

North West London Joint Health Overview and Scrutiny Committee
Notes of informal meeting hosted online by LB of Hounslow
10am-12pm on 4 July 2021

The meeting began at 10am.

PRESENT

Members of the Committee:

- Councillor Ketan Sheth (Chair) London Borough of Brent
- Councillor Daniel Crawford (Vice Chair) London Borough of Ealing
- Councillor Lucy Richardson London Borough of Hammersmith & Fulham
- Councillor Richard Eason London Borough of Hounslow
- Councillor Rekha Shah London Borough of Harrow
- Councillor Monica Saunders London Borough of Richmond

Others Present:

- Michael Carr – Senior Policy and Scrutiny Officer, London Borough of Brent
- Judith Davey - Chief Executive, Healthwatch Brent.
- Rory Hegarty, Director of Communications & Engagement, NWL CCG;
- Pippa Nightingale, Chief Nurse, NWL ICS; Chief Nurse Chelsea and Westminster NHS Foundation Trust and Vaccine Lead NWL CCG;
- Dr Mohini Parmar, Long-Term Plan Clinical Director, NWL CCG;
- Dr Mando Watson, Children's Services Clinical Lead, NWL ICS; Consultant Paediatrician, Imperial College Healthcare NHS Trust
- Lesley Watts, Chief Executive NWL ICS; Chief Executive of Chelsea and Westminster NHS Foundation Trust;
- Nicola Zoumidou – Policy Analyst, London Borough of Hounslow

1. WELCOME & INTRODUCTIONS

- 1.1. Cllr Sheth paid tribute to Cllr Collins the former Chair of NWL JHOSC for all the work he had done over the previous few years.
- 1.2. Cllr Eason welcomed everyone to the meeting, hosted online by LB of Hounslow. He mentioned that Hounslow had achieved a great deal in recent weeks in terms of surge vaccination and testing, and was removed from surge status a week before planned.

2. ELECTION OF CHAIR & VICE-CHAIR

- 2.1. The Scrutiny Officer from LB of Brent took the Chair momentarily to receive nominations for Chair for this meeting. Nominations were proposed by Cllr Shah and seconded by Cllr Saunders. Cllr Sheth was elected Chair for this meeting, and Cllr Crawford was elected Vice Chair for this meeting.

It was agreed in principle:

That Councillor Ketan Sheth be elected Chair for this meeting, and Councillor Daniel Crawford be elected Vice Chair for this meeting.

3. APOLOGIES FOR ABSENCE & DECLARATIONS OF INTEREST

3.1. Apologies from:

- Councillor Iain Bott, City of Westminster
- Councillor Marwan Elnaghi, Royal Borough of Kensington and Chelsea

3.2. Cllr Sheth declared that he was the Lead Governor at Central and North West London NHS Foundation Trust (CNWL).

4. MINUTES OF THE MEETING HELD ON 18 MARCH 2021

4.1. The Committee reviewed the minutes of the last meeting, and the Chair asked whether the action items had been completed. This will be reviewed via email after this meeting.

It was agreed in principle:

That the minutes of the meeting held on 18 March 2021 be agreed as a correct record of proceedings.

5. DEVELOPMENT OF THE NORTH WEST LONDON INTEGRATED CARE SYSTEM

5.1. Lesley Watts introduced this item and explained that she briefed Council leaders every month. The NWL ICS was well developed and the Development Plan had been submitted to NHS England. NWL was probably the biggest ICS in the UK. It was large and complex, and cared for 2.4m people, through 45 PCNs, across 8 boroughs, and with 2 specialist trusts. During the pandemic, the silver lining had been that we have learnt to work together, and integration had been accelerated.

5.2. She noted that:

- They are working towards extending life expectancy and reducing inequalities. The elective work programme is a priority: ensuring equality of access and outcome; people should not be treated more quickly in one part of the sector in comparison to the other part. Overall health outcomes in NWL are good, but can be better.
- The governance for the ICS has been set up, and the ICS aims to provide the best possible care close to where patients live, and achieving the equality of access and outcomes, might mean that there is a need to move resources between boroughs and/or between primary and secondary care settings.
- Arrangements have been made so that high volume, low complexity cases are centred in particular hospitals which concentrate on specialities and protect those elective cases, so they not impacted by Covid peaks.
- There has been an increase in emergency work, elective work, and now a growth in demand around mental health, in children and young people in particular. Consideration is required about allocation of resources between all of these.
- Collaboration is happening and is welcomed by NHS and Local Authorities, and bonding has happened through Covid. There have been open and transparent

discussion with citizens and patients, and of course there are tensions, but these are being addressed.

- Lesley paid tribute to her primary care colleagues, and the NHS is committed to dealing with long term issues.

Chair thanked all NHS staff on behalf of the Committee. The Chair then invited questions to NHS representatives from Members of the Committee.

- 5.3 Cllr Sheth enquired, as a complex and large ICS, possibly largest in the country, how effective was it thus far in its journey?
- 5.4. Lesley Watts responded that during Covid, NWL was one of hardest hit areas in London and nationally. They would not have coped if they had not worked together to share resources, staff and kit, and transferred patients between hospitals. Cancer patients and elective surgery continued through Covid and partners learnt from each other how to cohort patients and control infection. Predictions from academics were used, and the Whole Systems Integrated Care Dashboard has been used.
- 5.5. Cllr Richardson noted that there were huge differences between inner and outer London boroughs' needs, and adequate representation was needed in the governance structure of the new ICS. Would this be taken into account?
- 5.6. Lesley Watts confirmed that there were regular meetings with Chief Executives of London Boroughs so there was constant contact. The Development Plan would be circulated again. It had not been designed to be rolling membership, but this was an iterative process and still needed to be ironed out.
- 5.7. Cllr Richardson said the ICS makes decisions regarding funding and the feedback from the community is that information is limited and difficult to interpret.
- 5.8. Lesley stated that the ICS tries to encourage all decisions to be taken locally as far as possible.
- 5.9. Cllr Eason welcomed the open discussions on Local Authority representation on the ICS board. A Kings Fund report talks about more equal balance between Local Authority and NHS. He asked where the patients/public/VCSE/carers involvement is in the governance and assurance structures.
- 5.10. Lesley Watts stated that representation from Healthwatch and some voluntary groups had been included in the structure. A diagram of the structure would be circulated for JHOSC members to see. Lesley Watts pointed out that not everyone can sit on the board, as some are required for scrutiny. There were a variety of users so not everyone wants or needs to be part of making decisions. They were not talking about integrating all budgets at this stage. At the moment, expenditure is from health monies, not from Local Authority budgets.
- 5.11. Judith Davey from Healthwatch Brent said that patients' can see the great work that has been done during Covid and the highlighting of health inequalities. It was necessary to join up services so that patients can tell their story once. What will be done differently now so that these problems are resolved going forward?

- 5.12. Lesley Watts agreed with this assessment and said she would speak with Judith Davey of Healthatch outside of the meeting.
- 5.13. Cllr Sheth asked what will happen to the existing structure which came in fairly recently, and commissioning arrangements?
- 5.14. Lesley Watts said that the second reading of the draft legislation is taking place today and the external contracting will be much reduced going forward.
- 5.15. Cllr Saunders referred to the wider context, and said that the changes sounded promising, but there was a significant workforce deficit, and it will get worse with the retirement of GPs and others. What strategic workforce planning do we have in place to deal with this?
- 5.16. Pippa Nightingale acknowledged that health jobs were not always favourable careers for everyone. However, the pandemic had doubled the number of applicants in nursing and midwifery, medicine, and mental health nursing. Courses were oversubscribed, and there were bursaries to encourage students. There was a push in NWL to employ people locally at entry level, then train them up into their chosen career. A bid has gone into GLA to fund that further because living and working locally anchors people in the community.
- 5.17. Cllr Shah asked how the ICS will be driving tangible improvements to services, in particular maternity services at Northwick Park hospital.
- 5.18. Lesley Watts said that this can be achieved by working together. There are different needs in different boroughs. Providers need to think about population health in each area. There is a lot of detail around this and Lesley would be happy to take it as a separate item if the committee would like.
- 5.19. Pippa Nightingale stated that services are under scrutiny, especially at Northwick Park. The NHS is committed to improving services in maternity across the whole of system. There is no quick fix, and a long term solution is needed. Some clinicians are being moved around to see how things work well elsewhere, and will bring their learnings back.
- 5.20. Cllr Sheth referenced mental health, and asked how the ICS was going to bring about the quality improvement across the whole service delivery provision? Instead of peaks and dips, there should be a flatter line in terms of service delivery to minimise having winners and losers.
- 5.21. Lesley Watts said there was collaboration across services to see how equality of provision can be achieved. Mental health providers are working collaboratively to ensure that they are consolidating service provision. This is being done by being clinically led, working locally, and consolidating specialist services.
- 5.22. Cllr Sheth asked about children's services across the 8 boroughs of NWL. How can the NHS ensure that the offer is similar across NWL in terms of services and outcomes?

- 5.23. Dr Mando Watson pointed out that children and young people make up 30% of the population. It is important that we have a lead on this in NWL as other ICSs do not. There is a mature data system, so we understand the needs of the general population and children's population specifically. When people focus on health and wellbeing they merge adults and children, but it's important to dis-aggregate them because getting it right for children means getting it right for the future. Organisations need to put children first too. The ICS has gathered together the assets we have in system, and is listening to children's voices through Healthwatch, and also using Imperial College resources. Joining up strengths and resources that we have given patients a better service, for example, this was done in providing information for parents of children with autism.
- 5.24. Cllr Sheth asked what is going to happen to the single CGG as the White Paper suggests it will no longer be a separate body, and what will happen to the commissioning aspect too?
- 5.25. Lesley Watts stated that the single CGG will be assimilated into the ICS if the bill goes through, and it is assumed that this will happen. Since there is no element of competition within NHS organisations, the approach is to decide together in the sector the best way to provide services together for the patient population and the needs identified. Therefore, the amount of external contracting is much reduced, and that will happen only where it is absolutely necessary.
- 5.26. Cllr Saunders asked what strategic workforce planning is happening to make sure these changes can happen on the ground.
- 5.27. Pippa Nightingale confirmed that the number of applicants for nursing and midwifery had doubled, and there was an over subscription to mental health nursing. The bursary is on offer again and a North West Academy has been developed, employing people from Job Centres at Band 2 and they progress to nurse associates and degree associates and within 5 years once they have the qualification. This helps with retention because people are living and working locally.
- 5.28. Cllr Richardson wanted to drill down into the question of distribution of resources and transparency of this. She gave an example of a programme where Brent had allocation £1.8m, Harrow £1.4 m but H&F was only allocated £800k.
- 5.29. Lesley thought this referred to the Aging Well national Public Health England programme, so not from NWL or the NHS. There are formulae to work this out, and Local Authority Leaders and Chief Executives have discussed this before. Where money needs to be spread between boroughs there will be dissatisfaction, but in order to tackle inequalities, it may mean that these discussions are needed in future. Bearing in mind there is a structural deficit in NWL of £400m every year, this will also need to be taken into consideration.
- 5.30. Cllr Sheth asked how the primary care lead for the ICS is going to drive quality improvement around prevention.

- 5.31. Dr Parmar commented that there has been a huge improvement in diabetes care in Hounslow, and prevention work is taking place. Due to Covid there is a backlog of long term conditions coming to light, and these need to be dealt with at the same time as the normal business of primary care. Due to workforce retirement, isolation and other problems, the next 6 months and getting through winter will be challenging, so there is a need to work together.
- 5.32. Judith Davey stated that Healthwatch is hearing from residents and patients that they understand the importance of early intervention, but access this via primary care has been (possibly understandably) problematic during recent times. This has caused additional concern recently given the emphasis on responsibility for people and families to seek early help.
- 5.33. Cllr Eason asked that as the ICS moving quickly in terms of development and Council leaders are being briefed monthly, could the JHOSC also received this briefing so that we can follow the journey too?
- 5.34. Cllr Sheth agreed that this would be would be useful, and also to have another review of this in 6 months' time.

It was agreed in principle:

to note the report and to agree the following actions:

- 1. Development Plan to be shared (including ICS structure diagram and timetable)**
- 2. Monthly briefings to Chief Executives of Local Authorities to be shared**
- 3. Consider whether Maternity Services should be added to work programme**
- 4. Consider whether development of NWL ICS should be added to work programme.**

6. NORTH WEST LONDON NHS RECOVERY AND COVID 19 VACCINATION PROGRAMME

- 6.1 Lesley Watts introduced the item by stating that primary care is almost at 60% face to face consultations. Due to Covid, primary care resources have been diverted to the vaccination programme. These are monitored by each NHS Trust, and reports are made public, and updated each week so Lesley will ask for these to be shared with JHOSC too.
- 6.2 Dr Parmar stated that prevention needs vary locally, and primary care providers are going to have their hands full dealing with the back log in the next 6 to 12 months. Each patient on a waiting list has a clinical harm review to consider physical or psychological harm. Also, their socio-economic background is taken into consideration to ensure that decision are clinically driven but also make sure that patients are being dealt with in the right order.
- 6.3 Lesley Watts talked about the backlog and said that work is being consolidated to get through it faster, staff are working extra shifts and operating lists into the evenings and weekend, and bank staff are being used.

- 6.4 Dr Parmar talked out how the Long Covid response is being integrated into primary care nationally. There has been an advanced service which looks at GPs identifying those with Long Covid and independent care is suggested with structured self-support.
- 6.5 Cllr Eason stated that there is a need for transparency on the backlog and how that varies according to population demographics, geography and speciality. For example is an Asian patient in Hayes as likely to get same services as a white patient in Kensington?
- 6.6 Pippa Nightingale responded that this changes each week, but can be shared. Clinical decisions are taken for the sickest patients, and then in date order. This is blind and data will be shared through these reports.
- 6.7 Cllr Eason pointed out that date order can be problematic.
- 6.8 Pippa Nightingale confirmed that a harm review is undertaken for all patients, and it is not only based on date order, and it is the first time that priority is being calculated in this way.
- 6.9 Lesley Watts pointed out that staff often come from these communities too, so can handle this sensitively but in a determined way.
- 6.10 Cllr Saunders referred to the 60% target for face to face consultations, and asked about how that looks geographically? How does it work with referral onto specialist services?
- 6.11 Dr Parmar stated that the % of face to face appointments changes each day but is generally increasing. Referral guidelines should be used to drive out variations.
- 6.12 Dr Watson highlighted that relationships between families and their GPs need to be strengthened. Specialist telephone and email support is available to all GPs so parents can access this through their GPs when needed.
- 6.13 Cllr Saunders asked a follow up questions on whether there is a link between lack of face to face contact and referrals. Can patients get the secondary care that they need as there are potential inequalities of access due to different forms of consultation?
- 6.14 Dr Parmar said that video consultations were a game changer. The balance of face to face, virtual, and telephone had changed, and will continue to do so. By saving time with patients online, there is more time to focus on patients who cannot use video e.g. elderly, or with learning disabilities.
- 6.15 Cllr Sheth asked how capacity is being created and crystallised to deal with backlogs.
- 6.16 Lesley Watts stated that over 100% is being achieved for outpatients' backlog to stabilise and eat into backlog. High volume and less complex cases are being dealt with in green zone (Covid free) to get through backlog. Centres are consolidating hyper specialist work, and evenings and weekend are being used. The independent sector in NWL is also being used to support work to tackle backlog, and bank agency and extra shifts are being used.

- 6.17 Cllr Sheth asked about the third wave and how this will be tackled as staff are tired, and need to deal with the backlog, so how will this be done?
- 6.18 Pippa Nightingale pointed out that it had been possible to create more detailed plans now, than for previous waves. Plans have been made for how to tackle this 3rd wave whilst continuing business as usual. Data shows that 16-20 year olds are transmitting Covid between themselves, and any admissions for Covid are needing far less ICU care.
- 6.19 Cllr Saunders asked about Long Covid and the surge in the Delta variant affecting younger people. This might not cause hospital admissions, but what preparations are being made for dealing with Long Covid?
- 6.20 Dr Parmar explained that there are 3 acute post Covid assessment centres in NWL, each borough has an integrated Long Covid response; and in primary care settings GPs identify patients with Long Covid. 85% of people will get better within 12 weeks. In the first wave, we did not know who had Covid in the community before testing was widespread. Further work is being done to on dealing with Long Covid.

7 COVID 19 VACCINATION PROGRAMME

- 7.1. Pippa Nightingale thanked local authorities for supporting NHS staff in relation to the vaccination programme. NWL was in the second week of a London vaccination 'sprint'.
- 7.2. Currently 2.54m vaccines have been delivered in NWL which is the highest in any region in the UK. Challenges were still there and these changed weekly. Whereas there had previously been concerns about vaccine supply, there was now plenty of vaccine, but not enough people coming forward to take it in the 18+ age group. Centres were only working at 30% capacity as residents were not coming forward for it, and there were challenges around the second dose. The interval is 8 weeks between first and second vaccines, and there had been abuse of staff in centres who had to turn people away who are presenting with fewer than 8 weeks since their first dose.
- 7.3. In the previous week, 64k doses had been delivered, and 72k were expected this week. Young people were being offered vaccines at festival type events and there were promotions around protecting parents / grandparents / community. It was hoped that this will be complete by end of the following week.
- 7.4. A booster campaign will be Phase 3 for anyone who is entitled to the flu jab, and this will be launched at the end of September.
- 7.5. Cllr Eason asked for more data on vaccination rates by borough and cohort, as elsewhere this information is shared on a daily basis. There are differences, some of which are socio economic, and there is more vaccine hesitancy in certain groups. Has work been done in NWL on this? There's good practice from Hounslow where vaccinations are given on Thursdays at the Gurdwara and Fridays at the Mosque.

- 7.6. Pippa Nightingale explained that a vaccine pack is shared each week with Local Authorities so she is happy to share it with JHOSC too. Covid has shown that community leaders have helped with vaccines, so will be looking to do that with other vaccines too.
- 7.7. A vaccine bus has gone into local communities, religious groups, pop up tents on street corners. If people came to their religious groups where health care workers were present, that increased uptake. Lots of different approaches had been taken to ensure that vaccine is reaching as far as possible.
- 7.8. Cllr Richardson asked about the disparity between outer and inner London boroughs. H&F had low rates of vaccine take up generally and the same is also true with the Covid vaccine. A structural overview was needed to deal with this. How is the allocation of funds for vaccine engagement being coordinated across NWL?
- 7.9. Pippa Nightingale said that lots of different metrics were used to decide how vaccine is distributed across NWL, using MSOAs. Funds are allocated for engagement but this is discussed with Chief Executives before allocation equally across each one, because Local Authorities know best how to access their communities and communicate with them.
- 7.10. Rory Hegarty confirmed that weekly meetings take place with Comms teams from each borough. Different things are happening in different areas e.g. door knocking and community events, and these were coordinated weekly.
- 7.11. Pippa Nightingale pointed out that Brent had bid for and was given funding for a pilot scheme for dealing with communications.
- 7.12. Cllr Saunders referred to the large number of younger adults that still need to be vaccinated and asked whether NWL had the capacity for delivering this level of vaccines.
- 7.13. Pippa Nightingale stated that first and second doses should be finished by the end of August, and boosters would be offered from September. In terms of capacity, recruitment was done via Job Centres and this had been successful and will be used again for boosters.
- 7.14. Cllr Shah asked what is being done to improve the take up of vaccinations for those who are less engaged.
- 7.15. Rory Hegarty stated that there is a whole programme of engagement for vaccine hesitant residents and those who are not often reached. There had been 'vaccine equity huddles', community meetings and outreach and weekly communications meetings across the NHS and local authorities, so that an informed approach is taken in each community. There was a whole area of work on this and it will inform the ICS engagement approach going forward too.

- 7.16. Cllr Richardson said that it is a good idea to work on distributing jobs locally, and local vaccine volunteers are also good. It would be helpful to share the Comms on this to ensure that H&F can share this locally too?
- 7.17. Pippa Nightingale said that this would be shared.
- 7.18. Cllr Sheth said that he was proud and happy about the achievements in NWL, but asked how this compares to the rest of the country?
- 7.19. Pippa Nightingale said that we were at 78% vaccinated in London and the UK average was 80%. In NWL, 4 of our boroughs are ahead of the London average, and 3 are just behind it.
- 7.20. Lesley Watts reminded the committee that there was a younger population in London than on average across the UK, and that in care homes, a very high % of residents had been vaccinated.
- 7.21. Cllr Richardson had had feedback that the application process for vaccine volunteers can be cumbersome and slow. Could information be shared about how inclusive it is for those with disabilities?
- 7.22. Pippa Nightingale said that they were recruited through the job centre process, so there was no need to complete any NHS forms. The programme gave priority interviews to applicants from the local community. Already, the best social prescribers were staff who live in local communities, and local people are prioritised through job centres.

It was agreed in principle to agree the report and to agree the following actions:

- 1. Vaccine data pack to be shared**
- 2. Communications on recruiting local people as vaccine volunteers will be shared.**

8 COMMITTEE WORK PLAN 2021/2022

The following topics were raised as items that the Committee would like to scrutinise:

1. NWL acute strategy
2. Digital strategy
3. Mental Health strategy.

9. ANY OTHER MATTERS THAT THE CHAIR CONSIDERS URGENT

None

10. DATE OF THE NEXT MEETING - 23 September 2021

The Chair stated that the next meeting could be hosted by LB of Kensington and Chelsea at Kensington Town Hall.

The meeting ended at 11.50 am.