

# NW London Integrated Care System Update



*Westminster Council Health and Wellbeing Board  
September 2020*

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# Developing an Integrated Care System for North West London

# Purpose

The purpose of the NWL Integrated Health Care System is to reduce inequalities, increase quality of life and achieve health outcomes on a par with the best of global cities.

All organisations will work together

- Hospitals
- Community services
- Primary Care
- Mental health
- Learning disabilities
- Local Councils
- Community Groups

To set consistent standards of care across NWL

- Allocate resources fairly across NWL
- Share data to understand needs of communities
- Set standards of care to meet needs
- The ICS will monitor the quality of care

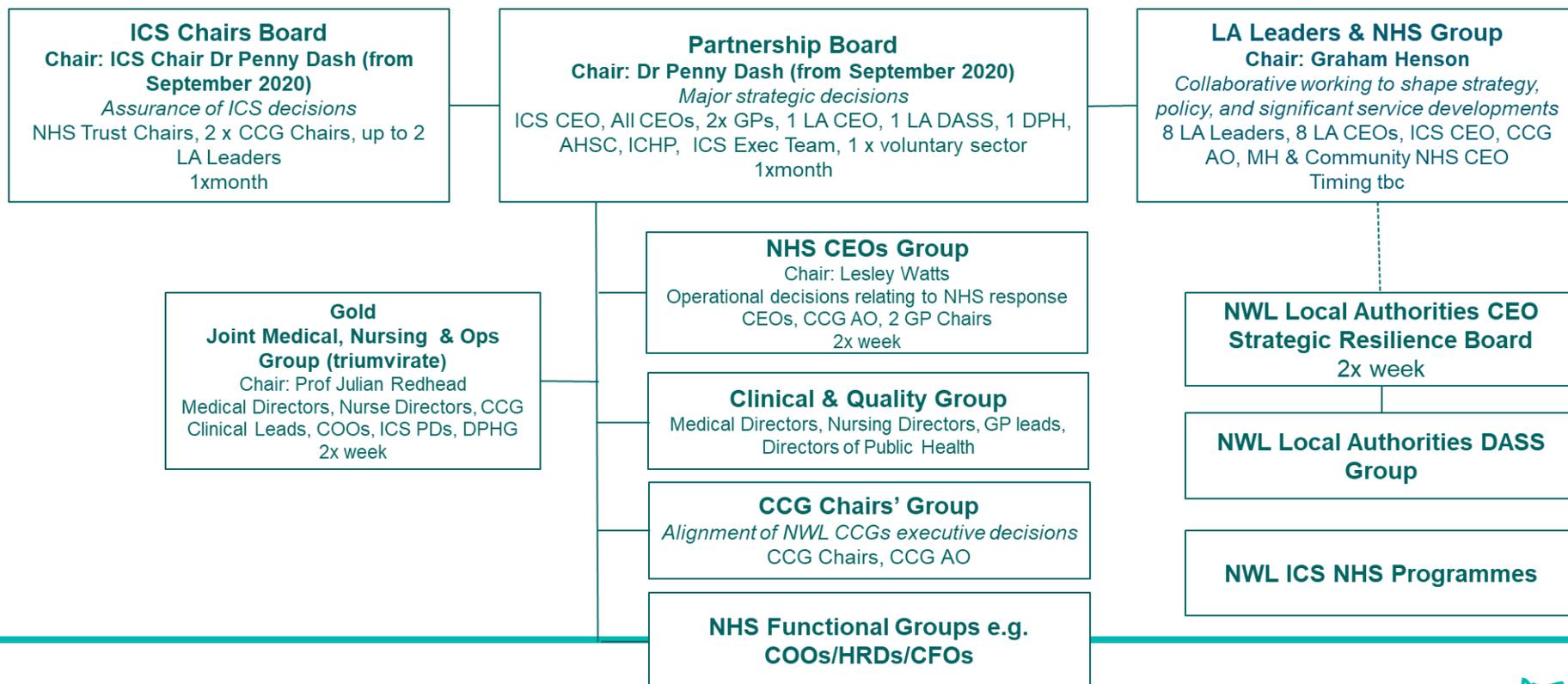
Integrated Care will be delivered in Boroughs

- To deliver consistent high quality standards of care and equity of outcomes
- Focus on prevention and self management
- Keep patients and staff safe during Covid pandemic

# Proposed transitional structure

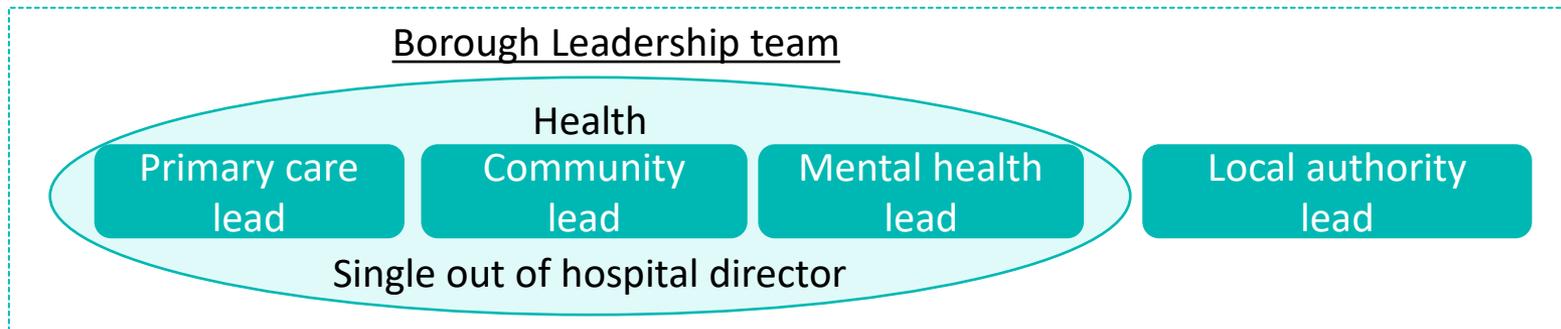
The transitional structure for the ICS involves the NHS, LAs and the voluntary sector. The chart below describes the proposed governance arrangements to ensure strong collaboration between councils and the NHS (clinical, officer and political leaders).

- **Chair of the ICS** - Dr Penny Dash
- **CEO of ICS:** Lesley Watts, CEO of Chelsea and Westminster Hospital NHS Foundation Trust



# Strengthening borough-based relationships

- Through the COVID-19 crisis NWL boroughs have consistently demonstrated the benefit of working in partnership, focussed around the common issue of best supporting residents through the crisis.
- **Real commitment to build on this joint approach – wherever possible decisions about care delivery should be taken at borough-level**
- Requires a strong **partnership of providers at borough level** for implementation and delivery
- Needs to be **co-designed by Local Authority and health leaders**
- There will be leads for primary care, community care and mental health.
- One of these leads will assume overall responsibility as **Out of Hospital Director**
- The Out of Hospital Director will:
  - Have **local understanding** and knowledge
  - Build strong **local relationships**
  - Work jointly with the Local Authority lead to develop integrated care provision for local residents
- A lead for acute services will link in with the borough team.
- ICS staff (staff working in the CCG) **will work on behalf of this quartet** developing strong, integrated borough-based care.



# Reducing health inequalities in NW London

# An NW London board to focus on reducing health inequalities

- This board is jointly chaired by Niall Bolger, CEO Hounslow Local Authority and Carolyn Regan, CEO West London NHS Trust
- It brings together health, local authority, voluntary sector, residents and others to provide strategic direction in this area
- We have identified 3 main areas of work, as illustrated below; key is health actively working with the WLA economic regeneration board and as major employers supporting the economic regeneration agenda
- Two other areas of immediate focus are ensuring we reach our most vulnerable residents with flu vaccinations and digital exclusion.

## Population Health and reducing Health Inequalities

**Dr M C Patel/Director of Public Health**

**Developing and supporting a culture that uses population health to drive change and service provision**

- Population health management and measurement
  - Developing a consistent approach across NW London
  - Developing a culture of improvement
- Working with target communities to address local inequalities
- Identification of immediate priorities eg flu vaccinations

## Economic Regeneration

**Niall Bolger/Charlie Sheldon**

**Developing employment opportunities so as to not further exasperate inequalities**

- WLA Economic Regeneration Board
- Grow Own Workforce
- Arts Health and Well Being

## System Delivery and Accountability

**Juliet Brown/Bernie Flaherty**

**Ensuring system wide accountability, delivery and assurance**

- Continued focus on reducing inequalities throughout ICS work
- Deep dives into identified priority areas of concern

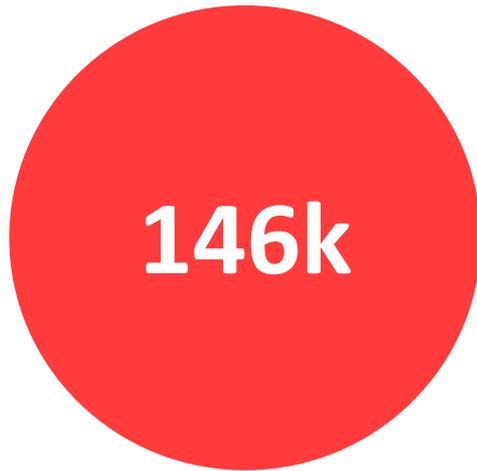
# Service update

Elective care programme  
Managing urgent care demand  
Support to care homes  
Mental health

# Across NW London our focus is on restoring our planned services for residents quickly and safely

- During Covid we stopped services in order to save lives and therefore now have long waits.
- We are working to re-establish our planned services as quickly, safely and effectively as possible enabling us to diagnose, advice and treat our residents in a timely way whilst ensuring the highest level of safety
- This is dependent on being able to continue operating without disruption caused by further Coronavirus peaks.
- Our aim is to be providing planned elective activity at 90% of last year's capacity by October; we are at 70% capacity now.
- We do not plan to stop other services in the event of another Covid surge.

# The size of our challenge



- **146k** patients on the waiting list for planned treatment with **22k** of these waiting for surgery.
- **3.7k** patients waiting over 52 weeks with **2.4k** of these waiting for surgery.

CWHFT

**36k patients**  
405 waiting 52+wks

ICHT

**56k patients**  
1163 waiting 52+wks

LNWUHT

**34k patients**  
970 waiting 52+wks

THHFT

**16k patients**  
1123 waiting 52+wks

*NB in April 2020 the number of people waiting over 52 weeks was 772*

**Source:** unvalidated data from NW London single PTL Dashboard (03 Sept)

The North West London  
health and care partnership



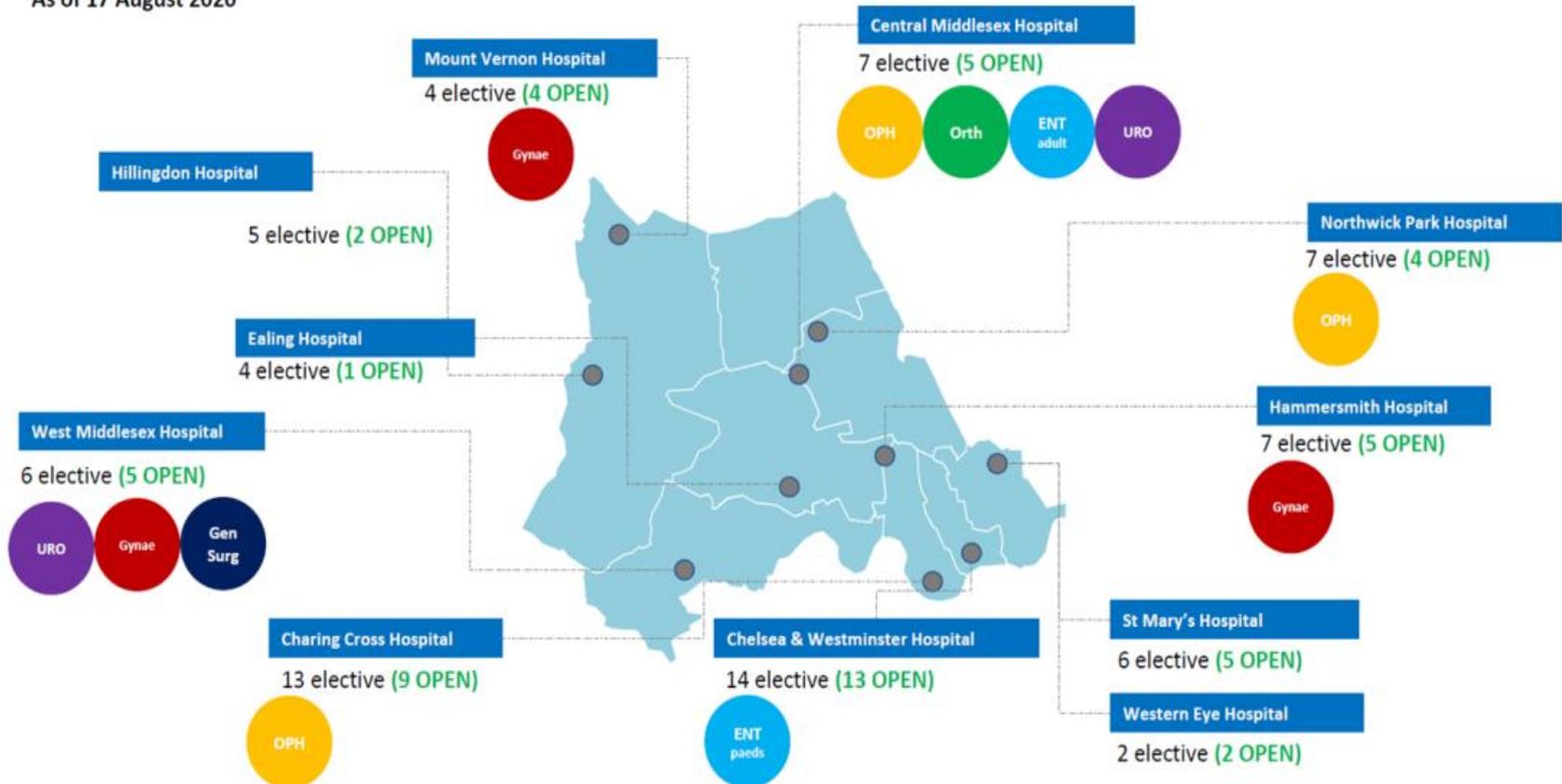
# To achieve this with our operating services we are working to a 3-part plan

- **Maximising the throughput of our existing theatres** - by October all of our Trusts will be operating at close to 90% capacity having segregated provision, invested in new intensive care facilities and air flow systems etc; however, due to new infection control procedures we can not undertake previous levels of surgery in these facilities.
- **Private sector capacity** - we are maximising our use of private sector facilities with 300 patients a week being treated in these facilities.
- **Fast track surgical hubs** - in a coordinated programme across London, we have established fast track hubs for our top 6 specialities, developing focussed facilities so as to increase operating throughput and improve quality of outcomes.

# Initial proposal for the development of these hubs

## Map of NW London theatres and initial thinking regarding proposed Fast Track Surgical Hubs:

As of 17 August 2020



# Restoring our outpatient and diagnostic facilities

## Outpatients

- Our outpatient services are currently operating at 70% of pre-covid capacity with the aim to be at 100% by end of September.
- Our focus is on using digital technology to offer a more responsive and patient-centred service. This includes:
  - Developing our advice and guidance service, enabling GPs to access specialist opinions easily and therefore manage a wider range of patients' conditions through their surgery
  - When a patient needs to consult a specialist this is organised remotely by phone or video, whenever possible
  - We provide face to face appointments in hospital for those who need them
  - We are also looking to move to a system of patient-initiated follow-up; initial pilots indicate that enabling a patient to request a follow-up has reduced wasted appointment by up to 50%

## Diagnostics

- We continue to focus on increasing our capacity within diagnostics. The aim is to be at 100% capacity by October 2020. Currently we are working at:

Endoscopy	65%
MRI	84%
CT	87%
Ultra sound	75%

# Working to continue to provide accessible, safe care for residents

## Urgent Care

- It is important that our residents feel able to access urgent care safely when they need it. We have developed a set of clear messages to guide people as to how best to access the care they require:
  - **Talk before you walk** – if you need urgent medical help call 111 in an emergency call 999 – please call before you attend an urgent treatment centre or A&E
  - **The NHS is here for you:** please seek help if you need it. If you need medical advice, please call your GP or visit 111 online in the first instance. In a medical emergency, call 999.
  - **Follow the national guidance** on social distancing, wash your hands frequently for at least 20 seconds, test and trace and wear a face covering in public places.
  - If you experience a high temperature, a new, continuous cough or changes in your sense of smell or taste, you must **book a covid-19 test immediately.**

## Working together to support care homes

- The **clinical support** given to care home continues, supporting both proactively and in helping to manage Covid cases
- **Testing** of residents and staff is key; unfortunately there is a delay in accessing national testing routes consistently, we have therefore prioritised additional testing locally and are working with DASSs to ensure fair and easy access
- We are also working together to support **home care** providers

## Mental Health

- **IAPT (talking therapies ) is open in each Borough** and takes self referrals as well as via GPs
- A significant focus is in **supporting our 0-25 year olds.**

# Enabling our residents and staff to receive flu vaccinations

# Flu: A priority for NW London

- For some people flu can be severe and they are at risk of further complications particularly if combined with Covid-19, these people can have a free flu vaccination. We are aiming to achieve a 75% uptake in the vaccination for these high risk groups.
- The likely combination of flu and a second wave of Covid during winter has led to considerably more ambition for flu vaccination as well as expansion of eligibility.
- Focussing on those most at risk - including people with a long term condition, people over the age of 65, households of those who have been shielding, pregnant women, people in disadvantaged areas and BAME communities, those with a learning disability and children aged 2-11.
- Lower risk groups may be invited for vaccination in November if vaccination stock is received (this includes the 50-64s).
- We also need to increase flu vaccination levels for those who are living in the most deprived areas and from BAME communities.



# Flu: Working together with you

- To achieve all of this, there will need to be a **greater focus on and high quality, dedicated and culturally competent engagement with faith and community groups**, linking with local authority networks and ensuring we have culturally appropriate communications to increase our reach.
- **We are asking local authority colleagues for their help in reaching these communities** through all means possible – not only via formal communications but in every contact with the general public - in particular those at high risk of flu and the most deprived groups.
- We also need to work together to encourage **all eligible social care and health staff to receive the vaccination.**



# Effective surge planning for Covid 19

# Management of Covid surge is a priority for the system

## Outbreak management

- Public health, health and local authorities across NW London have worked together to agree thresholds and an escalation plan giving a multi-agency, coordinated approach to outbreak management; they meet regularly as a covid surveillance group
- This works with, and builds on, local borough-specific plans
- Our population health data base enables us to have good visibility of positive test results by geographical areas, ethnicity etc; this reviewed regularly by the Covid surveillance group

## Surge management

- With the rise in cases in recent days detailed surge plans have been developed and are being implemented at the appropriate point
- These include – coordinated primary care, robust support to care homes and home care services, general hospital services, intensive care
- The plans cover staffing, equipment and PPE – building on, and learning from, our response in the first wave

## Testing

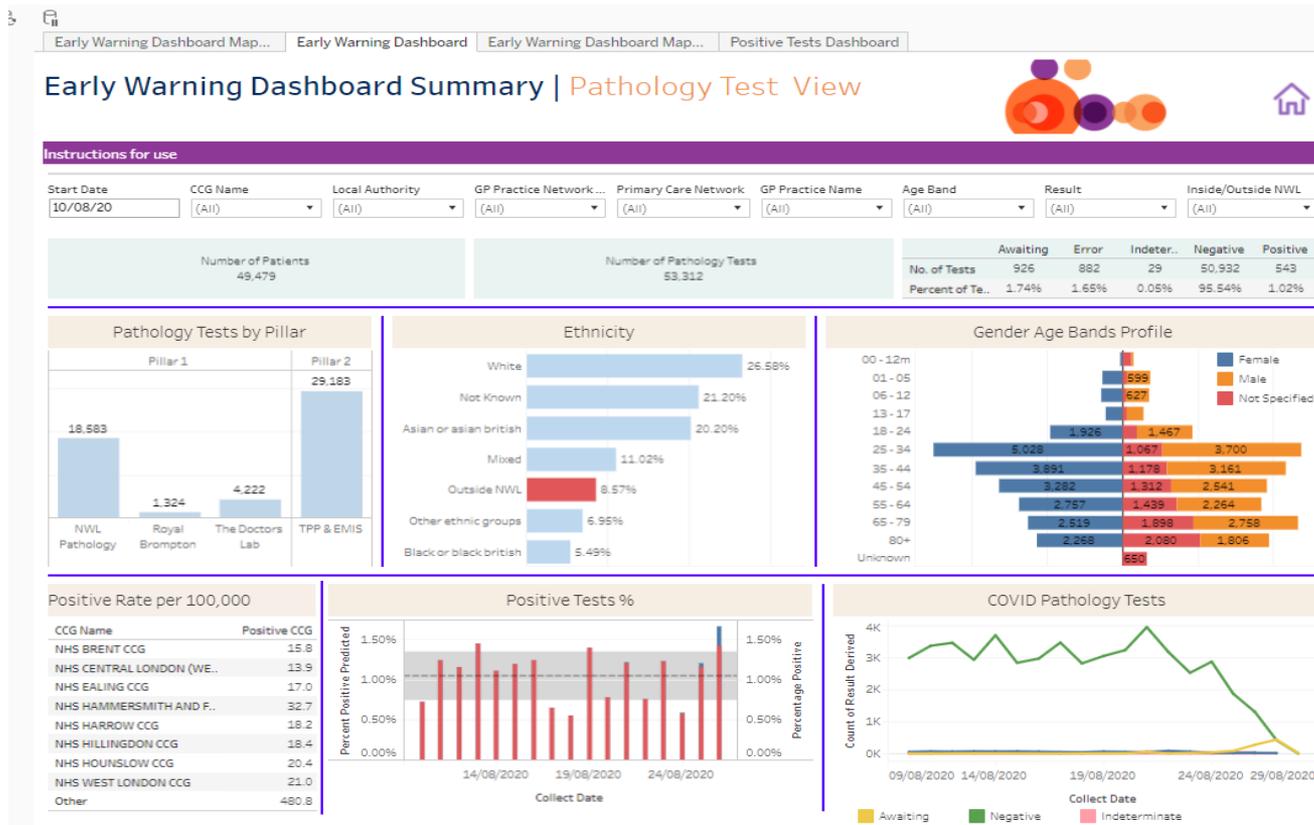
- Health continue to work with local authorities to support testing and have committed to enabling testing of care home residents and staff through the NHS pillar 1 capacity until pillar 2 testing is robust and reliable

# Covid-19 threshold steps and escalation plan

Multi-agency , coordinated outbreak management action				
CoViD rate per 100k pop.	Multi-agency action (inc PHE)	Hotspot borough	Neighbouring borough	NWL health services
<5	<b>NWL CoViD Surveillance</b> <ul style="list-style-type: none"> <li>Daily borough monitoring</li> <li>Early warning spikes (111, GPs, hospital admissions)</li> <li>Weekly NWL-wide review</li> <li>Check if &lt;5% of tests are positive (concern if trend above 2%)</li> </ul>	Monitor for outbreaks	Monitor for outbreaks	PPE used in all health settings where social distancing is not possible  No self-isolation required for routine operations CoViD pathways in place for risk managed and protected Limit hospital visiting to safe capacity
5 to 10	<b>As above, plus...</b> <ul style="list-style-type: none"> <li>Check if &gt;5% of tests are positive</li> </ul>	Check GIS, postcode, and geography for common factors  Communication to education and care staff about the rise Review PPE stock and testing capacity Review care home protocols	Monitor for outbreaks	<b>Community settings</b> Communication to relevant PCN and community health staff about the rise Review PCN and community health PPE stock  <b>Hospital settings</b> Review admissions for common factors
10 to 15	<b>As above, plus...</b> <b>Incident Management Team convened</b> <ul style="list-style-type: none"> <li>Deploy local targeted testing</li> <li>Review for clusters and high risk settings</li> <li>Look for outbreaks in neighbouring boroughs</li> <li>Support self-isolation as needed (food, income, social support)</li> <li>Outreach (environmental health &amp; housing officers)</li> <li>Increase asymptomatic staff testing</li> </ul>	<b>Incident Management Team participation</b> <ul style="list-style-type: none"> <li>Review for clusters (same postcode, building, household)</li> <li>Review for social activity (workplace, faith settings, gatherings, parties, unlicensed music events)</li> </ul> <b>Targeted messages (community leaders, social media, relevant schools)</b> <ul style="list-style-type: none"> <li>Avoid unnecessary travel</li> <li>Stay inside unless you have to go out</li> <li>Wear a face covering in crowded spaces</li> <li>Do not gather with friends and family</li> <li>Do not gather at school gates to chat</li> <li>Wash hands regularly and thoroughly</li> <li>Get a CoViD test as soon as symptoms start</li> </ul>	<b>Increased vigilance</b> <ul style="list-style-type: none"> <li>Communication to education and care staff about the rise</li> <li>Review PPE stock and testing capacity</li> <li>Review care home protocols</li> </ul>	<b>Incident Management Team participation</b> Review Pillar 1 for home address and age patterns  <b>Wider health care providers</b> Communication to relevant pharmacy, dental, and optometry services  <b>Community settings</b> Update relevant PCN and community health staff Communication to relevant safeguarding teams to help support vulnerable people  <b>Hospital settings</b> Communication to hospital health staff about the rise Review hospital PPE stock and testing capacity Self-isolation 7 days prior to routine operations
15 to 20	<b>As above, plus...</b> <b>Incident Management Team daily review</b> <ul style="list-style-type: none"> <li>LCRC and PHE involvement</li> <li>Extend local targeted testing to care homes, hostels, household of multiple occupancy</li> <li>Self-isolation of positive cases</li> <li>Extend support for self-isolation as needed (local accommodation)</li> </ul>	<b>As above, plus...</b> <b>Wider communication</b> <ul style="list-style-type: none"> <li>Consider postcode or borough-wide campaign</li> <li>Work with high risk settings and venues to reinforce safe behaviours</li> </ul>	As above	<b>Community settings</b> Update relevant PCN and community health staff  <b>Hospital settings</b> Update hospital health staff about the rise Self-isolation for 14 days prior to operations Prepare for possible rapid surge in demand
20 to 30	<b>As above, plus...</b> <b>Incident Management Team daily review</b> <ul style="list-style-type: none"> <li>LCRC and PHE deploy mobile testing units and batch processing of tests for high risk groups</li> <li>Review hospital admission data</li> </ul>	<b>As above, plus...</b> <b>Enhanced communication</b> <ul style="list-style-type: none"> <li>Stay in unless essential to go out</li> <li>Arrangements to deliver food and medication</li> <li>Hotspot maps available to residents</li> </ul> <b>Consider reverse targeted easing of lockdown</b> <ul style="list-style-type: none"> <li>Re-establish shielding for some groups</li> <li>Re-establish limited contact with friends and family</li> <li>Temporary closure of specific venues (schools, bars, restaurants, faith settings, work places)</li> </ul>	<b>As above, plus...</b> <b>Targeted messages to reduce cross-borough transmission (community leaders, social media, relevant schools)</b> <ul style="list-style-type: none"> <li>Avoid unnecessary travel</li> <li>Stay inside unless you have to go out</li> <li>Wear a face covering in crowded spaces</li> <li>Do not gather with friends and family</li> <li>Do not gather at school gates to chat</li> <li>Wash hands regularly and thoroughly</li> <li>Get a CoViD test as soon as symptoms start</li> </ul>	<b>Community settings</b> Consider dedicated testing hub Anticipate surge in GP presentations Multi-lingual communication about online primary care Multi-lingual communication about mental wellbeing  <b>Hospital settings</b> Temporarily stop hospital visiting Anticipate imminent surge in CoViD admissions Ensure staff training complete for possible deployment Anticipate any changes to ambulance arrangements
30 to 40	As above	<b>As above, plus...</b> <ul style="list-style-type: none"> <li>Reinforce self-isolation message and support by door to door messages (Safer Neighbourhoods and housing teams)</li> </ul>	As above	<b>Community settings</b> Pro-active engagement with shielding patients with mental illness, learning disabilities, or Special Educational Needs and Disabilities  <b>Hospital settings</b> Prepare additional care areas
>40	<b>As above, plus</b> <ul style="list-style-type: none"> <li>Weekly whole ward testing</li> </ul>	<b>As above, plus...</b> <ul style="list-style-type: none"> <li>Use of volunteers to support those self-isolating</li> <li>Whole ward or postcode lockdown</li> </ul>	<b>As above, plus...</b> <ul style="list-style-type: none"> <li>Coordinated mutual aid</li> </ul>	<b>Community and Hospital settings</b> Redeploy staff as required

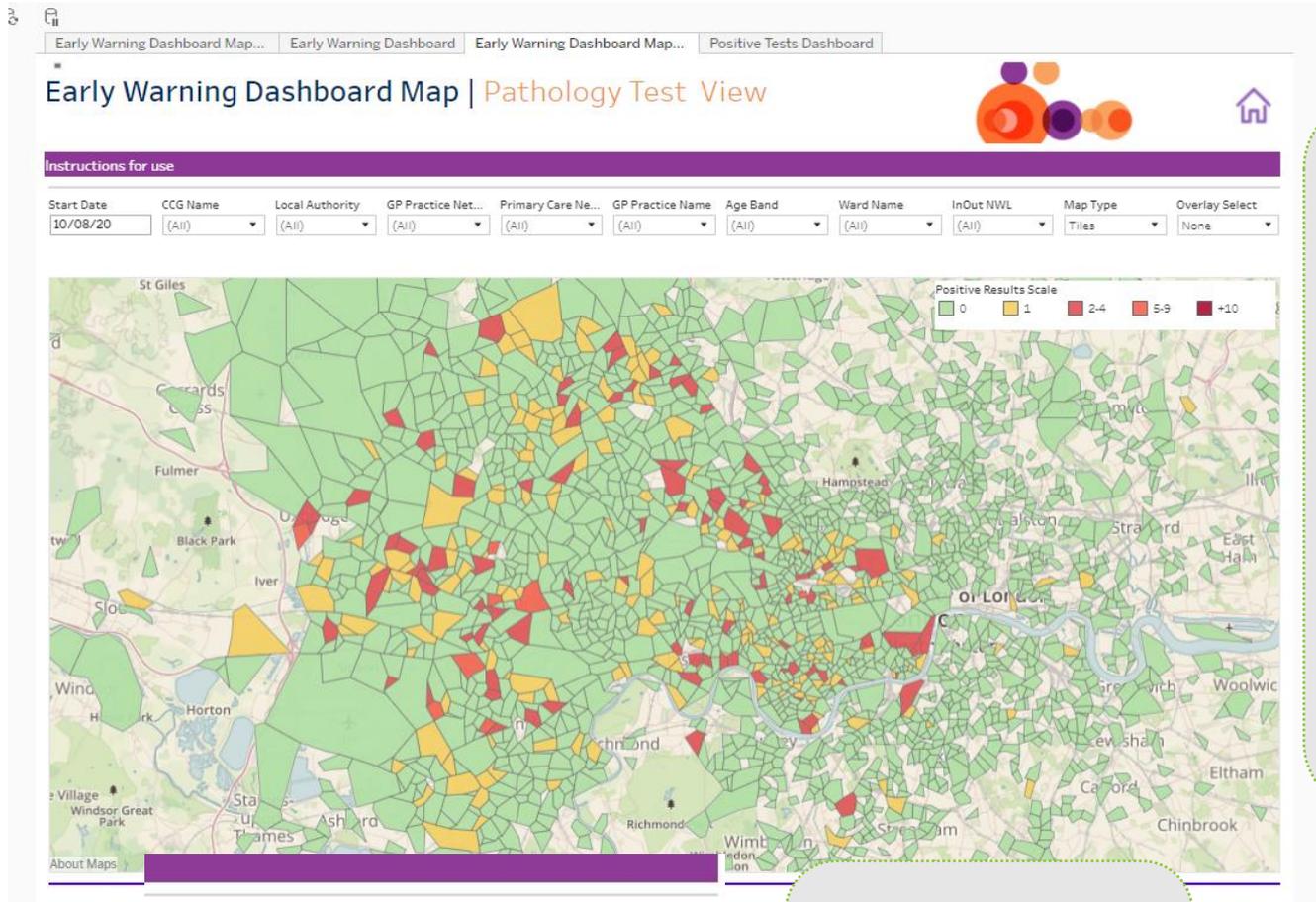


# NW London Covid-19, early warning dashboard, gives insight into test results - 1



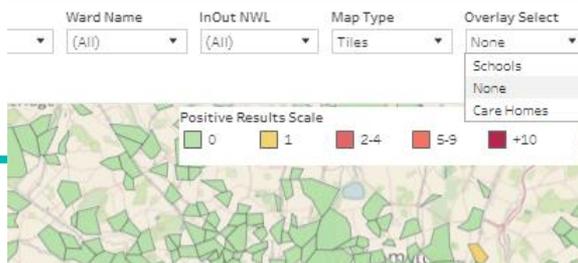
This is a summary of all COVID testing (both Pillar-1 and Pillar-2). This dashboard shows the breakdown of testing by borough, ethnicity, age band, gender and also outcome (number of positives)

# NW London Covid-19, early warning dashboard, gives insight into test results - 2



This is a map view of the positives with thresholds applied at a LSOA level.

Thresholds have been agreed at the COVID surveillance group



The map has schools and care homes over-lay applied

# Protection against Covid-19 for the public

We will continue to advise the public that you are safest when you follow this advice:

## **Hands. Face. Space.**

- **Wash your hands** frequently, with soap and water, for 20 seconds.
- **Wear a face covering** on public transport, in shops and in supermarkets.
- Remember to **social distance** when in public areas – keep at least 2 metres away from people you don't live with, if you can.
- **If you have any symptoms** of coronavirus (a new continuous cough, a high temperature, or a loss of/change in taste or smell) please immediately **self-isolate and book a free test online** at [www.nhs.uk/coronavirus](http://www.nhs.uk/coronavirus) or by calling **119**.