

PRESENT

Committee Members

Cllr Ketan Sheth, London Borough of Brent (Chair)
Cllr Natalia Perez, London Borough of Hammersmith and Fulham (Vice-Chair)
Cllr Concia Albert, Westminster City Council
Cllr Chetna Halai, London Borough of Harrow
Cllr Lucy Knight, Royal Borough of Kensington and Chelsea
Cllr Samina Nagra, London Borough of Hounslow
Cllr Claire Vollum, London Borough of Richmond upon Thames
Cllr Ben Wesson, London Borough of Ealing

Others Present

Rob Hurd, North West London Integrated Care system (NWL ICS) Chief Executive Officer
James Biggin-Lamming NWL ICS Director of Strategy and Transformation
Rory Hegarty, NWL ICS Executive Director of Communications and Involvement
Tina Benson, Hillingdon Hospitals NHS Foundation Trust Chief Executive Officer

Council Officers

David Abbott, Head of Governance – Hammersmith & Fulham
Vid Calovski, Policy Analyst - Hounslow
James Diamond, Scrutiny & Policy Officer - Kensington and Chelsea
Nicholas Garland, Democratic Services Manager - Richmond upon Thames
Tommy Hanmer, Governance Officer - Kensington and Chelsea
Linda Hunting, Policy and Scrutiny Officer - Westminster
Naureen Matlib, Senior Scrutiny Officer - Harrow
Nikki O'Halloran, Democratic Services Manager - Hillingdon
Chatan Popat, Strategy Lead - Performance - Brent
Anna-Marie Rattray, Scrutiny Review Officer - Ealing

1 APOLOGIES

Cllr Denys submitted apologies for absence and Cllr Nagra submitted apologies for lateness.

2 DECLARATIONS OF INTEREST AND CLARIFICATION OF ALTERNATE MEMBERS

Cllr Sheth declared that he was the Lead Governor of North West London NHS Foundation Trust, Cllr Wesson declared that he was employed by the Nursing and Midwifery Council, and Cllr Vollum declared that she was employed by West London NHS Trust.

3 MINUTES OF THE PREVIOUS MEETING HELD ON 05 DECEMBER 2024

Cllr Perez called the Committee's attention to an action at paragraph 5.15 *"that the Committee will receive a breakdown of GP face to face appointments across the NWL eight boroughs"*. Chatan Popat confirmed that an update would be circulated to the Committee after the meeting.

The minutes were confirmed as a correct record and were signed by the Chair.

4 MATTERS ARISING

The Chair noted that the Integrated Care System update from the Chief Executive of the North West London ICS would be now be heard as Agenda Item 5, with North West London Planned Care Strategy now being heard as Agenda Item 6. This was due to Rob Hurd having to attend a concurrent NHS meeting.

5 INTEGRATED CARE SYSTEM UPDATE FROM THE CHIEF EXECUTIVE OF THE NORTH WEST LONDON ICS

The Chair invited Rob Hurd, North West London Integrated Care System (NWL ICS) Chief Executive Officer, James Biggin-Lamming NWL ICS Director of Strategy and Transformation, Rory Hegarty, NWL ICS Executive Director of Communications and Involvement, and Tina Benson, Hillingdon Hospitals NHS Foundation Trust Chief Executive Officer, to introduce the report. This was followed by questions to the presenters from the Committee. During the discussion, the Committee:

1. Relayed a question from Dr Kyla Cranmer, Chair of Hammersmith and Fulham Local Medical Committee, which noted that there had been delays in distributing the Enhanced Access to General Practice fund of £6.6 million. Rob Hurd responded that the £6.6 million fund had been allocated to Same Day Access Hubs and the NHS operated rigorous application process for Primary Care Networks (PCNs). Due to this process, £4.7 million was to be allocated by 31 March 2025. Rob Hurd added that the excess funds could not be carried forward into the next financial year but would be reinvested in frontline NHS services.
2. Noted reports that the Government was set to announce the reduction of ICB spending by 50% and queried the impact this would have on ICB operations. Rob Hurd responded that the Government wanted to spend a larger portion of NHS funds on frontline services, to be raised from cuts ICB and NHS England funding. Cuts would greatly affect the ICB's ability to carry out its current duties. He could not comment further until the Government released its full announcement.
3. Asked for an update on the public consultation project on proposals to relocate Mount Vernon Cancer Centre to Watford General Hospital. Rob Hurd responded that the consultation process was still planned and that

the decision-making business case process was underway. Alternative solutions were being sought due to the NHS's difficult financial situation. The Committee requested that these alternative solutions be outlined for the Mount Vernon Cancer Centre Joint Health Overview and Scrutiny Committee's next meeting.

Action for: *Chief Executive Officer of North West London Integrated Care System*

4. Noted that the NHS Ten Year Plan included funding to Healthwatch Brent, Westminster, and Kensington and Chelsea, and asked if this funding would extend to Healthwatch within other boroughs. Rory Hegarty responded that this funding was allocated to allow Healthwatch in those three boroughs to carry out ICB local events across the whole of north west London.
5. Requested that Rob Hurd provide the Committee with an update on the impact of the Government's proposed 50% cuts on ICS and ICB services.

Action for: *Chief Executive Officer of North West London Integrated Care System*

[Cllr Samina Nagra arrived at 10:26 am]

6. Asked for detail regarding preventative work with children, young people and families. Rob Hurd responded that Integrated Neighbourhoods Teams (INTs) and Family Hubs were central to the NHS's preventative young people and family's strategy. INTs would reach across the community and ensure cohesion between primary care service providers.
7. Queried whether the Government's proposed 50% cuts on ICS and ICB services would affect the Additional Roles Reimbursement Scheme (ARRS). This scheme provided funding to support frontline service recruitment. Rob Hurd replied that the proposed cuts would not have an impact on these frontline services and that the ICB's strategy would continue to support further investment to frontline services, especially roles related to prevention.

[Rob Hurd left the meeting at 10:30am]

6 NORTH WEST LONDON PLANNED CARE STRATEGY

The Chair invited James Biggin-Lamming, Rory Hegarty, and Tina Benson to introduce the report. This was followed by questions to the presenters from the Committee. During the discussion, the Committee:

1. Enquired what work was being done to reduce time spent waiting for treatment. James Biggin-Lamming replied that the number of patients waiting for treatment within the NWL ICB had increased, but that providers had been able to reduce the waiting list over the 2024 at a high financial cost. The sustainability of these measures over a five-year period were

being assessed by the ICB to ensure that NHS constitutional standards were being met across the ICB.

2. Queried how the ICB was working to improve communication with patients and residents. James Biggin-Lamming responded that patients on the waiting list for an extended period were now asked if they still needed their appointment to reduce the number that were missed. Tina Benson added that deprived populations had the highest numbers of missed appointments and that the hospitals were working with voluntary organisations to make the phrasing of patient questions more inclusive. This had now been tested successfully and would be rolled out fully over 2025. Hospitals had also introduced a digital portal for those patients who were able to book and reschedule their own appointments online. Tina Benson added that Hillingdon Hospitals were piloting a reduction in patient communication as a response to patient feedback. This was to enable ease of communication and to ensure the correct information was given to patients.
3. Enquired if there were plans to expand the use of Community Diagnostic Centres (CDCs). Tina Benson responded that there were currently plans to secure funding for CDC expansion, but that this would depend on the NHS's financial position. The North West London Acute Provider Collaborative would be working to utilise surgical centres such as the Central Middlesex Hospital Elective Orthopaedic Centre better, considering the NHS's financial position and difficulty in funding new surgical hubs. James Biggin-Lamming added that the bulk of the NHS waiting list involved outpatients rather than those requiring surgeries and that resources had to focus on outpatient care.
4. Asked how the ICB would ensure an equality of service across all boroughs. Tina Benson responded that equality assessments were made for all proposed changes and that all major service changes would be brought before individual borough committees or the Joint Health Overview and Scrutiny Committee. Tina Benson confirmed that there were no major service changes currently planned.
5. Queried whether the NHS was able to check if patients experiencing long waiting lists had visited Accident and Emergency (A&E) whilst waiting. Tina Benson confirmed this and noted that only a low proportion of patients experiencing long waiting lists attended A&E.
6. Enquired why mental health care was not included within the Planned Care Strategy. James Biggin-Lamming explained that the overall strategy would include mental health care and physical acute hospitals. The first phase of this strategy would include primary and community services, with the second phase focusing on mental health care providers.
7. Asked how the ICS was ensuring that the Planned Care Strategy would serve patients who were unable to engage with consultation. James Biggin-Lamming responded that equity of care was important for the strategy and that ensuring that residents with complex needs such as neurodiversity, learning disabilities, or language needs were included in

resident consultation. The ICS had begun collaborating and meeting with local community groups and healthcare professionals to develop an inclusive strategy, but this was still in the listening phase and recommendations had not yet been made.

8. Asked for examples of digital tools and care being used across the ICS. Tina Benson replied that there were several small Artificial Intelligence (AI) projects being developed across the ICS which performed administrative tasks, including the translation of maternity referrals into local systems. There were also some large AI projects being developed. These included using AI to perform preliminary chest x-rays so expert radiologists could focus on abnormal chest x-rays. AI was being used within one organisation to predict if patients were likely to attend their appointments. Great Ormond Street Hospital was trialling AI active listening, which listened to a doctor-patient conversation and would write up the notes, enabling the clinician to focus solely on their patient. Tina Benson added that the ICS worked with regulators to ensure any AI usage was safe for the population.
9. Enquired if the NHS would use AI translation services. James Biggin-Lamming responded that the NHS would continue to use the current live translation services. These were provided via video link and telephone. AI may be used in the future to expand the NHS's translation offer but current services would not be replaced if it would reduce the quality of translation.
10. Queried how the NHS could navigate the risk of implicit biases within AI and ensure that use of AI does not create or intensify inequality. Tina Benson responded that the expansion of the Equity Index and commitment to granular analysis of patient data were important in tracking the effectiveness of any interventions. Tina Benson added that the NHS did not want to use any intervention that would cause inequalities and that all AI tools used by the NHS had a failsafe built into them.

The Committee **RECOMMENDED** that NHS North West London research the possibility of bias in AI technology being used for Planned care, both regarding the gathering of data and in the assistance of care arrangements and appointment handling.

11. Noted that Black and Minority Ethnic (BME) and economically deprived patients were more likely to experience long waiting lists and asked if there had been analysis on the reason for this. Tina Benson responded that LNWH chief executive Pippa Nightingale was leading a working group dedicated to analysing this data. Further data was being collected through telephone conversations between volunteers and patients, with the pilot scheme being expanded and fully rolled out over the coming year. Tina Benson added that LNWH had developed an equity index which assessed the equity of services across a range of demographic categories. The ICS was exploring how to expand this index to the whole of north west London.

12. Asked if AI could assist in translating appointment letters and other communications to a patient's preferred language. Tina Benson replied that a project was underway in Hillingdon to understand the demand for translated appointment letters better. It had found that many patients would not indicate their preferred language out of fear of discrimination. Other patients preferred English letters as they would have someone to read it for them. This project was ongoing and currently in its first phase. Tina Benson added that any clinical letters must be translated through a licensed service due to patient data concerns.
13. Asked if the Planned Care Strategy had identified any priorities for the boroughs to integrate into their health strategies. James Biggin-Lamming responded that the strategy was still in an early phase. The different specialist healthcare provisions within the boroughs had to be managed to suit the unique healthcare needs of each borough, and this would be a focus of the strategy's later recommendations stage.
14. Enquired how the ICB was engaging with residents that were hard to contact. Rory Hegarty responded that the Communications team worked with the voluntary sector and local authorities to reach out to diverse communities and noted that the ICB's Involvement Strategy was due to be renewed in 2025. Rory Hegarty added that the current strategy involved consistent engagement with diverse communities, building a stronger relationship based on trust and respect. The Committee requested further information regarding the Involvement Strategy.

Action for: *NWL ICS Executive Director of Communications and Involvement*

15. Asked how the ICB was engaging with young people. Rory Hegarty responded that a recent piece of analysis demonstrated that young people were not being effectively engaged with by the ICB. A piece of work was now ongoing to address this.
16. Queried when the issue paper detailing stakeholder feedback to the strategy would be shared with the Committee. James Biggin-Lamming responded that all feedback would be incorporated into the strategy and that this would be shared with the Committee after being signed off by the ICB Planned Care Board in May 2025.
17. Asked what role local authorities and community organisations would have in the implementation of the Planned Care Strategy. James Biggin-Lamming responded that the NHS' Integrated Neighbourhoods Teams (INTs) maintained links with local authorities and community organisations through social care and education services. This connection would be utilised in the implementation of the Planned Care Strategy.
18. Queried how the length of waiting lists varied across the ICB's different boroughs. Tina Benson offered to share this data with the Committee.

Action for: *Hillingdon Hospitals NHS Foundation Trust Chief Executive Officer*

The Committee RECOMMENDED that North West London NHS assess the impact of the new Planned Care Strategy on the elderly population.

7 NORTH WEST LONDON JHOSC RECOMMENDATIONS TRACKER

The Committee noted the Recommendations Tracker.

8 ANY OTHER BUSINESS

There was no other business.

The meeting ended at 11:18am

Chair