MINUTES OF THE MEETING North Central London Joint Health Overview and Scrutiny Committee HELD ON Thursday, 25th July, 2024, 10.00 am - 1.05 pm

PRESENT:

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

ALSO ATTENDING:

Cllr Ketan Sheth (London Borough of Brent)

13. 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'.

14. APOLOGIES FOR ABSENCE

None.

15. ELECTION OF CHAIR

The floor was opened for any other nominations for Chair. No nominations were received. The current Chair, Cllr Pippa Connor, was re-elected.

16. ELECTION OF VICE-CHAIRS

The floor was opened for any other nominations for Vice Chairs. No nominations were received. The current Vice Chairs, Cllr Larraine Revah and Cllr Tricia Clarke, were re-elected.

17. URGENT BUSINESS

None.

18. DECLARATIONS OF INTEREST

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

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

There were no other declarations of interest.

19. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

20. TERMS OF REFERENCE

Cllr White raised questions regarding the set-up of the committee and clarification of resources and finance. It was stated that officer resources in Haringey were quite pressured. A suggestion was made that other boroughs could contribute to the resourcing of the committee. It was also noted that other important regulations were missing from the Terms of Reference. It was then suggested that the Terms of Reference should have a refresh incorporating stakeholder views.

Cllr Connor then suggested that all Committee councils should have discussions with their boroughs as to resourcing. **(ACTION)**

Cllr Ketan Sheth (London Borough of Brent) offered to meet with the Chair to talk through best practice in other boroughs. **(ACTION)**

It was then proposed that Haringey's Scrutiny Office would put together a working group and then draft recommendations as to the new Terms of Reference for the Committee's approval. **(ACTION)**

21. MINUTES

In response to the Committee's request for updates on outcomes data and metrics in Mental Health, the Principal Scrutiny Officer Dominic O'Brien, explained that the updates from departments had not been forthcoming. Discussion as to why this was followed.

Cllr Connor was then asked to follow up with CEOs of the various areas to help with timely updates from departments. **(ACTION)**

Minutes of the JHOSC Meetings from 18th March, 30th May and 31st May 2024 were then **AGREED** as a true and accurate account.

22. START WELL UPDATE

Anna Stewart updated the Committee as to the progress of the Start Well project. The project had moved into its consultation phase and an update was given on the interim report. A summary of the stakeholder feedback is given here.

- 67% of stakeholders agreed that change was needed to address current challenges facing services.
- Overall agreement that all neo-natal clinics should offer the same amount of care (at least at Quality Level 2).
- However, there was less support from stakeholders for consolidating maternity and neo natal services from 5 to 4 sites.

The Committee's formal response to the interim report was requested by August 16th. **(ACTION)**

The floor was opened to the Committee for questions.

Cllr White questioned the framing of the results of the stakeholder feedback. Although the beginning of the feedback phase seemed open ended, there was a clear policy direction proposed through the case for change with the closure of one of the units. It was explained by Sarah Mansuralli that although stakeholder feedback was sought, the process was about developing the case for change, and defining the baseline of services that should be delivered. None wanted to see the units close, but stakeholders understood Level 2 Quality of Care was needed. However, this quality of care was not possible with 5 units open. Wynne Leith then added that with a smaller number of births, the numbers of deliveries would be diluted around the whole of north London. This in turn would deskill many consultants and the level of care would be at risk. Cllr White then responded that it could be made more explicit in the report that the proposals are being led by experts rather than stakeholders.

Discussion then turned to the quality of stakeholder feedback. Cllr Chakraborty required clarification as to the degree of engagement and representation and questioned whether 'reach' had been included as a 'response' in the consultation. The Committee was assured that this had not been the case. 'Reach' had been separated out from overall response statistics.

Cllr Connor then outlined that this was an *interim* report. The Committee was then advised to give feedback appropriate for a draft and not final report.

Cllr Cohen asked why the consultation had not been about closing a facility rather than the open approach that had been favoured by ICB. It was reiterated that the aim of the consultation was to look fairly at all the viable options and make sure the proposals were well informed and designed, using staff expertise and patient experience as its basis.

Cllr Clarke was pleased that 67% of stakeholders had accepted the need for change. She suggested that responses may have been skewed as feedback from the Royal

Free was included. (Royal Free Maternity and Neo Natal Services closure was deemed by all as the most likely). However, Ms Stewart denied that responses were skewed or particularly negative from the staff at the Royal Free. She outlined that there were other units that were under consideration for closure, so it was unlikely to have skewed results.

Cllr Revah noted that most of the statistics were in percentages and that a clearer picture could be given if numbers were given. Also, more detailed qualitative feedback was needed with comments included. Cllr Revah also asked for a delay in the report feedback as she wanted to discuss it with Camden's Health Overview and Scrutiny Committee (HOSC) Ms Steward stated that Camden's viewpoint had already been considered as had a rich range of feedback and that this meeting was a way to provide comments from HOSC. More detailed feedback will be in the final report.

Cllr Atolagbe pointed out that more money would be needed for these proposals. Ms Mansuralli agreed that more money would be needed for the closures. She emphasised that the reasoning behind the closure proposals was not about efficiencies but improving the quality of care that could be offered to patients.

Cllr Jones questioned the practicalities of the proposal to 'join up' policies and procedures between Royal Free and Barnet hospitals. Ms Stewart affirmed that the ICB would incorporate broader feedback into an action plan about how policies and procedures can be aligned. The final report would have more details on this. **(ACTION)**

Cllr Sheth then asked about feedback from his areas of Edgware, Brent and Harrow, and what the next steps were in taking that forward. Anna Stewart stated that the feedback would go into the modelling of the Universal Pathway. It was divulged that travel concerns and access to services dominated the localised feedback. However, stakeholders weren't adverse to the closure of the Birthing Centre in Edgware if it meant they could access wider services and a higher quality of care in another area. Cllr Sheth was assured that engagement with residents of his borough would continue.

Cllr Connor then noted that time had not allowed for Committee questions on the Children's Surgical proposals. She then highlighted questions and comments from the Committee and requested written responses to the below.

- The Committee was keen to know how the views of 'hard to reach audiences' and those not able to give feedback had been considered in the proposals. **(ACTION)**
- It was also stated that the business case should consider following up with stakeholders after the proposals have been implemented. A timescale for this should be detailed in the next report. **(ACTION)**
- The business case should also consider the knock-on effects with other hospitals and detail the extra support needed by other services. **(ACTION)**

Cllr Chakraborty asked for the date by which the final report would be published. Ms Steward stated that the report would be released in early autumn. The ICB would tell the Committee when it was published.

A formal response by the Committee on the interim report was AGREED to be given by 16th August. **(ACTION)**

23. PRIMARY CARE ACCESS

The report was introduced by Katie Coleman which is summarised below:

- Primary care or GP Services made up more than 90% of all NHS activity in North Central London, and 95% of all activity in the NHS.
- GP services in North Central London carried out more than 800,000 appointments and of those 740,000 were 'in- hours' appointments. 50% of targets were dealt with on the day.
- In North Central London, GPs were responding to an increase in demand, however it was noted that GP services were attaining pre- pandemic levels of service.
- Patient satisfaction with GPs services were declining across the country.
- It was noted that adequate recruitment and retention of GPs, as well as consistent funding of the service must be focused on, if not, GPs would not be able to keep up with demand.

The Committee was then asked for comments and questions on the report.

Cllr Connor stated that the report was extensive and needed some focus. It would be useful to include a summary of points for the Committee to consider.

Cllr Clarke also pointed out that there was no mention of the GP Federation in the paper. Katie Coleman responded that GP Federations were vital for GPs to have a consistent approach to healthcare. The GP Federations have a strong voice in North Central London in working collaborations. This is being developed further by the ICB.

Residents in Cllr Revah's ward had difficulty seeing their GPs - sometimes waiting 3-4 weeks for an appointment. Cllr Revah also stated that there are issues with patient confidence in the ability of GPs to diagnose illness over the phone. Face-to-face appointments are preferred. Katie Coleman responded that over 69% of GP appointments are face to face. And although there are still some issues with seeing patients within a suitable period, levels are returning to pre- pandemic levels.

Cllr Chowdhury reiterated that the residents in his ward also had issues with getting appointments. His own experience was that patients would give up waiting in the telephone queue for an appointment. He stated that also the online consultation forms are not easy to access or use. Not all people have access to digital channels and

therefore access to emergency appointments for all, was questioned. He also raised that his feeling was that some GP surgeries are taking more patients than their capacity allows. Ms Coleman responded that it is a requirement that GP practices respond to patients on the day with information, signposting to other services or an appointment. She also stated that GPs are not allowed to deny locals access to their services, so were unable to limit patient numbers. She, however, admitted that the system was not perfect. The ICB was working with GP practices to decrease variances in how patients experienced the service across the locality. It was pointed out that funding was at the lowest level, but the service was experiencing an increase in demand. Regarding online consultations, she acknowledged the challenges patients experienced, and suggested that work may be done around training receptionists to support patients.

Discussion then turned to access for those who found digital access hard or not possible. Cllr Chowdhury suggested there may be some role for Voluntary sector organisations to help. Ms Coleman affirmed that work was already being done with some organisations to include older people. More details on the voluntary organisations working with the ICB were requested by the Committee. **(ACTION)**

Cllr Cohen then questioned the Pharmacy First approach, as he understood it certain pharmacies had hit back at this approach – as seeing a pharmacist was not a substitute for seeing a GP. Ms Coleman responded that the Pharmacy First approach was supported by over 96% of pharmacists across the nation. All have undergone training to treat seven acute presentations in patients. Some pharmacies will have the ability to prescribe in the future. Cllr Cohen stated that perhaps the ICB should sponsor a communications campaign to increase uptake in the Pharmacy First service.

The discussion then turned to the availability of patient records. Cllr Atolagbe recounted her own experience of the out-of-hours service. She related that access to GP records was not given to the out-of-hours service, making a diagnosis impossible. Ms Coleman then responded that the London Care Records will give access to patient records to all providers. It was also noted that all patients will be given access to their own file digitally as of October 1st, 2024.

Cllr Chakraborty then questioned the ‘digital first’ approach. He asked whether access to apps and online consultations actually help more patients get an appointment sooner, or whether it was just the timeliness of responses to the patient that was recorded. He also asked what recent technology had been implemented for primary care staff and whether this had improved outcomes for patients. Ms. Coleman responded that digital inclusion was something the ICB was aiming for. Technology in primary healthcare settings is used to track capacity and understand demand – this was being used as evidence.

As time was short, Cllr Connor then asked for written responses to Committee comments and questions as set out below.

- More details were needed from the IBC around improving the patient experience and decreasing long waiting times. Also, details about patients who remain under primary care because of long waiting lists for secondary care. **(ACTION)**
- It was stated that better consistency with the same doctor was needed for those with chronic medical conditions. **(ACTION)**
- It was affirmed that from experience, councillors hear patients do not easily access apps or online forms. Training and support are needed to increase uptake amongst residents. Also, the right level of training should be delivered for practice receptionists to become information-givers and gatekeepers. **(ACTION)**
- More details were requested on Physicians Associates. How supervision was being enforced and what the pressures were on GPs. **(ACTION)**
- A communications plan for pharmacies was then suggested to increase uptake in the expanded services they offer and reduce pressure on GPs. **(ACTION)**
- Details were requested as to how the ICB is responding to a recent report into the safety of online consultations. **(ACTION)**
- More research was needed into how many residents do not have access to a smart phone. Details were also needed was to the work being done to ensure their inclusion. **(ACTION)**

24. DENTAL SERVICES

The Committee then received an update on NCL access to dental care, introduced by Mark Eaton and Jeremy Wallman. Previous committee meetings had expressed concerns about funding, NHS contracts, and access for children's dental health services.

The report is summarised as below.

- The Dental, Optometry and Community Pharmacy Services were brought under ICB management in 2023 and had undergone a transformation programme.
- An extra £600k has been allocated to dental services that offer support to more vulnerable residents such as asylum seekers, rough sleepers, and those in residential care. It also went toward reducing waiting times for children and young people who need more specialist care.
- Patients in acute pain can access urgent appointments through NHS 111. A commitment has been given by the ICB to support Looked After Children and the development of Child Friendly Practices in dentistry.
- Additional investment has been made in preventative work and in supporting children with SEND.

- Community Dental Services have been used to reduce the number of patients needing to be treated in more specialist centres. Only 8% of patients referred for specialist care resulted in treatment in a hospital setting.
- The main focus for the ICB since delegation has been on expanding access to Primary Dental Services including helping practices to develop new skills, increasing workforce capacity, and reducing the number of practices handing back their contracts.
- Future work includes improving oral health for those with diabetes (who are particularly vulnerable to loss of teeth), and piloting work to identify illnesses such as cardiovascular disease in patients with oral health issues. Also, a new cross-agency pediatrics pathway will lead to improved outcomes for children and young people.

Mr. Eaton explained that the ICB could not change the contract it held with Primary Care Dentists. It was not a statutory requirement for dentists to take on NHS patients, or to deliver any NHS activity against their contracts, with some practices actively blocking NHS patients. Substantially more could be earned by dentists taking on private patients than those on the NHS. However, it was noted that better access to NHS services exist within London than in rural areas.

Cllr White asked whether there could be some incentives for dentists to take on NHS patients. Mr. Eaton responded that for an NHS patient a dentist would earn around £28 for each unit of dental activity, but for the same work the dentist could earn anywhere between £30 and £300+ privately. This acted as a disincentive for many to see NHS patients. Mr. Wallman also reiterated that dentists were not obliged to see patients under the NHS, indeed registration was very informal in some practices. However, this was a national policy issue and cannot be addressed locally by ICBs.

Cllr Clarke commented that although dentists were not getting paid more for seeing NHS patients, £28 was still expensive for most residents. For those on the breadline there were still questions as to whether they were receiving any dentistry at all. This was acknowledged by Mr. Eaton and Mr. Wallman as an area of concern.

Cllr Clarke then requested more in-depth detail around the delivery of dental treatment to the most vulnerable. Mr. Eaton and Mr. Wallman clarified that access by rough sleepers and asylum seekers was achieved through link workers. Children and young people in Looked After Care had statutory health checks. Cllr Clarke suggested that perhaps this could be linked to dental health services.

It was agreed that another update specifically on access to dental care services for vulnerable groups would be given to the committee. **(ACTION)**

Cllr Connor then asked for written responses to questions from the Committee.

- Cllr Revah requested more information on the definition of ‘exempt’ also what special provision there was for those with Diabetes. **(ACTION)**
- Cllr Chakraborty requested the ICB view on the opportunities to roll out preventative schemes in the community – such as supervised brushing amongst children. **(ACTION)**
- In reaction to the 111 dental services item in the report, Committee requests for a list of dentists taking NHS patients, as well as those skilled in child friendly practices - Cllr Connor highlighted that this information needed to be common knowledge amongst residents. There was a strong recommendation from the Committee that the ICB should investigate a Communications budget to start looking at making these pathways more accessible to residents. **(ACTION)**
- She also expressed concern at the state of dentistry. Some residents did not access dental services because of the cost, and this would have big implications on long term health. **(ACTION)**

25. WORK PROGRAMME

Cllr Connor pointed out the present time constraints at the meeting. It was then agreed that the committee would reconvene at a later date, to discuss the work plan and terms of reference in more detail. **(ACTION)**

26. DATES OF FUTURE MEETINGS

- 9th September 2024 (10:00 am)
- 11th November 2024 (10:00 am)
- 3rd February 2025 (10:00 am)

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……