

Report to the North West London Joint Health Overview Scrutiny Committee – 12 September 2023

North West London Joint Health Overview Scrutiny Committee Recommendations Tracker

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| No. of Appendices: | 2 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 |
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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 |
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| 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 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 | |

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| | | | 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. | |

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| | | 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 ARRS data we hold. The roles per borough are as below:</p> <ul style="list-style-type: none"> - FTE/ Borough - 99.33: Brent | |

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| | | | | <ul style="list-style-type: none"> - 54.60: Central - 93.10: Ealing - 99.17: Hammersmith and Fulham - 76.93: Harrow - 95.90: Hillingdon - 103.35: Hounslow - 74.81 West London <p>697.19: Total</p> | |
| | | 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. | <p>(From Daniel Elkeles) Demand and performance update</p> <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> | |

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| | | | | <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> <p>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</p> | |
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| | | | | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | |
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| | 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 7 th 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 7 th Dec JHOSC. | |

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| | | | 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. | <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 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> | |

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| | | | | <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> | |
| | | <p>Recommendation</p> | <p>To recommend that tackling racism towards NHS staff to be included and highlighted as an explicit part of the NHS NWL workforce strategy.</p> | <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</p> | |

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| | | | | <p>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>The campaign has now launched which was done in partnership with the chair of the JHOSC.</p> <p>Update: status now green.</p> | |
| 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. | <p>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.</p> <p>Our approach incorporated into the DMBC is to create a three-step travel offer for elective orthopaedic centre patients:</p> <p>Step 1: Information – all patients</p> <p>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.</p> | |

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| | | | | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> | |
| | | <p>Recommendation</p> | <p>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.</p> | <p>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.</p> <p>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</p> | |

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| | | | | <p>trajectories. This includes benefits under the following seven KPI themes:</p> <ul style="list-style-type: none"> • Clinical outcomes and experience • Patient access • Productivity (Getting it Right First Time – GIRFT) • Cost-effectiveness • Transport • Patient satisfaction • Workforce <p>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.</p> <p>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.</p> | |
| | | <p>Recommendation</p> | <p>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.</p> | <p>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.</p> <p>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.</p> <p>We will undertake pilot testing of the transport solution to ensure that it meets the requirements of patients, providers</p> | |

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| | | | | <p>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.</p> <p>4</p> <p>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.</p> <p>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.</p> <p>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.</p> | |
| | | <p>Recommendation</p> | <p>To recommend that a communications campaign for the elective orthopaedic centre is delivered in conjunction with local government and other stakeholders.</p> | <p>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.</p> <p>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</p> | |

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| | | | | <p>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.</p> <p>5</p> <p>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:</p> <ul style="list-style-type: none">• 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 | |
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| | | | <p>project governance for implementation and for onward, continuous improvement:</p> <ul style="list-style-type: none"> 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. <p>The communications and engagement plan is detailed in Chapter 5, section 5.4 of the DMBC.</p> | |
| | 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. | <p>Response from LNWH NHS Trust</p> <p>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.</p> | |
| | 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. | <p>The performance report focuses on delivering improvements against the agreed ICS/programme ambitions. These ambitions are based on national/regional benchmarks, plans and standards.</p> <p>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.</p> |

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| | | 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. | <p>The Workforce strategy will be a section of the wider ICS Strategy.</p> <p>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.</p> <p>This is a work in progress until September and we hope to share/update post September.</p> | |
| | 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. | |

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| | | | | <p>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.</p> <p>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).</p> <p>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 reappportionment 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.</p> <p>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</p> <p>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:</p> <ul style="list-style-type: none">• 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. | |
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| | | <p>Information Request</p> | <p>To receive details on how the move towards community based mental health care will impact residents, referencing results from integrated impact assessments undertaken.</p> | <p>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.</p> <p>In order to achieve this vision, North West London ICS maintains a focus on the following principles:</p> <ol style="list-style-type: none"> 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. <p>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</p> | |
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| | | | | <p>the record sharing and communication channels between primary and secondary mental health care.</p> <p>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</p> | |
| | 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) | | |

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

| Meeting Date | Item | Recommendation / Information Request | Detail | Response | Status |
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| 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. | <p>Imperial College Healthcare redevelopment update - August 2023</p> <p>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.</p> <p>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</p> | |

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| | | | | <p>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.</p> <p>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.</p> <p>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.</p> | |
| Ophthalmology | Information Request | For the JHOSC to receive more details on the ongoing engagement work related to the standardisation of ophthalmology services. | | <p>Engagement so far has been through a series of online and face to face sessions, supported by surveys.</p> <p>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.</p> <p>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</p> | |

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| | | | | <p>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.</p> <p>These activities will commence later this year and continue for the duration of this contract (i.e. 3 years)</p> | |
| | | Information Request | For the JHOSC to receive more information on how the standardisation of ophthalmology services will address health inequalities in North West London. | <p>Standardisation of our ophthalmology service will support the drive to address health inequalities in NW London by:</p> <ul style="list-style-type: none"> • 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 <p>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.</p> | |
| | | 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. | <p>Data will be provided for future JHOSC meetings showing performance of North West London ophthalmology benchmarked locally and regionally.</p> <p>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.</p> | |

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| | 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. | |