MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 20th March 2023, 10:00am - 1:00pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-chair), Larraine Revah (Vice-chair), Kate Anolue, Jilani Chowdhury, Philip Cohen and Chris Dey.

ALSO ATTENDING:

45. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Kemi Atolagbe (Camden), Cllr John Bevan (Haringey), Cllr Anne Hutton (Barnet), Cllr Andy Milne (Enfield). Cllr Chris Dey (Enfield) attended the meeting as a representative in place of Cllr Andy Milne.

47. URGENT BUSINESS

None.

48. DECLARATIONS OF INTEREST

Cllr Pippa Connor declared an interest by virtue of her membership of the Royal College of Nursing.

Cllr Pippa Connor declared an interest by virtue of her sister working as a GP in Tottenham.

Cllr Jilani Chowdhury declared an interest by virtue of his son working as a doctor in Margate.

49. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

50. MINUTES

The responses received so far to the actions from the previous meeting were noted and it was reported that further responses would be circulated by email shortly. Cllr Tricia Clarke referred to the information provided about the consultation on the St Ann's primary care contract and expressed concerns about the role of AT Medics and the use of physician associates. Claire Henderson, Director of Integration at the NCL ICB, responded that this issue had previously come up at other AT Medics practices. She explained that, given the current challenges associated with GP recruitment and retention, mixed skills in GP practices were being seen more often when procurement processes were carried out. However, the ratio of GPs on site was an important consideration as part of this process. Asked by Cllr Connor whether members of the public were able to observe discussions on this issue at the Primary Care Commissioning Committee (PCCC), Claire Henderson explained that the meetings included a 'Part 1' section held in public and a 'Part 2' section held in private. Public questions could be submitted to Part 1 of the meeting.

The minutes of the previous meeting were approved.

RESOLVED – That the minutes of the meeting held on 6th February 2023 be approved as an accurate record.

51. HEALTH INEQUALITIES FUND

Ruth Donaldson, Director of Communities at the NCL ICB, introduced this item, noting that further funds had been allocated since the previous overview that had been provided to the Committee 18 months previously. The original purpose of the scheme had been to develop innovative solutions to health inequalities and some details of the schemes had been provided in the pack.

The schemes highlighted included:

- The 'Supporting People with Severe & Multiple Disadvantage' scheme (Haringey) aimed at working with people with compounding inequalities (for example because of their ethnic background or their employment/housing status) and poor health outcomes. The scheme worked across services to offer proactive wraparound care with a small cohort of people which led to a reduction of 800 A&E attendances.
- The 'Peer Support for Cardiovascular Disease Prevention' scheme (Barnet) connected people of South Asian, African and Caribbean heritage and had led to reductions in blood pressure.
- The 'Black Health Improvement Programme' (Enfield) had included cultural competency training for GPs and the feedback had been positive.

Ruth Donaldson commented that the wider lessons learnt from the programme had included that resources were allocated at NCL level but then Borough Partnerships

determined how it was spent based on their local insights and understanding which had led to more collaborative and innovative solutions. In addition, the learning from the co-production and community empowerment work could be applied across the system in future, included by monitoring the level of equity in all standard measures and making the best use of limited resources in decision making.

Ruth Donaldson then responded to question from the Committee:

- Cllr Connor observed that this approach appeared to tie in with the Population Health Strategy for NCL. Ruth Donaldson agreed that there was a definite alignment, noting that the Population Health Strategy had five areas and that they were keen to improve outcomes through the delivery part of the strategy and by spending resource in the areas of highest need.
- Cllr Clarke referred to the smoking cessation programme and asked whether the issue of vaping and young people was being incorporated into the programme. Ruth Donaldson said that this had not yet come forward as a particular need and the evidence in this area appeared to be limited. However, she added that a key part of the scheme was about listening to local populations, including young people, about their priorities and then bringing in national evidence and local public health data to determine the use of resources.
- Cllr Cohen noted that the funding for some of the projects was time limited and asked for clarification on the funding situation at the end of those time periods. Ruth Donaldson explained that there were different reasons why schemes might finish. Some schemes came to end because they could not provide evidence of the intended outcomes. Others were time limited because they had completed certain objectives, such as the project on autism in Camden which aimed to bring lived experience expertise into the development of mental health strategies.
- Cllr Cohen referred to the table in the report which listed Barnet separately as part of NCL rather than receiving allocations as an individual area as was the case with the other Boroughs. He added that there were significant pockets of deprivation in Barnet and suggested that this needed to be addressed through the fund. Ruth Donaldson explained that 70% of the fund was linked to deprivation, based on the 20% most deprived wards, and that this criteria did not apply to wards in Barnet. However, the remaining 30% of the fund applied to NCL-wide schemes which did include Barnet and a focus on pockets of deprivation and other areas of particular need.
- Cllr Revah asked what projects were in place to support the disabled community and requested further details about engagement through the community empowerment and co-design process, including organisations covering issues such as youth justice and food poverty, as set out in the report. Ruth Donaldson said that there was not a specific project aimed at this community directly but that this was dependent on the networks in each Borough and the needs that were identified. There had been involvement with groups such as the Carers Forum on the needs of carers and other organisations were represented in groups such as the Enfield Inequalities

Delivery Group which looked at the interdependencies and outcomes by protected characteristics associated with conditions such as diabetes. There had been a particular emphasis on engaging with the highest risk populations. The Community Powered Edmonton scheme was an example of local voluntary and community organisations working alongside statutory services to understand the needs of under-served communities.

- Asked by Cllr Chowdhury about engagement with a diverse range of community groups, Ruth Donaldson said one of the approaches used was to ensure that funding was guaranteed for at least two years if outcomes were met. There had also been work with the communications team to focus more on producing videos in a range of languages which was more likely to reach people than the translation of leaflets.
- Cllr Connor asked how the commissioning of projects had changed based on the recent learning about what had not worked so well. Ruth Donaldson said that one of the biggest challenges had been on the length of time to recruit staff from under-served communities. This had included difficulties in recruiting from the eastern European and Kurdish communities for the smoking cessation and cancer screening projects. Where recruitment was successful, the benefits in outcomes did come through, but in areas where recruitment had been too difficult it had been necessary to look at alternative uses for the resource. The two-year funding guarantee that was previously mentioned had been introduced as a way of improving the situation for smaller community groups.
- Asked by Cllr Connor for further details about the process of partnership working and the evaluation work in this area being conducted by Middlesex University, Ruth Donaldson said that, in some cases, a large number of bids were received for relatively small pots of money. The local insight and innovation of Borough Partnerships was therefore important in helping to determine the best use of resource. The Middlesex University evaluation was looking at 10 projects selected due to the good levels of co-production. This involved an overarching steering group with various organisations contributing to the debate with discussion over different methods of co-production.
- Cllr Connor noted that the recent NHS Confederation report, ‘Unlocking the NHS’s social and economic potential’ was referenced in the agenda papers and observed that this emphasised stronger partnership work which could impact on areas such as housing and food poverty. She asked if this approach would be embedded in the next set of projects and on what the likely funding situation was likely to be. Ruth Donaldson agreed that a greater understanding of the wider determinants of health and root causes of health inequalities was the right direction of travel in this area. There was also a focus on the best use of limited resources with interventions such as smoking cessation typically providing a greater return on investment than secondary care interventions. This needed to be based on local insight as well as public health data.

Cllr Revah proposed a recommendation that there should be more focus on people with disabilities in the next set of projects as they faced a high level of health

inequalities which had not been addressed in the report. This recommendation was agreed by the Committee. **(ACTION)**

Cllr Connor proposed that a further report be provided to the Committee at a future date including details of the outcomes of the Middlesex University evaluation and a greater understanding of how the health inequalities work was being embedded in local authorities. **(ACTION)**

52. WINTER RESILIENCE UPDATE

Alex Smith, Director of Transformation at the NCL ICB, introduced the winter resilience update noting the following key points:

- The winter had been a particularly challenging period with a high level of flu and respiratory illnesses as well as industrial actions.
- Partners across the health and care system had been working closely together to manage safety and to support each other during a period of increased pressure. This included a focus on hospital handover times and discharge delays as these could sometimes be caused by something elsewhere in the system not working.
- Additional funding had been allocated from NHS England for additional capacity and from the Department for Health & Social Care to support hospital discharge and this had helped to get people home quicker when they were ready to do so.
- There had been collaboration with the London Ambulance Service (LAS) to improve the handover of patients. During the period of industrial action there had been the involvement of GPs and senior clinicians to provide the right advice over the phone which meant that, in some cases, it was not necessary to send an ambulance. There were challenges in doing this in the longer-term due to the demands on the workforce. There had also been collaboration between the LAS and the Urgent Community Response services to reduce the need for hospital admissions.
- There would be an evaluation process over the summer to provide learning over what had worked well and not so well in time for next winter.

Alex Smith then responded to questions from the Committee:

- Cllr Dey raised the difficulty of obtaining GP appointments which increased the demand on A&E departments. Alex Smith said that there were a myriad of reasons for this and, while sometimes this may be due to patients not being able to obtain a primary care appointment, it could also be about what patients knew about primary care and how they preferred to access the system. Extended access GP services was a part of tackling this but, in the longer term, a review of primary care services would be commencing soon to look at workforce challenges, how well the full range of primary care services were

working and the information available to patients about accessing primary care services.

- Cllr Cohen requested further details about the follow-up reablement care that was provided following discharge and the impact of the additional funding. Alex Smith explained that they worked closely with the five NCL local authorities that provided these services and all had felt that they could meet the financial demands over the winter. While the funding and workforce issues in this area were well known, additional capacity was added so far as was possible with the additional funding over the winter period. However, there were some areas that needed improvement and some further guidance on hospital discharge was expected soon.
- Asked by Cllr Anolue about the lack of resources for personal care in the home, Alex Smith said that this question would need to be directed to local authority colleagues but that the NHS worked closely with them on discharge issues including on putting together the right care team to support people in the reablement process.
- Cllr Connor observed that some patients who had just been discharged from hospital would not necessarily know who to raise issues and complaints with and asked what oversight NHS colleagues had over this. Alex Smith said that a written response would be necessary on this. **(ACTION)**
- Cllr Connor asked about the special NHS funding provided for short periods following hospital discharge and the impact on patients after this ended. Alex Smith explained that, until March 2022, there had been national arrangements in place which provided hospital discharge funding for the first 4 weeks of care. That funding had now stopped and so there were discussions with local authority partners about improving the provision of reablement costs at the point of discharge, though current arrangements varied by Borough. Cllr Connor requested further details on the financial circumstances for this, including self-funding arrangements and the circumstances in each Borough. **(ACTION)**
- Asked by Cllr Clarke and Cllr Dey about the impact of the industrial action, Alex Smith said that the main focus had been on safety issues but acknowledged that the action had been costly and had a significant impact on staff.
- Cllr Revah observed that patients were often provided with equipment to support them when discharged from hospital but that these were often not returned which seemed to be a waste of resources. Alex Smith said that around 60% of equipment was collected in some areas but agreed that it was necessary to do better and said that there was work ongoing with Borough Partnerships on how these arrangements could be made more effective.
- Cllr Revah asked how many people were sent to care homes if prolonged care was needed and requested a breakdown to be provided on this by borough. Alex Smith said that there were Better Care Fund (BCF) metrics available on

this in terms of reducing the number of people going into long-term care which could be provided to the Committee. **(ACTION)**

- Cllr Revah raised concerns about palliative care and said that there were no set times about visits for medication, injections and other treatments which was confusing for patients. Alex Smith said that he would take this feedback to the End-of-Life commissioner **(ACTION)** but noted that there was now a single point of access to palliative care with a 24-hour phone line. Cllr Connor added that it could be very difficult for people to access palliative care staff at weekends and that the public often did not realise how much work in this area was done by the charity sector.
- Cllr Revah reported that some elderly people could not get transport until late at night when being discharged from hospital. Alex Smith agreed that this should not be happening and said that there was some work being done on discharge during the day which was also important because it would make more of the capacity in the community. He noted that NCL had some of the better rates on this in London but that there was more that could be done.
- Cllr Revah suggested that 'geriatric wards' was inappropriate wording and that they should be renamed to something friendlier. Alex Smith agreed with this point.
- Cllr Connor raised the missed opportunity clinical audit undertaken at North Middlesex University Hospital with the aim of identifying patients who were not on the correct pathway following their attendance at the Emergency Department, noting that the outcome report was expected to have been completed by Feb 2023. Alex Smith agreed to provide further details to Committee on this report. **(ACTION)**
- Asked by Cllr Connor about the appropriate time the Committee to examine the winter resilience arrangements for next year, Alex Smith suggested November or December 2023 **(ACTION).**
- Cllr Clarke suggested that cutting down on agency staff would help to reduce costs. Alex Smith acknowledged the concern but noted that some colleagues worked on an agency basis to be able to afford to live in certain areas of London. He added that there had been a London-wide cap on agency rates and that recruitment could be improved by planning further ahead in partnership with local authorities.

53. PRIMARY CARE UPDATE

Clare Henderson, Director of Integration (Islington), provided an update on the primary care response to winter 2022/23. She explained that:

- Comprehensive plans had been developed but there had been additional challenges such as Strep A. There was always a lot of focus on primary care access and demand for face-to-face appointments which needed to be balanced against protecting capacity for proactive care and long-term condition management.

- Rates for face-to-face appointments in NCL were slightly lower than the national average but NCL was one of the best performers in terms of same day appointments. In Camden there had been a focus on high intensity users, while in Islington there had been an approach based on speaking to a PCN reception rather than an individual practice for triaging purposes.
- A shift in focus to same day access was anticipated and NHS England were expected to publish a document on this shortly.
- Primary care services still had a range of telephony systems which was a currently a significant topic of conversation.

Cllr Chowdhury raised the difficulties for patients in obtaining GP appointment by calling at 8am. Cllr Connor noted that there was often availability at GP hubs at evenings and weekends but that this was not widely known or communicated by GP practice reception staff. Clare Henderson acknowledged that there was scope for better communications about how people can access GP hubs. She added that the recruitment and retention of reception staff was an area where many practices struggled and this added to the challenges of primary care access.

Kristina Petrou, NCL Community Pharmacy Clinical Lead, provided an overview of community pharmacies, noting that there were just over 300 community pharmacies in the NCL area, 80% of which were independently owned with 20% provided by chains such as Boots or Superdrug. She also explained that:

- The Pharmacy Integration Programme was a drive from NHS England to improve services in community pharmacies. The aim was to increase the presence of pharmacists in primary care and to make pharmacists the first point of call in many situations to help people to self-care and to free up primary care capacity. This would also better utilise the clinical skills in community pharmacies that were currently underused.
- The table on page 56 of the agenda pack provided a list of community pharmacy services. From March/April the Community Pharmacy Consultation Service (CPCS) would be accepting referrals from Urgent or Emergency care settings which meant that a large amount of presentations could be managed through community pharmacies rather than GP practices or A&E.
- A hypertension case-finding service was being expanded to identify risk of strokes, heart attacks and cardiovascular disease. 204 pharmacies in NCL had signed up to this, of which 142 (as of Dec 2022) were actively providing appointments so far. They could also accept referrals from GP practices that did not have the capacity to monitor blood pressure which could help to identify long-term conditions at an earlier stage.
- Another service was the Discharge Medicine Service (DMS) which must be offered by all pharmacies. This was to ensure better communications of changes to a patient's medication when they leave hospital. It was estimated

that 60% of patients had three or more changes to their medicines during a hospital stay which increased the risk of errors during the discharge process.

- A Smoking Cessation Service (SCS) was provided from Chase Farm hospital in Enfield to patients identified in hospital and then directed to a pharmacy of their choice.

Kristina Petrou then responded to questions from the Committee:

- Cllr Cohen asked whether the pharmacies that had signed up to new services had been supported with additional training and financial resources. Kristina Petrou explained that the central services must be offered by all pharmacies so this was part of their core payment. The advanced services (which included the CPCS, smoking cessation and hypertension services) were designed nationally but pharmacies could choose whether or not to opt into these. Pharmacies that opted in received a set-up payment based on the staff training requirements as well as the fees for services provided. While funding had been cut for dispensing prescriptions, pharmacies were being paid more for consultations and other services 'on the shop floor'.
- Members raised various concerns about communications issues:
    - Cllr Anolue expressed the view that public awareness about the new services needed to be raised and also expressed concern about the availability of pharmacies in some parts of the local community.
    - Cllr Revah said that communications from GP practices about these services may need to be improved.
    - Cllr Connor asked how GPs would know about patient interactions with pharmacists.

  Kristina Petrou agreed that there was untapped potential of the clinical skills of pharmacists but said that the public view of pharmacy services, in terms of awareness of the services that were available, was improving according to surveys that were carried out each year. The provision of services across population areas was typically addressed through the Pharmaceutical Needs Assessment which was published every four years by the Health & Well Board and assessed any gaps in need across the population in the Borough.

  Kristina Petrou added that the communications on the pharmacy services included a national approach as well as communications from individual GP practices through their websites, posters and display boards. GP practices were encouraged to work with pharmacies within individual primary care networks.

  Kristina Petrou agreed that the sharing of data between GP practices and pharmacies was the top stumbling block to rolling out services across pharmacies for IT and GDPR reasons. Pharmacies did not have the ability to

add entries to GP records and so the system relied on them sending messages to GP practices.

Cllr Connor addressed a matter arising from a previous meeting (raised by Cllr Bevan) which related to the improvement of the external condition of the premises of GP practices. A response had been provided to the Committee setting out the expenditure required to make the buildings fully compliant and Cllr Connor requested further details about the expected timescales for the completion of this work. Clare Henderson said that the improvement grants came from NHS England to improve GP practice premises, including disabled access but that she would provide a further update on the expected timeline. **(ACTION)**

Due to time constraints, Cllr Connor suggested that Committee Members submit any additional questions that they may have by email.

54. WORK PROGRAMME

The Committee then discussed possible items for inclusion in their work programme for 2023/24, with the following suggestions made:

- Cllr Revah proposed that an item could be included on loneliness and isolation, not just with regard to older people but also other demographic groups. This could include looking at the support available (including in relation to mental health and wellbeing), community activities and signposting to appropriate services and support organisations.
- Cllr Connor noted that further updates on population health and on health inequalities could be scheduled and it was agreed that it would be necessary to liaise with officers on the appropriate timescales for this. These issues could also be relevant to the item on social isolation.
- Cllr Connor noted that update reports on finance, workforce and estates would also be included in the 2023/24 work programme, with the estates item usually scheduled for November. Cllr Clarke suggested that the finance paper could include details of the financial impact of recent industrial action.
- Cllr Revah commented that the meeting on mental health in February 2023 had been positive and suggested that the issue could be revisited in the following year. Cllr Connor added that the involvement of local community groups had provided some strong evidence.
- Cllr Anolue suggested that concerns about paediatric services could be included in the work programme.
- Other topics raised included smoking cessation (including vaping and young people, potentially involving speaking to schools), diabetes and cancer.

55. DATES OF FUTURE MEETINGS

At the time of the meeting, the dates for 2023/24 were still to be confirmed. The meeting dates were subsequently confirmed as:

- 26th Jun 2023 (10am)
- 11th Sep 2023 (10am)
- 13th Nov 2023 (10am)
- 29th Jan 2024 (10am)
- 18th Mar 2024 (10am)

CHAIR:

Signed by Chair ……..

Date ……