North West London Joint Health and Overview Scrutiny Committee

Agenda

Thursday 19 March 2026 at 10.00 am

Venue: London Borough of Brent
Conference Hall, Brent Civic Centre, Engineers Way, Wembley, HA9 0FJ

MEMBERSHIP

Borough	Representative
London Borough of Brent	Councillor Ketan Sheth (Chair)
London Borough of Hammersmith and Fulham	Councillor Natalia Perez (Vice Chair)
London Borough of Ealing	Councillor Ben Wesson
London Borough of Harrow	Councillor Chetna Halai
London Borough of Hillingdon	Councillor Nick Denys
London Borough of Hounslow	Councillor Marina Sharma
Royal Borough of Kensington and Chelsea	Councillor Lucy Knight
Westminster City Council	Councillor Patricia McAllister
London Borough of Richmond upon Thames	Councillor Claire Vollum (non-voting)

This meeting will be held as an in person physical meeting with all members of the Scrutiny Committee required to attend in person.

The meeting will be open for the press and public to attend with a limited number of seats available. Alternatively, the link to follow the webcast live will be made available here: https://brent.public-i.tv/core/portal/webcast_interactive/1076712

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Date Issued: 11 March 2026

North West London Joint Health Overview and Scrutiny Committee

Agenda

At a meeting of the **Joint Health Overview & Scrutiny Committee (JHOSC)** held on Tuesday, 9 December 2025 at 10:00 am at Hounslow House, 7 Bath Road, Hounslow, TW3 3EB.

Present:

Councillor Ketan Sheth (Chair)

Councillor Natalia Perez (Vice-Chair)

Councillors Nick Denys, Chetna Halai, Lucy Knight, Patricia McAllister, Marina Sharma, Claire Vollum and Ben Wesson

Others present:

Frances O'Callaghan (NHS), Rory Hegarty (NHS), Melissa Mellet (NHS), Duncan Ambrose (NHS), Anne Middleton (NHS), Javina Sehgal (NHS), Dr Genevieve Small (NHS), Katherine Shaw (Healthwatch)

1. Welcome and introductions

Councillor Ketan Sheth, Chair, welcomed everyone to the meeting and invited Councillor Marina Sharma, representing Hounslow Council, to open the meeting. Councillor Sharma welcomed all attendees to Hounslow House and expressed her appreciation for their presence. On behalf of the Chief Executive of Hounslow, who was unable to attend due to another engagement, Councillor Sharma introduced Councillor Lily Bath, Cabinet Member for Adult Social Care, Public Health and Health Integration, and invited her to deliver a formal welcome.

Councillor Lily Bath welcomed attendees to Hounslow and introduced herself in her capacity as Cabinet Member for Adult Social Care, Public Health and Health Integration. She offered thanks to all present for their ongoing work, particularly in relation to scrutiny of NHS proposals and decision-making across the region. She also expressed gratitude to council officers for organising the meeting and for their continuous work on behalf of residents. Councillor Bath highlighted the significant regional impact of the scrutiny function, noting that recent scrutiny work had focused on service transformation, performance, and outcomes, all of which contributed meaningfully to residents' wellbeing across North West London. She outlined Hounslow's strategic focus on health equity, noting that "Healthy Hounslow" was a key priority within the Council's Corporate Plan, supported by ten commitments to be delivered by the end of the following year. She emphasised the Borough's diverse and growing population, with nearly half of residents born outside the Borough, and explained that equity of access to health services remained a priority.

Councillor Bath identified several demographic and service pressures faced by the Borough, including population growth, rising complexity in special educational needs, and increasing demand for adult social care. She also noted that Hounslow was projected to experience one of the largest increases in residents aged over 65 in London, with nearly 65,000 residents expected to be over 65 by 2050. The Council's recently published *Vision 2050* report was referenced as part of long-term planning for these challenges.

Councillor Bath expressed pride in Hounslow's strong partnership working across the Council, NHS, voluntary sector, and community partners. She outlined several successful local initiatives, including:

- A new model of care addressing frailty.
- A pilot hospital discharge service with West Middlesex Hospital, supporting approximately 100 medically fit patients to return home safely, creating substantial NHS savings and improving patient outcomes.
- The *Hounslow Care Together* project, launched in September, providing integrated care for older adults with frailty and complex needs across two GP practices. This early-intervention model aimed to prevent escalation of need.

Councillor Bath highlighted the importance of effective scrutiny, noting her own experience in scrutiny roles and emphasising its value as a constructive tool to support and strengthen decision-making. She stressed the need for strong local accountability, particularly considering the forthcoming merger of North West London and North Central London Integrated Care Boards. She stated that the transition must strengthen—not weaken—the local voice, transparency, and influence over decisions. Councillor Bath concluded by thanking all members for their hard work, encouraging continued engagement, and inviting attendees to return to Hounslow in the future.

Moving on, the Chair welcomed Frances O'Callaghan to the meeting and congratulated her on her new role and looked forward to working with her in the future.

2. Apologies

There were no apologies for absence to note.

The Chair noted that Councillor Natalia Perez, representing the London Borough of Hammersmith & Fulham had joined the meeting online.

3. Declarations of interest and clarification of alternate members

- Councillor Ketan Sheth declared a personal interest as Lead Governor at Central and North West London NHS Foundation Trust.
- Councillor Ben Wesson declared employment with the Nursing and Midwifery Council.
- Councillor Claire Vollum declared employment with West London NHS Trust.
- Councillor Patricia McAllister declared that she was a trustee of the Carers Network.

4. Minutes of the previous meetings held on 01 May 2025 and 17 July 2025

The minutes of the meetings held on 1 May 2025 and 17 July 2025 were agreed as accurate records.

5. Implementation of the Same Day Access Model in Primary Care

The Chair introduced the item, noting the Committee's extensive prior engagement with the subject of primary care access. The Chair welcomed representatives from the NHS and invited them to present the key elements of the report to maximise time for Member questions.

Javina Sehgal (Director of Primary Care, North West London Integrated Care Board (ICB) thanked the Committee for the invitation and provided an update on the development and implementation of the primary care access programme in North West London (NWL). She emphasised the Committee's significant role in shaping the programme, particularly around communication, transparency, equity, and ensuring patient voice remained central.

She advised that the programme had evolved from an initial "single day access" model

launched in 2023/24 to a locally designed, co-produced model informed by extensive resident engagement. She stated that one of the largest national engagement exercises was undertaken, receiving over 100,000 survey responses. Insights from residents, staff, Primary Care Networks (PCNs), and Local Medical Committees (LMCs) informed the revised Access Specification.

The Access Specification incorporated five core areas identified by residents:

1. Same-day access and timely responses
2. Continuity of care
3. Digital access
4. Clear expectations
5. Meaningful patient involvement

She advised that every Primary Care Network had developed an Access Improvement Plan aligned to the specification.

In terms of the current delivery position, she advised that general practice was managing around 80% of low-acuity same- or next-day demand, supporting urgent and emergency care resilience. Enhanced access was established across NWL, including NHS 111 direct booking. Work was continuing to address unwarranted variation and ensure equity in access. She advised that a targeted improvement programme supported practices requiring additional assistance, with 56 practices involved to date.

Ms Sehgal emphasised that access was a fundamental component of emerging neighbourhood-based health models. NWL had three nationally recognised exemplar sites progressing work in children's health, frailty, cardiometabolic conditions, and end-of-life care.

Councillor Sharma asked how patient satisfaction was measured, how digitally excluded residents were supported, and what extra assistance was provided to high-demand PCNs. Ms Sehgal advised that patient satisfaction was monitored through the annual National GP Patient Survey, triangulated with local intelligence. Satisfaction levels had risen in 2024/25 and 2025/26. She stated that NWL has seen improvements not only in GP access but also in dental and community pharmacy services. Support for high-demand PCNs included analysis of demand patterns, triage optimisation, neighbourhood-based workflows, and targeted practice-level improvement programmes. In addition, outreach initiatives included digital cafés and translation tools within online consultation platforms.

Councillor Halai queried how residents would understand changes to same-day access and why Harrow's performance appeared lower than some other boroughs. Ms Sehgal advised that there would be extensive engagement through patient participation groups, face-to-face and online events, and surveys to ensure residents were informed. She advised that variation across boroughs reflected differing population needs. Dr Genevieve Small (GP and Harrow Medical Director for Primary Care, NWL ICB) advised that Harrow had high prevalence of long-term conditions (e.g., diabetes), requiring significant proactive and preventative care, which affected same-day appointment proportions.

Councillor Knight questioned whether the ICB should focus on the lowest-performing PCNs and she questioned how continuity of care would be protected. Dr Genevieve Small confirmed that while a universal framework applied, improvement support was targeted and proportionate. Continuity of care remained a priority, with work underway to identify patients who would benefit most from relationship-based care. She emphasised that collaboration continued with GP practices, PCNs, and neighbourhood teams, supported by the newly established Primary Care Provider Collaborative.

Councillor McAllister raised concerns about barriers faced by residents with limited English proficiency, disabilities, or lack of digital access. Javina Sehgal advised that the ICB was undertaking dedicated digital inclusion work, which included outreach engagement and welcomed further collaboration with local authority teams. Online consultation systems offered translation features, enabling residents to submit enquiries in their own language. In response to a question from Councillor Perez, Ms Sehgal stated that the ICB was committed to ongoing work with borough teams to ensure engagement with digitally and socially excluded communities.

Councillor Perez queried what additional capacity residents in Hammersmith & Fulham would receive. Ms Sehgal clarified that the enhanced access offer was universal across NWL. She advised that further details could be provided offline if specific local issues were identified.

The Chair thanked NHS colleagues for their attendance, presentation and detailed responses. Due to time constraints, Members were invited to submit any further questions or recommendations to the Chair after the meeting, who would liaise with the ICB for written responses. NHS representatives expressed their willingness to continue working with the Committee as the primary care access programme continued to develop.

6. Urgent and Emergency Care Delivery

The Chair welcomed NHS colleagues to present the update on urgent and emergency care delivery across North-West London (NWL). Apologies were noted from Dr Amit Gupta, UEC Clinical Lead. The Chair invited Melissa Mellet, NHS NWL (UEC Lead), to present the main points of the submitted report.

Melissa Mellet summarised progress since the previously presented UEC (Urgent & Emergency Care) strategy, noting that the system had moved into the delivery phase. Partners across acute, community, mental health, LAS, primary care and local authorities were now working as a single integrated system with measurable improvements in patient flow, early intervention and overall resilience. The Integrated Care Coordination Hub (ICCH) had been operational since October, bringing senior clinical decision-makers together across NWL to reduce avoidable ambulance conveyances. She reported that early performance figures had indicated that there had been 489 avoided conveyances against a target trajectory of 900 per month.

In terms of Same Day Emergency Care (SDEC) there had been record levels of SDEC activity across acute trusts, improving diagnostic speed and reducing 4-hour pressures in A&E. Additionally, the community and mental health alternatives had been expanding to include: enhanced Urgent Community Response and frailty pathways, enhanced Hospital at Home offer, expanded community bed base offer and increased access to mental health crisis alternatives.

In terms of the current pressures, she advised that there was still rising demand for services for children, people with long-term conditions and mental health presentations. There were also concerns about the workforce fragility and junior doctor industrial action. Furthermore, concerns were raised about increasing seasonal influenza, affecting both residents and staff. There was also a concern about disproportionate A&E use among children aged 0–15 and communities in the most deprived areas. Ms Mellet confirmed that winter plans had been fully stress-tested and a *System Flow Optimisation Board*, chaired by Lesley Watts (CEO Chelsea & Westminster Hospital NHS Foundation Trust) was providing oversight.

Frances O'Callaghan emphasised the unusual pressures that winter due to the combination of early flu, industrial action and seasonal workforce pressures. She asked for Committee

support in reinforcing public messages to avoid A&E except in genuine emergencies. The Chair confirmed full support from the Committee in communicating with residents.

Councillor Denys asked how the public would be directed to alternatives such as Pharmacy First and NHS 111. Ms Mellet advised that Pharmacy First was being promoted for seven initial conditions, with 33 conditions eventually included. The workforce across primary and urgent care settings was being briefed to redirect patients appropriately. She advised that a comprehensive communications plan was being rolled out to support the onboarding across pharmacies is at 98%. Rory Hegarty, NHS NWL, advised that engagement was ongoing with voluntary community sector organisations and borough partners.

Councillor Sharma asked about the virtual ward outcomes and how community discharge capacity was being strengthened. Melissa Mellet responded that NWL had 500–600 patients on the virtual wards at any time. The most current activity was focussed on 'step-down' out of hospital, but frailty virtual wards were now mobilising across all eight boroughs, prioritising high-deprivation and high-frailty areas. She advised that additional community capacity was being deployed borough-by-borough.

In response to a further question about ambulance handover delays (West Middlesex Hospital), Ms Mellet advised that London North West hospitals faced very high ambulance volumes. The priority actions in place aimed to reduce conveyances via the ICCH, target staff increases and to balance handover speeds with safe avoidance of corridor care.

Councillor Knight asked why mental health waits remained persistently high and what the principal barriers were. In response, Ms Mellet emphasised that NWL was the best-performing region in London, but demand continued to rise. She explained that variability existed and gave the example of Ealing Hospital where 12-hour breaches were around 50%, compared with 25% elsewhere. She advised that new crisis alternatives, including the Lakeside facility in Hounslow, were being mobilised and recruited to. She felt it was important to note that the rise in mental health presentations reflected post-pandemic trends nationally.

Anne Middleton, Director of Nursing (All-Age Complex Care & Continuing Care NWL ICB), added that mental health crisis presentations at A&E's had increased incrementally since the pandemic. Crisis facilities aiming for assessment and discharge within 24 hours had been put into place but the demand continued to rise. She felt that barriers included capacity issues in crisis care, community pathways, and onward placements. Anne Middleton advised that continued work was required across health and social care, including housing and community support.

In response to a question regarding contingencies for extreme winter surges, Melissa Mellet advised that contingency options were limited and the system had deployed all available measures. She emphasised that industrial action combined with flu made that winter atypical.

Councillor Halai raised concerns that A&E attendance reflected wider system gaps. Frances O'Callaghan advised that flu season had arrived early but she reassured that it would peak and then the numbers would reduce. She emphasised that prevention with higher vaccination uptakes remained critical. She stated that cancellation of elective care remained a last-resort escalation measure. In terms of system gaps, Ms O'Callaghan acknowledged that many people attended A&E due to crisis situations unrelated solely to clinical need such as, housing instability, mental health crisis or malnutrition. She emphasised that stronger partnership with local authorities and voluntary community sector (VCS) organisations was essential. It was felt that messaging landed differently in different boroughs; peer-led and VCS-led engagement was often more effective.

The Chair thanked all NHS representatives for their openness, clarity and responsiveness. Members were invited to submit any further questions offline, and the Chair would coordinate responses. The Committee looked forward to ongoing engagement as the UEC programme continued to develop.

The following recommendation was agreed:

Resolved:

The committee requested that the item be brought back to the NW JHOSC (potentially in one year) specifically focused on bridging partnership working, particularly around preventing avoidable A&E attendances.

7. Application of the Continuing Health Care Criteria

The Chair welcomed Anne Middleton, Director of Nursing (All-Age Complex Care & Continuing Care NWL ICB) to her first attendance at the Committee and invited her to present key highlights from the CHC report. Anne Middleton confirmed the paper was taken as read and summarised the main points for Members. She advised that over the past year, 4,400 individuals had been within the active CHC caseload across North West London. The paper outlined the different elements of CHC, including:

- Adult Continuing Healthcare
- Children's Continuing Care (not covered in the paper; Anne offered to return in the New Year for a dedicated session)
- Funded Nursing Care (approx. £150 per week)
- Personal Health Budgets (PHBs)
- Fast Track CHC

She advised that there were approximately 350 PHBs in NWL. Increasing that number was a key objective, recognising that North Central London had over 1,000 PHBs. She explained that the Fast Track CHC supported individuals who were imminently dying (typically within 12 weeks). The average discharge timelines were:

- 12–24 hours for home-based packages
- 3 days for transfers to nursing homes or hospices

As of Quarter 2, NWL had received just under 2,000 referrals, with numbers higher as Q3 had begun. NWL's CHC eligibility rate was the highest in London, with approximately 25% of referrals accepted. The number of patients with Learning Disabilities and Autism had significantly increased, specifically 41 additional patients across Q1–Q2. She advised that further partnership work with local authorities was planned. The Committee was advised that the report included borough-level breakdowns to support Members' scrutiny, given local variation in referral and eligibility patterns.

Councillor Halai noted a *50% increase* in Harrow referrals and questioned variations between boroughs. Ms Middleton advised that CHC decisions followed the national framework and were applied consistently across all eight boroughs. Variations reflected differences in patient need rather than differences in assessment practice. She advised that some variation arose when local authority staff turnover affected referral quality. The Committee was advised that the ICB provided ongoing training to social care and care home staff to ensure there was equity in their approaches. Ms Middleton agreed to provide a more detailed borough-specific analysis in writing.

Councillor Sharma asked for assurance regarding consistency of eligibility decisions. She questioned how many Hounslow delayed discharges were CHC related and what the

comparative waiting times for Hounslow residents were compared to the northwest London averages. Anne Middleton committed to providing written detail on:

- Eligibility consistency mechanisms
- Borough-level delayed discharge data
- Current CHC waiting times by borough

It was noted that Hounslow's integrated care model meant that some functions differed locally.

Anne Middleton advised that the *System Flow Optimisation Board* chaired by Lesley Watts, regularly reviewed delayed discharge data.

Councillor Knight asked which patient groups showed declining acceptance, whether particular groups may be disadvantaged, and whether budgets influenced eligibility outcomes. In response, Anne Middleton advised that there was no evidence of decline for specific groups; increases were seen in learning disabilities/autism, whilst dementia remained stable. She stated that eligibility decisions were not influenced by budgets and followed the national framework. Demographic data needed improvement and a new system was being procured to capture better data for equity analysis. She advised that she would provide a more detailed breakdown in writing.

Members welcomed positive feedback on the Fast Track process. It was noted that Fast Track CHC was a national scheme, not London-specific. It was confirmed that retrospective claim handling was also a national requirement.

Councillor Wesson highlighted concerns that complexity of need was rising, yet some individuals fell between CHC and social care criteria. Anne Middleton advised that, unfortunately, the national framework did not always reflect modern multi-morbidity patterns. National discussion about revisions was ongoing, but broader reform would require parallel changes in social care legislation. She advised that CHC teams worked with local authorities to support 'gap' patients on a case-by-case basis.

Councillor Wesson queried timelines for delegation of CHC functions to local "integrators". Francis O'Callaghan confirmed that the ICB had discussed this (private board) and would discuss it again in January. The direction of travel was clear in the model ICB guidance, namely that delegation would proceed, subject to consultation and staff considerations.

Councillor McAllister shared lived examples of difficult CHC journeys, including for individuals with brain injury. Anne Middleton acknowledged the emotional impact and emphasised the importance of learning from patient and carer experiences. She felt that a sustainable long-term approach would need national, regional and local market development.

Resolved:
The following recommendation was formally proposed and agreed:

- To establish a working group or consultation involving patients, carers, health scrutiny members, local authorities and integrator bodies to support the forthcoming CHC delegation work and ensure lived experience informed future commissioning.

The Chair thanked Anne Middleton and NHS colleagues for their detailed responses and constructive engagement. He advised the committee that further questions could be submitted offline, and responses would be coordinated through the Chair.

8. SEN Continence Service

The Chair warmly welcomed Duncan Ambrose, NWL ICB Children's Services Lead to the Committee and invited him to present the key headlines of the paper. Duncan Ambrose briefly introduced his background, noting nearly 30 years' experience in children's services, including clinical work, commissioning, and participation in SEND inspections across all NWL boroughs. He welcomed the Committee's sustained focus on children's issues and highlighted the importance of early years support.

Mr Ambrose drew out four key points from the paper:

1. Continence was a normal part of development and it was central to child growth—particularly in the under-5 and 5–11 age groups. He stated that most children's needs did not require medicalisation.
2. There were three levels of support.
    - Level 1 – Universal support via families, health visitors, school nurses and wider community networks.
    - Level 2 – Coordinated support for children needing behavioural management, structured continence care and review.
    - Level 3 – Specialist clinical input delivered within acute settings.
3. All boroughs had provision across all three levels. However, there was unwarranted variation, particularly at Levels 1 and 2. He advised that Parent Carer Forums provided valuable feedback highlighting both strengths and challenges within borough pathways.
4. There were opportunities for multi-agency improvement. He stated that continence pathways cut across health, education, public health and community services. Key opportunities could include:
    - A common core continence offer across NWL
    - Improved coordination across health visiting, school nursing and community services
    - Embedding co-production with families and young people.

Councillor Halai asked how families' voices shaped services and how systems avoided imposing solutions rather than responding to lived experience. Mr Ambrose stressed that SEND Partnership Boards in each borough were central to co-production. The partnership boards involved parent carers, young people, schools, social care, public health and providers. Issues that were beyond borough control were escalated to NWL ICB for resolution. He emphasised the ambition was for a common core offer designed collaboratively, not in isolation by the ICB.

Councillor Wesson noted excellent work in Ealing, including a continence and pressure ulcer prevention booklet developed with partners. Mr Ambrose welcomed the work carried out in Ealing and agreed such practice should be shared NWL-wide. He emphasised opportunities for structured engagement with youth councils to strengthen children's voices.

Councillor Sharma asked what additional continence staffing would be in place for Hounslow and how schools would be supported. Duncan Ambrose explained that Level 1 and some Level 2 services were commissioned by Directors of Public Health and questions on school nursing would need to be directed to them. In terms of the workforce, part of the common core specification was being mapped to ensure best use of capacity. He advised that joining up ICB-commissioned services and borough-commissioned services was essential for workforce sustainability.

Councillor Perez asked how families influenced Level 1 and Level 3 services, not just Level 2. Mr Ambrose cited the Brent example, where concerns raised by families and schools led to interim changes agreed by CEOs across organisations, pending the common core offer. He advised that co-production spanned all levels as part of wider SEND governance. He encouraged the Committee to recommend strengthened co-production at community level.

Councillor McAllister raised concerns about long waits in adult pathways and asked how that compared for children requiring specialist continence care. Mr Ambrose agreed that it was a priority and confirmed discussions with acute provider collaboratives. The ambition was to set common quality standards and to ensure fair access across NWL. He offered to take away the specific query and provide further detail.

Councillor McAllister raised concerns about stigma, embarrassment and lack of public awareness around continence, particularly for school-aged children. Mr Ambrose and Katherine Shaw, representing Healthwatch, agreed that families were often unsure where to turn for support. It was agreed that there was an opportunity for co-produced child-friendly information, aligned with community and school services. It was suggested that Youth Voice could play a major role, building on approaches used in mental health destigmatisation.

Members highlighted that complex continence needs required long-term behavioural support delivered by specialist practitioners. Duncan Ambrose agreed and emphasised the importance of consistent Level 2 support delivered in the context of wider child and family circumstances. He advised that the aim was to establish a Child Health Hub in every Primary Care Network, integrated with Family Hubs and Child Development Centres.

Resolved:

The Committee made the following recommendations:

1. Co-production of public information and stigma-reduction materials for children's continence—developed with parent forums, youth councils and local authorities.
2. Consideration of a borough-wide and NWL-wide review of workforce and training support, particularly across public health commissioned services, to ensure consistency in Level 1 and Level 2 provision.

Members noted that additional recommendations could be submitted offline.

The Chair thanked Duncan Ambrose for his comprehensive presentation, constructive engagement and practical responses.

9. North West London JHOSC Recommendations Tracker

The Committee noted the Recommendations Tracker.

10. North West London JHOSC 2025/26 Work Programme

The Committee noted the 2025/2026 Work Programme.

11. Any other business

There was no other urgent business.

The meeting finished at 12:00 pm.

Briefing paper for Joint Health Overview and Scrutiny Committees (JHOSC)

Subject: Planned temporary move of specialist children's heart, lung, and critical care inpatient services

March 2026

Briefing paper for Joint Health Overview and Scrutiny Committees (JHOSC)

Subject: Planned temporary move of specialist children's heart, lung, and critical care inpatient services

1. Executive summary

This briefing paper details a planned temporary change to the specialist children's heart, lung, and critical care (CRIC) inpatient services currently delivered by Guy's and St Thomas' NHS Foundation Trust (GSTT). Following a formal clinical risk escalation regarding the safety and sustainability of the paediatric cardiac surgical service, the Trust is planning to temporarily consolidate all heart and lung paediatric inpatient services and day cases where sedation is required at the Evelina London Children's Hospital (ELCH) and St Thomas' Hospital site at Westminster Bridge in spring 2026.

The timing of this move is driven by the professional clinical judgment that the cardiac surgical workforce arrangements (specifically the 1:2.5 on-call rota) cannot be sustained beyond April 2026 without compromising patient safety and service stability. This planned move is therefore an essential, proactive step to prevent a sudden or unplanned service collapse. Alongside this is the need to meet mandated national Congenital Heart Disease (CHD) standards for co-location of services.

To minimise disruption, these services will not move:

- Outpatient clinics. Children's heart and lung outpatient clinics are expected to remain at all three existing sites (RBH, ELCH, and Harefield).
- Day-case procedures. Day cases that do not require anaesthetic or sedation.
- Outpatient imaging services.
- Research. Ongoing clinical research and trials are a key part of the service and will continue across all existing academic partner sites.

Relocating cardiac surgical and cardiology services necessitates the move of paediatric respiratory inpatients, as these services share a critical reliance on the Paediatric Intensive Care Unit (PICU) and other co-located specialist paediatric services which would no longer be viable on the Royal Brompton Hospital (RBH) site after cardiac surgery moves.

The approach taken prioritises patient safety above all other considerations, learning from historical reviews into paediatric cardiac surgery failings. This planned temporary move has been approved for implementation by NHS England. It serves as an essential safeguard until a formal, commissioner-led long-term options appraisal and service reconfiguration process is completed.

Evelina London is a dedicated, specialist children's hospital that provides a comprehensive range of at-scale paediatric services 24/7. Located in a purpose-built facility on the St Thomas' Hospital site, it is a world-class centre for clinical care, research, and education. The hospital offers immediate access to nearly all major paediatric sub-specialties in one location, including

neonatal intensive care (Level 3 NICU), maternity and foetal medicine, paediatric general surgery, nephrology, gastroenterology, endocrinology, neurology, interventional radiology and infectious diseases. This concentration of clinical expertise ensures that children with complex cardiorespiratory needs have immediate on-site access to the full complement of supporting services required by national clinical standards.

These highly specialised tertiary and quaternary services are regional and national assets. They serve a broad population across London, the South East, and the wider UK. Historically commissioned directly by NHS England, commissioning responsibility is now delegated to regional Integrated Care Boards (ICBs).

2. Current patient safety risk

Professional clinical judgement is that the clinical risk recently reached a critical threshold.

The challenges of operating one cardiac clinical team across two sites have been managed since the merger of the two trusts in 2021.

In July 2024, the Evelina London Women and Children's Clinical Group governance process identified the cardiac surgery rota and single-team working model as a specific safety risk.

In January 2025, Professor David Barron took up the role as the new Chief of Congenital Cardiac Surgery. He conducted an immediate review of the service's resilience. In a formal letter dated 19th March 2025, Professor Barron escalated his concerns, stating that the current two-site model is increasingly fragile and that existing mitigations are reaching the limit of their effectiveness. Following discussion at the Trust Executive Committee on 6th May 2025, this was documented on the Trust's formal risk register as a Red risk with a score of 16 (high levels of consequence and likelihood).

3. The cardiac surgical service

The congenital cardiac surgical team includes five cardiac surgeons and manages the largest congenital heart disease programme in the UK (NICOR 2025 report) with approximately 550 paediatric patients per year. Roughly 200 of these patients have their surgical procedure at Royal Brompton Hospital. The service sees 40 ECMO (extracorporeal membrane oxygenation) patients per year, approximately 20 on each site. It is the only children's cardiac surgical team operating across more than one site in the UK.

The current two-site model does not meet many of national congenital heart disease service standards & specification (E05/S/a). In particular:

- Inability to meet recommended 1:4 on call rota. The surgical rota operates as a 1:2.5 on-call rota as there are 5 surgeons across 2 sites.
- Inability to provide an un-scrubbed surgeon on both sites for emergency provision.
- Lack of other specialist services on the same site at Royal Brompton Hospital (RBH),

specifically: general surgery, nephrology and gastroenterology.

When the national standards were created, there was a recommendation they would be met within 3 years; specifically, the 1:4 surgical rota and co-location of required services. The cardiac surgical service has to manage pre-and post-op patients across two sites, provide ECMO service on two sites and emergency surgical cover on two sites at all times. The consultant and junior staff are split so that they see only half the service at any one time, and the whole team cannot participate in daily rounds and decision making for the whole service.

4. Description of risk and impact

The 1:2.5 rota and split-site service model for cardiac surgery has been identified as an unsustainable clinical risk and has various impacts:

- **Emergency provision**

  Inability to have an un-scrubbed surgeon available 24/7 for emergencies on both sites presents a major clinical and patient safety risk. Decompensating patients who require emergency procedures have longer to wait for urgent procedures and these high-risk procedures may have to be undertaken outside normal working hours.

- **Dual operating**

  Best practice recommendations include dual surgeons operating on complex cases to improve patient outcomes. The capacity for dual surgeon operating is not achieved as often as it should be by the cross-site model.

- **Neonatal imbalance**

  Neonatal surgery is currently only performed on the St Thomas' site because it requires 24/7 access to specialist services, such as maternity and general surgery. This creates an imbalance, with very high demand on the St Thomas' site and fewer clinical exposure and training opportunities for cardiology and critical care teams on the RBH site.

- **Staffing fragility**

  The service currently runs two parallel rotas of consultant and junior staff in cardiology and intensive care. Staff are required to work an unreasonable rota of 1:2.5 with no resilience for sickness or emergency leave. Attempts have been made to recruit more surgeons to supplement the rota though these have been unsuccessful due to a national shortage of specialists with the required skills. It is recognised that a larger team of surgeons would not be a good solution The service has five surgeons. That is the number of surgeons required by the national service specification for the number of operations performed.

- **Morbidity signals**

  Morbidity data is always monitored closely. Survival outcomes are not a concern.

5. The role of national clinical standards in the temporary arrangements

Mandatory clinical standards (2016 NHS England National Congenital Heart Disease (CHD) standards (Service Specification E05/S/a) mandate that Specialist Children's Surgical Centres (Level 1)) require the following services and specialties to be co-located with children's cardiac care - on the same hospital site with a 30-minute call-to-bedside response:

- Paediatric General Surgery
- Paediatric Nephrology
- Paediatric Gastroenterology

These standards are at the heart of the long-discussed drivers to find a new permanent home for the paediatric cardiac services provided at Royal Brompton Hospital. Evelina London provides immediate access to all these services; Royal Brompton does not. Therefore, temporarily consolidating all paediatric cardiac inpatients services at Royal Brompton is not viewed as a viable option.

6. Impact on paediatric respiratory services

The relocation of cardiac surgery necessitates the temporary move of respiratory inpatients. The respiratory service at RBH is the largest and most specialised in the UK, but it relies on being co-located with a Level 3 PICU.

6.1 Dependency on PICU

The RBH PICU is sustained mainly, by the cardiac surgical programme. Once cardiac surgery moves, PICU activity would fall to between zero and three patients on average, making the unit clinically unsustainable and unsafe to operate. Without on-site PICU support, inpatient respiratory care cannot safely remain at RBH.

6.2 Specialist sub-services

The relocation will involve the transfer of world-leading respiratory sub-services, including:

6.2.1 Cystic Fibrosis (CF)

Multidisciplinary care for 280–300 children.

6.2.2 Primary Ciliary Dyskinesia (PCD)

The largest diagnostic and management centre in Europe.

6.2.3 Severe Asthma

A nationally recognised service receiving 80 new tertiary referrals annually.

6.2.4 Long-Term Ventilation (LTV) and Sleep Medicine

Managing over 200 children on home technology and conducting 1,500 sleep studies annually.

6.2.5 Rare Lung Disease and Thoracic Surgery

Managing complex conditions including congenital lung malformations and tumours.

6.3 Current RBH and planned ECLH capacity

The Trust has planned for a full reprovision of existing respiratory capacity:

Description/activity examples	**Current RBH Capacity**	**Re-provided ELCH Capacity**
Ward beds	10 (including 6 cubicles)	10 (including 7 cubicles)
High Dependency Unit (HDU) beds	3 (including 1 cubicle)	3 (including 1 cubicle)
Treatment room	1	1
Intensive care (Level 3)	1-3 bed occupancy	Integrated into 34-bed PCCU
Medical day case	Beds to support day CT	Beds provided as required
Surgical day case	Beds to support General Anaesthetic imaging	Beds provided as required
Sleep slots	20 slots per week	20 slots per week
Imaging (CT/US/X-Ray)	Weekly medians: 3 / 4 / 11	Full 24/7 diagnostic access
Theatre (Thoracic/Bronch)	70 surgeries / 52 lists p.a.	10 children's theatres

7. Patients affected

These services care for children and young people with heart and lung conditions. 2,500 have used these inpatient services in the last year, are using these services currently, or have upcoming appointments. This includes patients in Northwest and Southwest London and patients with highly complex needs referred from a much wider area across London, the Home Counties, and from a wider geography across the UK.

These tables show the normal resident locations of patients by J/HOSC area.

Cardiac patients by JHOSC area with more than 2% of patients		
	Patient count	**% of total patients**
NORTH WEST LONDON	330	28.65%
ESSEX COUNTY COUNCIL	146	12.67%
SOUTH WEST LONDON	132	11.46%
HERTFORDSHIRE COUNTY COUNCIL	108	9.38%
SURREY COUNTY COUNCIL	98	8.51%
WEST SUSSEX COUNTY COUNCIL	56	4.86%
KENT COUNTY COUNCIL	40	3.47%
SOUTH EAST LONDON	31	2.69%
NORTH CENTRAL LONDON	28	2.43%

Respiratory patients by JHOSC area with more than 2% of patients		
	Patient count	**% of total patients**
NORTH WEST LONDON	423	41.31%
SOUTH WEST LONDON	106	10.35%
SURREY COUNTY COUNCIL	87	8.50%
HERTFORDSHIRE COUNTY COUNCIL	70	6.84%
ESSEX COUNTY COUNCIL	55	5.37%
NORTH CENTRAL LONDON	50	4.88%
KENT COUNTY COUNCIL	38	3.71%
SOUTH EAST LONDON	35	3.42%
WEST SUSSEX COUNTY COUNCIL	31	3.03%
NORTH EAST LONDON	22	2.15%

8. Summary of proposed facilities

To accommodate this temporary consolidation, the Trust is opening at least 41 additional beds across the Evelina London and St Thomas' campus.

- **Edward Ward (St Thomas' North Wing)**
  Currently being refurbished to house the consolidated cardiology service. It is located a short walk from ELCH via internal corridors and is in the same building as neonatal and maternity services.
- **Sky Ward (6th Floor ELCH)**
  Will be converted into a dedicated 15-bed respiratory unit. This includes 13 beds of new capacity and two beds reprovided from existing LTV provision on Snow Leopard Ward. Sky Ward will be a specialist-only ward and will not be used for general paediatric admissions.
- **Snow Leopard Ward**
  Existing sleep and LTV services here will be upgraded to provide the additional 20 sleep study slots required.
- **PICU**
  The PICU team from RBH will join the Evelina team, creating a robust workforce of 26 consultants and nearly 300 nursing staff managing 34 critical care beds.

9. Governance and regulatory oversight

The planning and implementation of this temporary move are conducted under a rigorous governance framework involving oversight from internal Trust leadership and NHS England London Region with ICBs

9.1 Trust programme governance

A Programme Steering Group has been established to oversee the transition. This group includes senior executive and clinical leadership, supported by a dedicated delivery team. The steering group monitors:

- Clinical safety assurance and operational readiness.
- Workforce planning and staff consultation progress.
- Statutory patient and public engagement.
- Risk mitigation through defined "go-ahead gateways
- Escalations from service specific clinically led working groups with West London Children's Healthcare

9.2 NHS England oversight and clinical review

Guy's and St Thomas' has worked closely with NHS England London Region throughout this process. Recognising the complexity of moving world-class cardiac and respiratory services, NHS England commissioned the London Clinical Senate to undertake an independent rapid safety assessment of the respiratory proposals.

The Clinical Senate's review, concluded in December 2025, provided critical independent view. The senate concluded:

- The Trust's proposal is a "clinically safe option" with the capacity to deliver from April/May 2026.
- Continuing to provide these specialised services at the Royal Brompton without a sustainable PICU is an "anachronism" and considered the option for respiratory medicine to remain there as "non-viable" on safety grounds.
- The single directorate management team and integrated Electronic Health Record (Epic) used across both sites provide essential continuity for patient safety.

9.3 Distinction between temporary and permanent change

The Trust is implementing this as a planned temporary change under the oversight of NHS England to resolve immediate clinical sustainability and standards compliance issues.

Crucially, this temporary change is not a decision on the long-term configuration of the service and does not replace the formal process required for a permanent service change.

9.4 Formal approval to proceed

Following the Clinical Senate's assurance, completion of the Trust's internal risk evaluations, and liaison with other local NHS partners, NHS England provided formal approval to proceed with the planned temporary changes on 9 January 2026. In doing so NHS England London Region confirmed its view that the move is an essential and urgent requirement to safeguard clinical standards.

9.5 Commissioning arrangements

These highly complex services were historically commissioned directly by NHS England as part of its national specialised commissioning portfolio. Under recent national policy changes, commissioning responsibility has been delegated to ICBs, with governance arrangements established to support multi ICB decision-making in recognition of the fact that many services, including CRIC, serve a very wide geography and population. Whilst NHS South East London Integrated Care Board (ICB) acts as the host commissioner to Guy's and St Thomas', multi ICB decision-making arrangements, and continued NHS England accountability for specialised services means a collective overview, oversight, and implementation approach to the planned temporary move.

It is important to note that this delegation of administrative oversight does not alter the clinical or geographic scope of the service. The inpatient units at the Royal Brompton and Evelina London provide care for children from across the Home Counties and the UK, with some two-thirds of the patient cohort residing outside of North West London. Consequently, the planning for this temporary move is conducted through a regional lens to ensure equity of access for the entire served population, rather than any single locality

10. Patient involvement

The Trust is fully aware of its statutory duty under Section 242 of the NHS Act 2006 to put in place arrangements to inform and involve patients in the planning and development of changes

to services.

10.1 Informing and involving patients

A comprehensive engagement plan is currently in operation.

- **Direct notification**

  The Trust sent letters to the families of the children who have used these inpatient services in the last year, are using these services currently, and have upcoming appointments (2,500 patients), supplemented by text message alerts drawing attention to the information.

- **Briefing sessions**

  Families were invited to join dedicated briefings and discussions to involve them in the move's implementation.

- **Outreach**

  Engagement is occurring directly within clinics and through telephone contact to continue to gauge awareness and capture concerns.

- **Digital Access**

  Families have been invited to sign up for engagement updates. Full details of the changes being planned, including frequently asked questions (FAQs), are published on the RBH and ECLH websites. Dedicated phone number and email contact details have been provided for patients with questions and queries.

10.2 What we have learned

Early interactions with families and a review of patient feedback data from 2020-2025 have identified key priorities:

- **Continuity of Care**

  Families highly value maintaining links with their familiar clinical teams.

- **Communication**

  A need for clear and timely information about when the move will take effect.

- **Travel and accommodation**

  Families have asked for more information about the practicalities of traveling to and staying near a site they are not familiar with.

In response the Trust has confirmed:

- Families can expect the clinical teams they have contact with to stay the same
- Appointment information will be sent out in good time, to give families time to plan for the changes to their journeys.
- Parents will be able to stay at the bedside, in ECLH parent accommodation or in the 59

family rooms at Ronald McDonald House (a short walk from ELCH). Eligible patients will have access to the hospital transport system.

11. Next steps

1. **Implementation**

   The move is scheduled to start in mid-May 2026, aligning with the start of a new clinical rota. It will be phased over 2-3 weeks to ensure a safe transition.

2. **Workforce**

   Formal staff consultation on changed working arrangements has concluded.

3. **Patient safety?**

   A fortnightly monitoring group, chaired by the Medical Director for Evelina London, is overseeing surgical rota sustainability until the move. Risks related to the planned temporary move for other services are being monitored and managed through the programme governance

4. **Long-term planning**

   Following this temporary move, NHS England and regional commissioners will lead a formal process involving public consultation to determine the permanent long-term configuration of these services. That process will be conducted under the established statutory assurance framework for service reconfiguration.

NWL CAMHS Provider Collaborative

Improving care for children and young people with mental illness and severe/profound intellectual disability in North West London

NW London Joint Health and Overview Scrutiny Committee (JHOSC)

Thursday 19 March 2026

Crystal House: current inpatient-based model of care

Our current Crystal House inpatient service no longer meets the needs of patients, nor aligns with national priorities and upcoming legislation for the care of children and young people with learning disabilities.

- 5-bed specialist learning disability inpatient unit with an annual running cost of over £2.9m + any exceptional packages of care costs.
- When commissioned by NHS England, this regional unit was expected to admit 20+ children and young people per year but has only admitted **23** in 6 years.
- **Of the 23 only 11 were NWL** children and young people.
- The unit is (and needs to be) staffed for 5 patients but often only has only 2 in the unit. It has also had periods where it was completely empty due to the low number of referrals who meet the admission criteria.
- The service is not sustainable, equitable, or clinically justified and has stopped taking new admissions.

Why we are proposing these changes

- Changes in national policy and care model for people with a learning disability, as well as changes to the Mental Health Act > detention only for mental illness — many children and young people with learning disability will not meet the new criteria.
- Low use, high cost, and long length of stay. Reduced demand and a limited number of referrals meeting the eligibility criteria, with only 30 NWL referrals across 6 years.
- A recent national review has demonstrated only 50% of children and young people in learning disability hospitals have a mental illness.
- The NHS 10-year plan mandates all systems to reduce admissions and length of stay for people with learning disabilities.
- Admissions are frequently crisis-driven, not clinically indicated which is traumatic for both the children and young people and their families.
- Evidence based: CAMHS community crisis teams already preventing admissions effectively and evidence of better models across the country such as in Kent.
- Most areas have not admitted in past 6 years including **21** London boroughs (of which 2 are NWL boroughs)

A better model of care for children and young people

NWL CAMHS Provider Collaborative

We've developed and continue to refine a new model of care that provides earlier, community-based support, improving outcomes for children and young people while delivering better value for the health and social care system

- Reach up to 40× more children and young people than the current model
- Early, community-based support prevents escalation and reduces costly admissions to hospital and residential placements
- Continuity: care in familiar community settings builds trust, engagement and better long-term outcomes
- Holistic, inclusive approach reduces health inequalities and keeps young people connected to family, school and community

Making better use of our limited resources

- The service currently costs **£2.9 million** per year to run, plus additional exceptional care packages, for an average of four admissions per year across all London boroughs.
- We have negotiated that a minimum of **£1.75m of that money** will remain in North West London, with the remaining **£1,160** distributed across the rest of London.
- **Greater impact per £**: all funds will be fully reinvested into this CAMHS pathway and the services supporting all North West London boroughs.
- Currently, we admit just **2** NWL young people per year on average **-** costing NWL **£875,000** for each admission into the unit.
- Our new model will expand that to support up **to 40 times** more children and young people.
- **Focus on prevention and early intervention:** enables a far more impactful, equitable service for many more families.

What happens if an admission is required?

Community Care → Assessment → Only if Needed → Short Hospital Admission → Back to Community Support

- If a child or young person's needs exceed what can be safely managed in the community, a hospital admission will be arranged promptly.
- We willl use our local General Adolescent Units (GAU) beds with appropriate adjustments and exceptional packages of care.
- Admissions will be focused, goal-oriented, and as brief as clinically possible to get children back to familiar environments.

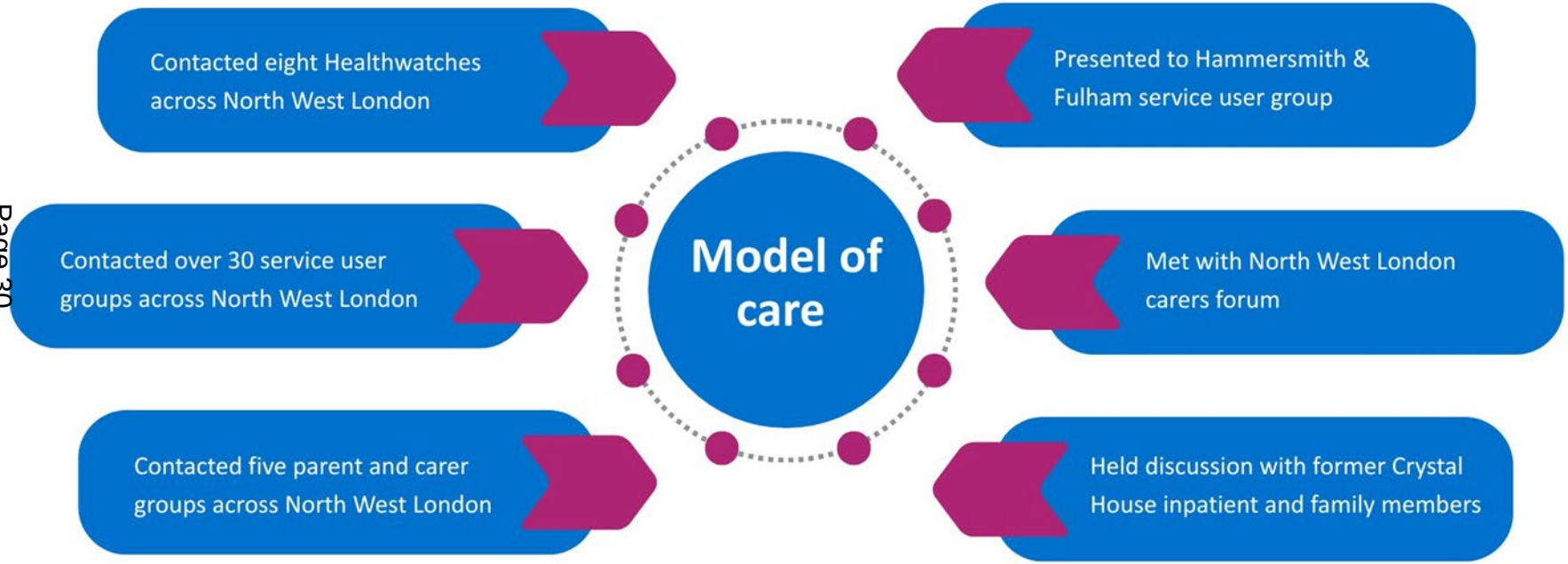
Engagement 2024 – Summer 2025

NWL CAMHS Provider Collaborative

Key themes

- Strong preference for community-based support
- Continuity of care: support at home and school and reduced disruption to education and routines
- Long hospital stays seen as harmful
- Clear gap in North West London services - Crystal House valued but underused
- Strong appetite to co-design new provision
- Skilled teams who understand learning disability and autism and clear crisis pathways

Engagement activity (continued)
Summer 2025 – present



Next steps

March 2026: Discharge current patient

Currently, there is only one young person on the unit.

- They have been clinically ready for discharge for 6 months.
- We are actively working towards a planned discharge by the end of March.
- This will result in no patients on the unit from the end of March, reflecting a move towards community-based care

April 2026: New transitional model

Implement our transitional model while we further develop our proposed new model of care

October 2026: Embed new model

Fully embed our proposed new model of care

Ongoing engagement

We will continue to seek and listen to feedback to inform the further development of our plans and model of care

Report to the North West London Joint Health Overview Scrutiny Committee – 19 March 2026

North West London Joint Health Overview Scrutiny Committee Recommendations Tracker

No. of Appendices:	**3** 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 Appendix 3: 2025/26 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 Brent Council chatan.popat@brent.gov.uk

1.0 Purpose of the Report

1.1 To present the latest 2023/24, 2024/25 and 2025/26 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, the 2024/25 municipal year in Appendix 2 and the 2025/26 municipal year in Appendix 3.

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, 2024/25 and 2025/26 North West London JHOSC Recommendations and Information Requests Trackers (attached in Appendices 1, 2 and 3) provide a summary of scrutiny recommendations made during the previous two and current 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 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.	**Imperial College Healthcare Redevelopment update - August 2023** 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. 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	

				process and decision making, progressing our business cases has to be a priority whatever route we take. 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. 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.	
	Ophthalmology	Information Request	For the JHOSC to receive more details on the ongoing engagement work related to the standardisation of ophthalmology services.	Engagement so far has been through a series of online and face to face sessions, supported by surveys. 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. 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.	

				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.	Standardisation of our ophthalmology service will support the drive to address health inequalities in NW London by: 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. 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. 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.	
		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 22nd, 2024, JHOSC.	
	Proposals on the future of The Gordon Hospital	Information Request	To provide the following: • The commentary and output of the pre-consultation workshops.	This information is published on the ICB website.	

			• 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 5years. • 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.	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. 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.	
		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.	Progress is reported monthly to the Strategic Chief People Officers Meeting and bi-monthly to the ICS People Board. 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	

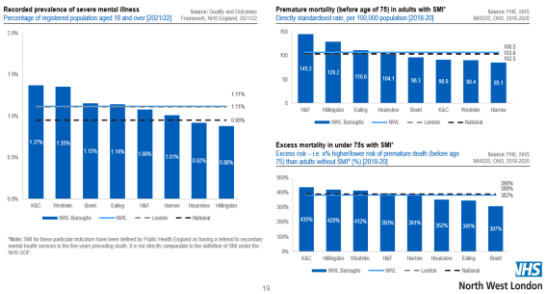
				Sonographers, 2 ODP, 26 Radiographers, 5 physiotherapists, 2 ODPs. There has also been a strong response to the launch of the ICS Graduate Scheme for future leaders. An undergraduate scheme is also in development. A Spring EDI Summit is being planned to agree sustained medium-term interventions that will embed equality, equity, social and racial justice. Work also continues to deliver new ways of working to support new models of care.	
	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.	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. 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. 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.	
		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	

			a plan on how the new strategy will deliver on outcomes and priorities.	mental health inpatient services in April. This is also published on the ICB website. New model of mental health care approved for Westminster and Kensington & Chelsea: North West London ICS	
		Information Request	To provide a borough-by-borough breakdown of those with Severe Mental Illness (SMI) across NW London. 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.	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.  **CMHT Treatment Met & Unmet Need** *Latest 12-Months (01/07/2022 - 30/06/2023)* 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 / -1112 / 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 / 1020 / 210,025 / 1.61% MINT - Ealing: 4,313 / 1,710 / 933 / 3,419 / 4,751 / -1332 / 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** / **-3826** / **1,547,616** / **1.46%** 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.	

	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). • 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.	This information has now been circulated electronically to all members. Below is a breakdown of the allocation of funds by borough. HIT funding allocation by Borough Based Partnership | Borough	%	Allocation in 24/25
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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	 North West London Integrated Care System 2 NHS North West London	
		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.	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. 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. In March 2018, NHS England issued guidance advising that certain items available over the counter (OTC) should not routinely be prescribed in primary care. This guidance applies	

				to 35 minor or self-limiting conditions, as well as probiotics and vitamins and minerals, where self-care is generally. considered more appropriate and should not be routinely prescribed in primary care because: • 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. 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.	
	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 Chatan 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.	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. WorkWell latest information.docx	
		Information Request	That the Committee receive information about the London Refugee Employment Programme.	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.	
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.	• Artificial Intelligence technology has numerous possible benefits in healthcare delivery supporting patients, administration and clinical decision making. For example, this includes: ○ 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	

				○ 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	

				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.	• 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 uses 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: ○ Redesigning primary and secondary care pathways - this includes integration of greater planned care specialist support into neighbourhood health teams. These are closer to where people live, will support	

				more integrated work with primary care and other 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. ○ Improving patient activation and communication - this will support older people through targeted focus on communication and scheduling processes, so that everyone knows how long they should need to wait to their appointment, allow multiple ways to schedule and reschedule appointments, improve the quality of administrative information they receive, and expand how patient initiated follow-ups when suitable are used so that patients do not need to wait for a pre-determined period if they need specialist help more quickly. This will help join visits together, ensure better information is available and make it easier to get follow-up advice. ○ Improving productivity - this will increase the overall level of planned care activity through current available resources. Greater activity will reduce waiting lists more quickly, benefitting the whole population including older people. • The strategy development has held equity central to its development. While there will be an expansion of digital tools and ways of working to support patient experience and productivity, it is recognised that this is not suitable for the whole population. However, using these tools frees up capacity for equitable support to mitigate risks of digital exclusion. • When subsequently implementing major changes identified in the strategy, such as new pathways, tools or projects, Quality and Equality Impact Assessments will be conducted. This is a step in all significant changes made to understand the impacts on different quality issues and population groups	

				including older people, agree how to mitigate their 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.	**Engagement and involvement activity on planned care strategy** 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. 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. 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. As part of the wider engagement on planned care, *The Advocacy Project* facilitated Easy Read engagement sessions with people with learning disabilities in Brent and Westminster. This approach ensured that those with communication and cognitive access needs had the opportunity to share their views in a meaningful and supported way. A total of 32 individuals from learning disability communities attended sessions which used Easy Read formats, visuals, and supported discussion. These	

				sessions were delivered in familiar community settings with facilitators trained in accessible communication. Communications and engagement activity included: • 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.	

<table>
<tr><td></td><td></td><td></td><td></td><td>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</td><td></td></tr>
<tr><td></td><td></td><td>Information Request</td><td>To provide the Committee with comparative data surrounding wait times across the ICB’s different boroughs.</td><td>This is data on the length of time patients have been on waiting lists at a borough level –

<table><tr><th></th><th>0-17wks</th><th>18-51wks</th><th>>52wks</th></tr><tr><td>Brent</td><td>51%</td><td>45%</td><td>3.8%</td></tr><tr><td>Central London</td><td>58%</td><td>39%</td><td>2.4%</td></tr><tr><td>Ealing</td><td>53%</td><td>44%</td><td>2.9%</td></tr><tr><td>Harrow</td><td>48%</td><td>48%</td><td>3.8%</td></tr><tr><td>Hillingdon</td><td>48%</td><td>50%</td><td>1.7%</td></tr><tr><td>Hounslow</td><td>58%</td><td>40%</td><td>1.7%</td></tr><tr><td>H&F</td><td>59%</td><td>39%</td><td>2.6%</td></tr><tr><td>West London</td><td>58%</td><td>39%</td><td>2.3%</td></tr><tr><td>Non-NWL</td><td>58%</td><td>40%</td><td>2.1%</td></tr><tr><td>4 Provider Total</td><td>54%</td><td>43%</td><td>2.7%</td></tr></table>
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.

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</td><td></td></tr>
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				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.	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. • Stage 1: Developing service options. • Stage 2: Listening to communities and refining options. • Stage 3: Implementation and service launch Parking, along with broader accessibility, will be one of the considerations when determining the options for delivering these beds.	
		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.	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. 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.	
		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.	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. 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.	

		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.	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. Early planning discussions are focused on identifying local needs, addressing service gaps, and exploring potential delivery options.	
	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.	

Appendix 3: 2025/26 North West London JHOSC Recommendations and Information Requests Tracker

	Item	Recommendation / Information Request	Detail	Response	Status
17 July 2025	Maternity Provisions in North West London	Recommendation	To ensure that the importance of capturing quality data is reliant on efficient maternity IT systems and the upgrade and investment in resources to facilitate easy extraction of data from these systems so as to be able to retrieve and analyse maternity information and enable an efficient overview of maternity outcomes by ethnicity and deprivation to address the social determinants of health.	The NW London Local Maternity and Neonatal System note the three recommendations from the JHOSC committee. We will take these to our next LMNS Board in September, to review and agree a more detailed response by end of September.	
		Recommendation	That the ICB continues to work with local authorities to develop a coordinated programme of outreach and community research to engage with those at greatest risk of poor health outcomes and those in need of mental health support, pre and perinatal.	The NW London Local Maternity and Neonatal System note the three recommendations from the JHOSC committee. We will take these to our next LMNS Board in September, to review and agree a more detailed response by end of September.	
		Information Request	To provide NWL JHOSC with data on the stillbirth rates over the last 10 years split by ethnicity.	The NW London Local Maternity and Neonatal System note the three recommendations from the JHOSC committee. We will take these to our next LMNS Board in September, to review and agree a more detailed response by end of September.	
	Reconfiguration of the ICB and implications on services	Recommendation	As part of the work to reconfigure, NWL ICB take the views of local authorities into account on how the ICB could be improved.	We are always receptive to input from our partners and local authorities are represented on our Board and Integrated Care Partnership. The merger and restructure process will be subject to staff consultation but is not subject to public consultation.	

		Recommendation	That the ICB ensure that the voice of seldom heard communities and the voluntary sector are considered as part of the restructure and proposed merger.	We are not required to consult or engage the public on NHS structures, but we will of course ensure there is an involvement strategy for the new ICB that builds on our success in reaching seldom heard communities.	
	Adult Mental Health	Recommendation	NWL ICB provide the Committee with an update at a future meeting on the similar strategy that is being developed for children and young people.	The strategy development is in progress, led by the ICB Mental Health, Learning Disabilities and Autism (MHLDA) Programme Director working closely with the Bi-Borough Director of Children's Services. The Case for Change is going to the Integrated Care Partnership (ICP) in September, and we will bring the strategy back to JHOSC in due course.	
09 December 2025	Urgent and Emergency Care Delivery	Recommendation	The committee requested that the item be brought back to the NWL JHOSC (potentially in one year) specifically focused on bridging partnership working, particularly around preventing avoidable A&E attendances.	This recommendation has been agreed. Urgent and Emergency Care Delivery with a particular focus on partnership working and A&E attendance will be added to the NWL JHOSC work programme for 2026/27.	
	Application of the Continuing Health Care Criteria	Recommendation	To establish a working group or consultation involving patients, carers, health scrutiny members, local authorities and integrator bodies to support the forthcoming CHC delegation work and ensure lived experience informed future commissioning.	This recommendation has been agreed. Members of the NWL JHOSC and other partners will be contacted in due course to assist in establishing a working group.	
	SEN Continence Service	Recommendation	Co-production of public information and stigma-reduction materials for children's continence—developed with parent forums, youth councils and local authorities.	This request has been accepted at the meeting. The service will contact all relevant parties and authorities (individually or through the NWL JHOSC) once an approach has been confirmed.	
		Recommendation	Consideration of a borough-wide and NWL-wide review of workforce and training support, particularly across public	This request has been accepted at the meeting. The service will contact all relevant parties and authorities (individually or	

			health commissioned services, to ensure consistency in Level 1 and Level 2 provision.	through the NWL JHOSC) once an approach has been confirmed.	

Report to the North West London Joint Health Overview Scrutiny Committee – 19 March 2026

North West London Joint Health Overview Scrutiny Committee 2025/26 Work Programme

No. of Appendices:	1 Appendix 1: North West London JHOSC 2025/26 Work Programme
Background Papers:	None
Contact Officer(s): (Name, Title, Contact Details)	Chatan Popat, Strategy Lead - Scrutiny Democratic and Corporate Governance Brent Council chatan.popat@brent.gov.uk

1.0 Purpose of the Report

1.1 To present the North West London Joint Health Overview Scrutiny Committee's (NWL JHOSC) 2025/26 Work Programme to the committee.

2.0 Recommendation(s)

2.1 That:

The committee note the changes since July 2025 and confirm the committee's work programme outlined in Appendix 1.

3.0 Detail

3.1 The North West London Joint Health and Overview Scrutiny Committee's work programme outlines the decisions and health policy areas the committee plans to review during the municipal year, according to its Terms of Reference. The committee's principal role is: To scrutinise the plans for meeting the health needs of the population and arranging for the provision of health services in North West London; in particular the implementation plans and actions by the North West Integrated Care System and their Integrated Care Board, focusing on aspects affecting the whole of North West London. Taking a wider view than might normally be taken by individual local authorities

3.2 The NWL JHOSC undertakes 4 formal committee meetings each municipal year. Though there is scope for other scrutiny activities to take place throughout the year, at the chair's discretion.

3.3 The NWL JHOSC is formed of Councillors from the 8 Boroughs of North West London: Brent, Ealing Harrow, Hammersmith & Fulham, Hillingdon, Hounslow, Kensington and Chelsea, and Westminster. The committee also has a non-voting representative from the London Borough of Richmond upon Thames.

3.4 The committee held its annual work programming meeting on 10 June 2025. During this meeting the committee undertook a process of prioritising items for inclusion in its work programme based on a set of criteria. Prioritisation is considered best practice by the Centre for Governance and Scrutiny (CfGS) and is an effective tool for a scrutiny committee to develop a coherent work plan for the year[1], which ensures that the work of the NWL JHOSC is effective.

3.5 The committee's updated work programme for the 2025/26 municipal year is detailed in Appendix 1.

3.6 There is a possibility that the committee's work programme may change during the municipal year. This is so that the committee can work flexibly to review emerging items as they arise. It is imagined that the work programme will evolve over the municipal year, according to the committee's needs. At times it may also be necessary to move items from a particular committee date for practical reasons, in these cases the work programme will be updated, and a new version will be presented at the next formal NWL JHOSC meeting. The following amendments set out in this report reflect this:

- An additional agenda item to discuss the Planned Temporary Move of Specialist Children's Heart, Lung, and Critical Care Inpatient Services has been added to the work programme. This discussion will take place at the Committee meeting on 19 March 2026.
- An additional agenda item to discuss Transforming the Crystal House Specialist LD CAMHS Ward has been added to the work programme. This discussion will take place at the Committee meeting on 19 March 2026.
- The following items have been deferred to the 2026/27 municipal year:
    - Digital Health, Data Use, AI and Digital Inclusion
    - Weight Loss Drug Supply and Roll Out
- The Committee meeting scheduled for Thursday 19 March 2026 will now be hosted by the London Borough of Brent and not the London Borough of Hammersmith and Fulham as previously announced.

[1] *The Good Scrutiny Guide* (Centre for Public Scrutiny, June 2019), p26

North West London Joint Health Overview and Scrutiny Committee Work Programme 2025/26

The North West London Joint Health Overview and Scrutiny Committee's work programme is designed to be flexible and adaptable to the needs of the Committee; it is therefore likely that items may change over the municipal year.

Confirmed Meeting Dates:

- **Thursday 17 July 2025, 10am – London Borough of Hillingdon**
- **Tuesday 09 September 2025, 10am – London Borough of Harrow (rescheduled to 18 November 2025)**
- **Tuesday 09 December 2025, 10am – London Borough of Hounslow**
- **Thursday 16 March 2026, 10am – London Borough of Hammersmith and Fulham**

Thursday 17 July 2025

Agenda Item	NHS Organisations	Host Borough
Maternity provisions in NWL including outcomes and equity across the region	North West London Integrated Care System	London Borough of Hillingdon
Adult Mental Health	North West London Integrated Care System	London Borough of Hillingdon
Reconfiguration of ICB and implications on services	North West London Integrated Care System	London Borough of Hillingdon

Tuesday 09 September 2025 (rescheduled to 18 November 2025)

Agenda Item	NHS Organisations	Host Borough
Dentist Commissioning and Children's Dental Health	North West London Integrated Care System	London Borough of Harrow
The future of Place Based Partnerships delivering health and care services	North West London Integrated Care System	London Borough of Harrow
Special School Nursing	North West London Integrated Care System	London Borough of Harrow

Tuesday 09 December 2025

Agenda Item	NHS Organisations	Host Borough
Urgent and Emergency Care Delivery	North West London Integrated Care System	London Borough of Hounslow
Implementation of the Same Day Access Model in Primary Care (building on previous scrutiny in March 2024)	North West London Integrated Care System	London Borough of Hounslow
Application of the Continuing Healthcare Criteria – including specifics on funding, equity and financial implications relating to recent announcements	North West London Integrated Care System	London Borough of Hounslow
SEN Continence Service	North West London Integrated Care System	London Borough of Hounslow

Thursday 19 March 2026

Agenda Item	NHS Organisations	Host Borough
Planned Temporary Move of Specialist Children's Heart, Lung, and Critical Care Inpatient Services	North West London Integrated Care System Guy's and St Thomas' NHS Foundation Trust	London Borough of Brent
Cancer Prevention & Early Diagnosis Across North West London	North West London Integrated Care System NHSE	London Borough of Brent
Transforming the Crystal House Specialist LD CAMHS Ward	North West London Integrated Care System West London NHS Trust	London Borough of Brent

The following items have been deferred to the 2026/27 municipal year:

- Digital Health, Data Use, AI and Digital Inclusion
- Weight Loss Drug Supply and Roll Out