

North West London Integrated Care System update July 2022

This is the July update from the NW London Integrated Care System (ICS) and includes:

- ICB update
- Elective care update
- Orthopaedic centre
- UTC procurement
- Primary care update
- Extended access
- Mental health update
- Vaccination programme

ICB update

- The Integrated Care Board in North West London (NW London) is called NHS NW London.
- Launched on 1 July
- It is now the statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in NW London.
- Now ICBs are legally established, clinical commissioning groups (CCGs) have been abolished.
- NHS NW London takes on the NHS planning functions previously held by clinical commissioning groups (CCGs) and is likely to absorb some planning roles from NHS England in the future.

The Board

The NHS NW London Board is the statutory decision making board of NHS NW London.

The responsibilities of the Board include:



- Developing a plan to meet the health needs of the population (based on the ICP's strategy)
- Allocating NHS resources to deliver the plan and deliver financial sustainability
- Establishing joint working arrangements to deliver the plan
- Assuring plans and metrics in place to review delivery against strategy
- Agreeing capital plans for the NHS
- Securing the provision of health services
- Holding all parts of system to account for delivery of the NW London ICS objectives and programmes (where NHS funds are used)
- Planning for, responding to and leading recovery from incidents
- Supporting collaborative problem solving and driving transformation.

Our Leadership Team is led by Rob Hurd as Chief Executive Officer. The Leadership Team members include ICB Executive Management Team and other key system leaders

ICB executive:

- **Chief Executive Officer:** Rob Hurd
- **Chief Finance Officer:** Steve Bloomer
- **Chief Medical Officer:** Dr Charlotte Benjamin
- **Chief Nursing Officer:** Charlie Sheldon
- **Director of Strategy & Population Health:** Toby Lambert
- **Chief of Staff:** Merav Dover
- **Lead Chief People Officer:** Charlotte Bailey*
- **Lead Chief Information Officer:** Kevin Jarrold*
- **Lead Director of Communications & Engagement:** Rory Hegarty*

The Leadership Team also invites:

- **ICS Lead Local Authority Officer,** Carolyn Downs
- **ICS nominated NHS Provider Trust Partner Member,** Lesley Watts
- **Lead ICS Gold Chief Operating Officer,** Rob Hodgkiss

When relevant programmes are on the agenda, additional invitees may include:

- ICS Programme Senior Responsible Officers and Programme Directors;
- potentially other ICB partner members;
- Kevin Croft as the ICB HR Director.

Elective care update

- In the latest fully validated data (May), there was a total of 230,358 patients on our (inpatient and outpatient) waiting lists. *This is an increase from the*



March figures and up significantly from the April 2021 position of 165,210. The (patient list) PTL is seeing a pattern of around 5000 patients increase each month for the past year.

- We have managed to achieve 85 per cent of pre-pandemic planned care activity and we are working towards the national target of 104 percent of cost weighted activity or Q1 2022/23. We are regularly monitoring theatre utilisation across all sites, drawing on comparative data nationally and regionally.
- We continue to prioritise according to clinical need while also bringing down very long waits. Our two-year waits are down from a peak of 127 in July 2021, to nine in April 2022 and a commitment to have no one waiting two years in June 2022. *The 52 week wait position for May 2022 is 43,064. This is down from last month and significantly down from the April 2021 position of 5727.* Working collaboratively, in 2021/22, we were able to offer over 3,500 patients the opportunity to have their surgery faster by transferring to another local hospital with more capacity and shorter waiting lists. *This reduces variation in waits across our boroughs.*

Exploring a NW London elective orthopaedic centre

- Building on the concept of fast-track surgical hubs, we have begun to explore a more strategic, larger-scale approach to improving our provision of 'high volume, low complexity' surgery, beginning with a specialty with some of the longest waits. The driver is to improve quality as well as to significantly expand access and shorten waiting times. A public involvement programme to help shape proposals is underway.

Real-time, single view of our waiting lists and capacity

- 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.

Addressing our waiting lists

- In the coming months the acute Trust's activity levels are planned to increase to an average 107% of BAU (based on 19/20 activity levels) in order to achieve the 22/23 target of 104% of cost weighted activity throughout the year.

Other new models of care

- 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.

Outpatient care

- We are at over 99 per cent of our pre-pandemic outpatient activity, and working towards the national targets of 104 – 110 per cent for 2022/23.
- Now rolling out a digital GP advice and guidance platform. This will make it simpler and faster for GPs to access specialist opinion without having to make a formal hospital referral, helping them to support patients in the community where possible and enabling automatic conversion into a referral if a patient does need to see a hospital specialist.

Cancer care

- Urgent cancer referrals (on the ‘two-week’ pathway) continue to remain higher than pre pandemic levels. 748 more patients were seen in March 2022 compared with 2019/20 pre-pandemic baseline. Performance against the national ‘faster diagnosis’ standard is stable at over 75 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 March 2022.

Overall, as of March 2022, 491 more patients have received their first treatment for cancer against the 2019/20 baseline.

Urgent treatment procurement

The current contract for provision of Urgent Treatment Centres (UTCs) at seven of the acute sites in North West London expires in November 2022.

NHS North West London is running a process to re-procure these services. This process will be run according to competitive dialogue principles and will assess bids against the nationally-mandated UTC standards. In a departure from the previous contracting round, we have taken the decision split the procurement into four lots, based around the geographies of the Trusts which host the UTCs.

This approach is intended to improve the number and quality of the bids we receive, encourage bids from providers (such as NHS Trusts) with less interest in running a large number of different UTC sites, and maximise the focus on local populations and service configuration.

A letter has been drafted with further details of the procurement, which also details the approach to public engagement.

Primary care

- GP appointments available in NW London continue to be above the April 2021 baseline with an additional 23.7% appointments in May/June 2022.

Month	Finished/Completed GP Appointments (Brent excluded)	NWL Finished/Completed GP Appointments	Estimated NWL GP Appts (inc DNAs)	% Difference
Apr-21	724,405		905,506	Baseline Month
May-21	709,304		886,630	97.9%
Jun-21	814,162		1,017,703	112.4%
Jul-21	780,690		975,863	107.8%
Aug-21	719,477		899,346	99.3%
Sep-21	862,558		1,078,198	119.1%
Oct-21	921,886	1,080,313	1,152,358	127.3%
Nov-21	963,168	1,124,325	1,203,960	133.0%
Dec-21	795,330	937,705	994,163	109.8%
Jan-22	837,587	984,454	1,046,984	115.6%
Feb-22	842,937	988,119	1,053,671	116.4%
Mar-22	973,346	1,142,415	1,216,683	134.4%
Apr-22	782,463	935,277	978,079	108.0%
May-22	895,809	1,063,623	1,119,761	123.7%

Moving from Covid recovery to Fuller Stocktake

- The 'Next steps for integrating primary care: Fuller Stocktake report' was published outlines a new vision for integrating primary care. At the heart of the document is the need to evolve Primary Care Networks into 'neighbourhood teams of teams'.

Therefore, the previously defined primary care recovery and reset model has now been aligned to the ambitions outlined in the Fuller Review. The main areas of focus are:

- Accessible same day care
- Enhancing long term conditions management
- Improving population health and wellbeing

Work is ongoing to align existing primary care programmes of work to the above focus areas.

Extended access

Currently, "extended" access is provided in three ways:



- PCNs deliver extended hours' access under the Network Contract DES (£1.44pp) at 30min/1000 population delivered mostly by member practices
- Previously - CCGs commission extended access services locally, across 7 days a week, 8-8 cover, 30mins/1000 population (£6pp). Many of these services are currently delivered by federations and other at-scale providers, with large variation across the country
- Practices also receive £30m in global sum (approx. £0.50 pwp) to support 100% coverage of extended access.

The new Network DES arrangements from 1st October 2022:

- Aim to remove variability across the country, help improve patient understanding of the service, and address inequalities. They will bring the ARRS workforce more consistently into the offer, and support PCNs to use the EA capacity for delivering routine services.
- PCNs are able to choose to deliver the service themselves or sub-contract delivery to another provider. Commissioners will help to support any transition of arrangements and planning.
- PCNs have flexibility to use the EA capacity where it is most needed. They will be able to provide a proportion of Enhanced Access outside of EA hours, for example early morning or on a Sunday, if aligns with patient need locally and agreed with the commissioner.
- 15,000 residents responded to our survey on hours to help us develop hours that best suit local need.
- The aim of the changes is to help PCNs to have greater control and flexibility over how EA capacity can support them in caring for their patients. These changes aim to maximise the benefit of this capacity.

Mental health update

Community mental health

- **Outreach funding** to support uptake of physical health checks by people with serious mental health issues is being used to mobilise support from VCSE partners to ensure NW London meets the target of 60% of those on the SMI register receiving all six checks.
- Continued progress has been made on recruitment to **mental health practitioner** roles within primary care networks with 33 WTE in post and discussion underway for further expansion. These roles are supporting people to access mental health support locally at their GP practice.



- A **single service specification for dementia** services in NW London has been developed with the aim of setting out standards expected of memory assessment services, primary care and improving variation in post diagnostic support.
- Kensington & Chelsea CNWL Employment service was awarded **Team of the Year for delivering outstanding employment outcomes** during the pandemic.
- London **perinatal mental health service access** saw an achievement of 72% of our planned trajectory. None of the 5 London ICSs met the national target, however **North West London the highest achiever at 84% of trajectory**.
- **IAPT access is below trajectory in London**; no ICSs have met the targets. Focus remains on workforce expansion, retention and increasing referrals directly from primary care.
- An **evaluation report** of community mental health transformation work has been produced with recommendations for future development.

Crisis care

- Performance remains good across **community crisis services and liaison psychiatry** in A&E departments.
- Walk-throughs of each acute site A&E department were completed in May with key themes feeding into a **NW London-wide system Mental Health and UEC Summit** in June to agree next steps along with actions to address system-wide challenges.
- There is a **renewed focus on 111 First for Mental Health** and developing a model for NW London that provides a single ICS solution is being progressed.

Children & Young People

- NW London **exceeded the access target in 2021/22**. In total, 16,900 CYP with a diagnosable mental health condition accessed NHS-funded community services (1 contact) in the 12 months to February 2022, a 13% increase compared to the previous year (15,000). It is anticipated that core CAMHS will continue to exceed the access target throughout 2022/23.
- Performance against the **eating disorder waiting time standards has improved** in NW London. From January-March 2022, 95.7% of urgent referrals were seen within one week; a year-on-year improvement of 3 percentage points. Over the same period, 88.1% of non-urgent ED cases were seen within four weeks – up by 14 percentage points compared to the previous quarter.



- Mental Health Support Teams (MHSTs) continue to develop across NW London with a focus on additional support for specific issues, such as staff turnover, implementing the Whole School Approach, and data reporting, arriving at consensus-based solutions with support from the Programme Team as needed. It is expected that this will **drive up the output and quality of MHSTs**.

Learning disabilities and autism

- 78% of people with LD aged 14 and over received an **annual health check** in 2021/22, exceeding the national target (75%). A letter has been circulated to all practices in NW London accompanied by an email from our primary care clinical leads outlining the importance of providing annual health checks for people with LD who did not receive a 2021/22 by 30 September 2022 and to reinforce the importance of face to face appointments.
- Continued **investment in community and crisis services** and strengthened **Dynamic Support Registers** has had a positive impact on preventing inpatient admissions and reducing length of stay - NW London met the end of year 2021/22 targets for inpatient numbers for CYP (9) and adults (52).
- An improvement plan arising from the 58 **Safe and Wellbeing Reviews** of patients with a learning disability and / or autism placed in mental health and specialist LD inpatient settings has been developed and work is being progressed to strengthen oversight arrangements to address quality concerns and barriers to discharge.
- Work is underway to finalise the **annual LeDeR report for 2020/21** which includes an analysis of the findings from the reviews of the deaths of people with LDA. The report highlights good practice and areas for improvement and recommends actions to reduce health inequalities. An expert panel of people with LD will contribute to the development of an Easy Read version.

Vaccination programme

- With the rise in Covid-19 rates we continue to push the Spring Booster
- More than 94,420 doses delivered to all eligible populations.
- The wider roll out to 5-11s group overall remains low with uptake currently sitting at 7.6% (as of 20th June).
The NW London Operations (roving) Team continue to provide an enhanced offer for 5-11s with multiple pop-ups to create a greater range of options for parents. The Health Hopper Bus was launched at the end of May to further support uptake for children and their families.



- Overall uptake for 5-11s in these settings mirrors wider uptake figures in other vaccination locations but feedback suggests that pop-ups offer a greater range of options for parents in terms of access and therefore will continue for foreseeable future.
- The planning guidance for the autumn campaign has now been issued, systems are asked to plan for a maximum cohort of 1-9 and minimum of 1-6. We are awaiting final inclusion criteria from the JCVI. The campaign is expected to commence in early September and we are required to submit our plans to NHSE by the end of July. This submission will collate the sites interested in participating in the autumn campaign and the planning team will have discussions with each borough to consider and reflect their implementation plans.
- NHSE have recently published additional guidance and information on Making Every Contact Count (MECC) with expectation that all sites provide the minimum level of intervention e.g. using promotional materials at vaccination sites to highlight health issues and also where people can find support if required. NWL Operations Team (CP House) are in the final stages of developing an implementation plan for wider MECC delivery and have created referral and signposting pathways for use by the operations team where high risk factors e.g. hypertension are identified. Local Authority colleagues have supported by providing information on locally commissioned services enabling a comprehensive borough by borough directory. This service is expected to go live w/c 27/6 and will be rolled out in a roving model in July and continue throughout the autumn.

ICB involvement strategy

Following a process of co-design with local residents over the last three years, we have published a draft North West London public involvement strategy. Comments on this are sought by 29 July and it will be discussed at our first open NW London Residents' Forum on 27 July. The draft strategy has been shared with members and builds on many previous conversations we have had at this committee.