



City of Westminster

Committee Agenda

Title:

North West London Joint Health Overview and Scrutiny Committee

Meeting Date:

Wednesday 9th March, 2022

Time:

10.00 am

Venue:

MS Teams & Room 18.06, 18th Floor, Westminster City Hall, 64 Victoria Street Westminster London SW1E 6QP

Members:

Councillors:

Ketan Sheth (Chairman, Brent)	Lucy Richardson (LBHF)
Iain Bott (City of Westminster)	Rekha Shah (LBHarrow)
Marwan Elnaghi (RBKC)	Richard Eason (LBHounslow)
Daniel Crawford (VC, LBEaling)	Nick Denys (LB Hillingdon)
	Monica Saunders (LBRichmond upon Thames)



Members of the public and press are welcome to attend the meeting in person and listen to the discussion of Part I of the Agenda.

[Link to live meeting](#)

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 09:40. If you have a disability and require any special assistance, please contact the Committee Officer (details listed below) in advance of the meeting.

This meeting will also be live-streamed and recorded. To access the recording after the meeting, please revisit the link.

If you require any further information, please contact the Committee Officer: Artemis Kassi (Lead Scrutiny Advisor/Statutory Officer) and Tracey Chin.

E: akassi@westminster.gov.uk or tchin1@westminster.gov.uk

Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions, they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART I (IN PUBLIC)

7. INTEGRATED CARE SYSTEM (ICS) - UPDATE

To receive an update about the Integrated Care System.

(Pages 3 - 6)

**Stuart Love
Chief Executive
2 March 2022**

North West London Integrated Care System update

February 2022

This is the February update from the NW London Integrated Care System (ICS) and includes:

- CEO update
- Covid-19
- Covid-19 vaccination
- Acute recovery
- Mental health
- Finance
- Acute Trust Chair appointed

1. CEO ICS update

One millionth booster

Last week saw the one millionth booster vaccine in North West London, a fantastic achievement. The demand for the Covid 19 vaccinations is reducing but we are still seeing people coming forward for first vaccinations and promotion to all groups is still a key priority. Roll out of vaccinations to at risk 5 11 year olds is a new focus for February.

Primary care

The combination of community positivity rates remaining high and urgent and elective demand on all health and care services is resulting in continued pressure on the system. In December and January, primary care, in line with national guidance, prioritised urgent care and vaccination. December saw a 10% increase in GP appointments above the April baseline. January forecast is a 2% drop against the baseline. Primary care supported hospitals with an increase in diversions to practices and hubs. Some winter access schemes were delayed. We are now focusing on increasing winter capacity, restoration of priority areas for primary care and a programme to improve access and management of long term condition management with the greatest impact on reducing health inequalities.

Mandatory vaccinations

Consultation is underway to potentially reverse legislation that had made it compulsory for most NHS staff to have two Covid 19 vaccinations by 31 March 2022. As of 21 January 2022, 48,184 of in scope staff, 86.6% of the total, have received two doses of the vaccine. Whilst the legislative position is under review we continue to focus on supporting staff to maximise uptake of the vaccine.

2. Covid-19

Since the last JHOSC in December 2021, the country has experienced the wave of illness resulting from the Omicron variant of Covid. Omicron has been found to be much more transmissible than previous variants and also caused a level of reinfection to people who had previously had Covid. The vaccine has been found to be effective against this variant, especially in the context of those patients who have received a Booster jab.

Health young patients (under 60) who were not vaccinated against Covid were much more to need hospitalisation than similar vaccinated people.

NW London peaked in terms of Covid infections in the first few days of January. Patients in hospital consist of patients who have Covid as well as those who are unwell with Covid. During this period NW London has managed to care for patients with a range of interventions.

Remote monitoring in community settings have enabled close monitoring of Covid positive patients and allowed early intervention with admission if they deteriorated. Patients have also benefitted from timely discharge from hospital using expertise within virtual hospitals.

For patients who are particularly vulnerable to Covid complications due to their medical condition such as immunosuppression we have been able to offer novel treatments such as monoclonal antibodies. The aim of these treatments is to try to reduce serious illness.

Cases of Covid are now returning to late November levels but at their peak boroughs across NW London have experienced case numbers as high as over 2000 cases per 100,000 population.

3. COVID-19 and the vaccination programme

NWL has to date (23 Feb, 22) delivered 4.2 million vaccinations including administering over 1.5 million 2nd doses and a million booster doses to residents across the ICS.

Demand for vaccinations has fallen significantly since December reflecting the regional and national picture and as a result much of the effort of the programme over the last eight weeks has been focused on driving up footfall across local vaccination centres and community pharmacies.

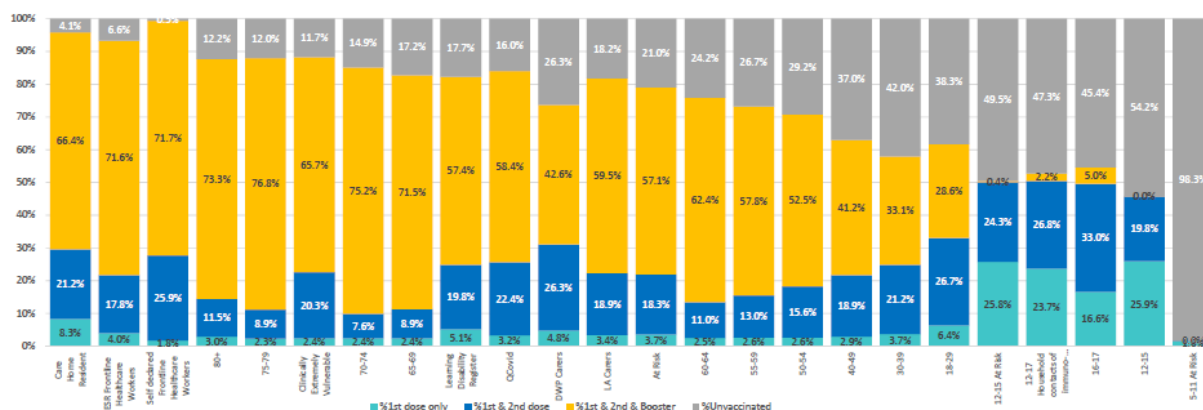
In order to stimulate local demand, borough teams have utilised a range of approaches and projects including running outreach call centres to contact patients overdue a booster dose and teams have also used hyper-localised approaches where efforts have been focused on engaging areas with low uptake e.g. through door knocking, leafleting and offering mobile vaccination clinics etc.

Uptake across cohorts remains variable with younger age groups being more hesitant to come forward for their first dose, although regionally NWL is now leading London for those aged 16-39 for both 1st dose (94.2%) and 2nd dose (84.9%).

Figure 1 below provides an overview of vaccination uptake across all dosing schedules and across all cohorts in NWL.

Figure 1: Cohort uptake at sector level (21 Feb 22)

Foundry data - cohorts at sector level to 21/02/2022



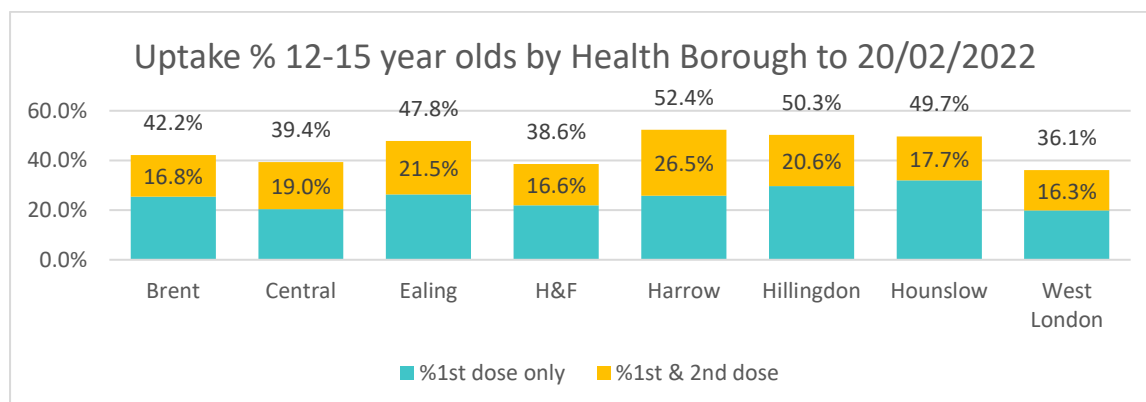
Over 66% of care home residents have now received a 1st, 2nd and a booster dose meaning that they are fully protected against the virus and for the most clinically extremely vulnerable cohort 65.7% have now had all three doses of the vaccine. Work is continuing to ensure that all of the cohorts are provided with every opportunity to take up the vaccine but there will be a concerted effort on getting the most at risk groups vaccinated over the coming weeks i.e. both unvaccinated and those with outstanding doses due.

12-15 year olds

Provision for 12-15 year olds is split between an in-school offer delivered by NWL’s Roving Team and a community offer delivered through PCN-led local vaccination sites (LVS) and community pharmacies.

Figure 2 below provides the latest position on vaccination uptake for the 12-15 year olds cohort.

Figure 2: Vaccination Uptake for children aged 12-15 years’ old (20 Feb 22)



To date, the in-school offer has delivered over 36,000 1st doses and over 10,000 2nd doses to children aged 12-15 years old. Overall there has been a lower than anticipated uptake for 2nd doses for wider 12-15 cohort and specifically so for those within a clinically at risk group and as a result additional measures are being used to improve uptake e.g. refreshed communications both to schools and GPs and a re-promotion of the family-offer to parents across a range of vaccination sites including at Science Museum in West London.

At Risk 5-11 year olds

Following JCVI approval, at risk 5-11 year olds are now being vaccinated across 19 approved locations in NWL - but to date uptake has been very low reflecting the London picture which now stands at 2.6% (as of 22 Feb 22). Wider planning is underway to prepare for roll out to the wider (healthy) 5-11 year olds cohort which is likely to commence at beginning of April.

Future planning

The programme will continue to maintain opportunities for all cohorts to take up the offer of the vaccine as well as responding to emerging requirements e.g. broader vaccination of children and a spring booster programme.

4. Acute recovery

Paper submitted for discussion.

5. Our financial challenge

As reported previously, North West London has a significant underlying financial deficit. This year, due to additional resources being made available to tackle the Covid-19 pandemic, we expect to live within our allocated budget. However, we recognise that our funding is likely to reduce next year and that the challenges that caused the underlying deficit have not gone away.

We expect the financial challenges ahead to be significant, but the advent of working as a whole system and jointly planning allocation of resource at system level can be a game changer. We will ensure that resources are allocated to where they are needed most, in line with our ambition to improve population health and quality of care while reducing inequalities.

6. Mental health

Paper submitted for discussion

7. NW London Acute Chair appointed

Chelsea and Westminster Hospital NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust, Imperial College Healthcare NHS Trust and London North West University Healthcare NHS Trust are pleased to announce the appointment of Matthew Swindells as our new joint Chair. Matthew will take up his position on 1 April 2022.

The appointment of a joint chair is a key next step in strengthening collaboration as we move towards becoming a formal acute care collaborative in line with national NHS policy.