

MINUTES OF MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday, 26th June, 2023, 10.00 am - 12.40 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Chris James, Andy Milne and Matt White

ALSO ATTENDING:

1. 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'.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Lorraine Revah (Camden), Cllr Kemi Atolagbe (Camden), Cllr Philip Cohen (Barnet), Cllr Rishikesh Chakraborty (Barnet) and Cllr Jilani Chowdhury (Islington).

The number of apologies given by Members meant that the Committee was not quorate. To be quorate there are two criteria:

- a) For at least four Committee Members to be present. This condition was met.
- b) For Members from at least four of the five NCL boroughs to be present. This condition was not met.

In the circumstances, the meeting continued as a briefing for the Members present. This meant that discussions on the agenda items could continue but any formal decisions made could not be ratified.

3. ELECTION OF CHAIR

As this was the first North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) meeting of the 2023/24 municipal year, the election of the Chair was required.

The Members present indicated their preference for Cllr Pippa Connor to continue as Chair for 2023/24. It was not possible to ratify this decision as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

The Members present determined that Cllr Pippa Connor should Chair the briefing.

4. ELECTION OF VICE-CHAIRS

As this was the first JHOSC meeting of the 2023/24 municipal year, the election of the Vice-Chairs was required.

The Members present indicated their preference for Cllr Tricia Clarke and Cllr Lorraine Revah to continue as Vice-Chairs for 2023/24. It was not possible to ratify this decision as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

5. URGENT BUSINESS

None.

6. 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.

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

8. TERMS OF REFERENCE

The terms of reference for the NCL JHOSC were noted.

9. MINUTES

The minutes from the meetings held on 20th March 2023, 6th June 2023 and 7th June 2023 were discussed.

The following points of accuracy were raised:

- On page 18 of the agenda pack, in the draft minutes for 6th June 2023 (BEH and C&I Mental Health Trusts), there was a reference to the risk of some patients falling between different types of mental health services. Cllr Connor said that there should be an action recorded to investigate this further. **(ACTION)** There was also a request in the following paragraph for further details on how the performance of services was monitored which Cllr Connor said should also be recorded as an action and that information about the

clinical strategies and deep dives into service delivery should be included in the following year's Quality Accounts. **(ACTION)**

- On page 25 of the agenda pack, in the draft minutes for 7th June 2023 (Whittington NHS Trust), it was noted that more information about the actions being taken in response to the CQC inspection would be useful. Cllr Connor said that there should be an action recorded to provide this information to the Committee. **(ACTION)**

It was not possible to approve the three sets of minutes as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

10. MATERNITY & NEONATAL SERVICES UPDATE

The update on maternity and neonatal services was provided by Rachel Lissauer, Senior Responsible Officer, Chris Caldwell, Chief Nurse for NCL ICB and Executive Lead for Maternity & Neonatal services, David Connor, Group Director of Midwifery at the Royal Free NHS Trust and Co-Chair of the Local Maternity System, Sumayyah Bilal, Head of Maternity Services & Commissioning for NCL, Nicole Callender, Associate Director for Midwifery at NMUH, Barbara Kuypers, interim Divisional Director of Midwifery and Nursing at NMUH, Dhruv Rastogi, Divisional Clinical Director & Consultant Paediatrician at NMUH, and Isabelle Cornet, Director of Midwifery at Whittington Health NHS Trust.

Rachel Lissauer began by explaining that, while accountability for services remained with the NHS Trusts, the Local Maternity and Neonatal Service (LMNS) within the NCL ICB had a role in considering elements such as safety, using data and insights, ensuring a supportive infrastructure for services, using the voices of pregnant women to inform how maternity services were run and equality of outcome and access. The Service worked alongside the Start Well programme which was looking at structural issues in the Case for Change. The role of the LMNS had really changed over the past 3-4 years with stronger role and closer working with Head/Directors of Midwifery, including on staffing, recruitment, training and demand pressures.

David Connor said that the Care Quality Commission (CQC) had been revisiting Trusts across the sector as part of its national response to the Ockenden report. The CQC's report on the Whittington NHS Trust had been published while the North Middlesex University Hospital (NMUH) and University College London Hospitals NHS Trust (UCLH) had been inspected and the reports were currently being awaited. An inspection of the Royal Free Trust was expected soon. Through the LMNS Board, the action plans from inspections were monitored with feedback and learning shared across the system.

Asked by Cllr Connor whether there were any particular areas of concern as part of this process, David Connor said that triage assessments were an area where improvements could be made and that this was a common issue nationally so best practice models were being looked at.

Sumayyah Bilal provided an overview of the Women's CQC Survey, which was a national survey that covered all aspects of the maternity journey and was conducted annually. The responses received in NCL were not representative of the diversity of survey users and so further work was planned on reaching those community voices with a recently recruited independent senior advocate, as recommended by the Ockenden report. Area for improvement across NCL including monitoring of mental health in pre and post-natal periods, infant feeding support and the ability of partners to visit in hospital (where there had previously been some restrictions due to Covid).

Sumayyah Bilal also explained that all NCL Trusts were asked to provide assurances to the LMNS Board of how they were implementing the recommendations of the Ockenden report. Ockenden assurance visits were also carried out with all NCL Trusts in 2022 and the feedback was mostly positive. An area that required improvement was collaboration/co-production with Maternity Voices Partnership (MVP). She added that the Ockenden and East Kent reports had resulted in additional funding being provided for safety. NHS England had recently published a 3-year delivery plan for maternity and neonatal services which had consolidated the overlapping recommendations into four key themes.

Sumayyah Bilal said that the Ockenden report had included a focus on workforce and there had been work on recruitment and retention in NCL, including an expansion of student placements, international recruitment and all Trusts signing up to a pan-London consortium providing recruitment and retention advice. The main priorities in NCL were to work on a recruitment strategy, focus on why staff were leaving, exploring staff wellbeing and development and linking this to EDI (Equality, Diversity and Inclusion) initiatives and flexible working and how staff can escalate concerns. There was a particular challenge around the cost of living for staff in London.

The NHS officers then responded to questions from the Committee:

- Asked by Cllr Connor about the most significant challenge in the points she had mentioned, Sumayyah Bilal said that they complemented each other as the workforce was needed to enable service improvement so the workforce needed to be supported.
- Asked by Cllr White for further explanation of the key finding from the Ockenden report that found "lack of compassion and kindness by staff", David Connor said that the recent CQC report on the Whittington, complaints themes and feedback from the Maternity Voices Partnership had not identified lack of compassion as an issue locally and that he found the staff to be a caring motivated workforce.
- Cllr White expressed concerns about levels of understaffing and low pay for some staff. David Connor responded that making sure that staff had the resources required to do their jobs was something that they were striving for and that there had been a reduction in the vacancy rate across the system over the past year. The recruitment and retention work had been key in ensuring that staff were developed and looked after, but he acknowledged that the current cost of living was a real concern. Sumayyah Bilal added that a working group, including patient experience leads, was being established to address the recurrent themes emerging from the Women's CQC Survey.

- Asked by Cllr Connor about national workforce policy, Chris Cordwell said that a long-term Workforce Plan was due to be published shortly and was expected to say that a lot more midwives and nurses were required. However, it was not yet known how this would be achieved (e.g. more training or more international recruitment) or what funding would be provided to support this. Sumayyah Bilal added that there was currently some ongoing work to upskill Maternity Support Workers.
- Cllr White noted that rates of stillbirths were higher in Haringey, as highlighted on page 38 of the agenda pack, and that this coincided with higher levels of deprivation. He also referred to inequalities of outcomes relating to ethnicity. Rachel Lissauer said that there was a strong evidence base on continuity of care. She acknowledged that the findings for Haringey were concerning and that, while stillbirths were higher in the east of the Borough (where deprivation levels were higher), the issue was not exclusive to the east of the Borough. She added that the report on this was expected to be available in September/October 2023 and could be shared with the Committee. **(ACTION)** Sumayyah Bilal added that a working group on continuity of care had been set up and was focusing on personalisation, deprivation and ethnicity issues. The Trusts were aiming to improve continuity of care through teams of midwives providing end-to-end care but there were some workforce challenges associated with this. Nicole Callender highlighted the role of the Magnolia Midwives service which provided multi-disciplinary support for pregnant women with mental health issues and that continuity of care through this model had better outcomes, so this model was being rolled out to other community teams. Isabelle Cornet said that the Whittington Hospital had one continuity of care team, reduced from two teams, based on the workforce recommendations from the Ockenden report. The active team was based in the deprived areas of Islington and the team that was no longer in place had been based in Haringey. Other community teams were working on a continuity of care model for ante-natal and post-natal care (excluding labour care), including a team for higher-risk women.
- Cllr Milne queried the extent of problems associated with those not engaging with ante-natal care. David Connor said that it was rare for women not to receive any antenatal care whatsoever and that access to care was good, including through self-referral. Chris Cordwell commented that, based on the initial findings of the report (referred to in the above paragraph), the range of factors were quite varied and often related to a person's background, understanding of health seeking behaviours, housing and education.
- Cllr Clarke referred to evidence linking smoking to stillbirths. David Connor said that the Saving Babies' Lives national care bundle covered smoking cessation in pregnancy, including through carbon monoxide testing and signposting to support. In NCL, consideration was being given to bringing smoking cessation advisers into maternity units rather than having to refer people to a separate appointment. Sumayyah Bilal added that there were KPIs on smoking cessation and a focus on opting out of smoking cessation services rather than opting in.

- Cllr Clarke asked whether current staffing issues were impacting on the ability of women to have home births. Isabelle Cornet explained that the Whittington's home birth service was still running but the shortage of staff meant that this service was covered around 80% of the time and this was currently being reviewed. She added that the Birth Centre had recently been completely refurbished with five rooms and that around 25% of births over the last couple of months had taken place at the Birth Centre.
- Noting that CQC reports were expected for the other NHS Trusts soon, Cllr Connor referred to page 45 of the agenda pack which included a summary of previous inspections and asked how the "requires improvement" sections were being addressed.
 - o Royal Free - David Connor explained that, following an inspection of maternity services at the Royal Free Hospital in 2020, the CQC had rated the service as "inadequate" and it entered the national maternity safety programme as a consequence of this. It had successfully exited the programme last summer and it was recognised that work had been carried out to address identified issues and the rating of the service was now "requires improvement". The Trust Board and the LMNS continued to monitor progress. He added that the last Ockenden peer visit, in October 2022, had been complementary about the robustness of the governance processes, focus on safety culture and good relationship with the MVP.
 - o NNUH - Nicole Callender explained that the last CQC inspection had been in 2021 and that there had been no "must dos" flagged in terms of safety but there had been some "should dos" which had since been implemented. Actions had been taken on staff development/wellbeing/training and also on interpretation and translation given the high number of different languages spoken in the local area. Dhruv Rastogi commented that, because of the delay between the CQC inspection and the report, it was important for the Trusts to triangulate on the key current issues which had included triage. He added that the recent Ockenden visit had been complementary.
- Asked by Cllr James why Barnet Hospital had not had a recent inspection, David Connor explained that, although Barnet Hospital had last been assessed in 2016, elements of the maternity services were cross-site with the Royal Free as part of the same Trust and governance processes which had been assessed more recently.
- Cllr Clarke highlighted the upcoming cuts of 30% to the NCL ICB budget and said that, while the Committee had been told that this would not impact on services, this change needed to be carefully monitored. Chris Cordwell commented that the cost savings were linked to national requirements and did not relate to the money spent on services. However, she acknowledged that there were financial challenges across the system overall.
- Asked by Cllr James for further explanation about the reasons for the significant inflow from non-NCL residents to Barnet Hospital and UCLH, Sumayyah Bilal explained that this was not unexpected because women had the right to book antenatal and labour care in any hospital of their choosing

while post-natal care was provided in the closest hospital to their place of residence.

Cllr Connor summarised the main concerns of the Committee, where further information would be welcome in a future report **(ACTION)**, as:

- poorer outcomes for those from more deprived areas or from BAME backgrounds, including greater understanding of causes and risk factors;
- continuity of care, including progress of the Magnolia team;
- workforce issues, including cost of living/housing issues and improving support for staff overall;
- training for staff, including the development of the maternity support workers role.
- the findings of future CQC reports in the areas which are currently rating as requiring improvement;
- monitoring the statistics on smoking cessation;
- cuts to the running costs of the NCL ICB;

11. **CANCER PREVENTION PLAN**

Ali Malik, Managing Director, and Fanta Bojang, Programme Manager, at NHS North Central London Cancer Alliance, introduced the report on the North Central Prevention, Awareness and Screening strategy and action plan.

Ali Malik said that work had recently been carried out to examine the overarching cancer pathway and the core aims and objectives for the cancer system. At the heart of this was the early diagnosis programme, which supported the national target in the NHS Long Term Plan for 75% of people with cancer to be diagnosed at stage 1 or 2 by 2028.

Fanta Bojang explained that the strategy had initially been drafted in 2019/20 but had been delayed by the Covid-19 pandemic and redrafted in the context of the implementation of Integrated Care Boards, aligning with the cancer system aims and objectives, the Population Health and Integrated Care Strategy and the Core20PLUS5 framework on health inequalities. The focus on prevention, awareness and screening included supporting and encouraging people to present to primary care early and to take up their screening invites, a targeted lung health checks programme which was still at an early stage, and identifying people with a high risk of developing cancer through genetic testing. Prevention was part of the strategy but this was a shared priority across the health system. There was an action plan associated with the strategy and this was only a two-year plan as the future availability of resources beyond this was not known.

Ali Malik and Fanta Bojang then responded to questions from the Committee:

- Referring to the case study on page 62 of the agenda pack, Cllr White commented that this example did not necessarily reflect some of the higher risk factors such as deprivation.

- Cllr White commented that prevention was preferable to treatment, both in terms of health outcomes and cost to the NHS, and suggested that support networks to help people reduce their tobacco and alcohol consumption and better manage their weight could help. Fanta Bojang said that the prevention budget sat elsewhere, but that there were active programmes in areas such as smoking cessation across the system and that the Royal Free were piloting a Healthy Living hub initiative. Ali Malik agreed with the focus on prevention and added that managing cancer as a long-term condition through support networks could also be beneficial.
- Cllr Clarke asked about methods of early detection such as through bowel cancer testing kits or dentists advising patients about mouth cancer for example. Fanta Bojang responded that the action plan highlighted the issue of drawing upon healthcare professionals across the whole system. Ali Malik added that a Primary Care Cancer Strategy had also been developed which addressed education and awareness across primary care staff, picking up on possible signs of cancer.
- Cllr James expressed concerns about low rates of cervical cancer screening. Fanta Bojang agreed that there was a long-standing challenge with a national decline in screening rates, though there were sometimes upticks in rates when there were national campaigns or publicity on these issues. There had also been several extended access programmes locally, offering appointments outside of core GP practice hours which could improve participation rates in some groups. A research study had been carried out on allowing people to collect their own samples to increase rates with people who found the testing in a clinic to be too invasive - the results of this study were being awaited.
- Asked by Cllr James about HPV immunisation, Fanta Bojang confirmed that this was included as an objective in the strategy as there were varying participation rates across NCL. The need for two doses was believed to be a factor in this and so this was being changed to one dose from September to improve uptake. Awareness was also a factor as some parents were not aware that immunisation was being offered and could be accessed via primary care. Cllr Connor suggested that an initiative aimed at university students could help to improve uptake and Fanta Bojang agreed to consider this as part of the action plan. **(ACTION)** Chris Caldwell added that there was some ongoing local work about school-age vaccination and so the suggestion could be combined into this work, particularly in terms of the communications.
- Cllr Milne requested further explanation about the graph on page 64 of the agenda pack relating to the two week wait referrals for suspected cancer in each of the NCL boroughs, noting that Islington had the lowest rate of referrals and higher mortality outcomes. Ali Malik confirmed that those with the higher rates of referrals on the graph would be expected to lead to better outcomes but that there were also other factors to consider in each borough, such as population age. Richard Dale, Director of Performance and Transformation at NCL ICB added that simply increasing the number of two-week referrals would not necessarily improve quality of care and that it would add to pressure on the system, so it was necessary to find the balance between referring as many

- people as possible appropriately and getting those people seen as soon as possible.
- Cllr Cohen (who was not present at the meeting) had submitted a written question asking why the two-week referral rates were higher in Enfield and Barnet compared to the other NCL boroughs. Ali Malik responded that the age profile of the boroughs would explain the majority of the variation. He noted that some GP practices referred for certain types of cancer more than others and so they wanted to better understand the data on this and the reasons for this. He added that the downside of a high rate of referrals was the impact on operational performance, noting that NCL performed comparatively poorly on the 62-day cancer standard, mainly because of the high volume of referrals received by hospitals. Cllr Connor requested that the data of variation in GP referrals be provided to the Committee. Ali Malik explained that a visual tool was in the process of being developed that would display detection and referral rates as a heat map which could be shared with the Committee when it was available. **(ACTION)**
 - Asked by Cllr Connor about the progress towards the target for 75% of people with cancer to be diagnosed at stage 1 or 2 by 2028, Fanta Bojang said that the current rate was around 20% below the target.
 - Cllr Connor queried what action would be taken to engage with the difficult to reach parts of the population on prevention and awareness. Fanta Bojang said that work with the voluntary sector and community/faith groups could be effective as they were engaging with people at community level. Resources and training was provided to the sector to help spread messaging on cancer screening. She added that they were open to suggestions about how else this approach could be improved. Ali Malik added that there was data about which demographic groups tended to respond least to traditional methods of approach and could therefore benefit from a more targeted approach. Chris Caldwell commented that a lot had been learned through the Covid vaccination programme in terms of what to do and not to do in reaching certain groups and this could be applied to other public health interventions such as this, though there were finite resources which had to be carefully targeted to maximise value. Cllr Connor suggested that it would be useful for the Committee to understand whether these interventions had succeeded in changing outcomes. **(ACTION)**
 - Cllr Clarke asked about the backlog in cancer referrals caused by the Covid-19 pandemic. Ali Malik explained that the backlog was measured by the number of patients waiting for longer than 62 days for their treatment to start following a GP referral. The proportion of referrals waiting longer than this had reduced from around 20% to under 10% so this was trending in the right direction with more still to do. Richard Dale added that overall referral rates from GPs had now returned to pre-pandemic levels.

12. SURGICAL TRANSFORMATION PROGRAMME

The presentation on the NCL Surgical Transformation Programme: Ophthalmology Surgical Hub Proposal was provided by Dilani Siriwardena, Deputy Medical Director at

Moorfields Eye Hospital and NHS London Clinical Director for Ophthalmology, Jon Lear, Senior Operations Manager at Royal Free London NHS Foundation Trust, Marco Inzani, Deputy Director of Strategic Programmes for NCL ICB and lead for the Surgical Transformation Programme and Richard Dale, Executive Director of Performance and Transformation NCL ICB.

Marco Inzani explained that there were currently more than a quarter of a million patients waiting for elective care in NCL. Ophthalmology was one of the higher volume specialities and the waiting lists had grown by 48% over the past seven years. There were also risks associated with waiting including health deterioration and increased complexity of care so this really affected people's quality of life. It was not possible to keep up with demand in NCL despite initiatives including evening/weekend working, using capacity in the independent sector and Trusts offering mutual aid to each other.

Elective Orthopaedic Centres had previously been developed in NCL, at Chase Farm and at UCLH, and these had doubled the number of surgeries for hip and knees. The aim was therefore to replicate this in other specialities, beginning with ophthalmology. In developing the engagement work, the focus had been on what mattered to patients and a key finding was that patients were willing to travel further if this meant that they would be seen quicker and that the service was better.

Marco Inzani continued by explaining that the main proposals were to consolidate surgery from Whittington Health and Chase Farm Hospital to the Edgware Community Hospital and Royal Free Hospital. Outpatient appointments and tests would remain at all local hospitals so it was just the surgery that would move location, which would typically be only one or two appointments. Patients would still have a choice of three Trusts in NCL and it was expected that this would drive efficiency and productivity. There was expected to be an additional 3,000 procedures per year which could potentially help patients to be treated 10 weeks earlier. He explained that the downside was that some patients would have to travel further, estimated to be an additional 19 minutes by public transport on average. The maximum additional journey time (i.e. for someone who lived close to Chase Farm Hospital who needed to travel to the Edgware Community Hospital) would be 90 minutes but this would be for a very small proportion of patients. They would also continue to have the option of travelling to Potters Bar, which is closer but outside of the NCL border.

Dilani Siriwardena added that ophthalmology would ideally involve two theatres running in parallel with senior supervision for all patients and a reduced likelihood of late cancellations. This was already the type of service provided by Moorfields and St Anns, but for Royal Free staff they may have to travel between sites during the day which reduced the number of patients that they could treat.

Jon Lear said that, from the perspective of the Royal Free, this development was clinically led and clinically supported. There would be two phases to the project – firstly moving the activity from the Whittington to Edgware and secondly moving activity from Chase Farm to Edgware. There were currently two operating theatres at Edgware, but only one of these was currently for ophthalmology and so the proposal was for both of these to be used for ophthalmology for four days per week. Staff worked compressed hours during this four-day week (Mon-Thurs) but there was the

possibility of expanding capacity in the future by moving to a five-day week. Overall, the change would enable the consolidation of surgical resource, make best use of theatre staff, reduce travel time for surgeons and improve the flow of patients. With the current Chase Farm/Whittington arrangements, they would typically complete 5 to 6 operations on a half-day theatre list but, after the consolidation, this was expected to move up to 7 or 8 operations.

Marco Inzani concluded the presentation with slides about the Equality Impact Assessment (EqIA) which highlighted three groups – over 65s, BAME populations and the most deprived populations who were most impacted by the increased travel times. It would therefore be necessary to particularly engage with these groups during the consultation period, especially those who lived close to the Chase Farm or Whittington sites, to look at mitigations and additional support that could be offered. If this proceeded successfully then the implementation was expected in November/December 2023.

The NHS officers then responded to questions from the Committee:

- Cllr Clarke queried the justification of significantly increased travel times when the increased number of surgeries would be marginally increased from 5-6 to 7-8. Jon Lear responded that there were currently five half-day sessions per week at Whittington so there would be increased capacity at Edgware, in addition to the improved efficiencies and productivity as a consolidated hub. He clarified that it was Royal Free surgeons who currently provided services at the Whittington Hospital with Whittington nursing and administration staff. Cllr Clarke expressed concern that this was a necessary arrangement. In terms of the increased number of surgeries, Marco Inzani, reiterated that this would amount to around 3,000 additional procedures per year overall. Richard Dale highlighted the additional capacity that would be freed up at the Whittington so there were other positive knock-on effects to be considered. Dilani Siriwardena added that ophthalmology could sometimes be deprioritised during the winter as nursing staff were needed elsewhere which would not be an issue in a specialised hub.
- Cllr Clarke asked for clarification on the “*potentially adverse impact in particular on those whose ethnicity coding is Unknown*” relating to the proposed service changes at the Whittington as set out on Slide 13. Marco Inzani clarified that, when patients had been mapped as part of the EqIA process, this highlighted communities that were likely to be affected more in terms of travel times. This included the Unknown ethnicity coding, which included people who preferred not to state their ethnicity. Cllr James suggested that this category could include mixed race people who did not feel that they fit into any of the categories described on the forms. Richard Dale acknowledged that there were some limitations to demographic profiling and that it may be necessary to explore this issue further as part of the consultation in order to understand who could be adversely affected.
- Asked by Cllr Clarke about timescales for the consultation, Richard Dale said that the JHOSC was being consulted early, but the consultation process would continue over the summer and then it may be helpful to speak to the JHOSC

again in September about any changes or mitigations resulting from the feedback received.

- Cllr Milne asked whether the 48% increase in the waiting lists over the past seven years had been a consequence of bottlenecks in the system or an increase in demand. Dilani Siriwardena acknowledged the issues with the system but said that a major cause for this was the aging population leading to more cases of cataracts, glaucoma and other conditions that required repeated treatment.
- Asked by Cllr White about the difficulties of travelling from east to west across the NCL area, Richard Dale acknowledged that this was a key trade-off on which they were keen to engage the JHOSC and the wider community in order to build an understanding of what this would mean for patients. Marco Inzani added that any influence that Members could bring to the improvement of west-east transport links in NCL would be welcomed.

With a further update on this issue expected to the JHOSC in September 2023, Cllr Connor commented that the Committee wished to explore the following specific points further **(ACTION)**:

- The additional journeys times being asked of residents, balanced against the potential benefits of being treated earlier;
- The potential impact on disadvantaged communities who could be disproportionately affected by the changes;
- The financial implications, including knock-on effects (positive or negative) on other NCL hospitals.
- What was learnt from the previous experience of developing surgical hubs in NCL for other types of treatments.

13. WORK PROGRAMME

The Committee then discussed the Work Programme for 2023/24. The September 2023 meeting had provisionally been scheduled to include items on Finance, Start Well and Diabetic Services. However, it was now necessary to include an update on the Ophthalmology Surgical Hub Proposal in the September 2023 agenda. It was agreed that the Diabetic Services item could instead be taken at the November 2023 meeting.

The November meeting now included the Diabetic Services item as well as items on the Estates Strategy, Workforce update and Winter Resilience. It was agreed that the Workforce item could instead be taken at the January 2024 meeting.

It was also agreed that a written update should be requested on the Camden Acute Day Unit issue, which had previously been discussed by the Committee, to be received ahead of the September 2023 meeting.

14. DATES OF FUTURE MEETINGS

- 30th October 2023 (10am)
- 29th January 2024 (10am)
- 18th March 2024 (10am)

CHAIR: Councillor Pippa Connor

Signed by Chair

Date