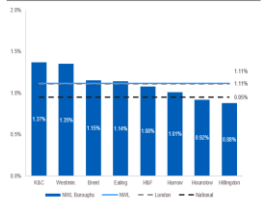
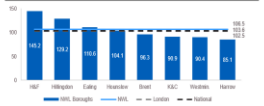





Appendix 2: 2024/25 North West London JHOSC Recommendations and Information Requests Tracker


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.	This has been considered and has been factored in with the design and implementation of the consultation.	
		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.	The Urgent Care Plan (UCP) is an NHS service that enables every Londoner to have their care and support wishes digitally shared with healthcare professionals across the capital. NHS North West London has identified the further roll-out of the UCP to north west London residents and clinicians as a priority and is in the process of putting together a plan to do so.	
		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	The Mental Health Strategy has been signed off and published. The ICB board made a final decision on acute	

			<p>a plan on how the new strategy will deliver on outcomes and priorities.</p>	<p>mental health inpatient services in April. This is also published on the ICB website</p> <p>New model of mental health care approved for Westminster and Kensington & Chelsea :: North West London ICS</p>																																																																																																																																										
	Information Request	<p>To provide a borough-by-borough breakdown of those with Severe Mental Illness (SMI) across NW London.</p> <p>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.</p>	<p>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).</p> <div><div><p>Recorded prevalence of severe mental illness Percentage of registered population aged 18 and over (2021/22)</p><p>Source: Quidis and Calsonics Townsend, NHS England, 2022</p><table border="1"><thead><tr><th>Borough</th><th>Percentage</th></tr></thead><tbody><tr><td>Wandsworth</td><td>1.11%</td></tr><tr><td>Hammersmith & Fulham</td><td>1.09%</td></tr><tr><td>Hounslow</td><td>1.08%</td></tr><tr><td>Ealing</td><td>1.07%</td></tr><tr><td>Brent</td><td>1.06%</td></tr><tr><td>Hillingdon</td><td>1.05%</td></tr><tr><td>Merton</td><td>1.04%</td></tr></tbody></table></div><div><p>Premature mortality (before age of 75) in adults with SMI* Standardised rate per 100,000 population (2016-20)</p><p>Source: PHG, M&G M&G, NHS, 2016-2020</p><table border="1"><thead><tr><th>Borough</th><th>Rate</th></tr></thead><tbody><tr><td>Wandsworth</td><td>188.5</td></tr><tr><td>Hammersmith & Fulham</td><td>187.2</td></tr><tr><td>Hounslow</td><td>186.1</td></tr><tr><td>Ealing</td><td>185.1</td></tr><tr><td>Brent</td><td>184.1</td></tr><tr><td>Hillingdon</td><td>183.1</td></tr><tr><td>Merton</td><td>182.1</td></tr></tbody></table></div><div><p>Excess mortality in under 75s with SMI* Excess risk - i.e. % higher/lower risk of premature death (before age 75) than adults without SMI (% (2016-20))</p><p>Source: PHG, M&G M&G, NHS, 2016-2020</p><table border="1"><thead><tr><th>Borough</th><th>Excess Risk</th></tr></thead><tbody><tr><td>Wandsworth</td><td>44%</td></tr><tr><td>Hammersmith & Fulham</td><td>42%</td></tr><tr><td>Hounslow</td><td>40%</td></tr><tr><td>Ealing</td><td>38%</td></tr><tr><td>Brent</td><td>36%</td></tr><tr><td>Hillingdon</td><td>34%</td></tr><tr><td>Merton</td><td>32%</td></tr></tbody></table></div><div><p>CMHT Treatment Met & Unmet Need Latest 12-Months (01/07/2022 - 30/06/2023)</p><table><tr><th>Service</th><th>Avg. Caseload</th><th>Avg. In-Treatment Caseload</th><th>Avg. 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	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.	
05 December 2024	North West London Winter Campaign and London Ambulance Performance Update	Information Request	That the Committee receive information about critical care bed capacity, delays and discharges from hospitals and vaccination data.	As data becomes available, it is being circulated to members electronically via Chatan.	
		Information Request	That the Committee receive a breakdown of GP face to face appointments across the NWL NHS eight boroughs.	NW London has consistently had the highest level of face-to-face appointments across London. The published data is per ICB (NW London wide). <ul style="list-style-type: none"> • November 24: 68.0% • December 24: 66.6% • January 25: 66.4% • Feb 25: 66.6% • March 25: 66.9% 	
		Information Request	That the Committee receive information about how the Ambulance Service anticipates managing the changes for domestic abuse coming into effect in early 2025 under Raneem's Law.	This request has been accepted at the meeting. The London Ambulance Service will contact all relevant parties and authorities (individually or through the NWL JHOSC) once an approach has been confirmed.	
		Recommendation	That NWL NHS work more closely with the local authorities to deliver messaging to specific communities and groups about accessing the Ambulance Service.	NHS North West London is picking up as part of joint work with LAS and local authority communication teams. More information to be provided.	
	North West London Health Equity Programme	Information Request	That the Committee receive the information about how the Health Equity Fund of £8 million is divided between the boroughs annually.	This information has now been circulated electronically to all members. Below is a breakdown of the allocation of funds by borough.	

				<div>HIT funding allocation by Borough Based Partnership</div> <table><tr><th>Borough</th><th>%</th><th>Allocation in 24/25</th></tr><tr><td>Brent</td><td>18.6</td><td>£865,904</td></tr><tr><td>Ealing</td><td>17.2</td><td>£800,729</td></tr><tr><td>Hammersmith and Fulham</td><td>8.0</td><td>£372,432</td></tr><tr><td>Harrow</td><td>11.7</td><td>£544,682</td></tr><tr><td>Hillingdon</td><td>14.6</td><td>£679,688</td></tr><tr><td>Hounslow</td><td>13.3</td><td>£619,168</td></tr><tr><td>Bi-Borough</td><td>16.6</td><td>£772,796</td></tr></table> <div>North West London Integrated Care System</div> <div>NHS North West London</div> <div>2</div>	Borough	%	Allocation in 24/25	Brent	18.6	£865,904	Ealing	17.2	£800,729	Hammersmith and Fulham	8.0	£372,432	Harrow	11.7	£544,682	Hillingdon	14.6	£679,688	Hounslow	13.3	£619,168	Bi-Borough	16.6	£772,796	
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	Information Request	That the Committee receive information about what support is provided by the NHS for lower socio-economic patients with the cost of prescriptions.	<p>To address the request for information on what support is available for lower socio-economic patients with the cost of prescriptions, the NHS Cost of Living webpage outlines the range of support provided accessible via https://www.nwlondonicb.nhs.uk/your-health-services/cost-living_</p> <p>Individuals may be entitled to free NHS prescriptions if, at the time of dispensing, they meet specific exemption criteria. This typically includes those in receipt of qualifying benefits such as Income-related Employment and Support Allowance (ESA), Universal Credit, or those who qualify through age-related exemptions. For patients who require regular medication and do not meet exemption criteria, a Prescription Prepayment Certificate (PPC) offers a cost-effective option to help manage ongoing prescription charges.</p> <p>In March 2018, NHS England issued guidance advising that certain items available over the counter (OTC) should not routinely be prescribed in primary care. This guidance applies to 35 minor or self-limiting conditions, as well as probiotics and vitamins and minerals, where self-care is generally</p>																										

				<p>considered more appropriate and should not be routinely prescribed in primary care because:</p> <ul style="list-style-type: none"> • there is limited evidence of clinical effectiveness for the item • the item would be prescribed for a condition that is self-limiting and will clear up on its own without the need for treatment • the item would be prescribed for a condition that is appropriate for self-care. <p>Importantly, note being exempt from NHS prescription charges does not automatically override this guidance. However, the policy does recognise the impact of health inequalities. It allows for clinical discretion in exceptional cases, including where a patient may be unable to self-care due to significant medical, mental health, or social vulnerabilities. In such situations, treatment may be prescribed if deemed clinically appropriate by the prescriber. Prescribers are advised to consider safeguarding concerns and use their professional judgement where reliance on self-care could adversely affect a patient's health or wellbeing.</p>	
	Integrated Care System Update	Information Request	That the Committee receive an outline of the new ICB structure and key contacts for each borough.	Rory has provided key contacts to Chetan for circulation. ICB structure chart to follow as still being updated. Note that these are likely to change again due to national changes to ICBs.	
		Information Request	That the Committee receive the communication plan and venues for the palliative care consultation.	The communications plan, venues for the consultation and details of all online sessions have been shared with the NWL JHOSC electronically.	

				Additionally, members have now also been sent links to all online consultation video recordings for their reference.	
		Information Request	That the Committee receive the details about the Work Well scheme which launched in October and that supports residents with health conditions back into employment.	<p>The details of the Work Well scheme have been circulated to all members. Attached below is a detailed document providing further information on the scheme.</p>  <p>WorkWell latest information.docx</p>	
		Information Request	That the Committee receive information about the London Refugee Employment Programme.	<p>The Partnerships, Population Health and Reducing Inequalities team connect into this as a programme, but don't take a strong leadership role within. Interested parties can contact Anthony Sambatya at Anthony.Sambatya@westlondon.nhs.uk for more detailed information.</p>	
13 March 2025	Integrated Care System Update	Information Request	NWL ICB to update the committee on the Mount Vernon Cancer Centre relocation providing information on alternatives to relocation to Watford and any further updates arising.	Paper submitted / agenda item for the May JHOSC meeting.	
		Information Request	NWL ICB to update the NWL JHOSC on the impact of the Government's proposed 50% cuts on ICS and ICB services.	Rob will keep the committee updated as things develop	
	North West London Planned Care Strategy	Recommendation	For NWL NHS to conduct investigation / research into the possibility of bias in AI technology being used for Planned Care both in relation to gathering data and assisting with care arrangements and appointment handling.	<ul style="list-style-type: none"> Artificial Intelligence technology has numerous possible benefits in healthcare delivery supporting patients, administration and clinical decision making. For example, this includes: <ul style="list-style-type: none"> Summarising live audio recordings of appointments to generate first drafts of clinic notes, letters and follow-up actions saving clinicians time and allowing them to focus more on the patient discussion 	

				<ul style="list-style-type: none"> ○ Searching and synthesising a patient's record to help clinicians prepare for an appointment and understand their previous, relevant interactions with the healthcare system ○ Support patients access information, provide information and schedule appointments, including through using voice calls with natural language models available in multiple languages to address potential risks to digital isolation if patients are not comfortable using smartphones ○ Population health analyses across multiple data sources to identify unmet needs, prevention opportunities and quality improvement opportunities • While there are demonstration products that support these tasks, none have been adopted at more than a pilot scale for example in individual GP practices using AI-products such as Heidi or Tortus which summarise live audio recordings. • Governance frameworks to support AI-integration into clinical workflows and systems have been designed at the acute hospitals in North West London. These will support further pilots and research of further AI tools. The risks of clinical adoption are well recognised. For example, the positive first impressions these tools often create on their capability create a human factor risk of being too trusting in the future outputs of these tools, which could mean they are not adequately reviewed or edited into a final record. • AI-Tools will need to be an important component of any future planned care and healthcare strategy because of the benefits they offer, including improved patient experience, clinical experience and productivity. NWL institutions will continue its work with academic and industry partners, such as 	
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				Imperial College London and Imperial College Academic Healthcare Science Network, to evaluate AI-tool pilots, their impact on patients and clinicians, and their risks including bias and hallucination (when AI-models make up something that is not real). This research and support will complement broader national and international efforts and understanding in this rapidly emerging field of technology.	
		Recommendation	For NWL NHS to further assess the impact of the new strategy on the elderly population.	<ul style="list-style-type: none"> • A significant proportion of planned care activity relates to chronic health conditions such as heart failure, hypertension, rheumatology, diabetes, COPD and chronic kidney disease. The likelihood of developing one, and then more than one, chronic condition increases with age. This means that older people are high users of planned care and may need planned care support from multiple different specialties simultaneously. • During the development of the strategy patients and local communities were invited to offer their ideas and experiences to support its development. Older people formed a significant element of this feedback, including in forums such as the local resident's groups. Clinical stakeholder feedback has also highlighted the importance of older people and how their needs and ability to access care can be different to others. • The strategy is organised around these pillars, all of which will directly and positively impact older people and their experience of planned care. They are: <ul style="list-style-type: none"> ○ Redesigning primary and secondary care pathways - this includes integration of greater planned care specialist support into neighbourhood health teams. These are closer to where people live, will support more integrated work with primary care and other 	

				<p>community healthcare providers, and enable greater focus on coordinating care for individuals whose needs cross multiple specialties. This could have benefits for example in balancing medication needs and reducing the risk of polypharmacy.</p> <ul style="list-style-type: none"> ○ Improving patient activation and communication - this will support older people through targeted focus on communication and scheduling processes, so that everyone knows how long they should need to wait to their appointment, allow multiple ways to schedule and reschedule appointments, improve the quality of administrative information they receive, and expand how patient initiated follow-ups when suitable are used so that patients do not need to wait for a pre-determined period if they need specialist help more quickly. This will help join visits together, ensure better information is available and make it easier to get follow-up advice. ○ Improving productivity - this will increase the overall level of planned care activity through current available resources. Greater activity will reduce waiting lists more quickly, benefitting the whole population including older people. • The strategy development has held equity central to its development. While there will be an expansion of digital tools and ways of working to support patient experience and productivity, it is recognised that this is not suitable for the whole population. However, using these tools frees up capacity for equitable support to mitigate risks of digital exclusion. • When subsequently implementing major changes identified in the strategy, such as new pathways, tools or projects, Quality and Equality Impact Assessments will be conducted. This is a step in all significant changes made to understand the impacts on different quality issues and population groups including older people, agree how to mitigate their 	
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				<p>risks and impacts, and sometimes stop initiatives altogether when the risks or impacts are felt to outweigh potential benefits. This means that even as the strategy implementation progresses in future years, impacts on all population groups including older people will remain an important consideration.</p>	
		Information Request	<p>NWL ICB Communications and Involvement Team to provide further information in regard to communications with residents and patients linked to the NWL Planned Care Strategy.</p>	<p>Engagement and involvement activity on planned care strategy</p> <p>Engagement with the residents of across North West London in relation to the planned care strategy took place through a mix of online digital engagement and face to face discussions at events in all eight boroughs.</p> <p>There were a total of 303 responses to the online survey. Insight received from the public focused not only on waiting times, but on communication, preparation, access, and system responsiveness.</p> <p>The feedback gathered a mix of quantitative and qualitative data and identified recurring themes such as the emotional toll of uncertainty, the importance of feeling informed and remembered, and the desire for more proactive, practical engagement while waiting for care.</p> <p>As part of the wider engagement on planned care, <i>The Advocacy Project</i> facilitated Easy Read engagement sessions with people with learning disabilities in Brent and Westminster. This approach ensured that those with communication and cognitive access needs had the opportunity to share their views in a meaningful and supported way. A total of 32 individuals from learning disability communities attended sessions which used Easy Read formats, visuals, and supported discussion. These sessions were delivered in familiar community settings with facilitators trained in accessible communication.</p> <p>Communications and engagement activity included:</p>	

				<ul style="list-style-type: none"> • a new webpage on the NHS North West London website outlining what planned care is and the work underway • issues paper and briefing document on the ICB website • issues papers and survey shared directly with key stakeholders, patient/public and community groups and in NHS North West London e-bulletins • news article copy for acute provider intranets and NHS North West London websites • borough involvement team cascade to VCS and borough-based stakeholders • newsletter text shared with local authorities for resident and staff email newsletters • newsletter text sent to providers for patient and staff bulletins, provider intranets and NHS North West London websites • social media posts shared on NHS North West London channels • information and survey link shared with North West London Citizen's Panel • information and survey link shared on Next Door social network • update to PPG forum • presentation with question-and-answer session at NHS North West London Residents Forum • email sent to resident forum participants with information and survey link • issues paper and survey sent to Healthwatch representatives • meeting held with NHS North West London Healthwatch representatives • information provided to Local Authority partner communications teams on ICB led sector call including survey link • in person discussions with residents across all eight boroughs with feedback gathered at an average of 	
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				five in-person events in each borough during February and March																																													
		Information Request	To provide the Committee with comparative data surrounding wait times across the ICB's different boroughs.	<p>This is data on the length of time patients have been on waiting lists at a borough level –</p> <table><thead><tr><th></th><th>0-17wks</th><th>18-51wks</th><th>>52wks</th></tr></thead><tbody><tr><td>Brent</td><td>51%</td><td>45%</td><td>3.8%</td></tr><tr><td>Central London</td><td>58%</td><td>39%</td><td>2.4%</td></tr><tr><td>Ealing</td><td>53%</td><td>44%</td><td>2.9%</td></tr><tr><td>Harrow</td><td>48%</td><td>48%</td><td>3.8%</td></tr><tr><td>Hillingdon</td><td>48%</td><td>50%</td><td>1.7%</td></tr><tr><td>Hounslow</td><td>58%</td><td>40%</td><td>1.7%</td></tr><tr><td>H&F</td><td>59%</td><td>39%</td><td>2.6%</td></tr><tr><td>West London</td><td>58%</td><td>39%</td><td>2.3%</td></tr><tr><td>Non-NWL</td><td>58%</td><td>40%</td><td>2.1%</td></tr><tr><td>4 Provider Total</td><td>54%</td><td>43%</td><td>2.7%</td></tr></tbody></table> <p>There is variation between boroughs, reflecting historic referral practices and individual NHS provider performance, hence why patients in Brent, Ealing, Harrow and Hillingdon are waiting relatively longer given the tendency of these patients to be referred to THH and LNW.</p> <p>It should be noted that this data is based upon unvalidated datasets and could change (slightly) in proportions as a result of individual pathway validation. However, the basic trend of variation seen across the boroughs reflects the overall performance of the 4 main NHS providers in the sector. The national objective to improve Referral to Treatment Time, including the target to achieve 65% by March 2026, will help improve this situation and local provider and place-based</p>		0-17wks	18-51wks	>52wks	Brent	51%	45%	3.8%	Central London	58%	39%	2.4%	Ealing	53%	44%	2.9%	Harrow	48%	48%	3.8%	Hillingdon	48%	50%	1.7%	Hounslow	58%	40%	1.7%	H&F	59%	39%	2.6%	West London	58%	39%	2.3%	Non-NWL	58%	40%	2.1%	4 Provider Total	54%	43%	2.7%	
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				variation will be monitored and used to help target appropriate interventions.	
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