Agenda pack

North West London Joint Health Overview and Scrutiny Committee

Thursday 18 March 2021 at 3.00 pm

Online virtual meeting hosted by Royal Borough of Kensington and Chelsea

https://youtu.be/46RLztTIVmA

This page is intentionally left blank

North West London Joint Health Overview and Scrutiny Committee

Thursday 18 March 2021
Pre-meeting 2-3pm
Main meeting 3-5pm

Hosted by Royal Borough of Kensington and Chelsea online

AGENDA

1. **WELCOME AND INTRODUCTIONS**
2. **APOLOGIES FOR ABSENCE**
3. **DECLARATIONS OF INTEREST**
4. **MINUTES OF LAST MEETING**
5. **NWL HEALTH AND CARE PARTNERSHIP FINANCIAL STRATEGY**
6. **WORK PLANNING PROGRAMME**
7. **ANY OTHER BUSINESS**
8. **NEXT MEETING (in new municipal year, date TBA)**
9. **CLOSE**

This page is intentionally left blank

Joint Health Overview & Scrutiny Committee

Draft Minutes

Thursday 14 January 2021

Members Present:
Councillor Mel Collins (LB Hounslow) – Chair
Councillor Daniel Crawford (LB Ealing) – Vice-Chair
Councillor Marwan Elnaghi (LB Royal Borough of Kensington and Chelsea)
Councillor Vina Mithani (LB Harrow)
Councillor Lucy Richardson (LB Hammersmith & Fulham)
Councillor Monica Saunders (LB Richmond)
Councillor Rekha Shah (LB Harrow)
Councillor Ketan Sheth (LB Brent)

NHS Representatives Present: Rory Hegarty, Director of Communication and Engagement, NWL Collaboration of CCGs; Pippa Nightingale, Chief Nurse Chelsea and Westminster NHS Foundation Trust and NWL Vaccine Lead, Dr Genevieve Small, Chair, Harrow CCG and NWL Vaccine Lead; and Lesley Watts, NWL ICS Chief Executive and Chief Executive of Chelsea and Westminster NHS Foundation Trust.

1. WELCOME AND INTRODUCTIONS

Councillor Mel Collins welcomed members and officers to the virtual meeting of the committee with his wishes for a safe and peaceful new year. Councillor Daniel Crawford added his welcome as the member of the host borough facilitating the meeting.

2. APOLOGIES FOR ABSENCE

Apologies were received for Councillor Ian Bott, Westminster City Council.

3. DECLARATIONS OF INTEREST

Councillor Ketan Sheth declared an interest as Lead Governor for Central and North West London Foundation NHS Trust.

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 7 September 2020 were agreed as a correct record of proceedings.

5. VERBAL UPDATE ON NORTH WEST LONDON COVID 19 SITUATION AND
6. VERBAL UPDATE ON COVID 19 VACCINATION PROGRAMME

Due to time constraints, it was agreed that agenda items 5 and 6 would be taken together followed by questions from members.

Councillor Mel Collins welcomed Lesley Watts to the meeting who provided an overview of the current situation in hospitals, community services and primary care, and an update on the progress of the vaccination programme. Ms Watts emphasised that when she spoke of the NHS, she was also including wider NHS, local authority, and social care colleagues as most of the work being referred to was carried out in partnership.

The Committee was informed that these were very challenging times for NHS services in London and North West London (NWL). Over the last few weeks the numbers of patients with Covid being admitted to hospital and into intensive care beds was increasing rapidly. The prevalence of COVID-19 in all boroughs had been going up. However overall the prevalence of infections seemed to have flattened out but Ealing and Brent continued to have increases in numbers.

The services for the sickest patients had seen the number of beds in NWL triple and patients had been transferred between hospitals through mutual aid arrangements which enabled the bulk of patients to be managed in NWL. All NWL hospitals had met every day with primary and community care colleagues to plan services for patients. There were 350 ITU (Intensive Therapy Unit) beds in NWL, 330 of them were currently occupied with over two thirds of those patients having Covid. The provision of those beds and particularly the provision of staff to support them was challenging. Different staffing models were therefore being used, taking staff from non ITU wards such as general, acute, theatre, and outpatients to look after these patients. Staff had embraced the challenge. Community, mental health and primary care colleagues had, along with local authority social services, also helped to look after far more patients in the community than would usually be the case. The situation remained incredibly challenging. Ms Watts emphasised that although the numbers had plateaued, this was not a decrease and there had been an increase in the number of older patients being admitted to hospital. The next 2-3 weeks would continue to be challenging but it was hoped that the number of infections and hospitalisations would start to decrease.

Dr Genevieve Small advised the Committee on the work that was being done in Primary Care saying that hospitals and community teams had been working collectively to support the patients of NWL. Primary care was often the first point of call for patients with Covid and also supported patients with the complexities arising from long term conditions. Each CCG area across NWL had covid clinics for patients who did not need to be admitted to hospital but could be given additional attention in the community. The clinics were operating 7 days a week from 8am until 9.30pm. They were also helping Covid patients referred from A&E and supporting discharged Covid patients.

For patients who did not have Covid, additional capacity had been provided in escalated access hubs to make sure that patients were accessing the support that they needed. Primary care services were also working with hospital, community colleagues and GPs to help provide support for patients that were being discharged early, making sure that they were safe and well.

Lesley Watts added that there were 1500 patients currently in hospital, 25% of whom needed serious help with their breathing. GPs had been innovative with using virtual wards to monitor patients' oxygen and saturation levels remotely and intervening if needed. That community approach was helping NWL to cope with the demand for hospital beds. Community and mental health colleagues were looking after far more complex patients in the community than they would normally have been expected to, as were local authority social services colleagues. The Committee noted that there had been an impact on the ability to treat elective cases. Ms Watts stated that this meant that there were patients who were not being treated for surgery and other conditions. These patients were being monitored but not treated.

Pippa Nightingale, who was leading the vaccination programme for NWL along with Dr Genevieve Small, said that as challenging as this work was it was good to be involved in something positive and it was really satisfying to see the relief on the faces of those people receiving the vaccine. NWL was the most populated integrated care system area in London, so had the most people to vaccinate. Six million vaccines had to be given to complete the programme and the aim was to get one vaccine into everybody as quickly as possible. The order group of how that was to be done was set nationally by the Joint Committee on Vaccination and Immunisation (JCVI), and was largely set on age. The first four risk groups were to be vaccinated before 14 February 2021, they were anybody over the age of 75, anybody with severe health conditions, care home residents, and housebound patients. The programme had progressed well with over 80 year olds, and care home residents being vaccinated first. The aim was to have most of the care home residents and care home staff vaccinated by Sunday 17 January. The programme was then moving onto housebound patients, which would be more challenging to ensure that the vaccine was moved safely without being wasted.

As of 14 January, 58,479 vaccines had been administered in NWL, which Ms Nightingale said was ahead of the trajectory. There were 20 primary care hubs across NWL delivering the vaccine and a mass vaccine centre would be opening soon in Brent, then week on week 10 mass vaccine centres would be going live. The mass vaccination centres would be vaccinating the same age groups in the same order. There would be clear communication to prevent any confusion and work was being undertaken with NHS and local authorities' communication teams to make sure that the right messages were getting to the right people. The key message for residents over 75 was that they would be vaccinated through primary care and they needed to wait for their GPs to contact them. For people going to the mass vaccination centres, a national booking centre was in place, and they would receive a letter inviting them to book either online or by telephone. The majority of older and vulnerable residents would be vaccinated locally in their primary care GP centre.

The other vaccination centres were in hospitals and all NHS staff, 33,400 social care staff, and private sector health and social care would be vaccinated there. The vaccination programme would continue through the remaining groups until it reached the younger groups, the vaccine was only licensed for people over 18 years. The aim was to have 75% of the population vaccinated for herd immunity. Ms Nightingale emphasised that people needed to be mindful of sticking to the public health safety measures of face, hands and space even if they were vaccinated, as it would not prevent them from carrying the virus and passing it on.

Councillor Mel Collins asked what steps were being taken to ensure that the message was being given to vaccinated people to not drop their guard and for people to take up the vaccine. Pippa Nightingale replied that this was a great example of health, social care and local authorities coming together to access those communities where there had been poor take up of childhood immunisations and the flu vaccine, to do some targeted communications and some vaccine myth busting. Lesley Watts added that all vaccinated patients were informed that they needed to continue to take all of the isolating measures and that NHS NWL would ensure that this message continued to be given.

Councillor Lucy Richardson was pleased that there was data about the number of vaccinations in North West London and asked when the data would be available at a more granular level. Pippa Nightingale replied that all the data was being put into a national data system, it was just starting to filter out and would be provided at a borough level and at an even more detailed level than that when available. The data would be used to look more closely at those communities not coming forward for the vaccine.

Councillor Richardson asked for assurance that the rollout would continue at the pace required, given the government's fragmented handling of the crisis, and if there would be support from large pharmaceutical companies or the military to help deliver it. Cllr Richardson also asked if the Nightingale Hospital was going to be a vaccine hub. Pippa Nightingale confirmed that the Nightingale Hospital was a vaccine hub for the part of London it was located in. The scale of the vaccine rollout would be driven by the availability of vaccines and clinicians. NHS NWL were completely committed to getting this done, people were working 7 days a week to deliver it. Lesley Watts added that even clinicians working in the most challenging areas were finishing shifts and then coming to help with administering vaccines.

Replying to questions on the length of protection post vaccine, Pippa Nightingale stated that everybody who was vaccinated was given a public health leaflet which referred to the length of time it took for the vaccine to provide immunity. The Siren Study showed that having Covid generated antibodies but that these did not last longer than the immunity provided by the vaccine. There were pockets of the community that thought that if they had Covid then they did not need the vaccine, this was not true. Ms Nightingale added that it was also absolutely safe to have the vaccine after having Covid.

Councillor Monica Saunders highlighted that the vaccination rate for London was the lowest in the country and asked what reasons there were for this.

Councillor Saunders also asked if NHS NWL had any plans to use hotels to move post recovery patients to and whether essential workers such as teachers and supermarket staff were on the priority criteria for the vaccine roll out.

Pippa Nightingale responded saying that work was being done to understand why London was behind the rest of the country on delivering the vaccine. It was thought that it could be due to the age demographics in London being very different to the rest of the country. A lot of catching up would be done when the mass vaccination sites were in place and the vaccination programme moved lower down through the groupings. London also had quite a transient population, there were considered to be two transient groups, one for whom London might be their second home who had chosen to leave London but were shown in the statistics, and also a transient workforce who might have left but were shown as resident. With regards to using a hotel, Ms Nightingale stated that NHS NWL was not currently planning to do this as it came with challenges and it took a lot of effort to look after someone in that environment. The approach would be use beds on other parts of NHS NWL estates before using hotels. Lesley Watts added that community mental health had expanded their bed base. NHS NWL were also looking at sites that did not have emergency departments, such as Central Middlesex and were considering if they could bring those elderly frail patients, who were waiting to be discharged into nursing homes there.

Pippa Nightingale confirmed that NHS NWL had no influence on the vaccine priority groups. The stark statistics were that vaccinating 64 people in care homes prevented one care home death, and vaccinating 184 people over the age of 80 prevented one death. The vaccination programme was about protecting the population, but also about protecting NHS resources by trying to prevent the number of patients in critical care beds. The best thing to do now, rather than debate the groups, was to get the vaccine out as quickly as possible.

Councillor Collins asked about the arrangements for transferring patients from hospital into the care home sector. Lesley Watts replied that transfers to care homes were only being carried out in NWL under strict criteria. Patient transfers were generally 14 days after a positive covid test and the home along with district nursing, community nursing, and general practice was included in the discharge plan for those patients. Social workers were also included in the discharge discussions for complex patients.

Councillor Marwan Elnaghi asked if there was a mechanism for NHS NWL to give feedback into the vaccine prioritisation criteria, suggesting that with the Government pressing to open schools for key workers it might be better to prioritise the vaccine for teachers and school staff. In addition, Councillor Elnaghi asked if there was any data on how a person who was advised to self-isolate was coping.

Dr Genevieve Small replied that the judgement on prioritisation was made by the JCVI by looking at all of the data, with the focus being on preventing deaths in the greatest number of people. These were very difficult decisions, and it was completely understandable that there were a number of groups

that the programme would gladly have vaccinated, however the NHS had to look at the greater good and, from the point of view of preventing deaths, it was important to stick to the JCVI criteria. Representations could be made to the JCVI, however these were experts making these difficult decisions and it was important now not to spend time debating the order but to do the work.

Responding to the question regarding people who were self-isolating, Dr Genevieve Small said that notification of a positive test also went to the GP practice which usually texted information with resources about how to look after themselves to the person. In the main people were able to self-isolate and relied on a network of family and friends to support them. If there were issues about getting medication or food, then the GP practice could provide the person with information on organisations that would support them. Dr Small emphasised that self-isolation was truly that and meant not leaving the house.

Councillor Ketan Sheth asked about the services for non-covid patients who were seriously ill, such as cancer patients. Lesley Watts replied that those patients who were either emergency or urgent requiring treatment within a certain time were still being treated. It was the less urgent patients needing elective care that were being delayed, cancer, cardiac surgery and other urgent conditions were still being treated.

Councillor Ketan Sheth asked how positive NHS NWL was about meeting the vaccine deadline of 14 February and what the remaining figure was. Pippa Nightingale confirmed that she was confident that NHS NWL would meet the deadline, it was a huge ask but NHS NWL was on target. The remaining number of people in those categories for vaccination were 84,972 patients and 39,000 staff.

Councillor Richardson asked if a timetable of the vaccination roll out would be available for the general public. Rory Hegarty said that the information would be shared on the NHS NWL website and with local authorities when available. Information on the priority groups and the mid-February target had already been published.

Councillor Richardson asked how the vaccinations were being tracked. Pippa Nightingale replied that the information was held on a straightforward electronic national system which showed who had received the vaccine, when they had it, and the type of vaccine.

Councillor Ketan Sheth said that the Committee had heard earlier about myth busting and asked what work was being done on this and on engaging and communicating with the hard to reach groups. Rory Hegarty responded saying that there was a whole community engagement programme which had just started, which local authorities had helped the NHS to develop. Work was being done with Healthwatch, community leaders, and voluntary sector partners. There was a national campaign on myth busting and work was also being done with community leaders for them to influence their communities. NHS NWL would also be targeting a number of different community groups disproportionately affected by Covid and holding virtual meetings specifically on vaccinations and inviting these groups to ask questions.

Councillor Collins asked that in view of the amount of work in dealing with the pandemic had officers been impeded in working towards a single CCG or the formation of the local committees. Lesley Watts confirmed that they were still on track.

Concluding this item, Councillor Collins on behalf of the Committee thanked the NHS officers for participating in the meeting. He advised that any further questions or points of clarification would be put in writing.

RESOLVED:

That the updates on Covid 19 and the roll out of the Covid 19 vaccination programme in North West London be noted.

7. WORK PROGRAMME

Councillor Collins confirmed that the agenda items for the next meeting would include the NHS NWL Collaboration of CCGs financial and budget strategy, as well as the impact of Covid on NHS Services in North West London.

8. ANY OTHER BUSINESS

None received.

9. DATE OF NEXT MEETING

The date of the next meeting of the Committee was noted as Thursday 18 March 2021.

Meeting started 3.00pm
Meeting ended 3.50pm

This page is intentionally left blank

The North West London
health and care partnership

NW London Covid-19 vaccination programme
Briefing for JHOSC, March 2021

This paper provides an update for councillors on progress with the North West London vaccination programme.

1. Progress to date

(Figures updated 2 March 2021)

In the week ending 21 February 2021, a further 86,000 vaccinations were administered across NW London meaning 559,000 residents have now received their first vaccination.

Across NW London, we continue to focus on increasing vaccine uptake in those in the first 4 JCVI cohorts:

- Care home residents (90% vaccinated)
- over 80s (82% vaccinated)
- 75-80 year olds (86% vaccinated)
- 70-75 year olds (85% vaccinated)

In addition, we are now vaccinating those in JCVI cohorts 5-9 with an initial focus on those aged over 60 and residents of any age with long-term underlying health conditions.

- 65-69 year olds (80% vaccinated)
- 60-64 year olds (60% vaccinated)

All residents aged over 50, residents with a long-term underlying health condition, adult carers for older adults and those with disabilities and residents with a learning disability will be offered vaccination by 15 April 2021.

Borough vaccination rates

CCG	Care home residents %	Over 80s %	75-79 %	70-74 %	65-69%	60-64%
Brent	86	78	78	80	76	62
Central London	89	64	79	69	61	61
Ealing	85	86	92	96	86	67
Hammersmith and Fulham	92	80	83	81	75	55
Harrow	88	86	93	88	85	63
Hillingdon	92	90	92	92	90	56
Hounslow	88	90	94	95	88	62
West	92	70	72	68	65	53
NW London						

2. Changes to how vaccination rates are calculated

It should be noted that the way data is attributed at a national level, has been changed (w/c 22 Feb). The population of a borough is now calculated using reset ONS data. The number vaccinated is counted by those registered with a GP in the borough. For NW London as a whole this makes minimal difference, but it has impacted the percentage vaccinated figures for individual boroughs.

Some boroughs, especially those in inner London, are seeing a significant decrease in their percentage figures for numbers of people vaccinayted. It is recognised that this way of counting gives difficulty especially to Central London CCG (Westminster) and West London CCG (Kensington and Chelsea) as the transient nature of the population means ONS over-estimates their population by approximately 10%. There are a further group of residents who live in the borough but have a GP elsewhere, they too do not appear in the boroughs vaccinated figures. We have highlighted this issue with the national team; however the metric is unlikely to be changed.

That said, the changes to data do not account for all the variations in individual borough figures and it is important that we continue to work collectively to increase vaccination rates in our most hesitant communities. We see difference in uptake rates by ethnicity, with the lowest rates in our Black community. We also see varying uptake rates according to deprivation indices.

3. Vaccine availability

Across the country vaccine is limited in the first two weeks of March. Although our vaccination services are therefore receiving less vaccine in these weeks, the vaccine we have available is distributed equitably. Vaccine supplies are expected to significantly increase from 15 March and we are increasing capacity from that time.

4. Current activity

Our current focus is on:

- Agreeing the detailed week by week vaccination plan for each borough through to 15 April 2021, to ensure all residents over 50, those with underlying health conditions, those with a learning disability and carers will have been offered vaccination
- Continuing to vaccinate those over 60, carers and those with underlying health conditions
- To focus on identifying all residents with a learning disability and ensure they are invited for vaccination
- Continuing to vaccinate rough sleepers
- Continued focus to vaccinate health and social care staff
- Working across local authorities and primary care networks to plan community clinics within our more hesitant communities
- Giving 2nd doses to those who had their first vaccination 11 weeks previously
- Opening the mass vaccination centre in Marble Arch in week commencing 1 March and preparing to open all mass vaccination centres by the end of March, with Heathrow and Kensington opening week commencing 8 March.

Health and Social Care White Paper on Integration and Innovation
Briefing for JHOSC, March 2021

1. White Paper overview

The 'Integration and Innovation: working together to improve health and social care for all' white paper was published on 11 February 2021.

Based on legislative proposals from the NHS, the White Paper sets out proposals to streamline and update the legal framework for health and care. The white paper will be debated in Parliament in May and, subject to approval, would receive Royal assent in January 2022.

The proposals in the white paper include:

- ICSs will become statutory bodies with a board that will include NHS trusts and Foundation Trusts, general practice and local authorities. In addition, there will be a health and social care partnership board. The legislation is likely to be permissive and not too prescriptive. Experience of systems will inform planning guidance expected in April 2021.
- Responsibility for primary medical, dental, ophthalmic and community pharmacy services will transfer from NHS England to the NHS ICS statutory body. Core primary care contracts will still be nationally determined. ICSs will also take on responsibility for some specialised and public health services. National standards will be set.
- The NHS will only need to tender services when it has the potential to lead to better outcomes for patients.
- Healthcare Safety Investigations Branch permanently into law as a statutory body so it can continue to reduce risk and improve safety.

2. NW London progress to date

In NW London, the joint working approach we have taken over the last year in establishing the NW London ICS means that the governance and structures we already have put in place have anticipated much of what was outlined in the white paper. While we will be formally established as an ICS in April 2021, we are already working as an ICS across NW London.

The white paper is in effect an enabler, to formalise the improvements in patient care and whole system working that we need to make.

We have far reaching and ambitious plans and a clear focus on where we will start. We have a relentless focus on tackling health inequalities and have developed a joint NW London strategy, including a plan for addressing digital exclusion.

Already in NW London we have the following in place:

- Joint health and local government partnership board chaired by Penny Dash
- Borough based partnerships with a leadership team working on delivery eg vaccination, discharges
- Governance arrangements at system level that provide joint opportunity to debate and agree strategy
- Place-based integrated care partnerships as the cornerstones of delivery
- Development of joint provider working, eg mental health, community, acute and PCNs
- A pragmatic approach to establishing the Single CCG from April 2021 that will bring the CCG and ICS leadership together
- Moved away from commissioner provider split and working as one across NW London on priorities and managing resources
- Increased oversight role for the system demonstrated through current system focus on maternity, elective restoration, children's mental health
- Focus on population health and reducing inequalities.

3. How joint working has already improved care

We already have a number of success stories to report from partnership working across our emerging ICS in NW London.

- We have maximised our care to patients and kept our staff as safe as possible during the pandemic by working together without organisational boundaries. This included moving patients, staff, and personal protective equipment (PPE) between sites where appropriate.
- We have established a robust network of responsive and proactive care for people suspected or diagnosed with Covid-19, including escalated care clinics in every borough for patients discharged from hospital or diagnosed in the community, and remote monitoring support for patients with Covid-19 symptoms.
- We use our data to track uptake of Covid and flu vaccination by deprivation and ethnicity using our Whole Systems Integrated Care data tool. This data is shared weekly with local teams and engagement who can then target their community activity.
- Working closely with our local authorities, we have put in place a robust programme of support to our care homes, including infection prevention and PPE training and advice.
- We have established a new psychological therapy service available to support health and care workers. The ‘Keeping Well’ service is designed to help all staff working in the NHS, residential homes and care facilities through any mental health challenges they face during the pandemic and beyond.

- Our acute trusts are working together to optimise elective care and ensure equity of access, in response to extremely high numbers of people waiting for planned treatment as a result of the pandemic.
- We are consolidating our high volume, low complexity elective care into surgical hubs so we can carry out more procedures, ensure equality of access, raise quality and reduce waiting times. For example, over 500 patients waiting in The Hillingdon Hospital for cataract surgery were treated in the Central Middlesex surgical hub.
- 'C The Signs' - a general practice advice algorithm - has been rolled out across every GP practice in NW London, supporting clinical staff in their diagnostic decision-making to identify patients who may be at early stages of developing a cancer.
- Working with our local primary care networks, local authorities and CCGs, our mental health trusts have launched new integrated models of mental health care, helping service users avoid crisis through management in the community.
- Our mental health trusts are recruiting to ensure we have 24/7 community teams in place to support people in crisis, in addition to our 24/7 single point of access and alternatives to admission such as mental health cafes.
- We are driving a programme to improve the physical health and wellbeing of autistic people and those with learning disabilities in NW London, including improving uptake of screening, flu vaccinations and physical health checks.

4. Next steps

North West London will formally become an ICS on 1st April 2021, though we are already working in practice as an ICS. All parts of the NHS and all eight local authorities are part of the ICS.

Subject to parliamentary approval, ICSs will become statutory bodies from April 2022.

This page is intentionally left blank

The North West London
health and care partnership

North West London Health and Care Partnership

Financial Strategy Presentation to London CFOs

December 1st 2020

29th November 2020

Current Position

- During the financial year 2020/21 the NHS has been funded in two halves with the first 6 months being based on the cost of provision and the second six months being based on a system envelope.
- Our envelope for the second half of the financial year was £3.5bn
- The cost of healthcare in NWL will be within the 20/21 envelope despite the pressures of the second wave of the pandemic
- During 20/21 we have invested in our services and we will spend £353m on our capital programme of which £93m is for new buildings, £70m maintaining existing assets, £58m on IMT, £10m on fire safety, £78m on equipment and £44m on other schemes
- Looking forward in to 21/22 the year is likely to split again with the first part of the year being a system envelop based on system expenditure and the second half of the year being based on previously signalled system allocations
- When the NHS moves to previous funding regimes it is highly likely that NWL will have a material financial gap and therefore whilst allocations are unknown we are working on a strategy to understand and control our post pandemic cost base so that we can close the gap

NWLHCP ICS Vision and Priorities

We will improve life expectancy and quality of life, reduce health inequalities and achieve health outcomes on a par with the best of global cities.

1 Improve population health & reduce inequalities

Specify required outcomes based on population health needs.

Identify evidence-based interventions to meet priority needs, e.g., address inequality hotspots and shift resource if required to meet needs.

Build on the NWL STP clinical strategy to identify models of care and evidenced based interventions to meet these priority needs and outcomes.

2 Consistent compliance with standards

Support and drive compliance with all standards by focussing sector resource and sector oversight to the most challenged organisations/services

For example, the appointment of the ICS CEO as the special adviser to the Board of Hillingdon Trust

3 Best and equitable care

Provide the very best and equitable care:

- local care: to improve quality of care and ensure people only attend hospitals when clinically necessary
-high volume, low complexity care: to further consolidate to make best use of our estate and our clinical staff.
- specialist care: to further consolidate services along with hub and spoke clinical models
- mental health, LD and autism: improving access, experience and outcomes in order to deliver the NHS Long Term Plan commitments

4 Work as one

Work towards one acute group model, one community and mental health collaborative, one CCG and eight integrated Borough teams (place-based partnerships) each with a single lead.

5 Holding each other to account

Develop system and organisational dashboards to measure progress against indicators.

Develop a range of supportive interventions to improve performance and further develop our ICS governance structures to assure compliance and take action where aspirations are not being met

Strategic planning → *Delivery* → *Assurance*

The North West London health and care partnership

Aims, Assumptions and Outcomes

We aim to create an ICS that improves life expectancy, reduces health inequality, builds on our CV19 successes, is digitally mature, has a sustainable estate and is financially sustainable.

We will not avoid difficult conversations and will be respectful to all in all that we do.

- The NWL vision is to improve life expectancy and quality of life, reduce health inequalities and achieve health outcomes on a par with the best of global cities.
- We will increase access to our services and reduce inequalities in both health and financial investment by levelling the investment in Boroughs
- We will create an infrastructure to get management to challenge themselves, looking for place to solve problems and reduce expenditure. Place will earn greater autonomy as delivery improves
- We will target our resources towards areas of care with the worst health outcomes and reduce inequalities across NWL by driving out waste, reducing unnecessary clinical variation and creating incentives to support continuous improvement, innovation and efficiency. We will maximise the effectiveness of every NWL pound spent.
- We will capture the improvements an opportunities from the system response to the CV19 pandemic e.g. digital first for outpatients, low complexity high volume hubs
- We will improve financial management at all levels and areas of NWL to ensure that we always deliver what we promise
- We will guarantee openness, honesty and transparency in all we do ensuring all partners are treated with respect and inclusively
- We will use available benchmarking e.g. reference cost / model hospital to quantify where we are over cost by organisation, specialty level or point of delivery. From this we can address within organisation or as part of the system response and transformation work-streams
- NWL will aim to be top quartile as base point in all areas including referrals in to secondary care and productivity metrics in secondary care
- NWL will agree activity targets and productivity benchmarks for community / mental health / primary care activity
- We will report monthly on an efficiency dashboard via the NWL PMO
- We will create outcomes measures to ensure the financial transformation does not have a detrimental impact on quality

In the absence of national planning guidance a set of local assumptions

- Financial envelope 21/22 broadly as per M7-12 (20/21) with inflation increase and efficiency ask (circa 1%)
- CV19 funding to reduce to a post vaccine level likely to be less than the M7-M12 run-rate.
- Contracts for M1-6 next year likely to nationally set
- M7-12 back to CCG allocations so need to work through activity baselines for all including primary care / MH / community
- Baselines to inform blended payments but as funding is within the envelope / CCG we need to work through activity control

Aims

- The NWL vision is to improve life expectancy and quality of life, reduce health inequalities and achieve health outcomes on a par with the best of global cities.
- We will increase access to our services and reduce inequalities in both health and financial investment by levelling the investment as our CCGs merge
- We will create an infrastructure to get management to challenge themselves, looking for place to solve problems and reduce expenditure
- We will target our resources towards areas of care with the worst health outcomes and reduce inequalities across NWL by driving out waste, reducing unnecessary clinical variation and creating incentives to support continuous improvement, innovation and efficiency. We will maximise the effectiveness of every NWL pound spent.

How we will achieve our aims

- Work as a system to improve urgent and emergency care easing service pressures and reducing system cost.
- We will reduce duplication and cost whilst improving clinical pathways and clinical outcomes
- We will maximise the potential and effectiveness of London Ambulance Service reducing conveyances to acute settings by increasing 111 services, better pathways, the use of mental health cars, increasing stop and treat and making the offering central to the emergency pathway
- We will aim to consolidate non-clinical functions looking to provide once for NWL wherever we can e.g. Procurement, Payroll, Business Intelligence & Occupational Health
- We will work as a system to improve our estate footprint and cost creating an affordable, sustainable fit for purpose rationalised estate in all sectors and NWL boroughs
- Improve our digital capability supporting improved patient outcomes, digital patient access, data quality and business intelligence to drive continuous improvement with data
- Jointly invest in NWL assets e.g. hubs for low complexity high volume procedures, shared diagnostic & increase expert opinion
- Plan our workforce to create a more sustainable workforce that takes advantage of flexible working, new roles and links to planned NWL activity and staff wellbeing

Primary Care

- Close the funding gap in all areas and target investment to communities with highest need
- Use new technologies to reduce unwarranted clinical variation
- Ensure we get value for money for all we do, including CHC placements, prescribing and procurement
- Reduce our running costs.

Acute Care

- Protect acute services by ensuring people only go to hospital when they need to and improving discharge support
- Focus on the cost base to achieve value for money in all areas
- Improve efficiency, using measures like Model Hospital and Reference Costs, and address the areas where we are over-spending
- Create a financial infrastructure that supports the clinical strategy

Mental Health Services

- Invest in mental health, funding the Mental Health Investment Standard and enhancing mental health staffing
- Improve access to services 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 NW London
- Reduce service duplication by working as a system.

Community Care

- Ensure a consistent offer for patients across NWL
- Invest to ensure our out of hospital provision supports faster discharge of patients and alternative patient pathways are available
- Improve activity reporting to understand the cost base
- Improve efficiency, using measures like Model Hospital and Reference Costs.

20/21

- Live within budget by delivering our plan that controlled the increase in recurrent expenditure in M7-M12 to less than 5.8% when compared to the recurrent exit run-rate of M8-M10 in 2019/20. In doing so, no organisation will deliver less than 1% recurrent CIP or fail to improve their underlying financial position.
- We will create a NWL framework to ensure improved diversity, inclusion, training and vision for all finance staff employed within NWL.

North West London Financial Plan on a Page

The North West London health and care partnership

The North West London

health and care partnership