North West London Integrated Care System	**North West London Joint Health Overview Scrutiny Committee March 8 2023** **Report from the North West London Integrated Care System**

NW London ICS update report

No. of Appendices:	0
Background Papers:	None
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1.0 Purpose of the Report

1.1 To provide a report updating members on a number of current work streams being delivered across the North West London Integrated Care System.

1.2 Areas covered in this paper are:

- Workforce/Staffing issues
- Critical care bed capacity
- General & acute bed capacity
- Avoidable admissions to hospital
- Delays in discharge from hospital
- A&E waiting times
- Ambulance handover times
- Acute respiratory infection
- NWL volunteering- help force & back to health funding proposals
- Potential for new Musculoskeletal model of care in NW London
- Ophthalmology service changes
- Butterworth Centre changes
- ICS Strategy
- Community insights

2.0 Recommendation(s)

2.1 To note the report

3.0 Detail

3.1 Workforce/Staffing issues

The workforce strategy is currently under development. We have two strategic aims: to ensure NW London is a 'Great Place to Work' for all of our staff, and to ensure we 'Transform for the Future' so that we can respond to changing service models and increasing demand. Under 'Great Places to Work' we will develop quality health and wellbeing support reaching all staff, develop organisational cultures, and ensure our organisations reflect and champion the diversity within our workforce. Under 'Transform for the Future', we will deliver initiatives to grow our current workforce base, enhance and develop our strategic workforce planning capabilities, and create a culture of collaboration across social care and primary care. We are reviewing our priorities based on current work and new strategic objectives, and will test this out with stakeholders over the coming month.

We are concurrently completing the HEE annual workforce return, which will include a five year forward workforce plan. We are working with finance and operational colleagues to triangulate returns and support increased productivity, in the main focusing on how new roles can support demand.

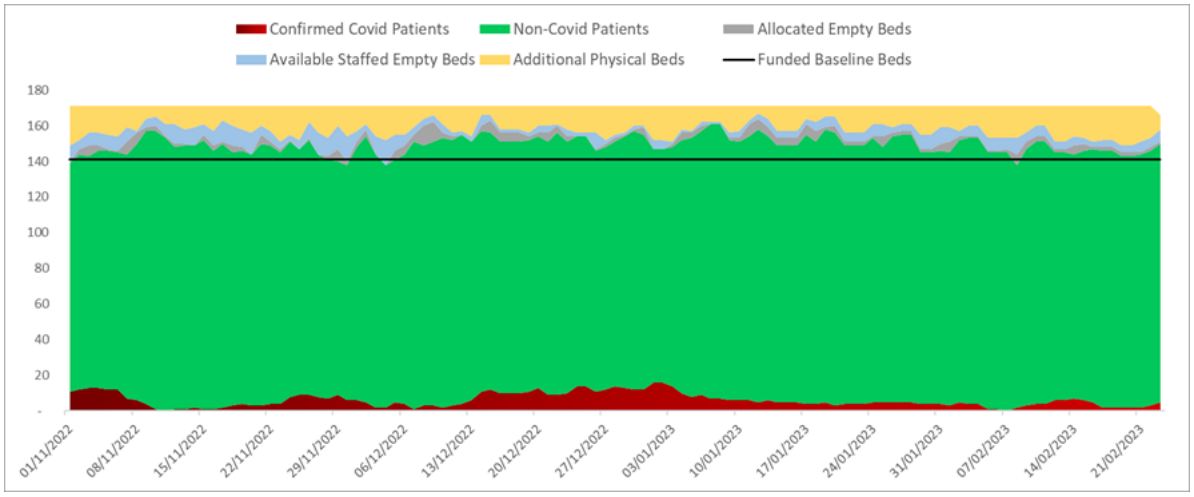
The main risks remain turnover, industrial action and the cost of living, followed by the filling of hard to recruit roles and the diversity of our senior workforce.

A NW London Health and Care Skills Academy launch event and careers festival took place on 28th January in Hounslow. This event encouraged our local populations to enter into training and education, and speak to teams from our health and care organisations in the sector to discuss employment opportunities. We have retained 35% of our vaccination workforce into other employment in NW London and continue to develop our retention programme across the sector. Our Care, Lead and Include pillars are developing their offer across the ICS and planning best practice sharing events to support all organisations.

The vacancy rate increased to 11.4% at the end of December with a total of 6,824 WTE vacancies across Trusts. All ICS Trusts mitigate roster gaps through bank, agency and locum use and re-deployment of staff from other areas. Targeted recruitment activity has increased across the sector to fill existing vacancies and mitigate rising levels of voluntary turnover across the staffing groups. Covid sickness numbers have remained steady, although the overall sickness absence rate has increased in-month related to the expected seasonal rise.

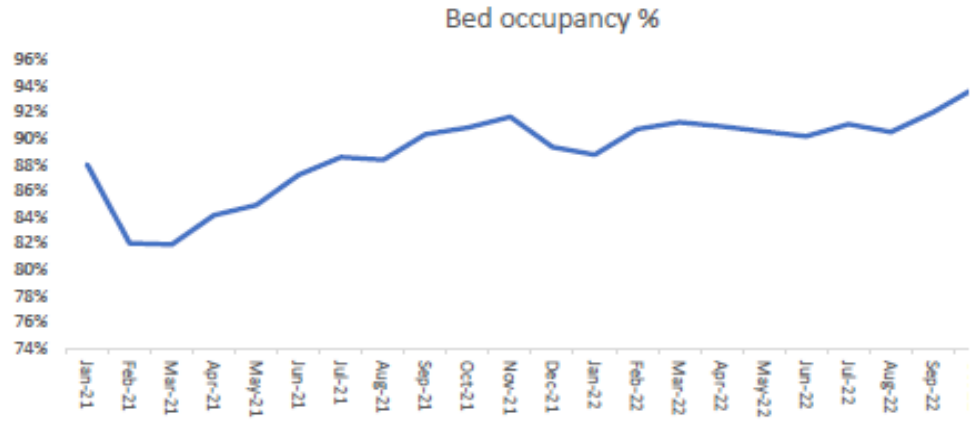
3.2 Critical care bed capacity

As per the below daily SitRep trend graph, Critical Care beds across the four acute providers in NW London (Imperial, ChelWest, London North West, Hillingdon) have been consistently occupied above the recurrently funded baseline. As such the non-recurrently funded in 2022/23 have been in consistent use. Covid numbers have reduced recently but other respiratory issues such as influenza and Strep A have meant that the demand has been consistent. Units are under pressure but managing without significant need to decant patients to other sites.



3.3 General & acute bed capacity

NW London has fully implemented and is currently utilising all acute beds which were set to launch over the winter period. NW London is also on trajectory for other areas, including non-acute beds. Over the past year we have seen a steady increase in our G&A bed occupancy (see graph below). Extensive monitoring and reporting mechanisms are in place to facilitate decision-making. This is complemented by initiatives in place across the whole patient journey that shorten length of stay and increase the availability of beds. This includes adopting initiatives developed further afield to maximise ward space.



Graph: Adult General & Acute (G&A) Type 1 bed occupancy (adjusted for void beds)

3.4 Avoidable admissions to hospital

In addition to opening additional bed capacity, NW London continues to focus on developing alternative care pathways such as Same Day Emergency Care (SDEC), Urgent Community Response (UCR) and maximising virtual ward utilisation. In collaboration with partners in adult social care, our shared objective is to ensure patients are safely discharged from hospital with plans in place to support the

continuity of patient care closer to home. Close working with our Directors of Adult Social Services (DASS) has facilitated collaboration and resolution of bottlenecks in the patient pathway.

All our acute sites have well developed Same Day Emergency Care (SDEC) services, offering multidisciplinary (MDT) care to patients who don't require admission but need more time and specialist input than the emergency department can offer. There will be a continued focus throughout the year on broadening the clinical pathways SDEC can provide ensuring that patient risk is appropriately shared across urgent and emergency services. This includes establishing direct pathways from the LAS and primary care, to which we are reporting an increase, along with ensuring that more people are streamed straight to SDEC from the front door. Alongside SDEC, we continue to enhance access to specialty services through the expansion of hot clinics.

Efforts have been made to strengthen our urgent community response care team which releases capacity back to the system through the provision of social care in the patient's home and allows for a full social care assessment. By improving the current discharge arrangements, we now offer a more streamlined process to enhance patient flow from hospital to home and reduce the number of people going into long-term care.

Through the effective management of people within the community, we reduce the need for a hospital admission. NW London rapid response services are already 'best in London' – the provision within these services has supported both local initiatives and trials for facilitated admission avoidance. Quick turnaround discharge schemes have also contributed to system resilience for strike days and made support for LAS easier.

We have committed to deliver initiatives in collaboration with the Voluntary and Community Sector (VCS) to support both prevention of admission and ensure we discharge patients to a warm place. Such initiatives include:

- mental health crisis support
- bereavement counselling
- rapid falls response
- extra care housing
- take home and settle
- navigators to help patients living with dementia access appropriate services.

Adult social care partners have recruited additional staff to provide 7-day services, increasing social care capacity to support hospital flow and discharge. Additionally, DASS and Health partners have been meeting fortnightly to ensure a positive impact from any service changes, and to build long-term strategies to enhance care for our residents.

We have invested in additional district nursing capacity to support people in care homes. We have collaborated with primary care and vaccination colleagues to launch a number of campaigns for the early detection, prevention and management of potential admissions to secondary care. NW London has rolled out a number of dashboards and data tools to support primary care to use data to identify and target individuals and populations through evidence-based interventions.

All places within NW London are delivering winter resilience schemes that increase capacity within primary care at scale. Each borough has one scheme for provision of additional appointments with some boroughs specialising the offer for Paediatric or High Intensity Users appointments.

Borough teams are working with their primary care networks (PCNs) to ensure the sustainable delivery of their winter schemes, which includes determining scale of provision i.e. PCN or place level, mode of appointments and location of service. The additional appointments we have offered will support redirection capacity for 111 and UTCs. The Extended Enhanced Access provision will also support winter pressures and is operational across NW London.

For patients with Long-term Conditions (LTCs), we have a complete Primary Care Quality and Outcomes Framework (QOF) as we go into winter, for checks and disease finding to support increasing prevalence of condition identification.

Alternatives to A&E attendance/admission for people in mental health crisis are available in every NW London-borough. We continue to advance place-based integration of secondary care mental health and PCN-level services with 24/7 support. Liaison psychiatry teams are operating in all NW London's acute hospitals with additional capacity over winter at pressured sites.

We are developing a high intensity user dashboard across NW London, at acute and practice level as a method of cohort identification using risk stratification tools. We continue to embed MDT and case management models bringing together medical, psychiatry and external partners. Nominated PCN-led schemes are underway to deliver proactive personalised care, provided by Social Prescribing Link Workers, Health and Wellbeing Coaches and Care Coordinators.

3.5 Delays in discharge from hospital

Efficient hospital flow is vital for urgent and emergency care pathways to work effectively. Over winter, discharge processes are supported by increased medical, therapy and pharmacy support, including focussing on more seven-day delivery, with the goal of achieving discharge rates for pathway zero patients (where limited or no out-of-hospital support is required) that are more consistent with weekday rates.

We have implemented a wide range of schemes including additional medical staffing, enhanced integration with virtual wards to support with hospital flow and facilitate early discharge, additional pharmacy and therapy support and bolstering front door arrangements.

There has been a noticeable drive to embed consistent ward round routines and expedite hospital discharges via our complex discharge teams, with appropriate escalation processes to make sure our hospitals facilitate a safe and effective patient discharge. We have reviewed our acute hospital repatriation process by bringing together key operational and clinical stakeholders across our NW London trusts to address areas of escalation, in addition to introducing a new Standard Operating Procedure (SOP) for hyper-acute transfer of patients between hospitals to make sure they have the best possible care.

Schemes to support hospital flow and discharge have been developed in tandem with out of hospital services. We are in the process of creating a discharge dashboard which will increase data quality and help to identify blockages in hospital flow and discharge more accurately.

3.6 A&E waiting times

Measuring the number of people waiting more than 12 hours in A&E has been prioritised by NHS England throughout 2022 as a principle means of understanding safety and effectiveness within emergency departments. The national target is that no more than 2% of patients should wait more than 12 hours.

The number of patients waiting in A&E over 12 hours has been increasing, and links to the flow through the hospital as well as those waiting for beds outside the hospital. Waits for patients presenting with mental health conditions have been a significant factor. The recent opening of the *Mental Health Crisis Assessment Service* (MHCAS) at St Charles in line with other initiatives has alleviated some of those longer waiting patients out of the Acute A&E environment. All hospitals are driving the continued use of Same Day Emergency Care, effective ward rounds and the improved number of daily discharges before 5pm, which have a direct impact on waits in the emergency departments.

Waits for patients with mental health conditions remain a concern but do not act as the principle driver of overall waits. Mean time in department for non-admitted patients remains stable whilst admitted patients continue to wait longer, peaking at >12 hours in mid-December 2022 before sharply decreasing in early January 2023.
Improvement plans are developed to build on the FOCUSED and Patient FIRST audits that ran across August and September 2022. These desktop processes are being supplemented by an on-site, clinically led peer review of emergency department (ED) services across NW London which was discussed at an urgent and emergency care quality summit in December 2022. The themes and outcomes of the quality summit are being addressed through a series of breakout rooms which are set to take place throughout February 2023. All actions following the breakout rooms will be monitored locally and apportioned to the most suitable work stream.

The results of ‘missed opportunity’ audits conducted at ED sites across NW London up to October have been reviewed on a sector wide basis and take account of opportunities to direct patients to alternative locations. Actions to ensure that discharge resources in the community remain in place are being taken at sector level and are aligned with winter funding initiatives. Actions continue to be taken on a daily basis to support LAS conveyances across NW London, and specifically in response to challenges at local sites. We continue to collaborate with LAS to understand the acuity of patients conveyed and alternative ways of managing low acuity.

3.7 Ambulance handover times

A range of winter funded schemes are introduced in order to improve ambulance handover times. For NW London, our average ambulance response times have increased when compared to the previous year. A major factor in this was handover waits outside of hospitals - which have increased over the past year - and is currently one of the highest national priorities for the NHS.

However, ambulance response times in two NW London trusts are considerably quicker in comparison to the NW London average. This is partly due to the actions the LAS are undertaking to increase staffing resilience in order to avoid conveying patients to A&E where possible, and assist ambulance handover and departure times from hospitals, including grouping patients under the care of a single paramedic team, known as cohorting. The A&E departments have also taken multiple actions to reduce handover waits by increasing patient throughput through A&E and hospital wards, internal cohorting within A&E and the use of alternatives to A&E such as SDEC.

NW London has conducted an extensive peer review exercise to identify the best approaches to managing A&E departments and supporting handover, with learning shared and adopted across hospitals within the sector. To extend this further, more initiatives are being introduced across NW London to improve ambulance handover times. These include the introduction of Hospital Ambulance Liaison Officers (HALOs) and a pilot trial of the Remote Emergency Access Coordination Hub (REACH) model.

3.8 Acute respiratory infection

During winter there continued to be pressure on the system due to the number of patients presenting with covid and influenza.

As part of our covid and flu vaccination planning for next year the ICB is currently considering how we can continue to make improvements in the general uptake of these vaccinations including looking at using the opportunity to vaccinate patients when they are admitted to hospital.

3.9 NW London volunteering- help force & back to health funding proposals

The Back to Heath funding proposal to support phase one of the project in the two identified PCNs (within the boroughs of Brent and Hillingdon) was submitted to the health inequality transformation funding additional schemes panel held on 13 February. The panel approved the proposal and it has been passed to the NHS NW London Finance team to review to confirm final approval.

3.10 Potential for new Musculoskeletal (MSK) model of care in NW London

The provision of MSK services in Primary Care and the community has significant benefits in providing a more convenient service to patients and helping to relieve the pressure on secondary care services and focusing on the most complex MSK diagnostics and treatment in secondary care.

MSK services analysis of the MSK pathway across NW London has highlighted a significant opportunity for a new model of care to address existing inefficiencies, optimise existing resource, tackle inequality and differential access to services and focus on the right care, particularly for those with the biggest modifiable risk factors. This will improve the quality of care, patient outcomes and value for money. Current MSK services across the eight NW London boroughs in NW London are being provided by different service providers and the majority (five) of the current contracts will be coming to an end on the 31st March 2023. With this in mind NHS NW London has now signed off and agree the MSK Business Case to procure all

the expiring contracts in order to enable seamless continuous care.

The procurement will address the current inconsistencies in the MSK pathways across the eight Borough, fully realising local aims and ambitions and eliminate inequality in service provision across NWL.

These changes will further be enabled and supported by the system working in a more cohesive and integrated fashion to deliver the following aims and core principals of the new model:

- The core principle of this service, (defined in the service specification), is to reduce the unwarranted variation in service provision and access to MSK services across North West London.
- To ensure that all people registered with a GP Practice in North West London have equal access to standardised, high quality, clinically effective community MSK services, whilst reducing inequalities in outcomes and experience for the population of North West London, and to introduce First Contact Practitioners (FCP) into MSK services across NWL.
- Personalised care; Education and self-management; Addressing health inequalities; Evidence based practice; Self-referral; Population health approach and a focus on prevention will form the basis of the MSK Service provision across all Boroughs.

The procurement will further support the delivery of the NW London Integrated Care System's objectives:

- **Improve outcomes in population health and health care** – through improvement of our community MSK offer across 8 boroughs;
- **Prevent ill health and tackle inequalities in outcomes, experience and access** – increasing proactive, holistic and preventative triage into our community MSK offer to avoid hospitalisation procedures and further support recovery;
- **Enhance productivity and value for money** – moving towards a standardised specification and payment mechanism that incentivises early resolution (i.e. getting it right first time) and integrated working across ICP partners;
- **Support broader economic and social development** – promoting development of non-clinical roles (entry roles), anchor institution employment and enabling residents. Over 30 million working days are lost due to MSK conditions every year in the UK. An improved MSK offer will enable improved recovery and support allows residents to better contribute to economic activity.

On approval of the business case, the NWL Integrated Care Board will be able to work with new and existing providers to further agree and develop measurable and deliverable outcomes around user involvement, optimisation, surgical, service delivery, sustainability and value for money.

The proposed next steps:

- Proceed with a competitive dialogue process to appoint new lead-provider for expiring provision;
- Further development and mobilisation of end-to-end pathway and detailed benefits realisation at place-based level;
- Further population health and inequalities research and analysis to further shape and address inequalities and deprived population groups.

3.11 Ophthalmology service changes

Our ophthalmology community services were reviewed during 2022, we identified significant variation in the standard of services provided across North West London. This included some boroughs where there is no provision of community ophthalmology services. In response to this review, the ICS is developing an integrated community eye care service for the whole sector. This will ensure all North West London residents can access an effective, optometrist-led, community ophthalmology service, and will be procured and implemented over the next year. The timescales for procurement reflect the contractual endpoints of several existing services, supporting the continuity of services in these areas. Development of this offering has a particular urgency for the boroughs of Ealing and Hounslow, where the incumbent supplier will be exiting the market later in 2023. In these areas, enhanced services will be established to reflect the maturity of existing services.

The new service is being co-designed with input from primary and specialist care and patients to ensure that residents can access services for a range of eye conditions. Formal engagement is commencing to understand the needs and views of our communities, which will inform the design of the service. The service will ensure that residents have access through high street opticians, enhancing the accessibility of the service. The service shall address minor eye conditions (that may otherwise have required a GP visit), optimise glaucoma referrals through additional diagnostic tests, and ensure that patients referred for cataract procedures are supported through a shared decision-making process.

3.12 Butterworth Centre changes

The Butterworth Centre is a 42 bed unit in St John's Wood. It provides advanced dementia care to a mix of patients from Westminster, Kensington and Chelsea and Hammersmith and Fulham (some funded as mental health and some as continuing health care; all either detained under the Mental Health Act 1983 or staying at the unit under Deprivation of Liberty safeguards). The ICB's lease on the building (from the independent St John and St Elizabeth hospital) expires in 2026. Care is provided by an independent provider, Sanctuary Healthcare.

Sanctuary Healthcare gave notice on their contract last year, and agreed to continue providing the service to 31 March 2023. Despite two attempts to tender the service, no alternative provider has been found, and NWL is intending to temporarily close the service at the Butterworth from 31 March. As ensuring patients at the Butterworth continue to receive the care they need is our first priority, work is ongoing to engage with patients, their families and/ or advocates to secure suitable alternative provision for patients at the Centre. We are confident that suitable alternative accommodation can be found.

In parallel, we will be engaging with local authorities and scrutiny committees on the current situation. We will need to develop proposals for future provision for patients who would have used the Butterworth. Depending on the extent of change in that provision, these may require either formal consultation or enhanced engagement with the public.

3.13 ICS Strategy

Local authorities and the NHS continue to work together to develop our joint strategy for health and care for the population of North West London. The strategy will set out how we, collectively, work together to achieve the four aims of an integrated care system – to improve our population's health and wellbeing, to reduce inequalities in outcomes, access and experience, to improve value for money and to deliver wider social and economic development. The work has started from the borough joint strategic needs assessments and joint health and wellbeing strategies and has drawn on extensive input from local residents and communities that are published in our monthly insight reports. Our last stakeholder event was held in January; following that we are pulling all the input and feedback on the strategy into a working draft, and are expecting further input from local authority colleagues. Once received, we will integrate into a full draft for further engagement.

3.14 Community insights

We continue to work with local residents and communities in all eight boroughs, with a strong focus on hearing from people who are furthest from decision-making. We publish monthly insight reports reflecting what we have heard. All feedback is shared with the relevant programme or borough for consideration and the insights are a key tool in informing our strategy and building up a clear picture of what our communities are saying.

Among the most consistent themes are GP access, communication with patients and residents, mental health and services not being joined up. There is also a range of specific feedback from different communities who feel we could do more to make services meet their needs – these include people with disabilities, children and young people, migrant communities, people with sensory impairment and LGBTQ+ people. Residents have also raised wider issues like the cost of living, public safety and housing.

The insight reports are shared with JHOSC and published online every month.
https://www.nwlondonics.nhs.uk/get-involved/borough-insight-reports