SUPPLEMENTARY AGENDA

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 28 January 2022, 10:00 a.m.
Remote meeting

Contact: Fiona Rae / Dominic O'Brien

Direct line: 020 8489 3541 / 020 8489 5896
E-mail: fiona.rae@haringey.gov.uk / dominic.obrien@haringey.gov.uk

Councillors: Alison Cornelius and Linda Freedman (Barnet Council), Larraine Revah and Paul Tomlinson (Camden Council), Tolga Aramaz and Derek Levy (Enfield Council), Pippa Connor **(Chair)** and Khaled Moyeed (Haringey Council), Tricia Clarke **(Vice-Chair)** and Osh Gantly (Islington Council).

Support Officers: Tracy Scollin, Sola Odusina, Claire Johnson, Dominic O'Brien, and Peter Moore.

Quorum: 4 (with 1 member from at least 4 of the 5 boroughs)

AGENDA

6. MINUTES (PAGES 1 - 10)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 26 November 2021 as a correct record.

7. UPDATE ON THE ROYAL FREE AND NORTH MIDDLESEX HOSPITALS PARTNERSHIP (PAGES 11 - 16)

To receive a verbal update on the Royal Free and North Middlesex Hospitals partnership.

8. ESTATES STRATEGY UPDATE (PAGES 17 - 28)

To receive an update on the Estates Strategy for hospitals and the Integrated Care System (ICS).

9. DENTAL SERVICES UPDATE (PAGES 29 - 38)

To receive an update on dental services.

10. WORK PROGRAMME (PAGES 39 - 52)

This paper provides an outline of the 2022 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

Dominic O'Brien, Principal Scrutiny Officer / Fiona Rae, Acting Committees Manager
Tel – 020 8489 5896 / 020 8489 3541
Email: dominic.obrien@haringey.gov.uk / fiona.rae@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
River Park House, 225 High Road, Wood Green, N22 8HQ

Thursday, 27 January 2022

Agenda Item 6

NOTES OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE BRIEFING HELD ON FRIDAY, 26TH NOVEMBER, 2021, 10.00 AM - 1.00 PM

PRESENT: Councillor Pippa Connor (Chair), Councillor Tricia Clarke (Vice Chair), and Councillors Alison Cornelius, Paul Tomlinson, and Derek Levy

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Larraine Revah, Linda Freedman, and Khaled Moyeed. It was noted that some members had not attending a meeting in some time and that the Chair would write to the relevant councils.

3. URGENT BUSINESS

There was no urgent business.

4. DECLARATIONS OF INTEREST

Cllr Connor noted that she was a member of the Royal College of Nursing and that her sister worked as a GP in Tottenham.

ORDER OF BUSINESS

Due to the availability of the presenters, the Committee agreed to receive Item 5 (Deputation on Primary care pressures), followed by Item 8 (Elective Services Recovery), and then Item 7 (Fertility Review), before returning to the advertised agenda order.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

The Chair noted that a deputation had been received from Brenda Allan, NCL NHS Watch, and Alan Morton, Help Keep Our NHS Public, on primary care and winter pressures.

It was explained that the deputation related to primary care in the context of winter pressures. It was noted that primary care accounted for 90% of patient contacts and was under significant pressure. The Committee was asked to urge the Integrated Care

System (ICS) to consider what more could be done to support primary care with its workload, workforce, and stability of provision. It was also asked that the Committee considered what could be done by councils and politically. It was added that the Committee should also pressure for GP representatives to be included in the ICS governance arrangements. It was added that a number of contracts were due for renewal and it was enquired what measures had been undertaken to ensure that these contracts would stay within the NHS and it was also enquired what greater scrutiny could be undertaken to avoid large companies taking over.

Jo Sauvage, NCL CCG Chair and Primary Care Lead, thanked the deputation and explained that she was happy to highlight some of the work that had been undertaken. It was noted that there were some important themes in primary care, including recruitment and retention issues. It was explained that, in order to support practices, there were a number of initiatives which aimed to streamline processes as much as possible. It was highlighted that the CCG had listened to residents' comments expressed at this Committee, at Health and Wellbeing Boards, and at patient participation group meetings. It was acknowledged that there was some inconsistency across NCL and it was important to understand why this was the case and to put packages in place to respond to needs. It was explained that there was a programme of work which was looking at the arrangements across NCL and considering possible actions.

Some members noted that the way to ensure greater scrutiny of decisions was to have greater member participation on the boards of the new ICS. It was also suggested that greater primary care representation on ICS boards would likely have an impact on the availability of staff in primary care. Brenda Allan, NCL NHS Watch, stated that some time should be invested in attending meetings where resources were allocated in order to address some of the existing problems in the system.

In relation to contracts, Alan Morton, Keep Our NHS Public, stated that he hoped that NCL would closely monitor its tendering processes. In relation to funding, he noted that NCL had experienced difficulties in obtaining funding for Covid-19 issues, had a backlog of elective surgery, and had general budget issues. It was asked whether officers could share their views on the budget for the coming months. The Chair noted that, due to time constraints, this question could be addressed under the Winter Pressures item.

6. MINUTES

RESOLVED

To note the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 1 October 2021.

7. FERTILITY REVIEW

Penny Mitchell, Director of Population Health Commissioning, Dr John McGrath, GP & Clinical Responsible Officer (CRO), and Francesca McNeil, Assistant Director of

Communications and Engagement, introduced the report which provided an update on the fertility review. It was acknowledged that fertility services were accessed by a small number of people but that they were very important and emotive for those concerned. It was explained that there were currently five separate policies across North Central London (NCL) and that the fertility review aimed to provide a consistent and equitable offer across the area and to maximise health outcomes.

It was noted that the review had strategically considered the current population needs and had been informed by local views in order to provide a policy that was suitable across NCL. It was explained that there were a number of highly technical points in the report but that, overall, the policy sought to move to a more modern position. It was added that the proposal would not mix public and private funding for NHS treatments.

It was noted that engagement had been key and that views had been sought from a wide range of people, including residents, service users, community groups, and fertility groups. It was explained that these initial views had informed the development of the policy. It was noted that there would now be a 12 week engagement period which would be publicised by the Clinical Commissioning Group (CCG) and by partners. It was added that a variety of engagement methods would be used to maximise input and that the process could be tailored if there were any particular groups or communities that had not responded.

In response to questions, the following responses were provided:

- It was clarified that, for the proposed fertility policy, those with an adopted child were not eligible for fertility treatment. It was explained that priority was given for those who had no living child. Some members of the Committee asked whether this could be reviewed. It was commented that this was a standard criteria but that the results of the engagement would be considered.
- In relation to the engagement of harder to reach communities, it was explained that the CCG had a list of approximately 120 community groups for this engagement process and was hoping to identify further groups. It was noted that information could be provided in different ways, including an easy to read version. It was added that a number of connections had been made during the Covid-19 pandemic and that, following conversations with these groups, there were some innovative ideas for engagement.
- The report commented that there were increased efficiency requirements for the NHS but it was noted that an increased spend was expected in relation to fertility services in order to increase services in an equitable way.
- Some members noted that there was an over-representation of white service users and enquired how equitable access would be ensured. It was explained that a communications programme was being developed to support the introduction of a new policy and that this would seek to ensure equitable access through the education of GPs, partners, and the wider public.

It was noted that, as part of the engagement process, evidence had been heard from a number of service users. It was explained that much of this evidence was holistic and did not relate to the specific fertility review. However, it was recognised that these overall experiences were important and they were captured in the engagement and recommendations reports. It was added that this information was also shared with the

specialist clinical group (providers) alongside reminders about the psychological support available.

The Chair noted that it would be useful for the Committee to receive an update on the final policy. It was added that the Committee would be interested to hear updates on which additional groups had been accessed through the engagement process and how the views of those who have (an) adopted child(ren) had been captured.

It was acknowledged that the policy aimed to increase the funding available for fertility services but concerns were expressed that this would not be possible. The Committee asked whether it would be possible to report on any contingency plans if additional funding was not granted. It was also noted that it would be important to ensure that primary care practitioners were fully aware of the various fertility options, pathways, and timescales and it was suggested that some guidance for primary care would be useful once the policy was confirmed.

RESOLVED

1. To note the report.

2. To request a further update on the fertility policy, including the engagement process for harder to reach groups and those with (an) adopted child(ren), funding contingency plans, and communication arrangements for primary care.

8. ELECTIVE SERVICES RECOVERY

Ali Malik, Lead for Elective Recovery, introduced the report which provided an update on elective services recovery in North Central London. It was explained that, at various points over the past two years, elective services resources had been redeployed to respond to the Covid-19 pandemic. It was also noted that infection prevention control measures had also reduced the efficiency of services by about 15%. As a result, it was explained that the elective services waiting list had grown. However, this had provided some opportunities to transform delivery and work differently.

It was noted that the team had rapidly developed a governance structure and programme around elective recovery after the start of the pandemic and had been the first Integrated Care System (ICS) in London to be given permission to re-start elective services. A new elective centre had been opened in the Grafton Way building which was part of University College London Hospital (UCLH). It was added that seven clinical networks had been developed which covered the high volume elective specialties and, through joint working, had resulted in improvements to pathways.

It was highlighted that North Central London (NCL) had been identified as an accelerator site. It was noted that accelerator site status came with some additional funding for this year only. It was added that there were 13 accelerator sites in the country and only one in London. It was noted that 15 projects had been funded in North Central London through this programme and some progress had been made. For example, this had allowed investment in a community gynaecology service which

provided a service that was more aligned with the community and which reduced pressure on acute hospital background. It was also noted that there had been investment in a data system, one system patient tracking list, which meant that all providers had access to the waiting lists and could look to redistribute patients accordingly to even out waiting times.

In response to questions, the following responses were provided:

- It was clarified that the shared waiting lists were only for NHS use and that there were strict criteria on what information was visible.
- In response to a question about the resilience of the elective services recovery programme, it was noted that there had been significant learning throughout the pandemic and that there were now processes and measures in place which meant that the impact of any new variants or changes should not be as significant. It was added that the programme was resilient and that there were parts of the system, such as Chase Farm, which provided ringfenced capacity for elective services.
- It was explained that community diagnostic centres were designed to provide an initial diagnostic test and potentially reduce the amount of touchpoints, or interactions, that patients had with hospital services. It was noted that this would be more efficient and better for patients who would have fewer outpatient appointments. It was added that a comprehensive communications plan would accompany this proposal.
- In relation to the accelerator pilot, it was noted that the £20 million funding was new funding that would only be available for this year. The funding would allow NCL to pilot new ideas, consolidate and share any learning from the pilots, and consider whether to take any of them forward. It was explained that the projects were being run by the NHS and overseen by the Clinical Commissioning Group.
- It was explained that the health and social care capacity pilot aimed to consider how the health and social care system could support the elective recovery backlog and the pressure on hospitals generally. It was noted that the additional funding could support teams and processes which allowed patients to receive treatment in non-hospital settings where this was medically appropriate.
- It was noted that there had been a recent reduction in performance relating to colorectal surgery. It was reported that the service had seen an increase in cancer referrals over recent months which had higher priority than normal elective pathways. It was explained that some capacity in this area had therefore been temporarily repurposed to respond to the demand for cancer services. It was anticipated that performance would improve once there was some stabilisation.
- It was explained that staffing was a key challenge and that innovative ways of working were being explored. It was noted that, where staff were willing and able, services were provided during evenings and weekends as overtime provision.

The Chair noted that there were particular stresses around workforce and suggested that it would be useful for the Committee to consider this. It was commented that this could focus on the pilots, possibly the health and social care pilot where there was some council involvement. The Chair added that the Committee would request an update on the outcomes of the elective services recovery programme and whether waiting times had been reduced as a result.

RESOLVED

1. To note the update.

2. To request a future update on the outcomes of the elective services recovery programme, including consideration of workforce issues.

9. WINTER PRESSURES

Paul Sinden, CCG Chief Operating Officer, Alex Faulkes, Head of Urgent and Emergency Care, and Darren Farmer, Director of Operations: Ambulance Delivery and Emergency Operations Centres Transformation, introduced the report which provided an update on winter pressures.

Paul Sinden noted that the priorities for winter were to reduce ambulance handover delays, to maintain elective recovery, and to maintain the rollout of the vaccination programmes for Covid-19 and the flu.

It was explained that there had been increases in primary care and urgent presentations, as well as low acuity appearances at A&E. It was noted that 6% of general and acute beds and 20% of critical care beds were currently occupied by Covid positive patients. It was commented that approximately 80% of these patients were unvaccinated which underlined the importance of maintaining the vaccination programme. It was added that there were high levels of bed occupancy with an average of 96% across North Central London (NCL) compared to the London average of 92%. It was explained that the pandemic had exponentially increased how trusts provided mutual aid and that escalation triggers were in place and had been strengthened for winter.

In relation to primary care, it was explained that situation reports were being undertaken by practices every two weeks. There were some concerns about a very small number of practices, approximately seven of 200, being closed and work was underway with these practices to ensure continuous provision. It was noted that about 20% of practices were reporting constraints on administrative capacity and that a number of staff were experiencing abuse from patients.

It was noted that the Winter Access Fund had provided approximately £7 million to extend primary care capacity over the winter period. This would be supporting practices to extend same day access and would be channelled into the areas with the highest levels of deprivation. It was noted that there would be some extended remote monitoring for people with long term conditions and extended links between practices and community pharmacies. It was added that many practices had raised administration capacity concerns and that work was underway with NHS bank partners to allow practices to access administration support.

In relation to e-consult, it was noted that this was introduced at the start of the Covid-19 pandemic in order to maintain access to healthcare. It was explained that, in general, the number of GP appointments had increased by 15%, not including e-consult. It was noted that e-consult flagged patients based on the severity of responses and that about 5% of people were diverted to 999 for emergencies and 111 for urgent issues. It was added that mechanisms were being developed to understand

patient experiences of e-consult and that work was underway with the provider and 111 to refine the service offer.

Darren Farmer noted that the London Ambulance Service (LAS) had experienced a large increase in demand of approximately 15-20%. It was explained that, as a result of the Covid-19 pandemic, a number of people were using private transport which was impacting the road networks and journey times. In relation to hospital breaches in October 2021, it was reported that there had been 450 over an hour at North Middlesex Hospital, 459 at Barnet, 333 at the Royal Free, 159 at Whittington, and 48 at University College London Hospital. It was highlighted that, since October, the LAS had been developing a new process with colleagues across the system which had been trialled over a two week period and had been reducing delays.

Alex Faulkes noted that the non-emergency NHS number, 111, had seen significant activity over the pandemic with a 30% increase in calls which was approximately 610,000 calls per year. It was explained that additional call volumes were anticipated over the winter and that suitable resources should be in place, although it was acknowledged that there were staff retention issues across the country.

In response to questions, the following responses were provided:

- Some members shared their experience of e-consult. It was noted that there was a lengthy form to fill out, that some of the questions asked were quite personal but irrelevant to a patient's situation, and that it was not useful for urgent requests. It was added that some GPs were using e-consult and were not booking appointments over the phone which was difficult for some patients. Jo Sauvage, NCL CCG Chair and Primary Care Lead, noted that staff were available on the phones and that it would be important to ensure that e-consult was not a barrier to access. It was explained that e-consult may not be appropriate for all patients but that it was an important option to cater for diverse populations. It was added that it was useful to hear about the relevance of the questions asked by e-consult and to consider whether this required refinement.
- John McGrath, GP & Clinical Responsible Officer (CRO), explained that e-consult was designed to provide online consultations rather than to book appointments. It was noted that the questions asked were based on a clinical algorithm that had been checked and that many of the questions would have been asked by a GP if the consultation was in person. It was accepted that e-consult was not useful in all situations, such as for under fives, and that it should be used as an addition to normal GP arrangements rather than a replacement.
- Some members noted that there had been issues with cycling schemes that had affected attendance times at hospitals for the LAS and it was enquired whether the LAS was included in the consultation process for new schemes affecting roads. Darren Farmer explained that contact differed by borough but that more focus was placed in areas where there had been more incidents. It was highlighted that there were two elements: Low Traffic Neighbourhoods (LTNs) which were organised by councils and cycle lanes which were organised by Transport for London (TfL). It was noted that the LAS continued to work with councils and TfL to ensure that patients could be reached in a timely manner. It was added that the LAS was a stakeholder and was routinely consulted but that engaging with this process was not always possible with increased workloads.

- It was noted that the LAS had been implementing some new measures to tackle delays and it was enquired what this involved. Darren Farmer explained that work had been undertaken to identify which trusts were under the most pressure and which had capacity and, in response, boundary areas had been adapted to redirect some activity to trusts with capacity. It was highlighted that this was done in relation to patients who were least likely to require admission.
- It was noted that a number of LAS sites across London had been reconfigured in response to the Covid-19 pandemic but had now been deconsolidated to increase capacity. It was explained that there was a long term ambition for the LAS to move to a more centralised model but that no further changes were anticipated in NCL at present. It was added that it had been difficult to identify direct links between changes and impacts due to the number of developments that had taken place.
- In relation to mental health, Sarah Mansuralli, Director of Strategic Commissioning, acknowledged the significant impact of the pandemic on mental health. It was noted that A&E was not an appropriate place for those experiencing a mental health crisis but that many patients experienced a long length of stay where out of hospital pathways were not well-established. It was explained that there was some additional funding for mental health winter pressures and that it was aimed, working alongside colleagues in social care and housing, to establish better pathways. It was noted that it was aimed to support multi-disciplinary work around discharges to ensure that people would have the right care and support in the community. It was added that there had been developments in community transformation, including additional roles within primary care to support mental health need. It was noted that primary care had become more integrated with mental health and that lower level crisis provision had significantly improved. For example, it was highlighted that it was now possible for patients to access support lines directly rather than having to go through crisis services.
- The Chair enquired whether there were any areas of particular concern for the LAS. Darren Farmer explained that the LAS was in a solid position to cope with winter pressures and that, with new systems, was hoping to halve waiting numbers. It was noted that there had been significant, increased demand on the system, and particularly on staff, which could not be sustained and he urged everyone to use the system wisely, including the 111 telephone number and pharmacies.

The Chair noted that the Committee appreciated all of the work of the LAS in keeping the public safe and well and fully supported the request for extra staffing and wellbeing support. It was noted that it was useful to hear the actions that had been undertaken to reduce waiting times outside hospitals. The Committee requested a future update on the results of the proposed actions to improve LAS waiting times. In relation to e-consult, the Committee asked to receive additional information on how it was being used and whether it was an appropriate platform. In relation to workforce pressures, the Committee requested a future update to ensure that GPs and staff were appropriately supported.

It was noted that the deputation on primary care and winter pressures had raised a number of questions and it was requested that the CCG sent a written response to the deputation after the meeting.

RESOLVED

1. To note the update.

2. To request a future update in relation to e-consult, including additional information on how it was being used and whether it was an appropriate platform.

3. To request a future update on the results of the proposed actions to improve the London Ambulance Service waiting times.

4. To request an update in relation to workforce pressures to ensure that GPs and staff were appropriately supported.

5. To request a written response to the deputation from NCL NHS Watch and Keep Our NHS Public on primary care and winter pressures for the Committee to consider.

10. WORK PROGRAMME

28 January 2022

- Estates Strategy Update
- Dental Services
- Workforce – to consider initiatives in primary and secondary care about how to retain staff, family friendly policies, accommodation arrangements, flexible employment policies, and sustainable retention practices. It was suggested that this could include a further update from the London Ambulance Service on any new initiatives.

18 March 2022

- Mental Health and Community Services Review
- Lower Urinary Tract Services Update
- Finance

To be arranged

- Royal Free Maternity Services
- Missing Cancer Patients
- Children's Services
- Screening and Immunisation
- Workforce Update (including supporting staff)

11. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

12. DATES OF FUTURE MEETINGS

It was noted that the future North Central London Joint Health Overview and Scrutiny Committee meetings were scheduled for:

28 January 2022
18 March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

North Middlesex and Royal Free London

Working together for better care

Partnership update

Caroline Clarke, Royal Free London Group CEO
Nnenna Osuji, North Middlesex University Hospital CEO

28 January 2022

Partnership overview

We are strengthening our partnership to deliver better care for local communities and more opportunities for our staff.

reduced waiting times

more access to specialist care

the new surgical hub at Chase Farm Hospital, reducing delays for surgery

a louder voice to attract more health funding locally

a collective call for more community services wrapped around North Mid

more career and development opportunities for staff

more money for frontline services by reducing duplication in how we run our hospitals

Benefits of partnership

Recent benefits of our collaboration include:

- Mutual aid as part of the Omicron response, including increasing NMUH's use of Chase Farm to relieve pressure on emergency beds.
- Joint appointment of Head of Learning and Development to enhance staff development across both organisations.
- Appointed Operational Director for Group Clinical Services at RFL with strong relationships and deep knowledge across both trusts, creating more opportunities for effective collaboration between teams
- Secured funding from the NCL Inequalities Fund to expand the Community Mentoring Scheme for young people, established by NMUH in 2021. This is also in collaboration with the Whittington, and BEH Mental Health Trust.

Why now?

North Mid has been a clinical partner with the RFL group since 2017. Now collaborating more closely around a number of workstreams.

Together, provide a significant proportion of the care in NCL. Partnership is a vehicle for change to improve outcomes for patients.

Ambition to create opportunity beyond the pandemic: strengthening the resilience of services in both trusts, sharing back-office functions, and enabling better planning for times of pressure.

Opportunity to strengthen and support workforce with better local training and employment offers, more career development opportunities for staff at both trusts and more shared clinical learning and development.

Golden thread of the partnership is to tackle inequalities, reduce variation and improve outcomes and experiences

Partnership focus

By March 2023 we aim to have:

- Strengthened the resilience of our breast radiology, ENT and rheumatology services, with shorter waits, less variation, and better patient outcomes
- Embedded a model of routine joint reporting of health inequalities data
- A joint elective strategy to reduce the number of cancelled surgical appointments
- Better value for money from shared third party contracts
- Joint working between our back-office teams to improve support (HR, IT etc.) for frontline teams
- Identified opportunities for closer join-up between our clinical support services such as pharmacy, pathology and imaging
- Improved same day access and ‘front door primary care’ at North Mid, Barnet and the Royal Free through joint working and sharing best practice with primary care
- Increased access to clinical research trials, in particular for NMUH patients.

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NORTH LONDON PARTNERS
in health and care

NHS

Estates Strategy update to JHOSC

28 January 2022

Sarah Mansuralli – NCL Director of Strategic Commissioning

Nicola Theron – NCL Director of Estates

Agenda Item 8

Estates & Digital in the ICS

- NCL is working to update our infrastructure investment pipeline
- Changes in capital allocation are still being finalised by national partners
- What we know so far:
  - A longer, three-year settlement, which includes strategic and Business as Usual funding, centrally held by the ICS
  - Likely to be less overall than previous
  - Additional ring-fenced funds for specific digital, elective recovery & diagnostics programmes
  - Small annual amount for primary care (£2.5m pa)
- It means that prioritisation of spend and focus on need will be critical

NORTH LONDON PARTNERS in health and care

NHS

Estates Headlines

Much accomplished:

- An updated scope
  - Estates and Digital
- To our delivery team
  - Borough Estates team skills pivotal to success
- To our governance
  - Estates Board, Local Care Infrastructure Board, PCCC, Local Estates Forums
- We are achieving more with same funding for resources

Much to do:

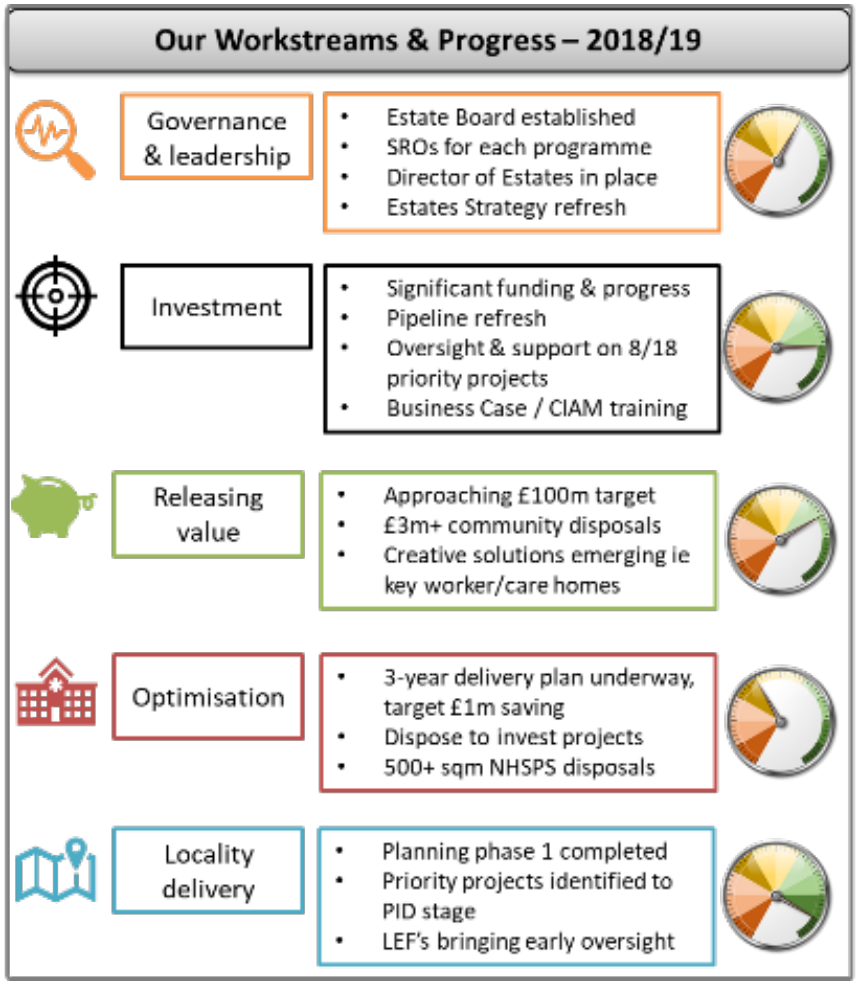
- There is not enough funding – we must be clear on priorities
- We must agree principles to fund schemes where need, not where money
- Affordability is key – we are developing a robust approach
- We must find new sources of capital funding for our Primary Care pipeline

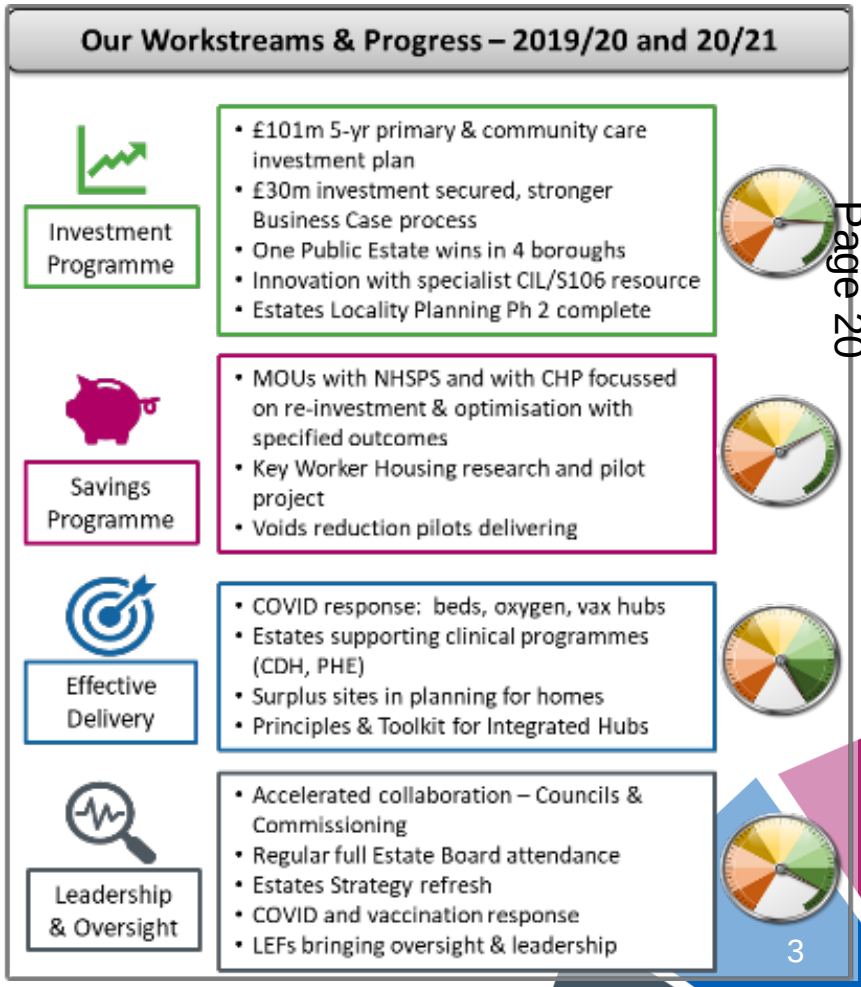
NORTH LONDON PARTNERS in health and care

NHS

Summary – our progress 2018 - 2021

We revised our workstreams in 2019-20. The figure below shows our progress since NCL's full Estates Strategy document was finalised.





System Progress – Acutes and Mental Health

Priority Projects - Acute

- C&I St Pancras Redevelopment Programme:
  - Highgate East on site
  - Development partner appointed
  - Options for Ash House decant
  - South Wing Business Case in development
- Moorfields
  - Project Oriel Programme developing design and procuring development partner
  - Ophthalmic community diagnostic hubs
- BEH St Ann's Phase 1 - new inpatient facility and 400+ homes
- RNOH 119 beds / £49m under budget & on time
- GOSH Sight & Sound Centre
- North Middlesex Paediatric Emergency expansion
- Royal Free £14m RFL decontamination reconfiguration
- UCLH Proton Beam and Grafton Way, A&E expansion
- Whittington postnatal ward refurb, Covid paediatric hub

Vision for care

- Orthopaedic review will improve quality & efficiency of services and estates
- Mental Health improving inpatient & community services
- Maternity review to commence
- Support for Community Beds and Community Service Reviews

NORTH LONDON PARTNERS in health and care

NHS

System Progress – Primary and Community

Priority Projects Primary & Community

- NCL-wide medical records rooms conversion £2.4m across 30 practices receiving national interest
- Barnet: Colindale schemes supporting 4,000+ new homes, significant S106 funds
- Islington: £1m Village Practice on track to create 600+ more appointments/week; Vorley Road first of several Councill regeneration projects with health centres
- Haringey: Tottenham Hale, Green Lanes & Muswell Hill - £12m+ investment. Wood Green – new integrated health centre and Community Diagnostic Centre
- Enfield – Meridian Water supporting growth of 14,000 homes (Phase 1)
- Camden – Somers Town expansion supports St Pancras programme. Hunter St project will resolve void
- CLCH – working with Barnet to take space at Colindale, key occupier at Edgware CH and Finchley MH
- CNWL – Camden projects – South Wing project, part of wider St Pancras Redevelopment; Belsize Priory Health Centre; Hunter Street

Core Estate

- Continuing improvements at Finchley MH producing better care and £1m saving
- Edgware CH masterplan developing. Plot A permission received
- Supporting disposals at Finchley MH & Edgware CH – Homes for NHS Staff
- Supporting CDH, vaccinations and recovery
- Programmes to improve utilisation for LIFT and NHS PS buildings

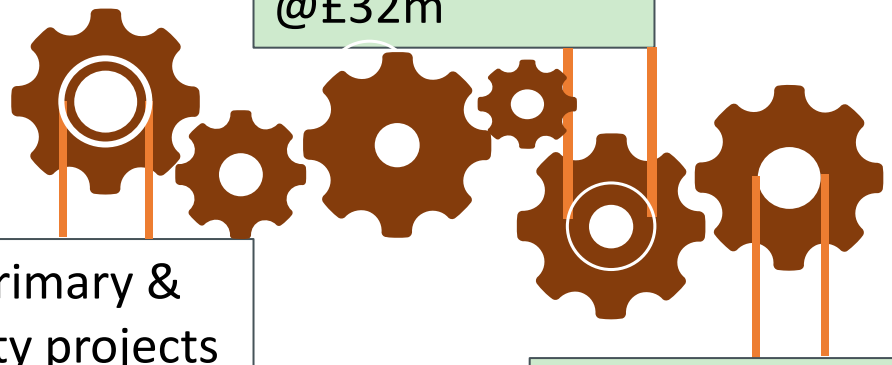
NORTH LONDON PARTNERS in health and care

NHS

Acutes and Mental Health funding

- Trusts are finalising 10-year capital pipelines containing a mix of strategic, transformational and BAU (e.g. replacement) schemes coming to £3bn+
- Schemes for the next three years significantly exceed draft funding
- We will categorise ICS envelope schemes to enable us to start to model what a balanced system solution might look like (e.g. each year could be 50% operational, 20% transformational, 30% strategic)
- We have identified schemes that might be candidates for national funding e.g. elective recovery, digital, diagnostics, which might ease pressure on the ICS capital envelope

Primary Care funding



Funding secured @£32m

Current primary & community projects @£102m

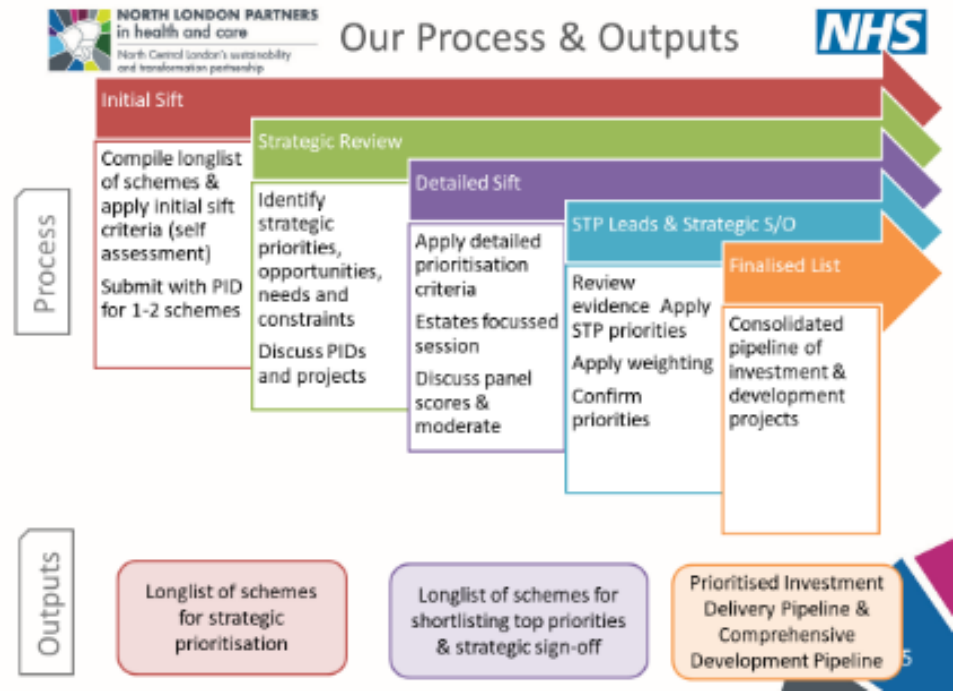
Funding Identified @£30m

Funding Gap @£40m

- S106/CIL
- Council co-funding
- ICS funding (TBC)
- PropCo investment
- New national funding (TBC)

- We are constantly working to identify sources of funding for our primary care investment pipeline, but it remains scarce
- Eliminating voids and improving utilisation in existing buildings is a core focus

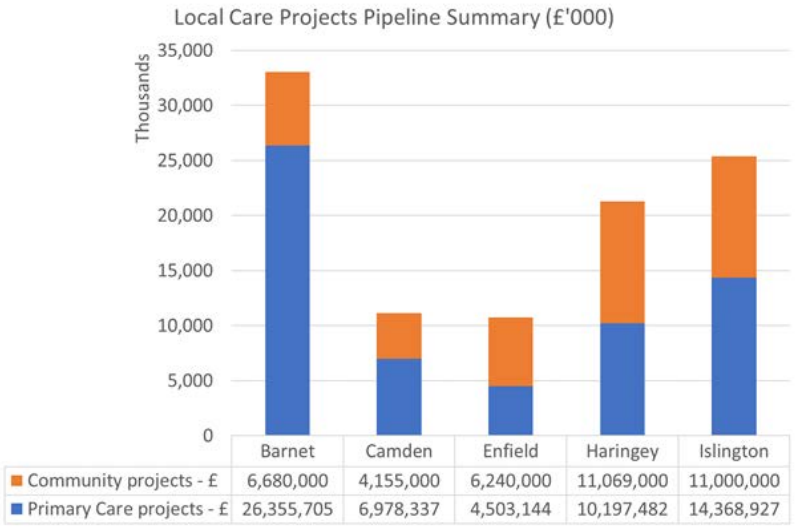
Our Prioritisation Process

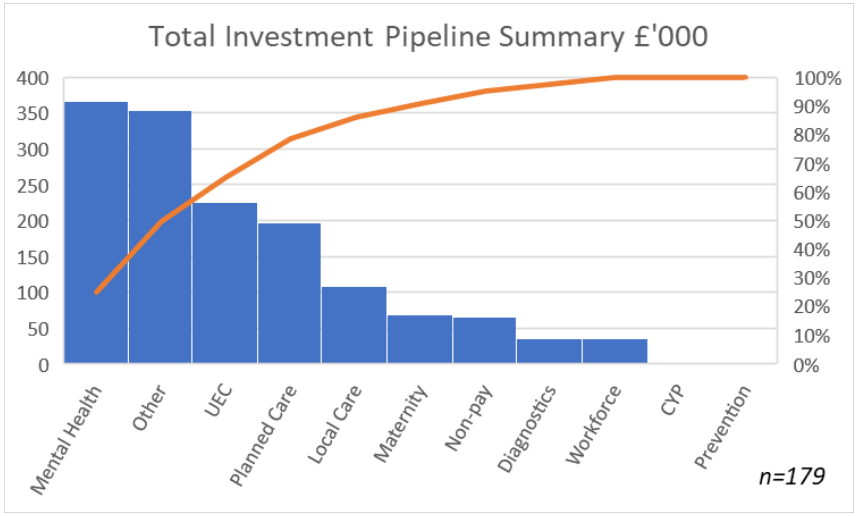


Initial Sift		Initial Sift Criteria	Weight	Good evidence consists of:
	1	Leadership	10	Strong evidence of stakeholder engagement and/or plan. High degree of support from the proposing organisation
	2a	Activity & Demand	10	Evidence and explanation of current activity / baseline and future demand assumptions
	2b	System Demand Management	20	Demonstration of how scheme supports system approach to managing activity & demand at the appropriate level of acuity. Demonstrates positive impacts on managing demand
	3	Transformation, patient benefit and workforce benefit	40	Scheme will substantially transform the service model, patient care or integration; enables transformation across clinical pathways; enables new ways of working
	4	Estates / Infrastructure Issues	20	The scheme offers improvements to the estate or releases value to support clinical priorities. This does not exclude schemes aimed at resolving backlog or compliance issues

- This process has developed to include strategic commissioning colleagues and clinicians to help provide estate responses to the CCG's priorities.
- Pipeline updated in January '21
- Early '22 - being refreshed to ensure criteria/process are fully aligned to the CCG / ICS strategic vision and priorities and
  - Reflect the growing maturity of the system
  - Link strategically important projects
  - Incorporate COVID-19 lessons
  - Group projects to best position them for potential funding

Estates Investment Pipeline Summary





In January 2021:

- 179 projects identified, total value @£1.5bn
- 27 projects prioritised, total value of @0.4bn
- Planned care & mental health @ 50% total
- Diagnostics 14% & £54m
- Primary & community projects @£100m, with @£40m funding gap
- Compared to current P&C profile – 36 assets, £30m value

Now updating to include Digital and align to Trust capital plans

Opportunities in Partnership

Our pandemic response strengthened partnership relationships across the ICS

There is much to build on

Partnership Working Achievements

- COVID-19
- Mass and PCN Vaccination hubs delivered with Councils – 22 Primary Care sites
- Significant success with health in Council regeneration schemes
- Strategic support for London Estates and Infrastructure Board & London Estates Delivery Unit (LEDU)
- LEDU data and project management systems, national Primary Care data gathering project
- Local Estates Forums engaged with estates locality planning and oversight
- Strategic collaborations with NHS Property Companies – NHS PS and CHP
- All Boroughs in OPE partnerships

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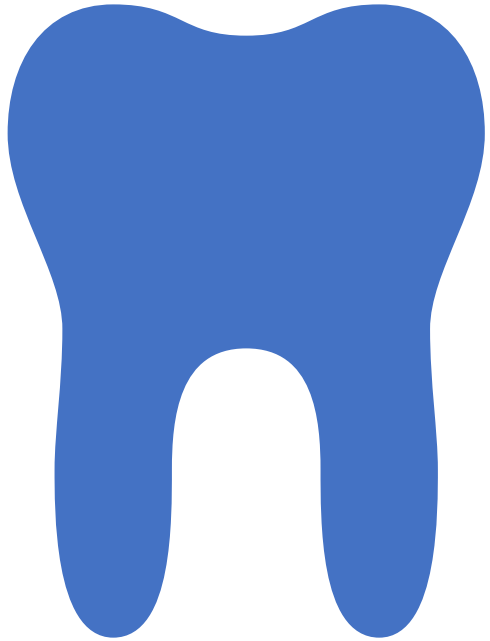
NHS Dental Services - London

Kelly Nizzer

Andrew Biggadike

Access to NHS Dental Services

- NHS General Dental Services (GDS) are open but operating at reduced capacity
- Ongoing social distancing and enhanced infection prevention and control requirements
- Resulting in backlog of unmet need, delayed and suspended treatments
- Most dental practices are open and able to safely provide a full range of treatments
- Prioritising patients with urgent need and delayed treatments over routine and non-urgent dental care
- Access is not limited to any borough, patients are able to see a dentist in any borough they wish
- Access to 111 and the Urgent Care Pathway is available in cases where a patient is in pain or has urgent dental needs
- However, this treatment is temporary and is based on alleviating pain until the patient can see a dentist for comprehensive treatment. It is not a shortcut to routine care or referral services (eg; Specialist in Hospital)



Access to Children's Dental Services

- Project Tooth Fairy has created three general anaesthesia (GA) procedure rooms in Barts Hospital to address the backlog in paediatric dentistry delivered under GA. Number of children receiving treatment is steadily increasing. This will be a permanent resource for paediatric dentistry in north east London.
- A pilot service for children in care (Looked After Children) was launched in November. Uptake has been limited but the launch coincided with the omicron variant and December sees a reduction in activity due to festive holidays and events.
- Community Dental Services (CDS) continues to process all paediatric referrals into CDS and secondary care services. Cancellations and patients failing to attend had reduced during lockdowns but have begun to rise again.
- Mainstream patients requiring routine care continue to access high-street dentistry with difficulty in some cases.
- Oral Health Promotion for children (e.g. supervised brushing) needs to be increased but this requires additional funding.

Pandemic Year 1 – Dental Services

Practices were closed to patients for face to face treatment from the 25th March to the 8th June 2020. Practices were only able to provide telephone triage to patients, i.e. advice, painkillers and antibiotics.

UDCH were the only dental services available for face-to-face treatment, accessed via 111 and Dental Triage, with an average of 1500 calls per day and 40 UDCH were stood up across London.

Practices were open from the 8th June, however, In order to maintain a safe environment for patients and staff, dental practices had to allow for gaps (fallow time) between patients if they provided aerosol generating procedures (AGPs).

This inevitably meant that appointments were in shorter supply than they were pre-pandemic.

Many practices are still recovering from when the closure during the first national lockdown and many of those delivering NHS care have a significant backlog.

For these practices, their priorities are likely to be patients needing urgent care and those under active treatment.

Due to the difficulties is accessing dental care, patients are at a higher risk of oral disease and losing teeth.

Patients with outstanding treatment needs that were deferred due to the pandemic. Feels like you were going to add to this?

Pandemic Year 2 – Dental Services

Urgent Dental Care hubs to continue for 6-12 months as a minimum, monitoring of ALL contract activity as well as Orthodontic Services, Hospital Services and Specialist Contracts e.g., CDS, Care Homes.

111 and Dental Triage to continue 24/7 for Dental Practice Referrals as well as Acute (Kings, Guys, Kingston, St Charles, Royal London Hospital) to prevent walk-ins and oversubscription. Priority must be given to patients with urgent dental care needs.

Reconcile all contracts and evaluate any funds available to provide waiting list initiatives where possible.

Year End reconciliation and work with practices that have underperformed to increase dental access

Target 85% last Quarter of 21/22

Plan for patients that have not seen a dentist and need necessary treatment, Flexible Commissioning plan working nationally with other Commissioners.

Oral Health Needs Assessment working with Public Health, Local Dental Networks, Managed Clinical Networks and Local Dental Committees.

2022/2023 – Dental Services

Target for quarter 4 21/22 is 85%

Target from 1st April 2022 is 100%

Contracts that have terminated

Workforce issues in practice

Vaccination Status

3-year Road Map to Dentistry

Phase 1	Phase 2	Phase 3
Current Access / Backlog ***6-12 months***	**Recovery Phase** ***12- 24 Months***	**Normalisation** ***24- 36 months***

Roadmap to recovery of Dental Services 3 - 5 Years

Phase 1	Phase 2	Phase 3	
Here and Now	**Recovery Phase**	**Normalisation**	**Risks**
Primary Care: Currently Practices are working at 85% for the last quarter of 2022, with huge backlogs. UDCH and 111 ongoing to ensure emergencies are seen ASAP to prevent A & E attendances. Access issues in most area of London due to 3 month closure of practices. UDCH Have been extended to March 2023 to ensure cover for patients in pain are seen asap. Intermediate: IMOS and Endodontics are delivering treatment in excess of contract targets where possible, however, waiting lists are increasing month on month. Community Dental Services: Capacity has improved but pre-pandemic levels are not currently possible. Oral Health Promotion activity is resuming. Pressures on services remain and Local Authorities are particularly focussed on care homes and children. Secondary Care: Capacity has been maximised under current restrictions but less than pre-pandemic levels. New contracting round for 2022/23 for all trusts. Stability for trusts is a priority so care can continue, Majority of dental patients are P3 & P4 priority within trusts causing issues with access to theatres & GA. Problems caused by open bays has been mitigated through speed reducing hand pieces. Focus on clearing backlog continues but majority of patients are under 52 weeks. Strict adherence to acceptance criteria will have some impact in primary care.	Primary Care: Innovative ways of directing patients to the right place to get routine/urgent and necessary dental services. This may include flexible Commissioning for new patients, Oral Health services for those in most need, vulnerable groups and a review of all General Dental Services along with a needs assessment re ensure demand is met where possible. Dental Access replaces UDCH to ensure both UDCH and routine is being carried out for all patients. (Time limited contracts). Needs assessment for London with possibility of procurement of new practices where loss of services have occurred Intermediate care: Continuation of IMOS & Endodontic service working focusing on reducing backlog and increasing workforce. Orthodontics focusing on delayed care & backlog Community Dental Services: Continuation of existing and development of additional Oral Health Promotion schemes. Development of services for patients in care homes, the homeless and Looked After Children. Focus on paediatrics ensuring appropriate care is delivered by GDPs and increasing secure access to GA facilities. Focus on backlog if not already addressed. Secondary Care: Continued prioritisation of patients according to need and reduction of backlog through increased access to GA, sedation and waiting list initiatives.	Primary Care: Steady State for Dental Services, back logs reduced where patients can access dental services with little or no waiting lists (back logs). Review of OH Services, Innovative Commissioning including Prevention and flexible Commissioning schemes Intermediate care: IMOS , Endo & Ortho return to normal Community Dental Services: Return to normal provision of services with focus on waiting times. Continued development for improvement in services. Secondary Care: Return to normal provision of services with focus on waiting times. Continued development for improvement in services where possible. Ventilation works required at many sites to obtain sustainability.	Due to delays with the vaccine and lockdowns, this road map would be a live document and would need updating on a regular basis. The following would have an impact: Dental Funds/allocations Changes to the targets Increased need due to deterioration of oral health during pandemic Oral Health inequalities highlighted as a result of pandemic Capacity in teams (NHSI PHE)
Timescale: 12 months (April 2023)	**Timescale: (April 2023 -2025)**	**Timescales (2025/6 subject to previous**	

NHS Dental Services

Any Questions?

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**

REPORT TITLE
Work Programme 2021-2022

REPORT OF
Committee Chair, North Central London Joint Health Overview & Scrutiny Committee

FOR SUBMISSION TO	**DATE**
NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	28 January 2022

SUMMARY OF REPORT

This paper reports on the 2021-22 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

Contact Officer:
Dominic O'Brien
Principal Scrutiny Support Officer, Haringey Council
Tel: 020 8489 5896
E-mail: dominic.obrien@haringey.gov.uk

RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the work plan for 2021-22 and consider any updates that may be necessary;

b) Confirm the agenda items for the next meeting, which is currently scheduled to take place on 18 March 2022.

1. Purpose of Report

1.1 This paper outlines the areas that the Committee has chosen to focus on for 2021-22 so far. The Committee is asked to note the list of topics that have been identified as a potential agenda items for the year and consider any amendments that may be required.

1.2 The next meeting of the JHOSC is scheduled to take place on 18 March 2022 and the Committee is also asked to confirm the items for this. The items currently scheduled to be on the agenda for this are as follows:

- Mental Health and Community Services Review;
- LUTS Update; and
- Finance issues.

1.3 The Committee is also asked to identify any particular matters that they would like to be addressed within these items. Full details of the JHOSC's work plan for the remainder of the year are listed in **Appendix A**.

2. Terms of Reference

2.1 In considering suitable topics for the JHOSC, the Committee should have regard to its Terms of Reference:

- "To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although

evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people ."

3. Appendices

Appendix A –2021/22 NCL JHOSC Work Programme
Appendix B – NCL JHOSC Action Tracker

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Appendix A – 2020/21 NCL JHOSC work programme

25 June 2021

Item	Purpose	Lead Organisation
GP Services	• How the CCG commissions GP services (including commissioning at different levels, delegations, CCG responsibilities); • Oversight and managing performance and contract issues (including brief description of the role of CQC); • What is commissioned from practices, PCNS, GP Federations and the developing NCL GP Alliance; • Digital inclusion and access to services and the right to face-to-face appointments. To include an update on the Equality Impact Assessment report commissioned by NCL to review the impact of the introduction of digital options. Also a brief overview of patient data (what is collected/ shared and how can patients opt out?); • Primary Care recovery plans; • Barndoc – written update on how services are being provided post-Barndoc.	NCL partners
Update on AT Medics	• How ICS Boards work and transparency is ensured; • How residents/Councillors/HOSCs may be alerted to issues at an early stage, can be involved and may be able to influence/scrutinise decisions; • How standards of care can be maintained in GP services, what would happen if there was a fall in standards.	NCL partners
Mental Health and Community Services Review	• An overview of what the review is aiming to achieve; • Scope and timelines; • The approach to stakeholder and service user engagement; • Specific ask for the JHOSC: to feedback on how can they contribute/support the reviews?	NCL partners
Covid-19 Pandemic Update	• Temporary changes to services – what we learned, for example changes to paediatric services evaluation.	NCL partners

	• Collaboration and integrated working – how this provided support during the pandemic in areas such as critical care, mutual aid, discharge workforce, the vaccination programme. • Recovery – particularly elective recovery work and how we are working as a system to reduce waiting lists. • How our system has developed which has built foundations for a mature ICS. • Lessons learnt.	

01 October 2021

Item	Purpose	Lead Organisation
Digital Inclusion and Health Inequalities	To receive an update on the wider piece on digital inclusion (in secondary care, mental health etc) and an update on health inequalities work.	NCL partners
Mental Health Update	To receive an update on Mental Health Services, to include CAMHS and mental health provision in schools and how services are commissioned (e.g. across the 5 boroughs v. locally).	NCL partners
Integrated Care Systems	To receive an update on Integrated Care Systems, including how we are moving to shadow ICS, governance structures, and how ICS will work with local authorities.	NCL partners

26 November 2021

Item	Purpose	Lead Organisation
Winter Pressures/Ambulance Services	To report on plans to address winter pressure and proposals to develop ambulance hubs. To include data on ambulance handover times	NCL partners
Elective Services Recovery	To report on action being taken to address the backlog of elective care, including: • North Central London's designation as an accelerator site; • Missing cancer patients; and • How health inequalities will be addressed.	NCL partners

Fertility Review	To receive an update on the Fertility Review.	NCL partners

28 January 2022

Item	Purpose	Lead Organisation
Royal Free and North Middlesex Hospitals Partnership	Verbal updates from Royal Free and from North Mid.	Royal Free/North Mid
Estates Strategy Update	Update on progress with the Estates Strategy for NCL and changes required as a consequence of the establishment of the ICS	NCL Partners
Dental Services	To consider availability and access to dental services	NHS England

18 March 2022

Item	Purpose	Lead Organisation
Mental Health and Community Services Review	To receive an update on the Mental Health and Community Services Reviews.	NCL partners
LUTS Update	To receive an update on the LUTS service including the forthcoming service review	NCL partners
Finance	A report to respond to address funding and finance issues. To include Public Health funding and potential funding inequalities.	NCL partners

To be arranged

Item	Purpose	Lead Organisation
Royal Free Maternity Services	Update on responding to recommendations of CQC report	Royal Free

Children's Services	To focus on periods of transition and to include young people with learning difficulties and children in care.	NCL partners
Screening and Immunisation	NCL partners to confirm focus and scope.	NCL partners
Workforce Update	To consider initiatives in primary and secondary care about how to retain staff, family friendly policies, accommodation arrangements, flexible employment policies, and sustainable retention practices. It was suggested that this could also include a further update from the London Ambulance Service on any new initiatives.	NCL partners
Integrated Care Systems	To receive an update on the complex financial arrangements to enable Members to understand how the joint budgets would be shared across Local Authorities and the NHS, as well as the governance arrangements surrounding this.	NCL partners

2021/22 Meeting Dates and Venues

- 25 June 2021 - Virtual
- 1 October 2021 - Barnet
- 26 November 2021 - Haringey
- 28 January 2022 – Virtual
- 18 March 2022 - TBC

Appendix B – NCL JHOSC Action Tracker

Meeting	Item	Action	Action by	Progress
26-Nov-21	Deputation on Primary Care and Winter Pressures	A formal, written update would be provided in response to the issues raised in the deputation and the Committee.	Chloe Morales Oyarce/ Sarah Mansuralli	Completed – information provided in January 2022..
26-Nov-21	Elective Services Recovery	To request a future update on the outcomes of the elective services recovery programme, including consideration of workforce issues.	Chloe Morales Oyarce/ Sarah Mansuralli	A future update can be provided, timeline to be agreed.
26-Nov-21	Fertility Review	The Committee requested a further update on the fertility policy, including the engagement process for harder to reach groups and those with (an) adopted child(ren), funding contingency plans, and communication arrangements for primary care.	Chloe Morales Oyarce/ Sarah Mansuralli	A future update on this policy review can be provided, timeline to be agreed.
26-Nov-21	Winter Pressures	The Committee requested a future update in relation to e-consult, including additional information on how it was being used and whether it was an appropriate platform.	Chloe Morales Oyarce/ Sarah Mansuralli	A response will be circulated to the Committee.
26-Nov-21	Winter Pressures	The Committee requested a future update on the results of the proposed actions to improve the London Ambulance Service waiting times.	Chloe Morales Oyarce/ Sarah Mansuralli	A future update can be provided, timeline to be agreed.
26-Nov-21	Winter Pressures	The Committee requested an update in relation to workforce pressures to ensure	Chloe Morales	A response will be circulated to the Committee.

		that GPs and staff were appropriately supported.	Oyarce/ Sarah Mansuralli	
01-Oct-21	Digital Inclusion and Health Inequalities	In response to a query about the measurement criteria, targets, and measured outcomes set for the work, it was noted that agreed criteria were in place and that these could be circulated to the committee.	Chloe Morales Oyarce/ Sarah Mansuralli	Information on example metrics provided in January 2022. It would be possible to provide a future update as the work progressed and there was more data to report.
01-Oct-21	Digital Inclusion and Health Inequalities	Members requested that once the project had been given some time to mature, in around a year (October 2022), that an update report be brought back to the committee. It was requested that the update report include information on the next cohort of projects and how residents had been engaged with. Members suggested a lived experience case study would be useful, to see how this was being delivered. If possible, a young person living with learning difficulties could be incorporated into this case study, as well as the potential for someone to be invited to attend the meeting. Members further requested that the update report include an outline of the financing aspects of the work and how this linked to ongoing projects to ensure they maintained traction.	Chloe Morales Oyarce/ Sarah Mansuralli	Recommended that this item is added to the workplan with NCL to bring a future item in October 2022.
01-Oct-21	Update on Mental Health	It was requested that further information on the increased number of referrals, which would include information about diversion	Chloe Morales Oyarce/	Completed – information provided in January 2022.

		hubs which people in crisis could turn to, could be circulated.	Sarah Mansuralli	
01-Oct-21	Update on Mental Health	Members agreed to receive an update briefing paper in 6 months' time (April 2022), after which they would decide whether to request to bring back a full report to committee at that time or wait until a year had past for further scrutiny to take place. Members asked that wellbeing of staff as well as information on working with schools was included in the update report.	Chloe Morales Oyarce/ Sarah Mansuralli	Recommended that this is added to the workplan with NCL to bring a future item in June/ July 2022.
01-Oct-21	Update on Integrated Care Systems	The Chairman questioned the decision to only have one Local Authority representative for all five boroughs on the ICS and felt that this individual would require extra support to understand the needs of each borough. Frances advised that the NCL Partnership Council would have all five Local Authority Chief Executives on it, which would feed into the ICB. It was also noted that once the CEO for the ICB had been appointed, arrangements to support the Local Authority representative on the ICB would be discussed. Officers emphasised that there would continue to be important links with Directors of Public Health and Adults, as well as several forums connected to the ICB to ensure close partnership working with Local Authorities. Members asked if an internal review would take place at an appropriate time, officers agreed that	Chloe Morales Oyarce/ Sarah Mansuralli	Recommended that the Committee receives an update after the new ICS arrangements had been in place for 6 months.

		a review point was good practice and that discussions with the CEO and partners around this would take place.		
01-Oct-21	Update on Integrated Care Systems	Officers confirmed that the seven recommendations put forward by the Committee at the last meeting had been read and would be considered, however they were unable to provide any certainty until after the bill had been passed. The Committee supported the seven recommendations made at the last committee meeting and noted that these would be part of the future scrutiny of Integrated Care Systems (ICS).	Chloe Morales Oyarce/ Sarah Mansuralli	For the Committee's reference.
01-Oct-21	Update on Integrated Care Systems	The Chairman requested that an update on the complex financial arrangements be included within the next report, to enable Members to understand how the joint budgets would be shared across Local Authorities and the NHS, as well as the governance arrangements surrounding this. Officers agreed to provide this within a report to be brought back in January 2022.	Chloe Morales Oyarce/ Sarah Mansuralli	An agenda item on ICS development has been added to the work plan.
25-Jun-21	Covid-19 Pandemic Update	To request a future update on Workforce.	Chloe Morales Oyarce/ Sarah Mansuralli	This has been added to the work programme.
25-Jun-21	Covid-19 Pandemic Update	It was noted that an evaluation of the temporary changes to paediatrics during the Covid-19 pandemic was being undertaken	Chloe Morales Oyarce/	Completed – this was considered at the Committee meeting in October 2021.

		and that this could be shared with the JHOSC when complete.	Sarah Mansuralli	
25-Jun-21	Deputation – Integrated Care Systems	The JHOSC requested further detail on the arrangements for the NHS ICS Board, the governance and committee structure within the ICS, and the relationship between the different committees, and how the voices of patients and residents would be included.	Chloe Morales Oyarce/ Sarah Mansuralli	Completed – this was considered at the Committee meeting in October 2021.
19-Mar-21	Integrated Care Systems (ICS)	The JHOSC requested further information in relation to Integrated Care Systems (ICS). The full list of queries is listed in the minutes.	Chloe Morales Oyarce/ Will Huxter	Completed – this was considered at the Committee meeting in October 2021.
12-Mar-21	Health Inequalities	The JHOSC asked to receive an update on health inequalities at a future meeting.	Ruth Donaldson/ JHOSC Chair	Completed – this was considered at the Committee meeting in October 2021.
12-Mar-21	Missing Cancer Patients	The JHOSC noted that it might be useful to monitor how cancer outcomes from screening services changed over the next 12 months.	Rob Mack	This has been added to the work programme.
25-Sep-20	Deputation – Temporary Services Changes made in response to the Covid-19 Pandemic	A formal commitment was made to commission an Equality Impact Assessment around digital access to GPs and other health care settings. NHS partners would be looking to learn and reach out how to mitigate the risk.	Rob Hurd	Completed – information provided in January 2022.
25-Sep-20	All future reports	For future reports, Committee members requested that officers provide at the front of the report a summary, no more than one side of A4 of the main issues and outcomes.	Report authors	Ongoing.
4-Sep-20	Orthopaedic Services Capacity	To receive a report on the issue of capacity in 12-18 months (Sept 2021-March 2022).	Anna Stewart	Recommended that this was added to the workplan.

4-Sep-20	Orthopaedic Services Review	To receive an update on how the Programme Team had managed to deliver on the performance metrics which tracked achievements and performance. The Committee also requested that when the update report came back that it also included views from Care Co-ordinators as well as the Patient Representatives.	Will Huxter and Anna Stewart	Recommended that this was added to the workplan.
Jul-20	LUTS Clinic	To receive a written update on what was happening with regard to the LUTS clinic, a matter on which the Committee had received a number of deputations from concerned patients over the past few years.	Frances O'Callaghan, Richard Dale	Completed - this was considered at the Committee meeting in October 2021.
Sep-19	Deputation – Patient Transport	Pan London JHOSC meeting to be arranged with representatives from NHS England, Department for Health and Kings Fund on patient experience of transport.	Policy Officer	Officers continue to work alongside the Chair to arrange a Pan London JHOSC meeting on patient transport. Awaiting confirmation from NHS colleagues. A successful Pan London JHOSC meeting was held on 16 January 2020 discussing the Mayor's '6 Tests' framework for major hospital service reconfigurations.