

Report to the North West London Joint Health Overview Scrutiny Committee – 8 March 2023

North West London JHOSC Recommendations Tracker

No. of Appendices:	1 - North West London JHOSC Recommendations and Information Requests Tracker
Background Papers:	None
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1.0 Purpose of the Report

- 1.1 This report presents the North West London JHOSC Recommendations and Information Requests Tracker to the North West London Joint Health Overview Scrutiny Committee.

2.0 Recommendation(s)

- 2.1 The committee to note the contents of the report.

3.0 Detail

- 3.1 The North West London JHOSC Recommendations and Information Requests Tracker tabled at the 8 March meeting relates to the 2022 – 2023 municipal year.
- 3.2 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.
- 3.3 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.
- 3.4 The North West London JHOSC Recommendations and Information Requests Tracker (attached in Appendix 1) provides a summary of scrutiny

recommendations made during the municipal year, in order to track decisions and any implementation progress. It also includes information requests, as captured in the minutes of the committee meetings.

Appendix 1: 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 21 st 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 to come to March 2023 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 in contact with Cllr Crawford (Ealing) 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. The 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, and is included in each meeting's agenda.	
	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.	<p>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.</p> <p>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</p>	

				ARRS data we hold. The roles per borough are as below: <ul style="list-style-type: none"> - 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	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	

	Ambulance Service performance			<p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 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. <p>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.</p>	
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				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.	
	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.	The 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.	
		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.	
		Information Request	To receive data and information on best practice in elective recovery in regard to North West London.	Elective recovery / elective care is included in the performance report.	
		Recommendation	To recommend that JHOSC members and community leaders are utilised to	Rory supplied JHOSC with Sanjeet's (Programme Director – Breast Screening Recovery Programme) contact details on 7 th	

			feedback and share messaging on Breast Screening and elective recovery with our communities.	Dec 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 level, and what the impact of this funding will be for our residents.	Sarah Bellman has shared the winter materials during 7 th Dec JHOSC.	
		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 and shared with local authority leaders/CEOs. 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.	<p>How NWL is tackling racism towards its staff as part of its workforce strategy:</p> <p>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.</p> <p>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</p>	

				<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	
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		Recommendation	To recommend that tackling racism towards NHS staff to be included and highlighted as an explicit part of the NHS NWL workforce strategy.	<p>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.</p> <p>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.</p>	
	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.	<p>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.</p> <p>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.</p>	
		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.	<p>In progress. Campaign hasn't started yet. Involving chair and vice chair in discussions about 'we are general practice campaign'. This campaign will focus on how primary care has changed, explaining some of the challenges and new roles and helping residents get the best from primary care.</p> <p>We also propose to run a deliberative inquiry on the future of primary care in NW London.</p>	