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North West London Joint Health Overview and Scrutiny Committee

Wednesday 9 March 2022 at 10.00 am
MS Teams & Room 18.06, 18th Floor, Westminster City Hall, 64 Victoria Street Westminster London SW1E 6QP

Agenda

City of Westminster

Committee Agenda

Title:	**North West London Joint Health Overview and Scrutiny Committee**
Meeting Date:	**Wednesday 9th March, 2022**
Time:	**10.00 am**
Venue:	**MS Teams & Room 18.06, 18th Floor, Westminster City Hall, 64 Victoria Street Westminster London SW1E 6QP**
Members:	**Councillors:** Ketan Sheth (Chairman, Brent) Iain Bott (City of Westminster) Marwan Elnaghi (RBKC) Daniel Crawford (VC, LBEaling) Lucy Richardson (LBHF) Rekha Shah (LBHarrow) Richard Eason (LBHounslow) Nick Denys (LB Hillingdon) Monica Saunders (LBRichmond upon Thames)

Members of the public and press are welcome to attend the meeting in person and listen to the discussion of Part I of the Agenda.

Link to live meeting

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 09:40. If you have a disability and require any special assistance, please contact the Committee Officer (details listed below) in advance of the meeting.

This meeting will also be live-streamed and recorded. To access the recording after the meeting, please revisit the link.

If you require any further information, please contact the Committee Officer: Artemis Kassi (Lead Scrutiny Advisor/Statutory Officer) and Tracey Chin.

E: akassi@westminster.gov.uk or tchin1@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions, they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART I (IN PUBLIC)

1. ATTENDANCE BY RESERVE MEMBERS

To note the attendance at this meeting of any duly appointed Reserve Members.

2. DECLARATIONS OF INTEREST

To receive declarations of disclosable pecuniary or non-pecuniary interests, arising from business to be transacted at this meeting, from:

(a) all Members of the Committee; and
(b) all other Members present.

3. MINUTES **(Pages 5 - 14)**

That the minutes of the meeting held on 14 December 2021 be taken as read and signed as a correct record.

4. MATTERS ARISING (IF ANY)

To consider any matters arising.

5. MENTAL HEALTH STRATEGY **(Pages 15 - 22)**

To receive a report on the CNWL Mental Health Strategy.

6. NORTH WEST LONDON WORKFORCE - UPDATE **(Pages 23 - 34)**

To receive an update on the North West London Workforce.

7. INTEGRATED CARE SYSTEM (ICS) - UPDATE - TO FOLLOW

To receive an update about the Integrated Care System.

8. ACUTE SERVICES UPDATE **(Pages 35 - 42)**

To receive an update on CNWL's elective orthopaedic and fast track surgical hubs.

9. ANY OTHER BUSINESS

To review any other business which the Chairman considers urgent or which cannot otherwise be dealt with.

10. NEXT MEETING

The next meeting will be held on [tbc] 2022.

Stuart Love
Chief Executive
1 March 2022

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North West London Joint Health Overview and Scrutiny Committee Minutes
14 December 2021

Chair:

Councillor Ketan Sheth (London Borough of Brent)

Councillors:

Councillor Daniel Crawford (Vice Chair) - London Borough of Ealing
Councillor Lucy Richardson - London Borough of Hammersmith & Fulham
Councillor Marwan Elnaghi - Royal Borough of Kensington & Chelsea
Councillor Nick Denys - London Borough of Hillingdon
Councillor Rekha Shah - London Borough of Harrow
Councillor Richard Eason - London Borough of Hounslow
Councillor Selina Short – Westminster City Council

Officers:

Anna-Marie Rattray - Scrutiny Review Officer, London Borough of Ealing
Artemis Kassi - Lead Scrutiny Advisor / Statutory Officer, Westminster City Council
Bathsheba Mall - Committee Co-ordinator, London Borough of Hammersmith & Fulham
Charlotte Bailey - CNWL NHS Trust Director of HR and OD
Daniel Elkeles - London Ambulance Service Chief Executive
Dr Genevieve Small – Chair, Harrow CCG
Jacqueline Barry-Purssell - Senior Scrutiny & Policy Officer, London Borough of Brent
James Diamond - Scrutiny Officer, Royal Borough of Kensington and Chelsea
Lesley Watts - Chief Executive NWL ICS
Nahreen Matlib - Interim Head of Policy, London Borough of Harrow
Nicola Zoumidou - Policy Analyst, London Borough of Hounslow
Nicholas Garland - Governance and Scrutiny Officer, London Borough of Richmond
Nikki O'Halloran - Democratic Services Manager, London Borough of Hillingdon
Pippa Nightingale - Chief Executive, London NW University Healthcare NHS Trust
Rory Hegarty - Director of Communications & Engagement, NWL CCG;
Sarah Flynn - Communications Manager, NW London Collaboration of CCGs
Sean Harris - Chief Executive of Harrow Borough Council

Apologies:

Councillor Monica Saunders – London Borough of Richmond
Councillor Iain Bott – Westminster City Council

1. Welcome and Minute Silence

The Chair welcomed the Committee and introduced the Chief Executive of Harrow Borough Council and Councillor Rekha Shah of Harrow Borough Council who paid tribute to Councillor Vina Mithani and welcomed the Committee to the meeting.

Members paid tribute and observed a minute silence for the late Councillor Vina Mithani, a member of JHOSC.

2. Attendance by Reserve Members

RESOLVED: To note the attendance at this meeting of the following duly appointed Reserve Member:-

Ordinary Member	Reserve Member
Councillor Iain Bott (Westminster)	Councillor Selina Short (Westminster)

3. Declarations of Interest

RESOLVED: To note the declarations, if any, as published on the Council's website prior to the meeting and the following additional declaration made at the meeting:

Councillor Ketan Sheth declared a non-pecuniary interest in that he was the Lead Governor at Central and North West London Foundation Trust (CNWL).

4. Minutes

RESOLVED: That the minutes of the meeting held on 23 September 2021, be taken as read and signed as a correct record.

5. Matters Arising (if any)

RESOLVED: There were no matters arising.

6. London Ambulance Service - Update

The Committee received a report from the London Ambulance Service (LAS) which outlined the LAS estates vision and how the LAS would transform its estate to meet future needs.

The Chief Executive of the London Ambulance Service NHS Trust introduced the report and gave a presentation that outlined the following:

- There was an objective to consolidate the number of ambulance stations from 64 to 18. However, this had been paused as demand had been extraordinarily high. This demand had led to some ambulance stations being reopened.

- It was noted that a national review stated there should be fewer ambulance stations, which would provide improved economies of scale

and the ability for a better-quality service to be provided if LAS operated from fewer sites. However, it had been felt that there should be more than 18 stations for LAS as this would negatively impact response times. The number of ambulance stations was to be reassessed in order to find the appropriate quantity.

The Chair thanked the LAS Chief Executive for their presentation and opened the floor to questions from the Committee:

- A Member asked of the current pressures the LAS faced and how LAS could be supported. The LAS Chief Executive explained that prior to the pandemic a busy day saw circa 5,500 calls to 999, however it was only recently that LAS had experienced 7,700 calls to 999. The LAS Chief Executive emphasised that non-emergency calls should be to 111.

- A Member raised the possibility of disused ambulance stations to be used for housing, to which the LAS Chief Executive noted that none of the ambulance estate would be sold until there was an agreed estates plan. It had proven difficult to find bigger estates to consolidate to, due to big companies also looking at similar estates.

- In addition, it was asked if congestion was an issue for the LAS and if so, what could be done by the boroughs to help mitigate this issue. The LAS had explained that they liaised with Boroughs on particular issues.

- It was emphasised that the estate strategy would be a 5-to-10-year plan, it was noted that the LAS had objectives that were a higher priority, which included IT development and the LAS vehicle fleet to be updated.

- A member highlighted the concerns over traffic within central London and wanted clarification over the response times, to which the LAS Chief Executive noted that central London had some of the best response times, because LAS had utilised bicycles and motorbikes within their service. In addition, the estate strategy would ensure that response times would be maintained.

The Chair thanked the LAS Chief Executive for their time and gave thanks to the front-line staff. The Committee were invited to make recommendations with the following:

RESOLVED: That a future update be provided to the JHOSC on the London Ambulance Service including an update on engagement.

7. Integrated Care System (ICS) - Update

The Committee received a report from the northwest London Integrated Care System (ICS) and included updates on: Covid-19 vaccination programme, inequalities framework, financial challenges, acute care, Mount Vernon cancer services, Mental health and Senior appointments.

The Chief Executive of the ICS introduced the report and gave a presentation that outlined the following:

- Though the vaccination programme had been a success there was also still more work to be done on the vaccination programme with other services to be potentially impacted because of the booster vaccine programme, however, it was reassured that emergency and urgent care would still go ahead alongside the booster programme.

- Cancer treatment patients would continue to be treated throughout the booster vaccination programme, in addition, patients that had been on the waiting list for a long time would also be seen to as soon as possible. The impact on services was due to staff availability and being used for the booster programme.

- Covid-19 school strategies had varied from school to school, for example some schools had closed early due to a peak in cases while others had restricted movement within the school. It was planned to give second doses of the vaccine to those aged between 12 and 15 in January 2022 as part of the national booster programme. The uptake for those aged between 12 and 15 had been 42% for the first dose, it was hoped that over the holiday period parents would get their children (who were eligible) vaccinated.

- In conjunction with the Prime minister's Covid-19 announcement the vaccination programme had meant that those over 18 could be given a booster jab 91 days after their second dose, a target had been set to get everyone over 18 jabbed for a third time. This change in plan had meant the primary sites were to be moved and for longer opening hours to be implemented.

- There were 86 pharmacies that had done circa 50% of the vaccines, there were plans to open 6 community hospitals hubs, in addition, there were plans to attend large public events in order to encourage uptake of the vaccine.

- Efforts had been placed into the vaccine programme, however, waiting times had been considered for elective surgery so that waiting times did not fall back. It was anticipated that longer waiting times would be expected in light of the new vaccination programme. However, priority had been given to cancer treatments, other urgent treatments and to those that had already been waiting for an extended period.

- Urgent treatment centres were noted to have worked hard on ensuring that only appropriate patients that go to A&E. General Practitioners (GP) had been made aware that a balance between the delivery of the vaccination programme and the upkeep of general services needed to be maintained.

The Chair thanked them for the presentation and opened the floor to questions from the Committee which were answered as follows:

- A Member welcomed the work done on inequalities; however, it was requested if an insight could be given into the draft inequalities report and data metrics as this would allow for an input from representatives and their localities. The Chief Executive of the ICS agreed that this could be sent to the Committee and would welcome comments.

- It was asked if more detail could be provided on the changes surrounding the underlined deficit. To which the ICS Chief Executive explained that some changes had been due to the allocations as well as recurrent and non-recurrent underpinning deficits and that the partnership board paper would be sent to the Committee as this would provide further details.

- There had been substantive movement to Hillingdon hospital in order for the trust to be balanced for the financial year 2021/22, with a recovery team allocated to Hillingdon Hospital from NSH EI.

- It was noted by a Member that packages received by residents were often printed in colour and wondered if costs could be reduced if this was avoided. To which the Director of Communications and Engagement at NW London ICS explained that printing in colour had been avoided where possible, however they would look further into where else this could be achieved.

- Clarity was sought over the locations of planned surgical and diagnostic hubs, the Chief Executive for London North West University Healthcare NHS Trust explained these hubs would have the ability to fast-track diagnostic services and though locations were to be finalised Ealing would be one of the 4 locations for these hubs.

- It was asked if something could be done in relation to mental health and hospital discharges when it came to housing for these out-patients. It was noted by the Chief Executive for London North West University Healthcare NHS Trust that work had been done for it be ensured that care could be given more appropriately to patients in their own setting.

- How might the new structures between the ICP and the ICS manifest and for patient voices to be included. The Director of Communications and Engagement at NW London ICS highlighted that in line with the launch of the inequalities framework in early 2022, there were plans for public events to be held in each borough so that members of the public could contribute their thoughts around the response to the inequalities framework.

The Chair thanked health colleagues for their responses and closed the discussion. The Committee were invited to make recommendations with the following:

RESOLVED: That

(1) NHS NW London's Chief Finance Officer provide the JHOSC with further financial information in relation to budget management and o include an update on Hillingdon Hospital;

(2) detail on the approach to patient discharge and links to key services, particularly housing to be included in the mental health paper at the next JHOSC meeting.

As well as recommendations, a number of requests for information were made during the discussion, recorded as follows:

i. For the Committee to be provided the Draft report and data metrics for the locality analysis on the NWL inequality framework.

ii. For further detail on deficits, the Partnership Board papers to be provided.

iii. For further details of the fast-track surgical Hubs to be made available to JHOSC.

8. North West London Workforce - Update

The Committee received a report that provided an update on the progress of the NW London Workforce programmes. The Central and North West London NHS Trust Director of HR and OD, briefly outlined the following:

- The main risk had been the working capacity through winter, multiple factors were highlighted that could potentially impact capacity: sickness of staff; the uptake of staff vaccination and turnover of staff. In addition, it was important to support staff to take leave they need balanced with having effective capacity throughout this period, with a keeping well service launched for all staff on a referral basis.

- Recruitment over the past six months saw over a 1000 staff recruited that related to the vaccination programme as well as new roles within the NHS.

The Chair thanked them for the presentation and opened the floor to questions from the Committee which were answered as follows:

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- A Member raised the point of challenges of staff retention and recruitment and wanted clarification over how the ICS had planned to tackle these. The ICS Chief Executive noted that a lot of work had been undertaken in each organisation across north west London and would continue.

- The Central and North West London NHS Trust Director of HR and OD added that there were workforce race equality standards in place and that Trusts had been set challenging standards and a leadership ladder programme was in place to support BAEM staff get into more senior roles.

- A Member asked in regard to patient voice, how would it be ensured that between the news structures of the ICP and ICS how would the links between the two bodies manifest and for patient voices to be included. The Director of Communications and Engagement at NW London ICS explained that in early 2022 it had been planned to undertake public events where residents could contribute their thoughts in context to the inequalities framework.

- A member raised the concern of staff under pressure and wanted to know the number of unfilled posts, particularly for frontline roles. The Central and North West London NHS Trust Director of HR and OD explained that across health and social care there was an employment gap of circa 12,000 roles. However, it had been planned to employ 1,000 new staff within the NHS by March 2022. In addition, an analysis had revealed where frontline gaps were with targeted programmes made for these issues to be addressed.

The Chair thanked health colleagues for their responses and closed the discussion. The Committee were invited to make recommendations with the following:

RESOLVED: That an update be presented to JHOSC on recruitment, employment gaps and the range of work that had been undertaken.

As well as recommendations, a number of requests for information were made during the discussion, recorded as follows:

i. For the health and wellbeing offer to be sent to the Committee by the CNWL Director of HR and OD.

ii. For information on the leadership ladder programme to be sent to the Committee by the CNWL Director of HR and OD.

9. Palliative Care Review

The Committee received a report that provided an update on a focused piece of work that had commenced in North West London to improve the quality, equity and experience of community-based specialist palliative care and support residents and their family/ carers received, as well as the sustainability of their services. The report was presented in brief by the Chief Executive for London North West University Healthcare NHS Trust who highlighted the following:

- The remit of this consultation had not included hospital or children's palliative care; however, it had included specialist community palliative care. It was crucial that this work addressed inequalities and that initial data suggested that there were inequalities to be addressed.

- 49% of patients had passed away in hospital and that the opportunity for place of death to be chosen should be improved. Services needed to be appropriately placed and that this could be different for each

community. In addition, it was important that voices would be heard during the consultation.

The Chair thanked them for the presentation and opened the floor to questions from the Committee which were answered as follows:

- A Member highlighted that there had been a strong desire from residents to be engaged in this consultation and asked if Pembridge Hospice had been considered to be re-opened. In addition, it was suggested by the Member that within the Royal Borough of Kensington and Chelsea there had been an imbalance in health-equality and asked how health inequalities could be tackled. The Chief Executive for London North West University Healthcare NHS Trust explained that inequality was a key part of the work and that engagement had to be widespread. In regard to Pembridge Hospice, it would be too early to say and that there was a need for a consultation to be conducted before decisions were made.

- A Member raised concern that the paper lacked consideration of demographics, such as those who were isolated, elderly or disabled. In addition, dementia was something that could have been addressed further in the report. It was felt that other services should have been included for the report to have been more comprehensive. equality and so asked how health inequalities would be tackled. The Chief Executive for London North West University Healthcare NHS Trust explained that there had been concern that had the scope of the report been too large, the delivery could be hindered.

- Workforce challenges and the need for an accurate workforce plan were also raised by the Member, to which the Chief Executive for London North West University Healthcare NHS Trust agreed that workforce planning was important, however, there had been the intention for the service to be designed around patients and for a workforce to be designed to complement that required service.

- Further details were requested on how cultural differences were to be tackled. The Chief Executive for London North West University Healthcare NHS Trust noted that work needed to be done on cultural and religious beliefs when it came to palliative care and for the needs of communities to be met.

The Chair thanked health colleagues for their responses and closed the discussion. The Committee were invited to make recommendations with the following:

RESOLVED: That an update on palliative care be presented to JHOSC once the consultation had been completed.

As well as recommendations, a number of requests for information were made during the discussion, recorded as follows:

i. Further information to be provided to the JHOSC on demographics including dementia support.

10. Next Meeting

RESOLVED: That the next meeting was to be held on 9 March 2022.

(Note: The meeting, having commenced at 10.00 am, closed at 11.07 am).

(Signed) Councillor Ketan Sheth
Chair

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North West London Integrated Care System
Working together for better health and care

North West London Joint Health Overview and Scrutiny Committee

Carolyn Regan – SRO, MHLDA Programme and Chief Executive, West London NHS Trust

Agenda Item 5

09 March 2022

The four workstreams of the Mental Health, Learning Disabilities & Autism Programme aim to improve access, experience and outcomes for the local population of North West London

1) **Crisis Care** – There will be an increase in safe and satisfactory choices for people in crisis, avoiding A&E and admission, with more home treatment and greater community and voluntary sector support (phone, digital and face to face).

2) **Community** – Community teams will cover more days and longer times, for more local care and treatment, from a local system, including voluntary sector, that works together and builds confidence in people to take more care of their mental and physical health.

3) **Children and Young People** – Single points of access to services, more digital options, meeting new demands from services missing during Covid-19 (like schools); strengthened liaison between local NHS and non-NHS partners, with better transitions to adult services.

4) **Learning Disabilities and Autism** – Keeping people mentally and physically well, with right support in right place so hospital not always necessary; greater support for families and all services to guard against exclusion from service offer, including digital.

The Programme works at a North West London system level, driving transformation and strategic commissioning, continuing to work closely with local teams to ensure that mental health, learning disability and autism services meet the needs of people across North West London.

There have been notable key achievements across the four workstreams

Children & Young People

- Kooth, the **online mental health platform** for children and young people between 11 and 25 years, was commissioned to provide a single, consistent digital service offer across all NW London boroughs from 1 June 2021.
- NW London continues to **exceed trajectory and remains on track to increase the number of CYP accessing services** in line with the NHS Long Term Plan ambitions for 2021/22 and a 10% increase in activity compared to previous year.
- **19 Mental Health Support Teams in schools** deliver evidence-based interventions for mild-moderate MH issues, provide advice to school and college staff, and help CYP to get the right support and stay in education.

Mental Health Crisis Care

- **Expansion of liaison psychiatry services** meaning 6/7 acute hospitals now provide a Core 24 service. Winter funding at 7th site (EAL) used to expand team and improve response times.
- Expansion of **community crisis teams** with 24/7 provision.
- Expansion of **crisis alternatives** to every borough to offer an alternative to ED attendance/ admission.
- Establishment of **NW London Suicide Prevention Network** with co-production of projects offering direct support.
- **NW London-wide suicide post-vention** service continues to support people bereaved by suicide.

Learning Disabilities & Autism

- NW London has achieved a **47% reduction in the number of inpatient admissions** for CYP with LDA since January 2020.
- Good performance on **annual health checks for people with LD at 47.9%** YTD compared to 44.8% previous year.
- **Care (Education) & Treatment Reviews continue to improve** and NW London is exceeding average London performance.
- **Dynamic Support Registers have been strengthened** with increased investment to support: the roll out of the CYP keyworker pilot; a positive behavioural support service; and specialist outreach autism posts. Together helping to **improve multi-agency community support for CYP in crisis.**

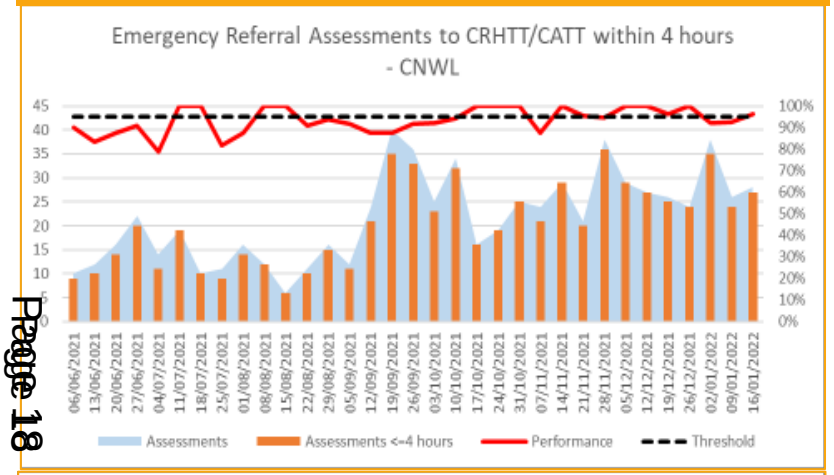
Community Mental Health

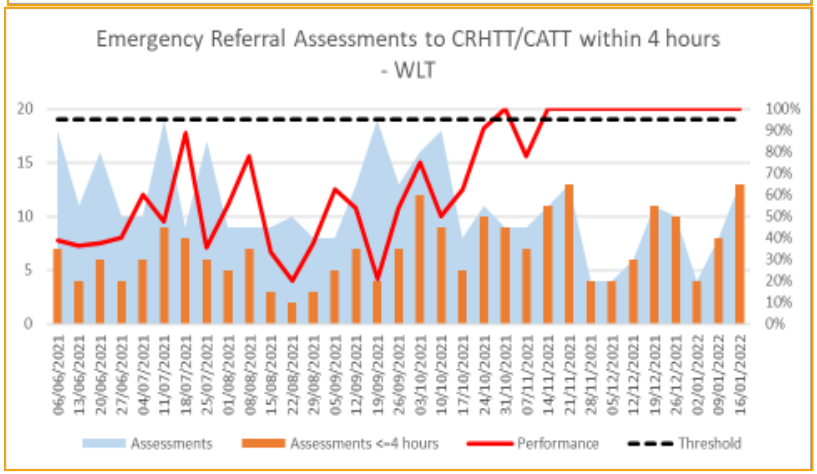
- Continued rollout of **community mental health transformation** with increased access.
- **ARRS mental health practitioner** roles are being recruited to in line with community mental health transformation plans.
- **Increased SMI healthchecks to 52% YTD** with 3/8 boroughs >55%. Targeted work with the support of the VCSE, to reduce variation and increase uptake continues.
- Developing a **single service specification for dementia** services in NW London to improve consistency of offer and outcomes.

North West London Integrated Care System

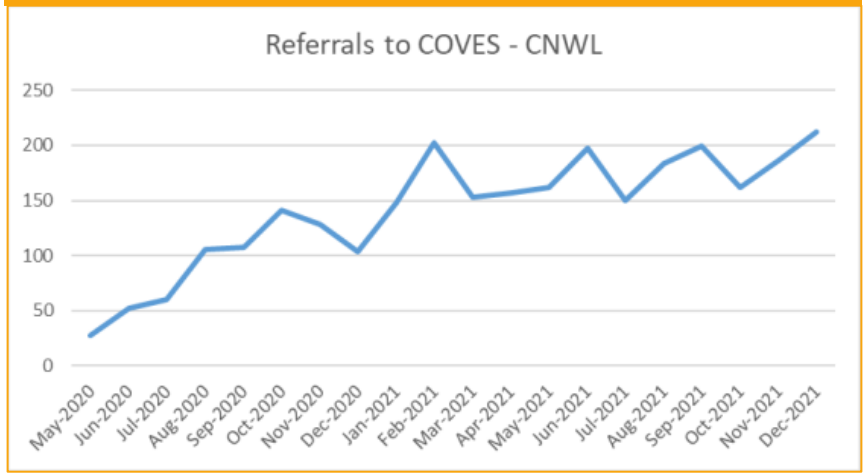
Expansion of community crisis teams and crisis alternatives to A&E has provided greater capacity to support people outside of A&E

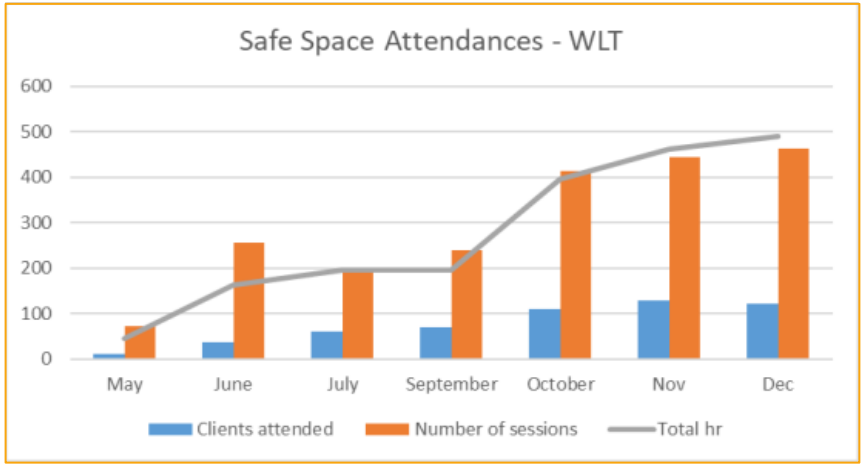
Community Crisis Teams





Crisis alternatives to A&E

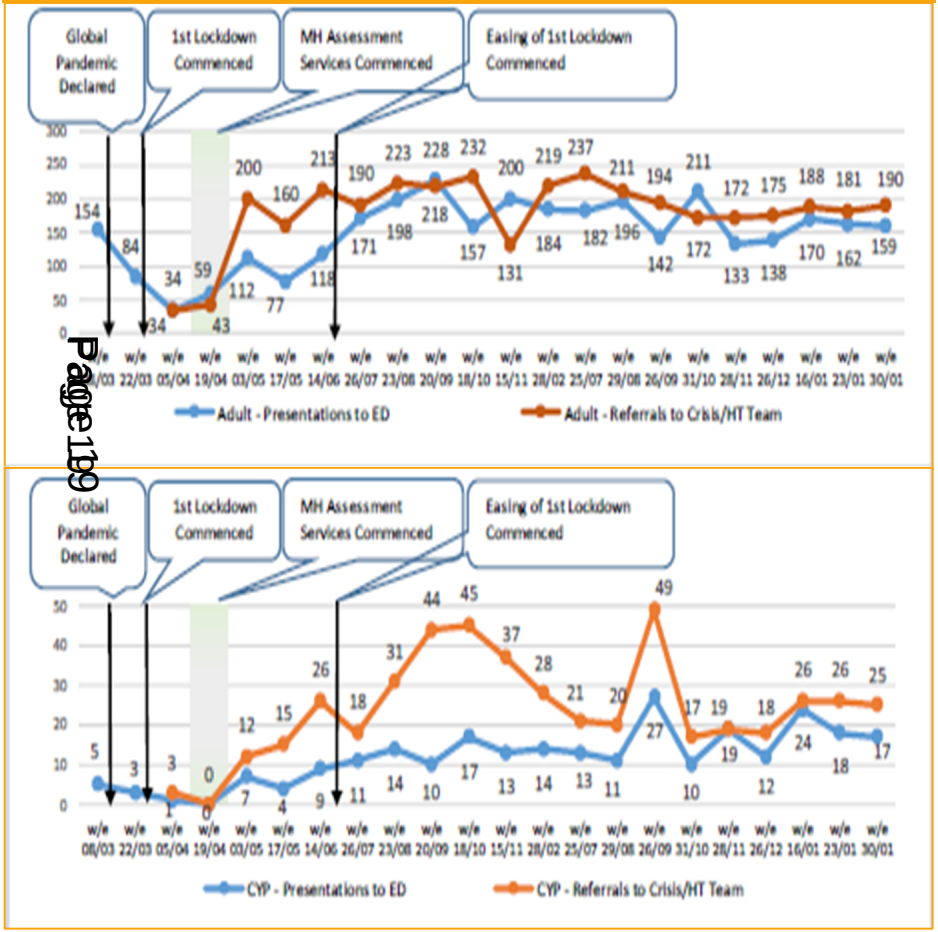




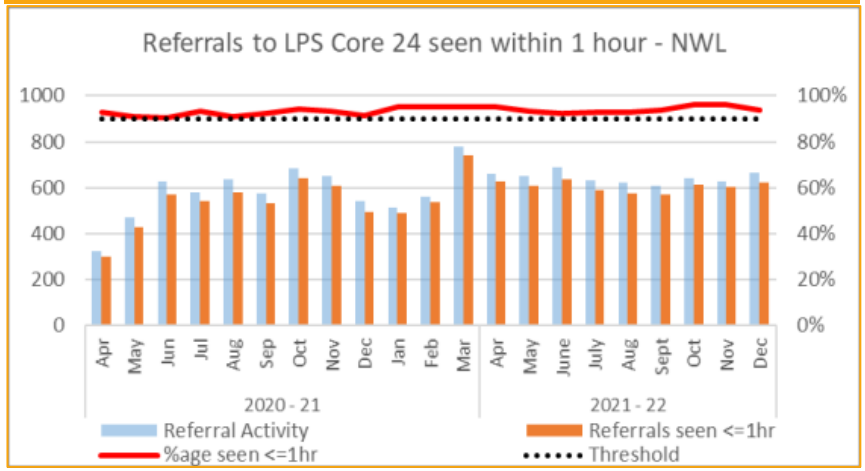
North West London Integrated Care System

Referrals to community crisis teams are increasing and higher than attendances to A&E; psychiatric liaison teams' response <1 hour has improved

Attendances to A&E (Adult & CYP)



Psychiatry liaison

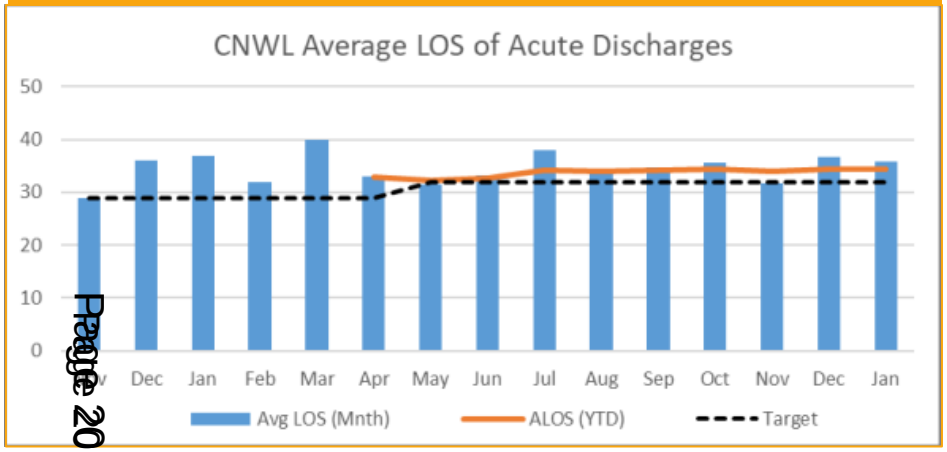


- To reduce adult mental health A&E attendances and long waits, preventative mitigations are in place, these include:
  - Improving the use of crisis alternatives and SPAs
  - Utilising CRHTT / CATT to provide urgent assessment at home within 4 hours
  - Improved response times from psychiatric liaison teams
- For CYP MH attendances, community provision has been expanded, including:
  - Urgent Care /Crises and home treatment teams
  - Additional capacity and capabilities in the community Eating Disorder Teams

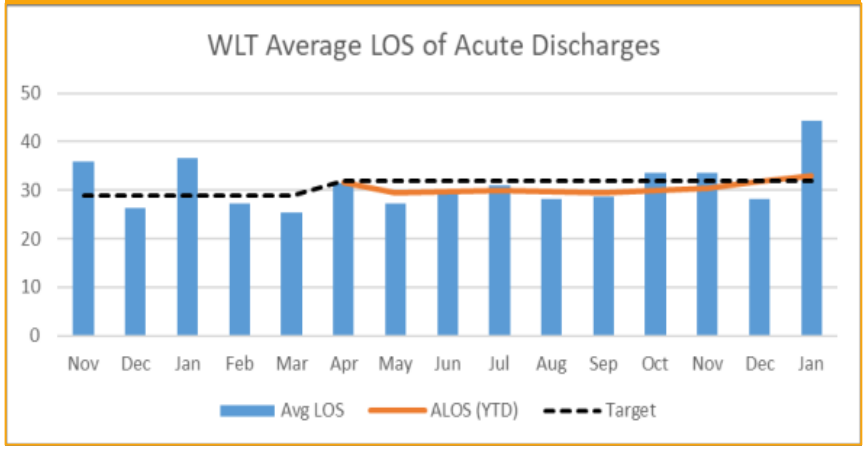
North West London Integrated Care System

Both mental health providers are working to reduce average length of stay to 30 days

CNWL Average LoS of Acute Discharges



WLT Average LoS of Acute Discharges



Multi-Disciplinary Discharge Events

- Multi-Agency Discharge Events (MADEs) are held regularly for all older adults and complex patients with wider partners focussing on facilitating discharge for all patients with LoS above national average (75 days).
- The first rehab MADE was held in July for CNWL and reviewed 45 patients with the longest LoS - 18 discharges to date

To support acute inpatients to return to their homes and communities both Mental Health Trusts have a robust discharge pathway in place

CNWL Community Access Service

One team for each site made up of 1x B7 Patient Flow Social Worker and 1x B4/5 Peer Support Worker, with support from the Urgent Care Patient Flow Senior Lead. The service is designed for patients with complex mental health needs and/or social care needs which relates to their mental health needs which translate to prolonged acute inpatient care. The team will:

- Support with referrals to supported housing/rehab/complex placements – helping to complete applications and follow up/chase where necessary to avoid delays
- The Patient Flow Social Worker will prioritise working with patients who are not currently known to a Community Team and support the early completion of a Care Act assessment.
- The CAS will work closely with Care Coordinators to help facilitate discharge and avoid delays
- The Patient Flow Social Workers will also work with the local teams to complete the relevant assessments to help determine the patient's needs.

This is not exhaustive – the CAS screen patients on admission, and again as part of MDT/whiteboard/ward rounds to identify potential barriers to discharge and reablement needs as early as possible.

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WLT discharge pathway

To support acute inpatients to return to their homes and communities' mental health bed, a robust discharge pathway in place. The following services/ functions are in place to facilitate timely and safe discharges:

- Ealing mental health rapid discharge (comprising of social workers funded by the Trust) facilitates safe discharge for Ealing mental health service users. This team links with Charing Cross and Lakeside Mental Health Units. The team undertakes care act and 117 assessments; facilitates signposting and advice, makes referrals to partners in the community and other health and social care agencies, and commissions packages of care.
- Similar arrangements are in place across all boroughs, in Hounslow for instance two placement officers, a team leader and a transitional social worker work on supporting safe discharges.
- The mental health community rehabilitation service aims to support patients to transition between different services e.g. from inpatient care to community accommodation, from higher to medium to low supported housing provision and from supported housing to independent living. It is set up to work closely with CCG, local authority and placement reviewers to ensure a flow through the system and reduce the risk of placement breakdowns.

There are a range of other measures in place across North West London to support discharge from hospital for mental health patients

Leadership and bed management functions

- Leadership calls to monitor daily demand and capacity, through daily bed huddle calls scrutinizing flow, weekly escalated bed management meetings focussing on long stayers

Step Down beds

Step Down beds across all boroughs to support patient flow. Teams work jointly with local community teams including crisis teams, community mental health teams and third sector to support successful discharge planning:

- To support the discharge of patients safely in the community
- To support the reduction of the length of stay in acute mental health wards
- To provide in-reach support in relation to benefits/housing process
- Create recovery focused environment that supports engagement with activities of daily living.
- To support patient with discharge goals

Individual Placement & Support

- Increasing access to Individual Placement and Support (IPS) services to support people with severe mental illnesses where this is a personal goal to find and retain employment
- By the end of 2021/22, NW London will have supported over 1,000 people with SMI to find and retain employment

North West London Integrated Care System

North West London Integrated Care System
Working together for better health and care

Workforce Update
JHOSC

The JHOSC are asked to note:

- Workforce performance changes specifically in absence and vacancy trends and the mitigating actions being put in place through People Plan initiatives and locally across organisations to address them
- Updates against key areas of national priority in the Workforce programmes

Agenda Item 6

Charlotte Bailey | 9th March 2022

Contents

North West London Integrated Care System

NWL People Plan

- Care
- Lead
- Include
- Learn
- Grow
- Transform
- Enable

Some of the challenges we are trying to solve together through partnership, innovation and sharing best practice:

- Demands on staff and the knock-on impacts on HWB
- Impacts of Covid-19 on staffing
- Supply and pipeline shortages in core professions
- Recruitment and retention
- Diversity within the workforce esp. at higher grade roles
- Climate and culture
- Leadership capacity and skills for the future
- New operating and clinical models for staff

Performance: Core Workforce KPIs

Section	Metric	Metric Status	Trend	NWL Target Range	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Core Workforce KPIs	Trust Post Establishment (WTE)	Watch		n/a	50,320	50,365	50,538	50,869	50,984	51,251	51,741	51,966	52,196
	Trust Staff Inpost (WTE)	Watch		n/a	45,162	45,145	45,176	45,066	45,165	45,188	45,444	45,815	45,859
	Trust Staff Inpost (headcount)	Watch		n/a	49,815	49,847	49,838	49,606	49,565	49,902	49,908	49,822	50,547
	Vacancies (WTE)	Watch		n/a	5,158	5,220	5,363	5,803	5,819	6,063	6,297	6,151	6,337
	Vacancy Rate (%)	**Driver**		**8-12%**	**10.3%**	**10.4%**	**10.6%**	**11.4%**	**11.4%**	**11.8%**	**12.2%**	**11.8%**	**12.1%**
	In-month Sickness Rate (%)	**Driver**		**3.3-4.4%**	**3.5%**	**3.5%**	**3.9%**	**4.2%**	**4.2%**	**4.4%**	**4.7%**	**4.6%**	**5.8%**
	Rolling 12-Month Sickness Rate (%)	**Driver**		**3.3%-4.4%**	**4.1%**	**4.1%**	**3.8%**	**3.9%**	**3.8%**	**3.9%**	**4.0%**	**4.0%**	**4.2%**
	Voluntary Turnover Rate (%)	**Driver**		**10 - 18.4%**	**11.7%**	**11.7%**	**12.1%**	**12.3%**	**12.0%**	**12.1%**	**12.0%**	**12.9%**	**13.2%**
	Core Skills Compliance Rate (%)	**Driver**		**85%-92%**	**88.7%**	**88.7%**	**90.6%**	**90.2%**	**90.7%**	**90.5%**	**90.1%**	**90.6%**	**90.8%**

North West London Integrated Care System

GROW

- Vacancy levels increased from 11.8% to 12.1% during December as a result of an overall establishment increase of 231 WTE across the sector and a 44 WTE overall
- 6,337 (12.1%) WTE vacancies across NWL Trusts – nursing and midwifery have highest figure
- Voluntary turnover at 13.2% is a small but steady increase over the year
- Anecdotally, relocation and career change decisions following the first 18 months of the Covid-19 Pandemic response are a key driver for this upswing

Current joint actions:

- Local recruitment plans in place – key focus on hard to recruit and hard to keep roles – sharing best practice
- As a collective, collaborative recruitment drives, the Certificate of Eligibility for Specialist Registration (CESR) programmes and first contact Additional Reimbursable Roles Scheme (ARRS), are being accelerated
- International and Refugee recruitment programmes and Widening Access programmes (Nursing) underway

Key achievement this quarter:

- Acute Care staffing dashboard developed to identify & monitor hotspots – enables joint action across organisations
- Vaccination to Vocation retention programme has supported 179 staff into health care roles across NWL to date) – 111 have been retained into ICS vacancies, 60 into Trust Banks and 3 into apprenticeship schemes

Collective ask:

- Note the initiatives underway and support joint initiatives as they arise

Next steps:

- Focus on hard to recruit and hard to retain roles
- Continued health and wellbeing support to minimise turnover

North West London Integrated Care System

GROW – Vacancies

- There are currently 2,512 WTE vacancies (14.4%) for qualified nursing & midwifery roles with a further 966 WTE vacancies across qualified scientific, therapeutic & technical roles
- In addition, there are a further 951 WTE administrative & clerical roles vacant across the sector's Trusts at bands 2 – 6 (12.1% of this staffing groups establishment)
- Within the medical and dental workforce, there are 350 WTE vacancies including 155 WTE Consultant and 107 WTE training/trust grade vacancies
- High vacancy rates do not equate to unsafe staffing levels and all Trusts work hard to mitigate, on a shift by shift basis, roster gaps through
  - bank, agency and locum use
  - deployment of staff from other areas
  - senior clinical staff working in the numbers
  - cohorting of patients

Current joint actions:

- Implementing a retention prototype to develop best practice and scale up
- Accelerate the vaccination to vocation and volunteering to vocation programmes
- Establish the NWL Skills Academy to support entry level roles supported by FE/HE partners
- ICS plan for new roles and international recruitment ongoing
- The 'new to the NHS NWL ICS Graduate Scheme' supports early talent management and retention of our local communities. Cohort 1 will launch in Q3/Q4. We will link in with local universities to ensure a pipeline of applicants
- Developing collaborative employment models and providing ICS recruitment support in areas of high deprivation including recruiting into Mental Health ARRS roles through the Mental Health Trusts

Key achievement this quarter:

- Expansion of International Recruitment for nursing
- GLA bid win to support development of skills Partnership-led Skills Academy for NWL supporting recruitment and talent pipeline development

Collective ask:

- Focus on the recruitment initiatives underway and support joint initiatives

Next steps:

- Workforce Planning with 3-5 year horizon with support from EY programme
- Continued alignment with ICS Programmes to engage in developing new models of care and new ways of working

North West London Integrated Care System

Sickness and Health & Wellbeing (HWB)

- The NWL sickness absence rate has risen since June 2021 and is 5.8% end December 2021 equating to a total of 1,900 staff absent due to Covid-19 and a further 1,529 absent through other illness
- More of our staff are suffering from psychological trauma
- Bullying and harassment continues to be flagged through staff feedback
- Referrals to the Keeping Well service show a steady increase with over 2500 referrals from June to November 2021 and with a clinical recovery score improving by 2.5% to 64.5%. This is higher than the average 50% for those receiving IAPT intervention
- The most predominant issue staff present with is depression and anxiety often presenting as 'work-related stress'
- Feedback from staff : Morale is low, while reported work pressures (often due to staffing challenges) remain high. Many staff also reported finding it difficult to engage with wellbeing offers when the demand / workload is high

Current joint actions:

- Supporting all organisations to implement the 10-point plan for HWB
- Funding and running a staff IAPT service to address psychological well being – via Keeping Well service
- Developing a joint Occupational health service to reduce waiting times and get people back to work quickly
- Maximising the uptake of national HWB offers

Key achievement this quarter:

- Successfully bid for £250k funding for the 'Growing Occupational Health' programme with the prototype collaborative programme - prototype in now live in two Trusts and IT system implementation started
- Additional funding to continue the Keeping Well service secured
- 116,922 Covid vaccinations delivered from 13/09/21 to 09/01/22, with a significant uptake during the Christmas booster campaign

Collective ask:

- Focus on implementing the HWB 10-point plan

Next steps:

- Review 2021 Staff Survey results (due March 2022) to further target HWB to staff groups
- Continue staff engagement to widen awareness of the Keeping Well service and other staff support initiatives

North West London Integrated Care System

Diversity

- We have a diverse workforce across gender, age and ethnicity
- The workforce profile in our Trusts shows
  - 73.9% of our workforce is female and 26.1% male
  - 52.5% BAME and 41.5% white (5.9% not stated)
  - 60.5% of staff are aged 40-60+
- Workforce Racial Equality Standard (WRES) disparity indicators show NWL senior roles representation at 2.28:1 (White:BAME) which is higher than national median of 2.87:1; however, this is within norms but an area NWL is addressing
- WRES data also indicates the relative likelihood of white to BAME staff being appointed to roles is 1.53 which is lower than the peer benchmark of 1.55 and flags as 'red'
- Inaugural Medical WRES data shows a similar trend to the WRES in that BAME doctors are:
  - Underrepresented in consultant roles
  - Underrepresented in academic positions
  - Overrepresented non-consultant roles and in postgraduate training roles

Current joint actions:

- Model employer targets for each organisation and ICS agreed target– support and challenge positions and initiatives
- Sharing best practice and research through the variety of networks across NWL
- Inclusive recruitment supported with Toolkits and
- Leadership Ladder Programme in progress with 12 high potential candidates
- NED development programme in development
- Board development funding secured for Boroughs
- Staff voice and feedback via a variety of forums
- Inclusion newsletter launched

Key achievement this quarter:

- Launch of the De-bias Recruitment and Selection Toolkit in February 2022
- The Inclusive and Compassionate Leader Programme commenced

Collective ask:

- Focus on agreeing and addressing Model Employer Targets

Next steps:

- Confirm Model Employer Goals and action plans at a local level and agree an ICS overall target
- Review 2020 Staff Survey results (Mar 2020) for hotspots and improvements

Primary Care

- 2020/21 data indicates a steady decline in GPN numbers by 16.38%; if not addressed, numbers will decline by >45% in the next 5-years
- GP rates have increased in senior bandings from 1238 in June 2020 to 1303 (4.28% increase) in December 2021 – anecdotal rationale is due to NHSE golden handshakes for GP Partners
- Of the 552.03 WTE ARRS roles planned to be recruited by December 2021, 440.07 WTE roles are now in place (20.28% below plan); the impact of the pandemic and strict HEE recruitment criteria has slowed the recruitment process

Current joint actions:

- GP Mentorship and SPIN Fellowship programmes underway for GPs and GPNs
- GPN training programmes initiated through additional funding for Training Hubs
- NWL Deep End project supports GPs working in areas of high deprivation
- Collaborative approaches and new employment models to support Hard to Recruit ARRS including networks for various AHP roles
- Stakeholder events to support borough level workforce recruitment planning and alignment with Vaccination to Vocation opportunities
- Leadership development programmes for Clinical Directors, Practice and Business Managers

Key achievement this quarter:

- Successful appointments made from the Vaccination to Vocation programme

Collective ask:

- Focus on GP Leadership Development to support workforce initiatives related to staff wellbeing and retention

Next steps:

- Ongoing alignment of collaborative recruitment and development initiatives
- Detailed workforce planning and implement plans to integrate consistent and accurate data collection for core metrics

Social Care

- We have established further links with DASS network and identified key areas for further collaboration
  - Building a better skilled and qualified workforce
  - Identify what roles are common and how they can be flexibly shared
    - HCA roles – equitable employment offering and agile workforce across health and social care
    - Shared Therapies roles in the community
  - Health and wellbeing services and approaches could be shared
- We have agreed next steps
  - Focused session planned to confirm priorities and generate ideas for collaborative approach for
    - Difficult to recruit roles – e.g. Occupational Therapists
    - Investigate Community Matron role
    - Joint staff banks / Collaborative Bank opportunities
    - Care Home specific needs
  - Local Authority representation on the NWL People Board – Stephen Forbes (Executive Director of Children's and Adult Services, London Borough of Hounslow) appointed

Next Steps:

- Incorporate ICS Design Features into our People Function infrastructure (e.g. Talent Management approach, maturity of People Function)
- Review the governance structure
- Align plans with deliverables and timescales and measures against outcomes to be reviewed and developed for each Function, taking into account the 2022/23 Operating Plan and Future of HR and OD 2022/23 requirements

ICS System Development: Developing and embedding ICS Values and Behaviours

Achieved so far:

System-wide values and behaviours workshops – Nov-Dec 2021

8 workshops with 126 staff from CCG, Trusts, LAs, Primary Care and Boroughs

Current activities: Post workshop engagement – Jan-Feb 2022

Initial analysis informing facilitator working group and PBP workshops in Jan – Feb 2022

ICS Executive input via working session planned 4th March

Next Steps – Mar 2022 onwards

Creating the framework – signoff by Execs 18th Mar

ICS Exec development session – 1st April

Partnership Board signoff – 26th April

Embedding and 'hardwiring' plan implementation – April onwards

North West London Integrated Care System

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Report for:	**NW London Joint Overview and Scrutiny Committee**
Date of meeting:	Wednesday 9 March, 2022
Subject:	North west London acute care programme - planned care recovery and development
Responsible officer:	
Report authors:	Professor Tim Orchard Chair, North west London acute care programme board; Chief executive, Imperial College Healthcare NHS Trust Pippa Nightingale Chief executive, London North West University Healthcare NHS Trust
Enclosures:	North west London acute care programme briefing March 2022

Section 1 – Summary and recommendations

This report provides an update on the north west London acute care programme led jointly by the four acute care trusts in north west London as part of the North West London Integrated Care System. It summarises the latest data on planned care activity and waiting times as well as our main collaborative developments, including 'fast-track surgical hubs'. It also includes sections on two particular developments – 'Exploring a north west London elective orthopaedic centre' (2.2) and 'Developing community diagnostic centres' (4.1) – for which we are developing plans to engage and involve a wide range of stakeholders, including staff, patients and local communities. We want to involve stakeholders in shaping and assessing all aspects of our plans in advance of bringing any formal proposals for consideration by the JHOSC and others. This informal involvement would also be in advance of any formal public consultation processes that we would work with the JHOSC and other statutory stakeholders to determine.

Recommendations:

Members are requested to note the enclosed update and to support the development of our informal involvement and engagement plans.

Acute care programme briefing - planned care recovery and development, March 2022

Chelsea and Westminster Hospital, The Hillingdon Hospitals, Imperial CollegeHealthcare and London North West University Healthcare

1 Introduction

Our collaborative approach to working across our 12 acute and specialist hospitals in north west London is becoming increasingly embedded. It has enabled us to maintain more planned (elective) care during the third wave of Covid-19 infections than in the second wave when, in turn, we had seen an improvement on the first wave. As we look to the new financial year and hopefully emergence from the pandemic, we are collectively focusing on both immediate measures to increase emergency, urgent and planned capacity while continuing to minimise the risks of Covid-19 and longer term plans to develop better ways of working to reduce waiting times, improve our care and outcomes and help tackle underlying health inequalities.

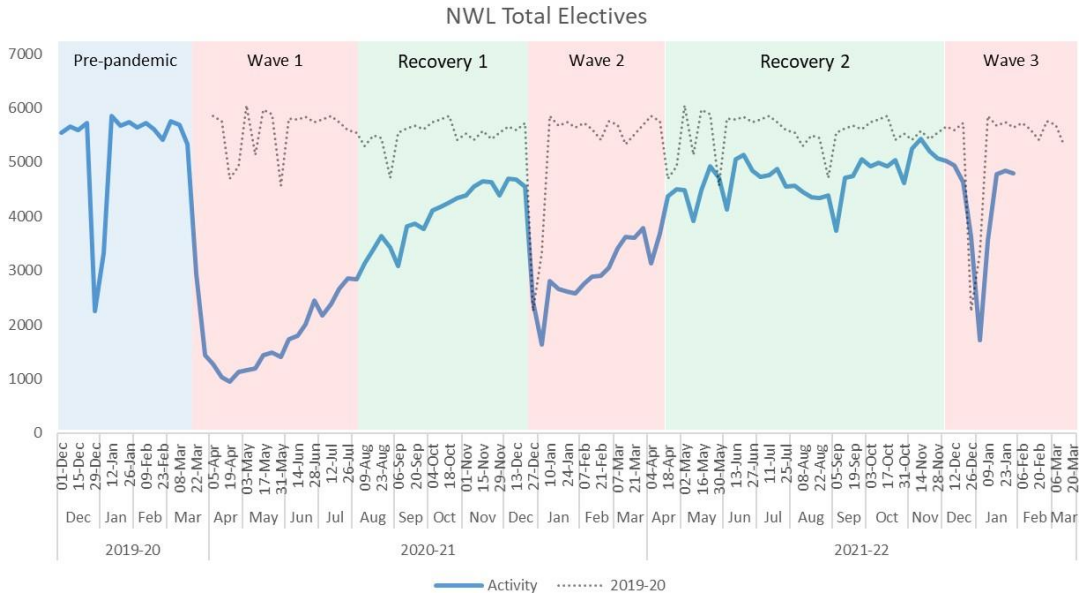

Figure 1: Total number of patients receiving planned care in north west London. Source: NHS England weekly activity report.

During the third wave, we were able to maintain 85 per cent of our pre-pandemic levels of planned care, peaking at 95 per cent – a significant increase from the 60 per cent maintained during the second wave and the 15 per cent maintained in the first wave.

This briefing provides an update on key performance measures and targets for acute care across north west London and our main collaborative developments.

2 Planned care

In December 2021 (latest fully validated data), there was a total of 205,657 patients on our (inpatient and outpatient) waiting lists. This represents a continuing increase against a national ambition to maintain the number of people waiting at September 2021 levels. However, given the impact of the third wave of the pandemic on planned care capacity and anticipating that more patients willcome forward for treatment as we emerge from the pandemic, we expect the size of the waiting list to increase further before we are able to achieve a sustainable reduction.

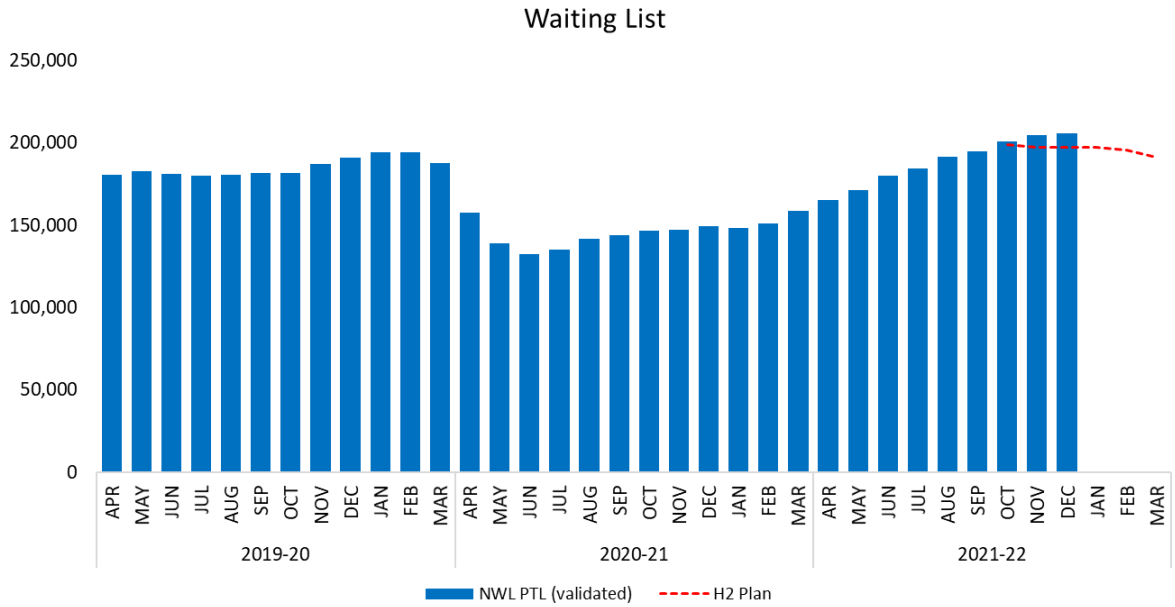

Figure 2: Total number of patients on north west London waiting lists. Source: Monthly 'consultant-led referral to treatment waiting times' dataset published on NHSE Statistics

As of February 2022, we have managed to achieve 87 per cent of pre-pandemic planned care activity and we are working towards the national target of 104 – 110 per cent for 2022/23.

2.1 Embedding 'fast-track surgical hubs' and making best use of theatre capacity
One of the ways in which we have been able to maintain more planned care through later waves of the pandemic has been through the establishment of 'fast-track surgical hubs'. Part of a wider NHS initiative, we identified 14 surgical facilities across our hospitals that could have a good degree of separation from urgent and emergency care pathways. We then focused surgery in these facilities on so-called 'high volume, low complexity' procedures where evidence has demonstrated improved quality and efficiency when a surgical team undertakes a high number of these procedures in a systematic way. Most high volume, low complexity procedures are within six specialties – gynaecology, urology, ophthalmology, orthopaedics, ears, nose and throat and general surgery – which also represent our longest waits.

We are regularly monitoring theatre utilisation across all sites, drawing on comparative data nationally and regionally. We are working to ensure best practice and reduce unwarranted variations so that we can increase the amount of surgery we offer from within existing facilities. We are particularly looking at how our 'green' sites – our facilities that do not include A&E departments and so where planned care is less impacted by urgent demand – can best support longer term elective recovery. In parallel, we are working to understand best practice and variations in pre-operative pathways to help develop common approaches that are better for patients and more efficient, including establishing a process for enabling pre-operative assessments undertaken by one provider to be recognised across all providers to avoid duplication.

We have also recently made a £2million investment in surgical equipment to help increase theatre capacity, particularly for gynaecology.

2.2 Exploring a north west London elective orthopaedic centre
Building on the concept of fast-track surgical hubs, we have begun to develop a more strategic, larger-scale approach to improving our provision of 'high volume, low complexity' surgery across the sector. The driver is to improve quality as well as to significantly expand access and shorten waiting times over the next few years.

We believe there is a good case for beginning with orthopaedic surgery. While the pandemic has led to longer waiting times across all specialties, orthopaedics has been particularly impacted as it accounts for more than 25 per cent of all surgical interventions undertaken nationally. Without some further intervention, the number of people waiting for orthopaedic surgery in north west London is expected to increase by just under a fifth by 2030, from the current position of just over 12,000 waiting for outpatient or inpatient care.

In addition, while we have some of the best outcomes for orthopaedic surgery, including being in the top ten per cent nationally for readmission rates on a number of our sites for specific procedures, we need to achieve this consistently across the sector and we can do more to improve patient-reported outcome measures and lengths of stay across the board.

There is a strong evidence-base for elective care centres, especially for the provision of orthopaedic surgery. These centres are dedicated and purpose-designed facilities, entirely separated from urgent and emergency care services, where specialist teams provide 'systematised' surgery for a small number of common procedures. A well-established example is the South West London Elective Orthopaedic Centre where approximately 5,000 orthopaedic procedures are carried out every year with lower than average length of stays and good feedback from patients and staff.

We have been exploring how we might best establish an elective orthopaedic centre for north west London alongside maximising our planned surgery capacity overall. We think the best existing location is likely to be the Central Middlesex Hospital – it is amongst our best quality estate, it is one of only two sites that do not provide urgent and emergency care services at all and there is good potential to expand and remodel existing facilities. It also has the shortest average travel times of all our hospitals to all of the boroughs in north west London.

There is a large amount of work to do to explore the case for an elective orthopaedic centre. This includes establishing the best location and working through improved, end-to-end orthopaedic pathways (including continuing to provide pre and post-surgical care at our other hospitals and in the community), understanding and responding to the views and needs of patients and other stakeholders, analysing potentially differential impacts on different groups of patients to address potential health inequalities, and identifying the capital and revenue funding and workforce requirements. We also need to consider the wider implications – and opportunities – of using the Central Middlesex site.

We are in the process of establishing a project management and governance structure to explore our various options and develop proposals for wider consideration. This will also include considering options for other specialties as we look to prioritise improvements to reflect areas of greatest need. We are also developing a communications and engagement programme to ensure staff, patients and wider stakeholders help shape all aspects of this work as early as possible.

2.3 Supporting patients who are waiting and offering faster care where possible
In line with the rest of the NHS, many of our patients have now been waiting a long time for their care as a result of the pandemic and increasing need. As of December 2021, there were a total of 53 patients in north west London who had been waiting two years for their treatment compared with 1,200 across London as a whole. Our number is down from a peak

of 127 in July 2021 and we are working to have no one waiting for two years by the end of March 2022.

As of December 2021, there were a total of 4,075 patients in north west London who had been waiting 52 weeks for treatment, down from a peak of 6,802 in February 2021. Our number equates to two per cent of our waiting list, compared with three per cent for London as a whole and five per cent across England. NHS England has set the ambition to stabilise the waiting list size for patients waiting over 52 weeks and we have set a further ambition to reduce the number of patients in this cohort.

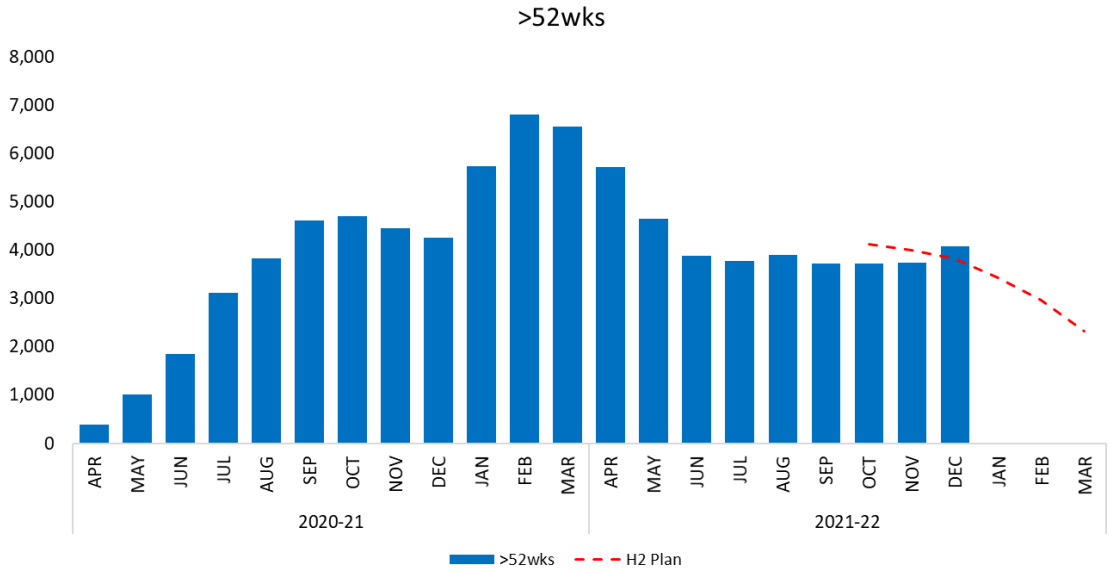

Figure 1 Total number of patients waiting one year or more for treatment in north west London. Source: Monthly 'consultant-led referral to treatment waiting times' dataset published on NHSE Statistics

Even with our focus on reducing long waits, it's clear that many patients will have to wait longer for care than before the pandemic for some years to come. We have put in place new ways of working, and we are continuing to explore new approaches, to ensure we keep patients safe, support them while they are waiting and tackle inequalities and unfairness.

We have an agreed set of principles and review meetings in place across primary and secondary care in north west London to help ensure we take a consistent approach to clinical prioritisation and to identify issues, such as the possible deterioration of a patient's condition. We have developed protocols for transferring patients to another provider with more capacity to prevent particularly long waits wherever possible, helping to address inequalities in access to care. One example has been the transfer of gynaecology patients with complex endometriosis who were waiting more than 104 weeks – of the patients identified as suitable and who consented to being transferred, 95 per cent have now been treated.

We have established a common data infrastructure with a single view of our waiting lists and we have also begun to pilot a new digital platform to give clinicians – and eventually, we hope, patients – better visualisation of demand and capacity data and greater ability to use that data to schedule work and priorities within their services.

One further work area is the development of better information and engagement approaches to ensure patient awareness and understanding of how we are managing waits and new ways of working, making sure we reach all parts of our population.

2.4 Other strategic developments

With partners in north west London, we are beginning to explore how we can develop improved models of care across all key specialties. One priority is ophthalmology care as the specialty has high waiting times and there is potential for much more integrated working across different teams and services. We also have a particular challenge with ophthalmology capacity currently with fire safety issues causing the temporary, partial closure of the Western Eye Hospital. We are working through a programme of repairs at the Western Eye – and the adjacent, vacant Samaritan Hospital building – so that we can return services to the site and we have put in place a mobile operating theatre at Charing Cross to restore some of the capacity temporarily in the interim.

3 Outpatient care

We had managed to achieve 102 per cent of our pre-pandemic outpatient activity following the second Covid-19 wave but this has dipped slightly during the third wave. As of February 2022, we are now at 101 per cent of our pre-pandemic outpatient activity, and working towards the national targets of 104 – 110 per cent for 2022/23.

3.1 Specialist advice and guidance

We are progressing plans to facilitate collaboration between clinicians across primary care and our acute hospitals. We have invested in a new sector-wide digital platform that once fully implemented will provide hospital teams with a single, more reliable and time-efficient route for managing GP advice requests and all referrals. Similarly, it will provide GPs with a single, more reliable and time-efficient route to specialist advice, and it also has the potential to support further alignment and integration of referral management processes in the future.

3.2 ‘One stop’ care pathways

We are exploring opportunities to create more ‘one-stop’ care pathways to provide faster diagnoses and routes to treatment, bringing together multi-disciplinary teams to organise care around the patient and reduce the number of separate appointments. We already have many of these pathways in place for patients with potential cancer symptoms and will be looking to extend them to specialties such as ear nose and throat, gynaecology and ophthalmology.

4 Diagnostic services

4.1 Developing community diagnostic centres

Community diagnostic centres are a national initiative to build diagnostic capacity for planned care, based in the community and separated from urgent and emergency pathways. This ‘one stop’ approach for checks, scans and tests will be more convenient for patients and help to improve outcomes for patients with cancer and other serious conditions.

National funding of £2.3bn has been allocated for developing diagnostic services and a national assurance and business case approval process has been issued for schemes to deliver new community diagnostic centres. We are looking to have new community diagnostic centres situated in at least two areas of north west London where there are significant clusters of deprivation – including one in the area of Hanwell, Southall and Greenford; and another in the area of Neasden, Stonebridge, Harlesden, North Hammersmith and Fulham, North Kensington, Queen’s Park and Church Street in North Westminster.

We are working up plans and business cases to progress new community diagnostic centres with capital investment from 2022/23. We are also developing plans to involve patients, staff

and other stakeholders in the development of the centres and the business cases over the coming months.

5 Cancer care

Urgent cancer referrals (on the 'two-week' pathway) have increased since March 2021 - across north west London, between 12 and 25 per cent more patients were seen on an urgent cancer pathway in November and December 2021. Performance against the national 'faster diagnosis' standard is stable at 72 per cent against the target of 75 per cent of patients being informed whether they have cancer or not within 28 days of urgent referral as of December 2021.

Overall, as of December 2021, cancer first treatments are up 9 per cent against the 2019/20 baseline. An additional 449 surgeries have been undertaken from March to December 2021 compared with the same time period in 2019/20. This increase in demand is creating capacity and operational pressures and longer waits for cancer care than planned. Performance against the 62-day wait (between an urgent referral and the start of treatment has dropped to 75 per cent in December 2021 from 78 per cent in July 2021. The impact of the Omicron variant pre-Christmas resulted in reduced capacity across acute trusts due to staffing sickness and so there was a downturn in activity for diagnostics particularly at this time. Together with RMP Cancer Alliance and wider partners across the integrated care system, we are working through how we can best achieve greater, sustainable improvement with a particular focus on 62-day and faster diagnosis standard attainment.

We continue to have a major sector-wide focus on increasing awareness amongst local communities, GPs and other partners of the importance of investigating cancer symptoms as soon as possible. The overall 'gap' (between actual and expected cancer diagnoses and 'first treatments') for the population of north west London has recovered since March 2021 - from a starting deficit of 471 patients to 277 more patients seen in December 2021 against the pre-pandemic baseline, however at tumour site level there are remaining deficits in breast and urology.

For more information, please contact:

Imperial College Healthcare - mick.fisher@nhs.net
London North West University Healthcare - tracey.beck@nhs.net
Chelsea and Westminster Hospital – emer.delaney1@nhs.net
The Hillingdon Hospitals - justine.mcguinness@nhs.net

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