

Report to the North West London Joint Health Overview Scrutiny Committee – 17 July 2025

North West London Joint Health Overview Scrutiny Committee Recommendations Tracker

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

1.0 Purpose of the Report

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

2.0 Recommendation(s)

- 2.1 That:

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

3.0 Detail

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

- 3.2 The North West London JHOSC may not make executive decisions. Recommendations made by the committee therefore require consideration from the relevant NHS body. When the North West London JHOSC makes recommendations to NHS bodies, the relevant decision maker shall be notified in writing, providing them with a copy of the committee's recommendations and a request for response.
- 3.3 The 2023/24 and 2024/25 North West London JHOSC Recommendations and Information Requests Trackers (attached in Appendices 1 and 2) provide a summary of scrutiny recommendations made during the previous two municipal years. These track decisions made by NHS colleagues and gives the committee oversight over implementation progress. It also includes information requests, as captured in the minutes of its committee meetings.
- 3.4 Updates to the tracker from the previous meeting are highlighted within the table.

Appendix 1: 2023/24/25 North West London JHOSC Recommendations and Information Requests Tracker

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

				<p>process and decision making, progressing our business cases has to be a priority whatever route we take.</p> <p>Meanwhile, our estates team is working hard to delay any further major buildings failures for as long as possible. You may have seen the extensive scaffolding in place at Charing Cross and, more recently, St Mary's. Works include an extensive weather-proofing programme for our oldest buildings at St Mary's, roof repairs at Charing Cross and essential inpatient ward refurbishments across our sites to ensure we are able to maintain infection prevention and control standards.</p> <p>We are keen to continue to share our thinking and plans as they evolve. We also want to engage more broadly with our patients and local communities as soon as we have a little more clarity on next steps.</p>	
	Ophthalmology	Information Request	For the JHOSC to receive more details on the ongoing engagement work related to the standardisation of ophthalmology services.	<p>Engagement so far has been through a series of online and face to face sessions, supported by surveys.</p> <p>As part of the new community service the selected provider will be expected to work with the Integrated Care Board in undertaking focussed patient engagement, looking at experiences of using the service and opportunities to improve the service to better meet the needs of all of our communities.</p> <p>As we further develop the standardisation, the intention is to work with patient representatives to co-design pathways in partnership with primary and secondary care clinical stakeholders. These co-design workshops will be supported by targeted community engagement activities where co-designed pathways will be introduced and feedback from our communities gathered to support further improvements.</p>	

				These activities will commence later this year and continue for the duration of this contract (i.e., 3 years).	
		Information Request	For the JHOSC to receive more information on how the standardisation of ophthalmology services will address health inequalities in North West London.	<p>Standardisation of our ophthalmology service will support the drive to address health inequalities in NW London by:</p> <p>Ensuring that there is a standard service offering available to all NW London residents – in particular this includes ensuring that all NW London residents have access to a community ophthalmology service.</p> <p>Ensuring that residents are able to access primary eye care through the large number of optical practices available across NW London, which will make it more convenient for patients to access care.</p> <p>The ICS will work in partnership with all of the key stakeholders in our communities, bringing them together with colleagues from primary and secondary care and public health to understand how we can better support communities in accessing eye care.</p>	
		Information Request	For the JHOSC to receive baseline data on performance in ophthalmology services in order to measure performance in North West London against national and London standards. With a breakdown by paediatric and adult ophthalmology service performance.	We are developing a data pack for ophthalmology across the ICB footprint, in partnership with clinical colleagues through our Clinical Reference Group. This will be shared with JHOSC later in the summer when completed with validated and evidenced data.	
	Musculoskeletal (MSK)	Recommendation	To ensure that diagnostic capacity across North West London is properly linked to musculoskeletal services to best benefit residents across North West London.	Diagnostic delays were identified as a specific issue in Harrow due to historic local arrangements. These have now been addressed and brought in line with other parts of the ICB.	
		Information Request	For the JHOSC to receive baseline access wait times for musculoskeletal	We are completing a review of the waiting times data for the new service in partnership with the provider, as part of our	

			services and details on how the new service standards will improve waiting times for treatment.	regular contract review and management process. When this data has been formally reviewed, we will share with all partners and ensure that patients are kept informed of likely waiting times.	
		Information Request	To provide information on where the gaps in resource with palliative and end of life care are, how they will be addressed and how this will be monitored.	Separate paper supplied on 27/11/23 to Chatan.	
		Recommendation	Provide a report around mental health provision for children and young people to come to a future JHOSC meeting.	We are currently working through the Children and Young People Mental Health Steering Group to refresh our Children and Young People Mental Health transformation plan and also intend to focus the strategy work on Children and Young People in 2024. Suggest that this is timetabled for later on in the year, following agreeing the scope of the CYPMH part of the strategy.	
		Information Request	To receive the details of the alternative provision to accident and emergency located across the boroughs.	An interactive map can be found here	
			To receive further details around on the engagement plans when available.	Everything is on the website, including the engagement report: https://www.nwlondonicb.nhs.uk/get-involved/your-views-mental-health-services-nw-london	
		Information Request	To receive more information around plans or existing activity to support people and communities in deprived areas or intersectional needs.	As we further develop the mental health strategy, this will include a strengthened focus on inequalities. The strategy is being presented at the October 22 nd , 2024, JHOSC.	
	Proposals on the future of	Information Request	To provide the following: <ul style="list-style-type: none"> The commentary and output of the pre-consultation workshops. 	This information is published on the ICB website.	

	The Gordon Hospital		<ul style="list-style-type: none"> Completed and upcoming events with service users and carers. Service users' experience of Gordon Hospital. A more detailed consultation plan. Historical reports of Gordon Hospital service users over the last 5 years. Historical demographic data of Gordon Hospital service users. 	Acute mental health consultation: North West London ICS (nwlondonicb.nhs.uk)	
05 December 2023	ICS Workforce Strategy and Programme Update	Recommendation	Provide an update to the Committee once NHS have assessed the Government's new position on immigration and how this might affect recruitment and workforce within North West London.	<p>The main impact will be on social care rather than health care professionals. From March 2024, care workers and senior care workers will not be able to bring dependents and only CQC-registered providers in England will be able to sponsor Health and Care Visa applicants.</p> <p>Ahead of this, 53 Senior Carers completed pre-employment compliance through NW London International Recruitment Team. The first Cohort of Senior Carers landed in UK; induction completed with employers supported by NWL Health & Social Care Skills Academy.</p>	
		Recommendation	Provide an update of progress by the Race Equality Steering Group.	The Race Equality Steering Group is Co-Chaired by Rob Hurd and Linda Jackson. The Steering Group commissioned an Independent Report into Barriers to Leadership. The Report and strategic recommendations will be published as a Call for Action.	
		Information Request	Provide regular updates on progress of the seven priority workstreams.	<p>Progress is reported monthly to the Strategic Chief People Officers Meeting and bi-monthly to the ICS People Board.</p> <p>There has been good progress on the pipeline for acute roles following two International Recruitment events, offers made to: 67 Registered Nurses, 40 Registered Midwives, 2</p>	

				<p>Sonographers, 2 ODP, 26 Radiographers, 5 physiotherapists, 2 ODPs.</p> <p>There has also been a strong response to the launch of the ICS Graduate Scheme for future leaders. An undergraduate scheme is also in development.</p> <p>A Spring EDI Summit is being planned to agree sustained medium-term interventions that will embed equality, equity, social and racial justice.</p> <p>Work also continues to deliver new ways of working to support new models of care.</p>	
	NWL Elective Orthopaedic Centre	Recommendation	Report to the Committee on the success against metrics and targets identified for the Orthopaedic Centre and also get feedback from staff and patients. It would be interesting to get some reports from staff and patients after March on - how they feel things have been going and what could be improved and what the NHS system can learn going forward.	<p>In January 2024 the EOC operated on 140 patients. Of these 64 were admitted to the EOC ward, with an average length of stay of 2.8 days. Unfortunately, 14 lists (35 patients) were cancelled in January due to the Junior Doctors' industrial action.</p> <p>The Friends and Family Test has reported 100% satisfaction with the service. A selection of patients were contacted for further feedback. Generally, the feedback was positive with all patients highly satisfied with their experience and very likely to recommend the EOC to others. Areas of suggested improvement were around the early morning theatre admission process and clearer signage about where to wait.</p> <p>The EOC's current operating capacity of three theatres will increase to five theatres (full capacity) in March 2024 at which point reporting against metrics and targets can be better undertaken.</p>	
		Recommendation	Report to the Committee on the operation of the dedicated transport provision.	In January 2024 there were 12 EOC patients that used the free patient transport service. Three journeys were from the	

				patients' homes to the hospital, and nine journeys were from the hospital to patients' homes. The earliest arrival at the hospital was 7.30am and the latest departure was 6pm. Eleven journeys were by ambulance, and one was by car ambulance. Except for two occasions where the patient wasn't ready, journeys were able to commence on time or earlier than scheduled. Journeys were made to/from Brent, Ealing, Hounslow, Harrow and Hammersmith & Fulham.	
	ICS Updates: ICS Running Costs Reduction	Recommendation	To bring a report to the Committee once there are more detailed plans available on the redesign and consultation.	There is no impact on services, so our focus will be on how we work with partners and our organisational effectiveness.	
14 March 2024	Primary Care Access And Same Day Access Model	Recommendation	That NWL NHS undertake an Equality Impact Assessment and Human Rights Impact Assessment prior to implementing any changes in the way patients access primary care.	Same day access proposals are not currently being implemented. Any significant change at a practice or PCN level would be subject an EHIA at that level.	
		Recommendation	That the Committee should seek meaningful consultation with patients, communities and GPs. Any engagement undertaken should be representative of the whole patient voice.	PCNs are leading a process of engagement and co-design at local level.	
		Information Request	For the NWL JHOSC to be provided with feedback and analysis of the impact of the early adopter PCNs, including case studies that have been learned from.	An update has now been given to the NWL JHOSC at the meeting on 22 October 2024.	
		Information Request	For the NWL JHOSC to receive full details of how patient safety and effectiveness would be measured against the proposals.	The proposals previously discussed are not currently being pursued.	



		Information Request	For the NWL JHOSC to receive information on the outcomes of the work done by KPMG in a way that was easy to understand and that related to patient outcomes.	An update has now been given to the NWL JHOSC at the meeting on 22 October 2024.	

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><p>Recorded prevalence of severe mental illness Percentage of registered population aged 18 and over (2021/22)</p><p>Premature mortality (before age of 75) in adults with SMI* Directly standardised rate per 100,000 population (2016-20)</p><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><small>*Note: SMI for these particular indicators have been defined by Public Health England as having a referral to secondary mental health services in the five years preceding death. It is not directly comparable to the definition of SMI under the MHA 1983</small></p><p>19</p><p>North West London</p></div> <p>CMHT Treatment Met & Unmet Need Latest 12-Months (01/07/2022 - 30/06/2023)</p> <table><thead><tr><th>Service</th><th>Av. Caseload</th><th>Av. In-Treatment Caseload</th><th>Av. Waiting List (Caseload Waiting for First Contact)</th><th>SUs With At Least 2 Contacts in the 12-Month Period</th><th>2023/24 Access Goal</th><th>Difference</th><th>18+ Pop.</th><th>Discharged as a % of 18+ Pop.</th></tr></thead><tbody><tr><td>CMHT - Brent</td><td>2,503</td><td>1,770</td><td>476</td><td>3,506</td><td>4,235</td><td>-729</td><td>236,907</td><td>1.48%</td></tr><tr><td>CMHT - Harr</td><td>2,182</td><td>1,342</td><td>460</td><td>2,635</td><td>2,842</td><td>-207</td><td>181,646</td><td>1.45%</td></tr><tr><td>CMHT - Hill</td><td>2,562</td><td>1,349</td><td>519</td><td>2,469</td><td>3,581</td><td>-1,112</td><td>221,491</td><td>1.11%</td></tr><tr><td>CMHT - K&C</td><td>1,700</td><td>1,217</td><td>252</td><td>2,388</td><td>2,767</td><td>-379</td><td>120,664</td><td>1.98%</td></tr><tr><td>CMHT - Westm</td><td>2,621</td><td>1,736</td><td>403</td><td>3,390</td><td>2,370</td><td>1,020</td><td>210,025</td><td>1.61%</td></tr><tr><td>MINT - Ealing</td><td>4,313</td><td>1,710</td><td>933</td><td>3,419</td><td>4,751</td><td>-1,332</td><td>243,031</td><td>1.41%</td></tr><tr><td>MINT - H&F</td><td>3,178</td><td>1,053</td><td>739</td><td>2,034</td><td>2,525</td><td>-491</td><td>139,004</td><td>1.46%</td></tr><tr><td>MINT - Hounslow</td><td>3,668</td><td>1,185</td><td>787</td><td>2,766</td><td>3,361</td><td>-595</td><td>194,848</td><td>1.42%</td></tr><tr><td>Total</td><td>22,565</td><td>11,346</td><td>4,569</td><td>22,607</td><td>26,433</td><td>-3,826</td><td>1,547,616</td><td>1.46%</td></tr></tbody></table>	Service	Av. Caseload	Av. In-Treatment Caseload	Av. Waiting List (Caseload Waiting for First Contact)	SUs With At Least 2 Contacts in the 12-Month Period	2023/24 Access Goal	Difference	18+ Pop.	Discharged as a % of 18+ Pop.	CMHT - Brent	2,503	1,770	476	3,506	4,235	-729	236,907	1.48%	CMHT - Harr	2,182	1,342	460	2,635	2,842	-207	181,646	1.45%	CMHT - Hill	2,562	1,349	519	2,469	3,581	-1,112	221,491	1.11%	CMHT - K&C	1,700	1,217	252	2,388	2,767	-379	120,664	1.98%	CMHT - Westm	2,621	1,736	403	3,390	2,370	1,020	210,025	1.61%	MINT - Ealing	4,313	1,710	933	3,419	4,751	-1,332	243,031	1.41%	MINT - H&F	3,178	1,053	739	2,034	2,525	-491	139,004	1.46%	MINT - Hounslow	3,668	1,185	787	2,766	3,361	-595	194,848	1.42%	Total	22,565	11,346	4,569	22,607	26,433	-3,826	1,547,616	1.46%	<p>Further information in regard to the number of adults rather than percentages and a further drilled down layer of data per borough has been shared with the committee.</p>	
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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 has asked LAS to share their public facing materials with the local authority communications teams.	

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.	<p>This information has now been circulated electronically to all members. Below is a breakdown of the allocation of funds by borough.</p> <div><p>HIT funding allocation by Borough Based Partnership</p><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> <div><div>North West London Integrated Care System</div><div>2</div><div>NHS North West London</div></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</p>																									

				<p>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. The ICB will be developing new structures, either internal or merged, over the next few months.	
		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 Sembatya at Anthony.Sembatya@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 	

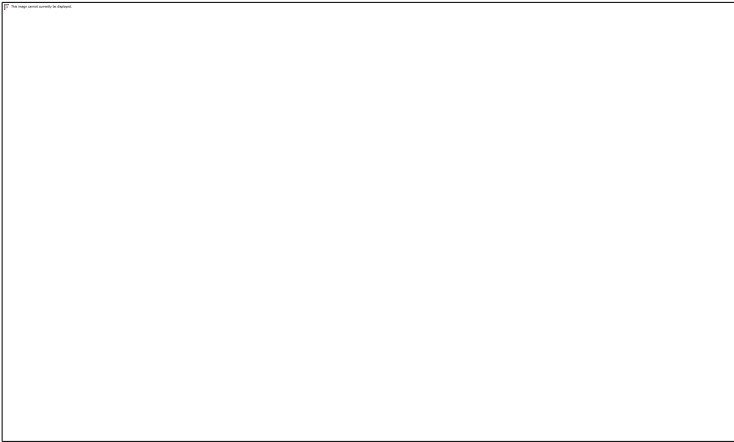
				<ul style="list-style-type: none"> ○ Searching and synthesising a patient's record to help clinicians prepare for an appointment and understand their previous, relevant interactions with the healthcare system. ○ Support patients access information, provide information and schedule appointments, including 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 	

				<p>more integrated work with primary care and other 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 	
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				including older people, agree how to mitigate their 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.	
		Information Request	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>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</p>	

				<p>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 articles 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. 	
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				<ul style="list-style-type: none"> 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 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>  <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</p>	

				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 variation will be monitored and used to help target appropriate interventions.	
01 May 2025	NWL Adult Community-based Specialist Palliative Care (CSPC)	Recommendation	Enhanced Care Bed Locations: Ensure that the placement of any new enhanced care beds considers, wherever possible, the availability of parking for patients, families, and staff.	<p>To support the introduction of a new model of community-based specialist palliative care across North West London, a structured, three-stage process is being followed to develop and implement service delivery options for enhanced end of life care beds.</p> <ul style="list-style-type: none"> • Stage 1: Developing service options. • Stage 2: Listening to communities and refining options. • Stage 3: Implementation and service launch <p>Parking, along with broader accessibility, will be one of the considerations when determining the options for delivering these beds.</p>	
		Recommendation	Resident Communication: Increase communication with local residents to provide clear, timely, and accessible information about proposed changes, with the aim of offering reassurance and reducing uncertainty.	We are committed to keeping local people informed and involved as proposals develop. We will build on the principles of the North West London Involvement Charter by listening, learning, and working in partnership with residents, local councils, and the JHOSC. We will continue to strengthen how we communicate and the CEO Board report for May 2025 provided an update on the ICB involvement strategy. Our aim is to make information as open, honest and easy to understand as possible, helping to reduce uncertainty and support meaningful involvement in any future decisions.	

				An example is the work we will be undertaking in the coming months with local communities to develop appropriate information and guidance resources on palliative care and the Community-based specialised Palliative Care (CSPC) services available to people in north west London.	
		Recommendation	Consultant Recruitment Options: There be a future commitment to allow adequate time to thoroughly explore all recruitment options for consultants before deciding on service closures or reconfigurations. This is particularly relevant in light of previous decisions such as those related to Pembridge, where challenges in recruitment were a key factor.	<p>While the ICB aims to provide adequate time to explore all options, urgent safety concerns may necessitate swift action, with wider engagement following as soon as possible.</p> <p>One of the key enablers identified to support the implementation of the new model of care is workforce development. This will be led by a collaboration of our CSPC providers across north west London, with the priority focus on defining the workforce we need to deliver CSPC Services now and in the future, as well as improving cultural competency amongst specialist palliative care staff.</p>	
		Recommendation	Travel and Access Inequalities: Address additional inequalities that may arise from changes that affect patients' ability to travel. While the use of a bus service was mentioned, this will not benefit all patients, and the feasibility and logistics of such a solution must be accurately assessed and clearly communicated.	<p>North West London ICB is committed to providing equity and reducing health inequalities and one of the most effective ways of tackling inequity resulting from travel is to remove the need for travel where possible, through maximising Community Specialist Palliative Care services available in people's own place of residence, which is a core part of our new model of care. This meets the needs of what many of our residents tell us they would like – more care available at home.</p> <p>Care at home however, is not appropriate for all. For these patients, north west London already provides patient transport along with some of our hospices who provide transport, and most hospices have parking available.</p>	

		Information Request	Borough-Level Strategies: Provide a clear explanation of the impact in each borough of the agreed strategy. This will support transparency and ensure localised needs are clearly understood and addressed.	<p>The changes and impact per Borough are outlined in the table in Appendix 1 of the report presented to NWL JHOSC in May 2025. We are working with leads at local and place level to plan for the implementation of the new model of care and local discussions will shape how it will be implemented.</p> <p>Early planning discussions are focused on identifying local needs, addressing service gaps, and exploring potential delivery options.</p>	
	NWL Involvement Strategy	Information Request	To provide the NWL JHOSC with proposals for partnership working Council by Council as well as at NWL level.	Awaiting clarity on the future ICB structure and possible merged structure before we can determine how this will work in the future.	