

Minutes of a meeting of the NWL Joint Health Overview and Scrutiny Committee held at the Town Hall, Hornton Street, London W8 7NX at 10am on 7<sup>th</sup> December 2022.

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## **PRESENT**

### **MEMBERS OF THE COMMITTEE**

Cllr. Ketan Sheth (Chair)  
Cllr. Daniel Crawford (Vice-Chair)  
Cllr. Chetna Halai  
Cllr. Lucy Knight  
Cllr. Natalia Perez  
Cllr. Angela Piddock  
Cllr. Marina Sharma  
Cllr. Claire Vollum

### **OTHERS IN ATTENDANCE**

Rory Hegarty, Director of Communications and Engagement, NWL NHS  
Rob Hurd, Chief Executive of NWL ICS  
Lesley Watts, Chief Executive of Chelsea and Westminster Hospital

### **VIRTUAL ATTENDANCE**

Charlotte Bailey, Executive Director of Organisational Development and People.  
Sanjeet Johal, Breast Screening Recovery Programme Director  
Claire Murdoch, Chief Executive of the Central and North West London NHS Foundation Trust

## **Public agenda**

### **A1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr. Nick Denys.

### **A2. DECLARATIONS OF INTEREST**

The Chair, Councillor Ketan Sheth (London Borough of Brent) declared that he was the Lead Governor at Central & North West London NHS Foundation Trust (CNWL).

### **A3. MINUTES OF THE PREVIOUS MEETING HELD ON 12 OCTOBER 2022**

The minutes of the meeting of the Committee held on 20 October 2022 were confirmed as a correct record.

### **A4. ELECTIVE RECOVERY AND CANCER CARE BACKLOG**

The report was introduced by Lesley Watts and Sanjeet Johal. They highlighted

that these were challenging times recovering from the pandemic and more needed to be done to address the dual challenge of the backlog from the pandemic period and the increase in referrals. Work was underway to improve the accuracy of the waiting list, known as the Patient Tracker List (PTL) amongst other programmes.

The Committee discussed the report and the following points were made:

- Members of the Committee sought clarity regarding the progress of validating the data on the waiting list. Lesley Watts responded, stating that the work was ongoing and regular reports were made through trust boards to communicate how many patients were being taken off waiting lists.
- Members asked for further information about the patient journey, how patients were prioritised, and the impact of the backlog on patients. They were informed that harm reviews took place whilst patients remained on the waiting list. If symptoms worsened, they could go back to the GP and changes made if needed. Patients could also contact the hospitals more directly if needed. This was reviewed both locally and at a London-wide level on a regular basis, through an escalating review process, and was also scrutinised by the Integrated Care System. The waiting list had been brought together to cover the whole of North West London to ensure care was prioritised where needed most and inequalities minimized.
- Members identified that NWL was performing better on numbers of patients seen within 2 weeks and enquired what was driving this achievement. Lesley Watts paid tribute to the work of her colleagues and stated that trusts were trying to share risk and collaborate across organisations to meet demand.
- North West London had seen the biggest increase in referrals of around 5%. Lesley Watts stated that this reflected the amount of work GPs were undertaking to meet the demand, and whilst evidenced that there was further work to be done, noted that it was positive to see more people coming forward to seek treatment. Programmes including a new advice and guidance service and work to bring out the need in primary care contributed to this increase.
- Members enquired what breast screening campaigns were being targeted towards minority communities and those who did not fall within the specific 50-70 age gap. Sanjeet Johal stated that they were targeting daughters of those in the 50-70 age bracket, educating them on recognising symptoms and promoting them to encourage family members. Work was taking place with specific faith groups, minority communities, places of worship, schools, and community leaders to champion breast screenings. There were multiple targeted interventions used to provide a nuanced and locally led approach. Workforce shortages provided challenges and so some targeted campaigns were limited in their capacity. In response to a question about uptake, following the pandemic recovery was in progress and in 12 months the aim was for a 60% uptake. This was below the 70% optimal standard.
- The Committee discussed inequalities and differential access depending on specific needs such as learning disabilities, and the role of partnerships within this. Lesley Watts and Rob Hurd explained that partners helped to contribute to data about outreach, and work with the Royal Marsden Cancer Alliance was very effective in bringing together of cancer services and tackling this issue.

The Chair summarised the discussion.

### **Information Requests:**

- To receive the data validation figures on waiting lists numbers, that the NWL system has sight of to be shared with the JHOSC.
- To receive details of best practice in terms of Breast Screening uptake broken down by place for the NWL system.
- To receive data and information on best practice in elective recovery in regard to North West London.

### **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.

## **A5 WINTER PLANNING**

Lesley Watts introduced the item and laid out the plan to meet increased demand. She recognised that it was challenging and identified a small increase in Covid-19, Flu and Strep A as potential challenges.

The Committee discussed the report and the following points were made:

- Members enquired how specifically the extra £3million allocated to funding was going to be used. Rob Hurd stated that this was contained within the £15million winter plan funding. There were two main pots for Winter Plan funding, one of which is the £15million derived from £12million from national government and an additional £3million provided more locally to help meet targets for the year. The second pot of £16million was derived from 60% local funding and 40% from local authorities. The 60% would be passed on through the better care fund. The funds would be used to provide additional capacity in community beds, care homes, and inpatient beds. This funding would be spread across NWL with the criteria being applied that initiatives would create extra capacity and ensure good flow. Work with Local Authority social services would also be key to reduce lengths of stays and move patients to more appropriate settings when needed.
- Members expressed concern about community care and support provided to patients due to workforce shortages. Lesley Watts stated that this money would help to improve this and that time was needed to evidence the demonstrate improvements.
- Members enquired about the inclusion of annual funding to support mental health and what that funding would be going forwards. Rob Hurd stated that in addition to the Mental Health Investment Standard, funding would look to support crisis centres and additional new models of care in Mental Health, particularly around providing appropriate therapeutic settings. For NHS staff, there was a health and wellbeing offer to staff, including therapy and support with childcare. Lesley Watts acknowledged that more could be done for GPs

but there were difficulties here as they were not directly employed by the hospitals.

- Members enquired about the impact to the Strep A crisis and the plans ahead. Lesley Watts stated that Strep A reoccurred every year, to which children could be vulnerable. This year, as due to the pandemic children had not been at school, there was less natural build-up of immunity. Good campaigns had been held by government and health authorities. Most cases would be a normal respiratory illness, but health services would need to pick up problem cases very quickly so concerned parents should request cases to be reviewed. Rory Hegarty added that this was a live issue and key messaging was being developed with regional and national colleagues.
- The Committee discussed the impact of strikes upon the NHS and asked what measures were being taken to mitigate any impacts. Rob Hurd confirmed that they had set up mechanisms to ensure that urgent care services were maintained during industrial action which also worked with London Ambulance services.

The Chair summarised the discussion.

#### **Information Requests:**

- To receive information on how additional winter funding will be used at a borough level, and what the impact of this funding will be for our residents.
- To receive more information on the collaboration between the ICS and Local Authorities on winter planning.

#### **Recommendations:**

- 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.
- To recommend that information on winter planning is distributed more widely than local authority communications teams.

## **A6 NWL WORKFORCE STRATEGY**

The item was introduced by Charlotte Bailey and Claire Murdoch.

They summarised the report and stated that key to the strategy was partnerships, such as ongoing work with Local Authorities, job centres and charities. Goals included making joining the NHS easier through innovative programmes.

The Committee discussed the report and the following points were raised.

- Members enquired how they were attracting longer term unemployed individuals to NHS roles and how Local Authorities could add value to these. Claire Murdoch stated that they were working with Local Authorities on job centres to fast-track applications and remove barriers that may stop people from applying. Positive work had also taken place with care leavers in conjunction with Local Authorities

- A health and social care academy had been mobilised which brought together a number of organisations to consider recruitment in the local communities. They had a target of 2500 learners by 2025 and had currently mobilised around 300.
- Members noted that racism against BAME staff was not addressed in the strategy and enquired how the NHS were feeding this issue into the strategy. Claire Murdoch stated that a large amount of work focused on tackling equalities. Key issues included tackling climate and leadership cultures, and they were collectively working to set model employer goals. It was recognised that there was a lower percentage of BAME staff in higher grade roles, and to tackle this they had implemented programmes such as stretch targets and supportive buddy systems. This was monitored through a monthly inclusion board.
- Members enquired about staff shortages and how the NHS were being agile to spread good practice and roll out successful schemes. Issues were compared through the London People Board which was instrumental in shaping and bringing back best practice.
- Members asked what the NHS were learning from the data about first year leavers. Claire Murdoch responded that there was a focus on retention and they had recognised that flexible working was valued by a huge number of staff. They recognised how this issue also spoke to wider market changes and how staff were often flowing into agencies or other trusts who were also experiencing recruitment issues and therefore offering high salaries, which due to the current economic crisis was tempting to many staff members. Collaborative work with others was needed to level this issue. Charlotte Bailey further clarified that the turnover figures also included staff who were progressing. Consideration had been given to topics such as pay terms and conditions and how to support progression across and within trusts through a talent programme.

The Chair sent his thanks to all frontline staff for their great work.

#### **Information Requests:**

- To receive information on how NHS NWL is tackling racism towards its staff as part of its workforce strategy.

#### **Recommendations:**

- To recommend that tackling racism towards NHS staff to be included and highlighted as an explicit part of the NHS NWL workforce strategy.

### **A7 INTEGRATED CARE SYSTEM UPDATE**

Rob Hurd introduced the item. He outlined the importance of partnership working and stated that work on a constitution for the Integrated Care Service (ICS) was ongoing. The three priorities currently were to coproduce and agree a strategy, co-ordinate delivery, and work in partnership with NHS England to monitor performance.

The Committee discussed the item and the following points were raised.

- Members welcomed the recognition given to Local Authority partners and enquired about the timeline for the constitution. Rob Hurd stated that they were operating upon the proposed constitution and the expected timelines was a few months.
- Members commented that engagement should be broad and accessible so that specific community knowledge could feed into the plans and address the breadth of the ICS.
- The UTC procurement was ongoing, and a decision was expected shortly.
- Members expressed the difficulties residents had reported getting GP appointments and hubs, which was putting extra strain on hospitals. Current figures showed around a 140% level of appointments compared to pre-pandemic levels, 63% of which were face to face appointments, but recognised the lived experiences that residents were reporting. GPs were very overloaded and although there were more appointments available than ever before and new systems to help provide better access, these systems were quickly becoming overwhelmed by demand. Efforts to improve access was ongoing. Rory Hegarty added that a large part of winter campaigns was to communicate the best pathways to healthcare as to reduce pressure on A&E services. Members emphasised that regular GP access was a key resident concern.
- Members enquired if there would be patient transport services available to the proposed orthopaedic centres. Lesley Watts stated that this would be part of the consultation to understand the need, considering the potential for increased travel times for the low-risk patients affected by the proposed changes. Members commented that the patient flow and available public transport was an ongoing issue in North West London.
- Members commended the work that had taken place around encouraging vaccinations and enquired why flu vaccine uptake was not as hoped. Lesley Watts identified a public exhaustion with vaccination, but this was a concern as this added to winter pressures. She commended Local Authorities for their work promoting vaccinations during the pandemic and stated that all platforms were being used to promote uptake.
- Members enquired about how feedback regarding the LNWH Sickle Cell service was being monitored and actioned upon. Feedback was being carefully considered and recommendations and actions were being published going forward, as this was a key area of focus.

#### **Information Requests:**

- To receive information on the proposed lengths of contracts as set out in the procurement update on 3.9 of the update report.

#### **Recommendations:**

- 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.

#### **A8: ANY OTHER ORAL OR WRITTEN ITEMS WHICH THE CHAIR CONSIDERS URGENT**

There were none.

The meeting ended at 12.05pm.

Chair

DRAFT