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.