North West London Integrated Care System:

1. To bring a report to the Committee when there are more detailed plans of the redesign and the consultation because how they impact all of us will be very important.
2. Requested context for and feedback on borough based partnerships,
    a. how it was, how it is now, what is working well, what can we do better
    b. Seek reviews from patients and staff to get their feeback.
    c. Also seek reviews and get feedback on palliative care and the further work you are going to do on people's chosen place of death that would be really interesting for this committee to know and how we can develop it. Also a brief update on developing the NHS pathways for the NHS staff to give them the opportunity to work in a range of palliative care provision. It would be good to see how this has been developing and see how this committee can support you further.
3. Recommended that the Committee supports the borough based partnership and place based working. It has been something that has worked rather effectively as we have reflected in this meeting and should be formally noted.

9. London Joint Health Overview Scrutiny Committee Recommendations Tracker

See the report at Agenda item 9, page 73

RESOLVED

To note the report

10. Any other urgent business

There was no urgent business

11. Date of next meeting - 14 March 2024

The date of the next meeting was confirmed as 14th March 2024

The meeting finished at11 58am. The minute taker at this meeting was Joti Patel

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Request for Report to the North West London
Joint Health OverviewScrutiny Committee

14 March 2024

Report Title:	Current state of obesity and preventative services across NW London.
Report Author:	Hilary Tovey
Committee Date:	**14 March 2024**
Report Deadline:	**04 March 2024**

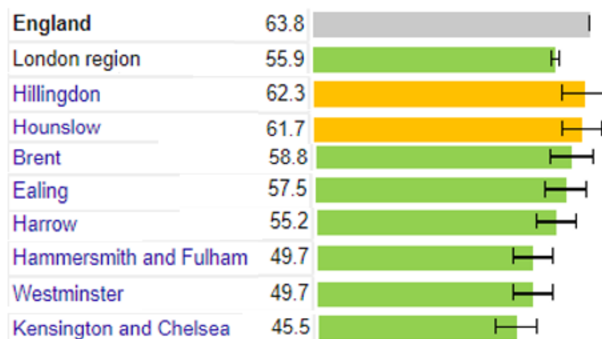
Purpose

To receive a report on the current state of obesity and preventative services across NW London.

Background/Context:

Obesity continues to be a major public health challenge in NW London.

Nearly two thirds of adults (over 18) in England (63.8%) were classified as overweight or obese in 2021-22. This rate is slightly lower in London (55.9%), and for NW London, this ranges from 45.5% in Kensington and Chelsea to 62.3% in Hillingdon.

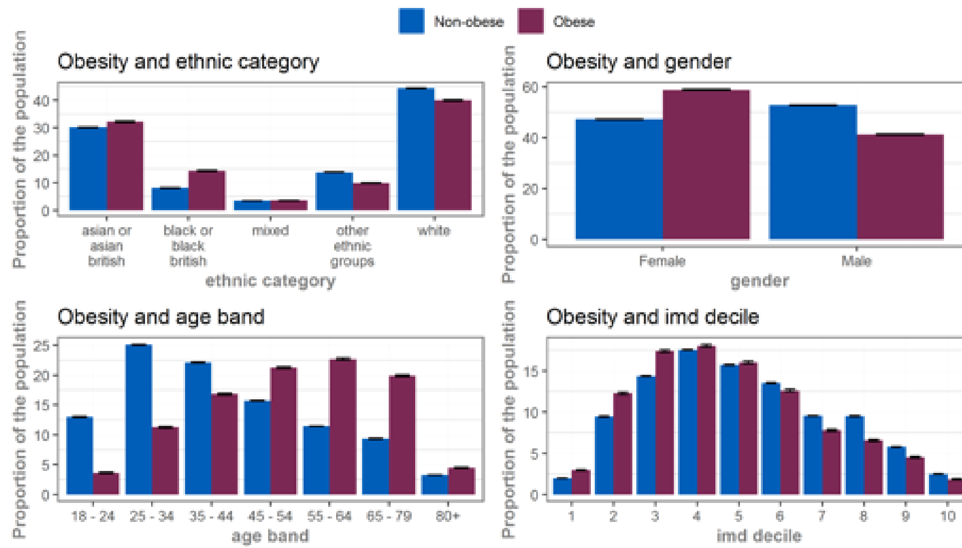


A third (37.8%) of children leaving primary schools (aged 10-11 years) were overweight or obese in 2021-22 in England. London had the second highest prevalence of overweight and obese among children in this age group (40.4%), compared with other regions.

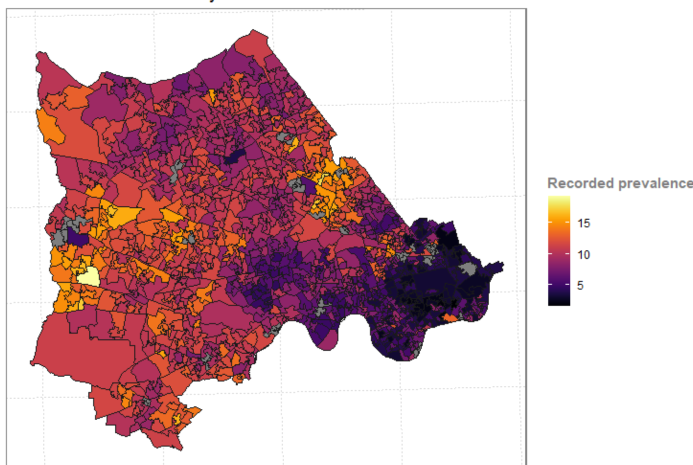
Indicator	Period	North West London ICB			England			
		Recent Trend	Count	Value	Value	Worst	Range	Best
Reception: Prevalence of overweight (including obesity)	2021/22	→	4,115	21.2%	22.3%	25.9%		15.4%
Year 6: Prevalence of overweight (including obesity)	2021/22	→	8,360	41.1%	37.8%	46.9%		24.6%
Reception: Prevalence of obesity (including severe obesity)	2021/22	→	2,055	10.6%	10.1%	13.3%		5.4%
Year 6: Prevalence of obesity (including severe obesity)	2021/22	→	5,350	26.3%	23.4%	31.3%		12.2%
Reception: Prevalence of severe obesity	2021/22	↑	655	3.4%	2.9%	4.8%		1.1%
Year 6: Prevalence of severe obesity	2021/22	↑	1,300	6.4%	5.8%	9.3%		2.0%

National and local data provides us with a good picture of where rates of obesity are highest and highlight the inequalities in obesity rates among children and adults. Data for England shows prevalence of obesity is higher in areas of greater deprivation, and for people who are unemployed or economically inactive or who have a disability. There is also a correlation between obesity and educational attainment and obesity is more likely amongst our white British, black and mixed ethnic groups.

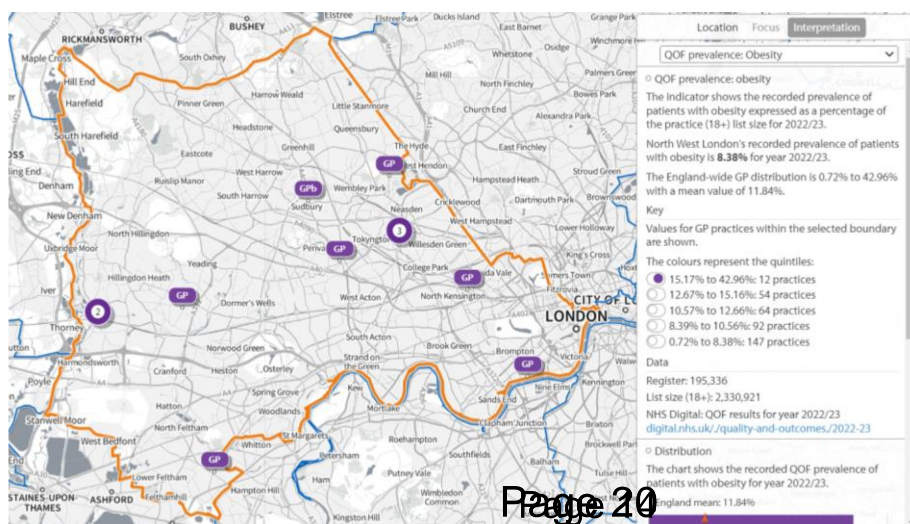
For NW London the obese population is overrepresented in the Asian and black ethnic groups as well as in females and older populations. There is a higher proportion of the population who are obese in the more deprived areas compared to the least deprived.



Prevalence increases as you travel out from the centre of London, with particular hot spots in Brent and Hillingdon



There are 12 practices in NW London where the recorded prevalence of obesity is in the highest quintile for England.



On average people with obesity have more long term conditions compared to those who are not obese and the gap widens with age and with deprivation.

Current offer and effectiveness

The National Institute for Health and Care Excellence (NICE) recommends the local delivery of evidence-based weight management services (WMS) to support adults, children and young people (CYP) and their families who are above a healthy weight. These services are organised by tiers:

Tier 1: universal services including primary care or health promotion
Tier 2: lifestyle interventions
Tier 3: specialist weight management services delivered by multi-disciplinary teams
Tier 4: bariatric surgery

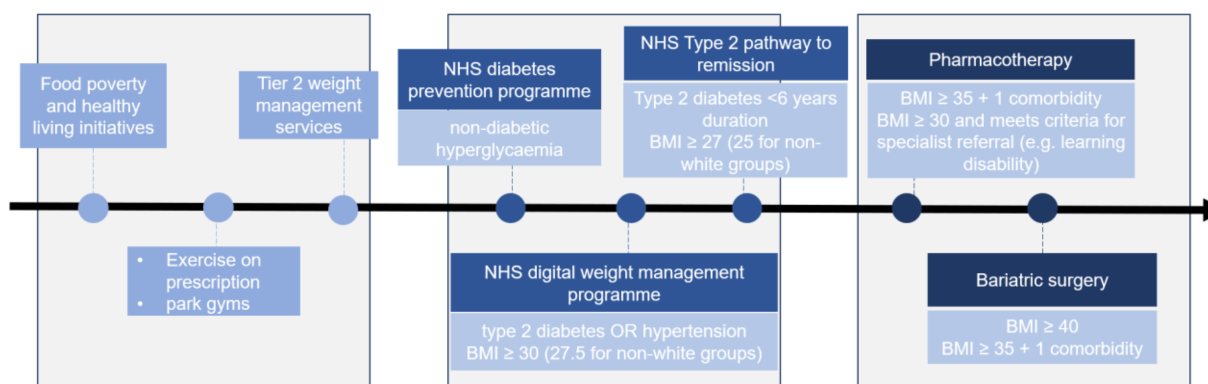
Tier 1 and 2 weight management services for adults and children and young people are provided by Local Authority partners. All local eight NW London local authorities identify tackling obesity as a priority within their JSNA and Health and Wellbeing Strategies. In 2022/23 NHS NW London undertook a mapping exercise of our local authority offer for weight management.

This identified a range of services for adults and children and young people and also highlighted variations in investment and approach across the eight boroughs. These services also need to be viewed in the context of local authority healthy lifestyle and community in-reach offers given the important link between healthy weight and other behavioural factors including physical activity, breastfeeding and good oral health, and the wider determinants of health.

NHS NW London specialist weight management offer currently comprises:

- weight management services for adults with type 2 diabetes (including non-diabetic hyperglycemia) and/or hypertension via the national diabetes prevention programme and the national digital weight management programme
- specialist weight management services for severely obese adults, including bariatric surgery
- services for children and young people who have complications of excess weight.

We are also working across the system to include pharmacological therapy as an offer for adults, in line with NICE guidance. We are looking to learn from newly established NHS England pilots of pharmacological therapies to understand the optimal delivery models for these therapies.



NHS Long Term Plan includes a commitment to support more people to attend weight management services, especially those who are obese and have another condition such as high blood pressure.

1. **Support for people with obesity, diabetes (or pre-diabetic hyperglycaemia) and/or hypertension**

Diabetes prevention and support

Our flagship digital platform to support people with diabetes across NW London, Know Diabetes, includes content to support healthy living and behaviour change at scale.

The site allows people with diabetes to access and understand their clinical record alongside culturally appropriate information, videos and e-learning courses, personalised recommendations and reminders to help them better manage their condition and their health. This currently contains information for 170,000 people across NW London.

Patients who created an account have dropped their BMI by an average of 0.3 (30.2 down to 29.9) as well as significant reductions in BP and HbA1c following account creation. Demographics (ethnicity and deprivation) correlate with those of the diabetes population. Materials including meal plans and dietary advice etc. are available in different languages.

Learning from the success of this site has been used to develop Preventing Diabetes, which is reaching around 200,000 people in NW London with non-diabetic hyperglycaemia.

Over 145,000 people in NW London with diabetes or non-diabetic hyperglycaemia have clicked on at least one email link in one of the campaigns – healthy weight and diet messaging are the number one interest registered by users.

The campaigns have been tailored to meet the needs of our local communities. A number of healthy eating resources and meal plans have been developed for people eating on tight budgets and culturally specific resources and culturally adapted meal plans have been developed. NW London diabetes transformation programme also funded the development of the World Book in collaboration with Carbs & Cals. The World Food Book is the first visual resources which includes culturally specific resources co-designed with local communities. Films and resources on weight management and remission have been translated into commonly spoken languages, including Urdu, Punjabi, Arabic, Somali and Hindi.

Similar capability is also being expanded to reach people with cardiovascular disease through the development of the MyHealth.London digital hub. This also includes culturally specific resources and meal plans developed to meet the dietary and cultural needs of local communities in NW London.

NW London was also the first ICB in the country to offer a large scale intensive weight management programme supporting remission from type 2 diabetes. 2377 people joined the programme from 2020-2023 with mean weight loss of approx. 5.6% at 12 months. This programme has now been superseded by the 12-month NHS England Type 2 Pathway to Remission Programme.

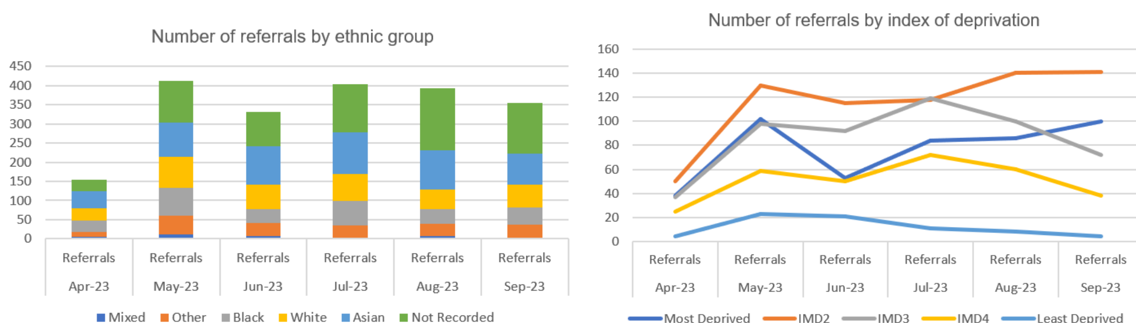
NHS Digital weight management programme

GPs in NW London also refer patients into the NHS Digital Weight Management Programme. This 12-week online behavioural and lifestyle programme is offered to people over 18 with a BMI greater than 30 (or 27.5 for people from BAME backgrounds) have diabetes of high blood pressure, or both. Additional support is available for people less likely to complete a weight management programme.

While NW London has lower referral rates compared to other areas in the region there is an acknowledged overlap with local diabetes prevention programmes. As NW London is a high referrer into this diabetes prevention programme, it is likely that this will have an impact on the number of people recorded as being referred to the National digital weight management programme.

Region/ ICB	Total practices	Proportion of practices to have referred in 2023/24	Total no. of GP referrals in 2023/24	Total no. of eligible GP referrals in 2023/24	Eligible GP Referrals in month	% of total GP Referrals that were Eligible	Eligible Referral Target 2023/24	% Eligible referral target achieved 2023/24
London	1,177	67%	12,948	10,015	1,414	77%	23,000	44%
NHS North East London ICB	271	75%	4,197	3,242	480	77%	4,830	67%
NHS North Central London ICB	184	81%	2,361	1,841	160	78%	3,910	47%
NHS North West London ICB	346	50%	3,026	2,056	355	68%	5,980	34%
NHS South East London ICB	199	61%	1,231	1,062	175	86%	4,600	23%
NHS South West London ICB	177	78%	2,133	1,814	244	85%	3,680	49%

Referrals are also tracked by ethnicity and levels of deprivation, which show greater levels of referrals in Asian ethnic groups and in areas of higher deprivation, although there is more work to do to improve the recording of ethnicity data in this programme.

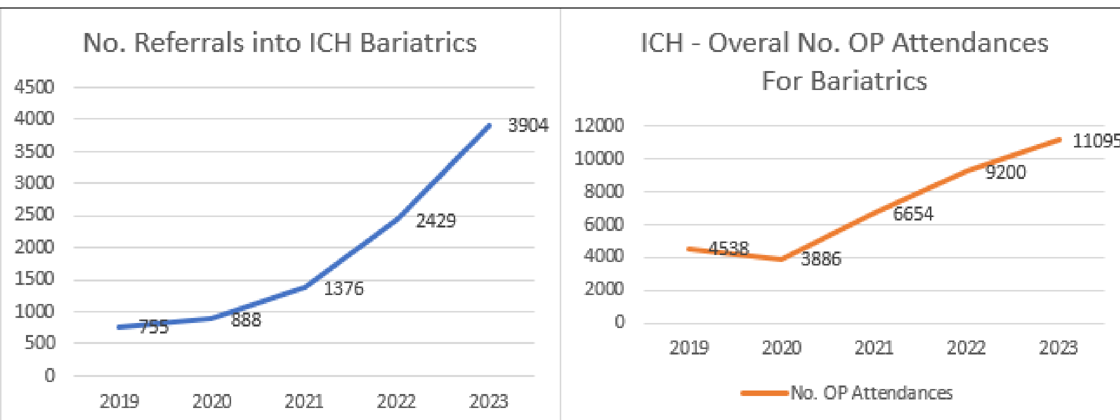


2. Specialist weight management services for severely obese adults, including bariatric surgery

NHS NW London currently offers the following tier 3 and tier 4 services for people with more severe overweight and obesity.

- Tier 3: weight management (lifestyle/pharmacotherapy) and preparation for bariatric surgery
  - Bariatric clinician review
  - 8-weekly virtual clinical programme led by nurse specialist/obesity specialist dietitians/psychologist
  - 3-weekly virtual sessions with exercise therapies
  - 1:1 psychology review if required
- Pathway to bariatric surgery (Tier 4)
  - Surgical and anaesthetic review
  - Psychology/psychologist review (if not done in tier 3)
  - Dietician review for pre-op diet
  - CNS review: pre-op exercises and medication review pre-op
- Post op:
  - Review with surgeon, physician (complex medical), dietician, psychology and CNS
  - Normally discharged after 2 years.

Since 2019, the weight management centre at ICH has seen a significant increase in referrals, and has increased outpatient capacity to meet this demand.



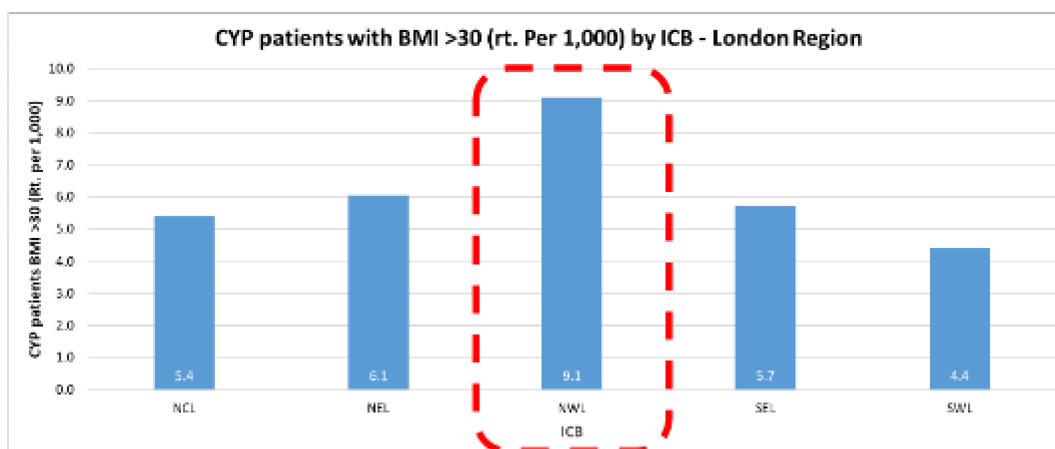
However, there have been challenges in meeting this increased demand.

In September 2023 it was announced that semaglutide (Wegovy) is now available in the UK and on the NHS through a controlled and limited launch. NICE has said that Wegovy should be used as a treatment for some adults living with obesity who have at least one weight-related comorbidity as part of NHS specialist weight management programmes, alongside other support including a reduce calorie diet and increased physical activity.

NHS NW London is currently in discussion with the providers of specialist weight management services to explore how to we might initially incorporate pharmacotherapy into our tier 3 services to manage this increased demand and improve outcomes for our population. This will also look how we are meeting need with respect to the other elements of these services, including diet and exercise support.

3. Services for children and young people who have complications of excess weight

NW London has the greatest number and proportion of children and young people with BMI >30 across the London region.



Complications of excess weight services are available for children and young people with severe obesity or obesity plus a related comorbidity that would benefit from weight loss (e.g. type 2 diabetes sleep apnoea, or non-alcoholic steatohepatitis with fibrosis). Children and young people in NW London are currently referred to Great Ormond Street Hospital for treatment.

NHS NW London is working to develop an option for these children to be treated closer to home.

Next steps

While NHS NW London provides a range of weight management options for people who are overweight and obese, we do not yet have a consistent approach to tackling obesity and supporting health weight across the system.

NW London is working with a number of stakeholders including Local Health Authorities, public health teams, community champions to promote Weight management services to local communities. This includes team such as Brent Health Matters commissioned by Brent Council local health authority. The health champions are able to engage with the communities by knowledge of the challenges, language barriers, and literacy gaps.

NW London ICS system strategy highlights the importance of expanding preventative services for children and young people to tackle obesity and improve health weight in early childhood, and acknowledges interdependencies with breastfeeding and oral health.

One of the insights coming from our work on supporting people with diabetes and hypertension is that food insecurity for example, is a driving factor behind the inequity in prevalence of obesity. The affordability of healthy fresh food, both related to the cost of the ingredients, space to cook or access to kitchen facilities, has been reported as an important issue.

A coherent approach to tackling obesity will need to linking up NHS and local authority services to help our residents, especially those who are at risk of developing long term conditions, to manage a healthy weight.

Member Request:	**Cllr Ketan Sheth, Committee Chair, January 2024**

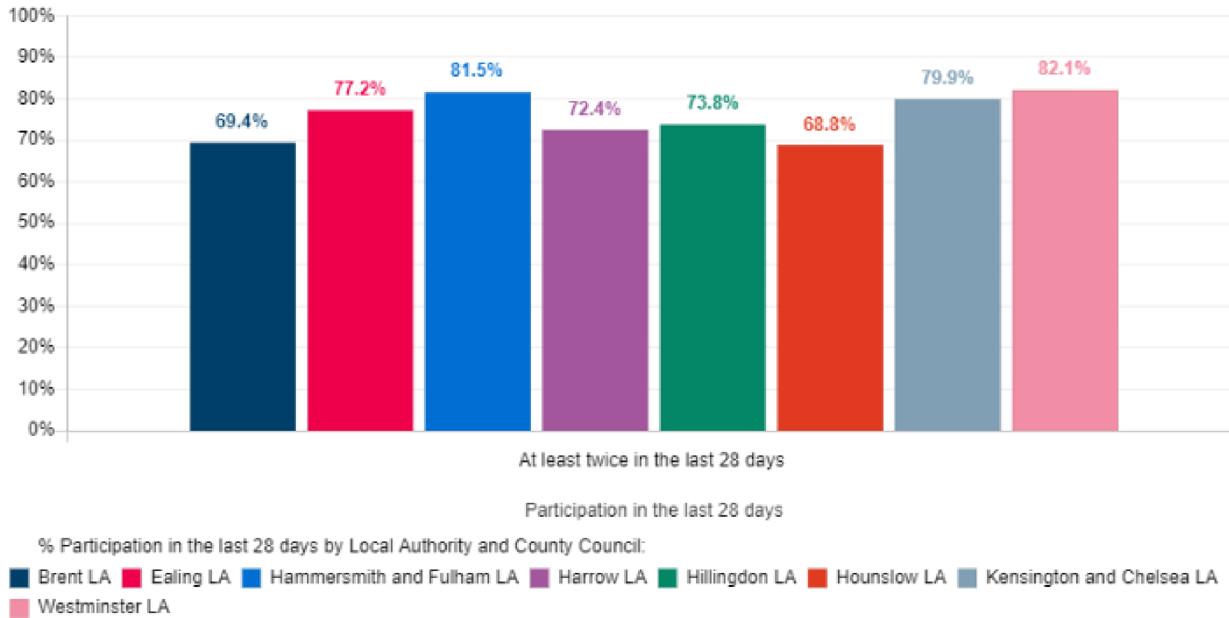
Annex: Active People survey results

The latest Active Lives survey results for Adults were published in December 2022 (covering the year Nov 21- Nove 22), and for children and young people in December 2023 (covering the academic year Sept 2022 – July 2023).

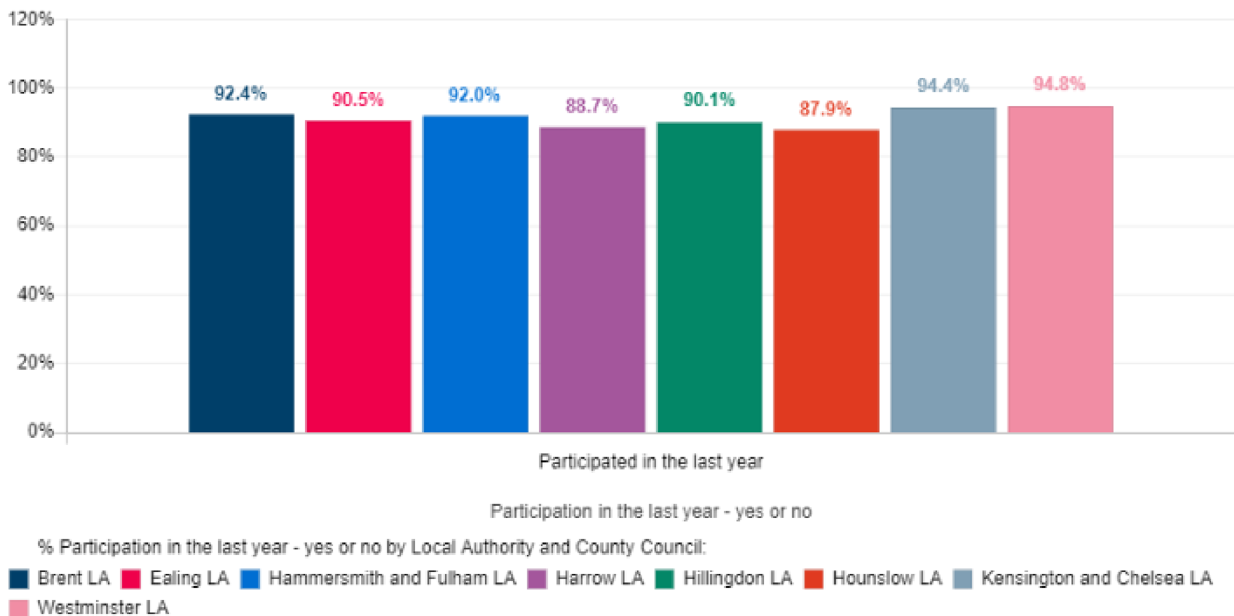
Summaries of key findings for NW London are contained below.

1. **Findings: Adults**

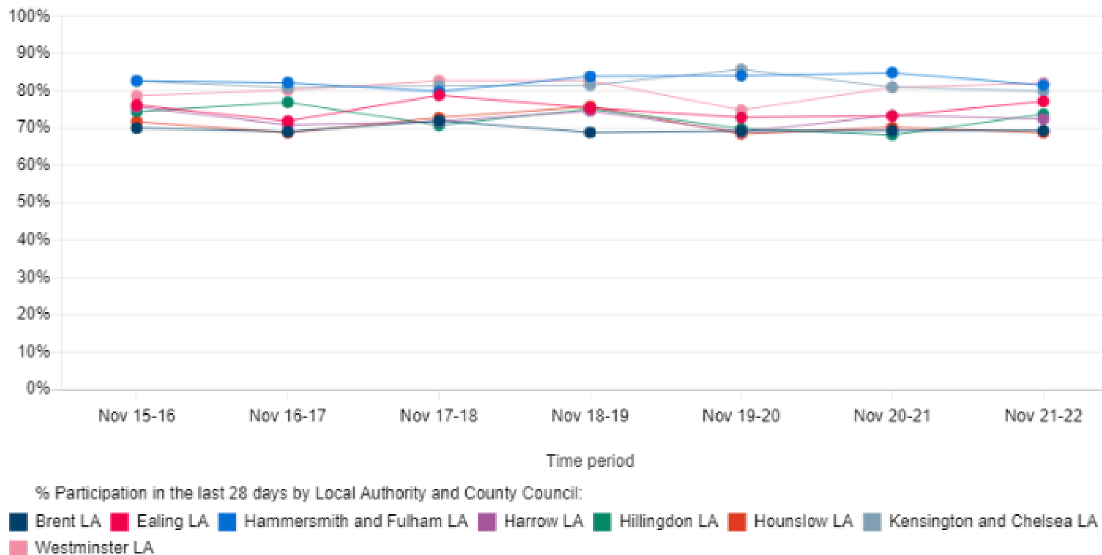
Participation in the last 28 days (Nov 2021-22)



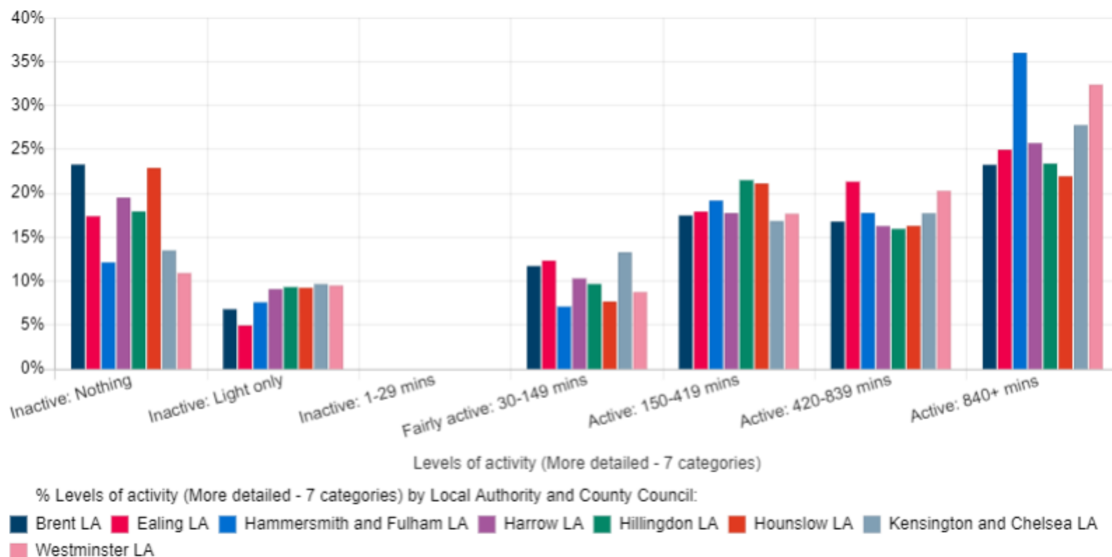
Participation in the last year (Nov 2021-22)



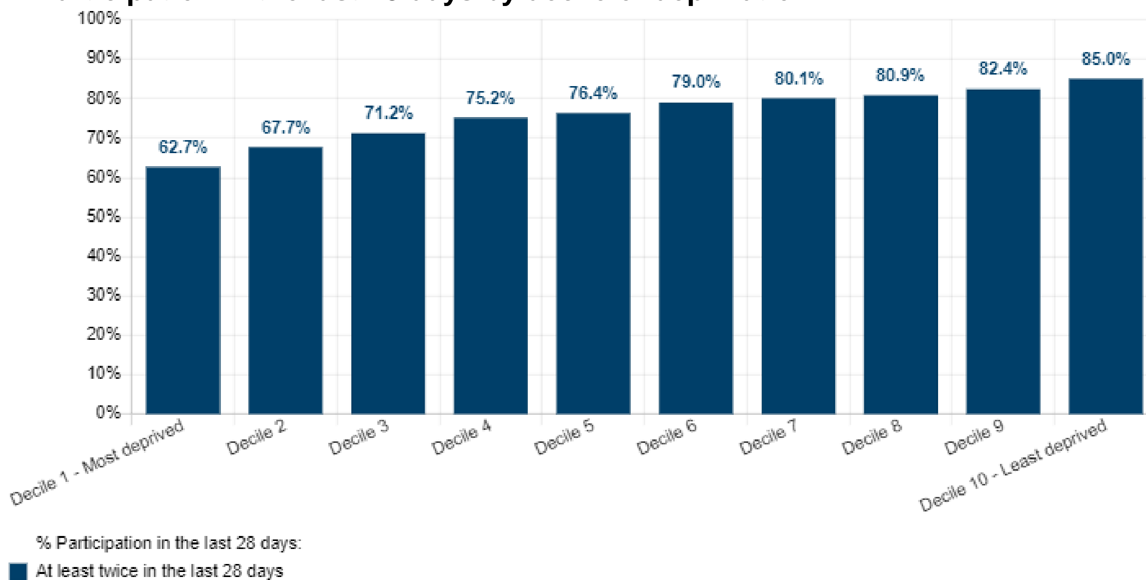
Trends in participation in the last 28 days



Levels of activity (based around seven categories) by local authority

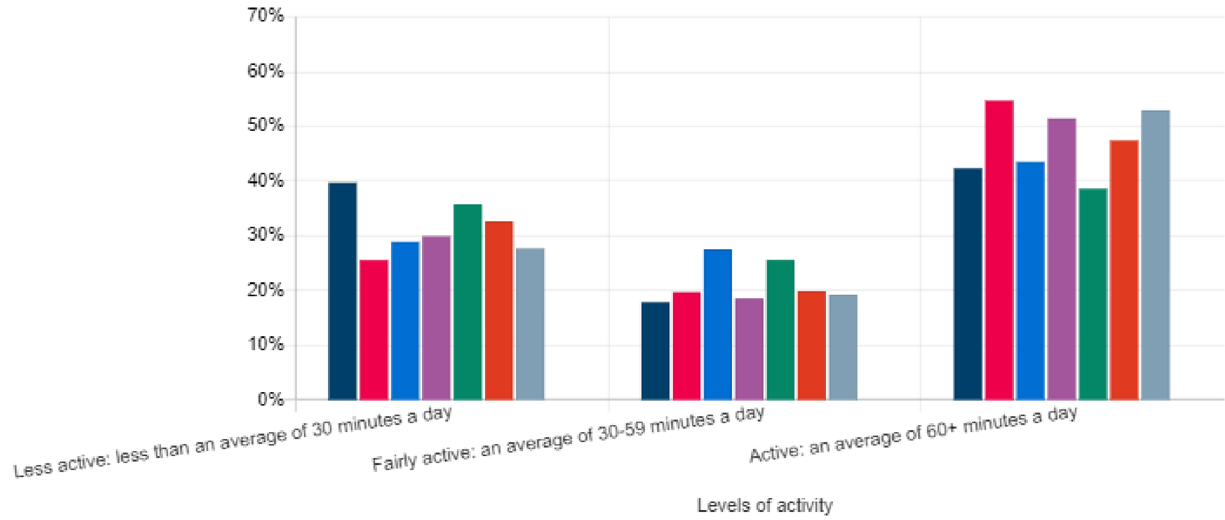


Participation in the last 28 days by decile of deprivation



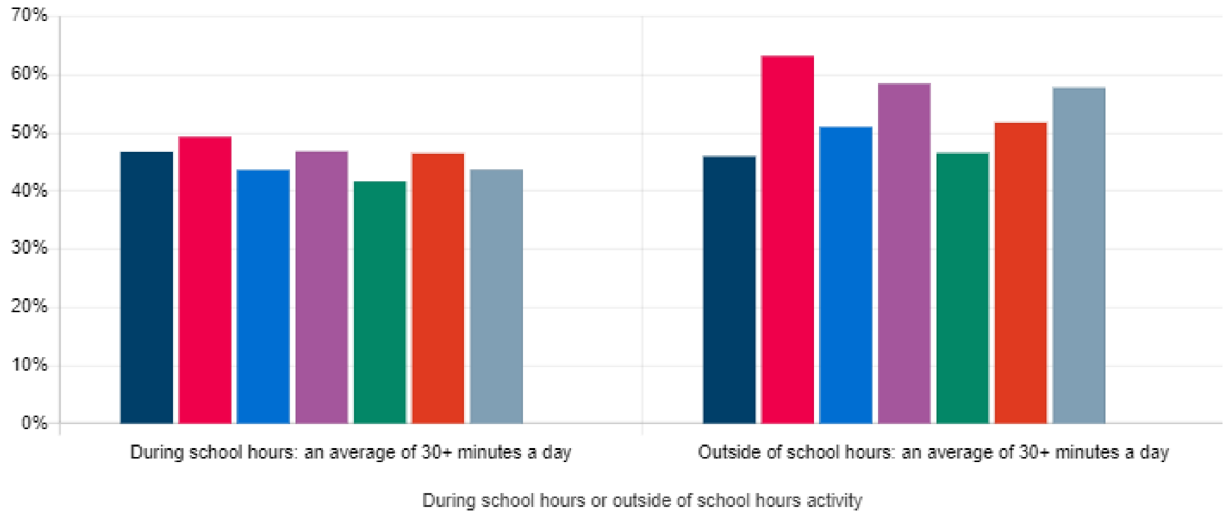
2. Findings: Children

Levels of activity



% Levels of activity by Local Authority and County Council:

Activity during school hours or outside of school hours



% During school hours or outside of school hours activity by Local Authority and County Council:

Request for Report to the North West London Joint Health Overview Scrutiny Committee

14 March 2024

Report Title:	North West London primary care and same day access (SDA) to GP primary care
Report Author:	Javina Seghal – Director of Primary Care
Committee Date:	**14 March 2024**
Report Deadline:	**04 March 2024**

Purpose

To receive a report on the current state of Primary Care Access across North West London following recent changes to GP Contracts.

Highlighting details of same day access to GP primary care

- The scope and rationale for identifying the SDA initiative as an effective method for access to GP Primary Care
- A comprehensive timeline providing information from the initial decision taken to go ahead with this initiative to the recent announcement to roll out across NW London in April
- Details on the consultation and engagement that has taken place with GPs, medical professionals, patients and residents across NW London, local government, NHS clinical senate, Mayor of London, and other partners
- Details of all the pilots taken place, including locations, durations, and evaluations
- Information on the consultants or agencies used by the NHS and ICS to advise them on this initiative and what actual recommendations were made
- Financial, estate, staff, equality, and other implications on delivering the initiative
- The risks that have been identified through consultation and advice sought and what mitigations are in place to address these.

Background:
Current state of Primary Care Access across North West London following recent changes to GP Contracts.

Each year the ICB receive a summary of the changes to the GP contract, the attached letter sets out these for 23/24. The summary changes for 24/25 have not yet been issued.

The Investment and Impact Fund (IIF) and quality outcomes framework (QOF)- incentives are being consulted on and there are currently no changes to what was proposed since last year. More details on IIF and QOF can be found here:
Report template - NHSI website (england.nhs.uk) IIF 23-24
NHS England » Quality and outcomes framework guidance for 2023/24

Our current main focus in primary care is improving access and this paper focuses on our same day access work.

Detail - What is same day access?

NHS North West London is introducing an ambitious but achievable plan to improve same day access to primary care for patients.

This approach was co-developed by 10 primary care networks (PCNs-6 individual PCNs and 1 whole borough) between August and December 2023. The approach is aligned to the recommendations set out in the national ‘Fuller Stocktake’ review of primary care.

The new approach sees the introduction of ‘same day access hubs’ across North West London. Patients contacting their GP surgery either online or by telephone may be directed to the same day access hub for triage to the right service for their needs. This is an approach that will evolve over time but ultimately, patients may have telephone, online, video or face to face contact with staff at the hub, who will direct them to the right place.

This could be a community pharmacy, a routine appointment with their GP or an urgent appointment with their GP. Where appointments are not available with their own GP or the patient will get easier access, they may be directed to a neighbouring practice.

Hubs can be either physical or virtual and will usually be managed through the local PCNs, with each hub including a senior GP. All clinical decisions will have a senior clinical decision making and GP lead, with support from a multi-disciplinary team.

How the hubs work

Same day access hubs bring GP practices together in networks, making it easier to arrange appointments the same day and to support patients in finding the care that is best suited to their needs. Patients who need a GP appointment that day are more likely to get one and GPs will be able to focus on providing proactive care to patients who need it. Where appropriate, patients may be referred to other services best suited to their needs, such as community pharmacists, physiotherapists or nurses. GPs will continue to see patients who need to see them and will be able to offer proactive continuity of care to people with long term conditions and others who need it.

This approach ensures patients needing primary care services that day are more likely to be looked after in the quickest way. The plan is for this to apply to same day cases only.

Primary care access is the issue most consistently raised by North West London residents we speak to about health services. We have launched a public information campaign called *We Are General Practice* in order to explain how primary care is changing, the challenges it faces and some of the new roles and proposed solutions to improve access and care for patients.

Same day access hubs form part of our ‘single offer’ to general practice, which aims to introduce a consistent approach to enhanced care across North West London. If practices are not part of same day access hubs, their patients may not be able to access other parts of the single offer, such as specialist diabetes and mental health care. Same day access hubs are not mandated, but we are recommending them to practices and they are part of our single offer as this will help them deliver better access for all the PCNs patients.

Clinical decision making

All clinical referrals and clinical decisions will be made by clinicians and patients will still be able to see their GP.

Staff in supporting roles like care navigators and co-ordinators will signpost patients to the right care for them. They will work in an identical way to how they work in practices now, but with greater clinical oversight as the same day access hubs will all include senior GPs and multi-disciplinary teams and with a better understanding of the types of services that might support their population’s needs.

Clinical safety remains our top priority. Clinical consultations will still occur with qualified health professionals and these will be appropriately supervised by senior clinicians.

Decisions made by the same day access hubs will happen with the oversight of the senior clinical decision maker.

By streamlining the way patients achieve access we aim to enable more patients to seek advice and treatment, improving the care patients receive.

Experience of early adopters

The primary care networks who were early ('wave 1') adopters reported that they have been able to provide their most complex patients with increased access and time with their GPs as the simpler requests have been managed by signposting to other parts of the system. Patient experience reports have been positive.

KPMG provided programme management support and shared good practice from elsewhere, supporting PCNs and NHS North West London as they developed their approach, which is closely aligned to the recommendations of the national 'Fuller Stocktake' of primary care, led by Dr Claire Fuller.

The primary care networks are:

- Northolt PCN – Ealing - went live 13 November 2023
- Harness North and South PCNs – Brent – went live 11 December 2023
- Harrow East PCN – Harrow – went live 18 December 2023
- Healthsense PCN – Harrow – went live 30 October 2023
- North Connect PCN – Hillingdon – went live January 2024
- Westminster borough (Central London boroughs 4 PCNs)

Engagement

As part of the on-going programme both with wave 1 and wider PCNS we are working with the community and stakeholders and taking learning forward. We are only just starting work with the remaining PCNs so it is very early days and our engagement will be on-going.

Our primary care work is informed by insights from our ongoing community engagement programme. The 'We are General Practice' Communications campaign in 2023 was designed to support residents to understand how they can access general practice services.

A briefing on same day access has been shared with residents and stakeholders and is available on the ICB website.

Improving same day access to primary care :: North West London ICS (nwlondonicb.nhs.uk)

Primary care networks are asked to work with patients and carers as they implement same-day access from April 2024, and we will continue to support them with insights from general and targeted engagement with residents. The ICB is setting up a residents' forum in March when this topic will be on the agenda. It is also planning targeted community engagement with visually impaired people, people with learning disabilities and with traveller communities to ensure understanding of particular issues for these groups in relation to same-day access plans.

What will happen on 1 April

There is a misapprehension that everything will change on 1 April, whereas our intention is to introduce new ways of working gradually, managed at local level by PCNs. The aim is that practices and PCNs are given time to co-design and collaborate with colleagues and patients to help this way of working improve primary care access. We know that this will take

time and will be a gradual process as each PCN profile is different. There will be no expected radical change but an adopting of new ways of working over time.

Practice workforce

We are flexible about how the plan is delivered. Care coordinators will be trained to signpost patients to the right care; this could be from their own practice in a virtual hub if that is the preferred local approach, or from a physical hub at an agreed location. The means of delivery is a matter for PCNs to decide locally and in a way that works best for local people.

Practices are already working collaboratively at scale to deliver out of hours care or that patients are already being signposted to other members in the primary care systems

Timeline

- Fuller Stocktake review May 2022

  Throughout 2023:

- NHS delivery plan - recovering access to primary care
  Good practice in primary care – collated national and local examples of good practice

- Current state analysis – extensive stakeholder engagement, identifying key challenges, opportunities and enablers across the system

- We are general practice public campaign launch

- System-wide access workshop

- Wave 1 programme – co-design/trial across 10 PCNs – lessons learned informing future implementation planning.

Member Request:	**Cllr Ketan Sheth, Committee Chair, January 2024**

Classification: Official

Publication reference: PRN00257

NHS England

To:
- All GP practices in England
- Primary Care Network Clinical Directors

cc.
- ICB Primary Care Leads
- ICB Chief Executives
- Regional Directors
- Regional Directors of Commissioning
- Regional Directors of Primary Care and Public Health
- Regional Heads of Primary Care

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

6 March 2023

Dear colleagues,

Changes to the GP Contract in 2023/24

1. We recognise and appreciate the incredibly hard work of general practice during this period of sustained significant pressure. The past few years have demonstrated the dedication of practice and Primary Care Network (PCN) teams in innovating and responding to the needs of their populations. In January 2023 General Practice delivered 30m appointments, an increase of 11% on January 2020, a testament to the incredible work of GP teams.

2. 2023/24 is the final year of the 5-year framework agreement which was set out in *Investment and Evolution*. Over the course of 2023/24 NHS England will engage with the profession, patients, ICSs, government and key stakeholders, building further on the Fuller Stocktake from May 2022 which set out the next steps towards integrating primary care. In response to feedback from practice teams, GPC England and the Health and Care Select Committee on the Future of Primary Care, in 2023/24 the profession and representative patient groups will be consulted on the Quality and Outcomes Framework (QOF) and its future form.

3. The Chancellor in his Autumn Statement set out a commitment to publish a recovery plan for General Practice access in early 2023. The Delivery Plan for Recovering Access to Primary Care will be published shortly and sets out how practices and PCNs can be supported to improve access during 2023/24 building on the contract changes outlined in this letter and expanded in Annex A.

4. The changes to the GP contract in 2023/24 set out the requirements of General Practice and PCNs with the goal of improving patient experience and satisfaction and we recognise that this will require both time and support to assess, review and implement changes. We intend to provide this support in a number of ways outlined below including freeing up workforce capacity through significant changes to the Impact and Investment Fund (IIF) and through the QOF Quality

Improvement (QI) modules. Further support for practices and PCNs will be outlined in the recovery plan.

Access requirements

5. **Offer of assessment will be equitable for all modes of access:** To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Practices will therefore no longer be able to request that patients contact the practice at a later time. The IIF focus on access will support practices and PCNs working towards achieving this during 2023 recognising the changes that will need to be made.

6. **Prospective (future) record access to be offered by 31st October 2023:** To make it easier for patients to access their health information online without having to contact their practice, the GP contract will be updated so new health information is available to all patients (unless they have individually decided to opt-out or any exceptions apply) by 31 October 2023 at the latest. This builds on the 1,400 practices that are already automatically offering this access, with 6.5 million patients already able to see their prospective records. NHS England will continue to provide support to practices as more patients gain online access to their records. Support will continue nationally and through commissioners to enable practices to make this offer to all their patients.

7. **Mandate use of the cloud based telephony (CBT) national framework:** All practices need to be aware, that from the end of 2025, all analogue ISDN and PSTN lines will be removed for use in all home and business settings. From this point, only cloud-based platforms will be supported. Digital telephony (CBT) provides greater functionality for practices and patients. This includes call queueing or call back which provide a better patient experience when the lines are busy as well as management information and data to support practices gain insight and improve their responsiveness further.

8. Background research and pilot studies have demonstrated how challenging it can be to navigate the telephony market for practices and understand the offers. A Better Purchasing Framework (BPF) has been developed by NHS England to provide recommended suppliers and assure value for money. As part of the 2023/24 GP contract changes, practices will be required to procure their telephony solutions only from the framework once their current telephony contracts expire. The Delivery Plan for Recovering Access to Primary Care will describe further support available for practices who indicate they are interested in making this move in 2023/24.

Changes to Impact and Investment Fund and QOF QI modules

9. The number of indicators in the IIF will be reduced from 36 to five (worth **£59m**) and will focus on a small number of key national priorities: two indicators related to flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator.

10. The remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and receiving a response with an assessment and/or be seen within the appropriate period (for example same day or within 2 weeks where appropriate, depending on urgency). 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023/24 via the Capacity and Access Support Payment.

11. The remaining 30% of the total funding, equating to £73.8m, will be assessed against an access improvement plan agreed with the commissioner in quarter 1 of 2023/24. At the end of March 2024 ICBs will assess for demonstrable and evidenced improvements in access for patients and then award funding. ICBs will be provided with guidance to assist in determining the appropriate payment.

12. In 2023/24, all the QOF register indicators points will be awarded to practices, based on 2022/23 outturn once finalised, releasing £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%). Two new cholesterol indicators (worth 30 points~£36m) will be added to QOF along with a new overarching mental health indicator. One indicator (AF007) will be retired and replaced with a similar indicator from IIF in 2022/23.

13. This year's QOF QI modules will focus on workforce wellbeing and optimising demand and capacity in General Practice with an emphasis on using data to analyse potentially avoidable appointments and build on care navigation and use of wider workforce or local services to reduce pressure on General Practice.

Increased flexibility of ARRS

14. Recruitment through the Additional Roles Reimbursement scheme (ARRS) has been strong, and as of 31 December 2022 stands at 25,262 additional FTE. PCNs are on track to meet the 26k target for March 2024 over a year early. Staff are providing significant numbers of additional appointments, improving patient access to general practice, and providing personalised, proactive, care for the populations that they serve. To support PCNs to recruit the teams that they need, there are a number of changes to the ARRS, including adding Advanced Clinical Practitioner Nurses to the reimbursable roles, increasing the cap on Advanced Practitioners to three per PCN and removing the caps on Mental Health Practitioners.

15. During 2023/24 NHS England will review the ARRS to ensure that it is tailored to deliver future ambitions for general practice. Staff employed through the scheme will be considered part of the core general practice cost base beyond 2023/24 as previously confirmed, and PCNs can offer permanent contracts where appropriate. We encourage PCNs to continue to recruit, making full use of their ARRS entitlement.

Immunisations and Vaccinations

16. Following feedback from PCNs and GPC England, there will be changes to childhood vaccinations. These include the removal of the vaccination and immunisations repayment mechanism for practice performance below 80% coverage for routine childhood programmes along with changes to the childhood vaccination and immunisation indicators within QOF which will see the lower thresholds reduced to 81% - 89% (dependent on indicator) and the upper thresholds raised to 96%.

17. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.

18. Further details on the 2023/24 changes will be published ahead of April including a revised Network Contract DES specification. If any changes are required to commissioner allocations, we will adjust this through the regular allocations update process.

Yours sincerely,

Dr Amanda Doyle OBE, MRCGP
National Director for Primary Care and Community Services
NHS England

Annex A – changes to the GP Contract in 2023/24

Changes to the GP Contract Regulations

Access

1. To ensure consistency in the access that patients can expect, the GP contract will be updated to make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice.

Patient access to their medical records

2. The GP contract regulations will be amended so that patients have online access to their prospective medical records (unless they have individually decided to opt out or any exceptions apply) by 31 October 2023 at the latest.

3. The existing requirements in the GP contract regulations relating to providing online access to historic coded and full records will also be amended so that they are consistent with access to information under the GDPR. Amendment of these existing requirements will also provide clarity on how practices are required to offer, promote and provide online access to patient records.

Supporting Cloud Based Telephony

4. Practices will be required to procure their telephony solutions only from the Better Purchasing Framework once their current telephony contracts expire.

Simplification of GP registration requirements

5. In order to support the simplification of GP registration requirements, the term 'medical cards' will be removed from the GP contract regulations.

GP retention scheme

6. The four-session cap within the GP retention scheme was lifted during the pandemic and will now be removed permanently. Sessions worked above the cap will be funded by the employing general practice. Any further potential changes to the scheme will be picked up as part of the current review of GP recruitment and retention scheme being led by NHS England.

The Additional Roles Reimbursement Scheme (ARRS)

7. In 2023/24 the following changes will be made to the ARRS:

    a. increasing the cap on Advanced Practitioners from two to three per PCN where the PCN's list size numbers 99,999 or fewer, and from three to six where the PCN's list size numbers 100,000 or over.
    b. reimbursing PCNs for the time that First Contact Practitioners spend out of practice undertaking education and training to become Advanced Practitioners.
    c. including Advanced Clinical Practitioner Nurses in the roles eligible for reimbursement as Advanced Practitioners (APs).
    d. introducing apprentice Physician Associates (PAs) as a reimbursable role.

e. removing all existing recruitment caps on Mental Health Practitioners, and clarifying that they can support some first contact activity.
f. amending the Clinical Pharmacist role description to clarify that Clinical Pharmacists can be supervised by Advanced Practice Pharmacists.

8. During 2023/24 the ARRS will be reviewed to ensure that it remains fit for purpose and aligned to future ambitions for general practice.

Changes to the PCN service specifications

9. In recognition of the current workload pressures in general practice, no additional requirements will be added to the PCN service specifications in 2023/24. NHS England will instead publish guidance which will suggest best practice to PCNs.

Enhanced Access

10. Following feedback from GPC England, NHS England has agreed to review the enhanced access requirements in 2023/24 once PCNs have had the opportunity to operate for several months, and to enable links into the wider conversations on urgent and emergency care.

Investment and Impact Fund (IIF)

11. The following changes will be made to the IIF in 2023/24:
    - the number of indicators will be reduced to five to support a small number of key national priorities: flu vaccinations, learning disability health checks, early cancer diagnosis and 2-week access indicator. The value of these indicators will be £59m.
    - the remainder of the IIF will now be worth £246m and will be entirely focused on improving patient experience of contacting their practice and being assessed and/or seen within the appropriate timeframe (for example same day or within 2 weeks where appropriate).
    - 70% of the total funding, equating to £172.2m, will be provided as a monthly payment to PCNs during 2023/24, similar to monthly QOF aspirational payments.
    - the remaining 30% of the total funding, equating to £73.8m, will be assessed against ‘gateway criteria’ at the end of March 2024 by ICBs and paid to PCNs for demonstrable and evidenced improvements in access for patients.

12. The Learning Disability Health Checks Indicator will be amended by adding a requirement to record the ethnicity of people with learning disabilities.

13. A Personal Care Adjustment (PCA) will be added to the indicator on FIT testing (CAN-02) so that PCNs are not being incentivised to refer for FIT testing when there is rectal bleeding. Additional support will be provided where practices are struggling to access tests. This will involve setting up a national ‘supply chain’ escalation system that any GP practice can contact if local supply issues arise.

Additional support is available from the regional cancer alliance to fund FIT kits where needed.

Quality and Outcomes Framework (QOF)

14. QOF will be streamlined in 2023/24 by income protecting all register indicators. This will release £97m of funding and reduce the number of indicators in QOF from 74 to 55 (a reduction of 25%). Funding will be paid to practices based on 2022/23 performance monthly once the 2022/23 QOF outturn is finalised.

15. Two new cholesterol indicators (worth 30 points~£36m) will be added to QOF along with a new overarching mental health indicator. These will be funded by retiring indicator RA002 (the percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months) and reducing the value of DEM004 (annual dementia review). The mode of review of DEM004 will also be amended to be determined through shared decision making with the patient.

16. Indicator AF007 will be retired and replaced with the indicator below (which was in the IIF as CVD-05 in 2022/23):
    - AF008: Percentage of patients on the QOF Atrial Fibrillation register and with a CHA2DS2- VASc score of 2 or more, who were prescribed a direct-acting oral anticoagulant (DOAC), or, where a DOAC was declined or clinically unsuitable, a Vitamin K antagonist (12 points, LT 70%, UT 95%).

17. There will also be a number of other small changes to indicator wordings and values in 2023/24.

18. The QOF QI modules in 2023/24 will focus on:
    - workforce and wellbeing
    - optimisation of demand and capacity management in general practice.

19. Work will need to be undertaken during 2023/24 to review QOF in its current form with the aim of making it more streamlined and focussed. The profession, patients and the broader system will be consulted to determine the most appropriate form in 2024/25.

Childhood immunisations

20. The following changes will be made to childhood vaccinations:

    - the removal of the V & I repayment mechanism, removing the payment clawback for practice performance below 80% coverage across the routine childhood programmes.
    - changes to the childhood V & I QOF indicators.
    - clarification of the wording in the SFE that an Item of Service (IoS) fee will be payable for vaccinations administered for medical reasons and incomplete or unknown vaccination status (‘evergreen offer’) for the

programmes outlined in the SFE Part 5 Vaccinations and Immunisation, section 19.

21. The changes to the childhood vaccination and immunisation indicators within QOF will see the lower thresholds reduced to 89% (VI001) 86% (VI002) and 81% (VI003) and the upper thresholds raised to 96%[1]. All the points for each indicator will be put into a sliding scale of reward between the lower and upper threshold. Reducing the lower thresholds will decrease the number of practices receiving no payment across the three indicators.

22. A new Personalised Care Adjustment will also be introduced for patients who registered at the practice too late (either too late in age, or too late in the financial year) to be vaccinated in accordance with the UK national schedule (or, where they differ, the requirements of the relevant QOF indicator).

Vaccination and Immunisations

23. The contract will also be updated to reflect forthcoming changes to the routine vaccination schedule as recommended by the Joint Committee on Vaccinations and Immunisation (JCVI), specifically in relation to Human papillomavirus (HPV), and Shingles.

Human papillomavirus

24. JCVI recommended a move from a two-dose schedule to a one dose schedule for the routine adolescent programme up to the age of 25 years. This change will align HPV vaccine doses across age groups, aligning the school's programme, sexual health and general practice provision, therefore minimising the risk of conflicting or missing doses. This change will not apply to those who are immunocompromised and those known to be HIV positive for whom the three-dose schedule will remain.

25. There will be a change from a two-dose to a one-dose HPV programme for those aged 14 to 25 years from 1 September 2023 to align with the school's programme.

26. General practice delivery remains opportunistic or on request. Eligibility remains up to 25 years of age for girls born after 1 September 1991 and boys born after 1 September 2006. This difference is due to the programme for boys being introduced at a later date (2019).

27. The IoS payment will continue to be paid at £10.06 per dose administered.

[1] VI001: The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months; VI002: The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months; VI003: The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years.

28. Further information on the programme change will be provided in due course.

Shingles

29. The JCVI advised in 2018 that Shingrix had been shown to be effective and cost-effective, recommending its use in the NHS Shingles Programme for individuals for whom the live Zostavax was contraindicated. This change was implemented in the programme in September 2021.

30. In 2019 JCVI recommended the replacement of Zostavax with Shingrix and the expansion of the cohorts in the Shingles Vaccination Programme. JCVI have recognised that there may be more clinical benefit from starting Shingles vaccinations at a lower age, with modelling indicating that a greater number of cases would be prevented with vaccination at 60 years for immunocompetent and 50 years for immunocompromised.

31. From 1 September 2023 changes to the Shingles Programme to implement the JCVI recommendations will be as follows:
    - replacement of Zostavax with the 2-dose Shingrix vaccine as Zostavax goes out of production.
    - 2-dose Shingrix vaccine for the current 70-79-year-old cohort with a period of 26 weeks to 52 weeks between doses following the depletion of Zostavax.
    - expansion of the immunocompromised cohort to offer 2-dose Shingrix to individuals aged 50 years and over with a period between doses of 8 weeks to 26 weeks.
    - expansion of the immunocompetent cohort to offer 2-dose Shingrix routinely to individuals aged 60 years and over with a period between doses of 26 weeks to 52 weeks, remaining an opportunistic offer up to and including 79 years of age.

32. The expansion of the immunocompetent cohort will be implemented over two five-year stages as follows:
    - first five-year stage (1 September 2023 to 31 August 2028): Shingrix will be offered to those turning 70 and those turning 65 years of age in each of the five years as they become eligible.
    - second five-year stage (1 September 2028 to 31 August 2033): Shingrix will be offered to those turning 65 and those turning 60 years of age in each of the five years as they become eligible.

33. Additionally, practice call/recall for the immunocompromised and immunocompetent cohorts as they become eligible for the programme will be implemented from 1 September 2023, as well as catch-up call/recall for the newly eligible immunocompromised 50-69-year-old cohort.

34. Shingles can be delivered at any time during the year thus enabling practices to manage timing for when the individual is invited and can also be opportunistically delivered if clinically appropriate when an individual attends the practice for another reason.

35. The Shingles GPES extraction will be updated to accommodate these changes.

36. Further information on the programme changes and management of the immunocompetent cohort expansion will be provided in due course.

Unchanged programmes

37. The following programmes will continue unchanged for 2023/24:
    - 6-in-1 (DTaP/IPV/Hib/HepB)
    - MenB
    - Rotavirus
    - PCV (infant pneumococcal)
    - Hib/MenC
    - MMR provision to remain unchanged for both the 0-5-year-olds programme and 6 years and over programme
    - 4-in-1 pre-school booster (DtaP/IPV)
    - 3-in-1 booster (td/IPV)
    - Men ACWY (provision for those aged up to 25 years who miss the schools programme)
    - PPV (65-year-olds and 2-64-year olds in defined clinical risk groups)
    - HepB (Babies)
    - Pertussis (pregnant women).

Weight Management Enhanced Service

38. The Weight Management Enhanced Service will continue into 2023/24, retaining the £11.50 referral payment.

NHS
North West London

BRIEFING FOR STAKEHOLDERS

Same day access to primary care

What is same day access?

NHS North West London is introducing an ambitious but achievable plan to improve same day access to primary care for patients.

This approach was co-developed by 10 primary care networks (PCNs -6 individual PCNs and 1 whole borough) between August and December 2023. The approach is aligned to the recommendations set out in the national 'Fuller Stocktake' review of primary care.

The new approach sees the introduction of 'same day access hubs' across North West London. Patients contacting their GP surgery either online or by telephone may be directed to the same day access hub for triage to the right service for their needs. This is an approach that will evolve over time but ultimately, patients may have telephone, online, video or face to face contact with staff at the hub, who will direct them to the right place. This could be a community pharmacy, a routine appointment with their GP or an urgent appointment with their GP. Where appointments are not available with their own GP or the patient will get easier access, they may be directed to a neighbouring practice.

Hubs can be either physical or virtual and will usually be managed through the local PCNs, with each hub including a senior GP. All clinical decisions will have a senior clinical decision making and GP lead, with support from a multi-disciplinary team.

This approach ensures patients needing primary care services that day are more likely to be looked after in the quickest way. The plan is for this to apply to same day cases only.

Primary care access is the issue most consistently raised by North West London residents we speak to about health services. We have launched a public information campaign called *We Are General Practice* in order to explain how primary care is changing, the challenges it faces and some of the new roles and proposed solutions to improve access and care for patients.

Frequently asked questions

Why is NHS North West London introducing same day access hubs?

We want to increase access to primary care services for patients. The most consistent message we hear through talking to residents and patients is that access to primary care is difficult: they are struggling to get through to their GPs or to get a timely appointment, especially when they need one the same day.

Same day access hubs bring GP practices together in networks, making it easier to arrange appointments the same day and to support patients in finding the care that is best suited to their needs. Patients who need a GP appointment that day are more likely to get one and GPs will be able to focus on providing proactive care to patients who need it. Where appropriate, patients may be referred to other services best suited to their needs, such as community pharmacists, physiotherapists or nurses. GPs will continue to see patients who need to see them and will be able to offer proactive continuity of care to people with long term conditions and others who need it.

Will I still be able to see my GP?

Of course. The aim of this programme is to make access to GP appointments easier for those who need them.

Will non-clinical staff such as Care Navigators and Care Co-ordinators be making decisions about my care?

No. All clinical referrals and clinical decisions will be made by clinicians. Those in supporting roles like Care Navigators and Co-ordinators will signpost patients to the right care for them. They will work in an identical way to how they work in practices now, but with greater clinical oversight as the same day access hubs will all include senior GPs and multi-disciplinary teams and with a better understanding of the types of services that might support their population's needs.

Clinical Safety remains our top priority. Clinical consultations will still occur with qualified health professionals and these will be appropriately supervised by senior clinicians. Decisions made by the same day access hubs will happen with the oversight of the senior clinical decision maker. Our aim is by streamlining the way patients achieve access we will be able to enable more patients to seek advice and treatment and that this will improve the care patients receive.

Will I have to travel further for care?

Where appointments are needed the same day and no slots are available at your local practice, it is possible that you might be referred to a different practice, in much the way patients sometimes see different GPs out of hours. You may also be referred to another service such as a community pharmacist if they could better meet your needs.

This might involve travel in some cases, but not all same day access hubs will be physically co-located: it is for local primary care networks to decide whether their hubs are physical or virtual. Patients can currently move to other local practices to access some services such as physiotherapy, ECG testing or particular services not available at their own practice location. This will work in a similar way.

What influence can patients have on the new system?

We are asking primary care networks to work with their patients to co-design the same day access hubs and how they will work in their area.

Are GPs being mandated to introduce same day access hubs?

Same day access hubs form part of our 'single offer' to general practice, which aims to introduce a consistent approach to enhanced care across North West London. If practices are not part of same day access hubs, their patients may not be able to access other parts of

the single offer, such as specialist diabetes and mental health care. Same day access hubs are not mandated, but we are recommending them to practices and they are part of our single offer as this will help them deliver better access for all the PCNs patients.

Are same day access hubs there to provide appointments when a practice has none left?

No. Same day access hubs are about ensuring more patients get the help they need the same day. They are not a 'surge' service for when practices run out of appointments. This is about pooling all the clinical resources in an area – GPs, community pharmacists, nurses, physiotherapists and other clinicians – to ensure people can quickly access the care they need.

Will the new approach be introduced from 1st April?

There is a misapprehension in some quarters that everything will be expected to change on 1st April, whereas our intention is to introduce new ways of working gradually, managed at local level by PCNs. The aim is that practices and PCNs are given time to co-design and collaborate with colleagues and patients to help this way of working improve primary care access. We know that this will take time and will be a gradual process as each PCN profile is different. There will be no expected radical change but an adopting of new ways of working over time.

What has been the experience of early adopters of the scheme?

The primary care networks who were early ('wave 1') adopters reported that they have been able to provide their most complex patients with increased access and time with their GPs as the simpler requests have been managed by signposting to other parts of the system. Patient experience reports have been positive,

Will practice staff recruited through the Additional Roles Reimbursement Scheme (ARRS) will be expected to work differently, and what will be the impact on their practice?

We are flexible about how the plan is delivered. Care coordinators will be trained signpost patients to the right care; this could be from their own practice in a virtual hub if that is the preferred local approach, or from a physical hub at an agreed location. The means of delivery is a matter for PCNs to decide locally and in a way that works best for the population of residents

Practices are already working collaboratively at scale to deliver out of hours care or that patients are already being signposted to other members in the primary care systems

What was the involvement of KPMG?

KPMG provided programme management support and shared good practice from elsewhere, supporting PCNs and NHS North West London as they developed their approach, which is closely aligned to the recommendations of the national 'Fuller Stocktake' of primary care, led by Dr Claire Fuller.

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Request for Report to the North West London Joint Health Overview Scrutiny Committee

14 March 2024

Report Title:	North West London Commissioning Arrangements for CommunityPharmacy and Dental Services
Report Author:	Javina Sehgal – Director of Primary Care
Committee Date:	**14 March 2024**
Report Deadline:	**04 March 2024**

Purpose

To receive a report on the current state of North West London Commissioning Arrangements for Community Pharmacy and Dental Services across North West London.

1. The current context for commissioning arrangements for dental services in NW London
2. The impact on these services since the move to more place based, clinically led commissioning
3. Where are the ongoing challenges related to the commissioning of dental services
4. Any work on diversity planning for these services
5. Procurement and performance targets
6. Workforce and staffing issues.

Detail

Background/Context:

Set out the current context for commissioning arrangements for community pharmacy and dental services in NW London.

- **Community pharmacy services** are commissioned by NHS England - the request has been shared with their leads and an update will be provided as soon as possible.

- **Dental services**

According to the National Dental Epidemiology Programme oral health survey in 2022 children in NW London have the poorest teeth of anyone in London.

This survey also identified Brent as the upper-tier local authority with the highest prevalence of experience of dentinal decay (46.0%) for 5 year olds in England.

There are also significant inequalities associated with poor oral health. People living in the most deprived areas are 2.5 times more likely to have experience of tooth decay. While the reasons behind this are complex, there are a number of cost effective interventions backed by the National Institute for Health and Care Excellence, and the Office for Health Improvement and Disparities, which reduce decay and promote good oral health amongst children and young people.

In December 2023 the ICP identified oral health as one of three priority areas which represent complex and cross-cutting issues which require a considered and systemic approach. To make progress, commissioners and providers of dental public health and dental care and treatment will need to work together to make the best use of our available resource.

National dental recovery plan

Recognising the challenging state of children's oral health in NW London and the value of instilling good oral health habits, including regular access to NHS dental care, at an early age, it is proposed that our cross-ICS work will focus on children and young people in the first instance. The learning from focused health promotion and testing of new commissioning approaches for dental services can then inform future action to improve oral health across the wider adult population.

On 7 February 2024 the government published their plan to recover and reform NHS dentistry: Faster, Simpler and Fairer. This includes a commitment to additional investment in 2024/25, to promote access to dentistry and embed oral health awareness programmes for children and young people.

NHS dentists will be given a 'new patient' payment of between £15-£50 (depending on treatment need) to treat patients who have not seen an NHS dentist in two years or more. This will begin from March 2024 and is time limited to end of financial year 2024/2025. No modelling is available to indicate the financial impact of this.

A further increase in the minimum indicative Unit of Dental Activity (UDA) value from the £23 announced in July 2022 to £28 from April 2024, in NW London this would affect 19 practices in total, adding an additional £937,272 to dental spend in 2023/24.

Current context for commissioning of dental services

From 1 April 2023, pharmacy, ophthalmic and dental commissioning responsibilities were delegated to ICBs from NHSE. This mainly included primary care services but also acute and community dental services.

This means the responsibility for commissioning and managing these services passed to ICBs including the associated budgets. The delegation of primary care commissioning functions provides NHS NW London with an opportunity to look at how we are commissioning dental services to prevent poor oral health, protect and expand access, and deliver high quality care.

However, there are limitations in current national contracting frameworks that reduce our flexibility to change contracting arrangements at a local level despite delegation of responsibility.

Current arrangements related to the commissioning of dental services

General Dental Service providers are high street dental practices who contract with the NHS to deliver an agreed level of activity known as Units of Dental Activity (UDAs) for a fixed contractual sum. The value of a UDA is negotiated locally, against a minimum value which is nationally agreed. There are six bands of treatment which attracted different numbers of UDAs:

Band	No. UDAs	Includes
Band 1	1	Examination, diagnosis and advice
Band 2a	3	Everything in band 1, plus additional treatment such as fillings, root canals and extractions
*Band 2b	5	Everything in bands 2 where there are three or more fillings/extractions in one course of treatment and/or non-molar root canal treatment to permanent teeth
*Band 2c	7	Everything in band 2 plus molar endodontic care to permanent teeth.
Band 3	12	Everything in band 2 plus more complex treatment such as crowns, dentures and bridges
Urgent	1.2	Examination, assessment, advice and urgent treatment

Under the GDS contract each provider agrees to provide a set number of UDAs, paid in monthly instalments. If the provider does not deliver 96% of their agreed contract activity at year end, money for the care that has not been delivered may be recovered.

For NW London community dentistry is commissioned via the Whittington NHS Trust and Central London Community Healthcare Trust. Community dental services are also commissioned to provide oral health promotion across NW London, liaising with local authority public health teams. Community dental contracts in NW London are due to be refreshed in 26/27.

Secondary and tertiary care dentistry is commissioned under the standard NHS contract. Monthly or quarterly contract meetings depending on size of contract, review activity, capacity, referral to treatment and delivery challenges.

Opportunities within delegated commissioning

Under the delegation of commissioning to ICBs there is some flexibility to join up or re-design key pathways of care, leading to better outcomes and experiences for patients.

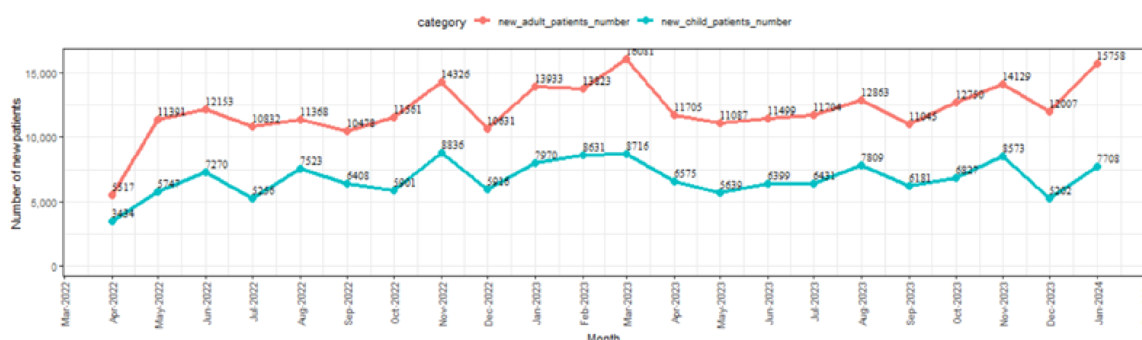
However, this flexibility is limited by the constraints of the national contractual and policy requirements placed on us. For example, the national system of allocating UDAs by course of treatment, rather than length of appointment, number of visits or procedures, means, for example, that a dentist is reimbursed at the same rate regardless of whether a course of treatment includes one, two, or three tooth extractions, or the complexity of follow up. This provides a disincentive for dentists to take on new or complex patients.

It is our intention use what flexibilities there are to support improvement in access and oral health, in partnership and with stakeholders. This will building on learning from innovative use of UDAs in 2023/24 (see below), and working with partners to meet local needs both at ICB and at place.

Performance and procurement update

Borough	Contract value	Current units of dental activity (UDA) commissioned	Current no. of practices
Brent	£17.6m	482,959	60
Ealing	£20m	551,084	43
H&F	£12.1m	325,883	30
Harrow	£10.1m	315,106	39
Hillingdon	£10.8m	349,688	36
Hounslow	£15.6m	435,453	41
K&C	£7.3m	198,310	18
Westminster	£13.7m	378,765	48
TOTAL	**£107.2m**	**3,037,248**	**315**

The number of new patients seen by NHS dentists (including people who have not been seen for over two years) has increased in NW London since 2022. This has been supported with additional investment in 23/24.



Additional ICB investment in 23/24 to improve capacity and access to NHS dentistry.

- **Increasing access in areas of greatest need:** In Oct 2023 £2.7m was invested in 81 practices in areas of high demand/need to purchase 82,800 additional 'units of dental activity' (UDAs) with a focus on increasing the number of people seeing a dentist for the first time, or after an absence of >2 years.

- **Supporting people to see NHS dentists in an emergency:** Urgent dental service was re-procured across NW London in Nov 2023 to ensure continuity of access. These services, which are accessed via 111, triage and book patients into local urgent dental services to ensure people are getting access when they need it.

- **Reducing waiting times for children and young people needing dental procedures:** An additional £310,000 was allocated to secure additional capacity to treat children who need dental procedures under general anaesthetic. This investment also helped reduce waiting lists and times for children awaiting treatment and released capacity in community dental services.

Workforce and staffing

Dental practices are experiencing difficulties that are contributing to access difficulties. This includes recruitment and retention of dental staff. Reimbursement rates for UDAs also vary across NW London, and between other areas of London and across England, which impacts their ability to attract new dentists for NHS work.

Next steps

NW London has recently established a working group on oral health, which is co-chaired by the ICB Director of Primary Care and Hounslow's Director of Public Health. The group has worked with dental and oral health leads across the ICS to identify five key areas where we can work together to improve oral health.

These have been tested with a number of internal oversight groups and comprise:

1. building a comprehensive health promotion offer for NW London
2. creating oral health friendly public health service environments
3. improving access to dentistry in areas of higher need
4. developing family friendly dental practices
5. managing complex dental pathways

The group will work with cross-ICS stakeholders to develop recommendations for an approach to delivery. This planning work will ensure the ICS is in a position to take advantage of additional investment in 2024/25 as it arises, and work to ensure that this is sustainable into the longer term.

A detailed workplan is still to be developed, however it is expected that the first year of operation will involve developing, testing and evaluating new ways of working in targeted areas of NW London, building on existing best practice.
This will then be rolled out in years two and three.

Given current pressures on NHS dental service, it is important that we appropriately phase increases in demand with increased capacity.

Delivery of this workplan will be dependent on appropriate resource to scope, design, invest in and evaluate collaborative initiatives.

Member Request:	**Cllr Ketan Sheth, Committee Chair, January 2024**

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

Community-based specialist palliative care improvement programme

North West London Joint Health Overview Scrutiny Committee

March 2024

www.nwlondonicb.nhs.uk/cspc

Over the last few months we have been working to get to a place where we can now publish the revised NW London model of care for community-based specialist palliative care for adults (18+). At the same time we have also looked at how we can best deliver the new model of care and this has led us to a potential shortlist of five implementation options.

This involved a lot of engagement events and conversations and we are incredibly grateful to all our patients, families and carers and wider stakeholders including our partner hospice providers, both NHS charitable and NHS, for their feedback, comments and support. We would have not got to this stage without you.

The revised version of the model of care has been greatly strengthened because of the feedback given by residents, health professionals and a broad range of local stakeholders at engagement events and in written comments following the release of the first version of the model of care in August 2023.

Overall there was good support for the proposed new model of care. People liked that we want to increase the amount of support available in the community to help people stay in their own homes. They also liked the almost doubling of the number of beds to over 100 available to support local residents who either need the intensive support provided by a hospice inpatient bed or the less intense but also vital enhanced end-of-life care bed that will be available to those people who sadly are not able to stay in their own home. However, we did hear some valuable challenges and constructive suggestions on how we might improve the model of care and these are reflected in this revised version.

We have also published:

- A report on the engagement undertaken in September and October 2023
- A paper covering the refreshed 10-year demand projections for hospice in-patient care
- An Equalities Health Impact Assessment (EHIA) report which explores the potential impact that NW London's proposed new model of care will have on health inequalities and the well-being of different population groups in NW London.

In November and early December 2023 we held eleven engagement events, which are all viewable on our website, with local residents where we jointly looked at all the options for how we could deliver the model of care. We have now published an options engagement outcome report which describes the process that was followed to reach the potential five shortlisted options for delivery of the model of care.

These shortlisted listed options are:

- Option 0 – do nothing, continue with current provision.
- Option 1 – some change, minimum workable solution with a focus on providing fairness of provision (minimal improvement to care in the home, Pembridge in-patient unit remains closed, 54 enhanced end-of-life care beds).

- Option 2 - some change, minimum workable solution with a focus on providing fairness of provision (minimal improvement to care in the home, Pembridge in-patient re-opens, 54 enhanced end-of-life care beds).
- Option 3 – full implementation, fully deliver model of care (substantial improvements to care in the home and other community-based specialist palliative care services, Pembridge in-patient unit remains closed, 54 enhanced end-of-life beds).
- Option 4 – full implementation, fully deliver model of care (substantial improvements to care in the home and other community-based specialist palliative care services, Pembridge in-patient unit reopens, 54 enhanced end-of-life beds).

We are now working through a detailed non-financial and financial appraisal process, and engaging with the London Clinical Senate and NHS England on their assurance processes which are part of a proposed service reconfiguration. This will take a number of months before any final decision is made on how we move forward. If it is decided that we need to consult on any potential service change is likely to take place following the London Mayoral election that will take place on 2nd May 2024.

We will provide another progress update soon but please do contact us in the meantime if you have any comments or questions on the revised model of care or other publications.

Revised new model of care for adult community-based specialist palliative care services published

Following the release of the initial proposed model of care in August 2023, we undertook an extensive period of engagement to hear the views and receive the feedback of our residents, health professionals and a broad range of local stakeholders.

A series of nine engagement events took place in September and October 2023 at which attendees had the opportunity to learn more about the model and comment on the proposals. We also received feedback via online surveys, email and in other face-to-face meetings.

Overall, there was good support for the proposed new model of care. We did hear some valuable challenges and constructive suggestions on how we might improve the model, which we committed to reflect in this revised version of the proposed new model of care.

These included the following key themes:

- Further information on the proposed enhanced end-of-life beds.
- Addressing inequalities and disparities in access, outcomes and experiences of palliative care services.
- Enhancing innovation and continuing to make improvements to specialist palliative care services alongside the implementation of the new model of care (including service navigation and co-ordination).

- Improving leadership and governance.

The revised new model of care features extensive changes to reflect these points. There are also various other more minor revisions and additions to reflect other points raised during public engagement.

The revised new model of care also features a full statement explaining these changes and highlighting of them within the document.

The revised model can be seen here on our website.

Our work with charitable and NHS providers to develop and take forward the model of care

We are tremendously pleased that the model of care has received the unanimous support of all the NW London hospices and NHS providers of community-based specialist palliative care services and was approved via the NW London community-based specialist palliative care steering group, which includes all charitable and NHS providers of community-based specialist palliative care services in NW London and some wider palliative and end-of-life care stakeholders.

We would also like to again thank the providers and clinicians who have engaged with us on model of care discussions, bringing their years of experience and knowledge to the steering and working groups and the public engagement events on the model.

In particular, we would like to thank our eight community-based specialist palliative care providers:

- Harlington Hospice
- St John's Hospice
- Royal Trinity Hospice
- St Luke's Hospice
- Marie Curie Hospice (Hampstead)
- Central London Community Healthcare NHS Trust (CLCH)
- Central and North West London NHS Foundation Trust (CNWL)
- London North West University Healthcare NHS Trust (LNWH)

Engagement report on the model of care (September-October 2023)

We have published a model of care engagement report covering the comments and feedback received at the eight engagement events held at both a NW London and borough level in September and October 2023 and through an online survey and written submissions.

The engagement events were attending by residents, community-based specialist care provider leads, voluntary sector, borough programme leads and other key stakeholders and the attendees had the opportunity to provide feedback, ask

questions and put forward their own suggestions of potential options to be considered if they thought we had missed or omitted anything

We obtained a rich amount of feedback, comments and valuable input regarding the proposed new model of care and wider palliative care improvement which is detailed in the engagement report.

We found that attendees were broadly supportive of the proposed model of care but there were several areas where they asked for further information or suggested the model needed strengthening and this feedback has informed the revised model of care we have just published.

The model of care engagement report can be found here.

The notes of the meetings are included within the report and are also available, along with videos of the meetings, via the events page here.

Engagement outcome report on potential delivery options for the new model of care (November-December 2023)

At the start of November 2023 we were ready to look at what implementation of the new model of care could mean in practice and wanted to ask our local residents for their thoughts on future potential delivery options for the model.

In late November and early December 2023 we completed eleven engagement events where we looked at potential options and attendees had the opportunity to provide feedback and ask questions and also had the opportunity to put forward their own suggestions of potential options to be considered if they thought we had missed or not thought of something.

This included three NW London wide engagement event and one for each of the NW London boroughs. In addition to this we completed a second engagement event for Hammersmith and Fulham borough at the request of residents and the local authority.

These engagement events were attended by residents, community-based specialist palliative care provider leads, voluntary sector, borough programme leads and other key stakeholders. At the events we explained the process we followed for developing all the options and how we had used hurdle criteria agreed by the Community-based Specialist Palliative Care Steering Group to whittle these down to a short list of five potential delivery options.

The four hurdle criteria we used were:

- Strategic fit - how well the option advances local, NW London, regional and national priorities (specifically whether the service proposal reduces inequity of provision across NW London and meets evidence of need).

- Quality of care - how well the option improves the service delivered to residents and outcomes (specifically whether the proposed service configuration leads to safe, high quality care and accessible care).
- Affordability - how affordable is the option and to what extent does it represent good value for money.
- Achievability - to what extent can service providers incorporate required changes, including skilled workforce availability, whilst maintaining the same quality of service (i.e. whether the proposal can be realistically delivered).

The five short listed delivery options are:

- Option 0 – do nothing, continue with current provision.
- Option 1 – some change, minimum workable solution with a focus on providing fairness of provision (minimal improvement to care in the home, Pembridge in-patient unit remains closed, 54 enhanced end-of-life care beds).
- Option 2 - some change, minimum workable solution with a focus on providing fairness of provision (minimal improvement to care in the home, Pembridge in-patient re-opens, 54 enhanced end-of-life care beds).
- Option 3 – full implementation, fully deliver model of care (substantial improvements to care in the home and other community-based specialist palliative care services, Pembridge in-patient unit remains closed, 54 enhanced end-of-life beds).
- Option 4 – full implementation, fully deliver model of care (substantial improvements to care in the home and other community-based specialist palliative care services, Pembridge in-patient unit reopens, 54 enhanced end-of-life beds).

We obtained a rich amount of feedback, comments and valuable input regarding the proposed new model of care and wider palliative care service improvement.

We found that there was a broad consensus amongst attendees on the proposed five shortlisted service delivery options for the new model of care that were presented.

The full engagement outcome report on potential delivery options for the new model of care is available here.

Equalities Health Impact Assessment (EHIA) on the proposed new model of care

The Equalities Health Impact Assessment (EHIA) report explores the potential impact that NW London's proposed new model of care for adult (18+) community-based specialist palliative care services will have on health inequalities and the well-being of different population groups in NW London.

This report is intended for a broad audience, encompassing healthcare professionals, stakeholders and advocates for palliative care, and the communities and individuals that this new model of care aims to serve.

The report provides an overview of the NW London health inequalities landscape and explores the EHIA process for the nine protected characteristics, and other vulnerable groups that we have identified as key during our engagement, to provide a summary of equity impact.

Our goal is to make sure that this new model of care and way of providing care is fair and equal for everyone, giving help and support without any bias.

The EHIA on the proposed new model of care can be viewed here.

A further EHIA will be carried out on the proposed short-listed options.

Refreshed ten-year demand projections for hospice in-patient care

In 2023 we created a data pack showing demand and capacity data modelling to inform our thinking on the number of hospice beds required to support the needs of NHS NW London for the next five years.

The data was released alongside the model of care and we subsequently engaged with local residents and stakeholders on the proposals in September 2023.

As part of this engagement, there were three specific points raised in relation to the data:

- Are beds evenly distributed to serve our borough populations?
- Have we used a consistent approach to measuring bed capacity?
- How does use of 2023/24 data affecting our modelling?

What has changed (and is reflected in this new updated paper) since the original data publication:

- We know at a borough level that the majority of residents are evenly served by the current 57 operational beds. The south of Hillingdon being the exception to this.
- We have 57 hospice in-patient beds instead of 56. The difference is the result of measuring capacity consistently across all beds, including spot purchasing arrangements.
- Greater variation in use of hospice in-patient beds in 2023/24 means we have considered a range within which we expect demand to present. At the upper end of our modelling, we would expect to have sufficient hospice bed capacity to meet our needs until 2027/28.

The new updated data paper can be viewed here on our website.

Directory of services for North West London

Simplifying access to community-based specialist palliative care services is a priority for the new model of care.

Work has already been undertaken as part of this new model with the development of a new service directory resource at NW London and local borough level, which can be found here: https://hpal.medindex.co.uk/p/t/palliative-care/services

This website, funded by Harlington Hospice, has been designed to enable patients, carers and clinicians to search for palliative care services and resources across NW London and within each borough.

Advance care planning (ACP) and the Universal Care Plan (UCP)

The importance of advance care planning (ACP) was highlighted in the development of the model of care and public feedback during engagement on the model.
ACP is the term used to describe the conversation between people, their families and carers and those looking after them about their future health and care wishes and priorities. It is a way for a person to think ahead, to describe what's important to them and have this recorded to ensure other people know their wishes to help that person to live well right to the end of their life.

NW London residents can have their care preferences made known and shared with the health and social care system via the Universal Care Plan (UCP).

From January 2024, all patients with a UCP are now able to view it on the NHS App. This development will increase visibility of patients' wishes and preferences, and improve transparency between clinician, patients and carers.

A communications resource pack for clinicians that further explains this change can be downloaded here:
UCP_NHS_App_Integration_Resource_Pack_January_2024.pptx (live.com)

Pembridge Palliative Care Services

This Pembridge Palliative Care Services in-patient unit has been suspended for use since the end of 2018 as a result of the inability to recruit and retain specialist palliative care consultant cover required to safely run the unit.

All other Pembridge Palliative Care Services (ie. 24/7 specialist telephone advice line, community specialist palliative care nursing and therapy teams and other services) are unaffected and continue to operate.

NHS NW London has not made a decision to permanently close the Pembridge inpatient unit site and, together with the Central London Healthcare Trust (CLCH) who provide the service, are open to recruiting the specialist palliative care consultant to support the safe reopening of the in-patient unit.

We have heard there is still a strong desire for the Pembridge in-patient unit to be reopened and that options from the public for how we could reopen the unit could be more widely considered than they have been to date.

We have arranged two meetings over the last few months with patient representatives, CLCH and Imperial College Healthcare NHS Trust (ICHT) to discuss options for re-opening the in-patient unit. It was agreed that ICHT and CLCH would meet to discuss whether and how the two services could work together in a more integrated manner to support re-opening the in-patient unit in future with a more robust and resilient staffing model and whether joint recruitment to posts at Pembridge may be possible.

In the meantime, CLCH have successfully recruited to a fixed term contract post for a specialist palliative care consultant to oversee Pembridge day services and community team services. The recruitment of a specialist palliative care consultant to support the Pembridge in-patient unit is waiting the next stage of the interview and recruitment process.

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North West London Joint Health Overview Scrutiny Committee

Update on Potential change of control at AT Medics Ltd

04 March 2024

NHS North West London in partnership with all London ICBs continues to carry out the due diligence process of the potential change of control at AT Medics Ltd.

During January two online engagement webinars were held. The first which took place on 16 January 2024 provided an opportunity for patients and the second on 22 January 2024 for the wider community. Both were well attended and we would like to thank those who took the time to attend and provide feedback and ask questions.

In both meetings, there was general concern about the type of organisation that was talking control of AT Medics Ltd and their ongoing commitment to investing in providing high quality patient care. Attendees wanted to understand the due diligence process and what it entailed.

Videos of the meetings and non-verbatim questions and answers are available on our website at www.nwlondonicb.nhs.uk/atmedics.

The due diligence process is still to be completed and the dialogue with Operose Health Ltd continues. It means that we will not be taking the request for change of control to the seven North West London Primary Care Executive Group meetings in March 2024 as originally envisaged and they are more likely to go in May after the London Mayoral elections which is due to take place on 2 May 2024.

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Report to the North West London Joint Health Overview Scrutiny Committee – 14 March 2024

North West London Joint Health Overview Scrutiny Committee Recommendations Tracker

No. of Appendices:	Appendix 1: 2022/23 North West London JHOSC Recommendations and Information Requests Tracker Appendix 2: 2023/24 North West London JHOSC Recommendations and Information Requests Tracker
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Chatan Popat Strategy Lead – Scrutiny, Strategy and Partnerships, Communities and Regeneration, Brent Council chatan.popat@brent.gov.uk tel: 020 8937 5068

1.0 Purpose of the Report

1.1 To present the latest 2022/23 and 2023/24 scrutiny recommendations tracker to the North West London Joint Health Overview Scrutiny Committee (NWL JHOSC).

2.0 Recommendation(s)

2.1 That:

The committee note the latest 2022/23 and 2023/24 scrutiny recommendations tracker municipal year in Appendix 1 and 2.

3.0 Detail

3.1 The North West London JHOSC, according to its Terms of Reference can make recommendations to the North West London Integrated Care System and its Integrated Care Board, NHS England, or any other appropriate outside body in relation to the plans for meeting the health needs of the population.

3.2 The North West London JHOSC may not make executive decisions. Recommendations made by the committee therefore require consideration from the relevant NHS body. When the North West London JHOSC makes recommendations to NHS bodies, the relevant decision maker shall be notified in writing, providing them with a copy of the committee's recommendations and a request for response.

3.3 The 2022/23 and 2023/24 North West London JHOSC Recommendations and Information Requests Tracker (attached in Appendix 1) provides a summary of scrutiny recommendations made during the previous municipal year. This tracks decisions made by NHS colleagues and gives the committee oversight over implementation progress. It also includes information requests, as captured in the minutes of its committee meetings.

3.4 Updates to the tracker from the previous meeting are highlighted within the table.

Appendix 1: 2022/23 North West London JHOSC Recommendations and Information Requests Tracker

Meeting Date	Item	Recommendation / Information Request	Detail	Response	Status
20 July 2022	Elective Orthopaedic Centre at Central Middlesex Hospital	Information Request	To receive details in writing about what the full business case may look like.	Pre-consultation business case shared separately as a PDF.	
		Information Request	To receive details in writing of the consultation & engagement.	A paper was brought to the December JHOSC meeting for members to review.	
		Recommendation	That the NHS considers the best strategy for the consultation to reach as many people as possible, utilising key partners across NW London.	Complete. Consultation closed on the 21st Jan. Further information going to JHOSC w/c 30 Jan and discussion expected at March meeting. Final decision expected at ICB Board of 21 March. Consultation plan been to JHOSC	
		Recommendation	That the committee agrees to the NHS embarking on a full consultation that starts on the first week of September.	Consultation began in October after being delayed by one month	
		Recommendation	That a clear reference is made to how the findings of the consultation will input into the business case.	Complete. This is covered in the decision-making business case that is going to JHOSC.	
		Recommendation	That the full business case is brought back to a later meeting.	Agreed. Expected March meeting.	
		Recommendation	That the NHS provide an effective communication strategy to clearly set out the pathway from primary to secondary care for patients and residents across NW London.	Part addressed by the communication strategy within the winter plan and also picked up within the 'we are general practice campaign' discussions. The NHS runs frequent national and local campaigns on these issues.	
	Community Diagnostic Centres	Information Request	To receive in writing the detail of the engagement that has already taken place on this issue.	PowerPoint shared separately.	
		Information Request	To receive projections and real time data of centres impact on a number of key performance indicators, and how it will impact local A&E services.	The document above covers both information requests.	
		Recommendation	That communications and messaging are clear for local communities; to make the distinction between the new diagnostic	LNWUHT are apparently in contact with Cllr Crawford on the programme	

			hub and existing diagnostic facilities at Ealing Hospital and other Community Diagnostic Centres clear.		
		Recommendation	That decisions made in regard to community diagnostic centres are made with consideration of new data.	Complete. Public engagement is planned as part of the process of developing the centres and we are happy to work with councillors on this.	
		Recommendation	That NHS colleagues help to facilitate site visits to the Ealing Hospital and other Community Diagnostic Centres where appropriate.	LNWUHT are apparently in contact with Cllr Crawford on the programme and site visits for local OSCs. Brent officer discussed site visit in early 2023.	
		Recommendation	That NHS colleagues are invited to relevant borough scrutiny committees	Agreed.	
	North West London Integrated Care System Update	Recommendation	That consideration is given to local authorities having a substantial role in the governance of the NWL ICS.	Confirmed constitution has been amended to increase LA partner voting members from one to three.	
		Recommendation	That a robust plan is developed for tackling current waiting lists in NW London.	Complete and covered in the performance reports shared by Rory.	
		Recommendation	That a framework is developed for monitoring performance of subcontractors in primary care.	In progress.	
		Recommendation	That a financially focused paper is brought back to this committee for review	Financial focused paper brought to October meeting.	
		Recommendation	That an Integrated Care System's update remains a standing item on each agenda.	This has been actioned.	
	North West London Health Inequalities Framework	Information Request	The committee has requested to receive the impact dashboard and timescales for implementation for health inequalities framework when available.	Word document shared separately.	
		Information Request	The committee has requested information on variance between boroughs and wards on flu / COVID vaccination uptake.	PowerPoint sent separately.	
		Information Request	Information to be shared on pathways into NHS employment for volunteers.	PowerPoint sent separately.	

		Recommendation	That NHS colleagues provide an annual update on health inequalities to monitor progress being made.	Agreed. The inequalities framework is overseen by a steering group chaired jointly by an LA CEO (Niall Bolger) and Trust CEO (Carolyn Regan). They will be producing regular updates on progress.	
		Recommendation	That NHS colleagues commit to undertaking processes of benchmarking and utilising best practice in their approach to tackling health inequalities.	Agreed and already happening as part of inequalities programme.	
12 October 2022	Primary Care Strategy and Performance	Information Request	To receive information on the current primary care performance data, and for it to be shared monthly.	PowerPoint sent separately.	
		Information Request	To receive financial implications on the use of the Additional reimbursable roles schemes.	There is an acknowledged issue with our ARRS claims, which the Primary Care contracts team are working hard to address, equally there is an issue with the ARRS data on the NWRS system, this is because they allocate ARRS roles under the Patient Facing designation, consequently in part due to the low GP submissions, something we are addressing and the way the NWRS collates the roles, the NWRS data does not reflect the actual numbers. At the end of Q2 it has for NWL approx. **157 FTE** ARRS roles. In fact, we have **697.17 FTE** as at the end of Q2. To mitigate the issue with robust workforce data for the ARRS roles, until we can rectify the above issues, the Primary Care workforce team does an internal scoping of the roles each quarter, this is cross referenced against the NWRS and the claims data. This was initiated so we have accurate ARRS data and involves direct contact with the NWL PCN's to collate the information. This is to date the most robust ARRS data we hold. The roles per borough are as below: - FTE/ Borough - 99.33: Brent	

				- 54.60: Central - 93.10: Ealing - 99.17: Hammersmith and Fulham - 76.93: Harrow - 95.90: Hillingdon - 103.35: Hounslow - 74.81 West London 697.19: Total	
		Recommendation	To recommend that JHOSC members are proactively consulted with and have oversight of stakeholder and public engagement activities to share with their networks.	Community insight reports are published monthly on the ICB website https://www.nwlondonics.nhs.uk/download_file/2981/182	
		Recommendation	To recommend that the workforce model is appropriately balanced in order to ensure that patients are receiving equity of care across NW London.	Being covered in the NWL workforce paper at the December 7, 2022, JHOSC meeting.	
		Recommendation	To recommend that wait times for a routine GP appointment are collected and shared with the committee.	This will be published from 24/11 and can be found here: Appointments in General Practice, October 2022 - NDRS (digital.nhs.uk)	
		Recommendation	To recommend that the education and communication plan for navigating primary care systems is developed and shared when it becomes available.	Is being developed and will be available early next year.	
	Accident and Emergency Pathways and Performance, including London Ambulance Service performance	Information Request	For the committee to receive performance data from the trust board reports, and to receive data on a bi-monthly basis. The NWL ICS will take ownership for providing the data.	We will share monthly performance reports which will include LAS information.	
		Recommendation	To receive clear timescales and trajectory for when London Ambulance Service performance will improve.	**(From Daniel Elkeles)** **Demand and performance update** Between September and November, London Ambulance Service has seen demand grow across our 111 and 999 services. We have been at REAP (Resource Escalation Action Plan) level 4 since escalating to this level on 22 September.	

We have also been working hard to prepare for challenges to come by bringing together three strands of action to help us meet demand across the winter:

1. The first of these is to recruit more staff. After recruiting 1,074 new starters since 1 April this year as part of our biggest ever recruitment drive, we have already been able to increase the number of ambulances on the road by up to 20 to 30 a day. We are continuing our focus on recruiting and training more call handlers and dispatch staff for our emergency operations centres.

2. The second set of actions relates to setting up more alternative care pathways to give our staff and volunteers further options to ensure patients receive the care they need. This is based on the success of schemes such as our six mental health response cars (where we team our paramedics with registered mental health nurses), which are now running across the capital.

3. Lastly, we are recruiting many more clinicians to our emergency operations centres to ensure patients waiting for an ambulance are kept as safe as possible and our sickest patients are prioritised. As the Service is an early adopter of NHS England’s Category 2 segmentation pilot, our clinicians are in particular assessing these calls to ensure patients who are most in need receive the fastest response. This approach will not delay our response for patients who still require an ambulance. Instead, our expanded clinical team will be able to better direct people in need to the right care services for them.

We are also continuing to work with our partners at integrated care systems and hospital trusts to address delays in patient handovers to emergency departments.

As you will be aware, we have been working incredibly hard to move to a new Computer Aided Dispatch (CAD) system, known as Cleric. Our new CAD is being used by staff in our emergency operations centres to assess and prioritise 999

calls and to dispatch ambulance crews when they are needed. We are working with other trusts to help our transition to this new system and have set up processes to monitor patient safety and performance.

The introduction of the new CAD has meant we have recently been putting the data we generate and record under a renewed level of forensic focus.

This new level of scrutiny has revealed some anomalies that might be making some parts of our response time data unreliable and not reflective of our actual response times. This is not an issue with the new software but a general reporting issue and it is clear we need to look into our processes.

As an open and honest organisation with a commitment to the highest quality patient care, at the Service we know that we have to take action to make sure we are recording data properly and are doing everything we can to reduce our response times. It is imperative that our patients and the communities we serve can also see a full and accurate picture of performance.

To do this as quickly, fairly and transparently as possible, we have commissioned an independent review, in partnership with NHS England and our commissioners, which will be carried out by an expert external organisation that regularly works with the NHS. Independence and transparency are important to this process so that we can check we are doing the right things and can all have full confidence in our approach as we move forward.

In the meantime, we have to continue delivering for patients by doing everything we can to improve our response times as we head towards winter. That will mean a renewed focus on Category 1 as well as Category 2 calls, getting the most effective mix of clinicians on the road, ensuring we have the vehicles available, and improving our processes for dispatch.

	Community based specialised palliative care improvement programme	Recommendation	To bring a paper summarising emerging findings from the Borough Based Partnership's self-assessments tools to the committee	Rory Hegarty has spoken with Jane Wheeler who confirmed this will be addressed at a future JHOSC meeting. This will be address within a paper to the committee on the 12 September. Update: Status now green.	
	North West London Integrated Care System Update	Information Request	To receive information on the meeting schedule and agendas of the ICB and other meetings in order to share with relevant stakeholders	Rory to send as part of the regular fortnightly update including a key meetings grid.	
		Recommendation	For the JHOSC to be aligned with the ICB in agenda forward planning.	Fortnightly update from Rory should address this.	
	West London Changes to Hope and Horizon wards	Recommendation	To recommend that a meeting is set up between Ealing and neighbouring authorities to ensure that information on this issue is shared across boroughs, and to notify members when this meeting is set up.	Meeting took place 7 December 2022 at Royal Borough of Kensington & Chelsea	
7 December 2022	Elective Recovery and Cancer Care Backlog	Information Request	To receive the data validation figures on waiting lists numbers, that the NWL system has sight of to be shared with the JHOSC.	Monthly performance report is now being shared with JHOSC. Update: Status now green.	
		Information Request	To receive details of best practice in terms of Breast Screening uptake broken down by place for the NWL system.	Sanjeet sending what they have for NWL wide but don't have breakdown via borough currently but this is being worked on this year. Liz forwarded on 20/01/22	
		Information Request	To receive data and information on best practice in elective recovery in regard to North West London.	Elective recovery / elective care is now included in the performance reports.	
		Recommendation	To recommend that JHOSC members and community leaders are utilised to feedback and share messaging on Breast Screening and elective recovery with our communities.	Rory supplied JHOSC with Sanjeet's (Programme Director – Breast Screening Recovery Programme) contact details on 7th Dec - (sanjeet.johal@nhs.net) for any screening questions councillors might have. Sanjeet confirmed they are keen to share messages, key campaigns and pilot projects.	
	Winter Planning	Information Request	To receive information on how additional winter funding will be used at a borough	Sarah Bellman has shared the winter materials during 7th Dec JHOSC.	

			level, and what the impact of this funding will be for our residents.		
		Information Request	To receive more information on the collaboration between the ICS and Local Authorities on winter planning.	Sarah Bellman has shared the winter plan covering this item. Liz to also share winter plan paper.	
		Recommendation	To recommend that JHOSC members and community leaders are utilised as a way of communicating messages to our communities and for the NWL ICS to review the opportunities to tackle inequalities together.	Agreed: Sent winter messaging, performance report and involving chair and vice chair in discussions about 'we are general practice campaign'.	
		Recommendation	To recommend that information on winter planning is distributed more widely than local authority communications teams.	Complete: Sarah sent to JHOSC already and shared with leaders/CEO's. Noted the recommendation for the future.	
	North West London Workforce Strategy	Information Request	To receive information on how NHS NWL is tackling racism towards its staff as part of its workforce strategy.	**How NWL is tackling racism towards its staff as part of its workforce strategy:** As part of the Great Places to Work portfolio, the Include (Workforce Inequalities) pillar has adopted a multi-dimensional approach to tackling racism across NWL ICS, which recognises disparity between white and Ethnic Minority staff in their experiences and senior-level representation. This is a data-driven approach, which draws on insights from the Workforce Race Equality Standard (WRES) to shape system-wide interventions and seeks to address inequality through targeted interventions focused on organisational culture, leadership and structural processes. A current priority is reducing bias in the recruitment and selection process. To address this, we have rolled out the De-Bias Recruitment Toolkit across the system, which is designed for recruiting managers and presents a set of measures to improve the fairness and diversity at each stage of the recruitment process. The embedding of these inclusive recruitment practices is intended to increase diversity of representation at senior levels.	

				The ICS has also taken action to reduce the disparity between Ethnic Minority and white staff entering into formal disciplinary processes, by supporting system partners to adopt a just and restorative culture, focused on rebuilding relationships and learning from mistakes, in place of punitive action. At a senior level, this cultural change programme is complemented by the Building Leadership for Inclusion Initiative, soon to be delivered with the ICB Board, which will work with the Board members supporting them to undertake their role as inclusive leaders, in recognition of their individual and collective influence over organisational culture and structures. This programme has a particular focus on systemic racism and social justice. The Include (Workforce Inequalities) Programme has taken steps to ensure accountability for anti-racist actions at a local and system level, by establishing London's first independent Inclusion Scrutiny Panel, which acts as a critical friend to the Staff Inclusion/Workforce Inequalities Programme Board. We are also fostering 'Safe spaces' across the system, through the establishment of Freedom to Speak up Guardians across Primary Care, and there has been dedicated work to empower staff networks and amplify staff voice to ensure it is captured and incorporated into system-wide decision making. Finally, the Include/Workforce Inequalities pillar also assures progression across the system against WRES action plans to ensure sustained improvements to address workforce inequalities throughout Trusts, Primary Care and the ICB. Work is underway to align actions with Local Authorities as well.	
		Recommendation	To recommend that tackling racism towards NHS staff to be included and highlighted as an explicit part of the NHS NWL workforce strategy.	Bashir Arif has provided the paragraph above in response to the request from the JHOSC meeting for additional information relating to tackling racism. We include the points	

				he has made within our strategy as part of our NWL People Plan. Please also note that organisations have their own policies that set out how racism is managed, whether it is from service users or visitors abusing staff through to incidents between employees. In summary, it is not tolerated and processes are in place to ensure full investigation and follow up action is implemented.	
	North West London Integrated Care System Update	Information Request	To receive information on the proposed lengths of contracts as set out in the procurement update on 3.9 of the update report.	These contracts are part of an overall single with different specifications for the services listed below – all of which ends of the 30 Sept 2023 except ADHD which is currently not commissioned with Harrow Health CIC. There are ongoing discussions with the ICB and Harrow Health CIC regarding the future commissioning of ADHD services, but no decision has been made yet.	
		Recommendation	To recommend that the committee is consulted with on plans for the upcoming primary care campaign. With a focus group of JHOSC members explored as one of the methods of delivering this consultation piece.	The campaign has now launched which was done in partnership with the chair of the JHOSC. Update: status now green.	
8 March 2023	Elective Orthopaedic Centre – Summary of Consultation and Proposal	Recommendation	To recommend that a specific travel plan is developed that addresses travel related concerns expressed in the consultation to reassure patients and stakeholders.	We commissioned a detailed review of travel by public transport, helping to inform a three-step travel support solution, including the provision of free travel for patients unable to travel to or from the elective orthopaedic centre for their surgery independently or via an existing patient transport scheme and who would encounter a long, complex and/or costly journey by public transport. Our approach incorporated into the DMBC is to create a three-step travel offer for elective orthopaedic centre patients: **Step 1: Information – all patients** Provide all patients with the latest information on the range of options for travel to and from Central Middlesex. The information will be provided proactively, fully accessible and available in whatever languages and formats are required.	

				Step 2: Facilitation – all patients Provide all patients with practical support – via a team available by telephone or online – to help understand and book the different travel options and, wherever possible, to access additional support. **Step 3: Patient transport – eligible patients** For patients who are unable to travel to or from the elective orthopaedic centre for their surgery independently or via an existing patient transport scheme – and who would encounter a long, complex and/or or costly journey by public transport, we would provide transport – a car ambulance or taxi – free of charge. We will continue to collaborate with patients, community groups and local stakeholders to develop this approach. We currently anticipate that we would extend a transport offer to around a third of elective orthopaedic centre patients, including a small number of patients who currently have a complex journey to their local hospital and may not currently be eligible for support. While Central Middlesex is the most centrally located hospital in north west London but, wherever we place the centre, some patients will face longer journeys. We think the benefits of a single centre of excellence outweigh the inevitable downside of longer travel times for some patients. And we also believe we can significantly minimise the impact on affected patients. The transport solution is detailed in Chapter 4, section 4.3.1 of the DMBC.	
		Recommendation	To recommend that there should be monitoring of the quality of the elective orthopaedic services provided locally and at the centre located within Central Middlesex Hospital, to ensure that they are consistent and of the same standard.	The DMBC sets out how patient access/waiting times will be monitored for the EOC and across the NWL acute provider collaborative. This approach will be expanded across quality, workforce, and patient experience at the NWL EOC partnership and through NWL APC clinical quality and equality governance. In the DMBC, we have developed a more detailed framework for monitoring achievement of the anticipated benefits of the proposal across the four acute providers and the wider ICB. It includes a revised and expanded set of key performance indicators (KPIs) with clearly designated owners and validated	

				trajectories. This includes benefits under the following seven KPI themes: • Clinical outcomes and experience • Patient access • Productivity (Getting it Right First Time – GIRFT) • Cost-effectiveness • Transport • Patient satisfaction • Workforce There will also be detailed monitoring of benefits to ensure that local and national best practice benchmarks are achieved and feedback on cost-effectiveness, transport and patient experience. This will be undertaken through a gateway approach, with the programme required to pass through successfully each gateway before proceeding to the next. These KPIs will be reviewed by the Elective Orthopaedic Centre Management Board on a monthly basis within the governance model and through each gateway. The expected benefits realisation plan is detailed in Chapter 5, section 5.5 and Appendix C of the DMBC. Further detail on the design will be included in the Full Business Case (FBC) with continued development throughout the implementation period.	
		Recommendation	To recommend that more detail is supplied on how the NHS is implementing the consultation feedback on transport when this issue next comes back to JHOSC.	The transport solution has been designed to provide information and facilitation to all patients attending the elective orthopaedic centre for their operations, with transport being made available at no charge for any patients facing a long, complex, or costly journey to the elective orthopaedic centre. Our implementation of the solution will be fully developed through the implementation phase in readiness for go live in November 2023. We have already identified the patients and stakeholders that are likely to be affected by this transport solution and have consequently incorporated them into our co-design approach. Following the approval of the FBC, patients and key stakeholders will be further involved in the development of the transport solution, including the patient portal, scheduling, tracking system, communication and governance. We will undertake pilot testing of the transport solution to ensure that it meets the requirements of patients, providers	

				and other stakeholders while operating as intended. This will include collecting qualitative feedback from patients on their experience, reviewing patient attendance data, and uptake of the proposed solution. 4 The elective orthopaedic centre team including the care navigator roles will be aware of the travel support available to patients and the associated resources so that they feel confident about how to support patients to navigate their pathways. The development of travel information, facilitation and travel solution will be monitored through implementation and feature in the gateway assurance framework. The transport solution will be improved continuously through quality improvement initiatives based on feedback from stakeholders including JHOSC, emerging technology solutions, and as the elective orthopaedic centre is fully embedded in north west London's health and care system. The implementation approach is detailed in Chapter 5, section 5.8 of the DMBC and will expand on this through the development of a full business case and implementation plan, subject to approval of the DMBC by the NWL ICB on 21 March 2023.	
		Recommendation	To recommend that a communications campaign for the elective orthopaedic centre is delivered in conjunction with local government and other stakeholders.	Continued engagement and involvement with patients and carers, public, staff and local authorities is central to implementing the new model of care to better inform development of the elective orthopaedic centre and better allow continued improvement. We have built up a significant volume of insight over the past 18 months about what patients and local communities in north west London want and need from inpatient orthopaedic care and wider MSK services. This has been established through the public and patient involvement activities that informed the development of the initial proposal for an elective orthopaedic centre and even more so through the formal public consultation on the proposal and the IIA. We are committed to continuing to build and respond to this insight, to inform both the continued development and implementation of the elective	

				orthopaedic centre and supporting inpatient services and the related plans to improve community based MSK services. It begins with ensuring we communicate proactively and openly with all of our audiences to raise awareness and understanding of what our services offer and what they involve, now and as they change. This will be an integrated approach across the APC hospitals and with community services. Patient information, including patient letters, will have a consistent approach in terms of content, terms, tone and branding, helping patients to experience our care as a joined-up pathway even as they move between their home orthopaedic hospital and the elective orthopaedic centre. We will also ensure that information about travel support options, follow-up care and help with queries or concerns as well as feedback prompts are widely publicised and consistent. 5 We then see the diverse contacts and relationships we have made through the engagement and consultation work to date as being central to continued engagement and involvement on inpatient orthopaedic services and wider MSK care. We propose doing that in the following ways: • Inviting the 200 plus people who took part in the consultation and who gave us permission to keep them informed – as well as the community organisations who supported us with particularly in reaching individuals not generally engaged with our services – to take part in involvement activities through a regular email update about the project (and wider MSK service improvements). • Continuing to include lay partner roles in the governance structure for implementation (including oversight of ongoing involvement plans and patient and community feedback and experience indicators). • Developing an iterative plan, employing a variety of methods, for expanding our understanding of patient and community needs and views to inform the further development and implementation of the elective orthopaedic centre and related care pathways. The iterative plan (plus the insights and responses to those insights) to be overseen as part of the main	

				project governance for implementation and for onward, continuous improvement: a) ad hoc co-design workshops for specific elements of implementation, for example, transport options b) patient panels – for feedback via email, for example, on patient information c) surveys d) focus groups e) continuing to triangulate existing sources of patient feedback and insight. The communications and engagement plan is detailed in Chapter 5, section 5.4 of the DMBC.	
		Information Request	To receive a response to the query regarding the disparity across North West London boroughs in the response rate to the quantitative survey.	The NHS took an identical approach in each of our eight boroughs to holding engagement events and promoting the survey. There is no obvious reason why the response rate in some boroughs was higher than others; the only explanation more residents chose to respond in certain boroughs	
		Information Request	To share the final travel plan for visitors, patients and staff with the committee when it becomes available.	**Response from LNWH NHS Trust** The travel plan for the Elective Orthopaedic Centre (EOC) is currently being co-designed with patients and remains on track with published timeline for the end of October 23. Following the approval of the Full Business Case in April 2023, we held a public engagement webinar on Tuesday 20 June. At this webinar we asked for members of the public to volunteer to be members of our transport working group. The working group meetings are underway (first meeting 5 July 2023) and includes both patients, councillors, residents and other stakeholders. We expect to share the output of the transport working group with the EOC partnership board in late summer.	
	North West London Integrated Care System Update	Information Request	That NHS North West London provides comparisons to other London Integrated Care Systems' performance on key metrics as part of the regular performance report sent to the committee.	The performance report focuses on delivering improvements against the agreed ICS/programme ambitions. These ambitions are based on national/regional benchmarks, plans and standards. In the performance report, we provide London and regional averages to all available metrics on the borough scorecard. Programmes also include specific benchmarks in the detailed report.	

		Information Request	To provide more information on the planning work being undertaken for the roll out of the Spring 2023 Covid booster.	NWL Strategic Slides have been attached separately for the committee.	
		Information Request	To receive details on how the NHS will ensure that patients who need to be moved from the Butterworth centre will be moved seamlessly into alternative care.	A letter to the Lead Members of Westminster and RBKC councils have been received, which outlines that all residents have been safely transferred to alternative accommodation	
		Information Request	To provide the JHOSC with the details of the final North West London workforce strategy when it becomes available.	The Workforce strategy will be a section of the wider ICS Strategy. We are currently discussing and agreeing the key workforce programme priorities to ensure these align with the national long-term workforce planned that was published at the end of June. This is a work in progress until September and we hope to share/update post September.	
	Inpatient Mental Health Bed Capacity across North West London	Recommendation	To recommend that the NHS work with the JHOSC to engage on a mental health specific estate strategy by bringing this item to a future JHOSC meeting.	The scope of the mental health strategy is still being agreed and we will share when done.	
		Recommendation	To recommend that the NHS works with the JHOSC to shape the future public consultation on the Gordon Hospital.	Plans for consultation in September now being discussed – will be ICB led, with CNWL support, and are happy to be advised by JHOSC on scrutiny arrangements.	
		Information Request	To provide further information on the current spend by West London NHS Trust on mental health services across the three boroughs, the spend available per resident, and how the money was allocated so that the JHOSC can effectively scrutinise the future development of mental health services across North West London.	In 2020/21, a strategic review of need, current provision and investment was undertaken to support future planning of adult and children and young people's community mental health services over the remaining period of the NHS Long Term Plan. The wider aims of this review were to tackle inequalities, reduce inequity within and across boroughs, and ensure that future resource allocation is based on mental health need, with a consistent offer across North West London. Specifically, to address the requirement that mental health services be better aligned to the needs of the population, to: (1) Improve outcomes in population health and healthcare; (2) Tackle inequalities in outcomes, experience and access; (3) Enhance productivity and value for money; and (4) Help the NHS support broader social and economic development.	

				The review was based in investment made by the then eight CCGs in 2019/20 and showed that overall investment had been higher in inner boroughs on total investment, and on a per head of population (weighted by need); but a simple inner/outer borough narrative on investment masked service-level variation. Variation existed both in terms of £ per person, as well as proportional split of funding across services (NB: the review did not account for any local authority funding). The review highlighted that an isolated view on investment did not take account of service provision, workforce or outcomes, and in particular need. To fully understand this picture would require more detailed analysis at a team level and that wide scale reapportionment based on a simple funding gap formula was not advocated. Further to this, the levers of a single ICS, enabled by a maturing provider collaborative offered routes to address this level of investment variability, also factoring in workforce, outcomes and service models. Looking ahead to 2023/24, and since the establishment of a North West London ICB, investment into mental health services is not formally reported on a borough (or previous 8 CCG) footprint however, this will be provided following finalised agreement. Work is underway to detail how the recurrent £30.35m Is invested at a borough and service level. This will be in line with North West London's financial strategy, which specifically, for mental health services means that the investment will: • Improve access and target investment to those communities with highest need; • Improve activity reporting, to understand the cost base and improve efficiency; • Reduce the cost of, and reliance on, treating patients outside North West London; and • Reduce service duplication by working as a system.	

		Information Request	To receive details on how the move towards community based mental health care will impact residents, referencing results from integrated impact assessments undertaken.	Work is underway to refine North West London's mental health strategy, in particular, continuing the shift to community-based models of care and investing in alternatives to admission. Our aim across North West London ICS is, and always will be, to ensure that we provide the highest quality, compassionate, trauma-informed and most appropriate mental health care for people who need it across our boroughs. This includes inpatient facilities that meet modern standards of acute mental health care, supporting patient dignity and privacy, with ease of access where required. We follow the principle that mental health care should be in the least restrictive setting and acute inpatient care should always be an absolute last resort. In order to achieve this vision, North West London ICS maintains a focus on the following principles: 1) Continuing the shift to community-based models of care and investing in alternatives to admission; 2) Ensuring a person-centred therapeutic environment and experience when an admission is needed, to enable reducing length of stay to the national average, and positive outcomes e.g. no readmissions; 3) Eliminating adult acute inappropriate out of area placements; and 4) Ensuring high quality estate. In early 2019, North West London ICS embarked on a journey to significantly transform community mental health services in order to respond to local needs and deliver the requirements of the NHS Long Term Plan. As an early implementer site, North West London ICS launched a new model of community mental health care which enabled more people to receive personalised care in the community, closer to home. Significant investment has been made over the past four years to support the transformation of community mental health services across North West London. This transformation complements North West London's dedication to improving	

				the record sharing and communication channels between primary and secondary mental health care. As part of this journey, North West London ICS has also re-designed its crisis services to ensure appropriate community-based crisis care (clinical and non-clinical alternatives) and reduce preventable admissions to inpatient services. Significant investment has been made over the past four years to expand crisis teams to provide 24/7 assessments within the community, and a range of community based and Voluntary, Community and Social Enterprise provided crisis alternatives to attendance at Accident & Emergency (A&E) Departments and admission to inpatient care were developed, providing non-clinical alternatives	
		Information Request	To receive feedback from patients and carers from West London NHS Trust's enhanced engagement when available.	Ealing adult mental health beds (westlondon.nhs.uk)	

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Appendix 2: 2023/24 North West London JHOSC Recommendations and Information Requests Tracker

Meeting Date	Item	Recommendation / Information Request	Detail	Response	Status
18 July 2023	Acute beds	Information Request	For the JHOSC to receive ongoing updates regarding extra capital funding for acute beds in relation to winter pressures	Slides around this have been shared with wider council colleagues, as suggested by the JHOSC in July. We should have some more clarity on next steps later in September.	
		Information Request	For the JHOSC to receive more detail on horizontal and vertical working between community and acute settings and how this is working in practice across North West London. With a view to reviewing this working at a future meeting of the JHOSC.	Response is to follow.	
		Information Request	For the JHOSC to receive updates on the work undertaken by Acute Trust and the ICS to progress the work at delayed hospitals in the New Hospitals Programme.	**Imperial College Healthcare redevelopment update - August 2023** Following the concerns we raised about the delays announced for our schemes (at St Mary's, Charing Cross and Hammersmith hospitals), we hosted a visit at St Mary's in July from Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care. We were able to show the minister the very damaging impact of our failing estate on patients and staff and set out the many benefits of our redevelopment plans, including for the local and national economy. We had a good discussion about the work we have underway to explore the feasibility of potential partnership opportunities that could accelerate the St Mary's redevelopment, leveraging the value of the land that will be surplus to requirements once we have a new hospital on a less sprawling footprint. We are due to meet Lord Markham again in early autumn to update him on the outcome of this work. We have also had significant engagement with the New Hospital Programme team and we are currently working through a process with them to test our capacity and cost	

				modelling for all three of our schemes. We are still hoping to complete a first stage business case for Charing Cross and Hammersmith this autumn and, depending on the outcome of the St Mary’s partnership feasibility work, to secure first stage business case approval for St Mary’s by the end of the year. While there is still much to be clarified in terms of further process and decision making, progressing our business cases has to be a priority whatever route we take. Meanwhile, our estates team is working hard to delay any further major buildings failures for as long as possible. You may have seen the extensive scaffolding in place at Charing Cross and, more recently, St Mary’s. Works include an extensive weather-proofing programme for our oldest buildings at St Mary’s, roof repairs at Charing Cross and essential inpatient ward refurbishments across our sites to ensure we are able to maintain infection prevention and control standards. We are keen to continue to share our thinking and plans as they evolve. We also want to engage more broadly with our patients and local communities as soon as we have a little more clarity on next steps.	
	Ophthalmology	Information Request	For the JHOSC to receive more details on the ongoing engagement work related to the standardisation of ophthalmology services.	Engagement so far has been through a series of online and face to face sessions, supported by surveys. As part of the new community service the selected provider will be expected to work with the Integrated Care Board in undertaking focussed patient engagement, looking at experiences of using the service and opportunities to improve the service to better meet the needs of all of our communities. As we further develop the standardisation, the intention is to work with patient representatives to co-design pathways in partnership with primary and secondary care clinical	

				stakeholders. These co-design workshops will be supported by targeted community engagement activities where co-designed pathways will be introduced and feedback from our communities gathered to support further improvements. These activities will commence later this year and continue for the duration of this contract (i.e., 3 years)	
		Information Request	For the JHOSC to receive more information on how the standardisation of ophthalmology services will address health inequalities in North West London.	Standardisation of our ophthalmology service will support the drive to address health inequalities in NW London by: • Ensuring that there is a standard service offering available to all NW London residents – in particular this includes ensuring that all NW London residents have access to a community ophthalmology service • Ensuring that residents are able to access primary eye care through the large number of optical practices available across NW London, which will make it more convenient for patients to access care The ICS will work in partnership with all of the key stakeholders in our communities, bringing them together with colleagues from primary and secondary care and public health to understand how we can better support communities in accessing eye care.	
		Information Request	For the JHOSC to receive baseline data on performance in ophthalmology services in order to measure performance in North West London against national and London standards. With a breakdown by paediatric and adult ophthalmology service performance.	Data will be provided for future JHOSC meetings showing performance of North West London ophthalmology benchmarked locally and regionally. This reporting will commence when the community ophthalmology service is in place and will cover the complete pathway from initial optician appointment through to secondary care access and outcome.	

	Musculoskeletal (MSK)	Recommendation	To ensure that diagnostic capacity across North West London is properly linked to musculoskeletal services to best benefit residents across North West London.	Recommendation has been taken to Diagnostic colleagues and will feedback to the JHOSC in due course.	
		Information Request	For the JHOSC to receive baseline access wait times for musculoskeletal services and details on how the new service standards will improve waiting times for treatment.	This is currently being collating this as part of the Community wait times work. This detail isn't available for all boroughs yet but it will be shared with JHOSC once ready.	
12 Sep 2023	Review of Palliative Care	Recommendation	For JHOSC to receive design principles around partnership working to enable patients and families to hold partners to account, following the implementation of the new model.	Asking for further clarification	
		Recommendation	Bring a report on advanced care planning for palliative and end of life care to come to a future JHOSC meeting.	Asking for further clarification (if this refers to the urgent care plan).	
		Information Request	To provide information on where the gaps in resource with palliative and end of life care are, how they will be addressed and how this will be monitored.	Separate paper supplied on 27/11/23 to Chatan	
	North West London Mental Health Strategy	Recommendation	Provide a report to a future JHOSC meeting on the engagement with Directors of Adult Social Care at each borough around coordinated activity on mental health within the region.	We are seeking clarification further clarification with Chatan/JHOSC on this request.	
		Recommendation	Provide a report around mental health provision for children and young people to come to a future JHOSC meeting.	We are currently working through the Children and Young People Mental Health Steering Group to refresh our Children and Young People Mental Health transformation plan and also intend to focus the strategy work on Children and Young People in 2024. Suggest that this is timetabled for later on in the year, following agreeing the scope of the CYPMH part of the strategy.	
		Information Request	To receive the details of the alternative provision to accident and emergency located across the boroughs.	An interactive map can be found here	

			To receive further details around on the engagement plans when available.	Everything is on the website, including the engagement report: https://www.nwlondonicb.nhs.uk/get-involved/your-views-mental-health-services-nw-london	
		Information Request	To receive more information around plans or existing activity to support people and communities in deprived areas or intersectional needs.	As we further develop the mental health strategy, this will include a strengthened focus on inequalities.	
	Proposals on the future of The Gordon Hospital	Information Request	To provide the following: • The commentary and output of the pre-consultation workshops. • Completed and upcoming events with service users and carers. • Service users' experience of Gordon Hospital. • A more detailed consultation plan. • Historical reports of Gordon Hospital service users over the last 5years. • Historical demographic data of Gordon Hospital service users.	This information is published on the ICB website. Acute mental health consultation: North West London ICS (nwlondonicb.nhs.uk)	
05 Dec 2023	ICS Workforce Strategy and Programme Update	Recommendation	Provide an update to the Committee once NHS have assessed the Government's new position on immigration and how this might affect recruitment and workforce within North West London.	The main impact will be on social care rather than health care professionals. From March 2024, care workers and senior care workers will not be able to bring dependents and only CQC-registered providers in England will be able to sponsor Health and Care Visa applicants. Ahead of this, 53 Senior Carers completed pre-employment compliance through NW London International Recruitment Team. The first Cohort of Senior Carers landed in UK, induction completed with employers supported by NWL Health & Social Care Skills Academy.	
		Recommendation	Provide an update of progress by the Race Equality Steering Group.	The Race Equality Steering Group is Co-Chaired by Rob Hurd and Linda Jackson. The Steering Group commissioned an Independent Report into Barriers to Leadership. The Report and strategic recommendations will be published as a Call for Action.	

		Information Request	Provide regular updates on progress of the seven priority workstreams.	Progress is reported monthly to the Strategic Chief People Officers Meeting and bi-monthly to the ICS People Board. There has been good progress on the pipeline for acute roles following two International Recruitment events, offers made to; 67 Registered Nurses, 40 Registered Midwives, 2 Sonographers, 2 ODP, 26 Radiographers, 5 physiotherapists, 2 ODPs There has also been a strong response to the launch of the ICS Graduate Scheme for future leaders. An undergraduate scheme is also in development. A Spring EDI Summit is being planned to agree sustained medium term interventions that will embed equality, equity, social and racial justice Work also continues to deliver new ways of working to support new models of care.	
	NWL Winter Resilience and London Ambulance Performance Update		Provide a briefing paper on the impact of right care, right person focussing on the impact on partners and the changes taking place in the Spring.	Seeking more clarification from Chatan/JHOSC on this request.	
	NWL Elective Orthopaedic Centre	Recommendation	Report to the Committee on the success against metrics and targets identified for the Orthopaedic Centre and also get feedback from staff and patients. It would be interesting to get some reports from staff and patients after March on - how they feel things have been going and what could be improved and what the NHS system can learn going forward.	In January 2024 the EOC operated on 140 patients. Of these 64 were admitted to the EOC ward, with an average length of stay of 2.8 days. Unfortunately, 14 lists (35 patients) were cancelled in January due to the Junior Doctors' industrial action. The Friends and Family Test has reported 100% satisfaction with the service. A selection of patients were contacted for further feedback. Generally, the feedback was positive with all patients highly satisfied with their experience and very likely to	

				recommend the EOC to others. Areas of suggested improvement were around the early morning theatre admission process and clearer signage about where to wait. The EOC's current operating capacity of three theatres will increase to five theatres (full capacity) in March 2024 at which point reporting against metrics and targets can be better undertaken.	
		Recommendation	Report to the Committee on the operation of the dedicated transport provision.	In January 2024 there were 12 EOC patients that used the free patient transport service. Three journeys were from the patients' homes to the hospital, and nine journeys were from the hospital to patients' homes. The earliest arrival at the hospital was 7.30am and the latest departure was 6pm. Eleven journeys were by ambulance and one was by car ambulance. Except for two occasions where the patient wasn't ready, journeys were able to commence on time or earlier than scheduled. Journeys were made to/from Brent, Ealing, Hounslow, Harrow and Hammersmith & Fulham.	
	ICS Updates: ICS Running Costs Reduction	Recommendation	To bring a report to the Committee once there are more detailed plans available on the redesign and consultation.	We will bring a brief update on our organisational design work to the next JHOSC. There is no impact on services, so our focus will be on how we work with partners and our organisational effectiveness.	

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North West London Joint Health Overview and Scrutiny Committee Work Programme 2023/24

The North West London Joint Health Overview and Scrutiny Committee's work programme is designed to be flexible and adaptable to the needs of the committee, it is therefore likely that items may change over the municipal year.

18 July 2023

Agenda Item	NHS Organisations	Host Borough
North West London Strategy for provision of acute beds	North West London Integrated Care System Imperial College Healthcare NHS Trust London North West University Healthcare NHS Trust The Hillingdon Hospitals NHS Foundation Trust	London Borough of Hillingdon
Standardisation of Adult & Paediatric Ophthalmology services across North West London	North West London Integrated Care System	London Borough of Hillingdon
Development of Musculoskeletal Services across North West London	North West London Integrated Care System	London Borough of Hillingdon

12 September 2023

Agenda Item	NHS Organisations	Host Borough
North West London Mental Health Strategy	North West London Integrated Care System West London NHS Trust Central and North West London NHS Foundation Trust	Royal Borough of Kensington & Chelsea
Consultation Proposals on the Future of the Gordon Hospital	North West London Integrated Care System Central and North West London NHS Foundation Trust	Royal Borough of Kensington & Chelsea

Proposals for Consultation on the North West London wide review of Palliative Care	North West London Integrated Care System	Royal Borough of Kensington & Chelsea

5 December 2023

Agenda Item	NHS Organisations	Host Borough
Winter Resilience programme and London Ambulance Service Performance	North West London Integrated Care System London Ambulance Service	London Borough of Hounslow
Workforce Strategy Update	North West London Integrated Care System	London Borough of Hounslow
Update on the Elective Orthopaedic Centre for North West London	North West London Integrated Care System London North West University Healthcare NHS Trust	London Borough of Hounslow

14 March 2024

Agenda Item	NHS Organisations	Host Borough
Obesity and Preventative Services	North West London Integrated Care System	London Borough of Brent
North West London Commissioning Arrangements for Community Pharmacy and Dental Services	North West London Integrated Care System	London Borough of Brent

Primary Care Access – following changes to GP Contracts including SDA model	North West London Integrated Care System	London Borough of Brent

Deferred Items – to be included into the NWL JHOSC Work Programme for 2024/25:

- North West London Estate Strategy and Mental Health Estate Strategy

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