

# Health & Wellbeing Board Agenda

Wednesday 28 June 2023 at 6.00 pm

Main Hall (1st Floor) - 3 Shortlands, Hammersmith, W6 8DA

Watch live on YouTube: [youtube.com/hammersmithandfulham](https://www.youtube.com/hammersmithandfulham)

## MEMBERSHIP

Councillor Ben Coleman (Chair) - Deputy Leader and Cabinet Member for Health and Social Care  
Dr James Cavanagh – H&F GP  
Carleen Duffy – Healthwatch H&F  
Dr Nicola Lang – Director of Public Health, LBHF  
Phillipa Johnson – Director, Integrated Care Partnership, and Director of Operations for Central London Community Health Trust  
Jacqui McShannon – Strategic Director of Children’s Services  
Linda Jackson – Strategic Director of Independent Living (DASS)  
Sue Roostan – Borough Director, H&F, Borough Based Partnership  
Councillor Alex Sanderson – Cabinet Member for Children and Education  
Sue Spiller – Chief Executive Officer, SOBUS  
Detective Inspector Luxan Thurairatnasingam – Met Police

### Nominated Deputy Members

Councillor Natalia Perez – Chair of Health and Adult Social Care Policy and Accountability Committee  
Councillor Helen Rowbottom – Chair of Children and Education Policy and Accountability Committee  
Nadia Taylor – Healthwatch, H&F

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**Members of the public and press are welcome, but spaces are limited so please contact [David.Abbott@lbhf.gov.uk](mailto:David.Abbott@lbhf.gov.uk) if you’d like to attend. The building has disabled access.**

Date Issued: 20 June 2023  
Items 4 and 6 Updated: 22 June 2023

# Health & Wellbeing Board Agenda

| <u>Item</u> |  | <u>Pages</u> |
|-------------|--|--------------|
| <b>1.</b>   | <b>APOLOGIES FOR ABSENCE</b>   |              |
| <b>2.</b>   | <b>DECLARATIONS OF INTEREST</b><br><p>If a Member of the Board, or any other member present in the meeting has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Member with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Member must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where members of the public are not allowed to be in attendance and speak, then the Member with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Members who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Members are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Standards Committee.</p> |              |
| <b>3.</b>   | <b>MINUTES AND ACTIONS</b><br><p>To approve the minutes of the previous meeting as an accurate record and note any outstanding actions.</p>  | 4 - 9        |
| <b>4.</b>   | <b>BETTER CARE FUND</b>  |              |
| <b>5.</b>   | <b>DELAYED REFURBISHMENT AND REBUILDING OF CHARING CROSS, HAMMERSMITH AND ST MARY'S HOSPITALS</b><br><p>This item presents a briefing paper from Imperial College Healthcare NHS Trust about the delayed refurbishment and rebuilding of Charing Cross, Hammersmith and St Mary's Hospitals.</p>   | 10 - 11      |

**6. ICS HEALTH AND CARE STRATEGY FOR NORTH WEST LONDON**

12 - 40

This item presents the Integrated Care System (ICS) Health and Care Strategy for North West London for challenge and comment.

**7. WORK PROGRAMME**

To discuss the Board's work programme.

**8. DATES OF FUTURE MEETINGS**

To note the following dates of future meetings:

- 20 Sep 2023
- 13 Dec 2023
- 12 Mar 2024

# Agenda Item 3

London Borough of Hammersmith & Fulham

## Health & Wellbeing Board Minutes



**Tuesday 28 March 2023**

### **PRESENT**

#### **Board Members**

Councillor Ben Coleman (Deputy Leader and Cabinet Member for Health and Social Care) (Chair)  
Dr James Cavanagh (H&F GP)  
Carleen Duffy (Healthwatch H&F)  
Dr Nicola Lang (Director of Public Health, LBHF)  
Jacqui McShannon (Strategic Director of Children's Services)  
Councillor Alex Sanderson (Cabinet Member for Children and Education)  
Sue Spiller (Chief Executive Officer, SOBUS)  
Detective Inspector Luxan Thurairatnasingam (Met Police)

#### **Nominated Deputy Members**

Councillor Natalia Perez (Chair of Health and Adult Social Care Policy and Accountability Committee)  
Councillor Helen Rowbottom (Chair of Children and Education Policy and Accountability Committee)  
Nadia Taylor (Healthwatch, H&F)

#### **Other Attendees**

Councillor Lucy Richardson  
Councillor Patricia Quigley  
Councillor Jacolyn Daly  
Dhivya Venkat (Dementia Action Alliance)  
Peggy Coles (Dementia Action Alliance)  
Jim Grealy (HAFSON)  
Merril Hammer (HAFSON)  
Helen Mangan (West London NHS Trust)  
June Farquharson (NHS North West London ICB)  
Nicola Kay (NHS North West London ICB)  
Toby Hyde (Chair of Dementia Partnership Board, NHS)  
Suhana Ahmed (NHS)  
Linda Jackson (Director Independent Living and Corporate Transformation)  
Yvonne Okiyo (Strategic lead for Equity Diversity and Inclusion)  
Jo Baty (Assistant Director, Specialist Support and Independent Living)  
David Abbott (Head of Governance)

**1. APOLOGIES FOR ABSENCE**

Apologies were received from Lisa Redfern, Sue Roostan, and Phillipa Johnson.

**2. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**3. MINUTES AND ACTIONS**

The Chair noted the first action on vaccination take-up rates for Sue Roostan. Linda Jackson said the end of year report would come to the next meeting.

**ACTION: Linda Jackson / Sue Roostan**

In reference to the second action, Merril Hammer noted that Hammersmith & Fulham Save Our NHS (HAFSON) had met with Sue Roostan but no definitive outcomes had been agreed. She said HAFSON would follow up.

**ACTION: Merril Hammer**

**RESOLVED**

The Board agreed the minutes of the meeting held on 13 December 2022 as an accurate record.

**4. REDUCING INEQUALITIES - A SYSTEM PERSPECTIVE**

June Farquharson and Nicola Kay from NHS North West London ICB presented the report. Nicola Kay gave an outline of the inequalities approach in North West London and their 'Core 20 plus 5' framework for identifying inequalities. She noted that the ICB was committed to genuine co-production with local communities.

Sue Spiller noted that Sobus had produced a report on mental health in BAME communities and the barriers to accessing services they faced. She asked if the ICB had researched that area and the issue of people who weren't seeking support until crisis point.

Jacqui McShannon noted that the strategy appeared to be adult focused and asked what investment in children and young people would lead to better longer-term outcomes. Nicola Kay said a 'Core 20 plus 5' framework for children had just launched. She agreed that the approach had been skewed to adults but assured members that was changing.

Lucy Richardson noted there was a group of high functioning autistic people who may not have EHCPs and asked if there were plans in place for those and other people with hidden conditions. Nicola Kay said they were aware of the issue and noted they were working with the mental health teams in the ICB on support and ways to identify people earlier.

Linda Jackson asked for clarity about the 'plus 5' in 'Core 20 plus 5'. She noted that each locality was different. Hammersmith & Fulham had major issues around housing, and mental health for younger people for example. She said it was important to know what the plan meant for H&F, and it needed to be interpreted in H&F language before thinking about how we co-produced to make the biggest difference for residents.

Merril Hammer said it would be useful to have more granular data about the local population. Dr Nicola Lang said JSNA factsheets were being produced on a range of topics (e.g. diabetes) and they would welcome feedback on those. The ICB were there to provide a bigger picture view of North West London as a whole. She suggested showing the factsheets to local community groups for their input.

The Chair said the Council and the Board had recognised the issue of people of colour having worse outcomes on average and had connected residents with senior people in the NHS to explain the issues that affected them directly. Those meetings were due to happen shortly.

Linda Jackson added that work to address inequality ran through each of the campaigns from the Health and Care Partnership but it was an area we could do more on. What officers thought was a priority might not be as important to residents. She said there was work to be done to build trust and learn how to best engage.

The Chair and Sue Spiller asked what factors determined the priorities. June Farquharson said there were five nationally mandated priorities but there was an element of local flexibility. She said local workshops, shaped by the local Health and Care Partnership, would be held to help ensure they were right for the area.

Councillor Lucy Richardson noted that it was important to consider where engagement took place, especially when engaging with the most vulnerable. She suggested identifying those spaces in collaboration with NHS and Economy colleagues. The Chair asked Linda Jackson to come back to the Board to discuss engagement in practical terms (who was being engaged with, when, and where).

**ACTION: Linda Jackson**

## **5. YEAR ONE IMPLEMENTATION OF THE HAMMERSMITH AND FULHAM DEMENTIA STRATEGY**

Jo Baty (Assistant Director, Specialist Support and Independent Living) and Peggy Coles (Coordinator of H&F Dementia Action Alliance) gave a presentation on the implementation of the Hammersmith and Fulham Dementia Strategy and key achievements.

Toby Hyde (Chair of the H&F Dementia Partnership Board) then gave an overview of the report, highlighting areas where the Dementia Partnership Board was making great progress in improving outcomes for residents with dementia, their carers, and families.

The Chair thanked Toby Hyde for Chairing the Partnership Board and noted the huge contribution he had made. He also thanked residents for their determination, and the Administration and officers for making it happen. He also noted Councillor Asif Siddique's valuable work as the Council's Older People's Champion in ensuring that we pooled resources and widely communicated the events for older residents to reduce social isolation and loneliness.

The Chair noted the specific challenges the Board needed to consider:

- Diagnosis and why diagnosis rates in H&F were lower than many other boroughs.
- more funding and resources from the Integrated Care Board (Hammersmith and Fulham Health and Care Partnership) was necessary.
- Making dementia a priority for the Hammersmith and Fulham Health and Care Partnership
- Access to data and how to unblock barriers to getting the data needed on a regular basis.

Suhana Ahmed (NHS) said the limiting factor regarding diagnosis rates was primary care engagement. It was the key factor in Kingston where she had worked previously. That also tied into health inequalities, some populations were not seeking help so services needed to be more proactive. She said Integrated Care Board funding was part of the puzzle but there also needed to be more GP engagement, which she felt was lacking.

There was a discussion about the importance of GP engagement and representation on the Dementia Partnership Board. The Chair said he would like more clinical leads at the Board in addition to Sue Roostan. The Chair also suggested inviting every Primary Care Network to send a representative, given how important GPs were to the work of the Board.

**ACTION: Jo Baty**

The Chair asked if more money was needed to meet the national diagnostic standards. Suhana Ahmed commented that they were commissioned for a 9 week target but the national target was now 6 weeks, so more funding was required. Toby Hyde explained that in the past there had been money available from the Clinician Commissioning Groups that allowed GPs to build time into their schedule for dementia engagement work.

The Chair asked for a discussion at the H&F Health and Care Partnership on the specifics of how to improve diagnosis, resources, and data. He invited Toby Hyde to be a part of the discussion.

**ACTION: Linda Jackson**

The Chair asked why data was inaccessible and where it was held. Toby Hyde said it was held in different places - diagnosis data was held by the Trust, some data sat with the ICS, some in primary care records, some in Imperial Health Care Trust, and some in social care. All of that data needed to be stitched together to get a complete picture. He said the Health & Wellbeing Board and the Health and Care Partnership

Board should have access to data so they could track progress. The Chair asked Linda Jackson to set up a meeting with Lucy Smith to discuss further.

**ACTION: Linda Jackson**

Nadia Taylor raised the carers strategy and who had been consulted. Jo Baty agreed to speak with her about it after the meeting.

**ACTION: Jo Baty**

Suhana Ahmed noted that other boroughs looked to Hammersmith & Fulham's Dementia Strategy as a learning point, showing the strength of the approach here.

The Chair asked for a progress update on the issues raised at the meeting in 6 months.

**ACTION: Jo Baty**

## **RESOLVED**

The Board noted the report.

## **6. WORK PROGRAMME**

The Chair asked for an item on GPs to be added to the work programme. He asked that GPs be invited to the meeting to contribute and highlighted the following areas for consideration:

- Opening hours and alignment with hospital opening hours
- Complexity of access (telephone, digital etc.) and the impact on inclusion
- Workload and how GPs were managing increased demand

The Chair took a moment to thank Lisa Redfern, who was due to retire at the end of April, for her hard work and dedication to the borough over her tenure as Strategic Director of Adult Social Care. He described her as an outstanding officer who was professional at the highest level, could be both strategic and detailed, was kind and caring, and had built an amazing team.

## **7. DATES OF FUTURE MEETINGS**

The Board noted the following dates of future meetings:

- 3 July 2023
- 13 November 2023
- 29 January 2024
- 25 March 2024

Meeting started: 6.30 pm  
Meeting ended: 8.41 pm

Chair .....

Contact officer: David Abbott  
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## **New Hospital Programme and Imperial College Healthcare NHS Trust, Hammersmith and Fulham Health and Wellbeing Board, 28 June 2023**

The government's recent announcement on the New Hospital Programme included the news that the main funding for our schemes has been pushed back beyond the original commitment of 2030 as other schemes have been added to the programme and prioritised. We had two schemes in the original list of 40 hospitals to be built by 2030: a complete rebuild of St Mary's Hospital in Paddington; and extensive refurbishment and some new build at both Charing Cross Hospital and Hammersmith Hospital. It is clearly very disappointing that we will not now be funded to complete these schemes before 2030 but the full picture is more complex and we are continuing to work to achieve the majority of our redevelopment as near to the original timescale as possible.

### Why we need new hospitals

Our hospitals play a key role in the north west London health system, and provide a number of important specialist services more widely, to the rest of the capital and the whole of England. We care for 1.6 million patients every year. We host the largest biomedical research centre in the country, with research embedded in all our hospitals. However, our aging estate is in need of constant repair – we have the largest backlog maintenance liability in the NHS and use nearly half of our capital budget every year just to stay operational.

**St Mary's Hospital** in Paddington is a major acute and specialist hospital, with an adults' and children's A&E and a maternity unit. It is one of four major trauma centres in London. St Mary's was established in 1845 and much of the estate pre-dates the NHS. It requires constant repairs. Our backlog maintenance liability is currently £239million. External, expert advice has made clear that if we don't rebuild in the next 4-7 years, it will become impossible to patch up our oldest facilities. Staff regularly have to find ingenious work-around to overcome collapsed ceilings, flooding and sewage leaks and the lifts are well past their planned lifespans. Our staff estimate they waste 10 to 15 per cent of their time due to estates problems.

**Charing Cross Hospital** in Hammersmith is a major acute and specialist hospital, with an adults' A&E. Its specialisms include head and neck, respiratory and acute medicine, reconstructive plastic surgery, and complex cancer surgery and diagnostics. It also has one of London's hyper acute stroke units. Built in the 1970s, facilities are now in need of constant repair. The cost of completing all backlog maintenance would be over £344million.

**Hammersmith Hospital** in Acton is a leading centre for planned and urgent specialist complex care. It has particular expertise in renal care, haematology and hosts one of London's eight heart attack centres. The co-located **Queen Charlotte's & Chelsea Hospital** is a specialist women's and maternity centre. The hospitals' facilities have been built over time across a sprawling estate, from the early 1900s onwards, and are in constant need of repair. The cost of completing all backlog maintenance would be over £105 million.

The **Western Eye Hospital** in Marylebone is a specialist eye centre. It has a specialist A&E for eye injuries and problems. In November 2021, we had to temporarily relocate many services from the Western Eye to Charing Cross Hospital due to fire risks from the adjacent former Samaritan Hospital building. Following remedial works, the Trust secured funding for in a £9m building project to install new operating theatres and make wider improvements to patient facilities. The hospital is due to fully reopen in July.

## Current status of our redevelopment schemes

We understand that all of the schemes in the New Hospital Programme - including ours - are being awarded some funding to progress to final business case approval and to support enabling work. In August 2022, we put in a bid for enabling works (developments that will be needed whatever schemes are ultimately approved, such as upgrading our energy supply) and we are awaiting a response in terms of a decision and a funding allocation. Separately, the New Hospital Programme has recently given us our 'funding envelopes' for the main building works to help inform the development of our business cases.

We submitted a first stage business case for **St Mary's** in August 2020 and, following discussions with the New Hospital Programme, we updated and re-submitted the case in September 2021 based on full, upfront funding being provided by the New Hospital Programme budget. We will now accelerate our exploration of alternative funding, design and phasing approaches that make the most of the huge potential of the land that will be surplus to requirements once we have a new hospital on a less sprawling footprint. We will also look to draw on the growing opportunities arising from the life sciences cluster we are developing with our academic, industry and community partners. We will need government support to agree an alternative funding approach as quickly as possible.

We are continuing to work on a first-stage joint business case for **Charing Cross and Hammersmith** making the case for significant refurbishment and some new build to bring these two ageing hospitals up to 21<sup>st</sup> century health care standards. We hope to be able to submit the business case, as planned, this autumn. As major refurbishment and expansion schemes, we always anticipated them taking a phased approach as capital funding becomes available. Our focus now will be to move to an approved full business case as quickly as possible so that we are ready to make a start on the main building works before 2030 as and when we can secure capital funding. We would like a commitment that any slippage in capital spending in the New Hospital Programme will be made available to other suitable schemes that are ready to commence building works.

The Samaritan and the **Western Eye** buildings are expected eventually to be sold together to support the Trust's overall redevelopment programme. This will take several years as it requires us first to be able to permanently relocate the Western Eye services in purpose-designed facilities on another of our sites, as part of the Government's New Hospital Programme.

### Next steps

We are continuing to make it clear that if we waited until 2030 to start building works at **St Mary's**, it would become impossible to continue to patch up our oldest facilities, many of which house key clinical services. This would be hugely damaging for the health and healthcare of hundreds of thousands of people in north west London and beyond. We have made clear the opportunities we have to progress our redevelopment plans.

While **Charing Cross** and **Hammersmith** hospitals are at less risk of major estates failure, the extensive refurbishments will allow us to deliver more efficient, safer and higher quality services. We will keep making our case and show how all our schemes are not only essential but also affordable and excellent value for money. The next few months will be key.

**For more information, please contact Iona Twaddell, [iona.twaddell@nhs.net](mailto:iona.twaddell@nhs.net)**

# ICS Health and Care Strategy for North West London

Health & Wellbeing Board – *Hammersmith & Fulham*

28<sup>th</sup> June 2023

# Cover note

- In common with all Integrated Care Systems nationally, North West London Integrated Care System is required to produce a strategy
  - The strategy must cover both health and care (i.e., health and relevant local authority services)
  - The NHS and local authorities are required to 'have regard' to the strategy
- The strategy has been prepared for, and must be adopted by, the North West London's Integrated Care Partnership. The Partnership brings together local authorities and the NHS across our eight boroughs
- The strategy has taken, as its starting point, the Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies developed for each borough, and incorporated resident insights
- The strategy aims to highlight where boroughs and the NHS can go further, faster for our residents by working together. It does not attempt to collate everything that each partner in the ICS is doing. For example, the 'shared outcomes' reflect the judgment of the DPHs of the outcomes that could be improved faster by working together
- It is structured around the ICS' programmes, which are the delivery vehicles for the strategy. It informs the one year delivery plans of all the ICS programmes. Priorities for the programmes are then grouped into six cross cutting themes
- The draft strategy was published on 21<sup>st</sup> May. The Health and Wellbeing Board is asked to challenge and comment on the strategy – in particular, what areas members of the HWB believe should be emphasised, amended or removed
- Input from all HWBs, alongside input from our residents, will then be synthesised into the next draft of the strategy – which includes the community intelligence and voices from both Westminster and Kensington & Chelsea residents.
- This strategy enables Bi-Borough to deliver our local health & wellbeing strategy – in particular to address health inequalities through improved access to NHS and care services and variation in outcomes.

## Strategy engagement – we want to hear from you

Hearing from a wide range of voices throughout communities who will feel the impact of the delivery of the top priorities in health and care services in North West London helps ensure this strategy fits the needs of residents. We want to make sure that resident insight is embedded into the heart of this draft strategy. Insights captured includes the 'what matters to you' outreach, borough collaborative spaces and insight from local authority, Healthwatch and voluntary & community sector colleagues.

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Joining up  
with local  
authority  
engagement  
on Health and  
Wellbeing  
Strategies

NW London  
Residents  
Forum, open  
to all with an  
anticipated  
200 attendees

Citizen Panel  
with access to  
3.8k members

Next Door  
insights

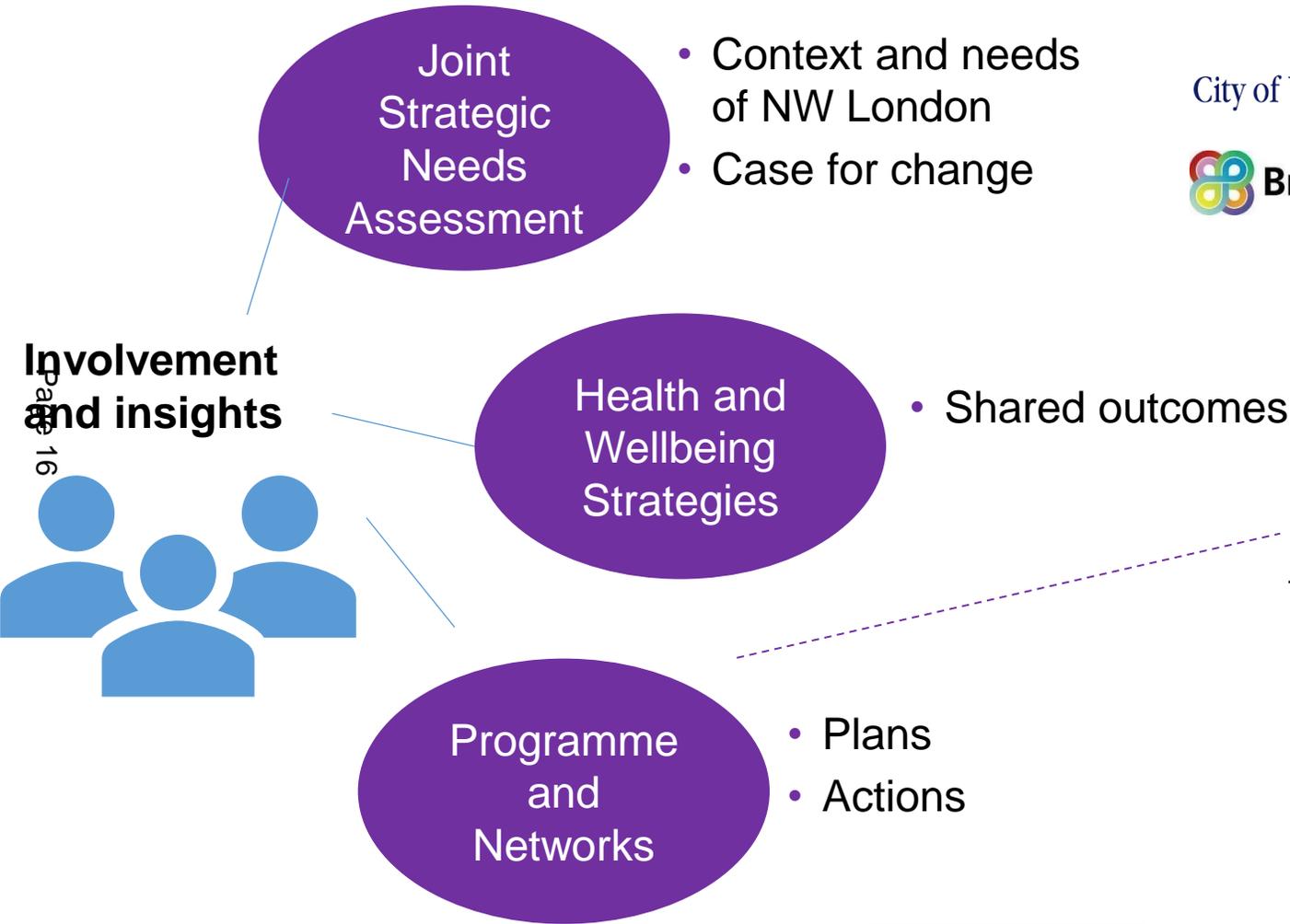
# Strategy development – why we need a health and care strategy

As we launch the ICS, we have the opportunity to set an exciting vision and strategy for North West London that builds on our achievements to date, and takes advantage of our strengthening collaboration across health and care to improve outcomes for our residents and communities, address long standing inequalities in access, experience and outcomes, level up, improve value for money and deliver wider benefits across North West London.

## Four objectives of integrated care systems

|   |   |
|---|---|
| A | Improve outcomes in population health and wellbeing                           |
| B | Prevent ill health and tackle inequalities in outcomes, experience and access |
| C | Enhance productivity and value for money                                      |
| D | Support broader economic and social development                               |

# Strategy development – how we have built on what has gone before using resident insight

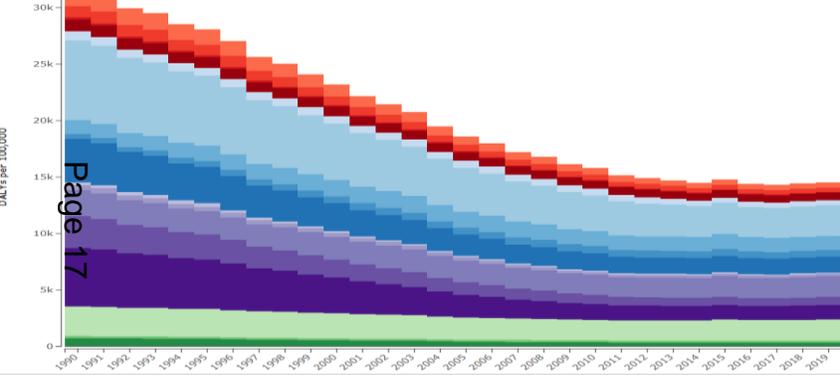


| Delivery  | Networks   | Enablers   |
|---|--|--|
| <ul style="list-style-type: none"> <li>Proactive population health &amp; inequalities</li> <li>Local care</li> <li>Mental health, learning disabilities &amp; autism</li> <li>Acute care</li> </ul> | <ul style="list-style-type: none"> <li>Cancer</li> <li>Maternity</li> <li>Children &amp; young people</li> </ul> | <ul style="list-style-type: none"> <li>Involvement &amp; Community</li> <li>Data &amp; Digital</li> <li>Workforce</li> <li>Finance &amp; Estates</li> <li>Research &amp; Innovation</li> </ul> |

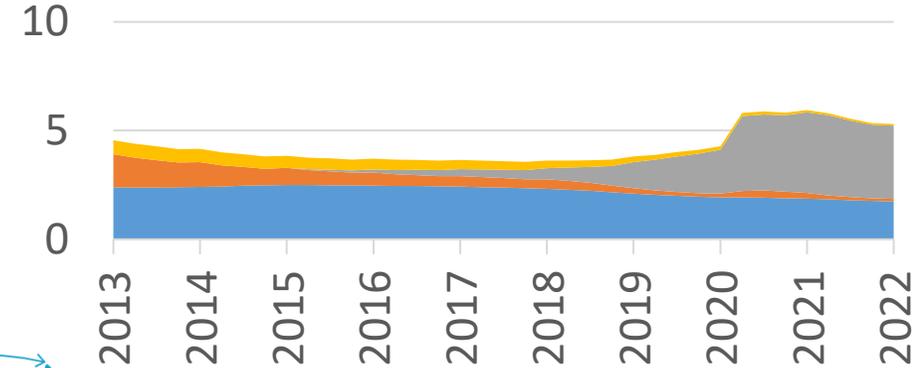
# Challenges – areas of concern for NW London

Improvement in health status have appeared to stall, we have an almost record number of people on out of work benefits and the cost of living crisis continues

### DALYs per 100,000 population



### Number on out of work benefits, UK



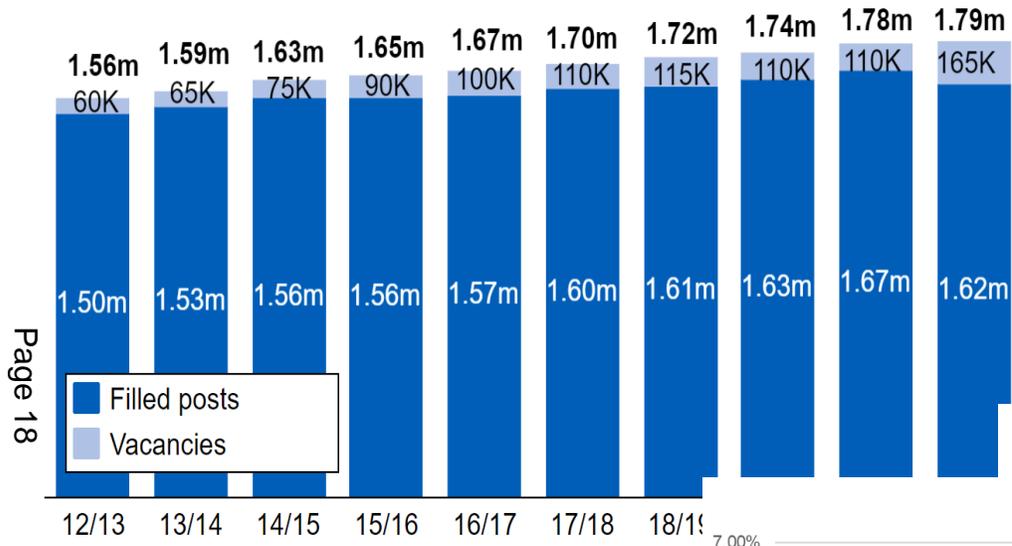
### Inflation vs income



Source: GBD Compare tool, HBAI Stat-Xplore)

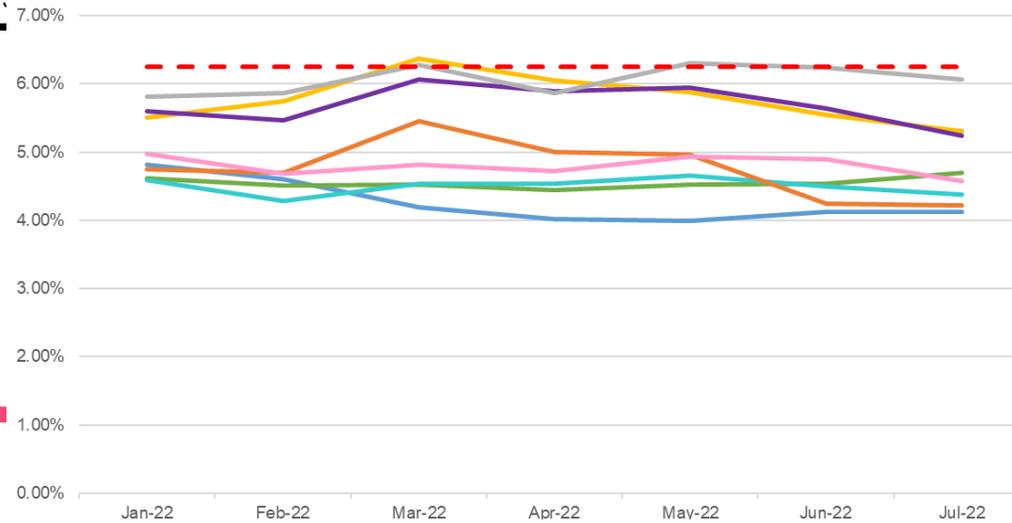
# Challenges – health and care systems struggling to respond

## Social care workforce

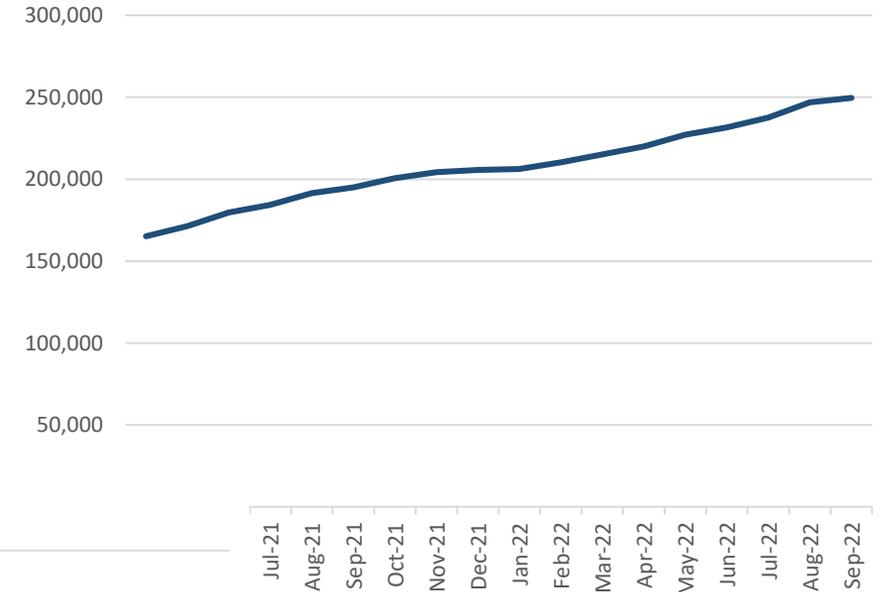


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## Access rate to mental health care



## Elective care - Overall Waiting List



# Residents - what residents in NW London communities are telling us

## Inpatient services

| Top 3 inpatient services* |     |
|---------------------------|-----|
| Hospital planned surgery  | 52% |
| Cancer services           | 44% |
| Orthopaedic services      | 42% |

| Bottom 3 inpatient services* |     |
|------------------------------|-----|
| Long terms conditions care   | 48% |
| Mental health services       | 45% |
| A&E inpatient                | 40% |

## Outpatient services

| Top 3 Outpatient community services* |     |
|--------------------------------------|-----|
| Ophthalmology services               | 61% |
| Dental NHS services                  | 60% |
| Cancer services                      | 53% |

| Bottom 3 Outpatient community services* |     |
|---|-----|
| Mental health services                  | 51% |
| Long term conditions care               | 39% |
| A&E outpatients                         | 37% |

12% said they found it very easy to book an NHS appointment



45% indicated that they found it very difficult to book an NHS appointment

81% indicated that they were treated equally by the NHS



19% indicated that they were not treated equally

Top 3 % = Very good and good combined ratings  
Bottom 3 % = Very poor and poor combined ratings

Data from Citizen Panel (3.8k membership) 'what matters to you' survey

\* Respondents were asked to pick their three top/ bottom inpatient and community services  
Source: Citizens panel 'what matters to you' survey

Health and social care services in North West London will focus on the needs of the individual to promote their health and wellbeing, in particular to enable people to live healthier lives in their communities.

- Reducing inequalities is a golden thread across everything that we all do in North West London.
- The outcomes framework, drawn up by the Directors of Public Health and the Integrated Care Board,
  - Focuses on those areas where LAs and NHS working together can go further and faster in delivering for our residents (it is not intended to cover everything each partner is doing)
  - Starts from the Professor Marmot's *Fair Society, Health Lives* (The Marmot Review)

## Six areas in Fair Society, Healthy Lives

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- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill health prevention

# Framework – suggested outcomes against the health equity framework

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## A. Give every child the best start in life

- Identify inequalities by reviewing ethnic breakdown indicators, including:
  - Neonatal mortality and still birth rate
  - Smoking status at time of delivery
  - Vaccination uptake
  - Maternal mortality
  - Breastfeeding at 6-8wks post birth

## B. Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Drug & Alcohol and substance misuse in under 18
- Increased community participation rates. Reduction in mental health, problem drug use, offending and antisocial behaviour rates
- Levels of overweight and obesity in CYP at Reception and Year 6

## D. Ensure healthy standard of living for all

- Households in temporary accommodation
- Food insecurity - percentage of households experiencing food insecurity

## C. Create fair employment and good work for all

- Gap in the employment rate between those with a physical or mental long- term health condition and the overall employment rate
- Gap in the employment rate for adults known to MH services v overall adult population
- Adult social care vacancy and retention rates below or equal to averages for benchmarking group of councils

## E. Create and develop healthy and sustainable places and communities

- Reduced gradients in ill health associated with social isolation and adverse impacts of travel e.g. Pollution, and accidents

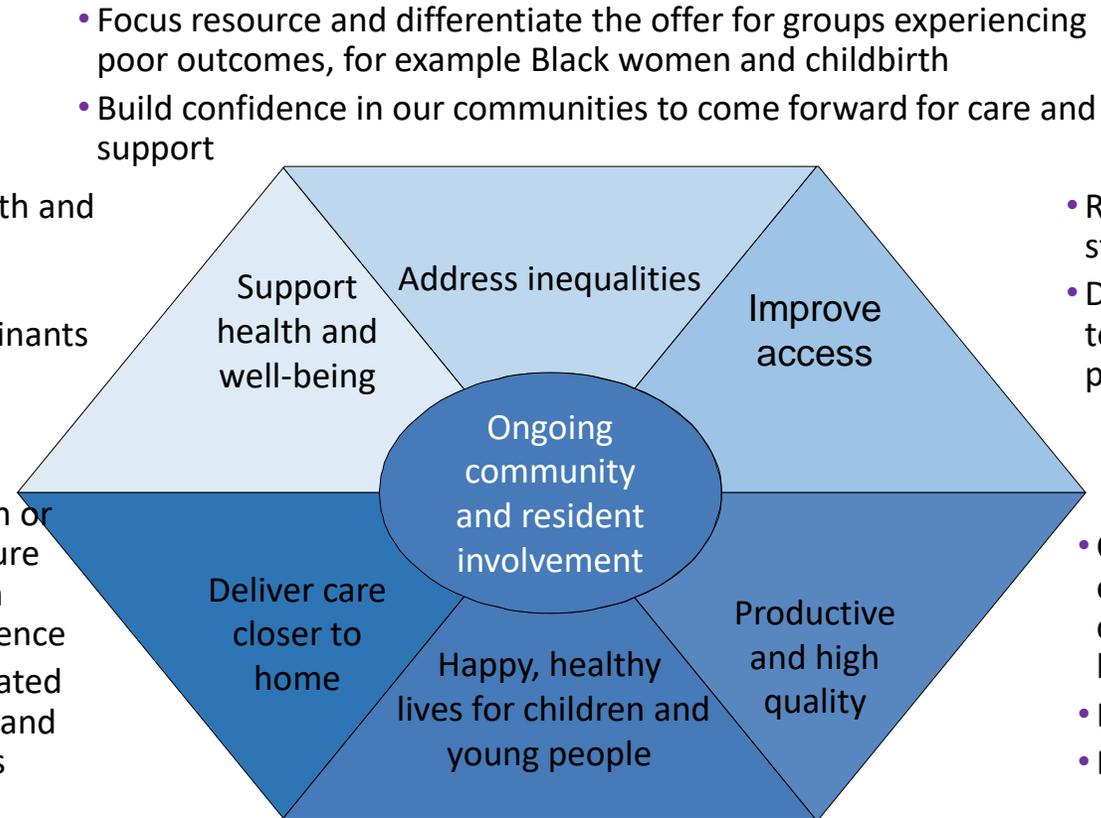
## F. Strengthen the role and impact of ill health prevention

- Patients are referred to appropriate health promotion, support and education services:
- Improve secondary prevention outcomes for patients with diabetes
- NHS Health Checks
- The rate of unplanned hospitalisations per 100,000 by neighbourhood by ethnic group
- Admissions for alcohol related condition
- Smoking prevalence
- Proportion of people with mental health condition receiving a physical health check
- Density of fast food outlets
- Decayed missing or filled teeth in under 5s

Focuses on those areas where LAs and NHS working together can go further and faster in delivering for our residents

*Not intended to cover everything each partner is doing*

- Improve access to employment in the health and care system for our residents
- Utilise the strength of borough based partnerships to focus on the wider determinants and inequalities
- Identify people who have an ongoing health or care need, with a care plan in place, to ensure they receive continuity of care and as much treatment as feasible in their place of residence
- Work with social care to develop the integrated health and care approach to avoid hospital and care home admissions and support patients moving from hospital to home care



- Focus resource and differentiate the offer for groups experiencing poor outcomes, for example Black women and childbirth
- Build confidence in our communities to come forward for care and support

- Rationalise channels for simple urgent care and streamline access
- Develop/ roll out Integrated neighbourhood teams to bring community mental health, primary community and social care
- Continue to develop innovative and cost effective models of care, starting with cardiovascular, cancer and children's mental health
- Develop workforce transformation plans
- Ensure that our estate is fit for purpose

- Develop consistent, 'right person first time' core models of care for children and young people
- Expand access to mental health support

# Engagement – the one page summaries capture actions by programme

## Proactive population health and reducing inequalities

**NHS**  
North West London



We know that in some areas and communities in NW London people have poorer health than in others.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. Health inequalities are unfair differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

We are working to improve the health of everyone in NW London, no matter who they are.

This work involves local people, the NHS, and other public services including councils, schools, housing associations and social services working together. This lets us build services that meet the needs of people in each area, improve people's health, prevent illnesses, and make better use of public resources.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

**Our plans to reduce inequalities over the next five years include:**

- + Making sure we have a clear understanding of the health of our population, including the differences between population groups and how many people have health conditions.
- + Improving access to care, experience of care and health outcomes for more vulnerable people.
- + Working in partnership to improve access to education, training and employment opportunities for our most disadvantaged communities.
- + Working with public health partners to keep our communities healthy to reduce high blood pressure, reduce smoking rates, increase healthy weight initiatives and support our youngest residents to have a better start in life.

What are your thoughts?  
Are these the right things for us to work on?



## Mental health, learning disabilities and autism

**NHS**  
North West London



We all have mental health – it's about how you feel on any given day. If you have a mental health problem, it can impact how you think, feel and behave.

We know that more people, and increasingly younger people, need help and support from mental health services.

We are working with people who use mental health services and those with learning disabilities and autism, to develop the right support for people and making sure it is in the right place for them.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

**Our plans over the next five years to improve the mental health outcomes include:**

- + Putting more mental health support teams in schools.
- + Creating more local (non-clinical) spaces for people to access help and support, for example adult community mental health services.
- + Continuing to integrate community mental health services (adults and children's) into local 'neighbourhood' teams.
- + Continuing to improve community based services for autistic people with learning disabilities to further reduce the reliance on hospital (inpatient) beds.
- + Promoting alternatives to A&E for those in crisis, including expanding 24/7 helplines and linking these to 111.
- + Providing appropriate therapeutic spaces to support people in crisis.
- + Improving communication and support for people waiting for assessment and care.

What are your thoughts?  
Are these the right things for us to work on?



## Acute care

**NHS**  
North West London



This is care that is provided in a hospital. We know that patients are now waiting longer for emergency and planned care.

This work looks at improving access to specialist care and improving how we provide urgent and emergency care such as our A&Es and urgent treatment centres (UTCs).

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

**Our plans to improve acute care over the next five years include:**

- + Ensuring residents have good access to specialist doctor's expertise.
- + Reducing waiting times for surgery.
- + Ensuring residents have convenient and timely access to diagnostic tests, including x-rays and scans.
- + Improving urgent and emergency care to reduce delays.
- + Ensuring residents experience the same quality of care regardless of where they receive it.

What are your thoughts?  
Are these the right things for us to work on?



## Local care (including primary care)

**NHS**  
North West London



This work looks at care and support provided in the community rather than a hospital, including support in your own home.

We will improve access to health and social care teams, including your GP, and develop flexible support that meets the different needs of our diverse communities.

This work covers residents of all ages and supports better care for people who are 'mostly healthy' and people with complex and long standing health conditions.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online, and also targeted engagement updates for people with complex needs, such as at the end of life.

**Our plans to improve local care over the next five years include:**

- + Creating 'neighbourhood' teams for local communities of roughly 50,000 people with the NHS and local councils working in partnership to support residents with their health and care needs. GP services are at the heart of these 'neighbourhood' teams and include other NHS services such as physio or nursing in patient's own homes.
- + Talking to the public about how and where services are provided, and how they can be best accessed, when care 'on the day' is needed – including digital and remote support where this works well for individual patients.
- + Improving the early planning and the support people receive at the end of their life.
- + Identifying earlier when people have a long term condition such as diabetes or hypertension and then making sure the best treatment plan is in place based on what the individual wants.
- + When people do need a stay in hospital making sure they return home quickly and safely (including if their home is a care home) with the ongoing support they, and their family or carers, need.

What are your thoughts?  
Are these the right things for us to work on?



These are included in the papers circulated for the meeting, and available on the ICB's website at: <https://www.nwlondonicb.nhs.uk/about-us/nw-london-health-and-care-strategy>

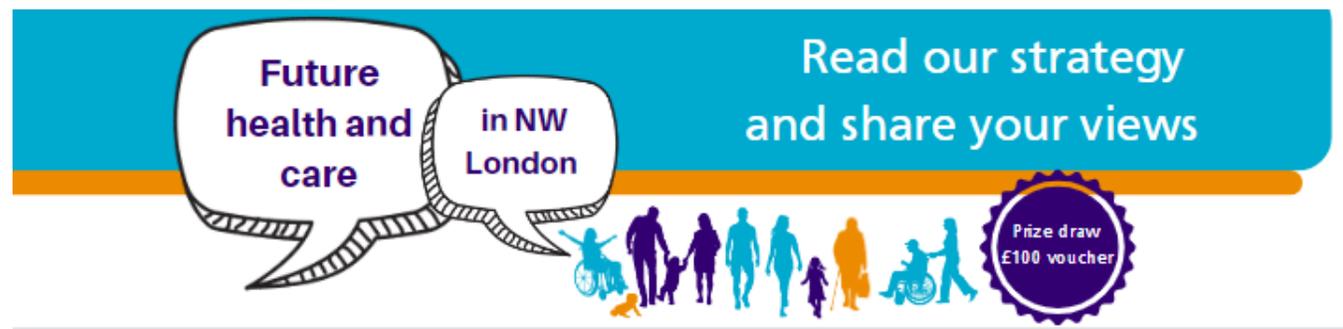
# Feedback – Where you can read more and let us know your thoughts

## Read more and feedback

[www.nwlondonicb.nhs.uk/about-us/nw-london-health-and-care-strategy](http://www.nwlondonicb.nhs.uk/about-us/nw-london-health-and-care-strategy)

## Contains:

- Intro
- Link to the [summaries](#)
- Link to the easy read (*coming soon*)
- Link to the [full draft strategy](#)
- Link to a [feedback form](#)



**Future health and care in NW London**

**Read our strategy and share your views**

Prize draw £100 voucher

**Give us your views**

Please do complete **our survey about the strategy**. Not only will you be helping to shape the future of health and care in NW London but you could win a £100 voucher!

We will be talking to local residents, health and care staff, Healthwatch and the voluntary and community sectors during May and June to seek feedback, challenge and discussion on the strategy. We appreciate that the draft strategy is wide-ranging, and so to support engagement we have produced single page summaries for each programme's strategic objectives. There will also be a North West London Residents Forum (open to everyone), where local people will be invited to discuss and comment on our plans. We would encourage local people to join this virtual meeting, which will be advertised in due course.

If you have additional comments or questions about it, please email [nhsnwl.communications.nwl@nhs.net](mailto:nhsnwl.communications.nwl@nhs.net). All comments will be considered as we develop the final draft.

[Read the full strategy](#) 

[Read the summary](#) 

[Complete the survey](#) 

# Health and care strategy for North West London

Summary document



# Contents

- Proactive population health and reducing inequalities
- Mental health, learning disabilities and autism
- Local care, including primary care
- Acute care (Hospitals)
- Cancer care
- Babies, children and young people
- Maternity and neonatal
- Involvement
- Data and digital
- Workforce
- Estates
- Research and innovation



# Introduction

We have published a first draft of our health and care strategy for North West London. The strategy is intended to set out our plans for healthcare services across our eight boroughs.

This document is a summary of that strategy.

We know:

- that in some areas and communities in NW London people have poorer health than in others.
- the conditions in which we are born, grow, live, work and age can impact our health and wellbeing.
- the waiting times and access for some services and specialist doctors are too long and difficult to get to.
- some conditions, including cancers are being diagnosed too late.

We have plans to improve, but we would like to know what you think of our plans so far and what is important to you.

Your feedback will help us develop our strategy and shape services over the next five years.

Please do complete our survey about the strategy. All comments will be considered as we develop the final draft.

**Complete  
our survey  
and share  
your views**

**Scan the QR code  
or use the link  
to complete the survey  
and a chance to win  
£100 voucher**



**[bit.ly/nwlhealthsurvey](https://bit.ly/nwlhealthsurvey)**



## Proactive population health and reducing inequalities



We know that in some areas and communities in NW London people have poorer health than in others.

The conditions in which we are born, grow, live, work and age can impact our health and wellbeing. Health inequalities are unfair differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.

We are working to improve the health of everyone in NW London, no matter who they are.

This work involves local people, the NHS, and other public services including councils, schools, housing associations and social services working together. This lets us build services that meet the needs of people in each area, improve people’s health, prevent illnesses, and make better use of public resources.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

### Our plans to reduce inequalities over the next five years include:

-  Making sure we have a clear understanding of the health of our population, including the differences between population groups and how many people have health conditions.
-  Improving access to care, experience of care and health outcomes for more vulnerable people.
-  Working in partnership to improve access to education, training and employment opportunities for our most disadvantaged communities.
-  Working with public health partners to keep our communities healthy to reduce high blood pressure, reduce smoking rates, increase healthy weight initiatives and support our youngest residents to have a better start in life.

**What are your thoughts?  
Are these the right things for us to work on?** 



# Mental health, learning disabilities and autism



We all have mental health – it’s about how you feel on any given day. If you have a mental health problem, it can impact how you think, feel and behave.

We know that more people, and increasingly younger people, need help and support from mental health services.

We are working with people who use mental health services and those with learning disabilities and autism, to develop the right support for people and making sure it is in the right place for them.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

## Our plans over the next five years to improve the mental health outcomes include:

-  Putting more mental health support teams in schools.
-  Creating more local (non-clinical) spaces for people to access help and support, for example adult community mental health services.
-  Continuing to integrate community mental health services (adults and children's) into local 'neighbourhood' teams.
-  Continuing to improve community based services for autistic people with learning disabilities to further reduce the reliance on hospital (inpatient) beds.
-  Promoting alternatives to A&E for those in crisis, including expanding 24/7 helplines and linking these to 111.
-  Providing appropriate therapeutic spaces to support people in crisis.
-  Improving communication and support for people waiting for assessment and care.

What are your thoughts?  
Are these the right things for us to work on?



## Local care (including primary care)

This work looks at care and support provided in the community rather than a hospital, including support in your own home.

We will improve access to health and social care teams, including your GP, and develop flexible support that meets the different needs of our diverse communities.

This work covers residents of all ages and supports better care for people who are 'mostly healthy' and people with complex and long standing health conditions.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online, and also targeted engagement updates for people with complex needs, such as at the end of life.



### Our plans to improve local care over the next five years include:

- 

Creating 'neighbourhood' teams for local communities of roughly 50,000 people with the NHS and local councils working in partnership to support residents with their health and care needs. GP services are at the heart of these 'neighbourhood' teams and include other NHS services such as physio or nursing in patient's own homes.
- 

Talking to the public about how and where services are provided, and how they can be best accessed, when care 'on the day' is needed – including digital and remote support where this works well for individual patients.
- 

Improving the early planning and the support people receive at the end of their life.
- 

Identifying earlier when people have a long term condition such as diabetes or hypertension and then making sure the best treatment plan is in place based on what the individual wants.
- 

When people do need a stay in hospital making sure they return home quickly and safely (including if their home is a care home) with the ongoing support they, and their family or carers, need.

**What are your thoughts?  
Are these the right things for us to work on ?**





# Cancer care

Cancer is an illness which affects many people over their lifetime. There are many different types and it is important that we are able to find out about it early.

We know that there is inequality in people who go for their free NHS cancer screening. Waiting times to see a cancer specialist are also longer than they should be.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.



## Our plans to improve cancer care over the next five years include:

-  Making sure patients are seen within two weeks of a GP cancer referral.
-  Finding cancers earlier through education sessions, standardising referrals and developing new interventions.
-  Improving health outcomes by improving follow-up care for patients.
-  Working with our partners and community groups to encourage residents with possible cancer symptoms to contact their doctor earlier.
-  Working with our community to better understand the reasons why some people do not attend free NHS cancer screenings.

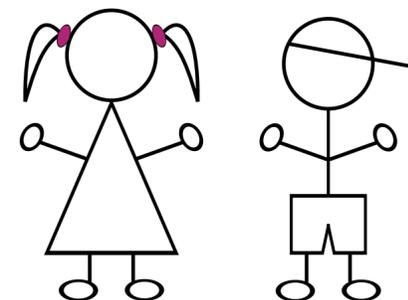
What are your thoughts?  
Are these the right things for us to work on 



## Babies, children and young people

We know that there are differences in how healthy children are in NW London.

That can be for many reasons including because of where we are born, live and grow. Children from more deprived backgrounds will often have poorer health and we want to change that.



This work looks at providing support for families in NW London and working with communities to improve the health of our children and young people.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

### Our plans to improve care for babies, children and young people over the next five years include:



Developing child health and family hubs and making sure the core services they provide are the same across NW London. These local hubs will be part of 'neighbourhood' teams and provide services from the NHS, local authority and voluntary care services.



Working with families, children and young people to design services that meet their needs, especially in areas where we see the biggest differences in health.



Working with Imperial College London and The School of Public Health to use the latest innovations to better care for our patients.



Working with families to understand the reasons why some are not up to date with vaccinations.



Improving the health of children's teeth.



Making sure that families and children will feel listened to and at the centre of making decisions for their care.

What are your thoughts?

Are these the right things for us to work on ?



## Maternity and neonatal

This work looks at the care you and your baby receive during pregnancy.

We know that there is more we can do to improve the experience, quality and safety of care for mothers and partners across our maternity services.

We want to support our midwifery workforce and develop new ways to support mothers and their families in our care.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.



### Our plans to improve maternity and neonatal care over the next five years include:

-  Setting up new pre-term birth clinics to help reduce the number of babies born early.
-  Supporting staff with improved training opportunities and continuing to recruit new staff into maternity and neonatal services.
-  Making maternity and neonatal services more efficient with better use of digital tools for parents and families, for those who can use them e.g the NW London Mum and Baby app.
-  Joining services together where it will mean we can better support patients.
-  Working with Maternity and Neonatal Voice Partnerships to make sure we have maternity & neonatal champions to be the voice of the patient and support our family.
-  Integrating maternity services into family hubs to better support families.
-  Working with our communities to understand how midwifery and neonatal services need to be different to support the needs of different groups.
-  Prioritising continuity of care for those who will benefit most - Black, Asian and mixed ethnicity women, and women from our most deprived areas of NW London.

What are your thoughts?  
Are these the right things for us to work on ?



## Involvement

Hearing from our residents across NW London is so important. We want to have NHS services that work for you and we can't do that without your help.



Our communities want to be listened to and involved in the development of their local health services.

This work looks at how we will work with local people and use their feedback to improve and develop services.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

### Our plans to involve our local communities over the next five years include:

-  Regularly asking 'what matters to you' as we listen to all our communities across NW London.
-  Placing as much importance on what we hear from our residents and populations as we do with other data.
-  Working with grassroots voluntary sector organisations and residents to build trusted relationships with our communities.
-  Designing future plans in partnership with people and communities.
-  Empowering people to take control of their own health and increase confidence in managing long term conditions.
-  Making sure our residents have a voice in all our work.

What are your thoughts?  
Are these the right things for us to work on ?



## Data and digital

Using technology is not something that everyone wants to do, or can do. However, for many people, new technology can support their health - for example to help keep them out of hospital by monitoring and managing health from home.



We know we have work to do to update our IT systems to improve efficiency. This work looks at how we can make better use of technology to support patients and health and care staff, to improve care.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

### Our plans to further develop our use of digital and data over the next five years include:

-  Using new and innovative technologies to improve and support clinical decision making.
-  Creating new ways to provide care using advances in technology, for example virtual wards and home monitoring.
-  Developing a single dataset of timely, detailed health and care information, that can help clinicians provide the right care and support for patients.
-  Developing systems to provide a NW London wide overview and management of demand, capacity and patient flows across hospitals and primary care services.
-  Automating advice and guidance from clinical specialists to support GPs with referrals.
-  Implementing shared records, so all clinicians supporting the health and care of an individual can see their information.
-  Standardising clinical systems across hospitals and care settings, to allow all our hospital systems to talk to each other.
-  Reducing the need for patients to repeat information at each appointment.

**What are your thoughts?  
Are these the right things for us to work on ?**



## Workforce

We know that recruitment and retention of staff in health, is becoming more challenging.



This work looks at how we can better support staff through training and new ways to provide care with new job roles that benefit both staff and patients.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

### Our plans to improve support for our workforce over the next five years include:

-  Creating flexible career pathways across all the organisations within the NW London Integrated Care System.
-  Addressing racism and developing inclusive practices and culture.
-  Improving staff wellbeing and providing better support.
-  Doing things differently - looking at hard to recruit roles and redesigning models of care to make services and roles better for staff and patients.
-  Working with primary care and social care to develop joined up workforce plans.
-  Making sure effective education and training programmes are in place to deliver future ways of providing care, new roles, and new apprenticeships through a NW London health and care skills academy.

What are your thoughts?  
Are these the right things for us to work on ?



## Estates

This looks at the building space we have within NW London. It is everything from hospitals and GP surgeries to local clinics and offices.

We know that some of our buildings are not fit for purpose and that it is not all being used as effectively as it could be.



This work looks at how we can improve environments and better use our spaces to provide care.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.

### Our plans to improve our use of buildings over the next five years include:

-  Working together with clinical programs and stakeholders to develop proposals to make estate fit for purpose now and for the future.
-  Progressing the developments of two new hospital builds for Hillingdon and Imperial hospitals.
-  Making better use of empty spaces and using space efficiently.
-  Working together across ICS organisations to use space collectively.
-  Reviewing all leases in primary care to better serve local communities through primary care hubs supporting local ‘neighbourhood’ teams.

What are your thoughts?  
Are these the right things for us to work on?



# Research & innovation

We know that there is more we can learn and there are better ways to prevent and diagnose disease earlier.

This work looks at how we can improve the health of our patients by being more ambitious with the research we undertake.

All of our plans have been informed by our ongoing community engagement – you can read our regular insight reports online.



## Our plans for research and innovation over the next five years include:

-  Concentrating our research effort on fewer areas to support the adoption and roll out of new methods of prevention and treatment. These include:
  -  Maximising the experience and outcomes for residents with chronic disease, by preventing, diagnosing and better treating patient needs. This work will start by looking at cardiovascular disease.
  -  Minimising the harm suffered by patients being in the wrong care setting.
  -  Ensuring that children and young adults have the best start in life, with a particular focus on promoting positive mental health.
-  Supporting and incentivising how research and innovation works across, and improves the lives of, all our communities in NW London .

What are your thoughts?  
Are these the right things for us to work on ?



If you require this document in another language please contact [nhsnwl.communications.nwl@nhs.net](mailto:nhsnwl.communications.nwl@nhs.net)

Translation requested