



## NOTICE OF MEETING

### **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

Contact: Dominic O'Brien, Principal  
Scrutiny Officer

Friday 15<sup>th</sup> July 2022, 10:00 a.m.  
Council Chamber (Camden), Crowndale  
Centre, 218 Eversholt Street, London NW1  
1BD

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

**Councillors:** Philip Cohen, (Barnet Council) Anne Hutton (Barnet Council), Lorraine Revah (Camden Council), Kate Anolue (Enfield Council), Andy Milne (Enfield Council), Pippa Connor (Haringey Council), Tricia Clarke (Islington Council) and Jilani Chowdhury (Islington Council).

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

### **AGENDA**

#### **1. FILMING AT MEETINGS**

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

#### **2. ELECTION OF CHAIR**

To elect the Chair of the Committee for the 2022/23 municipal year.

#### **3. ELECTION OF VICE-CHAIR(S)**

To elect the Vice-Chair(s) of the Committee for the 2022/23 municipal year.

**4. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

**5. URGENT BUSINESS**

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 14 below).

**6. DECLARATIONS OF INTEREST**

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

- (i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
- (ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

**7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS**

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

**8. MINUTES (PAGES 1 - 8)**

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 18<sup>th</sup> March 2022 as a correct record.

**9. START WELL PROGRAMME**

Report to follow.

**10. QUALITY MONITORING IN NCL PRIMARY CARE SERVICES**

Report to follow.

**11. ENHANCED ACCESS TO GENERAL PRACTICE (PAGES 9 - 16)**

To receive an update on upcoming national changes to ‘enhanced access’ to general practice – the additional provision of appointments outside of core hours.

**12. FERTILITY POLICY REVIEW**

Report to follow.

**13. WORK PROGRAMME (PAGES 17 - 22)**

This paper provides an outline of the 2022-23 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

**14. NEW ITEMS OF URGENT BUSINESS**

**15. DATES OF FUTURE MEETINGS**

To note the dates of future meetings:

- 30<sup>th</sup> September 2022 (10am)
- 25<sup>th</sup> November 2022 (10am)
- 3<sup>rd</sup> February 2023 (10am)
- 17<sup>th</sup> March 2023 (10am)

Dominic O’Brien, Principal Scrutiny Officer  
Tel – 020 8489 5896  
Email: dominic.obrien@haringey.gov.uk

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

Monday, 11 July 2022

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**MINUTES OF MEETING OF THE NORTH CENTRAL LONDON  
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD  
ON FRIDAY 18<sup>TH</sup> MARCH 2022, 10:00AM to 12:25PM.**

**PRESENT:**

**Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Alison Cornelius and Paul Tomlinson.**

**1. FILMING AT MEETINGS**

The Chair noted that that was no filming at the meeting on this occasion.

**2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Cllr Linda Freedman (Barnet), Cllr Khaled Moyeed (Haringey) and Cllr Lorraine Revah (Camden).

**3. URGENT BUSINESS**

None.

**4. DECLARATIONS OF INTEREST**

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

Cllr Cornelius reported that she was a Council-appointed Trustee of the Eleanor Palmer Trust.

**5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS**

None.

**6. MINUTES**

Members noted that there were inconsistencies in the recording of those present at the previous meeting, with first names missing in some instances. It was agreed that this would be corrected. **(ACTION)**

Cllr Connor referred to the Dental Services Update item and noted that an action should have been recorded for the Chair of the Committee to write to Vin Diwaker and Jeremy Wallman about the need for long-term sustainable funding for NHS dentistry. **(ACTION)**

Cllr Connor noted that Cllr Cornelius had requested further information regarding oral health promotion in Barnet from Mr Biggadike. It was clarified that this action had not yet been completed and so this would need to be followed up. **(ACTION)** Cllr Connor also noted that the Committee had agreed to seek further information from each Director of Public Health in north central London regarding funding for oral health promotion and how this was allocated so this action would also need to be followed up. **(ACTION)**

**RESOLVED –**

**That with the aforementioned amendments made, the minutes of the meeting of 28<sup>th</sup> January 2022 be approved.**

**7. MENTAL HEALTH SERVICES REVIEW**

Dr John McGrath, an Islington GP and Clinical Representative on the NCL CCG Governing Body, introduced this item. Adding to the information already provided in the agenda pack, Dr McGrath observed that he saw this review as part of a bigger puzzle, along with the Community Services Review, about the link between how people experience good mental health and how people experience good physical health. Other elements included the community mental health framework transformation, which involved aligning mental health professionals with primary care services and working with providers on the intended outcomes from services. Through the baseline review of NCL mental health services, the current baseline position had been set out and a core offer developed to establish a minimum entitlement for NCL residents. The core offer included a single point of access with a single up-front holistic assessment of health needs, with multiple avenues of access, meaning that people did not necessarily have to go through their GP. Service users with complex needs would be provided with personalised care planning.

Dr McGrath added that, in a post-pandemic world, the societal consequences and the impact of the pandemic on mental health needed to be recognised and that support from the voluntary and community sector was important, as well as from statutory mental health services.

Dr McGrath and Sarah Mansuralli, Executive Director of Strategic Commissioning at NCL CCG, then responded to questions from the Committee:

- Asked by Cllr Tomlinson for further detail on the proposed 'single point of access', Dr McGrath said that the strategic view should be allowing a model that works, so that this could differ between boroughs. In Camden, for example, there was a website which hosted mental health resources and directed people into the different levels of mental health support that was available. Whichever model was used, the aim would be to ensure that a resident knows where to go to access support.
- Asked by Cllr Tomlinson for further detail on the use of technology to reduce the need for patients to explain their situation multiple times, Dr McGrath said

that the ambition was to progress this at pace, but that it was also important to ensure the safety of data transfer between organisations, particularly because of patient anxieties about where the information was stored. There were now digital platforms such as “Patient Knows Best” which enabled health information to be shared securely with healthcare professionals.

- In response to a query from Cllr Tomlinson about the role of GPs, Dr McGrath acknowledged that mental health was a huge part of the clinical workload of GPs, not just in terms of the conditions themselves, but also because of the impact of psychological ill-health on the management of long-term physical health issues. What was envisaged was a much closer linkage between GPs and the vast array of non-statutory mental health support provided by community and voluntary organisations and to make use of the links between physical health, primary care, early intervention and mental health support.
- Asked by Cllr Cornelius about the case for change, Dr McGrath responded that gap analysis had been carried out on existing conditions in the boroughs a which highlighted the differences between boroughs and the gaps that needed to be addressed. Cllr Clarke observed that deprivation was clearly linked with mental health and distress and emphasised the importance of community organisations in providing support to residents, as well as the role of talking therapies. Dr McGrath concurred with this, adding that the emphasis needed to be on community wealth building and relationships in the community, including cultural competency and an awareness of the lasting impact that the pandemic had caused on mental health and wellbeing.
- Asked by Cllr Connor about co-production and the role of residents, Sarah Mansuralli said that co-production was discussed a lot, for example when developing personalised care plans. The issue was then how to mainstream co-production and to do this in a more consistent way at different levels. There was further work to do, including by enabling experienced service users to actively participate in discussions.
- Cllr Connor noted that the report on page 5 of the agenda pack referred to Children and Adolescent services being particularly fragmented and requested that further detail on this be provided in the next report. **(ACTION)**
- Cllr Connor asked whether there were any plans to join up services provided by Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) with those provided by Camden and Islington NHS Foundation Trust. Dr McGrath said that he had noticed an increased ability for communication across the organisations about care and service design along with a clearer idea of trying to ensure a consistent offer across the NCL population. Sarah Mansuralli added that there was now closer collaboration the two organisations and, while they remained as two distinct organisations, they now had a joint Chief Executive and were moving towards a joint management team. This enabled better analysis of the available beds across both sites for example, which enabled mutual aid with patients in the north accessing services in the south and vice-versa. This collaboration would be built on through the review.
- Cllr Connor noted that the report on page 8 of the agenda pack referred to service users with complex needs being allocated a clinical case manager. She

added that local Councillors were often made aware about concerns relating to individuals with high mental health needs and it could be difficult for Councillors to know who to contact for assistance as the individuals were usually in contact with multiple agencies. Dr McGrath said that complex cases were often dealt with by multiple agencies, including through a MARAC, and that the intention of the coordination referred to in the report was to bring statutory and voluntary services together under a case manager so that people were not bounced around so much. Cllr Connor said that this case management aspect was an area of particular interest to local Councillors and requested that the Committee be kept updated on this at future meetings. **(ACTION)**

- Cllr Cornelius raised the use of 'mental health champions' within local authorities as a way of helping to raise the profile of the issue and to link local individuals and organisations with services.

## **RESOLVED –**

**That a future update report on the issues discussed should be provided to a future meeting of the Committee to include details on:**

- **How information on available services is communicated to residents;**
- **How co-design/co-production is embedded, with examples of how this was working in practice;**
- **Child & Adolescent mental health services and how the fragmentation of services (as referred to in the report) was being addressed;**
- **The closer working relationship between BEH-MHT and C&I NHS Trust;**
- **A single point of communication for queries relating to service users with complex needs.**

## **8. COMMUNITY HEALTH SERVICES REVIEW**

Dr Josephine Sauvage, an Islington GP and NCL CCG Chair, introduced this item. Adding to the information already provided in the agenda pack, Dr Sauvage observed that the Community Health Services review was not dissimilar to the Mental Health Services review in that it dealt with differences across the NCL region in the service offer, staffing, workforce, resourcing and expected future needs. She noted that, if there was underinvestment in community resources, there may be a consequent equivalent increase in resources required for acute pathways. The process of the review had shone a light on what the differences were between the boroughs and what 'good' would look like in terms of the core offer in areas such as investment, hours of service, staffing models, integration and future-proofing.

Community services would need to evolve to work in a more preventative way, supporting people in their own homes. With a more integrated system it would be necessary to consider how community services were linked to other services and how integrated pathways for patients were established.



Following the review process, there was now an understanding of what the core offer should look like and of the required resource envelope. It was recognised that investment in community health services was needed and that resources may need to be reallocated within the system. The review had shown that different service providers operated slightly differently and so there were opportunities for them to learn from one another to solve problems and improve productivity.

Sarah Mansuralli added that there was a statutory Mental Health Investment Standard which increased incrementally each year, but that there was no equivalent standard for community health services. There had been discussions with partners about whether a similar approach could be adopted to enable this kind of incremental annual investment. This could contribute towards an expansion of care provided out of hospital and prevention/early intervention which would help to reduce pressure on acute services. Opportunities for collaboration would help to address fragmentation between providers. A population health approach had been taken to both community health and mental health services and the core offer was designed around the different needs of different population groups.

Dr Sauvage and Sarah Mansuralli then responded to questions from the Committee:

- In response to a question from Cllr Clarke about integration at a local level, Sarah Mansuralli said that this had to happen on a Borough Partnership basis so the implementation and financial plans were being developed at a borough level.
- Asked by Cllr Tomlinson about priorities, Dr Sauvage responded that the focus of a lot of the work had been on inequalities but also recognised that it was not fully understood what the priorities of residents were and that this may vary across boroughs. Borough Partnerships would therefore need to carry out further work to establish the priorities in their area.

Cllr Connor requested that a future update report to the committee should include additional details on the finances, the local offer and delivery through the Borough Partnerships, how the priorities of local population and the specific communities within that would be addressed, how co-production was embedded and workforce challenges. Sarah Mansuralli estimated that it would be possible to bring this update report to the September 2022 meeting of the Committee.

### **RESOLVED –**

**That a future update report on the issues discussed should be provided to a future meeting of the Committee to include details on:**

- **The funding mechanisms to support community health services;**
- **The local offer and delivery through the Borough Partnerships;**
- **How the priorities of the local population and specific communities would be identified and addressed;**

- **How co-production would be embedded in the provision of community health services;**
- **How the required workforce would be recruited.**

## 9. ICS FINANCE/GOVERNANCE

Lara Sonola, Transition Programme Director at NCL CCG, introduced the transition element of this item, noting that the target date for the establishment of Integrated Care Systems (ICS) had been moved from 1<sup>st</sup> April 2022 to 1<sup>st</sup> July 2022, subject to the passing of the Health and Care Bill through Parliament.

Lara Sonola explained that the key work on developing the NCL ICS had focussed on recruitment to Executive posts, including the Chair designate Mike Cooke and the CEO designate Frances O'Callaghan. Three further appointments had also been made and it was hoped that all Executive appointments would be completed in the next few weeks. This would include a Chief People Officer role to tackle workforce challenges. There was a focus on improving outcomes, as opposed to a targets-based mentality, strengthening working together at Borough level, sharing best practice across Boroughs and benefiting from economies of scale where possible. The ICS constitution was in development and would need to be approved by NHS England.

On working with communities, Lara Sonola said that building co-production/co-design into the practices of the ICS would be facilitated by a number of emerging fora. These included a Community Partnership Forum, established in October 2021, which was chaired by Mike Cooke and brought together representatives from Healthwatch and community/voluntary services groups. There was also a Quarterly Partnership Council and a Steering Committee which were already operating in shadow form before the ICS was formally established.

Lara Sonola and Sarah Mansuralli then responded to questions from the Committee:

- Cllr Tomlinson asked whether the Councillors representing their local authority at ICS meetings would be able to nominate substitutes to attend on their behalf if they were unable to attend. Lara Sonola said that details such as this were still being worked through and so a response on this point would be provided at a later date. **(ACTION)** Asked by Cllr Clarke about the effectiveness of elected representatives on ICS bodies, Sarah Mansuralli agreed that this was an issue that the JHOSC may wish to monitor. She added that the approach was to bring in views from other partners and aim to avoid a health-only perspective.
- In response to a question from Cllr Clarke about non-executive members of the Board, Lara Sonola said that the role would be an independent one, working with the executive members on a part-time basis. Advertisements for the recruitment to these positions were already out. Cllr Clarke asked whether representatives of private corporations could be appointed to the Board, Sarah Mansuralli confirmed that this was not allowed, noting that the recruitment process was prescribed at national level.

- Asked by Cllr Connor which body the Community Partnership Forum would report into, Lara Sonola said that it would not report in anywhere but would work collectively alongside the Integrated Care Board (ICB) and the Health and Care Partnership. She reiterated that the Community Partnership Forum was chaired by Mike Cooke who was also the ICB chair. Sarah Mansuralli added that she was required to take all her papers through the Community Partnership Forum, as well as the other bodies, and to take on board their feedback. The ICB members were expected to attend all meetings and to actively engage with the different fora and with wider partners.
- Asked by Cllr Connor about the membership of the ICB, Sarah Mansuralli said that this wasn't yet available and so hadn't been included in the report. Lara Sonola added that there would be six partner members (including elected representative members) and two non-executive members. Cllr Connor requested that further information to be provided to the Committee at future meetings should include full details of the ICB membership. **(ACTION)**

Sarah Mansuralli introduced the finance element of this item noting that, as the ICS evolved and matured, the financial strategy would evolve as well to take those changes on board. She said that she would like to see the population health strategy and outcomes framework start to drive the financial strategy as this was not the case currently. The demand curve, the focus on early intervention/prevention and the approach on working better together also needed to be taken into account through the financial strategy.

The strategy had been beneficial in bringing providers together around an agreed framework with the various NCL Chief Finance Officers (CFOs) meeting fortnightly. The NCL was a net importer of activity which created additional complexity with patients attracted from outside of the NCL area. Moving forward, it would be necessary to consider further how best to resource delivering population health across the NCL area.

Sarah Mansuralli then responded to questions from the Committee:

- Cllr Clarke asked whether the arrangements for joint NCL ICS and Council funded projects, as described in the second supplementary agenda pack, would remain in place. Sarah Mansuralli said that everything would roll forward on 1<sup>st</sup> July but when the integration White Paper was developed further then there would be potential for joint arrangements to change. However, jointly delivered work would always be necessary when tackling issues such as the wider determinants of health, for example.
- Cllr Connor said that concerns remained over the debt within the CCG and the risk to service provision relating to this if the debt was not decreasing. Sarah Mansuralli said that the statutory responsibilities of the CCG would transfer to the ICS which would be working as a system to address these issues as they emerged and ensure that due process was followed. While this wouldn't change, there would be a focus with the new arrangements on managing money together differently as a system. However, there were still costs in

excess and so it would not be possible to come in at financial balance currently. There would be considerable discussion about addressing this which was a 'work in progress'. Cllr Connor observed that a particular concern was the risk of selling off assets to reduce the deficit.

**10. WORK PROGRAMME**

Cllr Connor noted that, as described in the second supplementary agenda pack, it was not yet possible to share a summary of financial figures for 2021/22 or 2022/23 for each of the Hospital Trusts within the NCL area so this would need to be carried forward to a future meeting. The Committee recommended that a paper on ICS finances to include figures from the main Hospital Trusts, an explanation of the strategic direction of travel and more detailed answers to the questions outlined in the second supplementary agenda pack, be brought to a future meeting. Sarah Mansuralli estimated that this information could be made available for the September 2022 meeting of the Committee by which time a CFO would be in post. **(ACTION)**

Referring to page 5 of the minutes of the previous meeting, Cllr Connor noted that further information on the Estate Strategy was due to be provided to a future meeting of the Committee. Sarah Mansuralli said that she would need to consult with colleagues to ascertain at what date this information could be provided, but it was suggested that it could be pencilled in for the November 2022 meeting for the time being. **(ACTION)**

In relation to the July 2022 meeting of the Committee, Sarah Mansuralli suggested that a paper on Start Well, a strategic programme for children and young people's services with a focus on secondary care and maternity services, could be included. **(ACTION)** Cllr Connor noted that the transitions from Children & Young People's services was an item on the Committee's work programme.


Sarah Mansuralli added that the final version of the fertility services review, which the Committee had previously considered at an earlier stage, would be likely to be available for the July 2022 meeting. Cllr Connor suggested that the workforce update could also be added to the July 2022 meeting. **(ACTION)**

Committee Members thanked the Chair and Vice-chair for their work during 2021/22.

CHAIR: Councillor Pippa Connor

Signed by Chair .....

Date .....

A decorative graphic on the left side of the slide, consisting of several parallel diagonal stripes in various shades of blue, ranging from dark to light, extending from the top-left corner towards the center.

# Enhanced Access to General Practice

Joint Health Overview and  
Scrutiny Committee

15 July 2022

# How is 'enhanced access' currently provided across North Central London (NCL)?

Nationally, there are currently two forms of 'enhanced access' in general practice:

## Extended Access Hubs

- Weekday evenings 6.30-8pm, and weekends and bank holidays (8am-8pm):
- Multiple sites in each borough which can be accessed by any patient registered in that borough. Currently run by our GP Federations or other primary care providers.
- They offer both pre-bookable and on the day appointments, and NHS 111 can also book patients in if they need to be seen.
- Borough arrangements reflect different patterns of demand, usage and investment (increased investment in Enfield).
- London is the only region to consistently offer Sunday services.

## Extended Hours:

- GP practices receive direct funding to provide 'extended hours' to expand their own practice's core opening hours and provide additional early morning, evening and weekend sessions.
- Timing of these sessions is determined by the practice and must include emergency, same day and pre-bookable appointments.

## What do NCL hub services currently provide?\*

- Currently around half of all hub capacity is provided at weekends
- Weekday evening provision is varied to meet local patient need.
- Hubs provide a mix of same day/urgent (60%) and planned (40%) care appointments.
- Around 50% of bookings come from Practices, with the rest coming from 111 or patient self-referral.
- 95% of appointments are with a GP
- 87% are telephone-based.
- 64% of patient needs are met with a single appointment. 18% of patients need follow-up in primary care and 18% require onward referral.

# What is changing in October 2022?

## What is changing?

- From October 2022, Primary Care Networks (PCNs) - groups of local GP practices working together - will take over the responsibility for providing enhanced access appointments for the patients in their area. This realises a National intention to combine the existing extended *hours* and extended *access* services into a single national specification
- Nationally, funding will be combined and given directly to PCNs to provide services for their patients. PCNs need to submit plans to show how they will deliver this access for patients by 31 July 2022 (draft plans) with final plans agreed by the Integrated Care Board (ICB) by 31 August 2022.
- PCNs are required to show that the plans that they develop are based on engagement with patients, are responsive to known patient views, and reflect the patient need in their area. The ICB is responsible for assuring the PCN plans and ensuring that they form part of a cohesive Integrated Care System (ICS) approach.

## Timescales for change

The timeframes for these changes have been set nationally:

- National specification released – 31 March 2022
- PCNs to submit draft plans for delivery of enhanced access for their patients – 31 July 2022
- PCNs and ICB to agree final plans - 31 August 2022
- PCNs to start delivering the new service – 1 October 2022

# How the National specification compares to our current offer

## What's similar to our current provision?

- **Capacity:** the overall number of hours to be provided.
- **Hub locations:** need to be convenient for the PCN's patients to access and at a minimum, equivalent to the current number of hub sites.
- **Type of appointment:** PCNs will need to provide a mixture of face-to-face and remote (telephone, video, online) appointments and the ability to pre-book appointments in advance, as well as booking on the same day.
- **Staff that people will see:** Appointments will continue to be available with GPs and Practice Nurses in addition to other roles.

## What are the differences?

- **Hours of operation required:** 6.30-8pm Monday to Friday, 9-5pm Saturday – the national specification does not include any requirement for services to be provided on a Saturday evening 5-8pm or on Sundays and Bank Holidays. NCL is looking at how to address this. This would create a cost pressure, but would maintain hours of operation and increase overall capacity.
- **NHS 111:** Removal of 'ring-fenced' appointments for NHS 111 to book into. More focus on PCNs providing more pre-bookable appointments for their patients and more 'planned' care.
- **Telephony and IT** - the specification asks PCNs to make sure they can book into/cancel appointments within the PCN, make referrals/request tests; view/update patients' records. This generally exceeds digital capabilities of current provision.



# How is the ICB working with PCNs?

## Supporting PCNs to develop their plans

- PCNs must develop local plans that meet the requirements in the national spec and deliver high quality services to their patients.
- We held two workshops (May and June) to support PCNs in their planning, focusing on consistency of service development, anchored around understanding and meeting patient needs.
- We have developed and shared a survey that PCNs can issue to patients to gather their views and ensure this informs their plans.

## Comms and engagement\*

- The window for engagement is tight, with responsibility shared between PCNs locally and the ICB at system level. The ICB must consult if PCN plans differ 'significantly' from current offers.
- We are using existing patient feedback and a central patient survey to support PCNs' own engagement work.
- We are also communicating with a range of system partners and stakeholders
- The ICB is involving patient representatives in our approach to assuring PCN plans

## Meeting gaps left by the national specification

- We have committed to meeting gaps in provision (Sundays, Bank Holidays, 111 slots) and are considering commissioning options for Oct – Mar 22/23 and beyond.
- We are currently modelling demand for services to ensure we optimise resources and workforce
- We are looking at how we support current providers to deliver a revised offer on current terms and conditions.

# Engagement and equality impact

- Our engagement approach has centred on:
  - Using known patient feedback, insights, experiences to inform plans - sharing this with PCNs at an early stage.
  - Providing support, advice and opportunities for PCNs to engage residents e.g. through borough patient groups.
  - Communicating and engaging with partners and stakeholders
  - Involving patient representatives in our assurance of PCN plans
  - Developing a survey to support PCN engagement – with advice on how to share the survey and support those who may need help to complete it for any reason. The survey has also been shared via the ICB's networks, including Healthwatches and community organisations. It closes 10 July. Over 1800 responses to date.
- PCNs will have to provide evidence of how engagement has informed their service design, for example, matching capacity to demand profiles, considering patient access in deciding where appointments are provided, and responding to patient feedback on booking routes.
- An Equality Impact Assessment is being developed to assess the changes across NCL. PCNs will also be required to provide evidence that they have considered the equality impact of their plans.
- Services should be 'seamless' and many patients will not know they are using a hub or accessing an extended hours appointment. However, we will support PCNs to think about how they will work with patients and partners to involve patients in the plans going forward and raise awareness of these services for all.

# Feedback, questions and key contacts

We hope this slide deck has been a helpful introduction. We have been talking to lots of different stakeholders and partners and will continue to do so over the coming weeks.

In the meantime, if you have any comments or questions, or you would like to come and talk to us about this further, please let us know by emailing: [nclccg.communications@nhs.net](mailto:nclccg.communications@nhs.net) You can also contact the ICB colleagues listed below who are leading the programme of work:

Your local Director of Integration:

- Islington – Clare Henderson ([clare.henderson4@nhs.net](mailto:clare.henderson4@nhs.net))
- Camden – Simon Wheatley ([simon.wheatley2@nhs.net](mailto:simon.wheatley2@nhs.net))
- Barnet – Colette Wood ([colette.wood1@nhs.net](mailto:colette.wood1@nhs.net))
- Enfield – Deborah McBeal ([d.mcbeal@nhs.net](mailto:d.mcbeal@nhs.net))
- Haringey – Rachel Lissauer ([r.lissauer2@nhs.net](mailto:r.lissauer2@nhs.net))

NCL:

- Becky Kingsnorth, Enhanced Access Programme Lead ([rebeccakingsnorth@nhs.net](mailto:rebeccakingsnorth@nhs.net))
- Sarah McIlwaine, Director of Primary Care ([sarah.mcilwaine@nhs.net](mailto:sarah.mcilwaine@nhs.net))

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<b>NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW &amp; SCRUTINY COMMITTEE</b>	<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b>
<b>REPORT TITLE</b> Work Programme 2022-2023	
<b>REPORT OF</b> Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
<b>FOR SUBMISSION TO</b>  NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	<b>DATE</b>  15 July 2022
<b>SUMMARY OF REPORT</b>  This paper reports on the 2022-23 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting.  <b>Local Government Act 1972 – Access to Information</b>  No documents that require listing have been used in the preparation of this report.  <b>Contact Officer:</b> Dominic O’Brien Principal Scrutiny Support Officer, Haringey Council Tel: 020 8489 5896 E-mail: <a href="mailto:dominic.obrien@haringey.gov.uk">dominic.obrien@haringey.gov.uk</a>	
<b>RECOMMENDATIONS</b>  The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ol style="list-style-type: none"> <li>a) Note the work plan for 2022-23 and consider any updates that may be necessary;</li> <li>b) Confirm the agenda items for the next meeting which is currently scheduled to take place on 30<sup>th</sup> September 2022.</li> </ol>	

## 1. Purpose of Report

- 1.1 This paper outlines the areas that the Committee has chosen to focus on for 2022-23. The Committee is asked to note the list of topics that have been identified as a potential agenda items for the year and to consider any amendments that may be required.
- 1.2 This next meeting of the JHOSC is scheduled to take place on 30<sup>th</sup> September 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:
- Finance update;
  - Workforce update.
- 1.3 Full details of the JHOSC's work programme for 2022/23 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 –2022/23 NCL JHOSC Work Programme

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## Appendix A – 2022/23 NCL JHOSC work programme

### 15 July 2022

Item	Purpose	Lead Organisation
Start Well programme	<ul style="list-style-type: none"> <li>For the Committee to receive an overview of Start Well, a strategic programme for children and young people's services.</li> </ul>	NCL partners
Update on Fertility Services Review	<ul style="list-style-type: none"> <li>For the Committee to scrutinise the final version of the Fertility Services Review.</li> </ul>	NCL partners
Enhanced Access to General Practice	<ul style="list-style-type: none"> <li>An update on upcoming national changes to 'enhanced access' to general practice (the additional provision of appointments outside of core hours).</li> </ul>	NCL partners

### 30 September 2022

Item	Purpose	Lead Organisation
Finance Update	<ul style="list-style-type: none"> <li>For a detailed finance update to include latest figures from each Hospital Trust in NCL, the overall strategic direction of travel and responses to the Committee's supplementary questions published in the March 2022 agenda papers.</li> </ul>	NCL partners
Workforce Update	<ul style="list-style-type: none"> <li>An update on workforce issues in NCL.</li> </ul>	NCL partners

### 25 November 2022

Item	Purpose	Lead Organisation
Estates Strategy Update	To receive an update on the Estates Strategy including finance issues. This follows on from the discussion on the Estates Strategy at the meeting held on 28 <sup>th</sup> Jan 2022.	NCL partners
TBC		

**3 February 2023**

Item	Purpose	Lead Organisation
TBC		

**17 March 2023**

Item	Purpose	Lead Organisation
TBC		

**2022/23 Meeting Dates and Venues**

- 15 July 2022 - Camden
- 30 September 2022 - TBC
- 25 November 2022 - TBC
- 3 February 2023 – TBC
- 17 March 2023 - TBC