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27 April 2025

To: All Members of the North Central London Joint Health Overview and  
Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee -  
Monday, 28th April, 2025

I attach a copy of the following reports for the above-mentioned meeting  
which were not available at the time of collation of the agenda:

**7. ACTION TRACKER (PAGES 1 - 48)**

Yours sincerely

Dominic O'Brien,  
Principal Scrutiny Officer

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## NCL Joint Health Overview & Scrutiny Committee – Action Tracker 2024-25

### MEETING 4 – 3<sup>RD</sup> February 2025

No.	ITEM	STATUS	ACTION	RESPONSE
39	Health Inequalities Fund	ADDED TO 2025/26 WORK PROGRAMME	The Committee suggested that the community groups could be invited to provide an update on their projects in a year or two's time.	Added to draft 2025/26 work programme.
38	Health Inequalities Fund	COMPLETED	Details were requested on the membership of Health Inequalities Borough Partnership Meetings.	Response provided in <b>ATTACHMENT N</b> – see section <b>A5</b> .
37	Health Inequalities Fund	COMPLETED	The Committee requested the report on the evaluation conducted by Middlesex University on the programme's approach to co-production project.	Response provided in <b>ATTACHMENT N</b> – see section <b>A4</b> .
36	Health Inequalities Fund	COMPLETED	Further details were requested on the performance metrics for projects and on the consequences should projects fail to deliver on these.	Response provided in <b>ATTACHMENT N</b> – see section <b>A3</b> .
35	Health Inequalities Fund	COMPLETED	Written response to be provided following queries from Cllr Chakraborty on why: <ul style="list-style-type: none"> <li>Only 2 of the 56 projects in the programme were based in Barnet borough.</li> <li>The criteria used for the funding of projects (i.e. levels of deprivation, etc)</li> </ul>	Response provided in <b>ATTACHMENT N</b> – see section <b>A1</b> .
34	Workforce strategy	ADDED TO 2025/26 WORK PROGRAMME	The Committee suggested that future Workforce reports should include more details on: <ul style="list-style-type: none"> <li>How productivity is defined and measured.</li> <li>The shift to the Neighbourhood Model and the effects of this on productivity and wider outcomes such as quality of life for patients.</li> </ul>	Added to draft 2025/26 work programme.

			<ul style="list-style-type: none"> <li>What was being done to make the NHS more attractive to job seekers, including on working conditions, mentoring and on incentivising graduates.</li> </ul>	
33	Workplan	<b>ADDED TO WORK PROGRAMME</b>	To add mental health report to the agenda for April 2025.	Added to draft work programme.

### **MEETING 3 – 11<sup>th</sup> November 2024**

<b>No.</b>	<b>ITEM</b>	<b>STATUS</b>	<b>ACTION</b>	<b>RESPONSE</b>
32	Winter Planning	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	The Committee requested that the next winter planning report should include details on progress relating to: <ul style="list-style-type: none"> <li>- High Impact Interventions.</li> <li>- Bringing down waiting times for patient discharges to A&amp;E from ambulances.</li> </ul>	Added to draft 2025/26 work programme.
31	Winter Planning	<b>COMPLETED</b>	Details to be circulated on the Local Healthcare Team Campaign, including the resources for GP receptionists and practice managers to support patients.	Response provided as <b>ATTACHMENT M.</b>
30	Winter Planning	<b>COMPLETED</b>	Details to be circulated on the targeted work on vaccine uptake including why there had been resistance from some communities.	Response provided as <b>ATTACHMENT L.</b>
29	NCL Financial Review	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	The Committee requested that the next financial report should include: <ul style="list-style-type: none"> <li>- Details on acute care and community services and on overview of any associated pressures and risks.</li> <li>- Details on the distribution of funds to voluntary sector organisations.</li> </ul>	Added to draft 2025/26 work programme.

			- Details of the lines of communication between Departments and how financial decisions are reached.	
28	NCL Financial Review	COMPLETED	<p>Further details to be provided on:</p> <ul style="list-style-type: none"> <li>- What impact the efficiency savings were expected to have on services.</li> <li>- What assessment had been made of the impact of the efficiency savings on people with disabilities.</li> <li>- The overall impact of capital projects on the revenue budgets (e.g. costs associated with borrowing)</li> </ul>	<p><b>Response:</b> NCL Trusts have provided assurance on their control processes with respect to the delivery of efficiency savings (CIP) and their impact upon services. Each Trust has a well-established Equality and Quality Impact Assessment (EQIA) process which assesses the impact of efficiency savings and reports these to a panel of Trust executives. This panel includes representation from senior clinicians, including the Chief Nurse (CNO) and/or Chief Medical Officer (CMO).</p> <p>The EQIA process requires each efficiency scheme to initially be assessed and approved by the relevant directorate management team before submission to the EQIA panel for further scrutiny. Efficiency schemes are only formally accepted into Trust savings programmes once the EQIA panel has been assured that the impacts on equality, quality and safety have been properly considered and where necessary mitigated. The Equality impact assessment covers all protected characteristics, including disability.</p> <p>NCL Trusts have confirmed that no 2024/25 CIP schemes were agreed which</p>

				were determined to have an adverse impact upon patients with disabilities.
27	Whittington/UCLH collaboration	COMPLETED	Further details to be provided on Virtual Wards as part of the Hospital at Home scheme.	Response provided as <b>ATTACHMENT K</b> .
26	Whittington/UCLH collaboration	COMPLETED	Clare Dollery (Acting CEO – Whittington) was asked about the Rapid Response Unit which operated alongside the Home at Hospital scheme and had a two-hour target response time. She agreed to circulate data on this.	Response provided as <b>ATTACHMENT J</b> .
25	Start Well	COMPLETED	It was noted that the ICB had published its full report on the Start Well consultation and the Committee was invited to submit any views/recommendations in writing.	A letter from the Chair on behalf of the Committee was submitted to the ICB on 6 <sup>th</sup> Dec 2024. ( <b>ATTACHMENT I</b> )
24	Written Question	COMPLETED	A Written Question was received from a resident from Barnet: <i>“Given that the primary reason for absence from work is illness and the COVID pandemic is still ongoing –and is still causing illness and long-term health problems, do you think that reducing the spread of COVID with cleaner air in schools, and healthcare and public settings will be beneficial to the economy?”</i>	As this is a Public Health issue, this is the responsibility of local Directors for Public Health who are scrutinised by local HOSCs. The resident has been provided with the details of the local HOSC and details of the local Air Quality Action Plan for Barnet.

## **MEETING 2 – 9<sup>th</sup> September 2024**

No.	ITEM	STATUS	ACTION	RESPONSE
23	Work Programme	TO BE CONSIDERED FOR 2025/26 WORK PROGRAMME	<p>Meetings to be extended to up to three hours in duration, should the agenda items require this.</p> <p>Democratic Services and ICB to be consulted on the possibility of adding an additional meeting to the annual JHOSC schedule.</p>	Democratic Services teams in the 5 NCL Boroughs are currently consulting on the resources for the JHOSC and this will be fed into that discussion ahead of the meeting schedule and work programme being developed for 2025/26.

				<b>Nov update</b> – Committee members were encouraged to speak to the Chief Executive/Finance Director in their Borough about this.
22	North London Mental Health Partnership	<b>AWAITING RESPONSE</b>	<p>Further information was requested on:</p> <ul style="list-style-type: none"> <li>a) More detail on the finances associated with the merger, in particular the expected impact on the surplus/deficit and any anticipated risks.</li> <li>b) Evidence of how people with disabilities were being involved with working groups and consultations.</li> <li>c) Details on how CAMHS would fit alongside the new structure and how patients would be able to navigate this.</li> <li>d) Most recent headline waiting list figures to be provided.</li> <li>e) Update on action to address concerns about breakdown in communications between families and keyworkers in some cases.</li> <li>f) Assurances sought that a report on suicide prevention would be considered by NLMHP and appropriate action taken (Not sure what the timescale for this report is expected to be?)</li> <li>g) More evidence of the internal due diligence that the Partnership had done for the merger, including Quality Governance and changes in the key clinical areas.</li> <li>h) Evidence that local focus on care would not be lost as a consequence of merger.</li> </ul>	

21	Estates & Infrastructure Strategy	<b>TO MONITOR</b>	Update to be provided on St Pancras Transformation Programme.	<p>A briefing to the Chair/vice-Chairs of Committee took place in October 2024. A follow-up briefing took place in February 2025.</p> <p>The issue remains ongoing and is expected to be included in the 2025/26 work programme.</p>
20	Estates & Infrastructure Strategy	<b>COMPLETED</b>	<p>a) Cllr James to speak to the planning inspector for health centres at Enfield Council about land being reviewed in Enfield to ensure that the ICB was aware of opportunities to acquire sites.</p> <p>b) It was suggested that all Boroughs should make the ICB aware of any divestments. More details were to be provided on how NCL Estate teams operate and how they work with local authority teams.</p>	<p>a) This has been actioned.</p> <p>b) - The Borough Integration Units will be the local representative of the ICB as part of a matrix with other functions within the ICB, such as Quality, Service Development and Analytics (as examples). BIU leadership meets regularly with colleagues from Councils, particularly Adult Social Care, Children and Families and Public Health but as an anchor organisation have wider links with areas such as Community Wealth building, Planning, Housing, as examples.</p> <p>The details of leaders within the BIU team as follows:</p> <ul style="list-style-type: none"> <li>• Director lead for Enfield, Haringey and Islington (East) – Clare Henderson</li> <li>• Director lead for Barnet and Camden (West) – Simon Wheatley</li> <li>• Assistant Director Barnet – Dan Morgan</li> <li>• Assistant Director Camden – Jo Reeder</li> </ul>

				<ul style="list-style-type: none"> <li>• Assistant Director Islington – Rhian Warner</li> <li>• Assistant Director Haringey – Tim Miller</li> <li>• Assistant Director Enfield – Peppa Aubyn</li> </ul>
19	Estates & Infrastructure Strategy	<b>COMPLETED</b>	<p>Further information was requested on:</p> <ol style="list-style-type: none"> <li>a) Details of the membership of the Estates Forum in each Borough.</li> <li>b) Plans to include keyworker housing at Finchley Memorial Hospital.</li> <li>c) An update on keyworker housing at the St Anns site.</li> <li>d) NCL ICS people strategy – how will NEET individuals would be chosen for the employment, who would refer them and how they would be supported.</li> <li>e) Further details to be provided of sites being sold, the buyers of the sites and how the funds would be reinvested.</li> <li>f) Details of the critical infrastructure risk and any particular areas of or backlog and the risk associated with this.</li> <li>g) Details of the ICB engagement strategy to be provided.</li> </ol>	<p>a) Response provided as <b>ATTACHMENTS C1 to C5</b>.</p> <p>b) Response provided as <b>ATTACHMENT D</b>.</p> <p>c) Response: “There will be 22 units of accommodation which will be available for use of NLMHP / NLFT staff, as the St Ann’s site housing development progresses. The first units should be available by 2026. The units will be owned by Peabody, but the NLMHP / NLFT will have the nomination rights, i.e. the Trust will be able to allocate these units to some of its staff, to help in staff recruitment / retention. This was agreed in the original land sale agreement with the GLA.”</p> <p>d) Response: WorkWell is a service open to anyone with a disability or health condition who lives in Barnet, Enfield, Haringey, Camden and Islington (or is registered with a GP or Job Centre within this area).</p> <p>Please see the stakeholder communication pack (<b>ATTACHMENT E</b>).</p>

				<p>We are in the process of developing a more detailed set of FAQs that will have been tested by stakeholders and this will follow shortly. More information and details of how to refer into the WorkWell service can be found on our website here:  <a href="https://nclhealthandcare.org.uk/keeping-well/workwell/">https://nclhealthandcare.org.uk/keeping-well/workwell/</a></p> <p>e) Details of disposals strategy development provided in <b>ATTACHMENT F</b>.</p> <p>f) Details of Critical Infrastructure Risk prioritisations review provided in <b>ATTACHMENT F</b>.</p> <p>g) ICB People &amp; Communities Strategy provided as <b>ATTACHMENT G1</b>. ICB Community &amp; Voluntary Sector Strategy provided as <b>ATTACHMENT G2</b>.</p>
19	NMUH/Royal Free merger	<b>PARTLY COMPLETE</b>	<p>Further information was requested on:</p> <ul style="list-style-type: none"> <li>a) The lines of governance accountability (including an organisational chart illustrating how this would work after the merger) and how sub-committees would feed into the Board.</li> <li>b) How NMUH governors and staff reps could feed into the governance process.</li> <li>c) Clarification on the longer-term plans for where Barnet patients would be treated.</li> <li>d) Details on the plans to safely merge the Electronic Patient Records.</li> <li>e) Further evidence about the consultation of patient groups.</li> </ul>	<p>Responses to points b) to e) provided as <b>ATTACHMENT H</b>.</p> <p>Response to point a) to follow in December 2024.</p>

18	NMUH/Royal Free merger	<b>ADDED TO WORK PROGRAMME</b>	<p>Possible issues to be considered in future update item:</p> <ul style="list-style-type: none"> <li>a) For the Committee to examine a case study into a less prominent area of care to ascertain how it was monitored before and after changes to the service, what the local priorities were and their impact on how clinical decisions were made.</li> <li>b) For further discussion on financial risk and, including how the debts of the Royal Free Group when be held within the merged Trust.</li> </ul>	Added to work programme.
17	Minutes (Barnet update)	<b>IN PROGRESS</b>	Cllr Cohen reported that a consultation in Barnet on primary care access had recently been concluded and that the results were expected to be published in September. He would update the Committee when this was available.	Nov 2024 update – this has not yet been presented to the Barnet Cabinet. An update will be provided when further information is available.
16	Minutes (Actions)	<b>TO BE IMPLEMENTED IN FUTURE MEETINGS</b>	The Committee requested that the action point sheet should be published as a separate agenda item for future meetings.	To begin from Nov 2024.
15	Minutes (Mental Health action points)	<b>TO BE FOLLOWED UP AT APRIL 2025 MEETING</b>	<p>Regarding the update from the ICB on a previous mental health item (in March 2024), additional information was requested:</p> <ul style="list-style-type: none"> <li>• Item 3 (Voluntary &amp; Community Sector contract terms) – The response noted that the Committee could be updated further throughout the year as this workstream was developed.</li> <li>• Item 5 (Supported Accommodation for People with Severe Mental Health Needs) – Further information was requested on how the Mental Health Trusts were</li> </ul>	Item 3 – Added to Work Programme.

			<p>working with local authorities to resolve the shortage of supported accommodation that was described.</p> <ul style="list-style-type: none"> <li>Item 8 (Mental Health Support Teams in Schools Coverage) – Information was requested on which schools were supported.</li> </ul>	
14	Minutes	<b>COMPLETE</b>	The minutes of the meeting were not approved as the meeting was not yet quorate in the early stages when this item was discussed. The minutes would therefore need to be formally approved at the November meeting.	Minutes approved.

### **MEETING 1 – 25<sup>th</sup> July 2024**

<b>No.</b>	<b>ITEM</b>	<b>STATUS</b>	<b>ACTION</b>	<b>RESPONSE</b>
13	Dental Services	<b>COMPLETE</b>	Concerns were expressed that some residents did not access dental services because of the cost and that this would have implications for long term health.	Response from Mark Eaton, Director of Strategic & Delegated Commissioning (NCL ICB): "This is a joint area of concern for both the NHS and Local Authorities. The resolution of this will require coordinated action but needs changes to be made to funding and the contracts via a national policy change."
12	Dental Services	<b>PARTLY COMPLETE</b>	The Committee recommended that improved communications with residents was required about a) available care pathways and b) preventative actions such as supervised teeth brushing for children.	a) Awaiting response. b) Response from Mark Eaton, Director of Strategic & Delegated Commissioning (NCL ICB): "Supervised brushing is a very effective preventative approach and falls within the shared remit between the NHS and Local Authorities for Oral Health Promotion. The NCL ICB is working with

				Local Public Health Teams across NCL to develop a consistent programme in this area given the relatively low costs v high benefits.”
11	Dental Services	<b>AWAITING RESPONSE</b>	Information was requested on the definition of ‘exempt’ and any special provision for patients with diabetes.	
10	Primary Care	<b>COMPLETE</b>	Details were requested on the ICB response to a recent report into the safety of online consultations.	Responses provided in <b>ATTACHMENT B.</b>
9	Primary Care	<b>COMPLETE</b>	The Committee recommended that improved communications with residents was required to increase uptake in the expanded range of services provided by pharmacists.	
8	Primary Care	<b>COMPLETE</b>	Further information was requested on supervision for Physician Associates and pressures on GPs.	
7	Primary Care	<b>COMPLETE</b>	The Committee recommended: <ul style="list-style-type: none"> <li>- more support for residents who cannot easily access apps/online forms in order to increase uptake.</li> <li>- inclusive policies for residents who do not have access to a smartphone.</li> <li>- the right level of training should be delivered for practice receptionists to become information-givers and gatekeepers.</li> </ul>	

6	Primary Care	<b>COMPLETE</b>	The Committee suggested that better consistency with the same doctor was needed for those with chronic medical conditions.	
5	Primary Care	<b>COMPLETE</b>	More information was requested about improving the patient experience, decreasing long waiting times and about patients who remain under primary care because of long waiting lists for secondary care.	
4	Start Well	<b>COMPLETE</b>	NCL ICB to provide the Committee with the final full report following the consultation exercise. At the time of the meeting, only an interim report was available.  Final report expected to be published in autumn 2024.	Nov 2024 update – Full feedback reports have now been published: <a href="https://nclhealthandcare.org.uk/get-involved/start-well-2/">https://nclhealthandcare.org.uk/get-involved/start-well-2/</a>
3	Start Well	<b>COMPLETE</b>	Committee to provide formal response by letter to NCL ICB on the interim report following the consultation exercise.	Letter submitted to NCL ICB in August 2024.  This letter included all of the main comments/recommendations made at the meeting. See minutes of meeting for further details. Letter provided as <b>ATTACHMENT A</b> .
2	Terms of Reference	<b>IN PROGRESS</b>	Discussions to be held with Boroughs on resourcing of support for JHOSC.	This has been passed to the Monitoring Officer at Haringey for discussion with the other 4 NCL Boroughs.
1	Terms of Reference	<b>IN PROGRESS</b>	New draft terms of reference for the JHOSC to be developed.	The Committee met on 8 <sup>th</sup> Aug 2024 to provide initial input and 3 <sup>rd</sup> Sep 2024 to consider a first draft. A second draft has been completed. The section on the resourcing of the Committee are currently

				under discussion and the draft terms of reference will be submitted for ratification by the Boroughs after this issue has been resolved.
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**Whittington Health – information for JHOSC on Rapid Response Unit**

We are consistently exceeding our 70% target for high-risk 2-hour referrals. In March, the Haringey RR team achieved over 90%. Of all referrals seen, only 15% were admitted—meaning 85% were safely supported at home. We are also consistently exceeding the low and medium risk areas.

<b>Triage Group</b>	<b>Dec-24</b>		<b>Jan-25</b>		<b>Feb-25</b>		<b>Mar-25</b>	
Low Risk (within 24 hours)	27/27	100%	28/28	100%	25/29	86%	19/21	90%
Medium Risk (within 4 hours)	26/30	0.87%	29/33	0.88%	40/46	87.00%	32/35	91%
High Risk (within 2 hours)	46/65	0.71%	44/52	0.85%	59/82	72%	67/73	91%

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# Whittington Health's Virtual Ward

Emil Pohl and Arul Bangalore



In the financial year 2023-24: **500,000** people in our patch | **4,400** staff employed by our Trust | **£400 million** income | **Over 30** community locations | **Over 70 acute** and **70 community** health services | Dental services in **10** London boroughs | **One** hospital, in the heart of our North London community



103,891 ED attendances



226,714 Community nursing appointments



57,099 School appointments



3,429 Births



69,276 Physio appointments



424,129 Outpatient appointments



23,458 Day cases

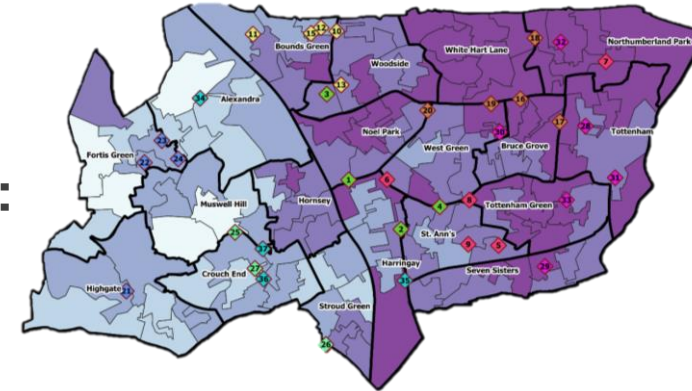


47,483 Dental appointments

## North Central London:



## Haringey:

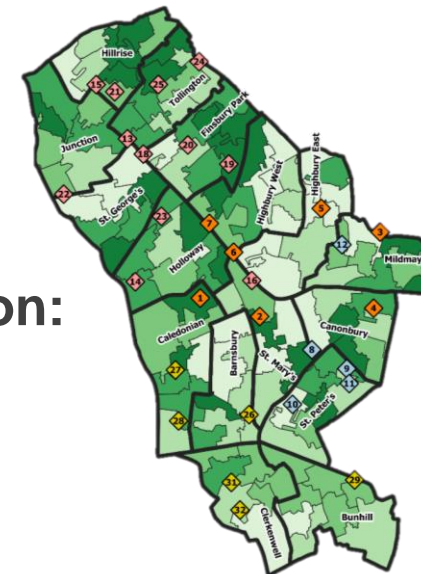


### Legend

Index of Multiple Deprivation Quintile (2019)]

- 1 (Most deprived)
- 2
- 3
- 4
- 5 (Least deprived)

## Islington:



### Legend

PCN as of April 2020

- Central 1
- Central 2
- North
- South

Local deprivation quintile (IMD 2019)

- 1 (Most deprived)
- 2
- 3
- 4
- 5 (Least deprived)

# Our virtual ward provide hospital level care at home

## virtual wards

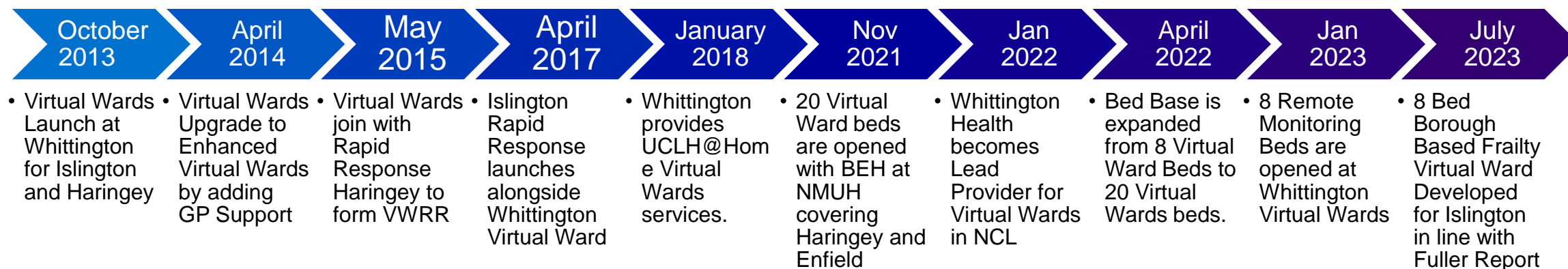
A virtual ward is a safe and efficient **alternative to NHS bedded care**.

Virtual wards support patients who would **otherwise be in hospital** to receive the acute care and treatment they need in their own home.

This includes either **preventing avoidable admissions** into hospital or **supporting early discharge** out of hospital.

- The acuity and complexity of the patient's condition differentiates virtual wards from other community and home-based services
- It provides **urgent access to hospital-level diagnostics** (such as endoscopy, radiology, or cardiology) and may include bedside tests such as **point of care (POC) blood tests**
- It provides **hospital-level interventions** (such as access to intravenous fluids, therapy, and oxygen)
- It requires **daily input from a multidisciplinary team** and sometimes **multiple visits and provisions** for 24 h cover with the ability to respond to urgent visits, often **enabled by technology**
- It requires **consultant practitioner specialist leadership** and **clear lines of clinical responsibility**
- **Defined inclusion and exclusion criteria**, with defined target population and deliver a **time-limited short-term intervention** of 1–14 days.
- **VW patients have equity of access to other specialty advice as though an in-patient.**

# History of Whittington Virtual Wards



# Our Mission Statement

## Whittington Health's Vision:

- Helping local people live longer, healthier lives.

## Virtual Wards Mission Statement:

- To provide complex care to patients in their own homes as a safe alternative to hospital care allowing local people to live longer healthier lives.

# Existing Pathways

## Frailty / General

- This is intended for frail patients, especially but not exclusively the elderly, who have increased vulnerability to adverse health outcomes. The pathway involves comprehensive geriatric assessments, personalized care plans, regular monitoring, and interventions aimed at reducing the risks associated with frailty, like falls, hospitalization, and deterioration of mental and physical health

## Heart Failure

- This is for patients diagnosed with heart failure. The pathway involves regular monitoring of vital signs, medication management, education about heart failure and self-care, dietary advice, and coordination with multidisciplinary teams including cardiologists, nurses, and pharmacists to manage the condition and prevent hospital readmissions.

## IV Diuretic Pathway

- This pathway is primarily designed for heart failure patients who require intravenous diuretics to manage fluid overload. It allows patients to receive IV diuretic treatment at home, reducing the need for hospitalization. This includes regular monitoring of patients' vital signs, symptoms, and response to treatment, along with close coordination with healthcare professionals for medication management

## Remote Monitoring

- This pathway caters to patients with manageable acute conditions requiring regular but not constant monitoring. It uses remote technology to track vital signs, symptoms, and medication adherence, detecting gradual health changes to prevent complications. It aims to minimize hospital readmissions while promoting self-management of health at home.

## Delirium

- This is designed for patients who have been diagnosed with delirium or are at risk of developing it. The goal is to prevent, detect early, and manage delirium in the virtual ward setting. It includes a multidisciplinary approach, with regular monitoring, mental status assessments, medication management, and provision for physical, psychological, and cognitive support and 24 Hour Packages of Care.

# Vision for Virtual Wards

- To be at the forefront of virtual ward care, setting new standards of excellence in patient management and outcomes.
- We aspire to be recognised as a leader in innovative and efficient healthcare delivery, utilising advanced technologies and evidence-based practices.
- Our vision is to create a nurturing and supportive environment that values staff wellbeing, support, and development, recognising their crucial role in delivering exceptional care.
- We prioritise staff engagement at all points, involving them in the design and improvement of the virtual wards to ensure their expertise and insights contribute to creating an optimal care environment.
- We strive for greater integration with adult community services and social care, fostering seamless collaboration and coordination across healthcare and social support sectors.
- By working closely with these partners, we aim to enhance the holistic care experience for our patients, promoting comprehensive well-being and addressing social determinants of health.
- Through our dedication to integration, collaboration, and excellence, we aim to improve health outcomes and enhance the overall quality of life for individuals in our communities.

# Future Pathway Considerations

## Pre and post-operative surgery:

- Support patients undergoing pre and post-operative surgery, such as bariatric surgery at University College London Hospital (UCLH). This can help to ensure that patients receive the necessary care and support before and after their surgery, reducing the risk of complications and improving outcomes.

## Respiratory:

- Support patients with respiratory conditions, such as COPD, community-acquired pneumonia, acute respiratory infection, and bronchiectasis. This can help to monitor patients' symptoms, provide early interventions, and prevent hospitalizations.

## Maternity, including hyperemesis:

- Support pregnant women with conditions such as hyperemesis gravidarum. This can help to provide more coordinated care and support for pregnant women, reducing the risk of complications and improving outcomes for both mother and baby.

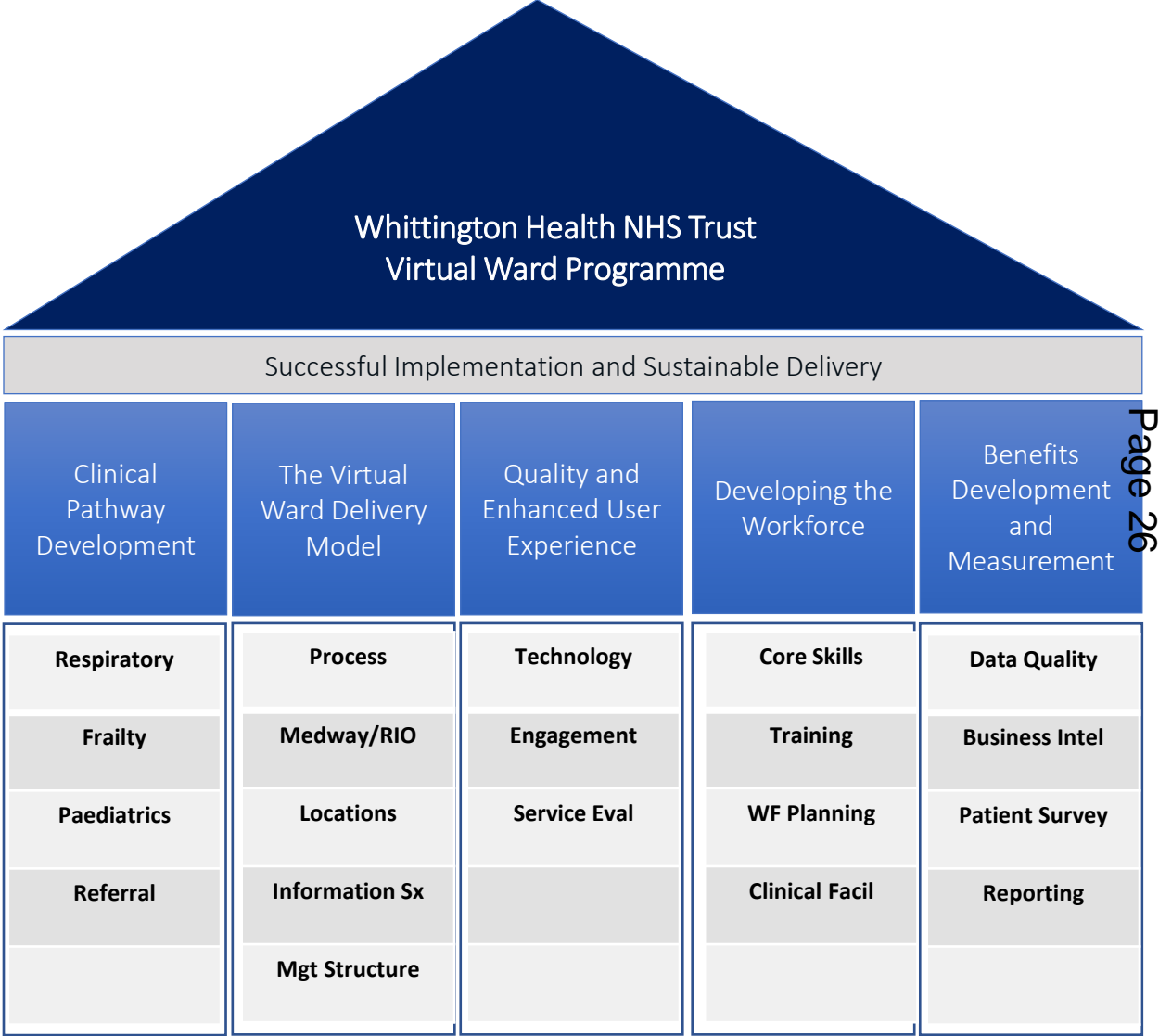
## Patients awaiting diagnostics/reviews:

- Support patients who are awaiting diagnostics or reviews, ensuring that they receive timely and appropriate care while they wait.

## Diabetes, IBD – as per NWL expansion plan:

- Support patients with diabetes and inflammatory bowel disease (IBD) as part of the North West London (NWL) expansion plan.

# VW Framework / Programme of Work



# Case Study

- An 83-year-old gentleman named Mr D, brought in by London Ambulance Service; Mr D who is known to live with advanced dementia, was at home when he felt dizzy, had a fall, landed on the left side, and complains of pain on the left side of the chest.
- Had left rib fracture, patient lives with his elderly wife, Mr D and his wife both do not speak English, has son who lives far away, Mr D was discharged home with a Virtual Ward follow up for pain management and social support.
- VW senior clinician went to see Mr D at home and his son helped to translate, we noticed that Mr D is still complaining of left side chest pain, having been sent home with paracetamol. Mr D was put on a course of on Codeine and laxative.
- Mr D was provided with a twice a day, package of care by the VW team.
- Mr D was reviewed by VW clinician again to ensure that his pain had improved; on this visit clinician noticed Mr D's chest pain/rib pain had indeed improved however he appeared to be in discomfort, Mr D's wife mentioned that he was not eating well and had not opened bowel for past 5 – 7 days. Clinician carried out abdominal examination and D was found to be constipated. His wife reported she never actually gave the laxative he had been provided with previous as she was scared that Mr D may pass stool in bed based on previous experiences.
- Mr D was given glycerine suppository whilst the codeine was discontinued as his pain was improved. Mr D was followed up by VW clinician and once his bowel patterns were normalised, he was discharged back to the care of his GP.

# Thank you

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@WhitHealth



WhittingtonHealth



WhittingtonHealth





North Central London  
Health and Care  
Integrated Care System



# Targeted engagement to encourage vaccination uptake

## NCL JHOSC

17/04/2025

# Your Local Health Team - vaccinations

- An overarching 18-month campaign that will bring together several sub-campaigns, unifying them under one voice.
- Vaccination will be one of the leading sub-campaigns alongside primary care access and 'winter and self care'
- From October '24 the campaign will initially promote the uptake of COVID-19, flu and RSV vaccines
- These messages will appear in a range of media including digital paid advertising [Facebook, Spotify, Snapchat, Google Display] large outdoor advertising spaces, Trust poster sites.
- The campaign material will also be available on a newly-developed hub for partners and stakeholders to use in their local campaigns
- A community engagement element of the campaign is under development



North Central London  
Health and Care  
Integrated Care System



Flu and COVID-19  
can cause serious  
illness. Protect  
yourself and  
your family this  
winter by getting  
vaccinated.

**YOUR LOCAL  
HEALTH TEAM**



# Partnership work with VCSE



North Central London  
Health and Care  
Integrated Care System

- The North Central London (NCL) Vaccination Transformation team have commissioned a programme of community engagement in Enfield and Haringey with the goal of increasing understanding and uptake of the MMR vaccine among communities under-represented in our uptake figures.
- This project aims to tackle health inequalities by focusing on the most underserved communities which data show lie between these two boroughs. Although our focus will be on MMR and other childhood immunisations, communities have welcomed more holistic support with their health and wellbeing.

## Programme aims and objectives

- Build a strong VCSE partnership, bringing together a lead facilitating organisation and grass roots organisations – equitably sharing funding and utilising the unique skills of each organisation to work with local communities
- Develop a simple training programme to upskill the VCSE partnership's and community connectors' knowledge of the key priority areas
- Recruit and support community connectors within relevant wards across communities
- Empower communities to manage their health/increase access to services
- Raise awareness of the dangers of measles and the benefits of MMR vaccination, maternal whooping cough vaccination and other childhood vaccinations as well as holistic family health messaging.
- Signpost to catch-up clinics and help book appointments for these.
- Gather key information about community barriers to accessing healthcare and vaccines
- Increase understanding in target communities around how to access health advice and services; self-care, when to seek help and how

# Integration with community assets



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Health and Care  
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- Following the successful delivery of MMR vaccinations within NCL Childrens Centres / Family Hubs, a series of community catch up clinics have been established, administering a wider range of vaccinations.
- Where operationally possible, we are seeking to engage populations on the wider determinants of health alongside administration of these key vaccinations
- Further evaluation will be undertaken regarding the ‘whole family approach’ to vaccination catch-up
- We are seeking to ensure that these clinics are fully integrated to the emerging neighbourhoods, taking full advantage of the opportunity presented when utilising a community asset

## Catch-up Clinics

### CAMDEN



Has your child missed their vaccination at school ?

We are running catch up clinics in your area. See below for the dates and locations of the clinics.

**Vaccines we provide:**

DTP (Diphtheria, Tetanus & Polio)  
Meningitis ACWY  
MMR  
HPV (check with your local team)  
Flu (check with your local team)

**To speak to our team:**

 0204 603 3495  
 [camden@v-uk.co.uk](mailto:camden@v-uk.co.uk)

**Or book an appointment directly here.**

*Drop ins may be available but are not guaranteed.*

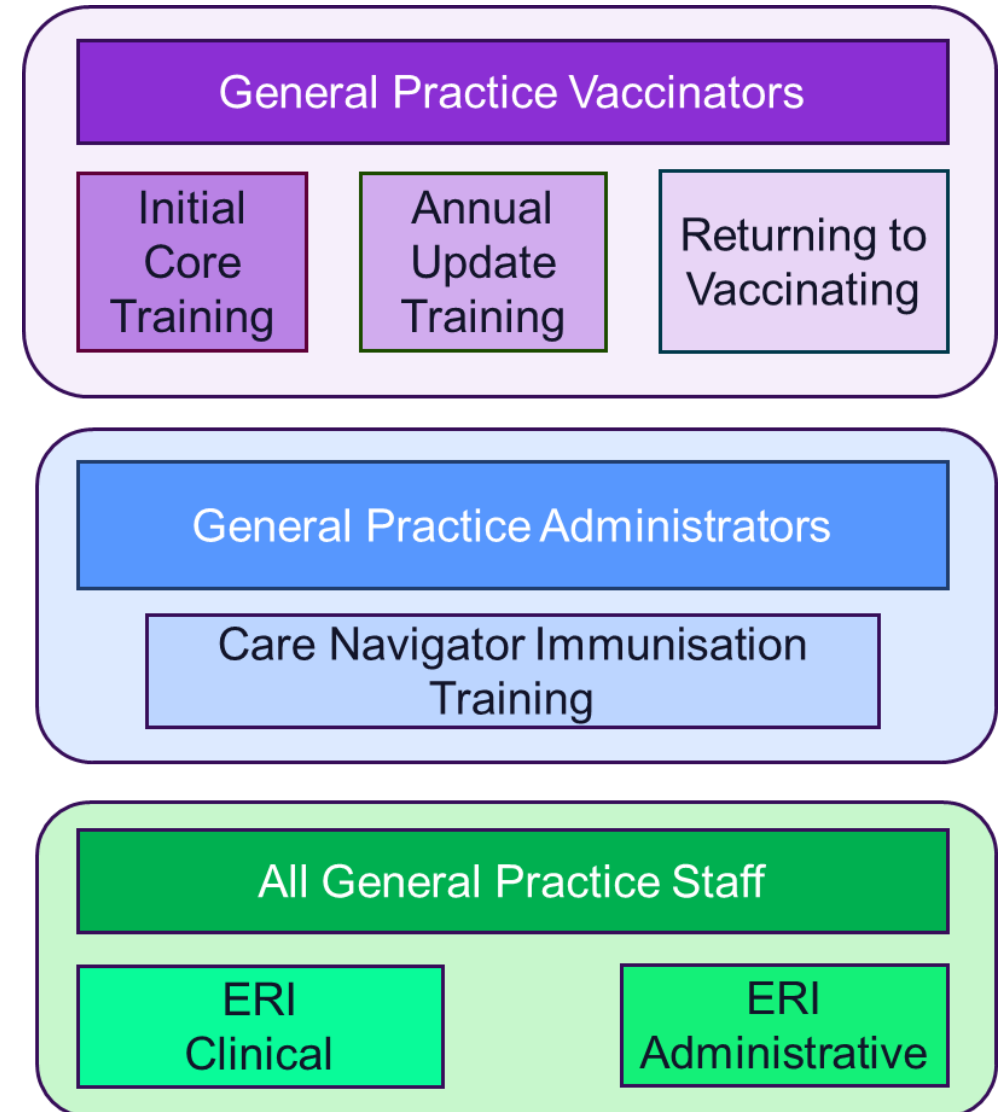
<p>Catch up clinic</p> <p>24 Apr 2025, 12:00 – 15:00 Kensington Central Library , (Community Room) 12 Phillimore Walk, London W8 7RX</p>	<p>Catch up clinic</p> <p>26 Apr 2025, 10:30 – 13:30 Harmood Children's Centre and Family Hub, 1 Forge Pl, Ferdinand St, London NW1 8DQ</p>	<p>Catch up clinic</p> <p>26 Apr 2025, 10:30 – 13:30 Harmood Children's Centre and Family Hub, 1 Forge Pl, Ferdinand St, London NW1 8DQ</p>
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# NCL Training Programme - Vaccination

- After many years of inequality of accessibility and quality of vaccination training NCL ICB is commissioning enhanced mandatory and newly developed vaccination training packages across all five boroughs for general practice professionals.
- These sessions will be delivered by the new faculty of vaccination trainers based with the NCL training hub.
- The important role of administrative staff is being recognised with a tailor-made package to develop awareness and confidence of their role and processes within the vaccination pathway.
- Empathetic Refutational Interviewing (ERI) is being offered to all general practice staff to build confidence when holding a vaccine related conversation. ERI creates a consistent calm approach in the way conversations are held, building trust and understanding between the parties involved.



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# Seasonal vaccinations

- Uptake of seasonal vaccinations (Covid-19 and influenza) were lower this winter (24/25) in comparison to the year before (23/24)
- That said, the decrease in NCL was significantly less than other areas of London and England
- Uptake of flu vaccination amongst pregnant women increased this year (24/25) in comparison to the previous year (23/24) – and increase of 4%
- A key priority for the Spring 25 campaign (Covid-19) is to address lower uptake in the those who are immunocompromised. Key actions undertaken include:
  - Tailored communications in line with specific conditions
  - Call to action for all Trusts and consultants to engage with patients (through letters and in clinics)
  - More posters explaining eligibility
  - Over 140 active vaccinations sites across NCL



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## COVID-19, Spring 2025 Who is eligible

The COVID-19 vaccination is being offered to:

- adults aged 75 and over
- residents in a care home for older adults
- individuals aged 6 months and over who are immunosuppressed

### Immunosuppressed – who could be affected

Type of patient	More information
Patients with diseases or treatments causing immunosuppression	This includes chemotherapy, radical radiotherapy, solid organ or bone marrow transplants, HIV infection, multiple myeloma, and genetic disorders affecting the immune system
Patients receiving immunosuppressive or immunomodulating biological therapy	This includes anti-TNF drugs, alemtuzumab, ofatumumab, rituximab, protein kinase inhibitors, PARP inhibitors, and steroid-sparing agents like cyclophosphamide and mycophenolate mofetil.
Individuals treated with systemic steroids	Affects those being treated for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults.
Individuals with a history of haematological malignancies	This includes leukaemia, lymphoma, and myeloma.
Those requiring long-term immunosuppressive treatment	This could be for conditions like systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, scleroderma, and psoriasis.

Full eligibility details are listed in the 'Immunosuppression' rows in the Green Book, Chapter 14a, Tables 3 and 4.

### Who is not eligible

- Healthcare workers
- People with diabetes (categorised as clinically vulnerable, not immunosuppressed). More information is on the NHS diabetic website.
- Pregnant women (unless immunosuppressed)
- People with asthma (unless poorly controlled and have been hospitalised)
- People living with immunosuppressed individuals or people who are clinically vulnerable

### How to book

You can book a vaccination appointment by dialling 119, going online at [www.nhs.uk](http://www.nhs.uk) or by scanning this barcode:



# YOUR LOCAL HEALTH TEAM

Campaign update  
April 2025

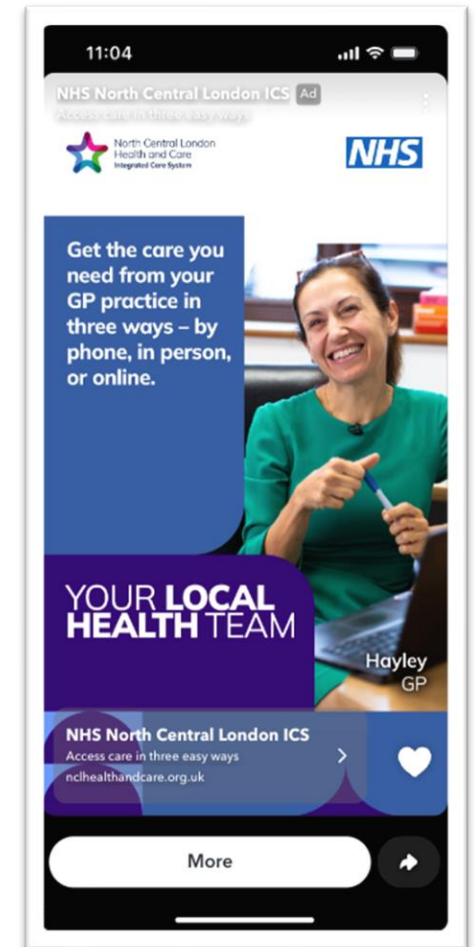




# Campaign overview

**An 18-month campaign launched in October 2024 to:**

- improve trust and understanding among residents and stakeholders that the Integrated Care System in North Central London is taking action to improve the health of local people
- improve recognition and understanding of the breadth of local services on offer to support the health and wellbeing of residents
- provide information to support residents to feel confident about how to improve their health and access appropriate services
- be local and resident focused, adaptable and distinctive





# Phase 1: October to January 2025

Key messages focused on awareness raising of three main areas:

- **Get the care you need from your GP practice in three ways** – by phone, in person, or online
- **Flu and COVID-19 can cause serious illness.** Protect yourself and your family this winter by getting vaccinated
- **Aged 75-79? Book a free RSV vaccine** to protect against serious lung infections this winter

**YOUR LOCAL HEALTH TEAM**

There's a whole team of skilled health professionals on hand in your local neighbourhood to help you stay well.

You can contact your GP practice in three ways: online, by phone, or in person. We want to help you get the care you need, in the right place for you.

We'd like to introduce you to your local health team and share some important steps you can take to stay well and to protect the health of you and your family.



Get the care you need  
Find out how to book appointments, order repeat prescriptions and get the care you need for your physical and mental health.



Get protected, get vaccinated  
Protect yourself and your family from becoming unwell. Find out how to get flu, COVID-19, and RSV vaccines and see who is eligible.



Stay well this winter



Meet your local health team



# Localised content

- The [campaign hub](#) signposts support for residents at both a place and borough level.
- The campaign features local GPs, practice staff and pharmacists in videos and photos
- We have promoted the content in collaboration with NHS Trusts and local authorities, producing co-branded and customisable materials.
- The councils have also supported us to amplify our reach – including through council magazines and on-street advertising.





# Stories and events

- Sharing stories on NCL ICS social media channels including films
- Working with partners including CNWL to promote the campaign at local events
- Rt Hon David Lammy opened Welbourne Health Centre in Tottenham and spoke in support of the campaign
- Co-ordinated organisational winter pressures messaging to alleviate demand on A&E services in January and February 2025.





## Phase 2: January – May 2025

Phase 2 of the campaign was informed by learning and feedback from Phase 1

### Content focuses on the following themes:

- Your local pharmacist can offer expert advice without an appointment
- Your local health team is made up of many skilled professionals to help you stay well
- Vaccines during pregnancy are safe and protect both you and your baby from serious infections





## Phase 2: January – March 2025

We also ran radio adverts featuring NCL staff on:

- **Hale Radio**, a local radio station in Tottenham – including an interview with a health professional and discussing the campaign on air, and posting about the campaign on their Instagram page and stories (8,000 followers)
- **London Greek Radio** – including a live interview with a health professional
- **Royal Free Radio**
- **Radio Brockley (RNOH)**





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# Phase 3 - NHS App campaign (launches mid-May 2025)

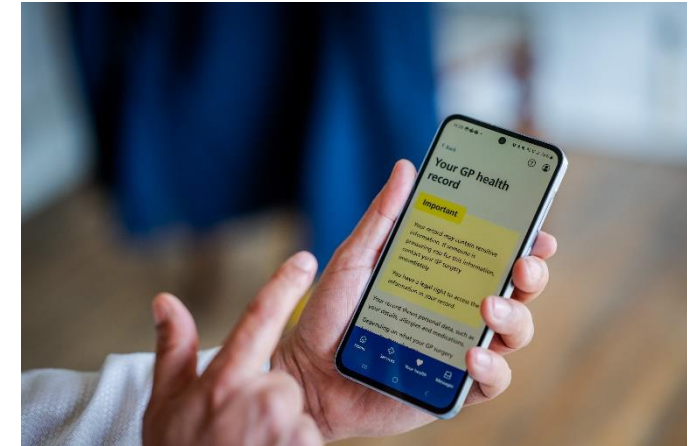
We'll feature the NHS App on our Your Local Health Team hub, sharing key messages around the App.

## 1. Do more with the NHS App:

1. Order repeat prescriptions
2. View your health records
3. Book appointments

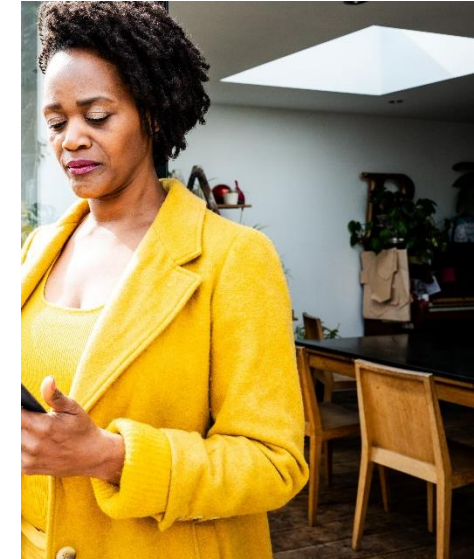
## 2. Secure and simple: Take control of your healthcare by using the NHS App – it's secure, easy to use

## 3. Self-care: You can use the NHS App wherever you are, for managing your healthcare on the go





# Filming residents for phase 3 – NHS App



Those pictured are all real North Central London residents who have experience using the NHS App to order repeat prescriptions, book appointments and view medical records.



# Community engagement

## Overview


**Working with VCSE partners**, CB Plus and Bridge Renewal Trust, we have commissioned **targeted community engagement activity** to reach into some of our more underserved communities. This will include practical help, such as helping people to register with a GP

Both organisations are distributing campaign materials and content via local newsletters to **signpost residents to local services and support them** in downloading the NHS app.

Recent community outreach includes:

- Stalls at a Romanian Cultural event and a residents' event in High Barnet.
- Focus groups with the African Refugee Community and Primary Care Group volunteers
- A workshop with the Barnet multifaith forum
- A digital inclusion and primary care workshop for Turkish women, also supporting women to book check-ups for long-term conditions.
- Carers' Forum event

Ref.	Action	Response
A1.	<p>Cllr Chakraborty pointed out that only two out of the 56 projects that the ICB had funded was in Barnet. He enquired further about the criteria for funding of projects. He stated that there had been highlighted in the report that there was difficulty with engaging in scattered geographies. He enquired whether there averages of deprivation were taken from areas and if this was the criteria. As time was short, the Director offered to write a written response to Cllr Chakraborty.</p>	<p>The ICB and its partners all use the national combined Indices of Multiple Deprivation 2019 (IMD2019) to inform its analysis of which neighbourhoods in North Central London (NCL) (and in which Boroughs) lie within the 20% most deprived neighbourhoods in England.</p> <p>This is an important consideration, as the Inequalities Fund (IF) Programme is made available to each Borough, with funding chiefly proportionate to the relative size of their individual populations within these 20% most deprived neighbourhoods. One condition for projects is they should reach significant (ideally &gt;80%) into these deprived areas in line with the intention of the fund to support tackling health inequalities as outlined in <a href="#">NHS England's Core20Plus5 priorities</a>.</p> <p>However, we recognised not all inequalities are geographically based and that Barnet, though having no single wards lying the most deprived neighbourhoods, had micro-pockets of deprivation within some wards. We employed a different investment arrangement, allocating funding from a 'central ICS' pot targeting these sorts of IF projects, from which Barnet benefited.</p> <p>The <a href="#">IMD2019</a> is an academically-researched analysis that utilises a wide range of published quantitative data on issues such as DWP benefits, proximity to green spaces, socio-economic population structures. This data is combined statistically to provide several different types of relative deprivation indices to small areas (sub-ward level called 'lower-layer super output areas') across all England. The Index of Multiple Deprivation – which combines the 'scores' for individual indices for each LSOA – is the most widely used of these indices. The output of the IMD2019 is to categorise each LSOA according to its relative deprivation nationally, e.g. a particular LSOA neighbourhood score is in the most deprived 10% of all LSOAs nationally, the most deprived &gt;10 – 20% of all LSOAs nationally and so on. The LSOA outputs can be used to map those NCL LSOAs in the 20% most deprived neighbourhoods in England. As the IMD approach is the only widely recognised national measure of deprivation, IMD2019 is the mapping all statutory services utilise in NCL Integrated Care System.</p>
A3.	<p>A written response from the NCL ICB was requested by the Committee to explain more about the projects' activities, performance metrics and what happens to projects which do not deliver on the ICB metrics.</p>	<p>The Inequalities Fund (IF) Programme incorporates 50+ projects across the life course – from Start Well through to Age Well – and incorporates projects that relate to wider determinants (such as reducing youth violence), healthy lifestyles, supporting people with existing physical or mental health conditions or supporting vulnerable people, such as those at risk of homelessness and co-produced with specific communities. The outcomes expected for individual projects are therefore diverse and difficult to summarise, but we provided a flavour of the outcomes of some of the individual projects in the JHOSC presentation. We know 75% of all project outcomes – regardless of how they outcomes are structured – were delivered in the evaluation Middlesex University undertook.</p> <p>The outcomes combine components such as the number of people with whom projects engage, whether this is the right 'target group' (e.g. living in the 20% most deprived communities, from specific ethnic groups etc.), the extent to which there is a change in desired individual health or socially-defined outcomes 'before' and 'after' intervention and whether there is appropriately reduced demand for statutory sector services that would otherwise be needed without the intervention (e.g. ED</p>

		<p>attendance). We also encourage individual projects to provide case studies.</p> <p>The defined outcomes and metrics for each project are agreed at the initial stage of set-up between the project provider and commissioners. Commissioners routinely check during the delivery year on progress with providers, including on key metrics, such as the number of people accessing the project. We request each project to provide a 'stock-take' in Q3 of the delivery year to outline how the Programme is progressing and provide evidence around the agreed outcomes and metrics. Once received, these stock-take reports are discussed multi-agency Panels at individual Borough Partnerships (see A5) and within the ICS, chaired (as funder) by the ICB, to decide whether the project should continue (if this is the plan) the following year or not. A summary of these Panel recommendations for projects in each Borough is discussed at Borough Partnerships to finalise the position in Q3, though the ICB as funder makes a final decision on each project.</p> <p>We communicate the 'stop/continue' decision to individual projects. Even if a project has not fully delivered on its outcomes, it may continue if there is sufficient assurance on improvements going forward (e.g. set up of projects was later than anticipated etc.), and we would monitor whether these improvements are progressing as part of this assurance.</p> <p>Projects can sometimes end because they are sufficiently successful that the approach adopted can be absorbed into 'business as usual population' services, i.e. the approach continues and expands to benefit the entire population (including those in the most deprived neighbourhoods). Other projects end because the Panel feels there is insufficient evidence providers have fulfilled their outcomes, often over an extended period, for one reason or other. In such cases, we will communicate this decision – and thank them for their efforts - as quickly as possible to support providers to step down projects; in such cases, this includes considering what the alternatives are for participants of the project.</p>
A4.	The Committee requested sight of the report on the evaluation conducted by Middlesex University on the programme's approach to co-production project.	<p>Evaluation attached.</p>  <p>Middlesex Co-production Study</p>
A5.	The Committee also requested further clarity from the ICB on how it was decided that projects should be funded in given areas and the decision-making process at Borough Partnership level. More information was requested as to who was on the Borough Partnership Boards.	<p>The Borough Partnership is a stakeholder group within each Borough which brings together decision-makers within the ICB (particularly its Business Integration Units), Councils (Chief Executive, Children's and Adult Social Care Services, Public Health), NHS Trust providers – our acute, MH and community health Trusts, primary care including our GP Federations and the Borough's voluntary and community sector alliance leads. The Partnership supports delivery of the ICS Population Health &amp; Integrated Care Strategy and Health &amp; Well-Being Strategy in each Borough. One of its key functions to consider how local partners can address inequalities, including use of the Inequalities Fund in that Borough.</p> <p>The Borough Partnership proposes projects to be funded through the Inequalities Fund Programme against the criteria associated with the funding and identified priorities. These priorities are informed via needs analysis for that Borough and/or via the ICS Population Health &amp; Integrated Care or HWBB Strategies focussed on outcomes for the 20% most deprived neighbourhoods in that Borough. 'Pipeline' project</p>

		<p>proposals are drafted in collaboration between partners in the Borough and presented for consideration in Q4 of the previous financial year. This should set out the population it wants to reach and the outcomes the project hopes to progress and outline funding, as well as the potential lead sector and/or proposed contractual arrangements for the project.</p> <p>The Borough Partnership will then propose a final list of 'new' projects from its pipeline matched to the agreed financial envelope for that Borough to the ICB for confirmation of funding and allocation. Tailored to the nature of the proposal, the project is then commissioned and set-up between providers – we recommend that Borough stakeholders collaborate on development and delivery.</p> <p>(The role of the Borough Partnership in reviewing progress and 'stop/continue' decision-making of existing projects is outlined in A3)</p>
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