Health and Social Care Scrutiny Sub-Committee Agenda

Date: **Tuesday 29 November 2022**

Time: **6.30 pm**

Venue: **Auditorium - Harrow Council Hub, Forward Drive, Harrow**

Membership (Quorum 3)

Chair:	**Councillor Chetna Halai**
Conservative Councillors:	**Govind Bharadia** **Vipin Mithani**
Labour Councillors:	**Maxine Henson** **Rekha Shah (VC)**
Conservative Reserve Members:	1. Samir Sumaria 2. Yogesh Teli 3. Kuha Kumaran
Labour Reserve Members:	1. Simon Brown 2. Natasha Proctor

Advisers: Julian Maw – Healthwatch Harrow

Contact: Kenny Uzodike, Senior Democratic & Electoral Services Officer
E-mail: kenny.uzodike@harrow.gov.uk

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Useful Information

Joining the Meeting virtually

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(2) Access the meeting agenda online at Browse meetings - Health and Social Care Scrutiny Sub-Committee
(3) Put mobile devices on silent.
(4) Follow instructions of the Security Officers.
(5) Advise Security on your arrival if you are a registered speaker.

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Agenda publication date: Friday 21 November 2022

Agenda - Part I

1. **Attendance by Reserve Members**
To note the attendance at this meeting of any duly appointed Reserve Members.

2. **Declarations of Interest**
To receive declarations of disclosable pecuniary or non-pecuniary interests, arising from business to be transacted at this meeting, from all Members present.

3. **Minutes** (Pages 5 - 14)
That the minutes of the meeting held on 27 June 2022 be taken as read and signed as a correct record.

4. **Public Questions**
To note any public questions received.

Questions will be asked in the order in which they were received. There will be a time limit of 15 minutes for the asking and answering of public questions.

[The deadline for receipt of public questions is 3.00 pm, 24 November 2022. Questions should be sent to publicquestions@harrow.gov.uk

No person may submit more than one question].

5. **Petitions**
To receive petitions (if any) submitted by members of the public/Councillors.

6. **References from Council and Other Committees/Panels**
To receive any references from Council and/or other Committees or Panels.

7. **System Winter Plan** (Pages 15 - 24)
Report of the Deputy Chief Executive, London North West University Healthcare NHS Trust

8. **LNWHT Strategy** (Pages 25 - 38)
Report of the Deputy Chief Executive, London North West University Healthcare NHS Trust

9. **Update on St Mark's Hospital - Relocation of Services** (Pages 39 - 46)
Report of the Deputy Chief Executive, London North West University Healthcare NHS Trust

10. **Any Other Business**
Which cannot otherwise be dealt with.

Agenda - Part II - Nil

Data Protection Act Notice

The Council will record the meeting and will place the recording on the Council's website.

[**Note:** The questions and answers will not be reproduced in the minutes.]

Health and Social Care Scrutiny Sub-Committee

Minutes

27 June 2022

Present:

Chair:	Councillor Chetna Halai	
Councillors:	Govind Bharadia	Vipin Mithani
	Maxine Henson	Rekha Shah
Advisers:	Julian Maw	
In attendance (Councillors):	Hitesh Karia Pritesh Patel	

1. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

2. Declarations of Interest

RESOLVED: To note that the declaration of interests, which had been published on the Council website, be taken as read and that during the course of the meeting:

1. Councillor Maxine Henson, a member of the Sub-Committee, declared a non-pecuniary interest in that she works in health and social care in Ealing and that her husband was the lead member on the ICS Board from 2018 to 2022.

2. Councillor Hitesh Karia, an invited cabinet member, declared a non-pecuniary interest in that he was a director of a domiciliary care company.

3. Minutes

RESOLVED: That the minutes of the meeting held on 22 February 2022, be taken as read and signed as a correct record.

4. Appointment of Vice-Chair

RESOLVED: To appoint Councillor Rekha Shah as Vice-Chair of the Health and Social Care Scrutiny Sub-Committee for the 2022/2023 Municipal Year.

5. Appointment of (non-voting) Adviser to the Sub-Committee 2022/23

RESOLVED: To appoint Julian Maw as a non-voting adviser to the Health and Social Care Scrutiny Sub-Committee for the 2022/2023 Municipal Year.

6. Public Questions

RESOLVED: To note that no public questions had been received.

7. Petitions

RESOLVED: To note that no petitions had been received.

8. References from Council and Other Committees/Panels

None received.

Resolved Items

9. Progress update on Health and Care Integration

The Sub-Committee received a presentation from the Managing Director Harrow Integrated Care Partnership, which gave a progress update on health and care integration. The following points were raised:

- Through the Health Care Bill, two key bodies would be established, the Integrated Care Board (ICB) and the Integrated Care Partnership (ICP).

- The ICB would begin on 1 July 2022 and the NW London CCG would continue its duties until 30 June 2022. CCGs would be disestablished under the new act and their functions would be mostly moved to the ICS bodies.

- The NW London ICS vision was to improve people's life expectancy and quality of life, for inequalities to be reduced and for health outcomes to be achieved on par with the best global cities.

- Both the ICB and ICP will be chaired by Penny Dash. ICP had representatives from all local authorities in NW London and would set the strategy ICS. The ICB developed the plan for the strategy outlined by the ICP.

- Borough based partnerships were critical drivers for change in the new system and the Harrow Borough Based Partnership bought together multiple organisations which would focus on better health and wellbeing for all.

- Their three main objectives included: for health inequalities to be reduced; for out of hospital integrated teams to be developed and for transformational changed to be delivered in care pathways.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee asked questions as followed:

- An Adviser wanted clarification regarding the position of primary care governance under the new arrangement, to which the Borough Director for Harrow within the NW London CCG explained that at local level there was a primary care executive group which would look at resources, investments and other primary care matters. For NW London there was the Primary Care Executive Committee which was the decision-making committee for NW London.

- A Member of the Sub-Committee asked of the key milestones ahead as well as for the progress on the establishment of the Borough Based Partnership. It was explained that the Harrow Based Partnership was formed just prior to the pandemic and a borough was plan was being planned, derived from the health and wellbeing strategy.

- A Member asked what the key messages Councillors should be communicating to residents were, to which it was explained that better integration of services was what the ICS wanted to achieve. Feedback from residents would be welcomed on the integration of services, particularly when patients had complex needs that required multiple services.

- The Chair asked how the priorities were developed and how might progress be measured and targeted in the areas that need it most. The Managing Director Harrow Integrated Care Partnership explained that the priorities of each organisation that made up the partnership needed to be understood and the leadership team from across the organisations came together to develop these priorities and the key performance indicators were under development.

The Chair then asked if reports on progress meeting the priorities would be presented to the sub-committee, to which the Managing Director Harrow Integrated Care Partnership raised that reporting would take place at the joint management board but would be happy to present reporting against the key indicators.

In addition, the Chair asked what key messages councillors should be sending to residents, to which it was raised that awareness of which services would be the most appropriate. For example, the use of 111 services. Also,

feedback would be welcomed on how information could be better signposted and how processes could be improved.

- A Member of the Sub-Committee asked what measures had been taken for information sharing to be improved. The Managing Director Harrow Integrated Care Partnership explained that a lot of work had been done to improve appropriate information sharing but noted that that some services had differing systems and agreed that information sharing needed to be improved.

RESOLVED: That the report be noted and that a report on the progress of health and care integration against their key indicators be presented to the sub-committee.

10. Health & Wellbeing Strategy

The Sub-Committee received a presentation from Harrow Council's Director of Public Health, which gave an update on the draft Joint Health and Wellbeing Strategy. The following points were raised:

- A refreshed joint health and wellbeing strategy had been developed in order to account for the impact the pandemic had over the last two years. It would enable a collaborative approach that addressed the needs of the population and tackled health inequalities.

- Key areas of focus had been established in this draft strategy that all involved partners needed to consider and incorporate into their planning.

- Achievements were highlighted and this included that Harrow had one of the most successful vaccination rates in NW London during the Pandemic, the development of independent discharge hubs and the work done with communities to tackle health inequalities. However, health inequalities had continued to pose as a challenge, and it was highlighted that more work was needed for continued improvement. In addition, it had been found that young people had raised concerns on feeling anxious and unsafe in Harrow.

- A new approach had been suggested by the Health and Wellbeing Board which had four main objectives, these included: building on the previous strategy and focusing on findings form the Joint Strategic Needs Assessment; for the strategy to be prevention focused; the BBP is the delivery vehicle for the strategy and that it was ensured that partner's plans aligned with the principles outlined in the strategy.

- Feedback had been received and this covered a wide range of topics from the cost-of-living pressures, issues around housing, school readiness and emotional wellbeing, post dementia diagnosis support services, loneliness, carers, air quality and active travel and access to junk food.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee asked questions as followed:

- A Member of the Sub-Committee wanted clarification over how support and services for those over 65 would be managed. The Director of Public Health explained that one way in which they were looking to support over 65s was how they could be engaged in community activities as loneliness and isolation had been identified as a big issue. There had been work done to tackle loneliness and this included the development of how younger people and older people could engage with each other so that an intergenerational mix could be established.

- The Member went onto ask where funding for these goals would come from, to which the Director of Public Health noted that though additional funding was always sought after it had been intended to make the best use of existing funding available. It was also noted that the use of integration between services was crucial in order for duplication and extra spending to be avoided. However, bids would be made for additional funding where possible. Charities would also be supported where possible; this was because the voluntary sector may have access to funding that where Council does not and this would enhance the voluntary sector.

- A Member of the Sub-Committee asked if being a good neighbour could be promoted, to which, the Director of Public Health agreed and explained the concept of micro volunteering which were small everyday tasks that supported one's local community.

- The Chair asked if budgets needed to be moved from one area to another for this strategy. The Director of Public Health explained that there were some section 75 funds that could be moved between health and social care. The Managing Director of the Harrow Integrated Care Partnership added that also pooled funds for multiple agencies would also support the reduction of administration, particularly if it was for a single piece of equipment. It was also mentioned, there was a need for Harrow to be levelled up.

The Chair then asked for further information on more complex/long term care packages. The Interim Corporate Director of People Services explained the importance of preventative measures that would mitigate cases becoming complexed, but also the need to have good systems and good practice in place so that complex cases could be supported effectively.

The Chair emphasised the importance of KPIs and reporting, to which the Interim Corporate Director People Services reassured that KPIs would be worked on within the Council but also across the partnership.

- A Member of the Sub-Committee raised the issue of tooth decay in children within Harrow and wanted to know what had been planned to remedy this issue. The Director of Public Health agreed there had been a longstanding problem with tooth decay, missing and filled teeth in children and Harrow's rate was one of the worst in the country. It was difficult to

understand why this had been the case but an early years approach had been taken to help educate parents on tooth health. Supervised toothbrushing at nursery schools had also been carried out and campaigns for teeth health were carried out to young people and adults.

- It was also asked by the Member what the major long-term conditions that were most prevalent in Harrow. The Director of Public Health explained that diabetes was one of the biggest issues, Harrow had one of the highest rates of diabetes in the country, with this comes the issue of hypertension which had been noted as a prevalent issue. COPD and asthma were also other conditions which needed to be treated as chronic conditions would mean an improvement in quality of care.

- The Chair asked how communication might could be improved with residents, to which the Director of Public Health explained that communicating with residents was very important and mentioned that a multitude of platforms had been used when residents were engaged by the council. In addition, listening to feedback from residents in order for needs to be understood and that appropriate steps would be taken.

- A Member of the Sub-committee raised the issue of support to Harrow's unpaid carers, to which the Director of Finance noted that unpaid carers had feedback that they were not satisfied with the support received and that a carers strategy had been planned in order to improve the support unpaid carers received.

- A Member of the Sub-Committee asked of the provision for women with ongoing mental illness and raised concern over those who had never had a smear test or a mammogram. The Director of Public Health agreed that this was a very important topic and would inform the Sub-Committee of how they were supported and ensured that psyco-sexual services would be looked into.

- An NHS representative explained that procedures were in place to support women with mental health illnesses in regards to cervical screenings and noted that patients would be invited to in-person meetings with carers to either a GP practice or hospital. In addition, work had been done with charities to support this but explained that uptake had been low and was a challenge.

- The NHS representative went on to note the school vaccinations had reduced the incidence of cervical cancer and that regular smear tests might not be required in the future.

RESOLVED: That the report be noted.

11. Health and social care system pressures

The Sub-Committee received a presentation from the Managing Director

Of the Harrow Integrated Care Partnership, which gave an update on the recovery and management of system pressures. The following points were raised:

- In regard to primary care, the Fuller report had been published in May 2022 which described a new vision for integrating primary care, improving access, experience and outcomes. The 3 priorities included: access to care and advice to be streamlined; more proactive and personalised care from a multidisciplinary team to be provided and to help people stay well for longer.

- Challenges within primary care had been highlighted which included: access and for it to be ensured that face to face meetings and digital appointments were balanced; workforce in both recruitment, training and retention; estates which included the availability and cost of premises; IT hardware and interoperability; funding and patient engagement.

- General Practice within NW London saw continued levels of demand increase. It was a priority that adequate provision of access was ensured and that face to face and digital appointments were balanced.

- The implementation of national Access DES posed to impact primary care in a number of ways which included possible fragmentation of services, destabilisation and readiness.

- In regard to adult social care the volume of work in early intervention had continued to increase and costs for new services had also increased. In addition, the use of 'three conversations' had appeared to reduce the number of new people who need long term services, despite the increased number of discharges into social care.

- Adult community health services had moved out of IPC restrictions and could offer group sessions which could support waiting list recovery. Services continued to offer a flexible offering of virtual support when appropriate. New ways to attract staff to work in harrow had been developed and waiting lists were to be monitored to avoid potential harm caused to patients.

- Children community health services transformation work was underway with support from CNWL who provided mental and physical health services. Safeguarding referrals had increased which had meant for a focus on high-risk areas at the expense of promotion and preventative work. Service demands had increased for those who required occupational therapy, demand had also increased in speech and language therapy as well as this community paediatrics had experienced long waits of up to 6 months.

- Mental health services had seen much higher volume of referrals compared to other acute services, pre-pandemic ward referrals were on average at 100, whereas they had recently averaged 145. In order for mental health services to be improved: a housing pathway and

accessibility for homeless people with mental health problems was to be reviewed; for creating more crisis beds was to be considered; for pathways to be improved for users with drug, alcohol and forensic needs and for better mental health reablement for to support service users in crisis.

- Within hospital service there was a need for the backlog of patients to be reduced and it was mentioned that 107% of elective activity needed to take place, with 120% for first outpatients and reduced to 75% for follow up outpatients. The outpatient position had broadly recovered to the 2019/20 baseline position. The availability of staffing continued to present itself as a challenge. Diagnostics standard had proved to be performing well and continued to remain in the top quartile nationally.

- A&E patient attendance had continued at winter trend level through spring and summer, arrivals via ambulance had also increased in May 2022 compared to May 2020. However, the number of covid-19 patients had reduced to an average of 30 inpatients at any time.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee agreed to have their questions on the presentation responded to in writing.

RESOLVED: That the report be noted and answers to the Sub-Committee's questions be responded to in writing.

12. CQC Inspection Report - May 2022

The Sub-Committee received a presentation which had set out the findings from the unannounced CQC inspection of medical care and surgery at Northwick Park and Ealing Hospitals between the 9th to 11th February 2022. This inspection was followed by a Well-Led inspection on 8th and 9th March 2022. An update about implementing the maternity improvement plan following the CQC inspection in October 2021 formed part of the presentation. The following points were highlighted:

- Key outcomes from the inspection were the LNWH overall rating remained as 'required improvement' but that the CQC recognised significant improvements with 8 ratings upgraded to good and with no ratings downgraded. The LNWH was no longer rated inadequate in any domain.

- It was noted that there was kindness and commitment in the treatment of patients and responded to individual needs. Other positive factors included that there was dignity and respect for patients, reporting and investigating of incidents, that learning was being shared and that planning care met the needs of local people and that they had engaged well with local communities.

- Outstanding practices included the continued work of cancer services throughout the covid-19 pandemic; that allied health professionals had

worked in a multidisciplinary and cross-site way and that there was an innovative ‘prehabilitation’ programme.

- Future improvements included the need to improve interaction with colleagues in mental health organisations to reduce delays; a need for a clear local cancer strategy to be developed; for recruitment to be improved; information to be stored more securely; for improved mandatory training rates in resuscitation; for equipment to be checked and removed if out of date and for all sharps bins to be properly maintained.

- Actions taken were noted to be that the report had been shared with staff and all must do actions were addressed and an action plan had been developed for remaining improvements to be addressed.

- The maternity strategy was in development and noted that that the number of stillbirths had improved during 2021/22. Senior leaders were due to start their role July/August, these roles included: head of midwifery and 3 consultant midwives who specialised in community and diversity. There was a capital programme for the environment to be improved and was agreed for the birth centre to be refurbished. Finally, it was noted that vacancies for band 6 midwives remained high.

The Chair thanked officers and NHS representatives for their updates. The Sub-Committee agreed that their questions be submitted to officers and NHS staff and for written answers to be received.

RESOLVED: That the report be noted and answers to the Sub-Committee’s questions be responded to in writing.

(Note: The meeting, having commenced at 6.30 pm, closed at 8.59 pm).

(Signed) Councillor Chetna Halai
Chair

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Report for:	**Health and Social Care Scrutiny Sub-Committee**
Date of Meeting:	29 November 2022
Subject:	London North West University Healthcare NHS Trust update on System Winter Planning
Responsible Officer:	Simon Crawford, Deputy Chief Executive, London North West University Healthcare NHS Trust
Scrutiny Lead Member area:	Health: Councillor Chetna Halai
Exempt:	No
Wards affected:	All wards
Enclosures:	**Appendix 1** - System Winter Planning

Section 1 – Summary and Recommendations

This report and supporting appendix set out the progress made in preparation of the Trust's winter plans in recognition of the on-going emergency demand and pressures faced by acute Trust hospitals.

Recommendation:

That the Health and Scrutiny Sub-Committee note the progress with the Trust winter plans and strategy development.

Section 2 – Report

Introductory paragraph

Winter Plan

Every year in preparation for winter the Trust undertakes a detailed planning and review exercise with its key partners in health and social care to anticipate the likely demand for emergency activity in the peak winter months as impacted by flu, respiratory illness, and the impact of cold weather on the frail and vulnerable. The exercise compares historic levels of demand, current demand, and capacity constraints, as well as anticipating future spikes by assessing wider knowledge, for example the impact of flu in Australia, etc.

Having assessed the impact of increased demand, plans are then developed to help the hospital manage the likely increased presentations to the A+E department and demand for acute medical bed admissions. This then results in a series of agreed measures developed with local authority colleagues and health partners to increase hospital capacity and/or divert patients into appropriate alternative services in the community. The winter plan is discussed and agreed at the LNWH Urgent and Emergency Care Board.
Attached as Appendix 1 is a set of slides detailing the key schemes that make up this year's winter plan.

Ward Councillors' comments
Not applicable as report relates to all wards.

Financial Implications
There are no financial issues associated with this report.

Performance Issues
There are no performance issues associated with this report.

Environmental Impact
There is no environmental impact associated with this report.

Risk Management Implications
There are no risk management implications associated with this report.

Equalities implications / Public Sector Equality Duty

To ensure; Trust Strategy development has taken account of community, patient and staff views in its development and St Marks changes do not adversely impact patient care and outcomes.

Section 3 - Statutory Officer Clearance
Not required for this report.

Mandatory Checks
Ward Councillors notified: No, as it impacts on all wards

Section 4 - Contact Details and Background Papers

Contact: Simon Crawford
Deputy Chief Executive
London North West University Healthcare NHS Trust
Tel: 020 8869 2005
simon.crawford1@nhs.net

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APPENDIX 1

London North West University Healthcare NHS Trust

London North West Hospital NHS Trust Update

Simon Crawford, Deputy Chief Executive

Honesty Equity Accountability Respect Teamwork

Putting **patients** at the **HEART** of everything we do

A&E Performance

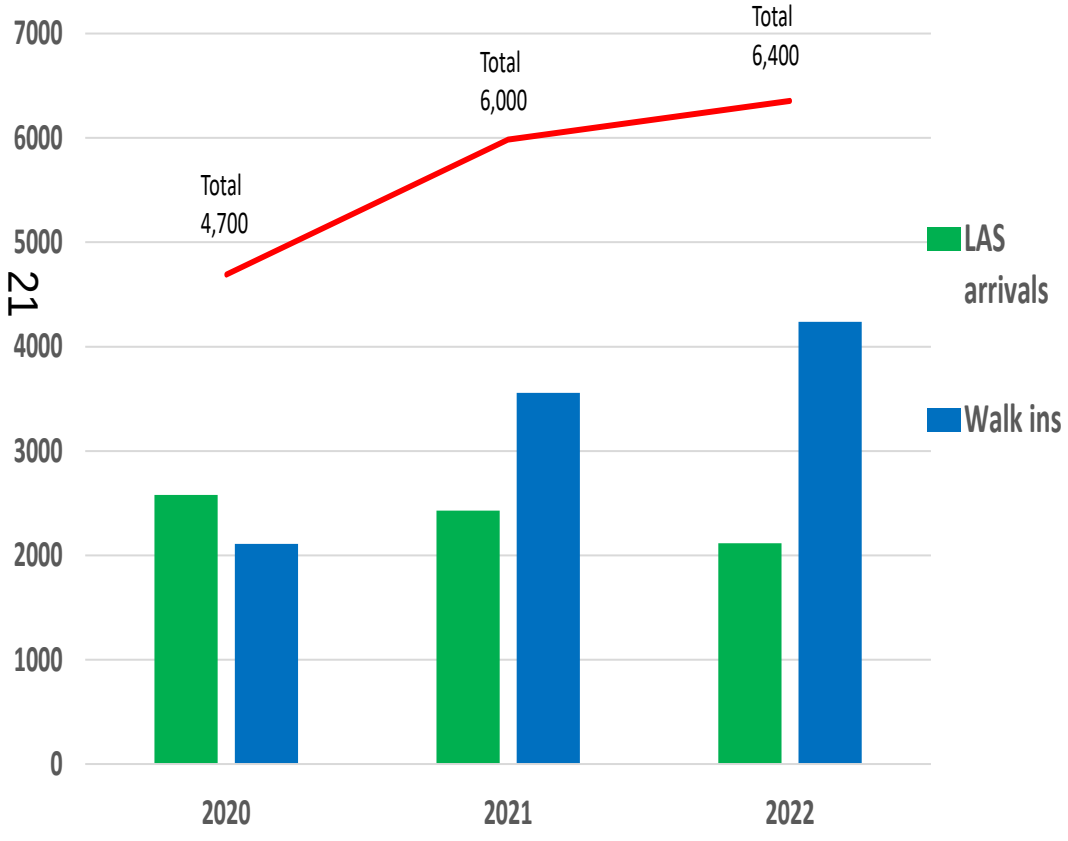
4 hr A&E performance 66.8% for Oct 2022, ranking 7th highest in London

12 hr A&E waits 94.6% against 98% threshold for Oct 2022

Significant issues across October

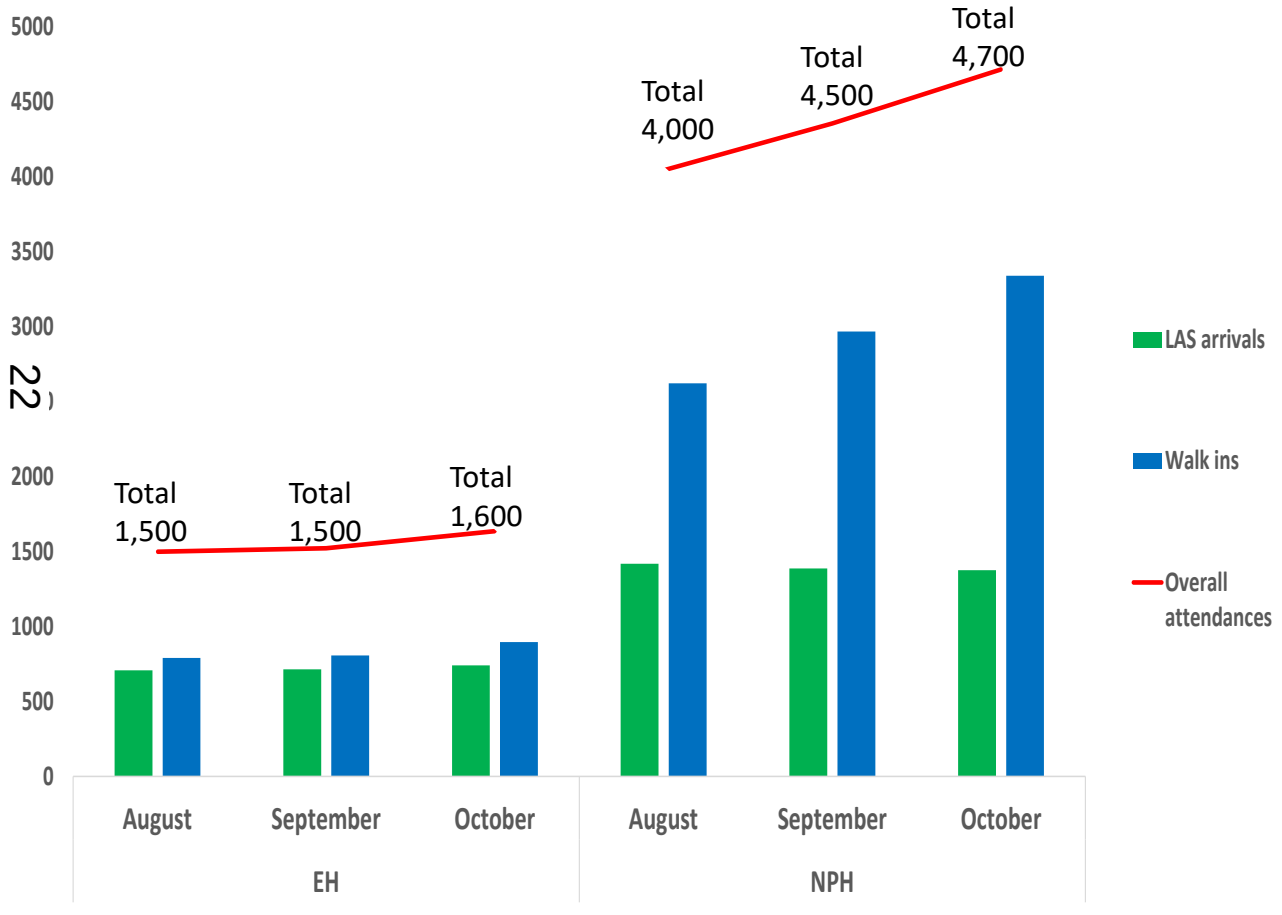
- Following clinical triage, lower acuity patients and LAS can experience a longer handover time
- Increased blue light calls in succession, pull resources to resuscitation area
- Overall volume of patients attending continues to increase, UTC streaming patients to ED after 4 hrs
- Large numbers of adult Mental Health and CAMHS within ED majors, paeds and inpatient beds
- Delays to care or discharge from A&E can occur whilst Social Care and Mental Health work through the ongoing care planning responsibilities

Total LNWH ED attendances are rising year on year, predominantly skewed by an increase in walk in's



- Year on year increase driven by walk in attendances
- Trust has increased A&E front door streaming to manage demand to:
  - Frailty
  - Surgical Assessment UNIT
  - Medical SDEC
  - Primary Care Redirection
- Ambulance demand management in place with:
  - Streaming to direct services
  - Intelligent Conveyancing during pressure points at NPH

Walk in's continue to rise month on month, more so at Northwick Park



- Northwick Park is the busiest site for ambulance and walk in
- Significant growth in walks in at Northwick Park over the last 3 months

LAS Conveyances

- 60 min LAS handover remains a key focus
- Often see pooling of blue light arrivals placing pressure on resus and flow
- Implemented new set of SOPS and expanded after first week of launch to increase low acuity corridor cohorting (to get more ambulances back on the road)
- Daily demand monitoring process in place with LAS
- Fortnightly meeting with LAS and ICS Team
- Scoping REACH model (Remote Emergency Access Coordination Hub)
  - In place at Barts Health
  - Staffed by consultant, nurse, junior clinicians and receptionist
  - Call received by 111 or 999
  - Clinical validation for suitability
  - If suitable patient advised to wait 15 mutes for call to look to mange to self care, alternative pathway, home visit hospital visit
  - If not suitable patient advised to attend bases on 111 or 999 call outcome

Winter Plans 2022/23

- **3 new Standard Operating Procedures ahead of winter**
  - Admissions Against Discharge
  - London Ambulance Rapid Release
  - London Ambulance led Cohorting

- **Key operational changes**
  - Admissions Against Discharge moves the next patient in from A&E/acute wards before the last one has left, to reduce ambulance handover time and plan the discharge of patients earlier in the day (preparing for the busy evening for LAS and A&E) .

- **Additional winter capacity**
  - Planning to open 68 additional beds across all 3 sites (12 at CMH, 24 at NPH, 32 at Ealing)
  - Hospital Ambulance Liaison Officer rota
  - Expanding home settlement capacity
  - Increasing Hospital staffing across medical, nursing, therapies, diagnostic and support services

Report for: Health and Social Care Scrutiny Sub-Committee

Date of Meeting:	29 November 2022
Subject:	London North West University Healthcare NHS Trust update on Trust Strategy Development Progress
Responsible Officer:	Simon Crawford, Deputy Chief Executive, London North West University Healthcare NHS Trust
Scrutiny Lead Member area:	Health: Councillor Chetna Halai
Exempt:	No
Wards affected:	All wards
Enclosures:	**Appendix 1** – The Trust's Strategy Development

Section 1 – Summary and Recommendations

This report and the supporting appendix set out the progress with the Trust's development of its new five-year strategy.

Recommendation:

That the Health and Scrutiny Sub-Committee note progress with the Trust's strategy development

Section 2 – Report

Introductory paragraph

Strategy Development:

Attached as Appendix 1 is a set of slides that outline the progress with the Trust new Strategy entitled "Our Way Forward: our new strategy for LNWH".

The strategy has been developed with the input over almost 1,000 patients, over 2,200 staff, the input of our partners, significant analysis, and research. We have since designed and tested the detailed action plans supporting progress towards these objectives with colleagues across the Trust and partners within the NWL ICS. The document will be reviewed at the Trust Executive Committee and Finance Committee in November and December before going to the Trust Acute Collaborative Board in January for final sign off and then launch and engagement of the strategy in the new year.

Alongside the final strategy document, there will be a six-page summary for easy access and understanding to share with staff, patients and the wider community.

Ward Councillors' comments
Not applicable as report relates to all wards.

Financial Implications
There are no financial issues associated with this report.

Performance Issues
There are no performance issues associated with this report.

Environmental Impact
There is no environmental impact associated with this report.

Risk Management Implications
There are no risk management implications associated with this report.

Equalities implications / Public Sector Equality Duty

To ensure; Trust Strategy development has taken account of community, patient and staff views in its development and St Marks changes do not adversely impact patient care and outcomes.

Section 3 - Statutory Officer Clearance

Not required for this report.

Mandatory Checks

Ward Councillors notified: No, as it impacts on all wards

Section 4 - Contact Details and Background Papers

Contact: Simon Crawford
Deputy Chief Executive
London North West University Healthcare NHS Trust
Tel: 020 8869 2005
simon.crawford1@nhs.net

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APPENDIX 1

London North West University Healthcare NHS Trust

Our Way Forward

A new strategy for LNWH 2023-2028

Simon Crawford, Deputy CEO

Harrow Scrutiny Health and Social Care Sub-Committee 29/11/2022

Honesty Equity Accountability Respect Teamwork

Putting **patients** at the **HEART** of everything we do

Our three phase approach helped build a strategy to overcome the critical obstacles facing LNWH

1) Diagnose: identify the critical challenges facing our organisation and the strengths we could build upon

2) Focused response: design an approach that best overcomes the challenges highlighted in the diagnosis

3) Actions: define the objectives and actions to achieve our focused response.

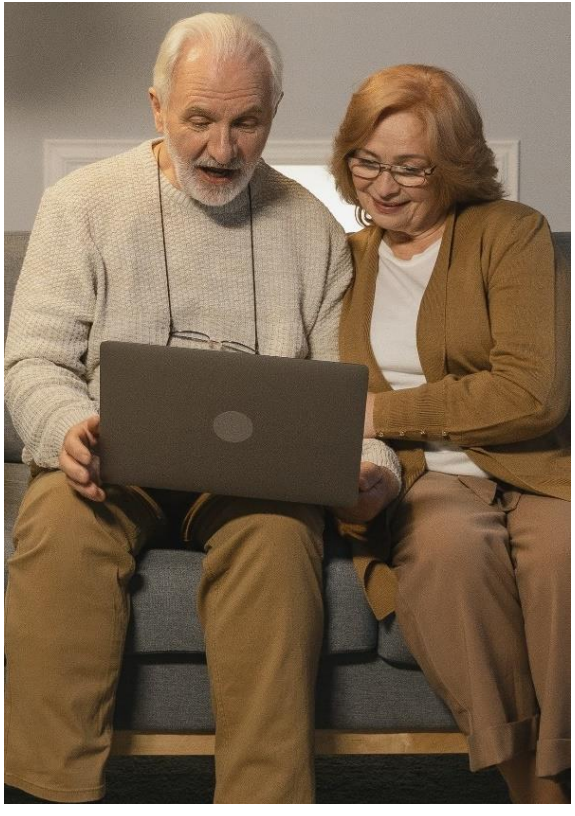
The strategy was informed by extensive input from our employees, local population and employees

77 **Total forum attendees**
(51 staff; 26 stakeholders)

2,258
staff inputs
(1,565 case for change;
553 ideas for the future)

781
Community surveys completed

We gathered input through online events, in person events and our multilingual community survey

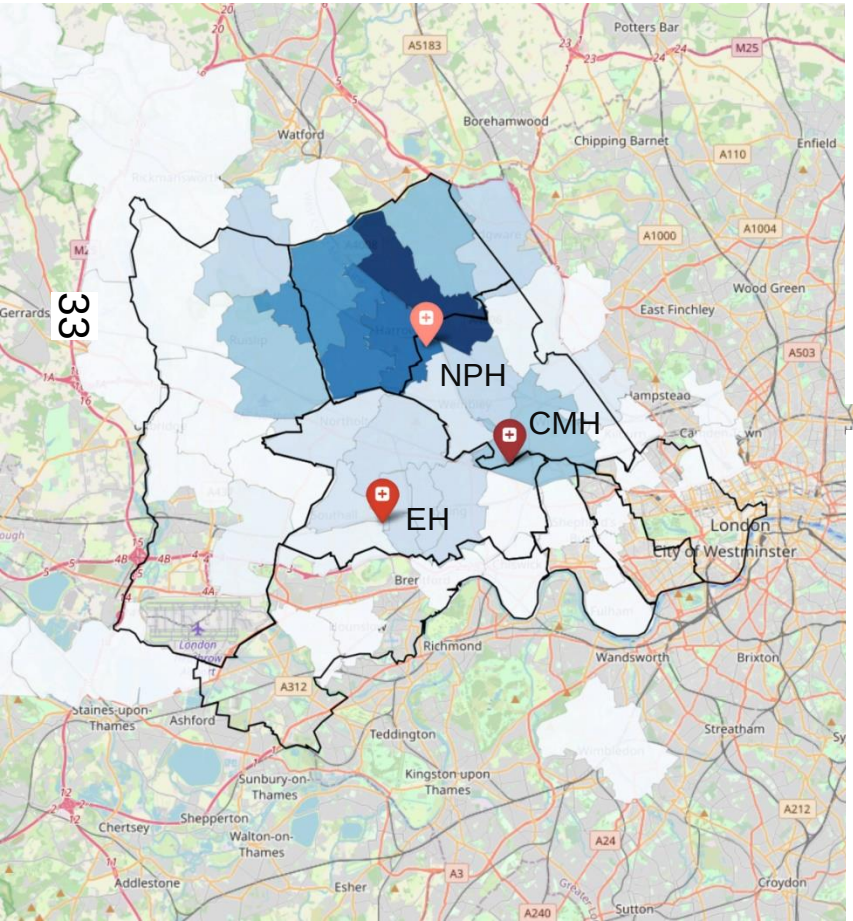


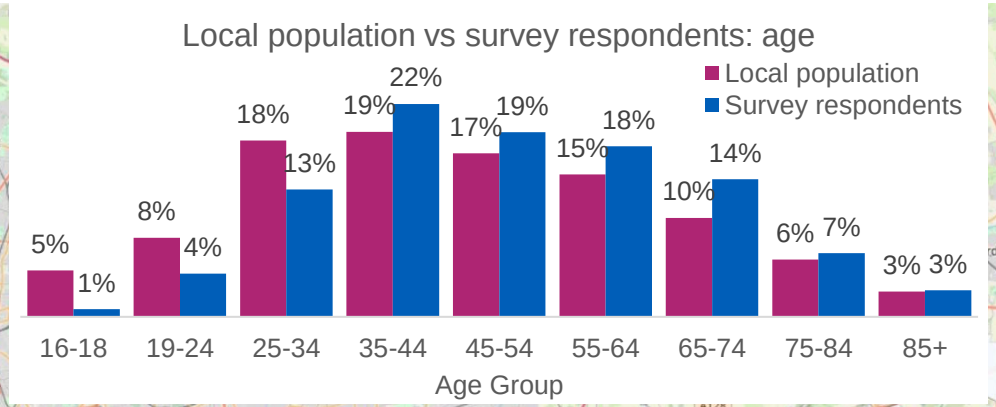
Online events

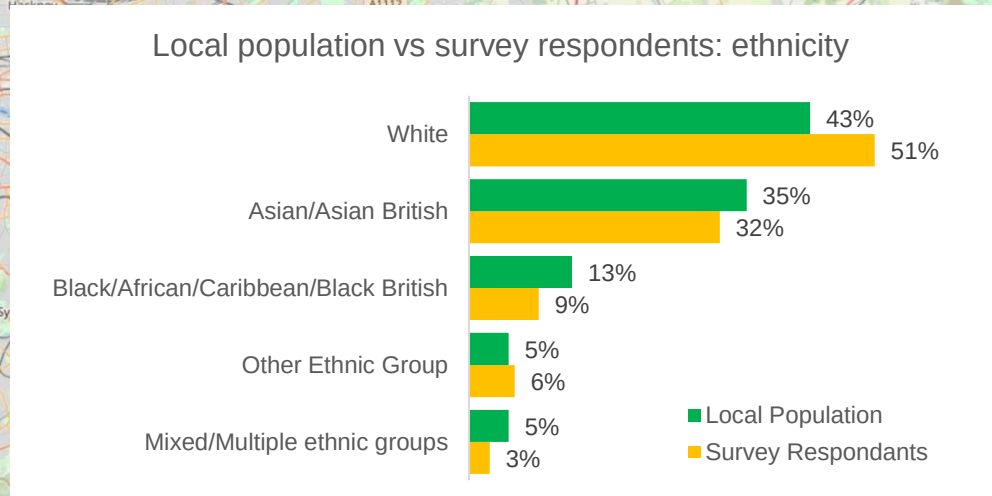
Community survey shared in seven languages

In person events

Our community survey was completed by a diverse set of respondents…





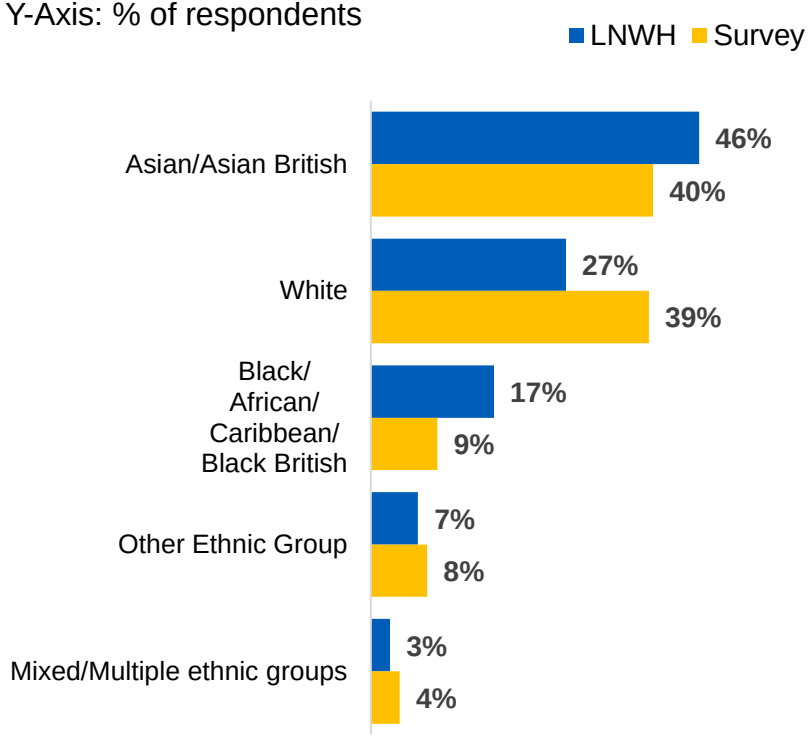


Our communities most valued the latest treatments and improved timeliness of follow ups and results

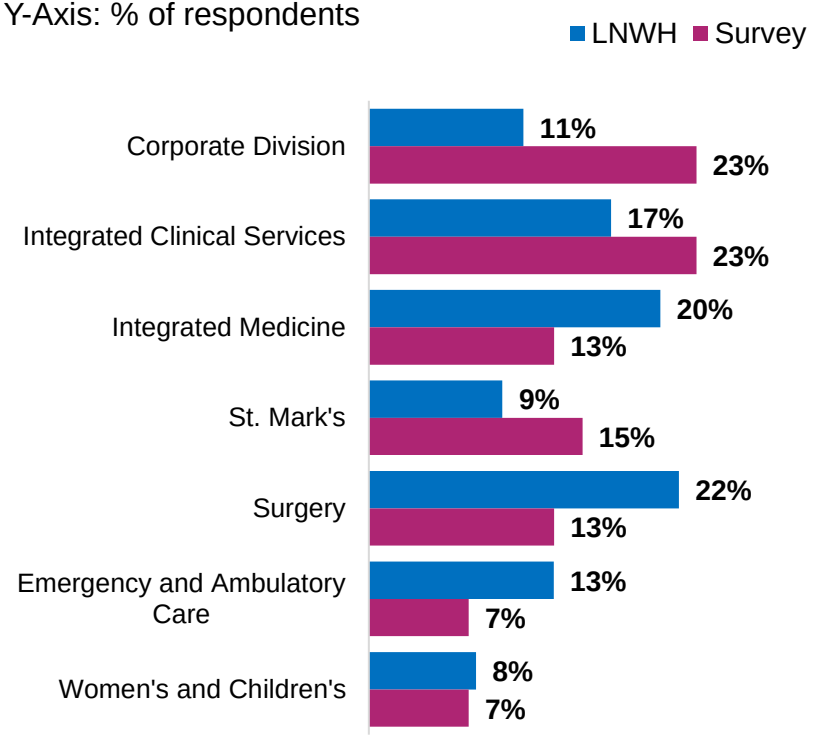
1. Latest treatments
2. Follow-up appointments
3. Getting results in one visit
4. Joined-up care
5. Community health
6. Choice of location

We received input from a diverse set of our employees

LNWH vs. survey ethnicity profile
Y-Axis: % of respondents



LNWH vs. Survey divisional profile
Y-Axis: % of respondents



Our employees most valued quality of care, training and timeliness of care

1. Care quality
2. Education and training
3. Waiting times
4. Emergency pathways
5. Population health models
6. Shared pathways

Our diagnosis is that we must……

1. improve access to high-quality services offering the latest treatments
2. become the most attractive and most supportive local employer
3. get the best from our existing resources, such as our staff, equipment, and sites
4. work with partners to reduce the substantial health inequalities faced by the diverse communities we serve

We have defined a focused response and set of actions to achieve these aims. This approach is due to be signed off by our board in common in January 2023

NHS
London North West University Healthcare NHS Trust

Thank you

Putting **patients** at the **HEART** of everything we do

Report for:	**Health and Social care Scrutiny Sub-Committee**
Date of Meeting:	29 November 2022
Subject:	London North West University Healthcare NHS Trust update on St Marks Hospital Services Relocation to Central Middlesex Hospital
Responsible Officer:	Simon Crawford, Deputy Chief Executive, London North West University Healthcare NHS Trust
Scrutiny Lead Member area:	Health: Councillor Chetna Halai
Exempt:	No
Wards affected:	All wards
Enclosures:	**Appendix 1** – History of St Marks Hospital

Section 1 – Summary and Recommendations

This report provides an update on the provision of St. Mark's' hospital services and explains the circumstances driving the move, the benefits it has brought, and volume of activity undertaken at CMH since the move as well as confirmation of what St. Mark's activity remains at Northwick Park and Ealing Hospitals.

Recommendations:

That the Health and scrutiny Sub-Committee note the following:

1. the success of the move of non-complex St. Mark's surgery and supporting services to Central Middlesex Hospital in response to Covid-19

2. the additional benefits gained at Northwick Park Hospital consequently, through creating extra bed capacity to support the non-elective emergency pathway.

Section 2 – Report

Introductory paragraph

St. Mark's Hospital Relocation Overview:

St. Mark's Hospital was relocated to the Central Middlesex Hospital site during the Trust's response to Covid-19. St. Mark's continues to also provide key services at Northwick Park and Ealing Hospitals, as 'St. Mark's at Northwick Park' and 'St. Mark's at Ealing'.

The relocation in autumn 2020 was originally driven by the pandemic management strategy of LNWH where in-patient capacity needed to be rapidly released at Northwick Park. That need has continued and furthermore the relocation has improved the utilisation of excellent facilities at CMH. During autumn/winter 2020/21 the Trust engaged with representatives of both Harrow and Brent Councils officers and committee members explaining the rationale and benefits of the move that facilitated access to surgical and diagnostic treatment that would otherwise not been able to go ahead during the pandemic.

Since the move over **4,000** St. Mark's colorectal elective operations have now been undertaken and **c45,000** outpatient and diagnostic appointments (22k colorectal, 23k gastro) since October 2020. Given the success of the move, which has benefitted patients accessing St Marks services as well as providing essential extra bed capacity on the Northwick Park site, St. Mark's staff were formally consulted on a permanent move to CMH which was successfully completed in August 2022.

To continue improving the range and access to services at CMH, further major capital investment in five more St. Mark's endoscopy suites is in progress. Coupled with the existing capacity across Northwick Park and Ealing this will provide St. Mark's with medium term capacity for expected population growth in north west London and the clinical increase in therapeutic endoscopy.

Some St. Mark's services will continue to be delivered at Northwick Park and Ealing hospitals, including complex cancer surgery, therapeutic endoscopy, bowel cancer screening and acute gastroenterology in-patient services.

Background

Central Middlesex Hospital (CMH)

CMH is a Private Finance Initiative hospital which is in year 14 of a 30-year contract. The site is divided into two sections: Ambulatory Care and Diagnostic Centre (ACAD) and Brent Emergency Care and Diagnostic Centre (BCAD). The hospital has won several awards including being the Prime Minister's "Better Public Building Award" (finalist 2005), and Dr. Foster Hospital award – Highly Commended 2013.

CMH does not have an A&E Department and does not admit non-elective emergencies. It is therefore termed a 'cold' site where elective and planned care can proceed without disruption from variability in emergency demand. During Covid-19, relocating surgical procedures to CMH also ensured the site was better able to protect vulnerable patients undergoing surgical procedure from the risk of cross infection from Covid-19 positive patients.

The closure of the A&E, ITC and the acute 'medical take' in 2014 led to some areas of the hospital being vacated or underutilised. To manage bed capacity in response to Covid-19, ensure resilience during the winter and to deliver as much complex elective operating as practical, LNWH decided at the beginning of September 2020 to relocate 10 colorectal theatre lists and the Intestinal Rehabilitation Unit (IRU) service to the CMH site. To support this, it was also agreed an Enhanced Care Unit (ECU) would be required along with a 20-bed colorectal elective ward.

These complex clinical relocations were rapidly achieved and completed by the 12 October 2020. As a result, 50 non-elective beds were made available for emergency demand at Northwick Park Hospital, following the transfer of the Intestinal Failure Unit and colorectal surgical beds from Northwick Park Hospital.

Whilst an ECU could be established that provides appropriate post-operative care, level 3 critical care could only be provided at Northwick Park Hospital (NPH). This meant that two all day colorectal theatre operating lists remain at NPH.

St. Mark's

For 187 years St Mark's Hospital has been one of the world's leading clinical centres of excellence for colorectal and digestive healthcare. For the past 27 years it has been based on the Brent/Harrow border on the same site as Northwick Park Hospital. When the recent pandemic put immense pressure at Northwick Park, most of St. Mark's planned activity and services relocated to CMH.

St. Mark's Hospital is one of very few hospitals in the world to specialise entirely in intestinal and colorectal medicine. It is a national and international referral centre for intestinal and colorectal disorders. It is the only hospital in the UK,

and one of only 14 worldwide, to be recognised as a centre of excellence by the World Organisation of Digestive Endoscopy. St. Mark's is also recognised by the Department of Health as a national Laparoscopic Training Centre for colorectal surgery and is a centre of excellence for teaching and pioneering new surgical techniques within colorectal surgery.

The additional info at the end of the paper provides further details on the history of St. Mark's, how it's become a nationally recognised centre of excellence, and how that is to the benefit of North West London.

St. Mark's services now at CMH

LNWH transferred colorectal elective surgery and the national Intestinal Rehabilitation Unit (IRU) to the CMH site in October 2020. This required a supporting Enhanced Care Unit (ECU).

Subsequently other elements of the St. Mark's division transferred in early 2021 to further aid clinical consolidation and safety. These are:

- Stoma care
- IBD
- Biologics
- Polyposis
- Psychological Medicine Unit - PMU
- All colorectal outpatient clinics
- Increase in gastroenterology outpatient clinics
- Management functions for the St. Mark's division
- St. Mark's Charitable Foundation
- St. Mark's Academic Unit

In total c400 St. Mark's staff relocated their primary work base to CMH.

In spring/early summer 2023 a c£10m capital redevelopment to create five new endoscopy rooms will be completed on the CMH site using the space previously occupied by the old A&E unit.

Impact on Northwick Park Hospital (NPH)

The transfer of St. Mark's planned care released c50 in-patient beds at NPH. These were converted to additional non-elective emergency admission capacity. NPH has the busiest emergency department in London for ambulance conveyances. Without this additional bed capacity, the ability of LNWH and the NWL ICS to manage the pandemic would have been more severely compromised. Bed capacity pressures remain acute at NPH as post-pandemic like all hospital across the UK we continue to see un-relenting pressure on emergency departments and acute bed capacity. The Trust continues to work with its partners in health and social care to ensure we have as timely as possible discharges of those patients assessed as medically fit for discharge back hone or into community placements.

As described above, St. Mark's have undertaken c4000 elective operations at CMH since October 2020. Had the services remained at NPH a fraction of this would have been possible, resulting in much longer waiting times for urgent operations, including cancer treatment. In addition, less urgent waiting times would have remained in excess of 2 years, whereas currently St. Marks have no patients waiting this long.

St. Mark's services at Northwick Park and Ealing Hospitals

Several of St. Mark's services will remain on the Northwick Park and Ealing Hospital sites – known as St. Mark's at Ealing and St. Mark's at Northwick Park – mirroring the approach adopted in many areas by Moorfields and its ophthalmic services.

St. Mark's at Northwick Park will have the following services:

- c40 acute gastroenterology in-patient beds
- Stoma care supporting in-patient gastroenterology
- Some gastroenterology outpatient clinics
- 4 Endoscopy suites (including some therapeutic endoscopy and some bowel cancer screening)
- Non-elective inpatient colorectal beds
- Complex colorectal surgery requiring post operative Level 3 critical care (currently two all day theatre lists specifically for pelvic exenteration surgery where St. Mark's is a national leader)

At Ealing Hospital St. Mark's will have the following services:

- C30 acute gastroenterology in-patient beds
- Stoma care supporting in-patient gastroenterology
- Some gastroenterology outpatient clinics
- 2 Endoscopy suites (recently refurbished)

Conclusion

The transfer of most of the St. Mark's planned care to CMH has been a success and fully vindicated within the North West London health system context. It now provides an excellent primary base to secure the long-term viability of the national centre of excellence within North West London, and thus to the benefit of the local population too.

Ward Councillors' comments
Not applicable as report relates to all wards.

Financial Implications
There are no financial issues associated with this report.

Performance Issues
There are no performance issues associated with this report.

Environmental Impact
There is no environmental impact associated with this report.

Risk Management Implications
There are no risk management implications associated with this report.

Equalities implications / Public Sector Equality Duty

To ensure; Trust Strategy development has taken account of community, patient and staff views in its development and St Marks changes do not adversely impact patient care and outcomes.

Section 3 - Statutory Officer Clearance

Not required for this report.

Mandatory Checks

Ward Councillors notified: No, as it impacts on all wards

Section 4 - Contact Details and Background Papers

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Deputy Chief Executive
London North West University Healthcare NHS Trust
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APPENDIX 1

St. Mark’s History

The beginnings of St. Mark's Hospital were in a small room at 1 Aldersgate Street where in 1835 Frederick Salmon opened 'The Infirmary for the Relief of the Poor afflicted with Fistula and other Diseases of the Rectum'.

There were just seven beds and in the first year 131 patients were admitted. Frederick Salmon was born in Bath in 1796 and served his apprenticeship in medicine there. He qualified at St Bartholomew’s Hospital in 1817 and subsequently became a house surgeon. In 1827 he was elected to a surgeon's post at the Aldersgate Street Dispensary. However, Salmon resigned five years later along with the rest of the medical staff because of a dispute with the management committee about the method of choosing new staff. Tired of the restrictions of working within the establishment, Salmon decided to found his own institution to provide treatment for those conditions which were regarded as 'the most distressing that can afflict our common nature'. And so the 'Fistula Infirmary', as it came to be known, was started.

Much of the financial support came from the City of London. The Lord Mayor, William Taylor Copeland was a grateful patient of Salmon's and became the first president. Another benefactor was Charles Dickens, who blamed his need for Salmon's surgical attentions on 'too much sitting at my desk'! There was an overwhelming need for such an institution giving specialist treatment free of charge to London's poor. Therefore, in 1838, when the number of patients had trebled, Salmon moved to larger premises at 38 Charterhouse Square, where there were fourteen beds and more space for treating out-patients. Thirteen years later, a site in City Road was purchased from the Dyers' Company and the almshouses that occupied it were converted to a 25-bed hospital. This was opened on St. Mark’s Day, 25 April 1854, and took the name of St Mark's Hospital for Fistula and other Diseases of the Rectum.

The staff consisted of a surgeon, a matron, a dispenser, nurses and servants. St. Mark's was unique in not employing a physician until 1948, with the arrival of Francis Avery Jones "the father of British gastroenterology" and pioneer of medical treatment of peptic ulcer. In 1859, Frederick Salmon resigned from his post as surgeon. He is said to have performed 3,500 operations without a single fatality, a remarkable feat in an age when anesthetics were only just beginning to be used and antiseptics were unknown. The governors commissioned a portrait of him which is now displayed outside of the ward that bears his name.

By the 1870s ever-increasing demands on the hospital caused rebuilding to be considered. The adjacent site, occupied by rice mills, was acquired but could not be developed for some years due to lack of funds. Eventually, building began and in January 1896 and the 'New St Mark's' was opened. There was considerable difficulty in meeting the costs of maintaining the new building and it was the entertainment industry that finally came to the rescue. The socialite and actress Lillie Langtry organised a charity matinee at her theatre in Drury Lane and the hospital was saved. In 1909, the name of the hospital was changed for a second time to St. Mark's Hospital for Cancer, Fistula and Other Diseases of the Rectum, reflecting the work and interests of John Percy Lockhart-Mummery who was a pioneer in cancer surgery.

The First World War seems to have made little direct impact, although ten beds were given over to servicemen. Despite the stringency of the times, the governors purchased more land on the east side of the hospital which gave room for expansion after hostilities had ceased. An appeal fund launched in 1920 was very successful. In 1926 work began on a large extension which gave the hospital a new appearance and provided two new wards, as well as new out-patient, X-ray, pathology and research departments. A nurses' home was also provided for the first time. This was replaced by a self-contained home in 1936, when the former accommodation became a private wing named after Lockhart-Mummery, who had retired the previous year. St. Mark's was taken over by the new National Health Service in 1948. A Samaritan fund was established to assist patients, and meetings ceased in May 1949 when administration of the fund officially passed to the Ladies Association. The Ladies Association became the Friends of St Mark's in June 1971.

1972 to present

The hospital was administered jointly with Hammersmith Hospital until the NHS reforms of 1972, when it became attached to Barts Hospital. After 1974, St. Mark's was part of the newly established City and Hackney Health District, which also included Hackney General, the Mothers', the German, the Eastern and St Leonard's Hospitals.

During the 1980s many of the hospitals in the City and Hackney District were closed and their services transferred to the new Homerton Hospital. The government introduced self-governing NHS Trusts and in 1992, Sir Bernard Tomlinson Report of the Inquiry into the London Health Service proposed radical changes to the hospital groupings then in place. St. Mark's remained part of the Barts NHS Shadow Trust (later Barts NHS Group) until April 1994, when the changes envisaged by the Tomlinson report came into force. At this point, Bart's joined with the Royal London and the London Chest Hospitals to form the Royal Hospitals NHS Trust (later Barts and the London NHS Trust). St. Mark's became part of the North West London NHS Trust and moved to the same site as Northwick Park Hospital. The hospital maintains strong teaching ties with Imperial College School of Medicine

Centre of excellence

The following are highlights of the achievements made at the hospital over the years:

- The Lockhart-Mummery technique was developed at St. Mark's in the early 1900s by the pioneering cancer surgeon whose name it bears.
- The 'Dukes' staging system, still in use, was developed at St Mark's by Cuthbert Dukes who worked there from around 1920 till 1950.
- David Henry Goodsall (1843–1906) who described Goodsall’s rule of anal fistula
- The ileo-anal pouch, a replacement rectum, was developed at St. Mark's in the 1970s by Alan Parks and John Nicholls.
- St. Mark's polyposis registry, established in 1924, is the oldest in the world and scientists funded by the Imperial Cancer Research Fund based at St. Mark's, played an important role in identifying the APC gene responsible for causing familial adenomatous polyposis.