



NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Dominic O'Brien, Principal
Scrutiny Officer

Thursday 30th November 2023, 10:00 a.m.
Council Chamber, Camden Town Hall, Judd
Street, WC1H 9JE

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

Councillors: Rishikesh Chakraborty and Philip Cohen (Barnet Council), Lorraine Revah (**Vice-Chair**) and Kemi Atolagbe (Camden Council), Chris James and Andy Milne (Enfield Council), Pippa Connor (**Chair**) and Matt White (Haringey Council), Tricia Clarke (**Vice-Chair**) 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. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. 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 11 below).

4. 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

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

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

6. MINUTES (PAGES 1 - 10)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 11th September 2023 as a correct record.

7. START WELL PROGRAMME

To receive an update on Start Well - a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context.

Report to follow.

8. ESTATES STRATEGY (PAGES 11 - 22)

To receive an update on the NCL Estates Strategy.

9. FERTILITY POLICY - IMPLEMENTATION (PAGES 23 - 26)

To receive an update on the implementation of the NCL fertility policy review.

10. WORK PROGRAMME (PAGES 27 - 34)

This paper provides an outline of the 2023-24 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

11. NEW ITEMS OF URGENT BUSINESS

12. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

29th January 2024

18th March 2024

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

Tuesday, 21 November 2023

This page is intentionally left blank

MINUTES OF THE MEETING OF THE North Central London Joint Health Overview and Scrutiny Committee HELD ON Monday, 11th September 2023, 10.00 am - 12.30 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Lorraine Revah (Vice-Chair), Kemi Atolagbe, Rishikesh Chakraborty, Jilani Chowdhury, Philip Cohen, Chris James and Andy Milne.

15. 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'.

16. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Matt White (Haringey).

17. ELECTION OF CHAIR

Councillor Pippa Connor was nominated as the Chair of the Committee. There were no other nominations.

RESOLVED – That Councillor Pippa Connor be elected as Chair of the North Central London Joint Health Overview & Scrutiny Committee for the municipal year 2023-24.

18. ELECTION OF VICE-CHAIRS

Councillors Tricia Clarke and Lorraine Revah were nominated as the Vice-Chairs of the Committee. There were no other nominations.

RESOLVED – That Councillors Tricia Clarke and Lorraine Revah be elected as Vice-Chairs of the North Central London Joint Health Overview & Scrutiny Committee for the municipal year 2023-24.

19. URGENT BUSINESS

None.

20. DECLARATIONS OF INTEREST

None.

21. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

22. MINUTES

The minutes of the previous four meetings of the North Central London Joint Health Overview and Scrutiny Committee were approved.

RESOLVED – That the minutes of the JHOSC meetings held on 20th March 2023, 6th June 2023, 7th June 2023 and 26th June 2023 be approved as an accurate record.

23. NCL ICS FINANCIAL REVIEW

The report for this item was introduced by Gary Sired, Director of System Financial Planning at NCL ICB, Chris Garner, Assistant Director of Transformation and Community Commissioning at NCL ICB and Anthony Browne, Director of Finance for Strategic Commissioning at NCL ICB.

Referring to the financial position in the previous year, Gary Sired explained that there had been concerns about the risks in the 2022/23 financial plan for the Integrated Care System (ICS) as a whole, including the ten ICS providers. The plan was successfully delivered with a balanced budget, though partly through some non-recurrent technical benefits and, as these were one-off measures, the underlying challenges remained in developing the financial plan for 2023/24. This meant that additional actions were required for providers, such as the stretching of efficiency targets for example. There was currently some in-year adverse variance in the financial plan and the main cause for this was the ongoing industrial action which resulted in a net cost.

Gary Sired, Chris Garner and Anthony Browne then responded to questions from the Committee:

- In response to questions from Cllr Clarke and Cllr Milne about the net financial cost of the industrial action, Gary Sired explained that consultants were hired during these periods to ensure continuity of services and that the cost of doing so outweighed the savings from unpaid wages to staff resulting in significant adverse variance in the budget. In addition, there was an adverse impact on elective work which also had a negative financial impact. Finally, there was a negative knock-on effect to delivering planned efficiency savings.
- Cllr Clarke asked about efforts to stop the strikes and Cllr Chakraborty asked about the potential impact of permanent staff such as junior doctors and consultancy staff striking at the same time. Chris Caldwell, Chief Nursing Officer, said that there were significant ongoing lobbying efforts across the sector to the Government as this was having a significant impact on patients and staff. She added that the upcoming strike action by permanent/agency staff would lead to a period of activity over two weeks and that some surgery would be cancelled because of the risk of not being able to provide intensive support afterwards. There were also now significant restrictions on the use of additional resources to hire agency staff.
- Cllr Connor asked whether consideration had been given to the provision of additional resources outside of the planned budget, given the ongoing financial difficulties

caused by the industrial action. Gary Sired explained that the Trusts were paid according to the activity carried out and that the targets had been reduced in April to take into account the impact of the industrial action and so this provided some financial relief. There would need to be further discussions about financial relief given the ongoing situation with the strikes.

- Asked by Cllr Clarke and Cllr Cohen for further details about the expected 30% budget reduction for the NCL ICB, Anthony Browne explained that the aim of this was to reduce management costs and so the ICB was currently redesigning structures to achieve these savings. Partial savings (20%) was scheduled for the next financial year and the full amount (30%) by the following year.
- Cllr Cohen welcomed the additional investment in adult community services, as set out on page 54 of the agenda pack, and requested further details about the part that related to intermediate community-based bedded care for up to 6 weeks to avoid hospital admission or to support rehabilitation after discharge. Chris Garner confirmed that this was a priority for community services and that £260k had been invested into intermediate community based bedded care this year. There was also a discharge fund to support care beds across NCL - £1.6m for P1 (pathway 1 for hospital discharge) and £1.3m for integrated discharge teams. A key objective was to reduce the need for hospital beds and modelling had estimated that the additional investment this year would avoid a total of 1,600 hospital days which was important both for people's health and for the sustainability of the system. He added that the ICB was working closely with NCL local authorities to develop a standardised, optimised model for P2 (pathway 2 for hospital discharge). Another area of investment was the expansion of community nursing support, including therapists, to support people to stay well in their own homes.
- Asked by Cllr Revah about support after hospital discharge for people with disabilities who also have mental health conditions, Chris Garner said that a written response on this could be provided to the Committee. **(ACTION)** Cllr Revah suggested that future financial reports should specifically address the impact on people with disabilities as this was an area that could sometimes be overlooked. **(ACTION)**
- Asked by Cllr Revah about the relocation of services from Moorfields Eye Hospital, Anthony Browne commented that the costs would continue to be met by the Trust but that the ICB was in the process of reviewing the ophthalmology pathway to ensure that it was fit for purpose. Cllr Revah proposed that the Committee should monitor this issue by including it in the JHOSC work programme. **(ACTION)**
- With regards to the mental health investment outlined on page 53 of the agenda pack, Cllr Chakraborty asked what learning there had been from the CYP Home Treatment Team in Barnet and how any subsequent roll out to the other NCL boroughs would be financed. Chris Garner said that the scheme would not be rolled out across NCL in the current financial year but that there was a framework with agreed criteria to prioritise investment and so this would be used to assess potential future financing in this area. He added that the pilot had been successful and that the learning had included the need to ensure high occupancy rates in virtual ward services by working with acute clinicians. Cllr Connor requested that the Committee be kept updated on the conclusions reached from the pilot and the financing and timescales for a potential future roll out of this service. **(ACTION)**
- Asked by Cllr Atolagbe about the additional recurrent funding for mental health services, as set out on page 53 of the agenda pack, Anthony Browne explained that the recent uplift for mental health services against the previous year had been around 7% for the NCL area, some of which was required to meet increased costs, with other

specific areas of investment as set out in the report. Chris Garner added that a particular priority was to intervene early in order to prevent more acute problems from developing which could result in more complex care needs or expensive out-of-area placements.

- Cllr Atolagbe requested further clarification on the text on page 47 of the agenda pack which stated that *“NHS organisations cannot carry forward expenditure reserves from one year to another”* and the £89m surplus in the NCL ICS system in 2021/22. Gary Sired explained that NHS organisations cannot plan to have a deficit by using surpluses from previous years and that, while surpluses were not planned, there had been a particular issue in 2021/22 where not all of the money had been spent and so this stayed on the balance sheet. He acknowledged that there was an issue nationally with unused cash balances and that there was an ongoing debate about this.
- Cllr Connor noted that page 47 of the agenda pack also stated that *“NCL ICB will inherit the cumulative NCL CCG historical deficit and will have an obligation to repay it unless the ICB and the system are in balance for the first two years”* and asked how these deficits would be addressed, including that of the Royal Free NHS Trust which had been in deficit for some years. Gary Sired said that the historic deficit was just over £100m and that this had been successfully balanced in the first year although there were ongoing risks with the plan for the second year, including the impact of industrial action as previously discussed. In relation to the Royal Free, he noted that the ISC budget needed to be balanced as a whole system and so if one Trust was in deficit then other Trusts would need to be in surplus. It was therefore a priority to improve the Royal Free’s financial position and there was an ongoing, active piece of work to achieve this. He was not currently aware of any measures that would lead to a reduction in services provided by the Trust. Anthony Browne added that achieving balance was a system-wide objective and that the savings required across the NCL Trusts were roughly in the same ballpark but that the Royal Free may receive more scrutiny from the regulator due to their financial position. Cllr Connor recommended that future financial reports should specifically set out whether there would be a direct impact on services resulting from deficits within the system. **(ACTION)** Cllr Revah requested that future financial reports should also include more detail on the reasons for the highest deficits, such as that of the Royal Free NHS Trust. Chris Caldwell noted that Royal Free NHS Trust had previously spoken to the Committee directly about finance issues and Cllr Connor suggested that this could be added to the work programme for future consideration. **(ACTION)**
- Cllr Connor asked about potential risks relating to existing capital projects, given ongoing issues with interest rates and building costs. Gary Sired explained that there were two main streams for capital funding – national funding or the NCL capital funding limit of around £180m per year which was allocated to organisations at the start of the year. Due to the changing financial environment, there was now more likely to be slippage rather than overspend so efforts were made to support flexibility where possible, while some funding could be diverted to strategic capital needs such as digital. A deep dive on this would be carried out in month 6 to enable a forecast but they were currently expecting year end objectives to be met. Cllr Connor recommended that future financial reports should include details of risks and slippage/overspend associated with capital projects including any impact of revenue budgets (due to interest costs for example). **(ACTION)** Cllr Atolagbe and Cllr Connor also requested an update on the major St Pancras Hospital capital project. **(ACTION)**
- Asked by Cllr Cohen how the additional mental health funding would affect voluntary organisations in this sector which often found it difficult to obtain secure funding,

particularly because a lot of funding tended to be allocated on a short-term basis. Anthony Browne acknowledged that the voluntary sector was a significant part of the mental health offer and that they had been engaging with voluntary sector partners on investment and sustainability issues. He added that the ICB was engaged with a piece of work on the core mental health offer and examining the network of funding to ensure that the best possible outcomes were being achieved. Cllr Connor noted that the Committee was due to hold a meeting to discuss the mental health core offer in March 2024 which would involve voluntary sector representatives. It was agreed that information about funding issues, including the sustainability of funding for voluntary sector organisations, should be provided for this meeting. **(ACTION)**

- Cllr Clarke expressed concerns about the amount of money spent by the Trusts on agency staff and requested that figures on this be provided in future financial updates to the Committee. **(ACTION)**

RESOLVED – That further information be provided to the Committee on:

- **support after hospital discharge for people with disabilities who also have mental health conditions.**
- **conclusions for the pilot and timescales of the roll out for CYP Home Treatment Team project**
- **the St Pancras Hospital capital project.**

RESOLVED – That the next finance update include details on:

- **the impact on people with disabilities.**
- **whether there was a direct impact on services resulting from deficits within the system.**
- **the reasons for the highest deficits within the system.**
- **risks and slippage/overspend associated with capital projects including any impact of revenue budgets (due to interest costs for example).**
- **figures on the amount spent on agency workers.**

24. CAMDEN ACUTE DAY UNIT UPDATE

Alice Langley, Managing Director – Camden Division, North London Mental Health Partnership (BEH-MHT and C&I Trust) and Debra Holt, Assistant Director for Integrated Commissioning Mental Health & Learning Disabilities, NCL ICB/London Borough of Camden, introduced the report on this item which related to the co-production of new mental health services in Camden borough. Alice Langley explained that this had been a collaboration between the mental health Trust and the local authority over the past nine months following recent progress on partnership working and integration. The engagement and co-design process had been completed and the focus was now on finalising the service and staffing model with residents involved in ongoing development and the monitoring of the service. She added that the service was an innovation based on research which demonstrated the positive impact of Acute Day Units (ADUs) on service users and their recovery. The provision of ADUs across the country was quite patchy and had historically been quite siloed and so the intention was to ensure that the Camden ADU was well integrated with other services. The new ADU service would initially only be operating in Camden, but there would be a formal evaluation process which could help to inform future service development elsewhere in NCL. Debra Holt explained that the six core areas of feedback were set out in the report, the service

specification was being finalised and that this referenced the feedback received so that it was clear how the feedback had been used to develop the service. It was agreed that the service specification would be circulated to the Committee. **(ACTION)**

Alice Langley and Debra Holt then responded to questions from the Committee:

- Asked by Cllr Revah about timescales and the locations of the services, Alice Langley said that the current aim was for the service to go live in April and that this was currently on track. She explained that there had been mixed feedback about the Greenwood Centre with some preferring services to be located in one place while others preferred a choice of locations across the borough. They were therefore currently looking at supplementing the Greenwood Centre with some other locations. However, it would be necessary to consider carefully what this would mean for individual service users in being able to access all of the right services for their needs.
- Asked by Cllr Revah about the length of the service provided to service users with acute needs, Alice Langley said that this had been a key theme of the engagement work. She noted that there were other existing services for service users with acute needs but it was felt that the ADU would address a gap between community and inpatient services by providing more intensive support outside of a hospital setting. Alice Langley clarified that existing day support services may support people for anything from 6 weeks to 1-2 years. There had been useful challenging conversations in the engagement process about how long services were available for, and the consensus was that there needed to be flexibility in the service, so that people could be supported for a length of time appropriate to their needs. It would be key to be able to easily link people into other services and support after an appropriate amount of time for their needs.
- In response to a query from Cllr Atolagbe about support for service users after the closure of the Camden ADU based at St Pancras Hospital in 2020, Alice Langley said that there had been a range of community and crisis services available but that this had led to the conclusion that there was a gap that could be address by the new services outlined in the report. Debra Holt added that the local community and voluntary sector had picked up a lot of the demand following the closure, but they were not particularly equipped to support people with acute needs. There were also two other mental health day services in the borough which had been supporting people who required longer-term interventions.
- Asked by Cllr Atolagbe about the feedback on the service name, languages and on the terminology used, Alice Langley confirmed that the views were being considered and that a new name for the service had not yet been determined. She acknowledged that there were also different views on terms such as 'recovery' so it was important to understand these sensitivities as well as the needs of people who did not speak English as a first language and so this feedback would be integrated into the service design.
- Cllr Connor asked whether the people who had been involved in the co-design process would still be involved in engagement work in the years to come. Alice Langley confirmed that commitments had been made to keep those residents informed and involved on an ongoing basis in order to support the continuous improvement of the service and that the details of this were currently being worked through.

- Asked by Cllr Connor about the financial sustainability of the new service, Alice Langley explained that the previous funding for the previous Camden ADU service was still included in the block contract along with funding from the local authority, so this brought existing resources together. However, it would be necessary for the evaluation to demonstrate impact to inform potential service development in other boroughs.
- Cllr Atolagbe requested further clarification on the reference in the report to a Single Point of Access and that this could be included in “a GP App where GPs find out what services are available”. Alice Langley said that an issue that had come through clearly in the co-design process was awareness of and access to the service. GPs were clearly a key access point and so it was important to ensure that primary care networks had this information and were able to use it to support patients.
- Cllr Revah requested further details about the engagement with the deaf community and support for carers to access services. Alice Langley said that both of these were key groups in the engagement process and there had also been contact with various community and voluntary groups to ensure that they were reaching a wide range of people. Measures to meet the needs of these groups would be included in the service specification. Debra Holt added that some key feedback was that the service needed to be flexible because not everyone could reach buildings-based services at particular times.
- Asked by Cllr Clarke whether this service would play a part in early intervention, Alice Langley responded that the service was designed to be flexible without rigid criteria so the service users may include people presenting for the first time but may also provide secondary prevention for people with more acute needs who may otherwise require hospital admission. This was why professionals from different services were involved in delivering the service.
- Cllr Clarke commented that local HealthWatch would soon have a joint NCL-wide structure and Alice Langley noted that the partnership working between BEH-MHT and C&I NHS Trust was now known as the North London Mental Health Partnership, also reflecting the NCL area.

Cllr Connor concluded by expressing the hope that this approach would be successful and taken up across the NCL area and requested that the Committee be kept updated on progress. **(ACTION)**

RESOLVED – That the service specification be circulated to the Committee and that the Committee be kept updated on progress of the project.

25. WINTER PLANNING & AMBULANCE UPDATE

Elizabeth Ogunoye, Director of System Flow & Resilience, introduced the report on this item noting that it provided an overview of the experience of Winter 2022/23, with challenges including flu/respiratory illness and industrial action. The learning from this review process would contribute towards the winter planning process for 2023/24 which involved a joined-up approach, reflecting work in all areas of health and social care, overseen by a Strategic Board and supported by a partnership all-systems group called the NHS Flow Operations Group.

Elizabeth Ogunoye highlighted the timescales for the Winter 2023/24 planning process set out on page 93 of the agenda pack, the end result of which would be a draft plan produced later in September. She added that the population health strategy in NCL would continue alongside this work with workstreams focused on higher risk groups for ill-health, there would also be proactive management of high-risk patients with long-term conditions and work to increase the vaccination take-up rate.

In terms of ambulance handover times, Elizabeth Ogunoye highlighted the pilot for new handover protocols set out on page 95 of the agenda pack which would be evaluated in readiness for Winter 2023/24.

Elizabeth Ogunoye concluded by setting out the next steps which would include working with local authority partners to plan for capacity and demand, including with a refreshed Better Care Fund (BCF) planning process by October. There was also a joint programme on the sustainability of discharge services across NCL.

Elizabeth Ogunoye then responded to questions from the Committee:

- Cllr Connor asked for further details about the learning from Winter 2022/23, particularly in terms of bed capacity and workforce. Elizabeth Ogunoye said that key learning was around joint working with health and social care on bed capacity and maximising flow, hospital discharge and care packages. Another part was on same day emergency care to avoid overnight stays where possible and maximise bed capacity. Avoiding infection was also a key piece of work including increasing the uptake of vaccination. Improvements in the proactive case management of people with long-term conditions was also part of the planning process. She added that the planning process had included modelling of various scenarios (including covid scenarios) and they were confident that sufficient bed and workforce capacity would be in place to respond.
- Asked by Cllr Atolagbe about the physical space for beds, Elizabeth Ogunoye acknowledged that physical space was always a challenge but that this had been taken into account in the long-term estates planning.
- Cllr Revah raised the issue of discharge from hospital and commented that information about the specific arrangements for discharge was not always shared well with the families which could make the post-discharge period more difficult. Elizabeth Ogunoye responded that the joint piece of work on sustainable discharge aimed to address what could be done better including communication, the flow of information and ensuring that patients were well supported at home. Elizabeth Ogunoye agreed to take these comments back for further consideration. **(ACTION)**
- Cllr Revah added that she was particularly concerned that the next of kin for patients with dementia were not always consulted about the patient's needs and suggested that this needed to be addressed. **(ACTION)**
- Asked by Cllr Cohen how well the system was prepared for a future pandemic, Elizabeth Ogunoye said that scenario planning had included the worst case of flu and covid together and found that, if there was no community bed or virtual ward capacity, an additional 23-25 beds would be needed. However, the virtual ward and community bed capacity mitigated against this. A scenario worse than what had been modelled would create a challenging situation which would likely need to be discussed at

London or national level. Cllr Chakraborty suggested that there could be an overreliance on virtual wards as these only helped to determine whether patients needed hospital treatment and that therefore the worst case scenario would be if a large number of patients actually did need hospital treatment. Elizabeth Ogunoye said that the reliance was not just on virtual ward capacity as there was also a focus on other prevention measures that had previously been mentioned such as proactive case management and vaccination as well as the measures to free up acute beds. Cllr Connor noted that community beds would not be useful in a pandemic scenario as they were often in the same place as other residents.

- Cllr Cohen queried why a pilot was required to improve ambulance handover times. Elizabeth Ogunoye explained that this was a pan-London pilot that had resulted from recent learning and the need to reduce handover delays. Cllr Clarke suggested that the JHOSC could speak to the London Ambulance Service directly to understand the impact of the pilot on their service. It was agreed that this would be added to the Committee's work programme. **(ACTION)** The Committee also requested that the evaluation be provided when it was available. **(ACTION)**
- Cllr Connor sought clarification that the strategic board included local authority and GP representation and Elizabeth Ogunoye confirmed that this was the case.
- Cllr Connor referred to the single point of access intervention set out on page 94 of the agenda pack and proposed that further details on how this would work in practice could be included in the next report on winter planning. **(ACTION)**
- Cllr Chakraborty suggested that, after Winter 2023/24, it would be useful to understand whether the modelling had been accurate in reflecting what had actually happened. It was proposed that this information be provided in the next report on winter planning. **(ACTION)**

RESOLVED – That the evaluation on the ambulance handover pilot be circulated to the Committee when it has been completed.

RESOLVED – That details be provided to the Committee on the information shared with families during the hospital discharge process.

26. WORK PROGRAMME

Cllr Connor noted that it had been necessary to move some of the proposed agenda items to different dates and that the next meeting date had been changed to Mon 30th Oct. This information was all provided in the work plan on pages 105-107 of the agenda pack.

Cllr Revah said that the March 2022 item meeting on mental health had been successful in the engagement with local community groups and suggested that a similar approach could be taken for a future meeting on a different policy issue. It was agreed that this could be considered as part of the work programme for 2024/25. **(ACTION)** Cllr Cohen noted that the use of a community venue had been another positive part of this approach.

Cllr Chakraborty proposed a future agenda item on healthcare data and technology, including the balance between the use of data for healthcare analytics and patient privacy/control of their data. This would be added to the work plan as a possible future item. **(ACTION)**

27. DATES OF FUTURE MEETINGS

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

28. NEW ITEMS OF URGENT BUSINESS

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

JHOSC estates update

November 2023

Nicola Theron, Director of Estates, NCL ICS

Agenda

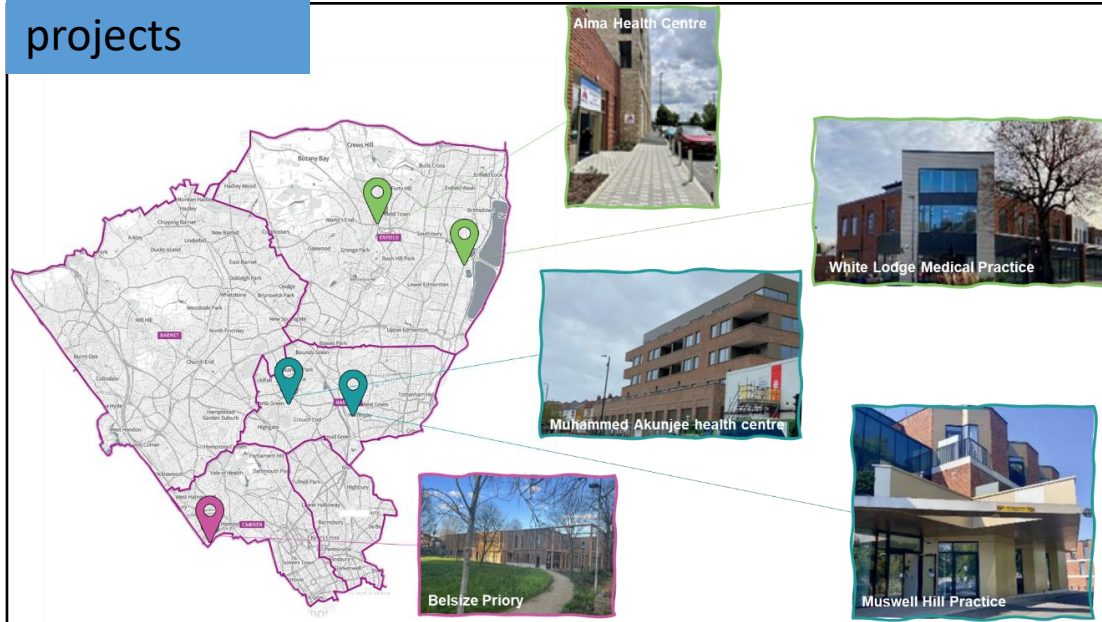
- Recent progress of estates in NCL
- St Pancras overview
- Specific questions asked
 - 1) Asset disposals
 - 2) Backlog maintenance value across NCL and by provider
 - 3) Funding sources for capital programmes
 - 4) LEF representation from LAs

2 years of significant progress

 <p>£13m Invested in Primary & Community Estate</p>	 <p>8 Large Scale Capital Projects</p>
 <p>£1.6m of s106/CIL Invested across 6 Assets</p>	 <p>£30m Invested in Community Diagnostic Centres</p>
 <p>c.£500k of Void Savings</p>	 <p>£2.4m Invested in Patient Records Programme</p>
 <p>Multiple Award Finalists</p>	 <p>Estate Webpages & 5 Case Studies</p>
 <p>£0.9m of capital recycled from NHS PS disposals</p>	 <p>15 Collaboration Projects with NHS PS, CHP & Councils</p>

Projects since early 2022

New build projects



- Five new general practice premises have opened in 2022;
- Combined list size of over 62k patients, equivalent to 3.6% of NCL's patients.
- Locally, these new buildings support primary care to 7% of Enfield's patients and 10% of Haringey's patients.

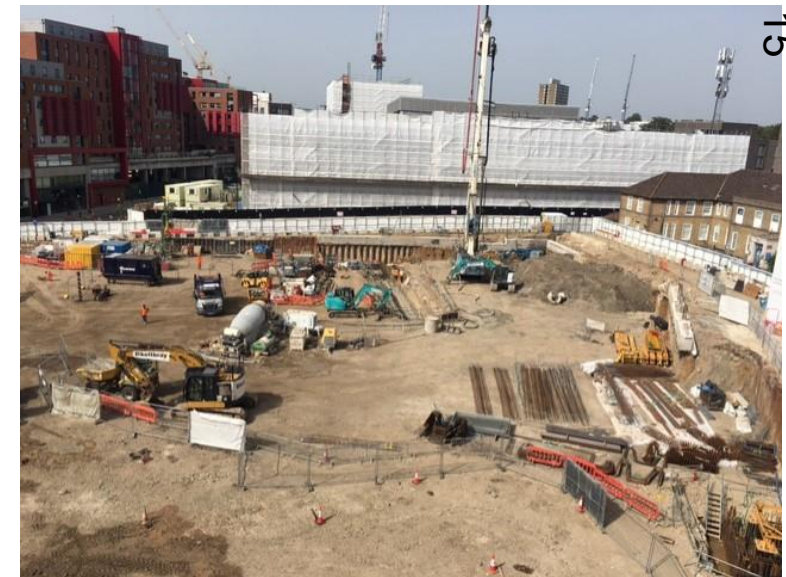
Refurbishment projects



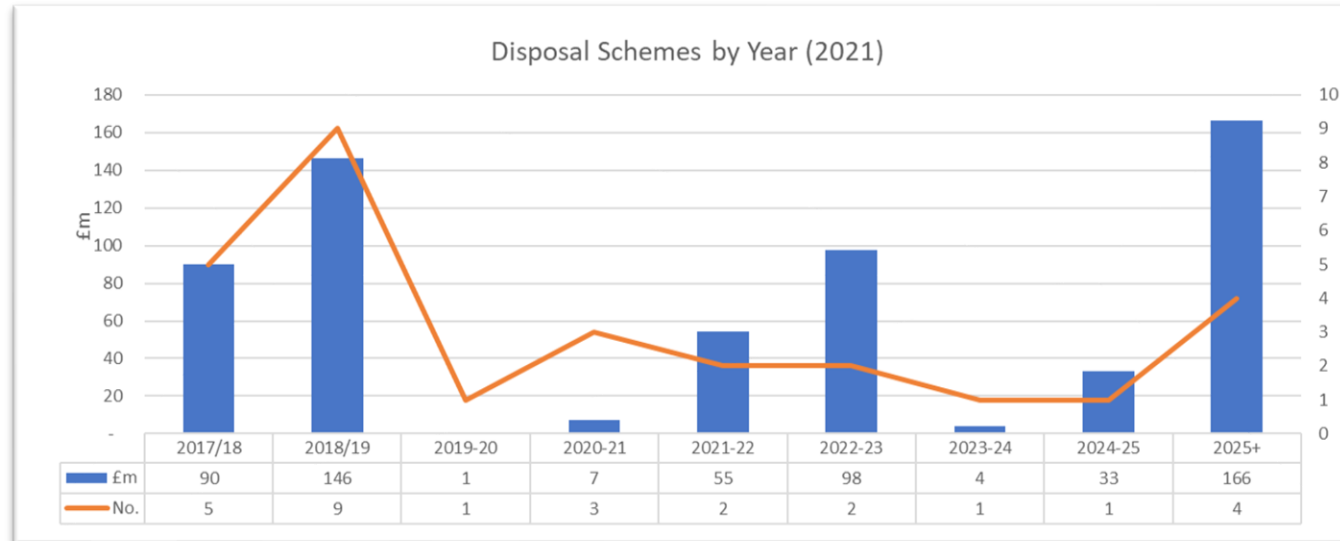
- Ongoing focus, working with partners to use our core, fit for purpose estate harder and improve condition of core/flex assets
- The three primary care refurbishment examples serve 41k patients, equivalent to 1 in 42 patients across NCL
- The CDC and records digitisation projects alone have created capacity for 500,000 + new appointments over the last 12 months

St Pancras Transformation Programme

- The St Pancras Hospital site in Camden will be entirely redeveloped.
- The site is 5 acres in size and lies to the NW of St Pancras station.
- A new building for Moorfields Eye Hospital (Oriel) to replace their existing City Road site is being built on 2 acres of the site.
- Remaining 3 acres to be redeveloped with a mix of NHS buildings (including a new facility for Camden & Islington NHS FT), office, retail and residential spaces.
- As part of the overall redevelopment, a number of new mental health facilities will be built within NCL to accommodate services currently on the St Pancras Hospital site.
- Planning permission & approvals for the land transfer to Moorfields + construction of the new hospital have been secured, construction of Moorfields building started.
- The new Moorfields Eye Hospital is expected to be ready in 2027.
- Construction of a new inpatient mental health facility at Highgate East is nearing completion. This will provide 78 beds and is anticipated to be operational in Q1 2024.
- Construction of a new community mental health centre in Lowther Road is nearing completion for outpatient services and is expected to be operational in Q1 2024.
- The redevelopment of the remainder of the St Pancras Hospital site is anticipated to start in 2026 and complete in 2031.
- The sale of City Road has been agreed to contribute funding to the scheme.



Asset disposals as at Autumn 2023



- This table shows NCL’s achieved & planned disposals
- The key disposal being the St Pancras Hospital and City Road sites, timed for 2027/28
- Other key disposals include Plots A and B at Edgware Community Hospital, see adjoining slide
- Other primary care disposals arise on an ad hoc basis and offer opportunities to consolidate from Tail to Flex or Core assets and improve quality.

Edgware disposal

RESIDENTIAL DEVELOPMENT OPPORTUNITY EDGWARE COMMUNITY HOSPITAL, LONDON HA8 0AD



PLOT A - UNCONDITIONAL SALE
OUTLINE PLANNING FOR UP TO 129 UNITS



PLOT B - SUBJECT TO PLANNING SALE
FEASIBILITY STUDY FOR C. 150-200 UNITS

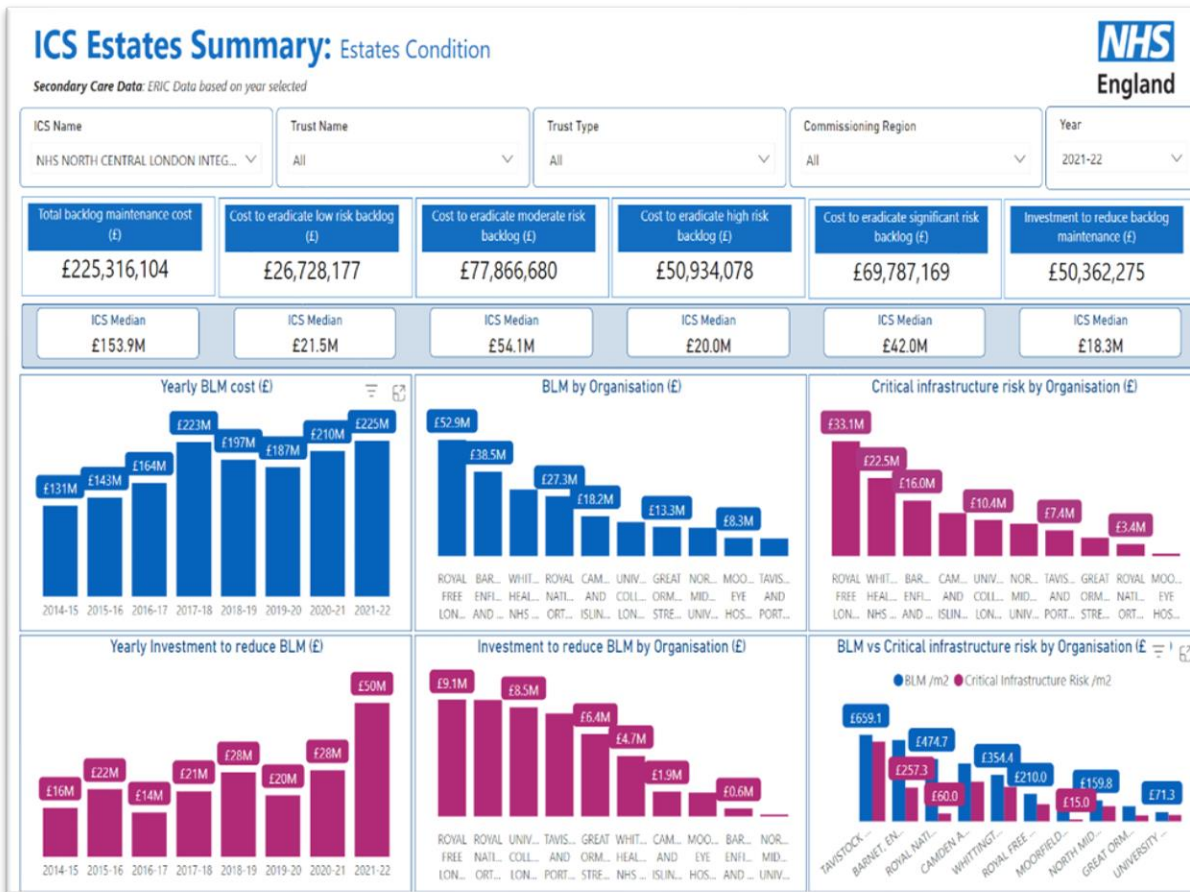


- Disposal of surplus land underway for residential development
- 50% of net value to be reinvested into ECH to improve overall clinical environment
- Best offers awaited
- Purchaser to provide wider site improvements & leaseback of ground floor parking
- Planning application on Plot B to be pursued by the incoming developer – may include affordable housing and/or key worker housing

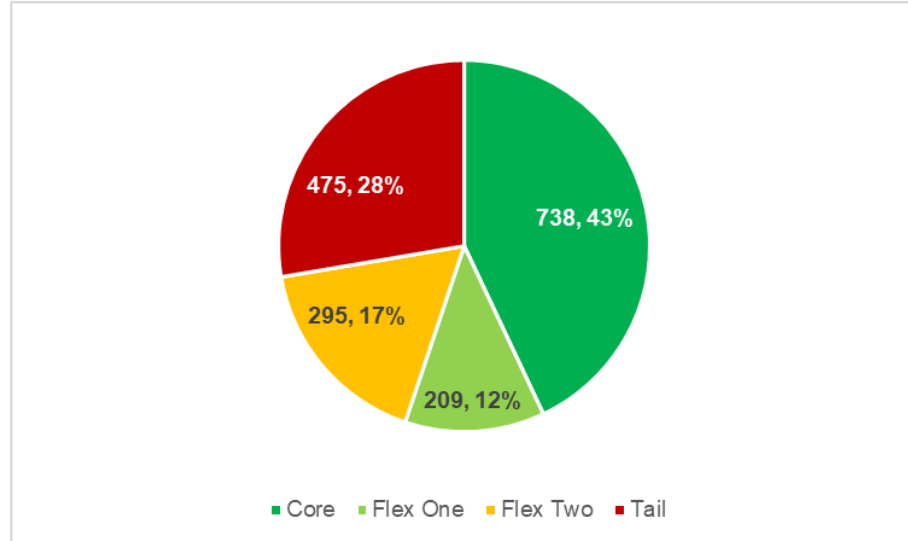
Backlog maintenance by provider

NCL ICS providers have critical backlog maintenance pressures of £121m

28% of NCL patients access primary care from inadequate 'tail' estate



Number of patients, in thousands using Oct 22 raw list and %, served from different quality of primary care premises



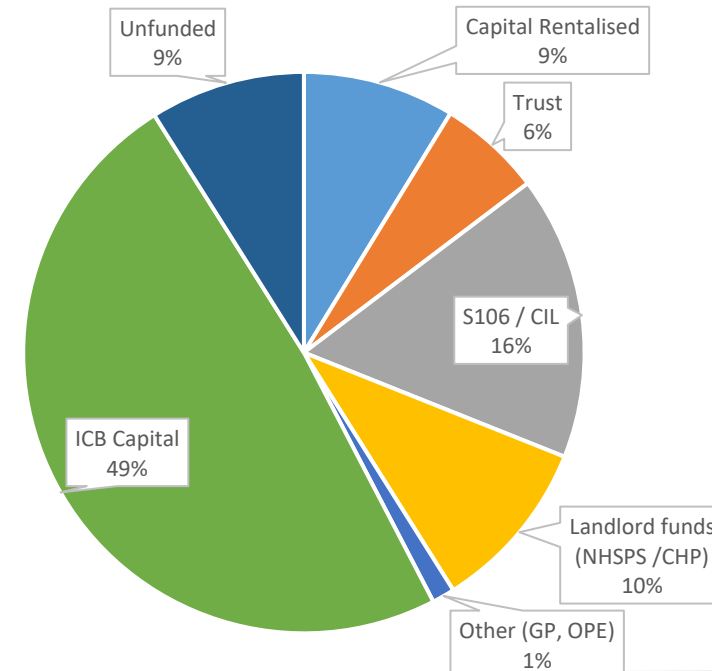
Funding sources for capital programmes

- NCL is one of few ICBs to have allocated capital to primary care – 5% for prioritised schemes
- Our 10-year capital pipeline suggests a total capital requirement forecast of £176m
- This is significantly in excess of the annual allocation

Funding	%	£000's
Capital Rentalised	9%	15,456
Trust	6%	10,500
S106 / CIL	16%	28,895
Landlord funds (NHSPS /CHP)	10%	17,695
Other (GP, OPE)	1%	2,306
ICB Capital	49%	86,000
Unfunded	9%	15,803
TOTAL	100%	176,655

- Highlights need for funding to support health care for population growth secured through planning and to make delivery affordable, incl S106/cil.
- To date, @£9m is allocated to health from the planning system, 60% of that in Barnet

Source of NCL ICB Estates Funding



Local Authority representation at LEFs

Wide range of representation across the NCL LEFs from Local Authorities representing housing, regeneration, public health, adult social care and neighbourhood/ community teams.

Camden	Haringey	Enfield	Barnet	Islington
Chief Planning Officer	Neighbourhoods Programme Lead	Director of Housing and Regeneration	Head of Housing and Regeneration	Director of New Build
Head of CIP Programme Office	Director of Housing, Regeneration and Planning	Head of Regeneration & Growth	Infrastructure Planning CIL/s106 Delivery	New Build Programme Lead
Head of Asset Management	Assistant Director, Planning, Building Standards & Sustainability	Area Plans Manager	Associate Director of Estates and Decarbonization	Localities Programme Lead
Head of FM	Head of Property	Assistant Director of Public Health	Director of Public Health	Capital Strategy Lead
ASC Programme Lead	Head of Strategic Asset Management	Principal Planner	Regeneration Manager	Planning Lead
Head of Support and Safeguarding Adults	Head of Area Regeneration			Director of Corporate Landlord Services
Planning Policy and Implementation	Head of Planning Policy, Transport & Infrastructure			
Head of ASC Strategy and Commissioning	Principal Planner			
Principal Planner	Director of Public Health			
	Health in All Policies Officer			
	Strategic Lead: Community Enablement, Connected Communities			
	Director of Housing, Regeneration and Parking			

Any questions?

This page is intentionally left blank

North Central London Fertility Policy – implementation update

November 2023

Authors:

Sarah Mansuralli, Chief Strategy & Population Health Officer, NCL ICB
Penny Mitchell, Director of Population Health Commissioning, NCL ICB

Background

Following the merger of five CCGs (Barnet, Enfield, Camden, Haringey and Islington) to form North Central London Integrated Care Board (NCL ICB), a significant programme of work has been undertaken to develop a single fertility policy for NCL.

The JHOSC was updated about this work in September 2021 and November 2021 and the final policy was approved on 19th May 2022 by NCL Strategy & Commissioning Committee (SCC). The final policy and its implementation plan were presented to the JHOSC on 15th July 2022 and the NCL Fertility Policy was operational from 25th July 2022.

The new policy has demonstrated many benefits including:

- Providing for a single, consistent policy across the NCL area
- Providing greater alignment with NICE guidance compared to the legacy policies
- Increased provision of specialist fertility treatments for NCL residents
- Consistency for residents, primary care clinicians, secondary care clinicians and specialist fertility providers on the eligibility, provision and funding of specialist fertility treatments in NCL
- Better patient experience as a result of having equitable and consistent access to specialist fertility treatments.

Implementation

The new NCL policy was launched on 25th July 2022 and a comprehensive implementation and communication plan was followed, to support residents and clinicians in understanding the changes and how it would affect them. Communications about the new policy were distributed via a number of platforms including:

- NCL ICB's public facing website¹
- NCL ICB's GP website²
- NCL ICB's social media
- A podcast (released in different languages)³
- A refresher GP training webinar run jointly by our clinical lead and a specialist fertility clinician from UCLH one year on from the policy release⁴.

Throughout this process, the team have also been utilising a fertility mailbox where we receive queries from both patients and clinicians. This has helped to inform our FAQs and identify trends/issues around implementation that have been addressed as a result of these queries.

Additional benefits

Further to the successful implementation of the NCL Fertility Policy, there have been a number of additional benefits including:

¹ <https://nclhealthandcare.org.uk/keeping-well/fertility-services/>

² <https://gps.northcentrallondon.icb.nhs.uk/services/fertility-services-1>

³ <https://www.youtube.com/watch?v=X4NueOCh07c>

⁴ <https://gps.northcentrallondon.icb.nhs.uk/video/fertility-pathway-webinar>

- After working closely with Fertility Network UK, they released a publication praising NCL ICB's work⁵ to address fertility inequality and have noted that they use NCL ICB's policy and policy development approach as an example of best practice.
- As an example of the above, North East London Integrated Care Board contacted NCL ICB when they began a similar piece of work to create a single policy for 5 boroughs and adopted their methodology utilising the NCL approach.
- Penny Mitchell (Director of Population Health Commissioning), who led the development of the NCL Fertility Policy, was invited to speak a Progress Educational Trust event on state-funded fertility treatment to explain the work that was undertaken to develop the new policy, including our significant communications and engagement approach, and to discuss the considerations that ICBs have to take into account when developing fertility policies.
- NCL ICB now has significantly improved relationships with the assisted reproductive clinical teams at the majority of providers across London. This two-way communication route has proved incredibly helpful for resolving issues or queries around patient care, enabling the team to work in partnership providers to ensure the patient pathway is as effective and efficient as possible.
- We have seen a reduction in fertility-related Individual Funding Requests (IFRs) which points to the policy inclusion/exclusion criteria being clearer, for both residents and GPs, as well as the fertility mailbox being an avenue for clinicians to query patient cases before considering next steps such as an IFR.

We note that one of the providers, Homerton, experienced some significant operational issues in 2022/23, exacerbating delays that some patients were experiencing. We responded quickly to queries raised with us and supported residents in understanding their options as to next steps. The ICB's Quality Team worked with North East London ICB and the Homerton to monitor the situation and be assured that the necessary actions (such as mutual aid being offered by two other providers) being completed to resolve the situation.

Data

As was documented and reported during the development of the NCL Fertility Policy, we have limited access to data to support detailed analysis of fertility activity. Alongside the implementation of the NCL Fertility Policy, changes were made that allowed residents to attend any NHS-commissioned provider, in line with NHS guidance on patient choice. Furthermore, we are aware of the backlogs and delays in treatment that many residents experienced due to Covid. It is therefore currently difficult to utilise the data to determine the full impact of the implementation of the NCL Fertility Policy.

The ICB will work with providers to identify a process and methodology that will best support the need for the system to work together to understand activity levels and the impact of the changes made.

⁵ <https://fertilitynetworkuk.org/new-improved-fertility-policy-for-north-central-london-from-25-july/>

Next steps

Eighteen months on since the implementation of the NCL Fertility Policy, it now forms part of the ICB's business as usual portfolio. The fertility team continue to support the smooth operation of the policy including:

- Monitoring of the fertility mailbox: we receive a number of queries per week from both patients and clinicians around the policy. The team responds to these queries (including complaints and Freedom of Information requests(Fols)) and keeps note of any arising themes. If there are queries and/or complaints that are being flagged multiple times, the team looks at ways to address these issues.
- Monitoring of national guidance: in particular, the Women's Health Strategy⁶. This is a 10-year government strategy that sets out a range of commitments to improve the health of women in England. The ICB is continually monitoring specific national guidance around this and participating in national and regional forums to discuss implementation of the strategy.
- Monitoring of changes in the fertility landscape: the ICB is aware that the landscape of fertility treatment is constantly in flux and for that reason, the team actively monitors news to pre-empt any queries and ensure that the policy and FAQs are relevant and up-to-date.

Conclusion

The NCL Fertility Policy has been successfully implemented, delivering increased and equitable access to specialist fertility treatments for our residents. We are grateful to the many members of the public, clinicians and other stakeholders who have participated in this work.

The NCL Fertility Policy will now be managed as per other commissioning policies as part of the standard operating model of the ICB, and the focused programme of work that was established to support the development of the policy has been closed down, and thereby the NCL Fertility Policy is excluded from further scrutiny requirements.

⁶ <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington
REPORT TITLE Work Programme 2023-2024	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	DATE 30 November 2023
SUMMARY OF REPORT This paper reports on the 2023/24 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Dominic O’Brien Principal Scrutiny Officer, Haringey Council Tel: 020 8489 5896 E-mail: dominic.obrien@haringey.gov.uk	
RECOMMENDATIONS The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ol style="list-style-type: none"> a) Note the current work programme for 2023-24; b) Confirm the agenda items for the next meeting which is currently scheduled to take place on 29th January 2024. 	

1. Purpose of Report

- 1.1 This item outlines the areas that the Committee has so far chosen to focus on for 2023-24.
- 1.2 Meetings of the JHOSC are scheduled to take place on 29th January 2024 and 18th March 2024. The Committee is requested to consider possible items for inclusion in the 2023-24 work programme.
- 1.3 Full details of the JHOSC's work programme for 2023/24 are listed in **Appendix A**, including scheduled items and also as yet unscheduled items on which the Committee has previously indicated that it wishes to receive further updates.

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 –2023/24 NCL JHOSC Work Programme

This page is intentionally left blank

Appendix A – 2023/24 NCL JHOSC work programme

26 June 2023

Item	Purpose	Lead Organisation
Maternity services	For the Committee to receive an overview of maternity services in NCL including Ockenden Review assurance and compliance and the role of the Local Maternity Services Network.	NCL ICB
Surgical Hubs	For the Committee to consider the detail of and rationale for the changes, the equality impact assessment, the approach to engagement and the travel analysis.	NCL ICB
Cancer Prevention Plan	For the Committee to consider the development of the Cancer Prevention Plan for NCL.	NCL ICB

11 September 2023

Item	Purpose	Lead Organisation
Finance Update	For the Committee to receive a detailed finance update to include latest figures from each Hospital Trust in NCL and the overall strategic direction of travel. Risks to services or capital projects associated with inflation/energy costs should also be included.	NCL ICB
Winter Planning & Ambulance Update	To provide an overview of the planning for winter resilience in NCL and on actions to improve ambulance response and handover times.	NCL ICB
Camden Acute Day Unit (ADU)	To provide an update on coproducing a new mental health day support service based in Camden.	C&I NHS Foundation Trust

30 November 2023

Item	Purpose	Lead Organisation
Estates Strategy Update	To receive an update on the NCL Estates Strategy including finance issues. This follows on from the previous discussion on the Estates Strategy at the meeting held in November 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74648	NCL ICB

Start Well	For the Committee to receive an update on Start Well which is a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73506	NCL ICB
Fertility policy review	For the Committee to receive an update on the fertility policy review. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73504	NCL ICB

29 January 2024

Item	Purpose	Lead Organisation
Surgical Transformation Programme	For the Committee to receive an update on the Ophthalmology Surgical Hub Proposal. The most recent previous update was considered by the Committee in June 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=76364	NCL ICB
Workforce Update	An update on workforce issues in NCL, including details on whether sufficient safety levels were being met for staff and patients. A staff representative to be invited to speak at the meeting.	NCL ICB
Diabetic Services	To provide an overview of diabetic services in NCL.	NCL ICB

18 March 2024

Item	Purpose	Lead Organisation
Mental Health & Community Health core offer	To provide an update on the progress of the mental health and community health core offer in NCL following the previous update on the mental health and community health reviews considered by the Committee in February 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=75168	NCL ICB

Possible items for inclusion in future meetings

- Health inequalities fund – previous update to the Committee was in March 2023. It was specified that the next update report should include 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.
- Smoking cessation & vaping.
- Update on funding for NHS dentistry for both adults and children.
- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Ambulance waiting times and pressures across the system including A&E Departments.
- Pediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- The efficacy of online GP consultations, how the disconnect between the public and the medical profession could be addressed, how the public could be reassured that outcomes would be equally as high as face-to-face consultations and how capacity can be improved in this way.
- Increases in number of people being charged for services that they were previously able to access free of charge through the NHS (e.g. dentistry/ear wax syringing)

2023/24 Meeting Dates and Venues

- 26 June 2023 - Enfield
- 11 September 2023 - Islington
- 30 November 2023 - Camden
- 29 January 2024 – TBC
- 18 March 2024 – TBC

This page is intentionally left blank