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City of Westminster

Committee Agenda

Title:	**North West London Joint Health Overview and Scrutiny Committee**
Meeting Date:	**Thursday 5th December, 2024**
Time:	**10.00 am**
Venue:	Rooms 18.06-18.08, Westminster City Council, 64 Victoria Street, London. SW1E 6QP

Members:

Councillors:

Borough	**Representative**
London Borough of Brent	Councillor Ketan Sheth (Chair)
London Borough of Ealing	Councillor Ben Wesson
London Borough of Harrow	Councillor Chetna Halai
London Borough of Hammersmith and Fulham	Councillor Natalia Perez (Vice Chair)
London Borough of Hillingdon	Councillor Nick Denys
London Borough of Hounslow	Councillor Samina Nagra
Royal Borough of Kensington and Chelsea	Councillor Lucy Knight
London Borough of Richmond upon Thames	Councillor Claire Vollum (non-voting)
Westminster City Council	Councillor Patricia McAllister

This meeting will be held as an in person physical meeting with all members of the Scrutiny Committee required to attend in person.

The meeting will be open for the press and public to attend with a limited number of seats available. Alternatively, the link to follow the webcast live will be made available HERE.

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

AGENDA

1.	**APOLOGIES**	
2.	**DECLARATIONS OF INTEREST AND CLARIFICATION OF ALTERNATE MEMBERS**	
3.	**MINUTES OF THE PREVIOUS MEETING HELD ON 22 OCTOBER 2024** To be distributed at a later date.	
4.	**MATTERS ARISING** (if any)	
5.	**NORTH WEST LONDON WINTER CAMPAIGN AND LONDON AMBULANCE PERFORMANCE UPDATE** Paper 1 – Winter Campaign Main Report Paper 2 – LAS 999 Winter Plan 24/25 Paper 3 – Winter 24/25 Comms Plan Paper 4 – Winter Comms Update	**(Pages 3 - 74)**
6.	**NORTH WEST LONDON HEALTH EQUITY PROGRAMME** JHOSC December Health Equity Programme	**(Pages 75 - 96)**
7.	**INTEGRATED CARE SYSTEM UPDATE FROM THE CHIEF EXECUTIVE OF THE NORTH WEST LONDON ICS** JHOSC December ICS	**(Pages 97 - 104)**
8.	**NORTH WEST LONDON JHOSC RECOMMENDATIONS TRACKER** JHOSC Recommendations Tracker Report 05 December 2024	**(Pages 105 - 116)**
9.	**ANY OTHER BUSINESS**	

28 November 2024

If you require any further information, please contact the Committee Officer:
Chatan Popat, chatan.popat@brent.gov.uk
Strategy Lead – Scrutiny, London Borough of Brent.

Report to the North West London Joint Health Overview Scrutiny Committee

5 December 2024

Report Title:	Winter Campaign and London Ambulance Service Performance
Report Author:	Melissa Mellett
Committee Date:	**5 December 2024**

Purpose

To provide committee members with the North West London Integrated Care System (NWL ICS) winter planning programme for members to review and comment.

To provide an update on the London Ambulance Service (LAS) performance.

Detail

Background/Context:

Briefly explain why Winter Planning exists in the NHS, what purpose it serves and what the NHS hopes to achieve in NWL by implementing effective Winter Planning Campaign. Make reference in the report to the performance of the LAS.

Winter planning methodology is embedded in NWL as a year round approach with a cycle of planning, delivery, review and ongoing implementation to meet peak demand irrespective of season. This document outlines the ongoing and time-limited schemes in place to provide the necessary assurance that steps have been taken at a system-level to prepare for a resilient winter period.

Each element of the winter planning and delivery process is covered routinely in the Sector Urgent and Emergency Care (UEC) Board and Trust focused UEC Delivery Boards, with the intention of making the areas discussed 'business as usual' rather than exceptional over the winter process. This allows ongoing engagement with providers, ICB boroughs and other parties such as Local Authorities.

All system partners are members of the monthly NWL System Flow & Optimisation Board (SFOB) meetings and their roles and responsibilities have been communicated through this membership group together with the expectation to support the wider system during times of pressure or an emergency preparedness, resilience and response (EPRR) incident.

This winter's context:

Make reference to the continued risks posed by Covid-19, seasonal Flu and other potential pressures that are predicted to have a substantial impact on hospital bed capacity and workforce availability.

Key Risks:

Outline some of the key risks posed by winter pressures including but not limited to workforce capacity, critical care bed capacity & reporting, general bed capacity, avoidable admissions to hospital, delays in discharges from hospitals, availability of medicines, A&E waiting times, Ambulance handover and response times and Acute respiratory infection.

While wait times have improved significantly in the last year, many of our residents are currently unable to access urgent care in a timely manner.

The rise in demand for acute hospital beds has been increasingly driven by rising acuity and our frail, elderly, 65+ population.

Actions taken to mitigate risks:

Set out the winter planning work that the NWL ICS have undertaken to increase resilience and capacity in preparation for seasonal pressures. Make specific reference to actions being taken to respond to the key risks identified in the report request, and outline the support being offered to people in the community.

Highlight any work being done specifically in NW London to ensure that winter planning work reflects the diversity of the population within the North West London Integrated Care System. Refer to:

- *Immunisations for all communities*
- *Mental Health provision*
- *Access to services for hard-to-reach residents including but not limited to the homeless*

Responsive, non-complex urgent care and effective hospital-based care pathways: Ensuring our hospitals and LAS have sufficient plans to deal with seasonal pressures, so patients needing acute care can access it without undue delays

- Each Trust has an improvement plan finalised that has been reviewed by the Acute Provider Collaborative (APC) and answers each of the areas set out by recently NHS England. The plans and supporting actions were also considered by the sectors senior ED clinical leads at a workshop on improving front door pathways. Areas focussed on include:
    - A consistent approach to streaming & redirection
    - How to maximise the use of Urgent Treatment Centres (UTCs)
    - Increasing the utilisation of same day emergency care (SDEC) and delivery a consistent approach across the sector that's compliant with national standards.
    - Provide an Acute Frailty Unit response on a 10/7 basis
    - Actions to reduce ambulance handover delays
    - Actions to reduce waiting times in EDs, focussing on both the admitted and non-admitted pathways)
    - Reduce the number of patients past their Discharge Ready Date (DRD)

    - Maintain acute G&A bed capacity at the level agreed through the operating plan
    - Paediatric ED performance, with actions being taken forward from last year's Paediatric ED peer review
    - For 999 pathways the major focus is the development of an Integrated Co-ordination Centre in line with national guidance. This will include pathways such as call to convey and put a platform in place for 999, 111 and EDs to work in a joined up way with community providers
- Virtual wards are operational across our trusts with a number of pathways now live. Utilisation has improved to 82.6% in October with a trajectory in place over winter, and patient feedback is notably positive. Development of a new pathway for Acute Medicine Pathway will shortly commence. PATCH pilots in NW London provide alternatives for families who can't support hospital at home arrangements.
- Urgent Community Response referrals are high and exceeding national target for 70% of referrals to have 2hr response rate. The local target is 90% and we are on track to meet this target.
- LAS winter plan attached.

Swift discharge to appropriate settings: NHS, Local Authority, Social Care and VCSE joint planning to ensure system wide plans support patients to spend more days at home

- Local Authority, social care and VCSE teams are engaged directly with the NWL ICB UEC team. They work together to support the discharge pathways and are involved with the development of the system winter plans.
- NWL has a history of working well together throughout the pandemic with both structured and informal networks for escalation, addressing key challenges across health and social care – which was reflected in relatively strong performance on discharge and out of hospital capacity throughout the worst years of covid
- We built on this last year to help support system flow year round - in 2023 we completed an in-depth 'peer review' process that sought to understand both quantitatively and qualitatively how we can take the best from our systems that work well and share across our other sites. This culminated in a 'Quality Summit' in September 2023 attended by all DASS' and with clinical and operational representatives from across the ICB to frame the actions in the context of needing to go further and faster for winter 23-24 and informed local and sector winter plans.
- This has been instrumental in informing our work programmes for 2024-25 in which the Borough Based Partnerships (BBPs) are the key to ensure join up and escalation where delivery is impacted.
- Across the system, we agreed use of the £20.2m Additional Discharge Fund (ADF) to focus on improving discharge for pathway 1 via bridging care services providing funded care for up to 5 days whilst longer term decisions are agreed. We aim to support 14,500 patients to be home on average 1.5 days earlier via bridging this year, and are on track to deliver this.

- We also agreed as a system to focus on reducing delays in hospital for our most complex patients, including those where there may be gaps in commissioning, complex mental health or specialist placements may be needed. All boroughs have ADF funded schemes to support these patients to leave hospital at least a day earlier including step down beds with wraparound care, support for those who have short term health needs with managing peg/stoma/brace/collars, care homes training and in-reach services, and delirium recovery at home pathways, with trajectories for activity and impact being monitored at ICB level.
- These are key schemes which are now mobilised to ensure delays in hospital are reduced, not only to ensure patients are able spend more days at home but to improve flow across our system so beds are available for those who do need them over winter.

Proactive care based on population needs: Supporting those with Long Term conditions over winter (and year round) to prevent unnecessary exacerbations and admissions

Effective immunisations strategy:

The offer of COVID-19 vaccination to the eligible cohort for the Autumn/Winter 2024 campaign will end on 20 December 2024 and for the seasonal influenza vaccine it will end on 31st March 2025. There is sufficient capacity available throughout NWL and patients can visit many participating sites for a vaccination by booking an appointment via NBS or walk-in service.

NWL website is also updated with details and locations of all participating site at Borough level: https://www.nwlondonicb.nhs.uk/your-health-services/Covid-19/where-get-your-vaccine

To ensure that protection is maximised ahead of winter and to reduce hospitalisations all eligible groups are able to book both flu and COVID vaccinations together enabling co-administration at all participating community pharmacy locations (188+). Individuals in any of the health inclusion groups are able to present at locations such as community pharmacies to take up the offer of flu and COVID vaccinations together as well as additional provision through outreach provided by the NWL Roving Team and UCLH's Find and Treat service.

UCLH's Find and Treat mobile immunisation team is commissioned by NHSE London region working across NWL to deliver vaccines to vulnerable health inclusion groups. This includes co-administering the COVID-19 vaccine alongside the flu. Additionally, Find & Treat offer the PPV and shingles vaccines to those who meet the criteria. Where appropriate, this also includes providing broader health screenings, including chest X-rays (CXR) and blood-borne virus (BBV) testing.

For the first time this year, the in school flu vaccination offer also includes the intra muscular injection for children who may be at high risk from flu due to one or more

medical conditions or for those who may not accept the use of porcine gelatine in medical products.

NWL Comms team are running a targeted campaign focusing on individuals on disease registers who are in the 'at risk' group with a concerted effort on lowest uptake cohorts and this includes patients with COPD.

In order to ensure maximum coverage, flu promotional materials have been translated into multiple languages through collaboration with Seqirus (main flu vaccine supplier) and distributed widely. The materials have been printed and distributed to individual Boroughs and are being used within outreach clinics

Clinical conversations are taking place with hesitant communities in hard-to-reach areas. Outreach teams increased their capacity enabling two events per day to ensure the team can manage and cover all Boroughs across NWL and create equity across local systems.

NWL Roving team are creating comms for individual events and specific translated comms by community if required. These are being circulated by Boroughs and community platforms to increase uptake within diverse populations.

Leveraging the engagement with the VCS (voluntary care sector) and the well-established connections with these groups ensures that the benefits of vaccinations are communicated appropriately including the use of social media and other channels such as WhatsApp to reach hesitant communities. Community leaders and volunteers also help with engaging groups at events with translation and sharing of promotional materials.

Support for those with Long Term Conditions (LTCs):

NW London has adopted NHS England's model for respiratory care, addressing the needs of almost 23,000 people living with COPD across NW London. We are implementing a proactive, population health approach to reduce respiratory exacerbations, hospital admissions, and health inequalities.

Primary Care Respiratory Enhanced Service:

- An all year-round service specification supporting proactive management of respiratory patients, including spirometry for COPD and asthma diagnosis
- ICB webinars have been delivered to GPs on identifying rising-risk patients, managing risks, and utilising the Urgent Care Plan (UCP) with nominated PCNs respiratory champions in place, and robust support offer to deliver the enhance service ask, e.g. WSIC COPD dashboard user guide and support in terms of identifying rising risk

Pulmonary Rehabilitation (PR):

- Systematic support to enrol patients, in line with the NHS Long Term Plan commitment for pulmonary rehabilitation. Pulmonary rehab combines exercise, education, and support to enhance breathing and quality of life

- We have seen an increase referrals increased by 37.5% in Q1 this year, with 346 completions (+31.06%)
- Pulmonary rehabilitation (PR) improves outcomes for 90% of patients by reducing breathlessness and enhancing conditioning. It also reduces hospital readmissions and acute care needs. NHS England estimates that PR could prevent 80,000 emergency admissions and 500,000 exacerbations annually
- PR Patient-facing leaflets have been published by North West London in 14 languages to improve accessibility, see, here, Respiratory :: North West London ICS

Long term conditions digital platform campaigns:

- NWL have in place a long term conditions digital platform supporting patients with, or at risk of diabetes and CVD to better self-manage Advancing the Future of Long-Term Conditions through Digital Health in North West London :: North West London ICS
- As part of Stoptober, we have been promoting smoking cessation via MyHealth London and Know Diabetes platforms, targeting current smokers with localised support and also lung health check campaigns targeting smokers for checks across two of the NW London boroughs

These approaches aim to ensure equitable access for all GP-registered patients, focusing on prevention, early intervention, and population health management to improve outcomes and reduce winter pressures.

Primary care

Enhanced Access and Out of Hours services

- Our PCNs provide enhanced access services that provide additional capacity to support GP practices. PCN Enhanced Access services have good utilisation and provide a range of services including long term condition management, screening and diagnostics. We are working with PCNs to maximise utilisation of PCN Enhanced Access Capacity and with 111 to make use of available appointments over the winter period.
- Out of hours GP services now operate 3 sites to offer face to face appointments booked via 111 to support reduction in UEC pressure and/or next day pressure on in hours GP services. 4th site planned to open for December. This is in addition to the remote consultation and home visiting services our provider already provides.

Dental and Pharmacy Services

- Our Urgent dental service will operate across NW London 24/7 offering on the day/evening appointments at local sites for urgent needs, bookable via 111.
- Promotion of Pharmacy First services is part of winter communications in addition to pharmacy emergency contraception services. The Pharmacy First initiative, launched on January 31, 2024, is designed to enhance patient access to healthcare services and alleviate the burden on General Practice. A key component of this initiative involves expanding the scope of

services offered by community pharmacies. Pharmacists are now empowered to diagnose and treat seven common clinical conditions including sore throat, urinary tract infection, severe otitis media, and acute sinusitis. Patients can access this service through self-referral, eliminating the need for a GP appointment. Approximately 90% of patients are treated by the pharmacist with only a small percentage requiring an onward referral.

- Many pharmacies will be open as usual over the bank holiday periods but we also commission Bank holiday pharmacy availability to ensure coverage across our borough. This rota has been shared with all providers and publicised to the public as part of communications planning.

Ensuring that those with mental health issues and our most vulnerable patients are supported across the system to ensure health equity

For those with mental health conditions, we are focused on actions aimed at reducing delays for patients in A&E, supporting non NWL patients to be admitted close to home, and minimising delays and providing safe care in transfer and discharge:

- Mental health crisis alternatives: Increasing flow through mental health crisis assessment service (MHCAS) and lighthouses, providing earlier assessments in more appropriate environments.
- Additional metal health bedded capacity: Additional 16 male beds opened in June providing more capacity in Brent where demand is highest.
- Implementation of the Approved Mental Health Professional (AMPH) pilot in Northwick Park to support timely assessments.
- Launched MH Flow Programme with clear high impact interventions to improve crisis alternatives offer, enhance support for those at risk of readmission, tailored plan for Borough/PCN areas identified as hotspots.
- Improved tracking and timestamping of individual components of patient pathways through A&E which means we can react quicker to addressing any key themes or common delays.
- Ongoing work with A&Es for agreement of prioritisation of patients for admission including out of area patients. We are working with London region to increase timely availability to support for cross-border patients.

Homeless

- In-hospital homeless health teams assess patients experiencing homelessness who have been admitted to hospital, coordinating healthcare and support. These are well embedded all year round services, however winter may have an impact on the number of attendances for the homeless population – the teams will be key to support admitted homeless patients to maximise their health care whilst within the acute trust.
- The CLCH (Central London Community Healthcare) Homeless Health service works closely with the hospital teams to support patients on discharge and provide continuity of care across all North West London boroughs. They also provide outreach support in the community to people

with complex needs in Brent, Ealing, Hammersmith & Fulham, Kensington & Chelsea and Westminster.

- Severe Weather Emergency Protocol (SWEP) is an emergency humanitarian response to severe weather conditions, the primary aim of which is to preserve life. SWEP is triggered on a pan London basis when a temperature of 0°C is forecast on any one night. The response primarily takes the form of shelter or short-term accommodation for those who would otherwise be sleeping rough. It is coordinated at a local authority level and our Homeless Health teams are linked in. Free, welcoming community venues that provide a warm indoor space during the winter are also available.
- All inclusion health groups (which includes those who are experiencing homelessness) are entitled to a flu and Covid vaccination. CLCH homeless health service, roving teams, find and treat, and primary care colleagues are all vaccinating in every supported housing / hostel, plus other known areas where people experiencing homelessness congregate such as community hubs. The principal of vaccination and inclusion health is about trying to deliver vaccines in places that are well known and well trusted by individuals, as this is more likely to be successful.

London Ambulance Service

Please see LAS winter plan attached as separate document.

Communications and engagement:

See communications and engagement plan attached as separate document.

London Ambulance Service
NHS Trust

LAS 999 Winter Plan 2024/25
18 November 2024 – 31 January 2025

Final version – signed off at pan-London UEC Board meeting on 11/11/24

We are the capital's emergency and urgent care responders

Introduction

- So far this year at the LAS, we are receiving 9% more 999 calls per day.
- If this trend continues, we expect to see a category 2 response time this December of 57 minutes and 10 seconds.
- That will mean there would be days where the mean response time will be over an hour. This will severely compromise patient safety.
- This winter plan mitigates risk to patients in the community. It outlines as a London wide system how we will work collaboratively to share some of the risk.
- We will monitor the impact of this plan in early December, January and February and then carry out a pan-London review involving the ICSs and Region to inform the plan for 25/26

The structure of this document:

- **Winter baseline actions**
- **Patient flow framework**
- **Escalation framework**

Implementing this plan requires the London system to agree the following actions:

1. **Baseline winter operating level**
   - 1A Agree patient groups where LAS can refer direct to GP (slide 9 & 10)
   - 1B Agree new fit to sit criteria (slide 11)
   - 1C Agree simplified LAS cohorting (slide 12)
   - 1D Agree to treat LAS as a "Trusted Assessor" for referral pathways (slide 13)

2. **Patient flow framework**
   - 2A Agree the 6 steps in the framework (slides 14 – 22)
   - 2B Agree the blue light redirect process (slide 15)
   - 2C Agree which patients will continue to be conveyed to a hospital when framework is operational (slide 23)

3. **Escalation level actions**
   - 3A Agree there will be two new escalation levels, Red and Purple – requiring agreement and action by the system (slide 26 & 27)
   - 3B Agree that at Orange, LAS can use a focused clinical record when conveying patients to hospital and providers will accept referrals from clinicians not on scene with the patient (slides 28-31)
   - 3C Agree that at Blue level hospitals will complete patient handover at 45 minutes without exception (slides 32)
   - 3D Agree that Red will be ICS specific, with jointly agreed actions which may include completing the patient handover at 30 minutes (slide 33)
   - 3E Agree that Purple actions will apply pan-London (slide 35)

Winter baseline actions

LAS baseline winter actions

Applicable at all times, irrespective of escalation level

- Increased operational staffing in line with expected increase in demand
- Winter delivery cell 7 days per week
- Maximised 999 'hear and treat'
- Specific referrals to GPs from LAS (as agreed through consultation with pan-London LMC)
- Maximised 'Fit to Sit' for suitable patients
- Earlier and simpler process to implement LAS cohorting
- Trusted assessor to access alternative pathways e.g. SDEC
- Ensure 999 does not impact on 111 service delivery

Increased operational hours

- Double Crewed A&E Ambulances
  - Weekdays – from 6300 hours to 7200 hours
  - Weekends – from 6000 hours to 6800 hours

- 999 Call Handling
  - Weekdays – from 1600 hours to 1775 hours
  - Weekends – from 1600 hours to 1800 hours

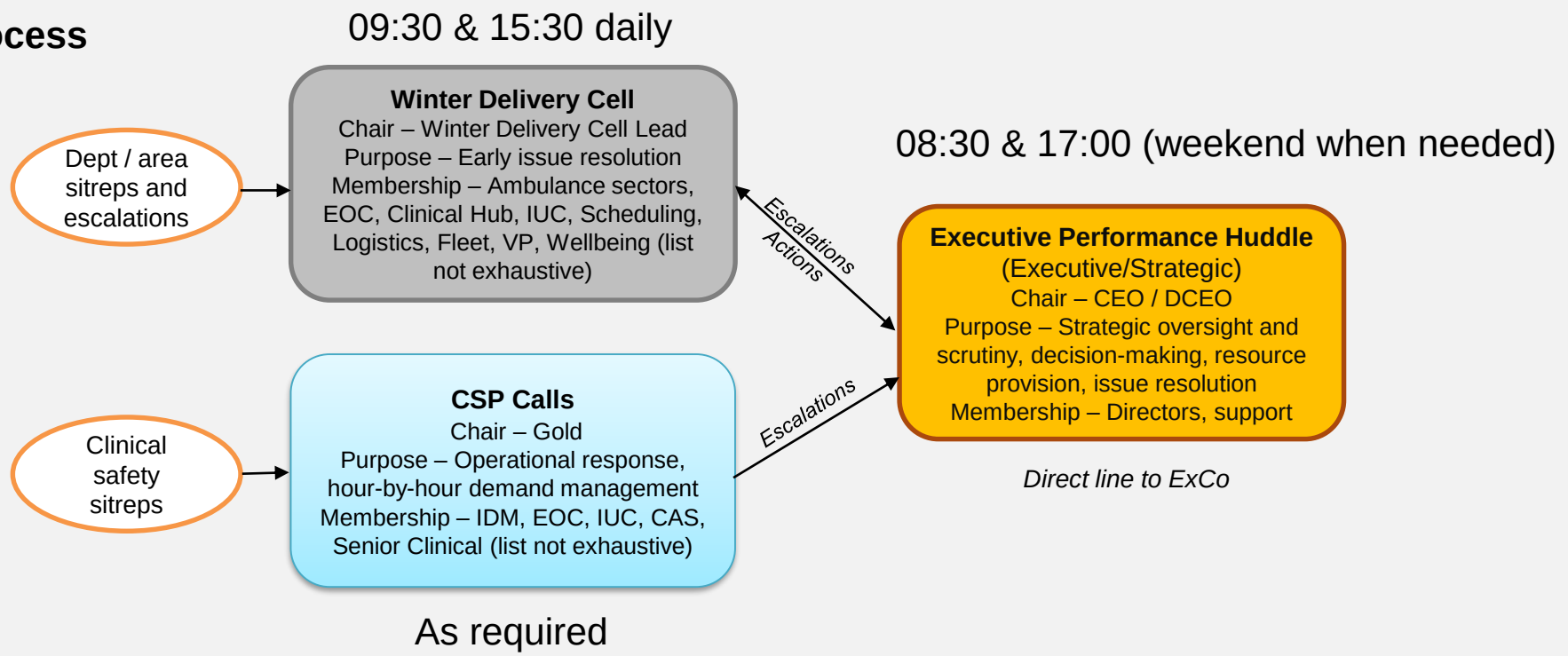
Increased hours will be achieved through focused use of overtime as part of agreed financial plan.

Winter Delivery Cell

A tactical **winter delivery cell** in LAS, operating **7 days per week**

The tactical level Winter Delivery Cell will bring together operational directorates and support services to raise and resolve short-term logistics and staffing issues close to source, escalating concerns to the daily Executive Performance Huddle. Issues typically resolved by the Winter Delivery Cell include equipment distribution issues and the sources of OOS. The Winter Delivery Cell supports the work of the IDM and Tactical Operations Centre, which are focused on the immediate day's delivery.

Winter Escalation Process



Maximising 999 Hear and Treat

We will consistently implement our new clinical dispatch model which ensures maximum clinical input into Category 2 segmentation, referral to alternative clinical pathways and clinician oversight of ambulance dispatch to deliver a consistent Hear and Treat rate above 20%

Reducing impact on primary care –

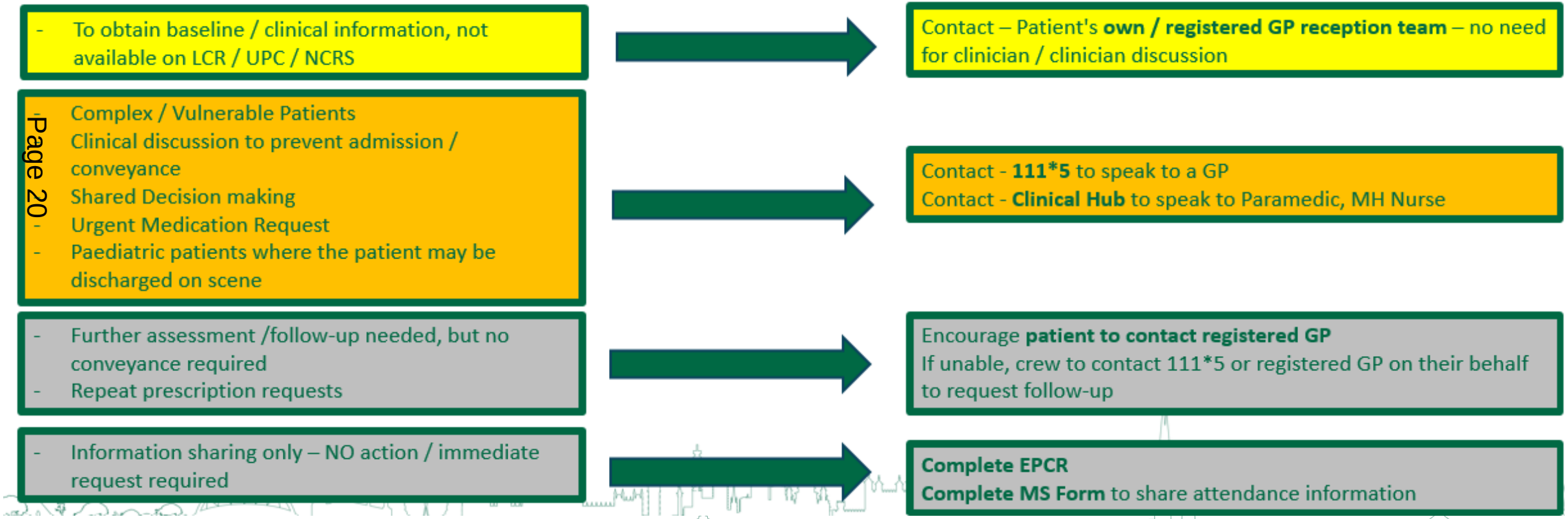
London-wide LMCs have requested LAS to only refer in specific circumstances

- LAS crews to only contact GPs for the following patients:

  - End of Life Care
  - Safeguarding Concerns where background / history would support decision making
  - Notification of an Expected Death
  - HCP Admission Call where an alternative management plan / community team referral may be more appropriate

LAS clinicians will refer a smaller cohort of patients directly to their own GP

This was co-designed at the request of the pan-London LMC



Fit to Sit

A new guide to maximising patients who are **Fit to Sit** (based on learning from models used elsewhere)

Patients are "Fit to Sit" if they are:

Fit to Sit in ED waiting room

Patients who are stable and do not require ongoing observation

- Able to self-mobilise or sit in a wheelchair without concerns
- If the patient is normally dependent on carers, support is present
- 10 mins has passed since the last administration of any medication or 20mins since the administration of opioids or benzodiazepines
- No apparent risk of falls, no safeguarding concerns

Fit to Sit in ED where patient can be observed by a clinician

- The GCS is 15 on arrival at hospital and has been for the previous 30 minutes (for patients where GCS was reduced initially)
- The NEWS2 score is <5 on arrival at hospital and for the previous 30 minutes
- Where a patient would otherwise be Fit to Sit, but for another risk such as self-harm or absconding.

For all patients arriving at ED consider direct access to alternative destinations in the hospital e.g. SDEC, UTC, MAU/SAU, Injuries area, EPU.

LAS Led Cohorting

LAS Led Cohorting is now a **tactical option for use by the Incident & Delivery Manager (IDM) at any time**, regardless of a receiving hospital's designated Patient Flow Framework level to support when pressure is building

Cohorting can be implemented when:

- **The hospital Trust request it, due to 2 x LAS crews are waiting for 15 minutes or more**
  The affected hospital can make a request to LAS via SCC (or via the Senior Manager On Call where different OOH arrangements are in place). The IDM will review the request providing space and trolley beds are available.
- **The LAS Duty IDM deems it appropriate** to implement LAS Led Cohorting due to delays at hospital and number of patients waiting in the community for an ambulance; the IDM will liaise with the SCC in implementing
- **The hospital Trust have made every attempt to provide nurse led cohorting** and makes request to SCC who confirms that space/trolley beds are available

IDM authorisation will be for 1 to 4 hours maximum
If still required after 4 hours, either LAS or the Hospital Trust will request an extension via the relevant SCC. If any party does not agree with the request then we require a system call including ICS Silver, LAS IDM and Hospital Trust Silver. Clinical support to the discussion should be requested if needed. The call should be convened prior to cessation of cohorting.

The LAS will run cohorts in partnership with other NHS Ambulance Services where applicable

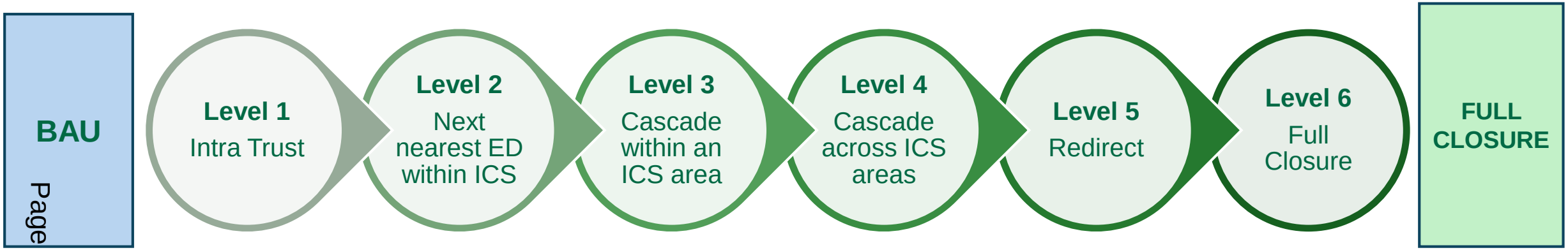
Trusted Assessor

- Designate LAS a "Trusted Assessor" for UTC, SDEC, MH units and UCR
- This means LAS referrals can be accepted without review from a clinician from the accepting service, because the LAS clinician is trusted to assess patient suitability

Patient Flow Framework

Patient Flow Framework

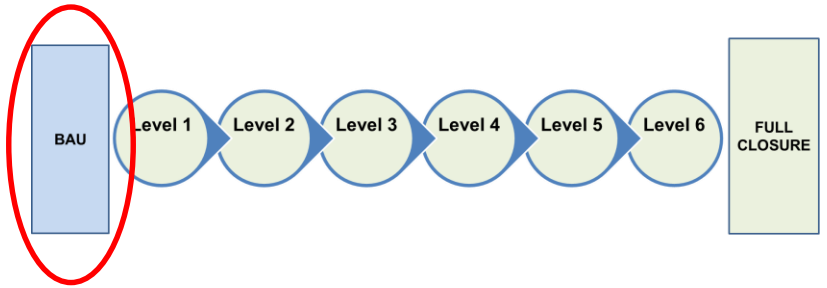
Escalation Ladder summary – **See following slides for detail**



- Note: Demand and risk assessment inform the level. Progression through levels is not linear (i.e. it is possible to move from BAU to any level straight away if the situation on the ground requires it)
- LAS authorised Blue Light Redirects – where a high number of pre-alerts have been placed to one unit, will be treated as BAU and managed by the Duty IDM (EDs - 5 Blue calls in 90 minutes *OR* large ED (including MTC or other tertiary centres e.g. HASU, MTC – 7 Blue calls in 90 minutes).
- Trusts cannot request blue light redirects for Resus exit block.

Patient Flow Framework

Business As Usual



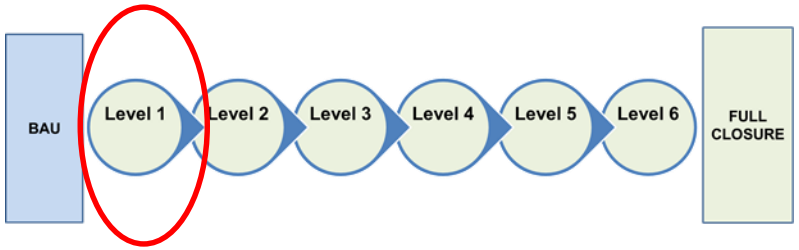
BAU options available to manage flow:

- BAU – Conveyance to the nearest hospital if the tertiary centre guidelines not met
- Patient flow utilising the pre-agreed catchment area postcodes
- Up to 45min patient handover at hospitals (target <15 mins)
- Fit to sit applies (please see Fit to Sit criteria for the definition to avoid variation of understanding)
- LAS-led cohorting (see details on LAS Led Cohorting slide)
- Blue Light Redirects – where a high number of pre-alerts have been placed to one unit, blue light redirect will be treated as BAU and managed by the Duty IDM (EDs - 5 Blue calls in 90 minutes *OR* large ED including MTC or other tertiary centres e.g. HASU, MTC – 7 Blue calls in 90 minutes). Trusts cannot request blue light redirects for Resus exit block.

BAU Authorisation required:
LAS Led Cohorting needs to be authorised by the IDM

Patient Flow Framework

Level 1 – Intra Trust



Level 1 Options available to manage flow:

Exclusions to Compromised ED (see exclusions slide)

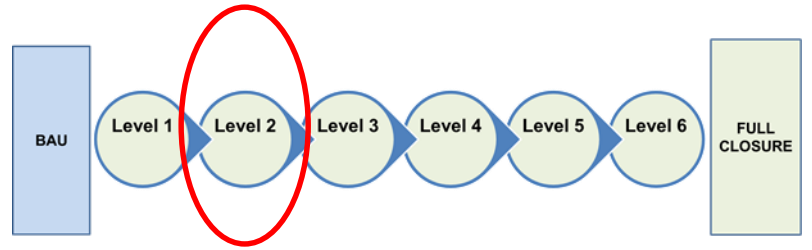
Level 1 Authorisation required:

Trust Informs SCC/SCC on call out of hours. Where SCCs have different out of hours arrangements, the SMOC (Senior Manager on call) will contact LAS.

Authorised by Duty IDM or their appropriate delegate (e.g. ODM) – Review at 90 minutes.

Patient Flow Framework

Level 2 – Next nearest ED within ICS



Enhanced Patient Flow arrangements

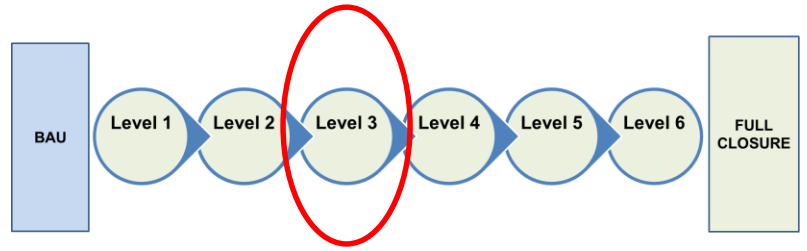
Level 2 Options available to manage flow:
Exclusions to compromised ED (see exclusions slide)

Level 2 Authorisation required:

- Duty ODM can implement for 1 hour if there have been an extraordinary amount of ambulance conveyances within a short time frame of which bottlenecks are likely to occur
- Duty ODM to inform SCC post implementation (22:00 to 08:00 via email)
- Trusts can request Level 2 via the SCCs/on call
- Where different arrangements exists for out of hours, request to come from the SMOC providing they have spoken with the affected trusts who confirm they are able to support

Patient Flow Framework

Level 3 – Cascade within an ICS



Level 3 Options available to manage flow:

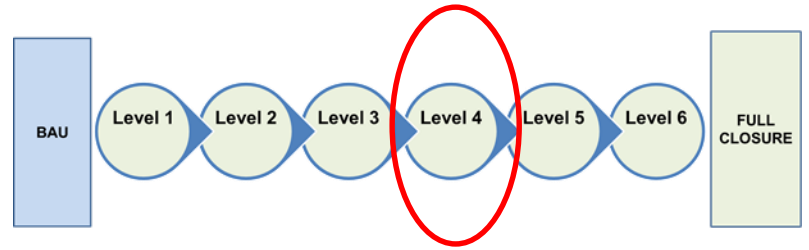
- A: Pre-Agreed postcode redistribution (Exclusions go to compromised ED)
- B: Utilising all or selected hospitals within the sector (Exclusions go to compromised ED)

Level 3 Authorisation required:

- Duty IDM Authorisation following request from SCC,SCC/ICB on call. System Call to be convened unless the SCC/ICB representative has live time up to date information and suggests to the Duty IDM that this is implemented.
- SMOC from each ED Trust (including Gold of affected trust) LAS Duty IDM, Senior Clinical on call, SCC/ICB Gold to join the call.

Patient Flow Framework

Level 4 – Cascade divert across an ICS area



Redistributing to other ICS sectors (domino divert)

Level 4 Options available to manage flow:

- Implemented when all EDs within sector/ICB region are compromised, with a significant number of ambulances waiting with patients, with no plans to offload.
- Level 4 is designed to dynamically redistribute patients across sector and ICB boundaries which will involve patient displacement.

The impact to receiving hospitals and LAS resource availability will be significant and will require an incident response from the LAS.

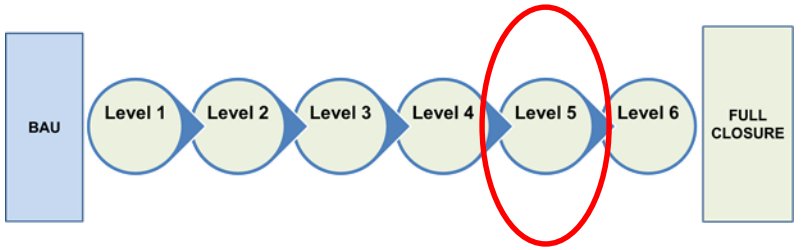
Level 4 Authorisation required:

- Chaired by NHSE London Gold/Silver, attendance from LAS Gold, IDM, affected ED Trust Gold/Silver, affected ICS Gold/Silver, affected LAS ICS ADO, LAS SMA / senior clinical on call.

Patient Flow Framework

Level 5 – Redirect

Blue calls and specialities only to compromised ED



Level 5 Options available to manage flow:

A: Intra Trust: Only blue calls and specialities (HASU/Maternity/HAC/MTC) to compromised ED

B: Using non Intra Trusts: Only blue calls and specialities (HASU/Maternity/HAC/MTC) to compromised ED

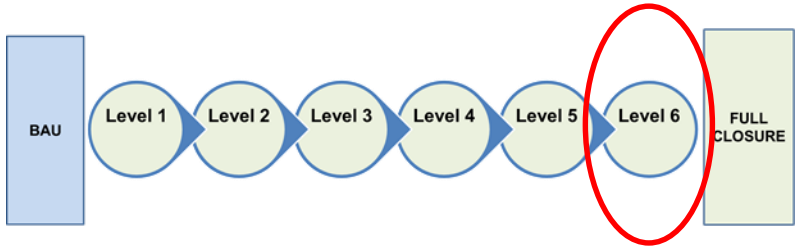
Level 5 Authorisation required:

A: Duty IDM authorisation following discussion with Senior Clinical on call or SMA

B: System call required. Gold/Silver from each ED Trust, LAS Duty IDM, Senior Clinical on call/SMA, SCC/ICB on call and ICS Gold (for all affected ICS)

Patient Flow Framework

Level 6A and 6B – Full closure



(Including EDs accepting tertiary patients, e.g. HASU, MTC**)**

Level 6 Options available to manage flow:
ED unable to treat patients safely.
All conveyances to be directed to next nearest appropriate ED.

Level 6A:
ED Closure
Level 6B:
Hospital closure including tertiary centre

Level 6 Authorisation required:
Initial authorisation by Duty IDM followed by Gold Call. This decision is taken when there is:

- Infrastructure failure
- Flood
- Fire

Call required including SMOC and Gold of affected trust, LAS Duty IDM, LAS Strategic Medical Advisor, SCC/ICB Gold, NHSE London Gold/Silver.

Patients who will still be conveyed to the nearest ED in Patient Flow steps 1 – 5*

This list applies when a hospital is at a specific Patient Flow Framework level. All the patient groups listed below will be excluded from the actions taken as part of being on that level. The patient groups below will therefore be conveyed unless specifically agreed with the hospital.

	Excluded patients groups	IC code (LAS use)
1.	Blue call (unless a redirect is in place)	IC1
2.	Children who will be treated in paediatric ED	IC2
3.	Acute specialist pathways including HASU, MTC, HAC (& #NOF where local formal pathways exist)	IC3
4.	Maternity patients >20 weeks' gestation (direct to maternity unit)	IC4
5.	HCP referral with a named receiving clinician or REACH (Whipps Cross, Royal London and Newham Hospitals only)	IC5
6.	Actively receiving specialist treatment or recently discharged from a named hospital within the last 7 days (non-surgical) or 4 weeks (post-surgery)	IC6
7.	Patients with an acute Mental Health condition that are a risk to self or others (where there is no dedicated MH ED available)	IC7

*SDEC, UTC, Fit to Sit and patients with a social care package are no longer excluded.

Escalation Framework

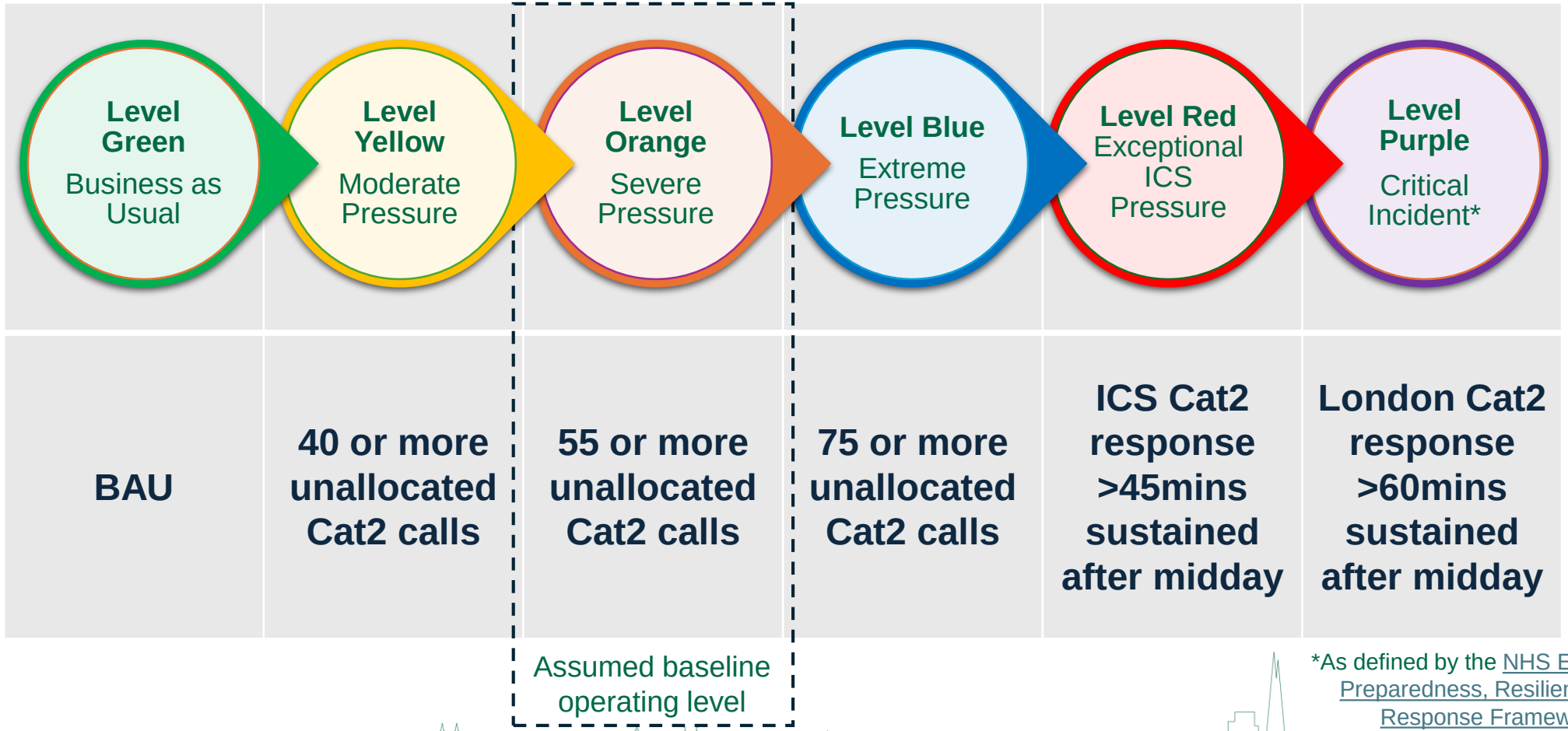
Clinical Safety Oversight and Escalation

Clinical Safety Plan (CSP)

- CSP is a dynamic plan which ensures the best response to our sickest and most seriously injured patients at times of increased pressure.
- During Winter, the escalation baseline will be CSP Orange.
- Two new levels of Red and Purple have been added. These levels will be activated in response to sustained UEC system pressure and would be a joint London response.

New CSP escalation levels – Red and Purple

In view of discussion around collective risk, we are proposing a six level Clinical Safety Plan with Red and Purple being new levels introduced to denote ICS or pan-London sustained exceptional pressure



*As defined by the NHS Emergency Preparedness, Resilience and Response Framework

Red and Purple escalation process

- System agreement is needed to move to red and purple levels, a call will be convened during the day to discuss the current pressures and agree an ICS plan
- The LAS IDM will review triggers by **12:00**, for a call to be convened by **13:00** and escalation level put in place by **14:00**
- Escalation will be in place until **midnight** unless pre-agreed triggers to de-escalate have been met
- A review meeting will be considered and planned at the initial meeting (e.g. around 16:00, before LAS evening handovers commence)

Red triggers – ICS specific	Red System Call attendance
Cat 2 performance – Greater than 45 minutes in affected ICS sustained after midday	• Chair – ICS Gold when in isolation, or NHSE London Gold when multiple ICS affected • ICS SCC representative • LAS – Exec/Gold, SMA • ICS – Gold of each affected ICS • Hospital Trusts – Gold of every ED hospital Trust in the ICS • Other providers as required by ICS e.g. community, MH
Hospital handover hours increase – Above 26 minutes average in an ICS	

Purple triggers – Pan-London	Purple System Call attendance
Cat 2 performance – Greater than 60 minutes sustained after midday, pan-London	• Chair – NHSE London Gold • ICS SCC representative • LAS – Exec/Gold, SMA • ICS – Gold of every ICS • Hospital Trusts – Gold of every ED hospital Trust • Other providers as required by ICS e.g. community, MH
Hospital handover hours increase – Above 26 minutes average pan-London	
Significant respiratory illness in the community as evidenced by increasing demand of these patient groups presenting to 999/111/ primary care, leading to disproportionately high percentage of Category 1 and 2 patients. UKHSA data would also be considered.	

Level Orange – Severe Pressure

Cat 2-5 patients who will continue to receive a 999 response	LAS actions	System support needed
• Patients where the caller is not with the patient • Age < 1 Year • High risk chest pain, epilepsy and bleeding (including blood thinners) • Patients where communication to assess them remotely is difficult • Patients with specific urgent care plans • Vulnerable fallers still on the floor • High risk mental health and overdose patients • Patients who volunteer information about Cancer Treatment or Steroid Treatment • Pregnancy > 20 weeks • All other category 3 – 5 patients will be referred to alternative health care facilities • Cat2 calls handled as per Cat2 segmentation process	• Dynamic deployment of HALOs to support LAS-led cohorting and W45 • Reduced on scene time (30 minutes) for conveyed patients • Trusted assessor to reduce conveyance • Focused clinical record for conveyed patients • Maximise use of ICS alternative care pathways	• Continued support of W45 • Accept patients with focused clinical record • Accept patients referred by clinicians who may be remote from the patient

Early clinical decisions on scene

- There will always be a proportion of patients for whom conveyance to hospital is appropriate and the right decision.
- Guidance has been refreshed to support ambulance clinicians making early decisions to convey for these patients and tailor their on-scene management
- The time on scene should be no more than 30 minutes on average
- There is good evidence that hospital transfer delays worsen outcomes in a number of conditions:

  e.g. STEMI, stroke, major trauma, etc.
- Impact for the wider system:
  - Patients conveyed without delay on scene
  - Only essential decision-making interventions will be done pre-transfer e.g. ECG, BM, pain relief.

LAS crews will obtain a focused ePCR clinical record when conveying a patient to hospital

- In contrast to see, treat and refer (non-conveyance), when conveying a patient during CSP Blue a more focused approach will be taken when completing the ePCR
- The intention is to avoid unnecessary delays where the patient needs hospital treatment and to reduce duplication of hospital assessment and investigations
- This will cover relevant critical clinical information and assessment / management
- More information may be added en route or whilst awaiting handover if required
- If a clinician considers there is critical information that requires recording for patients safety/care – this is, of course, supported
- Impact for the wider system:
  - Patients conveyed will have a focused clinical record

Handover of patients suitable for non-conveyance

- As the whole UEC system is very busy there are understandably delays, at times, to receive referrals. This results in delays on scene and avoidable conveyance.
- To reduce the amount of time crews spend on scene, ambulance clinicians will be able to refer their patient to another clinician to make the referral on their behalf. As Integrated Care Co-ordination Hubs (ICCH) develop in each ICS we would anticipate them to take this responsibility.
- In the meantime, LAS will refer the patients to a dedicated additional paramedic in the 111 CAS using an electronic referral form. The paramedic will review the information and then refer the patient onto the out of hospital pathway.
- The potential other options in the ICSs are:
  - NWL & NEL – use the REACH service in relevant parts of their geography
  - NCL – ICCH – potential go live in November
  - SWL – explore use of Consultant Connect
- Impact for the wider system:
  - Patients will be referred via the CAS paramedic rather than by the clinician on scene
  - The ePCR will be visible to the CAS paramedic and clarity will be able to be given if there are any queries
  - If a referral cannot successfully be made within 60 minutes then a clinical review will be undertaken before a further frontline ambulance is dispatched.

Level Blue – Extreme Pressure

Cat 2-5 patients who will continue to receive a 999 response	LAS actions	System support needed
• Patients where the caller is not with the patient • Patients where there is a safeguarding or safety concern • High risk mental health and overdose patients • High risk chest pain, epilepsy and bleeding (including blood thinners) • Vulnerable fallers who are still on the floor • All other Category 3 – 5 patients will be referred to alternative health care services • Cat 2 calls handled as per Cat 2 segmentation process	• W45 without exception • Reduced on scene time (30 minutes) for **all** patients • All healthcare professional or interfacility transfer Cat 3 – 5 patients agreed only with clinician to clinician conversation	• W45 without exception • Use of hospital transport or own transport for patients who do not require an emergency ambulance • SCC to manage flow requests

Level Red – Exceptional ICS Pressure

All actions below to be agreed by relevant ICS before being implemented:

Cat 2-5 patients who will continue to receive a 999 response	LAS actions	System support needed
• As per Blue, and in addition: • All Category 2 patients within ICS to be clinically validated and assessed / navigated before ambulance dispatched	• W30 enacted in affected ICS • Reduced on scene time (30 minutes) for **all** patients in affected ICS • All healthcare professional or interfacility transfer Cat 3 – 5 patients agreed only with clinician to clinician conversation	• W30 enacted in affected ICS • Providers within ICS expected to prioritise emergency care access for patient groups that LAS cannot get to, such as MH and fallers (each provider to consider relevant groups) • Use of hospital transport or own transport for patients who do not require an emergency ambulance • SCC to manage flow requests

Hospital Handover at 30 minutes

- Ambulances held at hospital are needed to respond to patients waiting in the community.
- Clinical handover of the patient should occur within 15 minutes of hospital arrival. If this has not occurred at 15 minutes contact PD46.
- Patient handover should also occur within 15 minutes. If this has not occurred at 20 minutes contact PD46 who will escalate.
- At 30 minutes leave the patient in the department, document the name/role of the staff member you informed and the time. Include a final set of observations and highlight any additional concern in the ePCR.
- Advise EOC of Immediate Handover
- Impact for the wider system:
  - Patients will be handed over at 30 minutes (note: national standard of 15 minutes)
  - LAS will continue to support cohorting to release vehicles
  - LAS will ensure trolley beds etc are collected from EDs.

Level Purple – Critical Incident

Patients who will continue to receive a 999 response	LAS actions	System support needed
• Cat 1 & 2 patients who are deemed to need an immediate response because they have a life threatening or life changing time critical condition	• Rapid release – immediate handover • All clinicians patient facing • All non-core activity cancelled • Single resource to each patient (2 resources for cardiac arrest / maternity) • Maximise self-conveyance	• Rapid release – immediate handover • Cat 3-5: face to face responses provided by other providers in the relevant ICS • SCC to manage all flow requests • Increase clinicians at front door as sicker patients will self-present • Use of hospital transport or own transport for patients who do not require an emergency ambulance

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North West London Integrated Care System
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Winter 2024 – 2025 Communications and engagement plan

Introduction – strategic focus

The purpose of this campaign is to support local residents with decisions about their health and the services they use, by providing information and redirecting people at the point of need. The plan will use data from previous winter campaigns and the Whole Systems Integrated Care Dashboard to target and support the right areas and communities.

This plan brings together the main objectives for winter from four main work streams:

Urgent and emergency care - Vaccination (flu/*Covid booster) - Children and young people - Primary care:

- Vaccinations (flu and Covid boosters)
- Where to go (GP, online consultation, 111 online, 111, Pharmacy first, UTC, A&E, mental health services – Talking Therapies and crisis helpline)
- Self-care (general winter messages stay warm, active, connected)

System issues we need to support:

- Attendance at A&E/UTC – provide relevant information at the point of need to help redirect patients with low acuity and primary care needs
- Increase usage of 111 online and NHS App
- Pressure on GP practices – promotion of pharmacy first
- Provide support information for parents
- Uptake of flu and Covid-19 vaccinations.

Review of 2023 activities – feeding into this year's campaign

	2023/2024 campaign
Google adverts – flu/covid vaccine	19,000 – redirects (larger spend)
DAX radio – children's flu vaccination	190,000 impressions - 225 clicks
Spotify flu	450,000 plays (December)
Council mag adverts	850,000 homes
Pharmacy bags	300,000
Website visits to winter page	40,000 views of our winter microsite (September– March) -24,100 to flu webpage, -13,800 to Covid webpage
Community outreach – conversations, generally in a language other than English supporting those experiencing the highest inequalities.	30 community groups funded – 20,000 contacts – • Trusted voices • Bespoke activity in underserved communities Full insight report available Report on Community Engagement for NWL Winter Campaign.pdf

What we need to build on this year 2024/25

Statistics at a glance – Covid-19

Covid-19 vaccine

629,106 Covid-19 vaccines given in 2023-24, with variation in uptake across boroughs and cohorts. Overall uptake was up 0.8% on the previous year.

Communications focus 24/25

Under 65s at clinical risk and pregnant people

Along with a community focus to support Black/mixed black ethnic groups - with queries around vaccination.

Communications for all cohorts will be shared through our existing channels.

Cohort	England	NWL
01: Care homes	**81.5%**	74.4%
02: HCW (ESR)	**33.2%**	27.8%
02: HCW (self declared)	**63.2%**	54.1%
03: SCW	**23.2%**	10.8%
04: 80+	**79.8%**	61.3%
05: 75-79	**78.9%**	59.6%
06: 70-74	**73.9%**	51.9%
07: 65-69	**64.7%**	42.4%
08: At risk	**29.9%**	17.8%
09: 12-15 At risk	**14.4%**	9.4%
10: HC Immuno	**1.2%**	0.5%
11: 5-11 At risk	**19.2%**	13.0%
All cohorts	**53.7%**	34.3%

Borough	Eligible Population	Vaccinations	Uptake %
Brent	96,519	26,281	27.2%
Central London	49,455	17,841	36.1%
Ealing	107,036	32,719	30.6%
H&F	60,888	19,425	31.9%
Harrow	81,194	33,927	41.8%
Hillingdon	88,912	35,083	39.5%
Hounslow	83,191	28,981	34.8%
West London	58,751	19,816	33.7%
Unknown	3,160	1,477	46.7%
Total	**629,106**	**215,550**	**34.3%**

Statistics – flu focus

422,317 flu vaccines given in 2023-24 vaccinations down by 82,372 on previous year across all cohorts.

(Harrow and Kensington & Chelsea increase uptake in both child cohorts compared to last year, Ealing increased their uptake in the 2 year olds and Westminster increased their uptake in 3 year olds.)

Communications focus 24/25

- Under 65s at clinical risk and pregnant people

Communications for all cohorts will be shared through our existing channels.

Cohort	England	NWL
Care Home Residents	**75.4%**	70.1%
Age 65+	**74.0%**	61.8%
Frontline Healthcare Worker (ESR)	**43.6%**	35.4%
Frontline Healthcare Worker (self-declared)	**39.2%**	29.7%
Frontline Socialcare Workers	**26.3%**	15.1%
Flu At-risk	**44.7%**	39.5%
Household Contacts of Immunosuppressed	**28.9%**	17.6%
Pregnant (ImmForm)	**32.1%**	25.9%
Pregnant (Foundry)	**12.4%**	9.4%
Secondary School Age Children	**37.4%**	23.2%
Primary School Age Children	**48.9%**	34.8%
Children 2-3	**40.6%**	34.7%
All cohorts	**50.4%**	37.8%

Statistics at a glance – 111

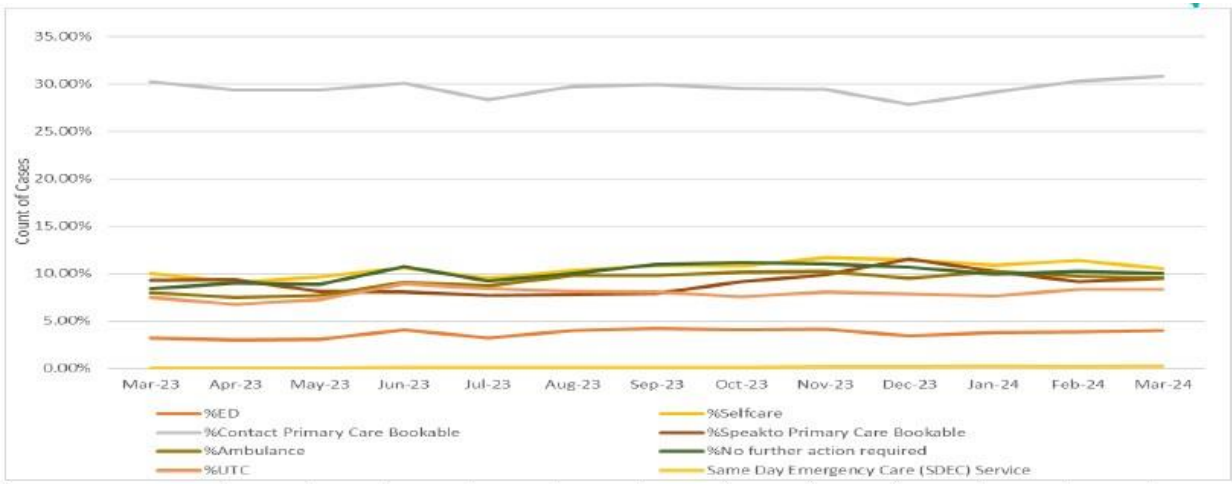
347,500 calls received by 111 in NW London (Sept 23 to March 24). **90%** of contacts supported by primary care, self-care or no action needed.

9.87% (on average) of calls required an ambulance (increase on 22/23)

22,129 online 111 cases completed

17 – 35 The age group that use 111 online via the **NHS app** most (65% of traffic)

- 20% more traffic can be dealt with online



Outcomes	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
ED Referrals by DoS	2.96%	3.03%	4.05%	3.17%	3.99%	4.18%	4.05%	4.16%	3.39%	3.79%	3.87%	4.02%
Self-Care	9.07%	9.66%	10.58%	9.51%	10.29%	10.89%	10.81%	11.65%	11.44%	10.88%	11.42%	10.54%
Contact Primary Care Services -Bookable	29.39%	29.39%	30.10%	28.38%	29.75%	29.94%	29.51%	29.43%	27.85%	29.17%	30.31%	30.81%
Speak To Primary Care Services -Bookable	9.39%	8.13%	8.05%	7.71%	7.76%	7.91%	9.12%	9.83%	11.53%	10.20%	9.12%	9.47%
Ambulance	7.44%	7.67%	9.07%	8.74%	9.81%	9.81%	10.17%	10.21%	9.49%	10.23%	9.75%	9.48%
No further action required	9.01%	8.82%	10.77%	9.22%	10.02%	10.92%	11.14%	11.05%	10.65%	9.97%	10.22%	10.00%
UTC	6.75%	7.24%	8.92%	8.40%	8.13%	8.08%	7.53%	8.07%	7.87%	7.64%	8.36%	8.37%
Same Day Emergency Care (SDEC) Service	0.03%	0.04%	0.07%	0.07%	0.10%	0.08%	0.07%	0.15%	0.13%	0.20%	0.15%	0.23%

Communications focus 24/25

- Continue to push 111 at the point of urgent need
- Focus communication on the NHS app and 111 online

North West London Integrated Care System

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Statistics – Mental Health Services

12,294 patients accessed Talking Therapies in December 23

68% of referrals to Talking Therapies across London are female

70% are 26 – 64

67% of patients to achieve reliable improvement

Communications focus 24/25

- Continue to support increased referrals
- Focus on young males

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Communications and engagement plan

Winter 2023 - 2024

Messaging timeline

	August	September	October	November	December	January	February	March
UEC – service redirection 111	Continue (ongoing)							
Full winter messaging flyers distribution (including mental health services)			Launch	Continue				
Covid-19/flu (pregnancy and children)		First phase launch (CYP and pregnancy)	Continue					
Covid-19/flu over 65s			Launch	Continue				
Covid-19/flu at risk groups				Launch				
Children and young people (self-care and support)				Launch				
Pharmacy first				Launch				

North West London Integrated Care System

NHS North West London

Partnership working across NW London

- Ensuring a joined up approach will enhance achievement of our objectives and enable us to provide a cost effective campaign.
- All resources will be available on a specific comms/eng page on the NW London ICS website: www.nwlondonicb.nhs.uk/professionals/communications-resources-staff
- Plans and updates will be discussed on a regular basis through the following forums:
  - Fortnightly ICS comms and engagement meetings (all NHS and local authority comms/eng staff invited)
  - Comms attendance at NW London flu group
  - Comms attendance at NW London vaccination strategic leads meeting
  - Comms attendance at the NW London UEC Board
  - London ICS winter leads meeting

Target audiences

- All residents of NW London with a particular focus on:
  - Pregnant women
  - Under 5s
  - School age children
  - Homeless
  - Asylum seekers
  - Those with long term conditions
  - Unregistered patients
  - Over 50’s
  - Care home residents
  - Groups identified by the Whole Systems Dashboard as requiring specific help (flu uptake, low acuity UEC usage)
- GPs and community pharmacies
- NHS staff
- Local Authority staff
- Political stakeholders
- Voluntary sector/ Healthwatch/ community groups
- Local media

Flu and Covid-19 vaccinations

Materials

Aligned with national campaign. Shared through and working with, LA, NHS, Community and engagement networks – (messaging included in some cases as part of wider winter campaign)

No additional budget required:

- Myth buster and FAQ
- GP and community videos and translations
- GP screens
- Poster (pharmacy/GP practice)
- Booklets for children and adults (national digital)
- Dedicated website page
- Social media (twitter, Instagram, Facebook, Nextdoor, Citizen's panel)
- Newsletter text
- Letter to schools
- Whats app messages – video and audio
- Staff promotion
- Council magazine (as part of winter messages)
- Flyer digital distribution
- Local engagement – NHS team and council outreach

Budget required:

- Flyer – print
- Flyer translations
- Google adverts
- Paid-for radio
- Paid adverts council magazines
- Out of home advertising (major routes) – joint Covid-19 (at risk)
- Community outreach – through grass roots organisations (with focus on flu vaccination for 0–14 and pregnancy)

Urgent and emergency care

See primary care slide with the following additions:

- Carers guide – reshare with care homes and carers networks – 10 questions to ask when caring for someone
- 111 flyer for outreach
- GP and community videos and translations
- GP screens
- Booklets for children and adults (national digital)
- Dedicated website page
- Social media (twitter, Instagram, Facebook, Nextdoor, Citizen's panel)
- Newsletter text
- Whats app messages – videos MP4s
- Council magazine articles (as part of winter messages)
- Flyer digital distribution
- Local engagement – NHS team

Budget required:

- Flyer – print
- Community radio
- Out of home advertising
- Google advertising (111 and talking therapies)
- Spotify and radio advertising
- Community outreach – through grass roots organisations

Children and young people

Materials

Share through and working with, LA, NHS, community and engagement networks messaging will also be included in the wider winter campaign.

New London-wide self-care and support assets for socials

No additional budget required:

- Parents winter guide- shared through GP practices to parents of 0-5s
  - Updated one-page easy read fact sheets
- Parents winter guide for 0-5 social media assets
- WhatsApp messaging including translated audio.

Budget required:

- Social media campaign
- Printing of easy-reads
- Outreach through community groups

Primary care –

Materials

Work with primary care leads, Primary care bulletin and working with primary care digital team.

No additional budget required:

- Communications pack for practice managers:
- Website messages, answer phone message, text messages. (Messaging to support: out of hours to support access hubs and 111, prescriptions and appointments over bank holidays, availability of emergency repeat medicines' supply from pharmacies via referral
- Social media - patient journey – what to do out of hours and what a phone appointment can do – patient confidence.
- Easy read document shared through engagement team digitally – support for registering with GP practice.

Budget required:

- Google adverts directing to GP online services and the NHS app
- Translation of easy read guide to support engagement teams and registering of patients in primary care.

Self-care

Materials shared through and working with, LA, NHS, community and engagement networks. Messaging will also be included in the wider winter campaign and information about warm spaces and council initiatives.

- Social media assets
- WhatsApp messaging including audio

Existing assets to update / utilise

Winter 2024 – 2025 activity breakdown

Budget summary 2024/25

Key activities to bolster activity from last year include:

- Increased grass-root organisation funding - family focus
- More local radio and Spotify advertising
- Out of home digital screens
- Social media and Google advertising
- Council magazine (print) advertising
- Printing of updated flu/Covid materials

2024 key actions break down - free

Free activity		**Free** (low impact)				
Communication activity	**Notes:**	**Audience**	**NW London objective**	**Benefit**	**Cost**	**Timeline**
Primary care/111/UEC						
Design materials in-house						
Communications pack to support GP practices with website massaging for phones, website, text messages etc.		GP practice managers	Support primary care with positive impact on UEC	Get the right service messaging to patients at the point of enquiry	**Free**	September
Easy read document to support GP registration	Developed 2021	Groups that need support/Asylum seeker/Homeless	Support for UEC	Support residents to register with their GP and understand how NHS services work	**Free**	Ongoing
Winter messaging (includes flu/vaccination and services)						
Flyer for distribution digitally through engagement teams	Where to go - which vaccinations to have - flyer development free	Public all	Vaccination/Flu, 111, and alternatives to UEC	All the information support better health and right service choice in one place	**Free**	October/November
Winter messaging in council magazine	One page is free in all magazines (for winter messages)	Public all	Vaccination/Flu, 111, and alternatives to UEC	Get information on Flu and winter in to every home in NW London	**Free**	October/November
Winter messages used for video and radio script			Vaccination/Flu, 111, and alternatives to UEC	Support from local clinicians to understand how to access services and where	**Free**	October/November
Video recorded by local clinicians (including translations)			Vaccination/Flu, 111, and alternatives to UEC	Support from local clinicians to understand how to access services and where	**Free**	October/November
(MP4s)What's app messages	In-house design on canva - with staff voiceovers	Groups identified as high users/low uptake of vaccine/ in need of support with services	Vaccination/Flu, 111, and alternatives to UEC		**Free**	October/November
Website information			Vaccination/Flu, 111, and alternatives to UEC		***Free**	October/November
Parents winter guide- shared through GP practices to parents of 0-5s	(review - developed in 2021)	Parents of 0-5s	Support for UEC	Direct education to parents -reliant on practices sending	**Free**	October/November
Additional - Flu promotion						
GP videos (translations)					**Free**	November/December
Community webinars					**Free**	November/December
National booklets/materials	Distribute digitally				**Free**	November/December

2024 key actions break down – budgeted activities

Primary care/111/UEC						
Dax radio	NHS 111		Support for UEC		October	Stats from DAX radio from prostate work - £4k reached 200,000 people
Winter info in council mags				Services and flu (total cost for two adverts in every borough over 6 month period)	September	Reach across 700,000 homes
Social media adverts	Improve confidence in what GPs can offer over the phone	Targeted to over 60s	Support primary care with positive impact on UEC	Target specific groups to educate and inform		£500 boosts reach to 30,000 people - no spend circa (5,000) @£2000 - reach over 100,000 with 360,000 impressions (based on cancer won't wait campaign)
Google adverts	Urgent care 111 direction	Public all	Support for UEC			151,000 refirects and 500k impressions over six months. Taking people to 111 online when searching for emergency care.
Spotify	Urgent care 111 direction	Public all	Support for UEC			750k plays in 23/24
Winter messaging (includes flu/vaccination and services)						
Google adverts	Vaccination programme	Public all	Immunisation			2.5 months October - mid December
Dax radio	Flu	Prioritise CYP	Immunisation			190k impressions
Spotify	Flu children - nasal spray	Public all	Immunisation			450k impressions
Posters for children's centre - vaccinations flu and pregnancy			Flu and Covid-19 pregnancy and children		November	
Translations of leaflet				(as above)	October/November	Translation of the winter leaflet - flu and covid 24/25 criteria
Employ grass roots organisations	3 organisations per borough (upto 6 weeks work) use of WSIC data to support around flu uptake and service use	Groups identified as high users/low uptake of vaccine/ in need of support with services	Vaccination/Flu, 111, and alternatives to UEC	(as above)	September to Feb	Last year our £100k procured 34 community groups - who reached over 18000 people. Whilst that's a higher rate per contact than other methods, these were indepth conversations, generally in non-English language, with those experiencing the highest inequlities and poorest health outcomes. These are individuals we cannot easily reach through our other activity but where we are likely to see the greatest impact if behaviours are changed.
Additional flyers printed for distribution by grass roots organisations	(as above)	Groups identified as high users/low uptake of vaccine/ in need of support with services	Vaccination/Flu, 111, and alternatives to UEC	Supporting groups who can be high users of services like the UEC to understand the alternatives and where to get vaccinations	October/November	
Courier costs						
Social media adverts	vaccination	65+, pregnancy, CYP				
Pharmacy bags		Patients long term conditions		Information directly to patients with long term conditions	October/November	300k bags printed with service messages - and distributed directly to patients with LTCs
Additional - Flu promotion						
Out of home billboards		(scope uptake need in October - targetted on postcode and are of need) e.g. pregnancy				Check reach data from measles work
GLL screens						Leisure centre screens
CYP						
Parents winter guide for 0-5 social media assets	(review - developed in 2021)	Parents of 0-5s	Support for UEC		October- December	£500 boosts reach to 30,000 people - no spend circa (5,000) @£2000 - reach over 100,000 with 360,000 impressions (based on cancer won't wait campaign)
Self- care (keep warm, active connected - well stocked medicine cabinet - talking therapies)						
Social media	Use on NW London local channels	Public all - can locally target groups	Support for GP and UEC services	Direct advertising to people on key issues, when cold, ahead of the holidays etc.	December - January	£500 boosts reach to 30,000 people - no spend circa (5,000) @£2000 - reach over 100,000 with 360,000 impressions (based on cancer won't wait campaign)

Evaluation

Evaluation will be ongoing from September 2024 – March 2025.
We will review:

- **Awareness** – website visits, advertising impressions, engagement reach
- **Engagement** – appointment bookings, changes to service access, responses from residents etc.

- Partners will receive monthly updates on activities and reach
- Campaign may be adapted based on:
  - Feedback / changes to the national campaign
  - Information provided by programme teams
  - Feedback provided through engagement activity / from partners

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Winter communications update
(End October 2024)

Dear all,

We wanted to keep you up-to-date with the communication activity supporting NW London this winter.

This update comes at the end of the first month of activity on the winter campaign. Many activities have been launched in the last few days, with more to follow. Another update will follow at the end of October. *Please share with any other groups who will find this update helpful.*

All winter communication resources and messages are on the resource page: Communications resources for staff :: North West London ICS (nwlondonics.nhs.uk) This has been shared through the NW London staff bulletin, primary care bulletin and with local authority and provider communications leads.

The NW London ICS winter website page also contains key messages and information for the public, covering vaccination (booking and walk-in), access to services and general information for keeping well.

The following activities outlined in the table have been launched/planned using these resources. An overview of all activities is outlined in the winter communications and engagement plan.

This activity update is in addition to the work of local involvement leads who are currently prioritising winter messages through their visits and outreach.

** All messages - 111, pharmacy, GP access, mental health, flu/COVID19 and RSV vaccinations covered.*

Communications: Delivered and planned			
Activity	***Winter messages supported**	**Date started/ planned for**	**Reach**
Google adverts	Emergency services, 111 and vaccinations Talking therapies directing to www.nhstalk2us.org (developing content for November launch)	Ongoing	9,200 clicks per week – redirects to NHS 111 online from emergency care search. (78,000 impressions in 30 days and 42,258 clicks)
GLL (leisure centre screens)	111 (national posters)	28 October - 22 January	11 leisure centre and gym sites across NW London Footfall of 62,285 people per week. Estimated impressions of 800,000 over full campaign period.

Website updates	*All	10 September - ongoing	1,580 views of our winter landing page from 1 September 9,362 visits to where to get your winter vaccinations from 1 September. Google map of walk-in vaccination clinics 4,550 views: https://bit.ly/nwl-vaccine-sites-2425 since 5 September.
Out of home advertising	Flu an COVID-19 vaccinations	3x 48 sheets booked in to cover messaging on: Pregnancy vaccinations Long term conditions (respiratory focus) All eligible Bus stops - cover all three groups NHS London team - coverage on health care worker vaccinations	Locations: 3 x 48 sheet locations on major routes into NW London • Harrow • Brent • Hounslow 151 Digital 6-Sheets (Bus stops across NW London) - 220,000 Impressions. Health care worker posters across tube and travel networks.
Council magazine/digital content	Flu vaccinations	Full page adverts booked in to all local authorities print publications	~800,000 homes
Social media (Facebook, Twitter, Instagram, Nextdoor, Whatsapp)	*All Current focus on Flu and COVID-19	Ongoing plan throughout the winter (spaced to allow time for separate messages)	Update to be provided in October round-up
Paid for social media	*All	Start mid-November	
Procurement of grass roots organisations to support engagement	*All	37 local organisations to have community conversations – work will commence mid-October	Working to support current engagement outreach activities in locally identified areas. Full list of groups below.

Information leaflets available to all staff for the public – in 13 languages	*All	Local flu/COVID19 leaflets currently being translated – to follow soon on the resource page	Communications resources for staff :: North West London ICS
DAX radio advert	Children's flu nasal spray	4 October – 4 weeks	Launched 1 October - 190,000 audio impressions
Paid social	Children's flu nasal spray – additional clinics	Launch mid November	
Information on GP screens	Vaccinations	1 October	350 practice receptions
Children's information leaflet available on SystemOne for GPs to share – supported by a social media campaign	Support for parents this winter	1 October	Children's social campaign to follow mid - November
All vaccination information shared with stakeholders via email – for cascade and bulletins			

Community organisations supporting winter messaging.

Organisation	**Boroughs**
1. Brent Central Mosque	Brent south
2. Polish Society 2020	7 Borough excluding Brent
3. Al Manaar	K&C Westminster
4. Darpan	Hounslow
5. Persian Care Centre	Kensington and Chelsea, Westminster, Ealing
6. Blindaid	6 Boroughs excluding Hounslow & Brent
7. SFIDA	Hounslow, Hammersmith, Fulham, Ealing
8. Ealing Healthwatch	Ealing
9. Ealing and Hounslow CVS	Ealing & Hounslow
10. Carramea	Harrow
11. Future Challenges	Brent
12. Afghan Health Organisation	Harrow, Brent Hounslow
13. The Groit One Group	Ealing, Harrow, Hillingdon
14. Somali Parents CIC	H&F& Ealing

15. Human Rights Solidarity	Westminster, Brent, Harrow
16. C-Change	Hillingdon, Hounslow & Ealing
17. Middlesex Association for the Blind	5 boroughs excluding Brent, Hounslow & Ealing
18. Clube Dos Brasileirinhos	Brent
19. The Positive Movement Project	Hounslow
20. Almis Association	Brent
21. Ilays	Hounslow
22. Watford FC	Harrow
23. Paddington Dev Trust	H&F
24. SAAFI	Brent
25. Autism Hounslow	Hounslow
26. Horizon Youth	Harrow
27. Babyzone Hammersmith and Fulham	H&F
28. Marylebone Bangladeshi Society	Westminster
29. HASVO	Harrow
30. BME Health Forum	K&C, H&F, Westminster, Harrow focus on Hillingdon where possible
31. RCCT	Harrow, H&F, Brent
32. CheriCoco	K&C
33. Alrhida	Brent, Harrow, Ealing & Westminster
34. Heathwatch Hounslow	Hounslow
35. Basch Helps	5 Boroughs excluding Brent, Hounslow and Ealing
36. Universal Home & Healthcare	Harrow, Ealing & Hounslow
37. The Uxbridge Centre	Hillingdon
38. Dalgarno Trust	North Kensington

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

NHS North West London

NW London Health Equity Programme

JHOSC 5th December 2024

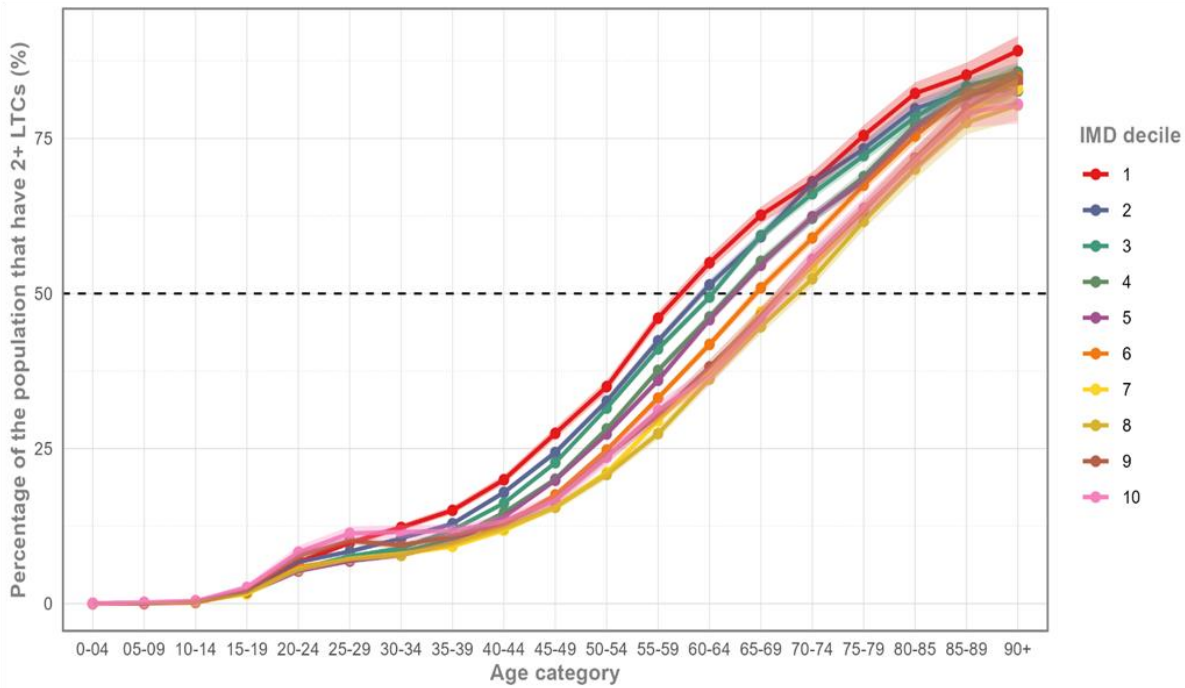
Key messages:

- Our data shows that people in the most diverse and deprived communities in NWL are dying earlier than they should
- As well as ethical and moral imperatives to reverse this, there is also a financial imperative as this has an impact on longer term resources
- The health equity programme has been working in partnership across the ICS to deliver against a range of milestones and deliverables using its available levers to impact on these inequalities and is monitoring the impact of these interventions
- We work closely with partners right across the system, working collectively to build trust and design services that work for all of our communities, taking a proactive, preventative approach
- We have recently delivered a successful NW London health equity summit and we want to continue to build these cross-system partnerships and raise our ambitions for reducing the disparities in health outcomes we see in our population

The most deprived decile in NW London are becoming multi-morbid around 10-15 years younger than more affluent areas

- In NW London, in our more deprived neighbourhoods, people are **dying up to 20 years earlier** than their peers. Within Kensington and Chelsea you can walk 15 minutes and the life expectancy will have dropped by 15 years.
- There are inequalities in the years spent in poor health across gender, ethnicity and deprivation. People in the **most deprived areas are likely to suffer from multiple conditions 10-15 years earlier than in more affluent areas**.
- When controlling for gender, age and deprivation **Asian, Black and Mixed ethnic groups are more likely to be multi-morbid than White ethnicities**. Black and Black British ethnicities are 1.6 times more likely to be multi-morbid
- Our NW London Shared Needs Assessment shows that people in living in our more deprived areas are more likely to have a significant number of **long term conditions and unmet healthcare needs** compared to the higher resourced communities, and the rate of unplanned bed days in the most deprived group is around 1.2 times higher compared to the least deprived group
- Alongside the ethnical imperative to reverse this trend, this variation in health outcomes is driving **increased costs** to the healthcare system and creating an **urgency for the ICS to tackle this issue**

Prevalence of multi-morbidity by age and deprivation



Produced by: Health Equity Team - NWL ICB - NHS; Source: WSIC

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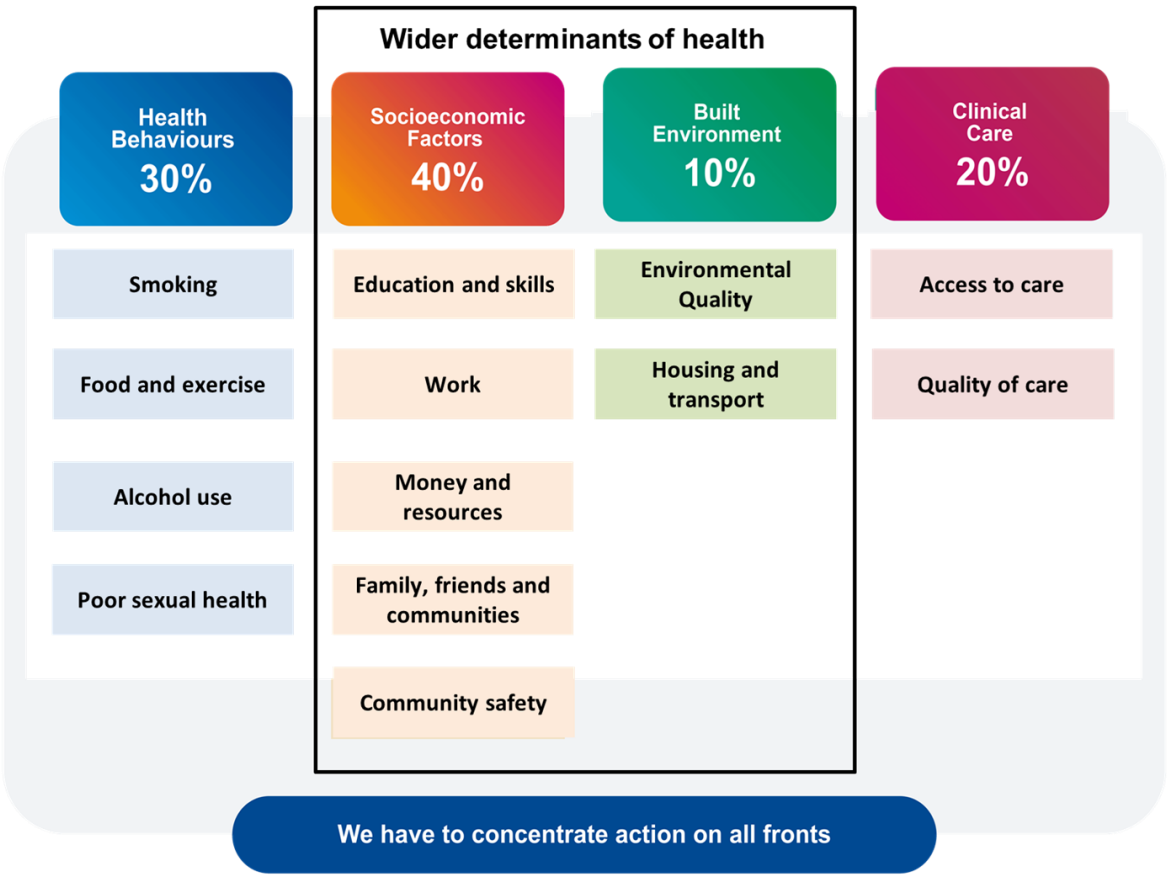
A range of factors contribute to this gap in healthy life expectancy in NW London

- Inequities are directly related to **wider social, economic and environmental factors:** when our communities don't have the things they need, such as warm homes and healthy food, and are in low-paid or unstable jobs, it can lead to chronic stress and poor physical and mental health. Unemployment is nearly 2 times higher in the most deprived quintile for males in NWL
- Creating an environment which does not support **healthy behaviours and lifestyles** also has a negative impact on health. People in deprived areas may face challenges in adopting health-promoting habits, with adults in the most deprived quintile 1.5 times more likely to have a poor diet
- People from our different communities have very different **experiences** of the health and care services that we provide. We are not **tailoring services** to be culturally competent to meet people's needs and therefore have **low levels of trust** in services
- We have different levels of **access** to proactive, preventative interventions, meaning that we are not routinely identifying people early at risk of illness and have higher levels of reactive care
- These factors are combining to lead to very **different health outcomes** in different neighbourhoods

Contributors to health outcomes



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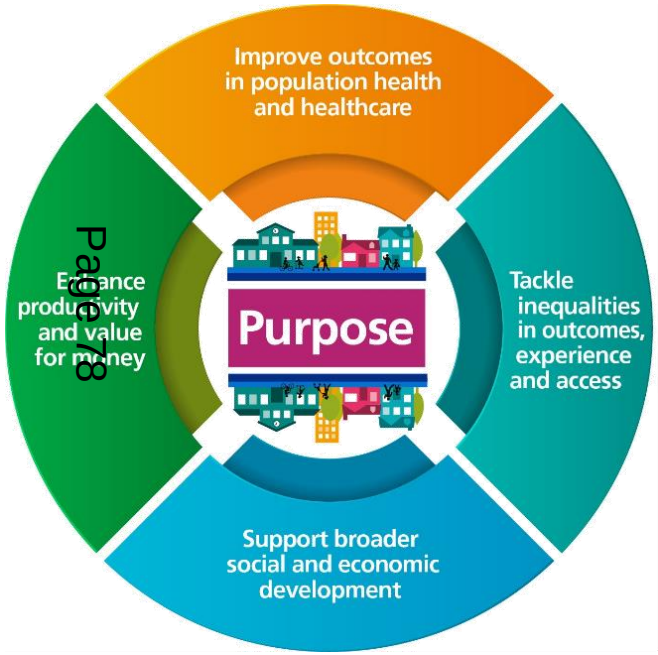
Tackling inequalities is a key part of our purpose, our strategy, and our joint forward plan



- **PRIORITY 1:** Reduce inequalities and improve health outcomes through population health management
- **PRIORITY 2:** Improve children and young people's mental health and community care
- **PRIORITY 3:** Establish Integrated Neighbourhood Teams (INTs) with general practice at their heart
- **PRIORITY 4:** Improve mental health services in the community and for people in crisis
- **PRIORITY 5:** Embed access to a consistent, high quality set of community services by maximising productivity
- **PRIORITY 6:** Optimise ease of movement for patients across the system throughout their care – right care, right place
- **PRIORITY 7:** Transform maternity care
- **PRIORITY 8:** Increase cancer detection rates and deliver faster access to treatment
- **PRIORITY 9:** Transform the way planned care works

3. Provide additional services that meet specific needs
2. Tailor the offer based on what communities need
1. Create a common service offer across NW London

All parts of the system need to proactively commit to partnership work to achieve change. The health equity programme enables this change, arranged around three pillars

The health equity programme works to **close the gap in healthcare access, experience and outcomes** for different communities in NW London through **embedding a Population Health Management approach**, and works closely with partners to **tackle the wider determinants of health** to improve overall health equity.

1. Reducing healthcare inequalities
Understanding and addressing inequalities in access, experience and outcomes achieved by health and care services

2. Population health management building blocks
Put in place the building blocks of a population health approach – that will help us to reduce inequalities – across all of our work within the ICS

3. Partnership working on wider determinants
Work together with all of the partners in our ICS to improve social, environmental and healthy living factors that adversely affect health and wellbeing

- **Pillar 1 focuses on clinical care**, where NHS services, providers and commissioners are in the lead, based around the NHS England Core20Plus5 framework, which focuses on five key clinical priority areas (for adults and children) and on improving outcomes across our most deprived and often marginalised groups shown to have the poorest health outcomes
- **Pillar 2 provides the 'how'**, building capabilities in key skills to deliver the locally produced 'Focus-on' PHM methodology, creating a data-driven decision making culture. Integrated Neighbourhood Teams (INTs) will be the key vehicle to deliver this
- Pillar 3 focusses on the **wider determinants of health** and **health behaviours.** Local authorities and the voluntary and community sector (VCS) play a key role in this; however, through the NHS's role as Anchor organisations and through connections with our communities we work in partnership across the system here
- The programme is an enabler, supporting the system to work together to embed a health equity approach, working with our diverse communities to **build trust**, doing **'with'** our communities, not 'to' and creating a **preventative, proactive approach** that enables people to live healthily.
- See **Annex 1** for more detail on the programme, including the three pillars, full set of workstreams and projects, and programme levers

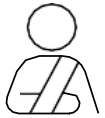
Our vision for the programme is to reduce the disparities in healthy life expectancy, adding years in good health for our most deprived populations

Health equity cannot be achieved without long-term commitment to this transformation as well as bold, immediate actions due to the urgent need for change for our population. The ultimate, long-term, ambition of the programme is to **reduce disparities in healthy life expectancy.** Healthy life expectancy is consistently identified in the health equity literature and by our local population as a greater priority than life expectancy, and is where we see a significant disparity between our communities.

We propose measuring this through four metrics:

Metric	Rationale	Baseline	Aim
Increasing the age of the most deprived quintile where 50% of the population is multimorbid	A good proxy for healthy life expectancy and current area of significant disparity in NW London	55-59 years	65-69 years
Reducing emergency admissions due to ambulatory care sensitive conditions	Significant inequalities aligned to deprivation. Aligns to INT goals and a good measure of disparities in care out of hospital		
Reducing the inequality gap of life expectancy in NWL	Easier to measure than Healthy Life Expectancy and a proxy for inequality. Significant and growing disparity in NW London	20 years	15 years
Reducing preventable deaths under 75 in NWL	This metric is commonly used as a proxy for inequitable outcomes	Boroughs over 200 = 1 and above London average = 2	<200 deaths per 100,000 and lower than London average for all Boroughs

Three NW London personas around health equity bring our vision to life



Resident of NW London

I want to stay well for as long as possible so that I can see my grandchildren grow up.
The system needs to provide me with a more holistic package and not just focus on clinical interventions, as that can lead to me thinking that I am not a priority.
I want the system to understand and recognise my wider priorities and work in an integrated way to support me with these, including things that I face every day: financial constraints, family life, lack of resources including work. Then I may be in a better position to accept the interventions that they offer
I want the system to listen and not talk at me, my views about my health are important and valid
I want the system to ensure it gives me all the information I need so I can make an informed decision and that this needs to be in a relatable format

INT manager

I have easily accessible tools and dashboards that map where supply is not meeting demand. Using advanced analytics tools, I am able to predict the future demand and priorities for high risk patients. I have the intelligence to know which cohorts to intervene earlier in order to prevent the most damaging and costly outcomes. I can use this to set PHM priorities that maximise impact on clinical outcomes and reduce reactive care.

I work with team members to shift the model of care from reactive to proactive. I can easily plan work across the year with INT colleagues, using an automated system

I have access to granular data that helps me to evaluate the performance of the commissioned services. Evaluating the impact of interventions helps me demonstrate the value add and support spread and scale of these models, shifting investment over time to more proactive, preventative approaches

Clinician

I have easily and intuitively configurable reports that spotlight the patients I should focus on, which helps me prioritise efforts and target my resources differently for people with different needs, improving outcomes for them and improving working life for my team.

I can shift my model of care to proactive, recognising that pre-emptive care improves experiences for my patients and can reduce practice workload. I work closely with INT colleagues to best target our resources on people at risk in my population and design interventions that work around community needs, meeting people where they are

I can evaluate the impact I'm having identifying groups of patients for proactive care and model future impacts on our local population to demonstrate how better skill mix and improved models of primary care can improve outcomes for my population to support spread and scale of these models

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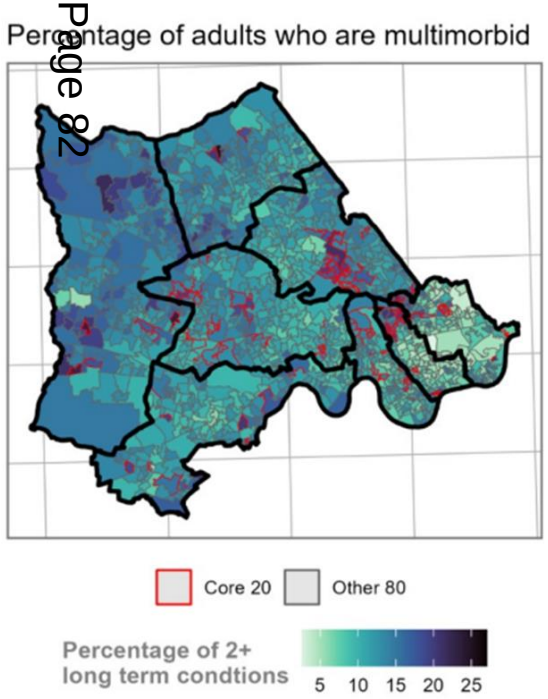
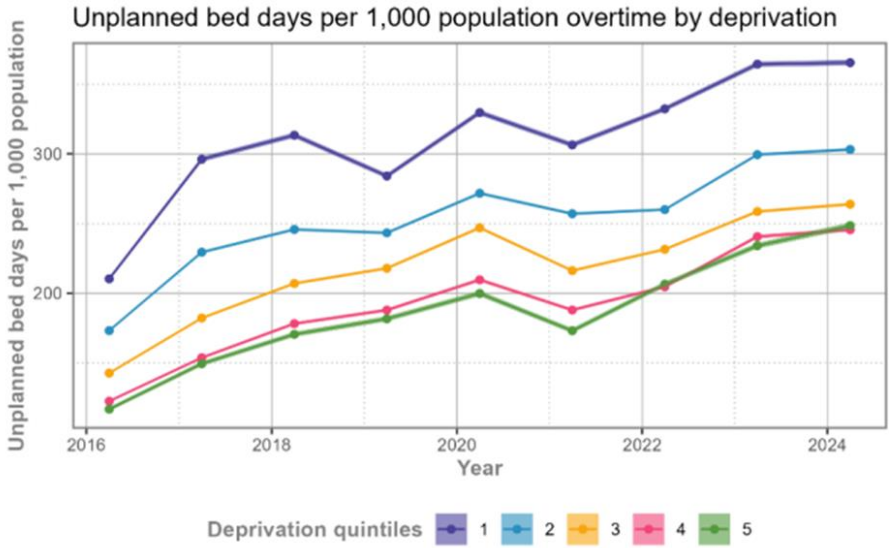
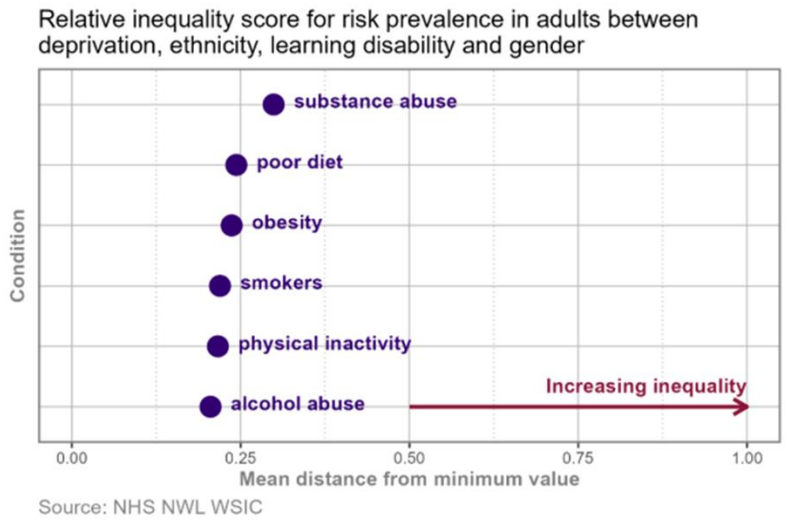
We have a good understanding of the needs of our communities from our Shared Needs Assessment (quantitative data)

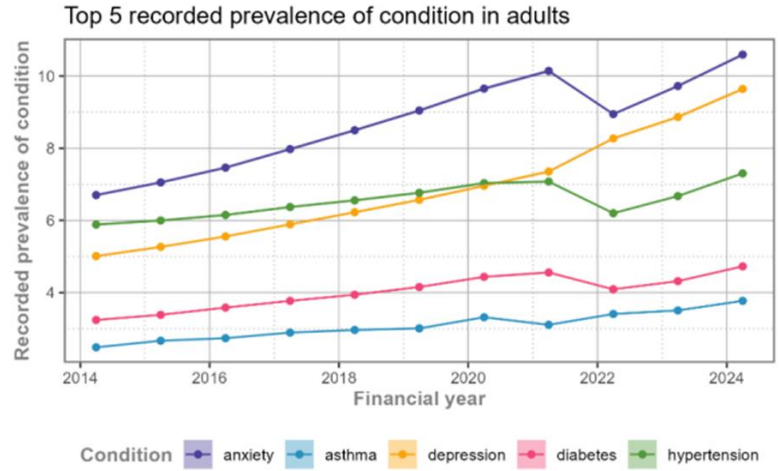
- Slide 3 summarises some of the key population health statistics for NW London
- We have a range of further data points as set out in our Shared Needs Assessment
- This provides further information to understand our diverse communities, showing significant disparities in health outcomes across different areas, with inequalities are seen across all groups analysed, including deprivation, ethnicity, gender and learning disabilities
- The Shared Needs Assessment also shows more detail on our Core20 population and shows where the biggest inequalities are within each borough in NW London







Source: NHS NWL WSIC



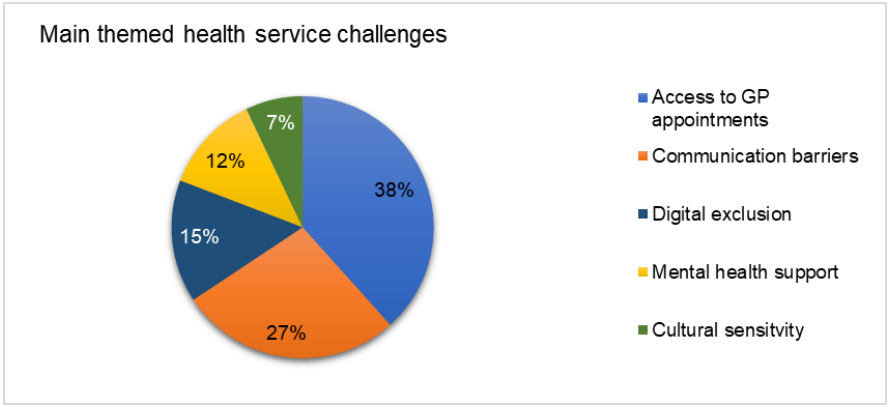
Source: NHS NWL WSIC

North West London Integrated Care System

North West London

We also have a good qualitative data on our community need, from insight work to September 2024

- **Access to GP appointments:** Long wait times and limited appointment availability were consistently reported as major concerns; frustrations were expressed over the difficulty of securing timely appointments, especially for those managing chronic conditions.
- **Communication barriers:** Challenges with communication in patient referral and appointment letters, including a noted lack of 'easy read' materials and options for translated documents. Reported challenges in booking interpreters, sometimes leading to unqualified friends or family members serving as ad hoc interpreters in often sensitive circumstances. Trend has emerged through community insight, noting a perception that frontward facing practice staff (receptionists, telephone triage navigators, etc.) can serve as barriers to facilitating a safe and welcoming environment, particularly among those with additional needs or serious mental illnesses.
- **Digital exclusion:** Elderly residents reported difficulties navigating online booking systems alongside concerns regarding 'total digital triage' approaches, and losing nuance gained through verbal or face-to-face appointments. The digital divide still remains a barrier to equitable healthcare access. Although this source of frustration has, qualitatively speaking, dropped by 5%.
- **Mental health support:** Further requests for diversity in treatment for mental health that include holistic and non-medication-based therapies. This reflects an increased awareness and demand for approaches that align with cultural beliefs and practices, offering more comprehensive mental health care options.
- **Cultural sensitivity within healthcare services:** This replaced the vaccination issue from the last quarter. The feedback here highlighted the need for healthcare service to be more culturally attuned. This challenge impacts trust and patient satisfaction, an ongoing request for training programmes to develop cultural competence among healthcare staff



A notable change from Q1 to Q2 was the decline in feedback related to vaccination. In Q1, vaccination was a prominent theme, likely driven by public health campaigns and community efforts to improve immunisation rates. However, by Q2, vaccination feedback does not appear as a significant unprompted issue raised by residents during this period.

We have a range of mechanisms to engage with and consult with our diverse communities

1. **Tailored communications**
   - Use culturally appropriate messaging and multilingual materials to meet the needs of non-English speaking communities.
   - Distribute updates through trusted community leaders, faith groups, and local charities to enhance reach and trust.
   - Leverage digital tools, social media, and in-person outreach to cover both digitally active and digitally excluded populations.
2. **Building trust and accessibility for poorly reached communities**
   - **Co-Design Advisory Body** – where we hear from communities that are not always heard (have included travelling communities, women, people with disabilities, homeless, etc)
   - **In-reach programme** targeting our most excluded communities, e.g. homeless people, travellers, refugees and asylum seekers,
   - Conduct and complete a **gap analysis** to identify which communities the ICB are not currently reaching.
3. **Community-centric engagement**
   - Co-design services with diverse community representatives to ensure they reflect lived experiences and address specific barriers.
   - Host regular drop-in sessions in accessible locations like libraries, community hubs, and places of worship to gather feedback.
   - Introduce peer-led focus groups to capture authentic voices from underrepresented communities.
   - Ensure that all community based inreach is aligned to held data sources, to offer most value in allocating resource where it offers best value for residents.
4. **Commitment to Equity and Inclusivity**
   - Monitor engagement and consultation outcomes to measure effectiveness and adapt approaches as needed.
   - Train staff and volunteers in cultural competency and trauma-informed approaches to better engage marginalised groups.

Outcome: Creating an inclusive approach ensures all individuals, regardless of their circumstances, can access the healthcare they need and feel informed and valued.

Delivering on the three health equity pillars: the full programme is comprised of a range of workstreams, and a wide range of projects that enable and deliver transformation

1. Reducing healthcare inequalities
Understanding and addressing inequalities in access, experience and outcomes achieved by health and care services

2. Population health management building blocks
Put in place the building blocks of a population health approach – that will help us to reduce inequalities – across all of our work within the ICS

3. Partnership working on wider determinants
Work together with all of the partners in our ICS to improve social, environmental and healthy living factors that adversely affect health and wellbeing

Embedding a culture of tackling inequalities across the ICB

Embedding processes, cultures, and ways of working that tackle inequalities in everything that the ICB does, based on the Core20Plus5 framework

- Creating a robust set of **inequalities metrics and a dashboard** to enable tracking of progress in reducing inequalities
- Creating culture of **learning and sharing**, including the health equity summit, a systematic approach to gaining and sharing insights from communities, and the development of Core20Plus5 ambassadors
- Embedding inequalities in the **core processes** of the ICB, including commissioning and contracting –
- Using the impact of **Health Inequalities Transformation funding** to design and embed sustainable approaches to reducing inequity

Reducing healthcare inequalities in key focus conditions

Working with partners across the system and co-producing with communities to tackle specific inequalities in key clinical focus areas with a focus on specific communities who have a higher risk of morbidity and mortality. Immediate priority is black communities, but in later years will expand to other specific communities, including Plus groups

- Improving **maternity** experience and outcomes for black women (Aligned to Priority 7)
- Equitable and holistic approach for black men at increased risk of **prostate cancer** (Aligned to priority 8)
- More equitable approach to **mental health** for black men (Aligned to priority 4)
- Better identification and management of **hypertension** within black communities

Addressing cross-cutting barriers to equity in healthcare

Addressing cross-cutting barriers that impact on access to and experience of care

- Building **trust** with communities and approaches to reach communities where they are
- Increasing levels of **digital inclusion** to reduce access barriers
- Overcoming **barriers to leadership** so that the ICS workforce is reflective of the local population

Future projects include exploring the role of clear/accessible communication in reducing barriers

Population Health Management

- Upskilling system staff via the **PHM & Health Equity Academy** against 5 key PHM learning domains: Analytics, Engagement, Co-production, Leadership and Health Economics/Value-based Care
- **Aligning Resource to Need:** Mapping and analysis of activity and costs across the system, triangulated with demographics, geography and care setting data, to support decision making on system spend against need
- Delivering a NW London wide **evaluation framework** to support consistent tracking of impact/value
- Embedding PHM functions across delivery settings and organisational structures, starting with primary care (reactive, planned and preventative)
- Working with BI to embed a robust **intelligence function**, including linked data sets, in planning and delivery to enable data-driven decision making
- Embedding **research capacity** for inequalities in partnership with our academic institutions, creating a strong evidence base
- **Analytics:** Integration of population health data into operational ad strategic decision making, including cross-system needs analysis and Borough capacity

Promoting prevention and healthy living

Embedding a system wide approach to **prevention** and **healthy living**: embedding metrics, KPIs and governance in ICB programmes, identifying system roles and responsibilities and improving capability for promoting prevention by Making Every Contact Count, with a view to:

- Supporting **healthy behaviours** and the delivery of Long Term Plan prevention initiatives including **tobacco dependency and control** and a coordinated response to **tackling obesity**.
- Developing whole system approaches to **prevention for** immunisation and vaccination, oral health, and cancer screening – aligning public health and NHS services and re-thinking delivery approaches.

Tackling the wider determinants of health

Leading a whole system response to address the wider determinants of health, including:

- Creating **employment opportunities** for deprived communities and supporting people with health needs into work through e.g. SEND internships, interview schemes, apprenticeships and job fairs.
- Delivering **volunteering initiatives** to support our communities to build skills, find employment, address social isolation and build connected and supportive communities.
- Mitigating rising **cost of living**, including through co-locating social welfare advice in NHS services
- **Healthier homes**: reducing damp and mould and avoiding admissions due to unsuitable housing.
- Embedding **social value** into NHS procurement and using NHS assets for community benefit, including meeting spaces and warm hubs

Partnership with VCS organisations

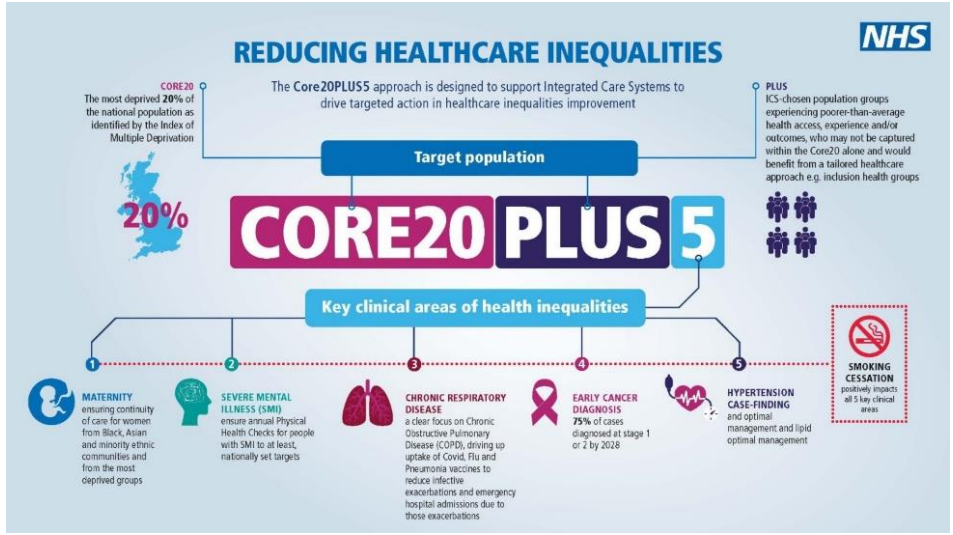
Building infrastructure to ensure **VCS organisations** inform and support health and care delivery across NW London; developing contracting and impact frameworks for smaller organisations.

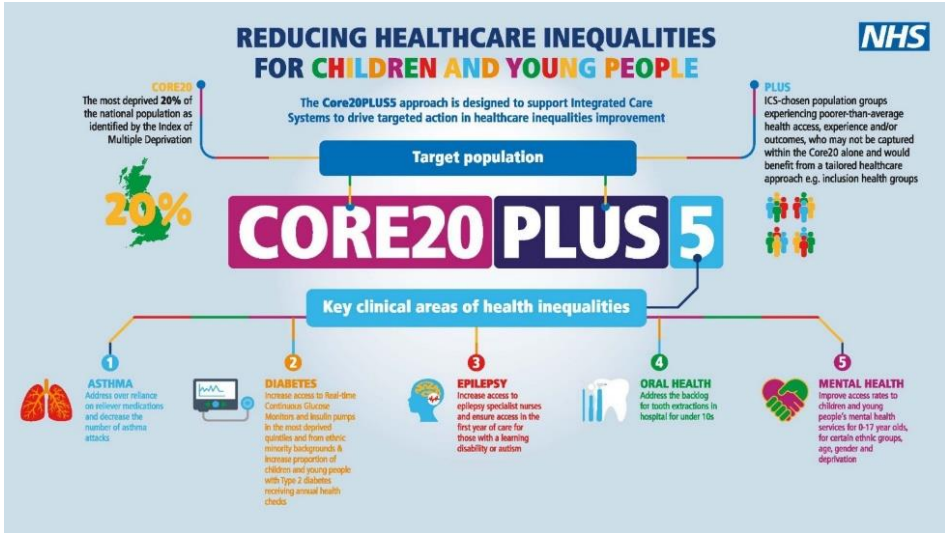
Anchor institutions

Building effective partnership across our **Anchor institutions**, based around an Anchor Charter, to share best practice, build healthy, inclusive, workplaces and address the wider determinants of health for residents and employees.

Pillar 1 is focussed on reducing healthcare inequalities with Core20Plus5 as the overarching framework

- We know that there are significant inequalities in access, experience and outcomes for NHS services across North West London.
- These inequalities disproportionately impact people living in the most deprived neighbourhoods, Black communities and groups who are particularly marginalised or excluded.
- This pillar aims to understand and address these inequalities and embed a culture of addressing inequalities across the ICB.
- The Core20Plus5 framework helps to guide this work by focussing our efforts on people living in the 20% most deprived neighbourhoods nationally, “Plus” groups and 5 key clinical areas that drive health disparities.





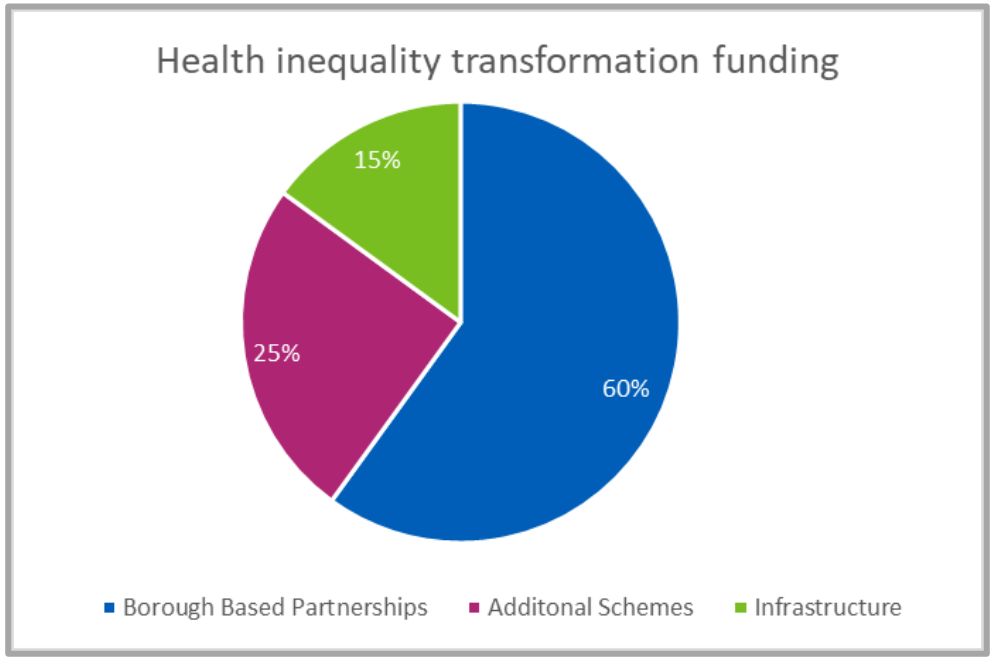
Health Inequalities Transformation (HIT) funding supports transformational activity at all levels of the system

We have around £8m of Health Inequalities Transformation (HIT) funding

Work to address health inequity needs to happen at all levels – local to regional. Therefore, we have split the HIT funding into three pots:

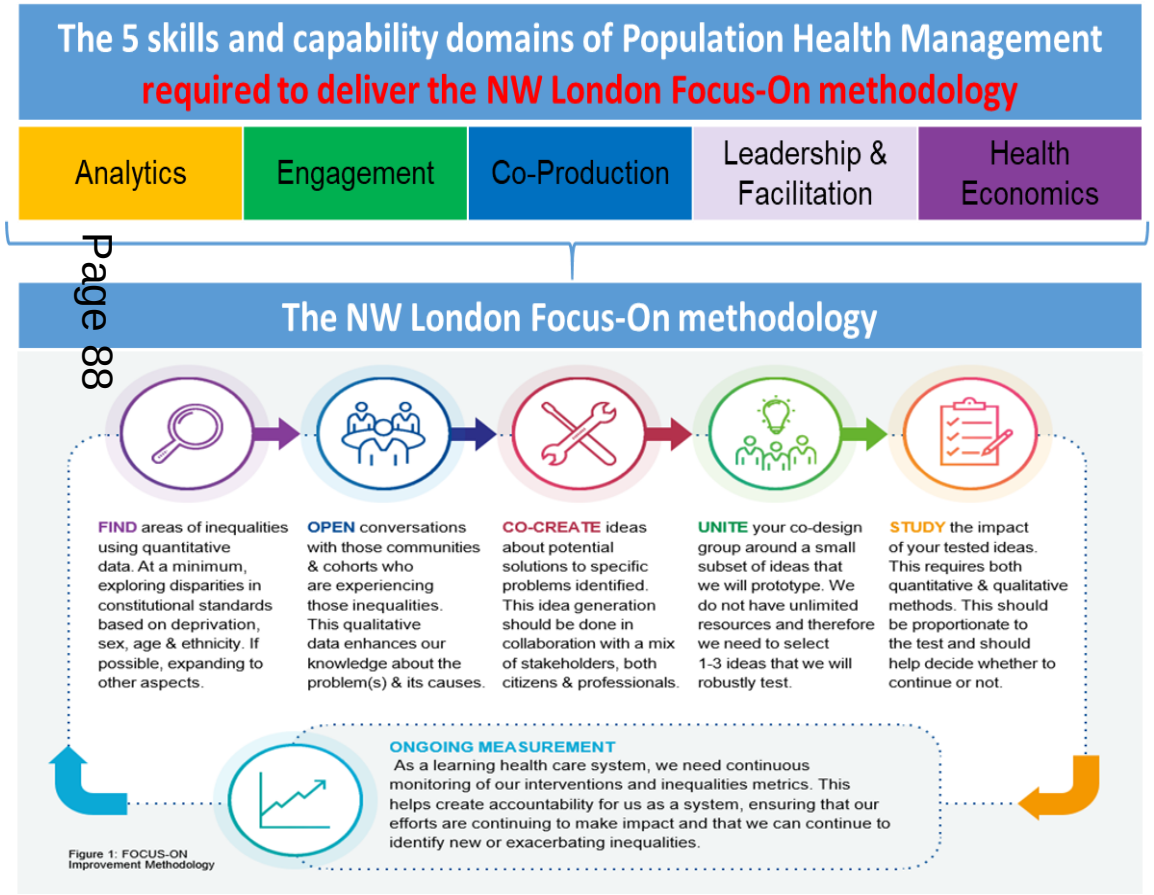
- **Borough based partnership (60%)** - this is funding allocated to each of the borough based partnerships to support borough based work to address health inequalities. The split between boroughs was determined by the UK Shared Prosperity Fund allocations.
- **Additional schemes (25%)** - cross-cutting projects aligned to system programmes that will benefit more than one borough.
- **Infrastructure (15%)** - cross North West London health inequalities and population health management infrastructure to help embed the health equity approach into ways of working

This approach invests the majority of funds in local work and capacity, whilst ensuring there is a joined up North West London approach.



As part of Pillar 2, our Population Health Management & Health Equity Academy brings opportunities and resources to support staff to develop skills

These skills will help us apply the Focus-On methodology and ensure we have a consistent and effective approach to delivering care to our residents.



The Academy is hosted on the NW London ICS website, with regularly updated content.

The webpage contains useful content for developing skills in all five domains of Population Health Management.

Our focus to date has been on providing support and training on Co-production and Health Economics & Value-based Care. We are also looking at how we can support the development of data analysis and insights skills for non-analytic staff groups, and how we can work with analytics colleagues more effectively.

We are keen to support innovative ways of learning and will continue to develop new approaches to embedding skills. This includes drop-in clinics and Action Learning Sets, and the creation of a PHM Community of Practice.

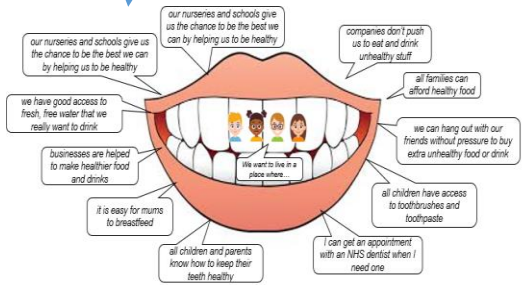
The purpose of Pillar 3 is to work with partners to address the wider contributors to health outcomes and support healthy behaviours

Tackling the wider determinants of health

3ST THIRD SECTOR TOGETHER in north west London

Building partnerships with our NW London VCS organisations and between our Anchor Institutions to support our population and promote health equity

Taking a whole systems approach to prevention and healthy living



Building a comprehensive oral health promotion offer for NW London	Creating oral health friendly public service environments	Improving access to dentistry in areas of higher need	Developing family friendly practices	Maintaining complex pathways
Additional focus on oral health promotion to ensure consistency and reach across NW London*	Link to healthy start and sugar smart initiatives and healthy schools programmes, promoting breastfeeding and sign up to the sugar levy*	• Using opportunities within delegated commissioning to improve access to and availability of dentistry, reflecting the needs of children and young people. • Addressing inequality by focusing on children and young people in areas with poorer oral health outcomes, linking to child health and family hubs*		Supporting continued use of non-surgical anaesthesia suites and ensuring hand-off to general dental practice

NW London public facing campaign, supported by local engagement activity to promote oral health

Focus on populations with greatest need (Core20Plus; children with SEND)

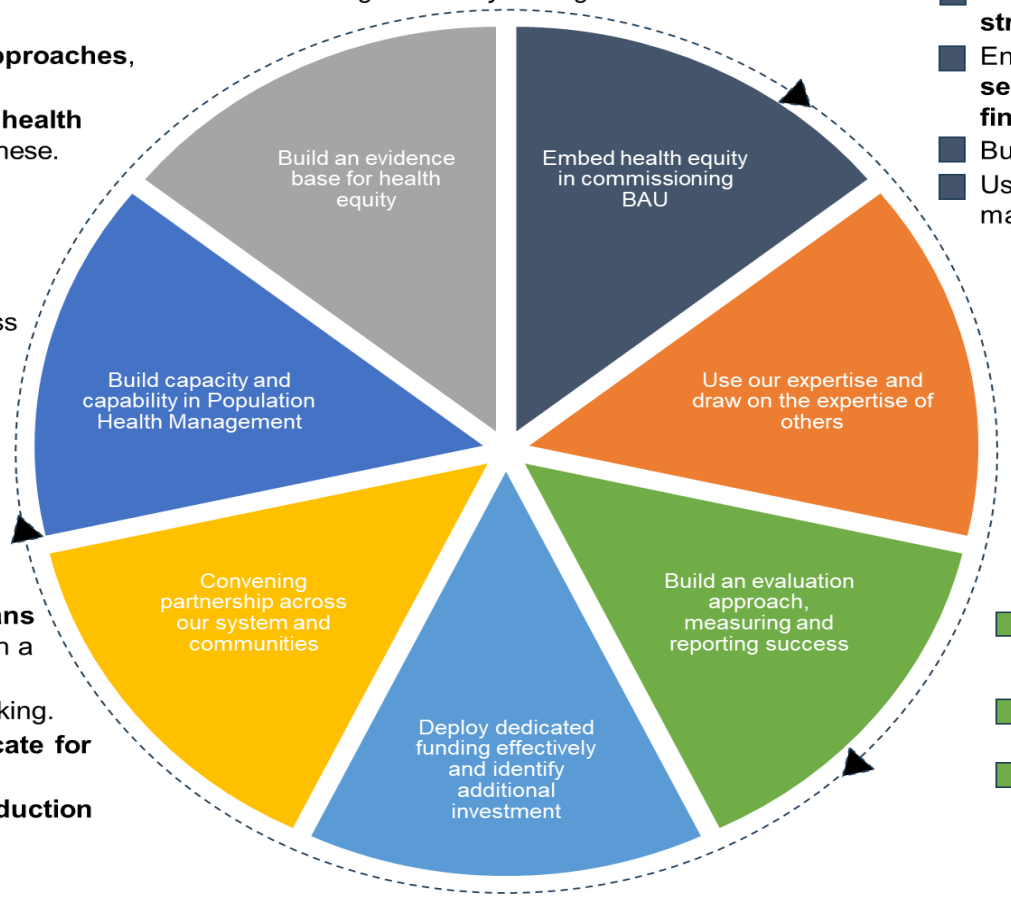
North West London Integrated Care System

NHS North West London

We achieve change using the Health Equity Programme levers, with a focus on delivering transformation

Share expertise | Convene partnerships | Influence the commissioning cycle | Demonstrate impact | Build capacity and capability | Use intelligence and insight | Influence resourcing

Threading advocacy through all our work



- Develop a **compelling narrative** for change
- Build an **evidence base of interventions and approaches**, outlining 'what works' for our communities.
- Gather **quantitative and qualitative population health insight**, and develop analytical tools to express these.
- Use **FOCUS ON methodology** to guide our programme, and spread this across the system.

- Embed health equity in ICB **governance, planning and strategy** development.
- Ensure health equity is reflected in **business cases, service specifications, consultations, contracts** and **financial levers**.
- Build a robust approach to **EHIAs**.
- Use **health economics and forecasting** to support decision making which focuses on longer term gains

- Build **capacity and capability in FOCUS ON** across the system (incl. ICB, BBPs, INTs) encompassing:
  - **analytical/data** interpretation skills
  - **engagement/communication** skills
  - **co-production**
  - **leadership and facilitation**
  - **health economics**.

- Use **specialist expertise** within the team to act as trusted advisors on health equity.
- **Bring specialist support and expertise** in to the organisation from our communities and partners, and from outside the system.
- Build a **portfolio of case studies/stories** to share expertise from our residents and partners.

- Build **connections, relationships and joint plans** with ICS partners including local authorities (with a focus on public health) and the VCS.
- Build **capability in the VCS** to support joint working.
- Use relationships with system partners to **advocate for** greater focus on health equity.
- Act as a conduit for **conversations and co-production with communities**.

- Design and embed an **evaluation approach** for the ICB to demonstrate the impact of our work and allow this to be benchmarked against other programmes.
- Set appropriate **performance targets and metrics** for health equity and monitor and report progress.
- Demonstrate and **celebrate success**

- **Deploy dedicated health inequalities funding** using robust methodology and demonstrating impact.
- Advocate for a **greater proportion of NW London ICB and/or partner funding** to be realigned to health equity.

North West London Integrated Care System

NHS North West London

Collaborative working: The programme works in partnership across the system to deliver change

- The vision for health equity can only be achieved through all parts of the system committing to this change
- The programme works with a range of stakeholders to simplify and clarify the actions required and create a joined up approach
- Our joint SROs are Niall Bolger (Chief Executive, LB Hounslow) and Rob Hurd (Chief Executive, NHS NW London)
- We have borough based partnership representation on our health equity programme board, public health and West London Alliance and DASS representation
- We work closely with 3ST and invest in VCS infrastructure to be part of all ICB governance
- We have lay partners on our board to represent our communities
- We have representatives from NW London NHS acute, community and mental health providers
- We aim to create a collaborative culture across the system to deliver change, including delivering the recent health equity summit

NHS North West London

North West London Integrated Care System

Local Authorities

Brent | Ealing | Harrow Council | h&f | City of Westminster | Kensington and Chelsea

3ST THIRD SECTOR TOGETHER in north west London

Pillar 1: Reducing healthcare inequalities: Achievements - we have made progress across three workstreams including through the health equity summit

Embedding a culture of tackling inequalities across the ICB

- Set up and chair **Core20Plus5 Community of practice** to discuss and resolve equity issues
- Worked with programmes to deliver a core **set of healthcare inequalities metrics** owned by programmes, with gaps closing in hypertension control, access to Know Diabetes, amongst other areas
- Designed and delivered a successful 2024 **health equity summit,** with around 200 attendees
- Health Inequalities Transformation (HIT) funding successfully deployed and **delivering impact**

Reducing healthcare inequalities in key focus conditions

- Race Steering Group supported the establishment of **African and Caribbean Think Tank (ACTT),** set up to co-design strategic direction and specific interventions including health and well being events
- **Black mental health** work focusing on more holistic culturally appropriate interventions.
- **Did Not Attend (DNA)** co-production work informing acute collaborative
- **Cultural Competency in Maternal Care** co-production on patient experience with Somalian women

Addressing cross-cutting barriers to equity in healthcare

- Co-produced recommendations for **Digital inclusion** and investment in training, focused on building skills in our communities and improving commissioning of NHS online services
- Two well-attended large scale **community in-reach events** leading to on-going cross-system in-reach model
- **Barriers to Leadership report** commissioned with internal engagement with staff on the findings.
- Supporting Borough work to build trust at place level and supporting diversity in research

Pillar 2: Population Health Management: We have made progress across all projects, particularly through delivering the Academy

- Established the NW London **PHM and Health Equity Academy** with delivery and evaluation of priority training in co-production and health economics & value-based care
- Completed discovery phase to understand **primary care requirements** in delivery of PHM and operational efficiencies; a number of options are now being considered
- Completed the technical requirements to support activity and cost mapping for the **Aligning Resource to Need** project, with sustainability plan embedded for future replication/application
- Commenced NW London consortium **web-based evaluation toolkit** design and build, for launch in Dec 2024
- Delivered second **research symposium** to review Year one outcomes from ICB-aligned health equity research projects, and integrate learning into workstream development and decision-making.
- **Shared Needs Assessment** (SNA) report has been finalised and published, giving a NW London system view for the health needs of the population, driving evidence-based decision-making
- Delivery of monthly **PHM newsletter** as part of an assertive drive to build awareness and create momentum around embedding PHM into business as usual

Pillar 3: Partnership working on wider determinants: We have made progress across all projects, and have built stronger collaborations with public health

Promoting prevention and healthy living	Tackling the wider determinants of health	Partnership working with VCS organisations and building Anchor Institutions
• Good cross-system connections made around three ICP priority areas (cancer screening, oral health, immunisations), oral health funding secured and action plan developed • Healthy weight project progressing, with investment in cross-system capacity hosted in Hounslow and alignment to wider healthy weight pathways • Additional investment in tobacco cessation pathways in the NHS	• Significant focus on launching the WorkWell programme, referrals have commenced and exceeding targets • Cross-system Job Expos have supported people from Core20plus communities into employment • Volunteering projects continue, including evaluating impact of Back to Health • SEND project continues to support people with SEND into volunteering and employment • Social Welfare Legal Advice project identifying system recommendations	• Anchor Charter in place. Community of Practice is sharing best practice and building momentum • Successful delivery of London Living Wage (LLW) commitment in all NHS Trusts • 3ST continue to deliver portal and impact framework and leverage conference • Work to support better integration of VCS organisations in decision making and contracting processes and alignment to system priorities.

Provider and borough partners are leading a wide range of initiatives to improve health equity for their patients, residents and communities. The examples below illustrate some of the case studies where HIT funding has helped co-produce and test new initiatives

Screen, Detect, Protect:

- Aimed to improve **early cancer detection in marginalised communities** through VCS-led projects, using HIT funding in Bi-Borough
- Between January and June 2024, 16 **VCS organisations** were funded to implement **community-specific interventions**, with 5,219 individuals engaged across 709 events
- Cervical screening (25-49) data showed improvements in cervical screening rates across proxy populations. For example, there was a **1577% change in uptake** for people with learning disabilities.

Cross-system oral health plan:

- Poor oral health strongly linked to deprivation and higher rates for CYP with SEND
- Five boroughs in NWL make up the five areas with the **highest % of five year olds with tooth decay in London**. In Brent, 46% of children experience tooth decay
- Partnership working across NW London to create a joined-up oral and dentistry plan.
- Used HIT funding to implement best practice e.g. CYP brushing for life packs & education materials directed at deprived areas. Also, looking at dentistry provision and variation.

Building Digital inclusion:

- In NWL, estimated 6.6% of adults are 'off-line', a further 19.8% lacking 'Essential Digital Skills for Life', **impacting on use of NHS digital tools**
- Recommendations to address this co-designed, focused on building **skills and confidence** in communities and commissioning NHS online services in a more **inclusive and accessible** way
- Training for 448 NWL residents on using the NHS App improved proficiency from 6% to 82%.
- Further work to equip ICS staff and residents with skills to use NHS online services, and embedding digital inclusion into social value and EHIAs.

Hounslow Health Outreach Team (HOT):

- Through community engagement, targeted health checks and referrals, HOT has reached over 20,000 residents, focusing on CORE20PLUS populations, helping to close gaps in **health service awareness and access.** Funded through Hounslow HIT funding
- It has increased **screening rates**, **hypertension case identification**, and the integration of local VCSE groups to **build trust** and strengthen community health support
- It has led to a 17.2% increase in vaccine uptake in targeted areas, identification of 709 potential hypertension cases, and improved engagement with communities such as traveller groups

Community in-reach events:

- Two large-scale co-designed events to **connect the black community into the health system**, building trust, offering a more holistic, culturally appropriate approach, aligned to the wider prevention agenda
- Wide range of stalls, from **grass roots** VCS and NHS services covering a range of issues including children, employment, health and rent
- 81% reported that they learnt something new about their health, 87% reported that they **felt better able to manage their health**
- Benefits having professionals in one place, encouraging **open and honest conversations**.
- Blood sugars checked, kidney health screening
- 47% of attendees live in IMD deciles 2 and 3

Embedding equity in acute providers:

- LNWH have led the **'Equity Index'** approach, featured in national press, which enables comparisons to be made between core equity metrics and build an understanding of impact. They are delivering change through a cross-organisation equity leadership group
- ICHT have used HIT funding for **health and equity for their staff**, with wellbeing champions, investment in staff spaces, commitments to anti-racism and anti-discrimination and men's mental health awareness week and physical activity with Chelsea Football Club Foundation particularly supporting people from lower grades (17% <band4) and ethnicities (66% BME)

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Message from Rob Hurd

Dear colleagues,

Foreword

Welcome to the last ICS update of 2024. Due to the festive break towards the end of December, there will be no update next month. The next one will be circulated at the end of January 2025.

I want to thank everyone for your support and partnership working during 2024. It has been a challenging year with significant system pressures, exacerbated by industrial action and financial challenges across the system. In the ICB, we have been through a significant reorganisation to ensure we have the right structures and staffing in place to meet our strategic duties and objectives. We have published an updated Joint Forward Plan and we have been pleased that the objectives and approach set out in the emerging Ten Year Plan for the NHS align closely to what we were already doing in North West London.

This month we were delighted by the overwhelming response to our patient survey on access to primary care. Over 95,000 patients responded, which clearly illustrates the importance of the issue to our residents. We have also launched ‘Compassionate Care For All’, our public consultation on community-based palliative care services – please dh helps us to get the word out to local people and encourage as many residents as possible to take part. We also were proud to hold the second annual Health Equity Summit and Health Equity Awards: tackling health inequalities is a key objective of the ICS and our work in this area is a great example of the NHS and local authorities working together.

Wishing everyone a happy festive and New Year period – though I know I will speak to many of you in the weeks ahead!

Primary care access

More than 95,000 patients in north west London responded to the recent survey on access to general practice. Results are now being analysed in detail and we will report them soon.

Furthermore, each of our 45 primary care networks (PCNs) are invited to hold at least two events to discuss access to services with their patients and local communities. We anticipate these will be held over the next few months. Funding is available for PCNs and practices that develop robust proposals to improve patient access. Any changes be co-designed and localised so they can best meet the needs of local residents.

Heath Equity Summit

The North West London Health Equity Summit took place on 18 November 2024, bringing together over 200 attendees to accelerate system learning and exchange best practices. This year's theme, Empowering Communities for More Equitable

Health Outcomes, inspired insightful discussions and collaborative action toward reducing health disparities. The event celebrated excellence through the Health Equity Awards. Our six winners are:

- **Ganesh Sathyamoorthy** – Co-founder of the Ethnicity and Health Unit
- **Resonate Arts** – A local charity specialising in emotionally, culturally, and cognitively inclusive dementia-friendly sessions
- **Sasha Nelson** – Recognised for collaborative work using a co-production approach through community roadshows and smaller multi-faith health events
- **Patricia Wharton** – Known as Blaze, a radio presenter from The Let's Talk Show and an ambassador for community cancer care
- **Luxmi Dhoonmoon** – Tissue viability nurse consultant, leading the implementation of a skin tone risk assessment tool to assess pressure ulcer risk for all skin tones
- **The Wealdstone Baby Bank** – For supporting parents in overcoming the negative effects of poverty.

Planning for the future

2025/26 system plan

Planning guidance for 2025/26 is expected by the end of December and the ICB has started work on developing our sector plan. While additional funding was allocated to the NHS in the Budget, the costs of system pressures and pay awards mean a real terms reduction in available funding. The ICB is under financial pressure in 2024/25 and recovery actions are underway to bring the spend in line with plan. A number of actions are non-recurrent and therefore an underlying deficit is forecast going into 2025/26. The ICB will not be issuing 'commissioning intentions' as we used to do when we were a CCG – our plans are set out in the Joint Forward Plan, which is agreed through the ICB Board and local Health and Wellbeing Boards.

NHS Ten Year plan

Colleagues may have read coverage in the media around the NHS Ten Year Plan, the process to agree this over the months ahead and the role of NHS England, Providers and ICBs in delivering. Amanda Pritchard, Chief Executive of NHS England, has written to ICB CEOs to clarify the position.

The approach very much vindicates and supports our organisation redesign and operating model. The letter is clear that another large reorganisation is not happening. It states that ICBs are central to 'self-managing, self-improving systems' and critical to delivering the 'three shifts' the government is seeking: from treatment to prevention, from analogue to digital and from hospital to community. ICBs "will continue to be the system leader for the NHS, convening and working across all key partners within their integrated care system".

ICBs will continue to manage the performance of provider Trusts against the contracts we commission. NHSE's role in this will be to step in where performance is below an acceptable level, and the use of commissioning levers (including the agreement of ICS strategy and ICS plans and programmes of work) has not secured improvement.

The letter also confirms that ICBs will have "primary responsibility for ensuring the delivery of neighbourhood health, identifying population health needs and acting on reversible risk

factors to improve healthy life expectancy and reduce utilisation of secondary care". Again, this is entirely in line with our operating model and the fundamental role to empower borough-based Partnerships to enable and organise health and care services geared towards our neighbourhoods within the boroughs.

An updated NHS Oversight and Assessment Framework will be issued shortly, underpinned this with a new NHS Performance, Improvement and Regulation Framework.

"Compassionate care for all" public consultation

NHS North West London is inviting local residents to share their views on proposed improvements to adult community specialist palliative care. The aim is to ensure compassionate, high-quality support for those facing serious or life-limiting illnesses.

This pubic consultation takes place 18 November 2024 – 24 February 2025.

Our proposal includes:

- 12-hour, 7-day specialist palliative care nursing teams in all boroughs
- 24/7 telephone advice line for immediate support
- Expanded "Hospice at Home" services
- Specialist outpatient clinics in each borough
- Improved access to psychological and bereavement support
- Enhanced lymphoedema care services (Lymphoedema is a long-term condition where a build-up of lymph fluid in your body's soft tissues causes swelling)
- 46 new enhanced end-of-life care beds across the north west London Maintaining the existing 57 hospice inpatient beds.

Consultation options:

- **Option A (Preferred):** Implement the new model and add 46 enhanced end-of-life care beds without reopening Pembridge Palliative Care Centre Inpatient Unit beds.
- **Option B:** Implement the new model, add 46 enhanced end-of-life care beds, and reopen Pembridge Palliative Care Centre Inpatient Unit beds. This requires reducing hospice beds elsewhere.

We are inviting local residents to share their views at scheduled events that are taking place across our eight boroughs.

Find out more here.

Cancer services – potential relocation from Mount Vernon

NHS England is making plans to consult on proposed changes to Mount Vernon Cancer Centre (MVCC) services, including its relocation to an acute hospital site, Watford General Hospital. The aim is to enhance service safety, efficiency, and accessibility for the population currently served by Mount Vernon Cancer Centre

including north west London patients. This work is led by NHS England, not NHS North West London, though we will support NHSE's approach to consultation.

Key Proposals

1. **Relocation to Watford General Hospital**:
    - Ensures access to co-located clinical services (e.g., critical care, A&E).
    - To also be managed by a specialist provider (UCLH) to improve care quality and research access.
    - Minimal travel time increase for north west London patients, with transport solutions under review.
2. **Enhanced Local Access**:
    - Expansion of chemotherapy services at Northwick Park Hospital by adding three chairs initially, with future capacity to increase by 50%.
    - Introduction of a chemotherapy-at-home service to improve convenience and reduce travel.
    - Local blood testing facilities with results integrated across hospital systems.
3. **Future Developments**:
    - Increased radiotherapy capacity at nearby locations.
    - New networked radiotherapy unit (Luton/Stevenage) anticipated by 2027/28.
    - New Chemotherapy Unit at Hillingdon Hospital as part of new hospital construction.

Rationale for Change

An independent clinical review in 2019 highlighted risks in maintaining current services, including lack of co-located critical services and workforce challenges. Relocation to Watford, supported by patient and public engagement, addresses these concerns while ensuring long-term sustainability.

Health scrutiny

A Joint Health Scrutiny Committee is being established between ten local authorities, including the London Boroughs of Harrow, Hillingdon, Brent and Ealing. It will be chaired by the Hertfordshire Health Scrutiny Chair with Hillingdon Health Scrutiny Chair in the role of vice chair. Its first meeting is scheduled to take place in mid-December 2024.

Public Consultation

Planned for early 2025 (subject to approval), the consultation will include:

- Face-to-face and online meetings.
- Roadshows and themed workshops.
- Engagement with community groups, faith organizations, and healthcare bodies.
- Surveys and accessible information dissemination.

Next Steps

NHS North West London working with NHS England to collaborate with stakeholders to support effective consultation, address concerns, and plan for service improvements ahead of the relocation.

For more information, visit: www.mvccreview.nhs.uk.

Background information

The table below shows patient figures from all areas for the 2023/24 financial year (by former CCG area).

Region:	**Number of patients 2023/24**		**Activity 2023/24**
Hertfordshire and West Essex ICB		5,549	
West and South Hertfordshire	3,682		56,880
East and North Hertfordshire	1,862		18,098
Bedfordshire, Luton and Milton Keynes ICB		1,491	
Bedfordshire	790		9,642
Luton	685		9,174
North West London ICB		4,147	
Hillingdon	1,866		29,084
Harrow	1,089		15,303
Brent	648		9,488
Ealing	509		7,792
North Central London ICB		139	
Barnet	106		1,532
Frimley Health ICB		397	
East Berkshire	392		5,359
Buckinghamshire, Oxfordshire and Berkshire ICB		967	
Buckinghamshire	930		10,829
All other areas	345		
TOTAL		**12,972**	

Awards and recognition

North west London had three winners in the Health Service Journal (HSJ) Awards 2024.These are listed below:

- **Modernising Diagnostics Award** - North West London Integrated Care System (North West London AcuPebble Pathway for Straight-to-Test Obstructive Sleep Apnoea Diagnosis: Faster, Cheaper, Equitable, and Sustainable Diagnostic Modernisation)
- **Provider Collaboration of the Year** - West London Trust and Central and North West London Trust (North West London CAMHS Specialised Commissioning Provider Collaborative)
- **NHS Race Equality Award** - The Royal Marsden (Breaking Barriers in Healthcare Inequality Through a UK-First Skin-Tone Inclusive Softie).

The North West London Refugee Employment Programme won NHS England's award for Collaboration and Partnerships for its work in supporting refugees access Healthcare Support Worker opportunities in the NHS. This was awarded to Nathan Christie-Plummer, Director of Workforce at West London NHS Trust, and Anthony Sembatya, Programme Manager, Refugee Employment Programme at NHS North West London.

The Chiswick Primacy Care Network (PCN) Pharmacy Team was shortlisted for Pharmacist/Pharmacy Team of the Year Award. The Chiswick Primary Care Network Pharmacy Team has established itself as a valuable part of the local healthcare landscape, demonstrating the value of pharmacy teams in primary care. The team has driven innovation and made significant contributions to both patient care and staff development. Their team's work has produced measurable improvements in patient outcomes. An example is the creation of the 'blood pressure club', an initiative designed to tackle undiagnosed and uncontrolled hypertension. By auditing established practices, gaps in how blood pressure was monitored and managed were identified.

Through personalised invitations, the loaning of blood pressure machines and providing follow-up care, the team successfully improved hypertension detection and management across the patient population. The initiative has now been rolled out to all practices within the PCN, with the work reducing GP workloads and empowering patients through education and proactive follow-ups.

Programmes and initiatives

WorkWell is a project bridging Employment and Health Equity in north west London by integrating health and employment support. This integration streamlines patient care and saves time for GP practices and Social Prescribers. We are sharing testimonials of how the health of people is improving though the personalised approach to removing health barriers to thriving at work. The initiative has shown strong initial traction, receiving 279 referrals in October 2024, primarily from Job Centre Plus partners. In our first month of operation, we exceeded our monthly target, achieving 114% of starts with 182 people beginning their WorkWell journey. The focus is now on increasing referrals from primary care by positioning WorkWell as a prescription for health outcomes. We have engaged with several boroughs to initiate promising pilots to drive referral growth, including:

- Development of patient-focused podcasts and webinars - Hounslow
- Partnerships with local MSK services - Hounslow
- Analysis of Med3 data through EMIS - Harrow
- Video - How to refer into WorkWell from a GPs perspective – Westminster

There are promotional events to demonstrate the ease of referrals into WorkWell, and a podcast with a participant and Work and Health Coach. We are commencing a four-month pilot work to reach specific groups in our communities, including health-focused communities and faith-based outreach.

Hospital discharge

The Hounslow Integrated Discharge Hub which is responsible for the seamless transfer of patients' care and support into the community, scored outstandingly high on the recent Transfer of Care Hub (ToCH) maturity matrix based on the following.

- The high level of partner integration in the hub
- 7-day functionality
- Strong leadership with clinical input into the transfer function
- Detailed development on progressing maturity since the self-assessment in 2023.

This development is underpinned by robust data collection (analysis and insight); the innovative 'Pentagon Model' (a uniquely designed model for the multi-disciplinary triage of Pathway 1 referrals that's takes place twice a day, seven days a week) and a strong link with the Hounslow Borough Based Partnership leadership team who help the hub to address barriers and identify opportunities.

Since the 'Pentagon Model' came into effect because of the new Bridging Care scheme in November 2023, there has been an improvement in delay days by 0.5 days for faster discharges of Pathway 1 patients.

Estates

Work on the revised NHS North West London Estates Infrastructure Plan and North West London ICS Estates Strategy is drawing to a conclusion with plans to progress this through internal governance this quarter. This follows ongoing engagement with Trusts, local authority and borough representatives. The emerging strategy seeks to make more effective use of our existing estate and that belonging to our local authority/public sector partners. The strategy will be informed by broader clinical, acute and primary care strategies. It will seek to prioritise a number of sites and projects that will enable ICS priorities whilst ensuring our estate remains sustainable, resilient, able to accommodate Integrated Neighbourhood Teams and other clinical activity, and provides improved access to care.

Estates rationalisation has now concluded across the eight boroughs. We thank all borough-based teams for their continued collaboration at this time. The focus will now move to improving utilisation of space at Marylebone Road and supporting teams with returning to the office.

Work progresses with ICS partners to inform local authority Local Plans and their respective Infrastructure Delivery Plans (IDPs). Hounslow and Harrow IDP submissions have now been completed, with preparations being made within NHS North West London to submit bids for external funding (Community Infrastructure Levy, CIL), which is linked to this process. Further discussions are currently underway with Brent and Kensington & Chelsea local authorities around bidding for additional CIL funding to enable projects identified under the strategy and mitigate the impact of population growth across boroughs. It has been confirmed that north west London have been able to obtain the biggest CIL and s106 (external funding)

allocation across all London ICBs. The allocation of this funding will be allocated accordingly in alignment with Estates Strategy needs.

NHS North West London Estates team continue to meet regularly with NHS property companies (NHS Property Services and CHP) to undertake audits and review occupancy, lease management and charging across all sites. Feasibility and utilisation studies are commencing at St Charles, Heart of Hounslow, Willesden Centre for Health and The Meadows, some of our costliest and underutilised estate, to explore new opportunities for optimisation and reducing significant ‘void’ costs to NHS North West London.

Estates projects due to complete this financial year include the Hillcrest Surgery relocation and refurbishment (Dec 24/Jan 2025 - Ealing), expansion of primary care and reduction in underutilised space at Grand Union Village (Dec 24 - Ealing), and the delivery of a new primary care facility in South Kilburn (Mar/Apr 25 - Brent).

Estates are working closely with the trusts’ sustainability leads and the national Greener NHS Programme Team to prioritise and progress sustainability activity across north west London. The first Sustainability Update was shared with the ICS Leadership this month to raise awareness of the excellent working being undertaken by Trusts and other ICS partners to reach our Net-Zero Carbon ambitions.

Applications for London Improvement Grant funding for FY 24/25 are now moving through final due diligence stages (to conclude 22nd Nov). Once final approval has been granted, second priority schemes will receive the go ahead to progress to delivery.

Report to the North West London Joint Health Overview Scrutiny Committee – 05 December 2024

North West London Joint Health Overview Scrutiny Committee Recommendations Tracker

No. of Appendices:	**2** Appendix 1: 2023/24 North West London JHOSC Recommendations and Information Requests Tracker Appendix 2: 2024/25 North West London JHOSC Recommendations and Information Requests Tracker
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Chatan Popat, Strategy Lead - Scrutiny Democratic Services Law and Governance Brent Council chatan.popat@brent.gov.uk

1.0 Purpose of the Report

1.1 To present the latest 2023/24 and 2024/25 scrutiny recommendations trackers to the North West London Joint Health Overview Scrutiny Committee (NWL JHOSC).

2.0 Recommendation(s)

2.1 That:

The committee note the latest scrutiny recommendations tracker for the 2023/24 municipal year in Appendix 1 and the 2024/25 municipal year in Appendix 2.

3.0 Detail

3.1 The North West London JHOSC, according to its Terms of Reference can make recommendations to the North West London Integrated Care System and its Integrated Care Board, NHS England, or any other appropriate outside body in relation to the plans for meeting the health needs of the population.

3.2 The North West London JHOSC may not make executive decisions. Recommendations made by the committee therefore require consideration from the relevant NHS body. When the North West London JHOSC makes recommendations to NHS bodies, the relevant decision maker shall be notified in writing, providing them with a copy of the committee's recommendations and a request for response.

3.3 The 2023/24 and 2024/25 North West London JHOSC Recommendations and Information Requests Trackers (attached in Appendices 1 and 2) provide a summary of scrutiny recommendations made during the previous and current municipal year. This tracks decisions made by NHS colleagues and gives the committee oversight over implementation progress. It also includes information requests, as captured in the minutes of its committee meetings.

3.4 Updates to the tracker from the previous meeting are highlighted within the table.

Appendix 1: 2023/24 North West London JHOSC Recommendations and Information Requests Tracker

Meeting Date	Item	Recommendation / Information Request	Detail	Response	Status
18 July 2023	Acute beds	Information Request	For the JHOSC to receive ongoing updates regarding extra capital funding for acute beds in relation to winter pressures	Slides around this have been shared with wider council colleagues, as suggested by the JHOSC in July. We should have some more clarity on next steps later in September.	
		Information Request	For the JHOSC to receive more detail on horizontal and vertical working between community and acute settings and how this is working in practice across North West London. With a view to reviewing this working at a future meeting of the JHOSC.	Response is to follow.	
		Information Request	For the JHOSC to receive updates on the work undertaken by Acute Trust and the ICS to progress the work at delayed hospitals in the New Hospitals Programme.	**Imperial College Healthcare redevelopment update - August 2023** Following the concerns we raised about the delays announced for our schemes (at St Mary's, Charing Cross and Hammersmith hospitals), we hosted a visit at St Mary's in July from Lord Markham, Parliamentary Under Secretary of State at the Department of Health and Social Care. We were able to show the minister the very damaging impact of our failing estate on patients and staff and set out the many benefits of our redevelopment plans, including for the local and national economy. We had a good discussion about the work we have underway to explore the feasibility of potential partnership opportunities that could accelerate the St Mary's redevelopment, leveraging the value of the land that will be surplus to requirements once we have a new hospital on a less sprawling footprint. We are due to meet Lord Markham again in early autumn to update him on the outcome of this work. We have also had significant engagement with the New Hospital Programme team and we are currently working through a process with them to test our capacity and cost	

				modelling for all three of our schemes. We are still hoping to complete a first stage business case for Charing Cross and Hammersmith this autumn and, depending on the outcome of the St Mary's partnership feasibility work, to secure first stage business case approval for St Mary's by the end of the year. While there is still much to be clarified in terms of further process and decision making, progressing our business cases has to be a priority whatever route we take. Meanwhile, our estates team is working hard to delay any further major buildings failures for as long as possible. You may have seen the extensive scaffolding in place at Charing Cross and, more recently, St Mary's. Works include an extensive weather-proofing programme for our oldest buildings at St Mary's, roof repairs at Charing Cross and essential inpatient ward refurbishments across our sites to ensure we are able to maintain infection prevention and control standards. We are keen to continue to share our thinking and plans as they evolve. We also want to engage more broadly with our patients and local communities as soon as we have a little more clarity on next steps.	
	Ophthalmology	Information Request	For the JHOSC to receive more details on the ongoing engagement work related to the standardisation of ophthalmology services.	Engagement so far has been through a series of online and face to face sessions, supported by surveys. As part of the new community service the selected provider will be expected to work with the Integrated Care Board in undertaking focussed patient engagement, looking at experiences of using the service and opportunities to improve the service to better meet the needs of all of our communities. As we further develop the standardisation, the intention is to work with patient representatives to co-design pathways in partnership with primary and secondary care clinical	

				stakeholders. These co-design workshops will be supported by targeted community engagement activities where co-designed pathways will be introduced and feedback from our communities gathered to support further improvements. These activities will commence later this year and continue for the duration of this contract (i.e., 3 years)	
		Information Request	For the JHOSC to receive more information on how the standardisation of ophthalmology services will address health inequalities in North West London.	Standardisation of our ophthalmology service will support the drive to address health inequalities in NW London by: • Ensuring that there is a standard service offering available to all NW London residents – in particular this includes ensuring that all NW London residents have access to a community ophthalmology service • Ensuring that residents are able to access primary eye care through the large number of optical practices available across NW London, which will make it more convenient for patients to access care The ICS will work in partnership with all of the key stakeholders in our communities, bringing them together with colleagues from primary and secondary care and public health to understand how we can better support communities in accessing eye care.	
		Information Request	For the JHOSC to receive baseline data on performance in ophthalmology services in order to measure performance in North West London against national and London standards. With a breakdown by paediatric and adult ophthalmology service performance.	Data will be provided for future JHOSC meetings showing performance of North West London ophthalmology benchmarked locally and regionally. This reporting will commence when the community ophthalmology service is in place and will cover the complete pathway from initial optician appointment through to secondary care access and outcome.	

	Musculoskel etal (MSK)	Recommendation	To ensure that diagnostic capacity across North West London is properly linked to musculoskeletal services to best benefit residents across North West London.	Recommendation has been taken to Diagnostic colleagues and will feedback to the JHOSC in due course.	
		Information Request	For the JHOSC to receive baseline access wait times for musculoskeletal services and details on how the new service standards will improve waiting times for treatment.	This is currently being collating this as part of the Community wait times work. This detail isn't available for all boroughs yet but it will be shared with JHOSC once ready.	
		Information Request	To provide information on where the gaps in resource with palliative and end of life care are, how they will be addressed and how this will be monitored.	Separate paper supplied on 27/11/23 to Chatan	
		Recommendation	Provide a report around mental health provision for children and young people to come to a future JHOSC meeting.	We are currently working through the Children and Young People Mental Health Steering Group to refresh our Children and Young People Mental Health transformation plan and also intend to focus the strategy work on Children and Young People in 2024. Suggest that this is timetabled for later on in the year, following agreeing the scope of the CYPMH part of the strategy.	
		Information Request	To receive the details of the alternative provision to accident and emergency located across the boroughs.	An interactive map can be found here	
			To receive further details around on the engagement plans when available.	Everything is on the website, including the engagement report: https://www.nwlondonicb.nhs.uk/get-involved/your-views-mental-health-services-nw-london	
		Information Request	To receive more information around plans or existing activity to support people and communities in deprived areas or intersectional needs.	As we further develop the mental health strategy, this will include a strengthened focus on inequalities. The strategy is being presented at the October 22nd 2024 JHOSC.	
	Proposals on the future of The Gordon Hospital	Information Request	To provide the following: • The commentary and output of the pre-consultation workshops. • Completed and upcoming events with service users and carers. • Service users' experience of Gordon Hospital.	This information is published on the ICB website. Acute mental health consultation: North West London ICS (nwlondonicb.nhs.uk)	

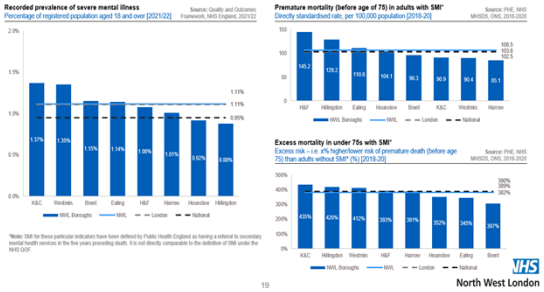
			• A more detailed consultation plan. • Historical reports of Gordon Hospital service users over the last 5years. • Historical demographic data of Gordon Hospital service users.		
05 Dec 2023	ICS Workforce Strategy and Programme Update	Recommendation	Provide an update to the Committee once NHS have assessed the Government's new position on immigration and how this might affect recruitment and workforce within North West London.	The main impact will be on social care rather than health care professionals. From March 2024, care workers and senior care workers will not be able to bring dependents and only CQC-registered providers in England will be able to sponsor Health and Care Visa applicants. Ahead of this, 53 Senior Carers completed pre-employment compliance through NW London International Recruitment Team. The first Cohort of Senior Carers landed in UK, induction completed with employers supported by NWL Health & Social Care Skills Academy.	
		Recommendation	Provide an update of progress by the Race Equality Steering Group.	The Race Equality Steering Group is Co-Chaired by Rob Hurd and Linda Jackson. The Steering Group commissioned an Independent Report into Barriers to Leadership. The Report and strategic recommendations will be published as a Call for Action.	
		Information Request	Provide regular updates on progress of the seven priority workstreams.	Progress is reported monthly to the Strategic Chief People Officers Meeting and bi-monthly to the ICS People Board. There has been good progress on the pipeline for acute roles following two International Recruitment events, offers made to; 67 Registered Nurses, 40 Registered Midwives, 2 Sonographers, 2 ODP, 26 Radiographers, 5 physiotherapists, 2 ODPs There has also been a strong response to the launch of the ICS Graduate Scheme for future leaders. An undergraduate scheme is also in development.	

				A Spring EDI Summit is being planned to agree sustained medium term interventions that will embed equality, equity, social and racial justice Work also continues to deliver new ways of working to support new models of care.	
	NWL Elective Orthopaedic Centre	Recommendation	Report to the Committee on the success against metrics and targets identified for the Orthopaedic Centre and also get feedback from staff and patients. It would be interesting to get some reports from staff and patients after March on - how they feel things have been going and what could be improved and what the NHS system can learn going forward.	In January 2024 the EOC operated on 140 patients. Of these 64 were admitted to the EOC ward, with an average length of stay of 2.8 days. Unfortunately, 14 lists (35 patients) were cancelled in January due to the Junior Doctors' industrial action. The Friends and Family Test has reported 100% satisfaction with the service. A selection of patients were contacted for further feedback. Generally, the feedback was positive with all patients highly satisfied with their experience and very likely to recommend the EOC to others. Areas of suggested improvement were around the early morning theatre admission process and clearer signage about where to wait. The EOC's current operating capacity of three theatres will increase to five theatres (full capacity) in March 2024 at which point reporting against metrics and targets can be better undertaken.	
		Recommendation	Report to the Committee on the operation of the dedicated transport provision.	In January 2024 there were 12 EOC patients that used the free patient transport service. Three journeys were from the patients' homes to the hospital, and nine journeys were from the hospital to patients' homes. The earliest arrival at the hospital was 7.30am and the latest departure was 6pm. Eleven journeys were by ambulance and one was by car ambulance. Except for two occasions where the patient wasn't ready, journeys were able to commence on time or earlier than scheduled. Journeys were made to/from Brent, Ealing, Hounslow, Harrow and Hammersmith & Fulham.	
	ICS Updates:	Recommendation	To bring a report to the Committee once there are more detailed plans available on the redesign and consultation.	There is no impact on services, so our focus will be on how we work with partners and our organisational effectiveness.	

	ICS Running Costs Reduction				
14 March 2024	Primary Care Access And Same Day Access Model	Recommendation	That NWL NHS undertake an Equality Impact Assessment and Human Rights Impact Assessment prior to implementing any changes in the way patients access primary care.	Same day access proposals are not currently being implemented. Any significant change at a practice or PCN level would be subject an EHIA at that level.	
		Recommendation	That the Committee should seek meaningful consultation with patients, communities and GPs. Any engagement undertaken should be representative of the whole patient voice.	PCNs are leading a process of engagement and co-design at local level.	
		Information Request	For the NWL JHOSC to be provided with feedback and analysis of the impact of the early adopter PCNs, including case studies that have been learned from.	An update has now been given to the NWL JHOSC at the meeting on 22 October 2024.	
		Information Request	For the NWL JHOSC to receive full details of how patient safety and effectiveness would be measured against the proposals.	The proposals previously discussed are not currently being pursued.	
		Information Request	For the NWL JHOSC to receive information on the outcomes of the work done by KPMG in a way that was easy to understand and that related to patient outcomes.	Awaiting response	

Appendix 2: 2024/25 North West London JHOSC Recommendations and Information Requests Tracker

Meeting Date	Item	Recommendation / Information Request	Detail	Response	Status
22 October 2024	NWL Adult Community-based Specialist Palliative Care (CSPC) Review	Recommendation	That NWL NHS consider lessons learnt from previous consultations such as the Gordon Hospital to ensure that the complexity in working with multiple and hard to reach communities and stakeholders is considered throughout the consultation and engagement processes to ensure meaningful insights are acquired resulting in effective decision making.	A full response to this recommendation will be provided to the committee in the coming weeks and will be circulated to all members and officers electronically.	
		Recommendation	That NWL NHS take proactive actions with hospitals and clinicians to ensure patients and families have all the information they require in advance regarding their options for end-of-life care planning and support available for families.	A full response to this recommendation will be provided to the committee in the coming weeks and will be circulated to all members and officers electronically.	
		Recommendation	That members of the committee provide a list of locations in their borough to Chatan highlighting suitable places for drop-in sessions and consultation activities to take place as this could result in enhanced engagement with residents. Chatan to then collate a list and pass on to the NWL NHS Engagement Team.	A list of locations from some boroughs has been received and subsequently forwarded to NWL NHS to consider.	
	NWL Mental Health Strategy	Recommendation	For the JHOSC to be presented with a further, more detailed report on the NWL Mental Health Strategy detailing what the strategy actually entails, it's priorities and	A full response to this recommendation will be provided to the committee in the coming weeks and will be circulated to all members and officers electronically.	

			a plan on how the new strategy will deliver on outcomes and priorities.		
		Information Request	To provide a borough-by-borough breakdown of those with Severe Mental Illness (SMI) across NW London. The information should include a more detailed breakdown of what has already been provided to the committee including conditions per borough and actual numbers on prevalence rather than percentages.	Data on prevalence of severe mental illness and CMH caseload across boroughs can be found below. This has also been included in the report presented to the committee (pages 19 and 49.  **CMHT Treatment Met & Unmet Need** *Latest 12-Months (01/07/2022 - 30/06/2023)* Service / Av. Caseload / Av. In-Treatment Caseload / Av. Waiting List (Caseload Waiting for First Contact) / SUs With At Least 2 Contacts in the 12-Month Period / 2023/24 Access Goal / Difference / 18+ Pop. / Discharged as a % of 18+ Pop. CMHT - Brent / 2,503 / 1,770 / 476 / 3,506 / 4,235 / -729 / 236,907 / 1.48% CMHT - Harr / 2,182 / 1,342 / 460 / 2,635 / 2,842 / -207 / 181,646 / 1.45% CMHT - Hill / 2,562 / 1,349 / 519 / 2,469 / 3,581 / -1112 / 221,491 / 1.11% CMHT - K&C / 1,700 / 1,217 / 252 / 2,388 / 2,767 / -379 / 120,664 / 1.98% CMHT - Westm / 2,621 / 1,736 / 403 / 3,390 / 2,370 / 1020 / 210,025 / 1.61% MINT - Ealing / 4,313 / 1,710 / 933 / 3,419 / 4,751 / -1332 / 243,031 / 1.41% MINT - H&F / 3,178 / 1,053 / 739 / 2,034 / 2,525 / -491 / 139,004 / 1.46% MINT - Hounslow / 3,668 / 1,185 / 787 / 2,766 / 3,361 / -595 / 194,848 / 1.42% **Total** / **22,565** / **11,346** / **4,569** / **22,607** / **26,433** / **-3826** / **1,547,616** / **1.46%** Further information in regard to the number of adults rather than percentages and a further drilled down layer of data per borough will be shared with the committee shortly.	
	NWL Primary Care Access	Recommendation	That future communication plans and survey questionnaires, not only for this item, but also for future planned work and consultations are shared with the committee in advance for comments to ensure effective questioning and constructive discussions can take place at JHOSC meetings.	This has been agreed by the engagement team, and such information will be shared to JHOSC in advance as part of the consultation process whenever possible.	

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