NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 11th July 2025, 10:00 a.m.
Committee Room 1, Hendon Town Hall,
The Burroughs, Hendon, London, NW4 4BG

Contact: Fola Irikefe, Principal Scrutiny Officer

E-mail: fola.irikefe@haringey.gov.uk

Councillors: Philip Cohen and Paul Edwards (Barnet Council), Larraine 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 Joseph Croft (Islington Council).

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

AGENDA

1. FILMING AT MEETINGS

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

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

2. ELECTION OF CHAIR

To elect the Chair of the Committee for the 2025/26 municipal year.

3. ELECTION OF VICE-CHAIR(S)

To elect the vice-Chair(s) of the Committee for the 2025/26 municipal year.

4. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

5. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 12 below).

6. DECLARATIONS OF INTEREST

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

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

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

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

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

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

8. MINUTES (PAGES 1 - 22)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 28th April 2025 as a correct record.

9. JHOSC ACTION TRACKER (PAGES 23 - 36)

10. COMMUNITY PHARMACY UPDATE (PAGES 37 - 62)

For the Committee to receive and update on how Community Pharmacy services are having an impact on patient care in NCL.

11. NCL ESTATES AND INFRASTRUCTURE STRATEGY 2025 (PAGES 63 - 72)

To receive an update on North Central London Local Care Estates 2025.

12. NCL JHOSC - DRAFT TERMS OF REFERENCE (PAGES 73 - 78)

To approve the new terms of reference for the Committee.

13. WORK PROGRAMME (PAGES 79 - 84)

This paper provides an outline of the 2025-26 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

14. NEW ITEMS OF URGENT BUSINESS

15. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

- 12 September 2025
- 21 November 2025
- 30 January 2026
- 9 March 2026

Fola Irikefe, Principal Scrutiny Officer
Email: fola.irikefe@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
George Meehan House, 294 High Road, Wood Green, N22 8JZ

Thursday 3rd July 2025

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Agenda Item 8

Minutes of the meeting of the NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE held on Thursday 22nd May 2025, 11.00 am - 1.00 pm

PRESENT: Cllr Pippa Connor (Chair), Cllr Chris James and Cllr Matt White

ATTENDED ONLINE: Cllr Kemi Atolagbe

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 Tricia Clarke (Islington), Cllr Philip Cohen (Barnet), Cllr Andy Milne (Enfield) and Cllr Larraine Revah (Camden).

Apologies for lateness were received from Cllr Kemi Atolagbe (Camden) who joined the meeting from 11.55am until the end of the meeting.

It was also noted that Cllr Joseph Croft (Islington) and Cllr Paul Edwards (Barnet) had been appointed to the Committee for 2025/26 since the agenda papers had been published and, although they had been invited to the meeting at very short notice, they also had provided their apologies.

As the meeting was not quorate, it was noted that it could only continue as an informal briefing and that any formal decisions would need to be deferred to a future quorate meeting.

3. URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

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

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

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

6. SCRUTINY OF NHS QUALITY ACCOUNTS

The Committee received details of the Quality Accounts of the North London NHS Foundation Trust for 2024/25 from Vincent Kirchner (Chief Medical Officer), Manny Gnanaraj (Chief Nursing and AHP Officer), and Mandy Stevens (Interim Director of Nursing – Quality Governance).

Vincent Kirchner highlighted some key points from the draft report:

- The North London NHS Foundation Trust (NLFT) had been officially established on 1st November 2024 following a merger of the two mental health trusts in North Central London (NCL).
- A set of six new Trust Values had been established following workshops, feedback sessions and surveys involving over 600 staff.
- Recent progress on estates had included the opening of Highgate East in March 2024, a new 78-bed mental health inpatient facility, and the opening of Lowther Road, a new Integrated Community Mental Health Centre in April 2024. Highgate East had recently won an award at the European Healthcare Designs Awards.
- There had also been progress with person-centred care planning through DIALOG+ which supported personalised, proactive conversations to empower service users to take charge of their recover journey.
- Through the Longer Lives initiative, more than 60% of people with serious mental illness had a physical health check in 2024-25, exceeding the national target. This involved collaboration with GPs and aimed to identify issues such as metabolic disease, lung disease, cancer and tobacco dependence in people with serious mental illness.
- The Trust was committed to a Trauma-Informed approach with an active Trauma Informed Collaborative and plans to roll out ‘Schwartz Rounds’ in 2025/26 which provided opportunities for staff to reflect on the emotional impact of experiences at work.
- The Trust’s four Quality Priorities for 2024-25 had been:
    - Providing consistently high-quality care, closer to home.
    - Working in partnership across North London to ensure equity of outcome for all.
    - Offer great places to work, providing staff with a supportive environment to deliver excellent care.
    - To be more effective as an organisation by pioneering research, Quality Improvement and technology.

Manny Gnanaraj set out the Trust’s four Quality Priorities for 2025-26, which had been developed following consultation and engagement with staff. The four Quality Priorities included carrying forward two of the Priorities from 2024-25:

- To continue to learn and develop as an organisation from patient and carer feedback.
- To ensure patients receive support in a therapeutic and safe environment.
- Offer great places to work, providing staff with a supportive environment to deliver excellent care.
- Providing consistently high-quality care, closer to home.

Vincent Kirchner, Manny Gnanaraj and Mandy Stevens then responded to questions from the Committee:

- Referring back to the priorities raised by the Committee the previous year, Cllr Connor said that the lack of supported housing for post-discharge patients had been a concern. She noted that this was referred to in the 2024/25 draft Quality Accounts but did not include any specific plans or collaboration with local authorities to address this. Vincent Kirchner said that it was acknowledged in the draft report that people who were Clinically Ready and Fit for Discharge (CRFD) but were unable to leave hospital was often due to issues with onward housing or accommodation and support. Asked by Cllr Connor about the potential to push for more accommodation at the developments at St Anns and St Pancras, Vincent Kirchner confirmed that the Trust did advocate for more accommodation, not just for patients but also for staff, but noted that what was delivered was driven largely by the commercial modelling for the projects and that there had been little recent progress in this area. Cllr James highlighted the importance of supported accommodation being included in the Local Plans produced by local authorities and the London Plan produced by the Greater London Authority (GLA). Vincent Kirchner added that it was not just additional building that was required but also the support from the local mental health team to provide services to the patients who had been discharged. Cllr Connor proposed a recommendation that there should be further liaison between the Trust and the GLA on the need for increased levels of supported housing and community support. **(ACTION)**
- Cllr Connor referred to concerns raised by the Committee the previous year about long waiting times for mental health services and noted improvements in early intervention, psychosis targets and a reduction in out of area placements. Asked by Cllr Connor about the specific data on this, Vincent Kirchner said that there was data in the draft report on talking therapies and the early intervention service but acknowledged that data had not been included on the waiting times for the neurodevelopmental service which were poor. Mandy Stevens commented that there were initiatives to support people while they were on waiting lists.
- Referring to the graph on page 27 of the draft report (Inappropriate Out of Area Placement – Occupied Bed Days), Cllr White commented that the narrative in the text did not explain the reasons for the substantial changes in the number of bed days highlighted in the graph. Vincent Kirchner said that, over the long-term, the level of Out of Area Placements had been substantially reduced with efforts to do things as efficiently as possible at every stage of the admission pathway. This included a new model of care for inpatient services with daily

decision making on discharge and a focus on issues that could be an obstacle to discharge. He added that this was in the context of a growing population and greater demand for mental health services, so it was a significant achievement to bring these numbers down. The Committee recommended that the report should include more data on the key waiting times and KPIs as well as information to explain the long-term context for this. **(ACTION)**

- Cllr Connor said that another issue raised the previous year had been on the integration and communication between services on patient care, particularly with GPs at the point of discharge. Vincent Kirchner said that he did not have hard data on this but noted that knowing who to share information with typically changed depending on the severity of the patient's illness. In complex cases this would be increased and fed into structures such as the MASH, MAPPA or MARAC where appropriate. Assessing the appropriate level of information sharing should be done through the person-centred care planning process. He acknowledged the issue of carers and families feeling excluded from this process and that teams were encouraged to do this when possible, but that the rates for this were not specifically measured. He noted that the information-sharing regarding working-age patients could be more difficult than in cases involving children or older people. Cllr Connor recommended that the rates for information sharing with carers and families should be measured and included in the Quality Accounts in future. **(ACTION)**
- Cllr Connor raised access to services for diverse communities as another issue that had been discussed the previous year, including language services. Vincent Kirchner said that language was not a specific metric that had been looked at but that there was a focus on disproportionate restrictive practice, particularly black men being detained under Section 136. He emphasised that the issue of race and the experience of people in contact with services was a top priority currently. Cllr Connor commented that it was difficult to ascertain progress in the current draft report and recommended that metrics to measure this should be included in future. **(ACTION)**
- Referring to page 7 of the draft report, Cllr Connor noted the intention to strengthen partnerships with local authorities and the voluntary sector on mental health care and highlighted the ongoing challenges faced by the voluntary sector on short-term consultation and the need for improved communications with them on finance issues. Vincent Kirchner said that the Trust offered 3-year contracts in contrast to the 1-year contracts offered by local authorities and added that there was collaboration with voluntary sector partners to evolve services in a sensible way. He also emphasised the benefits in working with the voluntary sector, for example with peer working and connecting with communities. Mandy Stevens referred to the neighbourhood model and community hubs as ways that voluntary sector partners were embedded into the local partnerships. Vincent Kirchner said that the voluntary sector partners were also involved in social enterprises and the delivery of employment opportunities. Cllr Connor commented that there were no KPIs on the neighbourhood model within the draft report. Vincent Kirchner said that more people were being seen through the core teams and that there was an

increased range of opportunities available to people, which could be demonstrated. The greatest impact was through the individual placement support service. There were also targets for employing local people. Manny Gnanaraj added that people with lived experience were encouraged to take up opportunities with the Trust or other partners to help improve services. The Committee recommended that details of the neighbourhood model and metrics to measure progress be included in the Quality Accounts. **(ACTION)**

- Referring to individual cases involving patients, including people with mental health difficulties who were in touch with their local Councillors, Cllr White queried what more could be done to strengthen a joined-up approach between the Trust and local authorities. Vincent Kirchner responded that there was a good record of joint working in this area, including on social issues such as with benefit claims or housing issues but that the ambition was to break down barriers more effectively and consistently. Cllr Connor commented that the local authorities also now had neighbourhood teams and so it would be useful to understand through the Quality Accounts how they interacted with the Trust's neighbourhood model and whether there were gaps that could be addressed further (both by the Trust and by local authorities). **(ACTION)**
- Cllr Connor raised concerns about patients in the community who had stopped taking prescribed medication and queried how a multi-agency response to this would be triggered. Mandy Stevens responded that there were clear guidelines on 72-hour follow up when people were discharged from hospital to ensure that they were stable, had the right support and the right medication. There were also Community Treatment Orders (CTOs) to enable the close monitoring of higher-risk people in the community. Cllr Connor suggested that there ought to be a red flag on the system that could be added by a community nurse or other professionals in order to prompt action. Vincent Kirchner said that a community nurse could write to the GP to set out concerns but that this did not always happen. Records and progress notes could also be shared on the London Care Record, but he acknowledged that this was not a flag and that there was a challenge involved in having multiple electronic patient records with systems that did not speak to one another. Cllr Connor proposed a recommendation for this issue to be considered in more detail so that action could be prompted when a professional become aware that a patient had stopped taking their medication. **(ACTION)**
- Cllr Atolagbe spoke about a local case involving mental health concerns but without suicide risk and asked how people in such circumstances could access services given that this would not reach the threshold for support through the Crisis Line. Vincent Kirchner said that the Trust's service offer was for people at any stage of mental health and not just those experiencing crisis. Most people tended to access services through their GP who would refer to the core community mental health team. There was a governance process to monitor use of services including through an integrated service report which was monitored directly by the Board. He confirmed that phone calls to the service were monitored for performance reasons. Manny Gnanaraj added that the 111 – Option 2 service was another route to reach services. Cllr Connor

commented that the Committee had previously raised concerns about the high threshold of the Crisis Line and that people may not necessarily be aware of other routes to access services. She recommended that the Trust should check that appropriate signposting was being delivered through the Crisis Line. **(ACTION)**

- Referring to page 13 of the draft report, Cllr Connor asked whether further details of the draft NLFT Carers Strategy with Healthwatch Islington were available including the key themes and commitments. Mandy Stevens said that further detail could be added to the report. **(ACTION)**
- Referring to page 14 of the draft report, Cllr Connor requested further information about the NLFT's CQC inspection in February 2025. Mandy Stevens explained that there were eleven core services in the Trust, one of which was adult acute wards and these had been inspected. While the report was not yet available, there was always regular contact with the CQC on their regulatory oversight and there had been some specific interim feedback from the CQC after this inspection, but nothing was escalated and there were no improvement notices. The final report would be published in the public domain later in the year, but there was no confirmed date for this. She added that the interim feedback had been verbal at this stage but that a little more detail could be added to the draft report. **(ACTION)** Cllr Connor asked for any other relevant information about CQC inspections or oversight to be included in the final report.
- Referring to page 63 of the draft report, Cllr Atolagbe requested further details on the mentoring programme for underrepresented groups. Vincent Kirchner explained that this programme had been operating in the past year and that the Trust monitored the ethnicity of staff in different bands within the organisation. The Trust had one of the most diverse NHS Boards in the country but there was still some underrepresentation in higher bands. The impact of the programme would take some time and it was agreed that an update could be added to the following year's Quality Accounts report. **(ACTION)**
- Referring to page 16 of the draft report, Cllr Atolagbe requested further details on the point that care for older adults had been improved by "creating consistent and clear needs led criteria across NLFT". Vincent Kirchner explained that historically there was a cut-off age of 65 with people over this age directed to Older Adults services. In Camden and Islington this had shifted to a needs-based criteria, for example if there was a dementia diagnosis. However, in Barnet, Enfield & Haringey the criteria was still based on age so, following the merger, there had been work to move to a needs-based criteria in these Boroughs. The support from the Older Adults service was different because of the expertise on physical health. Cllr Connor requested that this explanation be included in the final report. **(ACTION)**
- Referring to page 19 of the draft report on the Quality Priorities, Cllr White suggested that there needed to be a clear way of measuring progress between now and next year. Mandy Stevens explained that there had been an extensive engagement progress to select the Quality Priorities. The specific aims under each Quality Priority had not yet been established and so this was a work-in-

progress item, but there would be further details set out in the following year's Quality Accounts report. **(ACTION)**

- Referring to page 21 of the draft report, Cllr Connor asked how the Local Clinical Audit Programme led to improved outcomes. Vincent Kirchner explained that quality improvement projects were all data-led to improve an aspect of the care that people received. Clinical audits also helped to maintain standards, such as with different aspects of care on the wards which could be monitored through the governance process and then interventions made where necessary. Mandy Stevens said that some examples of this could be included in the final report. **(ACTION)**
- Referring to page 24 of the draft report, Cllr Connor asked how the Performance Measurement Developments worked in practice. Mandy Stevens explained that this referred to the whole range of performance measurement, adding that the NHS was moving away from RAG (Red, Amber, Green) measurements in favour of SDS charts (Services Data Set) which showed improvement or decline over time with upper/lower control limits to trigger action. Cllr White observed that the SDS charts in the draft report illustrated a 2-year period but that it could be more useful in some cases to illustrate a longer period. Vincent Kirchner said that the inclusion of 2-year charts was a pragmatic decision but acknowledged that, in some cases, it would be possible to identify other trends over a longer period of time. Mandy Stevens added that the performance indicators were published in the quarterly public Board papers. Cllr Connor suggested that this explanation be included in the final report. **(ACTION)**
- Asked by Cllr James about Patient Safety Incidents, Mandy Stevens explained that the chart on page 42 of the draft report appeared to indicate that the situation had got worse but the reason that the figures had gone up was that there had been a lot of work to improve recording culture and to ensure that no and low harm incidents were recorded. No harm incidents were 64% and low harm incidents 31% of all patient safety incidents in 2024/25 which indicated that staff were taking the time to record these. She added that the Serious Incidents referred to on page 49 of the draft report indicated moderate harm or above and that the draft report included a summary of key learning and improvement actions that had been implemented as a result of the investigations. Vincent Kirchner added that harm on these incidents was not necessarily caused by the organisation and included any type of harm. Mandy Stevens explained that Patient Safety Incidents were reported in detail to the Quality and Safety Committee which was chaired by a non-executive director and attended by Board Members and patient safety partners. This enable themes and trends to be identified and inform changes to services. Cllr Connor suggested that changes to services that resulted from this process could be included in the final report. **(ACTION)**
- Cllr Atolagbe requested further details about the response to the challenges illustrated by the various performance graphs on pages 33 to 35 of the draft report. Vincent Kirchner responded that:

- The Liaison Emergency Department Response Rate was consistently meeting the targets and this was maintained through monitoring.
- The Crisis Resolution & Home Treatment (CRHT) Response had declined and there was a piece of work underway to standardise the crisis response team model across the Trust area and increase the staffing establishment which should bring rates back to where they needed to be. This was a good example of a breach of the control limits prompting action.
- The 72-hour follow-up chart showed that levels were below the mean level but still within variation. Process problems had been identified, including discharge on a Friday and that the electronic patient record system was not always being correctly completed to alert community teams. Changes were therefore being considered to make certain fields mandatory on the system. The 72-hour follow up was important as this was a high-risk time for suicide.

Cllr Connor added that it would be useful to be able to follow up on progress against these indicators when scrutinising next year's Quality Accounts report. **(ACTION)**

- Referring to the section on talking therapies on page 29 of the draft report, Cllr Connor noted that the agreed target for treatment completions for the year had not been met with three out of four boroughs behind plan. Vincent Kirchner said that there were quite high access targets, but that referrals continued to be lower despite work to raise the profile of the service. Cllr James questioned whether people knew that they could self-refer to the service. Vincent Kirchner commented that GPs were the largest source of referrals to the service.
- Referring to the section on the Friends and Family Test feedback on page 41 of the draft report, Cllr Connor noted that the details of the responses had not been included so it was not possible to ask any questions on this occasion.
- Asked by Cllr Connor about the Community Mental Health Survey on page 41 of the draft report, Mandy Stevens confirmed that details of the findings would be included in the final report.
- Asked by Cllr Connor for further details about the Service User and Carer Engagement and Experience section on page 39 of the draft report, Vincent Kirchner explained that an area of concern was the self-imposed 40-60 working day target to respond to complaints which the Trust was struggling to meet. This was because complaints were often complex and time-consuming, so a more streamlined process was being looked at.
- Cllr Connor reiterated that further details on the metrics and KPIs used for evaluation in the Quality Accounts would be useful in terms of scrutiny from the Committee in next year's report.

Signed by Chair ……..

Date ……

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MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 28th April 2025, 10.00am – 1.00pm

IN ATTENDANCE:

Councillors Pippa Connor (Chair), Councillor Larraine Revah, Councillor Tricia Clarke, Councillor Rishikesh Chakraborty, Councillor Andy Milne, Councillor Matt White (Chair of Overview & Scrutiny – Haringey), Councillor Anna Burrage (substitute for Councillor Kemi Atolagbe)

ALSO IN ATTENDANCE:

- Natalie Fox, Deputy Chief Executive, North London Foundation Trust (NLFT)
- Alexander Smith, Director of Service Development – Community Services, Mental Health, Learning Disabilities and Autism, NCL ICB
- Debra Holt, Assistant Director of Service Development – Mental Health, Learning Disabilities and Autism, NCL ICB
- Penny Mitchell, Assistant Director of Service Development – CYP and CAMHS, NCL ICB
- Parmjit Rai, Deputy Chief Operating Officer for CAMHS, NLFT
- Rana Rashed, Director of Psychological Therapies, NLFT
- Chloe Morales Oyarce – Head of Communications & Engagement – NCL ICB
- Dominic O'Brian – Principal Scrutiny Officer, Haringey Council
- Fola Irikefe - Principal Scrutiny Officer, Haringey Council

Attendance Online

- Dr Philip Taylor – GP Lead (Clinical Lead for Live Well in Camden)

Voluntary and Community Sector

- Michelle Morais (The Network - Barnet)
- Alex Tambourides (MIND – Barnet & Enfield)
- Paul Addae (Healthwatch Haringey)
- Stefanie Schidlowski (Healthwatch Enfield)
- Jo Ikhelef (Enfield Voluntary Action)
- Ruth Glover (Open Doors, Haringey)
- Maria Azzouzi (Age UK Islington)
- Catherine Pymar (Hillside Clubhouse)
- Fiona Rae (Barnet Council)
- Rod Wells – Haringey KONP (Keep Our NHS Public)

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'.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Kemi Atolagbe (substitute – Cllr Anna Burgess), Councillor Philip Cohen, Councillor Chris James and Councillor Jilani Chowdhury.

URGENT BUSINESS

None.

DECLARATIONS OF INTEREST

The Chair declared an interest in that she was a member of the Royal College of Nursing and also that her sister was a GP in Tottenham.

DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

Rod Wells – Haringey KONP (Keep Our NHS Public)
Vivien Giladi

MINUTES

That the minutes of the NCL JHOSC meetings on 3rd February 20025 were agreed as an accurate record.

ACTION TRACKER

The Chair expressed the importance of getting feedback on time and requested that information for the action tracker should be provided to the committee at least five days in advance of the meeting. The Principal Scrutiny Officer explained there were some challenges attaching parts of the action tracker and that it would be circulated again following the meeting to committee members. **ACTION**

MENTAL HEALTH PATHWAYS

The chair welcomed everyone to the meeting explaining that the meeting was the annual community event and thanked all those in attendance. Councillor Connor expressed that the committee were keen to hear about mental health pathways including transitions from Children and Young People Services to Adult Mental Health Services. The particular focus was to address how information is shared across organisations and what we can be done to ensure it is better co-ordinated. A clearer understanding of how a person is tracked and how the information is fed back to GP and/or mental health trust, should a person come into mental health services (regardless of the pathway) is something that the committee was also keen to know about. The views of voluntary and community sector groups and where they felt improvements could be made was also what the committee wished to hear about.

The Deputy Chief Executive, North London Foundation Trust (NLFT) explained that the presentation provided details of mental health adult pathways and transition from children into adult services that over the past few years have been in development

and implementing the core offer for mental health services and the focus of this work has been on reducing the variation across the five boroughs.

The presentation detailed the types of service available, how people can access the services and provided information on where there are known gaps in services and the plans to level out the service provision between the north and the south and improve the offer in the north and in particular Barnet and Haringey. Community services are now delivering holistic care and directly commissioning the voluntary sector with a focus on support with other services and needs such as housing etc. Officers expressed that there is always more that can be done and there is a deficit in funding to deliver the ambitious plans for services users and so close partnership working is required to standardise the offer.

The Director of Psychological Therapies, NLFT explained further about the Single Point of Access (SPA) and that there are both planned and unplanned entries to the care pathway. Entry points could range from calling 111 and being signposted, to self-referral or a GP referral and the plan is to roll this out to all five boroughs. The committee where informed that Barnet went live a few weeks ago with full digital support. Enfield will follow and the plan is to learn and improve as rollout proceeds across the five boroughs. By 2026, all five boroughs will be up and running. The community adult mental health offer will provide a holistic offer at start and then specialise in terms of interventions once there is awareness of the person's needs.

Councillor Connor opened the questions and directly enquired with Dr Taylor if a person who is on acute medication is not collecting their medication, would this information be flagged up to other bodies involved with the care of that individual for example the Mental Health Trust? Dr Taylor responded that it was difficult to respond with a one size fits all response as there are a range of different types of people with different type of needs e.g. people with brief common episodes and therefor, they need brief intervention and then there are others requiring consistent long-term support and accessing support from various organisations. Information sharing with professionals in the mental health services is also affected by the variety of systems used, e.g. RiO is the system used by North Central London GP's, EMIS is another system used and CERNER is an information exchange facility that allows for the viewing case notes within RiO and this is particularly useful. Dr Taylor added that continuity is important and there is often a conflict between not having to repeat your story but also not having very personal information accessible to all. Maintaining a positive relationship with the GP for people with complex needs is pivotal.

Councillor Burrage made the point that in terms of transitioning to adult's services, there is an expectation for children and young people to develop the skills to advocate for themselves and it is critical that they have someone that they can rely on to support them in relation to this.

Councillor Connor enquired whether GPs were able to provide that level of care required within their normal GP schedule, she was aware double sessions could be booked at times but even this amount of time can be a challenge to meet needs. She further enquired how it would be noted if a person hasn't had their medication or seen the community nurse and whether Dr Taylor felt GPs should be more cited when someone falls off the system or whether it should sit with mental health. Dr

Taylor reminded the committee that some of the questions regarding who should be responsible should someone fall through the cracks was not something within his remit to respond to. There are several variances that could impact how this could be picked up and it depends on the services people are known to and the diagnostic framework of those in care. People with a Care Co-ordinator in secondary mental healthcare will be monitored and will have access to multidisciplinary teams and so it should be picked up. He explained further that a particular challenge for London is that it is a very mobile population and so it is difficult to always know when people have dropped off the radar. Whilst GPs like the idea of continuity, it isn't always possible.

Councillor Chakraborty said that she understood that the aim of new pathway is to streamline access, If the learning shows it does not work – what can be done to resolve it? Dr Taylor said that access has various dimensions, getting access to waiting list first and then the length of the actual waiting list. There are always waiting lists in the NHS to rationalise access, progress has been made through the IAPT service for psychological support. It was reiterated again that there are different needs within the umbrella of need and services for mental health.

Councillor Clarke welcomed the focus on early intervention and the integrated approach due to the growing need and increasing intensity of need for support for other services such as housing, employment etc as mental health challenges are quite often linked to the situation people find themselves in. Dr Taylor agreed that prevention was a very big part of the debate, in Camden they have a good working relationship with statutory organisations and the voluntary sector organisations such as Likewise and Camden has an offer called *'reaching out'* in particular with non-medical solutions such as one-to-one counselling and peer counselling and engagement with the voluntary sector is integrated in the offer.

The Director of Psychological Therapies added that support can also vary in terms of the professional's knowledge of the system. The Community Mental Health team is integrated with the voluntary sector, and they have daily interface which helps when navigating a complex landscape. The Deputy Chief Operating Officer for CAMHS, NLFT explained that the aim of the SPA is to support service users and simplify the pathway. Engagement events are currently taking place with the voluntary sector, local authority and GPs to develop a digital solution for people to self-refer and tell their story once and not multiple times. The pilot is underway with Barnet and they will be looking at learning over the next three months from there to start phasing it in to other boroughs.

Ruth Glover from Open Doors, Haringey agreed with the point made by Dr Taylor regarding the complexity of the landscape of care. NLFT includes the five boroughs for adult mental health services but only Barnet, Enfield and Haringey for the child mental health service. Additionally, there are a variety of systems used including Care Notes, RiO, System 1. In terms of Care Notes, the voluntary sector isn't on this system. Councillor Connor enquired about the issue of case notes and where they are held and how is it being addressed under the new system?

Alex Tambourides from MIND, Barnet & Enfield stated that in his view complexity can at times mean that progress is affected. The voluntary sector is involved in every

area of need from early intervention and basic need to more complex interventions for people who may be psychotic/ suicidal. The VCS support at least twenty-five thousand people a year. There is significant work being done across the boroughs by Hestia but the system is not integrated. He further added that it's good to see early intervention and prevention mentioned but funding for early intervention is far from ideal – caseloads are on the increase and so adequate funding should be a priority. To improve access, the SPA is a step in the right direction, but capacity isn't sustainable and the only way to manage this is through prevention.

Dr Taylor briefed the committee about social prescribing which is happening within general practice and is an important way to navigate complex and different pathways. Social prescribing is a way of putting the person closer to the centre. The Director of Psychological Therapies said, historically commissioning has been restricted by boundaries such as talking therapies, but the introduction of the SPA will hopefully help with navigating some of these problems with information sharing. The SPA will be staffed by people familiar with the landscape and this should help towards bridging the gaps. IT integration has a long way to got but it is work in progress. The Deputy Chief Operating Officer for CAMHS, NLFT explained that they are learning from the South West London Trust about the electronic referral service and this is an area they are trying to push for because of the benefits of shared access of information, particularly for the SPA. Mental health professionals can add information and GPs can see it in real time.

RECOMMENDATION – The committee would like to recommend to further understand how the information held by voluntary sector organisations is shared at the SPA and fits in with health pathways. To consider the outcome of the Barnet pilot once the results are out in June 2025. The committee would also like to consider the outcomes and the learning from South West London pilot.

Jo Ikhelef from Enfield Voluntary Action stressed the benefits and effectiveness of the voluntary sector in providing mental health services and that even organisations that don't class themselves as mental health providers are still effective in this field. He also made the point that there isn't enough investment in the voluntary sector and that there are occasional funding opportunities but these tend to be quite short term and it's a missed opportunity to bring in resources to support preventative work. There is a directory of help in Enfield but not everyone is aware of the services available. On the directory of VCS, there are over 1,000 organisations on their database which if it was better joined up and invested in has immense potential. A particularly good service was the Health Champions who were trained in mental health, but the funding has ceased.

It was suggested that it would be helpful to develop a young people's mental health guide to develop awareness as some people within the system (even GP's) are unaware of the breath of services available. There is also mistrust of the NHS amongst certain communities and so hesitance to enter the system, even with GP referral and so more awareness of VCS organisations would be beneficial. Alex Tambourides from MIND, expressed that it would cost £10, 000 to link in with SPA systems for each borough and social prescribing is great, but the organisations providing it are not mental health specialists.

Councillor Connor summarised the key points which have been raised thus far including valuing voluntary organisations and especially for groups that are more reluctant to approach statutory organisations. There is a need to look at how to get long term funding for staff to have the security to be able to deliver services more long term. The idea of a voluntary and community sector SPA is a great idea and needs to be explored.

The Deputy Chief Executive, NLFT agreed that funding needs to be recognition that mental health service have been underfunded for many years. The NHS ten-year plan focusses on treatment out of the hospital and into the community to reduce the spend on illness and more on prevention, the plan is to use digital tools to help with all the work. They are currently carrying out a piece of work looking at all the voluntary and community sector funding across the five boroughs to reduce variation. They are also addressing where they are investing and what is the output of the investment. There is not always the opportunity to invest in long term contracts, but they are hoping to try and give better continuity to providers.

Prior to departing the meeting, Dr Taylor advised that it may be useful to hear from Public Health in terms of the role of population management within all the planning of health services. Additionally, if a person is on a register your case will be discussed at an MDT and even if a person has not been able to pick up e.g. medication or they turn up to A&E it is noted. The system is working on that level to monitor the most vulnerable. Dr Taylor agreed with the point made by the voluntary sector regarding the importance of continuity and contracts that lasts when running services as when there isn’t continuity it’s harder to signpost people.

ACTION - The committee would like to recommend an update to understand the outcome of the piece of work underway looking at contracts and funding for the VCS. It will also be useful to know how information is garnered from the voluntary sector following the SPA.

Deputy Chief Operating Officer for CAMHS explained that in terms of SPA there is a huge variation, they started the pilot in June in Barnet and ultimately they are keen to have a model that includes the voluntary sector as it presents an opportunity to streamline and shape services.

ACTION - The committee would like to recommend to receive an update on the outcomes of the pilot and see how the work with the NODE and SPA progresses. Ruth Glover highlighted that the objective of the discussion was to look at the transition of children to adults, but all the discussions have been on adults with very limited representation of child mental health services in this meeting. Deputy Chief Operating Officer for CAMHS said that the CAHMS division set up two years ago and previously North London Foundation Trust provided CAMHS services for Barnet, Enfield and Haringey and was managed separately by each of the boroughs and now all the services have been brought together allowing more focus and a better use of resources. It was reported that the work has been in development over the course of the last 18 months for the SPA and once a digital provider for adult services has been found, this will also be extended to children and young people for all the boroughs.

It was explained by Penny Mitchell, Assistant Director of Service Development – CYP and CAMHS, NCL ICB that so much of what was discussed about adults is also applicable with children's, but the committee may wish to consider whether they wanted to take a deeper look at children's services. They are trying to accelerate the provider collaborative through the community CAMHS service. Very much aware that we can also contract better with VCS partners involvement.

Councillor Revah raised the point that there can sometimes be a challenge in terms of communication with carers for people with mental health and they are not always included in the conversation and additionally people with mental health also are sometimes not keen on using digital means of communication. Councillor Revah also highlighted that there was an increasing number of people diagnosed with autism, it was enquired over what was being done about it?

Alexander Smith, Director of Service Development, Community Services, Mental Health, Learning Disabilities and Autism, NCL ICB agreed that there was an increase in neuro divergence and the demand for assessments has increased. He explained that there is work currently underway to look at pathways as they are aware that existing services can't meet demand and the involvement of the VCS in this sector is key. It was felt that the lack of integration with GP's and primary care is one of the pitfalls as many people are being assessed but not necessarily linked back to primary care. The need for greater and joined up support for autism is a nationwide concern that they are trying to address.

Natalie Fox explained that it is a key focus for the next three years as there are huge gaps for people with autism in all the boroughs. There is currently a pilot underway with UCS looking at how people are screened and they are also looking at a valuations app. Community Key Worker services for autistic people will be invested in over the next 12-18 months to ensure that the Key Worker services for autistic people are robust and there is a reduction in variation across all five boroughs.

The Chair enquired over where things stood in terms of the direct link to GPs and the Director of Service Development – Community Services, Mental Health, Learning Disabilities and Autism explained that within the remit of assessments for ADHD, for example some of the private sector assessments do not link direct back to GP about medication. They are working across London with pharmacy leads to improve this link and develop safeguards. There are several challenges with private assessments as often people go back to their GP to seek privately recommended medication that the GP/ NHS may not be able to support. There is a need to work with both regional and national partners on this and NHS England have set up a working group to address the challenge along with the issue of demand.

The chair enquired if the conversation regarding prescribed medication takes place around discharge planning with the persons carer and it was confirmed that the career should be involved in discharge planning. There is an awareness that not everyone is able to access support digitally and nor do they necessarily want to but, in most cases, prior agreement and communication regarding consent should be agreed. It was agreed by Deputy Chief Executive, North London Foundation Trus that discharge planning needs to improve on recording consent. She further added that sometimes consent can be used as a shield, but it should be considered in a

more nuanced way to ensure the needs of the individual are met. The Chair stressed that co-design around carers, staff and local communities was key and it would be helpful to have site of how this is being taken forward. Councillor Revah emphasised that information about consent has been requested by the committee on previous occasions to see how this is being progressed, but it has yet to be provided.

ACTION – The Chair concluded that the committee would like to recommend receiving an update on how information is shared with other health practitioners that are in contact with the individuals in a clients' network to support that person in the right way.

TRANSITION FROOM CHILDREN AND YOUNG PEOPLE'S SERVICES TO ADULT MENTAL HEALTH SERVICES

The Deputy Chief Operating Officer for CAMHS briefed the committee on the transition services for young people between 18-25 and that the recent merger provided the opportunity to look at the transition services across North Central London as there were different services in the north to the south.

Improvements that have been made include a streamlined pathway, identifying young people from the age of seventeen onwards to follow and track them and having someone from the transitions service to work with the CAHMS team. There is a recognition that some people will be discharged and others will be supported into adults' services and some through the voluntary and community sector. They are currently assessing what is working well and co-production with young people who have been through the process is helping with the design of the service to ensure the transition process is as smooth as possible.

The Director of Psychological Therapies, NLFT explained that Haringey will follow with Camden's transition panel. Working with transitions teams across the five boroughs, Camden was ahead with the transition panel model and the model will help to signpost more efficiently and the hope is that all five transition teams will learn from each other. The plan is for a bespoke approach for each individual, appreciating some young people are more mature and others may need more support.

Michelle Moralis from The Network, Barnet expressed that if they don't have the transition opportunity then they fall through the cracks. The chair explained that the main focus of the meeting was to understand who takes ownership of care as young people change through different services and that the right person has oversight of their care so they don't fall through the cracks and are signposted to the right service/ organisation.

The Director of Psychological Therapies, NLFT explained that18-25 is the age cohort but tracking begins from age seventeen so that the process is gradual. In the last six months there has been an improvement in how the service is designed, assisted by the expert views and opinions of those that have been through the service and the Youth Board. The aim is to minimise variation across the boroughs.

Ruth Glover, Open Doors expressed that in Haringey the NHS transition team was very good and has been making a difference. Nevertheless, it's a very small team an so she is unsure of their reach. They currently accept referrals from them and self-referrals. In terms of ADHD and autism assessments there is a gap for young people, there is a gap for young people when referred into CAHMS service with ADHD or autism and they may not be seen on time.

Deputy Chief Executive, NLFT reported that young people transitioning needing ADHD or autism assessment are prioritised at the adult neuro development pathway as their referral date from when they entered children's service is what is considered, so the date of the referral moves with them into adults. They are currently working on developing the best way to have a consistent offer and standardise things across the five boroughs.

Alex Tambourides from MIND communicated that when ADHD and autism assessment is considered through a health inequality perspective, people of a certain demographic are more likely to access assessment privately and in turn can get better support. It was heard that the plan is to unlock the assessment pathway with the aim of ensuring that those who have less access gain access and the long-term objective is to get the voluntary and community sector also involved in assessments. It was also explained by Deputy Chief Executive, NLFT that having assessed the waiting list, in terms of looking at assessments from an equalities lens, the majority of those on the waiting list are white and so work needs to look further back than waiting lists in terms of access.

Michelle Moralis briefed the committee that in terms of the service they provide, they are unable to fully assess people but are potentially able to support people waiting for diagnosis. The Deputy Chief Executive explained that they had not given enough thought to how to support people waiting to be assessed. They are currently looking at model pathway, asking people for their views on what they feel would help them and how different groups and organisations can help.

RECOMMENDATION- The committee would like to recommend an update on how the work being done to look at access to neuro divergent assessments progresses and for there to be clarity around the offer and how different groups and organisations can support that offer and how it fits in with the SPA.

The Chair concluded that the committee sought to find out who has responsibility for a person within the system as a whole and clarity has been provided in the sense that it is very complex depending on need and where a person is in the system. The chair felt there was a need to re-frame the question to *'where does all the information for a person in care go to?*'. Cllr Milne summarised that, should we be in the position of a serious case review – where would we be and who will take ownership?

The Director of Service Development, Community Services, Mental Health expressed that they would be happy to come back and discuss their Care Records in the next six months. The aspiration is to be in a position of confidence and they are currently carrying out a piece of work as an outcome of the Nottingham Review. They are reviewing all their practices, policies and whether there is the capacity within the community teams and addressing learning from CQC. They are re-

assured in terms of policies in place. To be scheduled onto the committee's work programme for six months' time.

The chair said that she was not so re-assured as in the case of Community Mental Health teams, should they knock on doors and there is no response there are no follow up actions afterwards. The Deputy Chief Executive, NLFT explained that each professional seeing a particular client will have access to information through the London Community Care Record. There isn't a fully integrated care record at the moment, but this is something they are working on to ensure it's an enabler of the Neighbourhood Teams. Additionally, if a person's care sits within the Community Health Team, that person will have a Key Worker and Care Co-ordinator - connecting them to housing, social care, the police and other professionals that may be involved in discussions about the individual. Should they not be compliant they will be recalled back into inpatient care. There is a high usage across London for Community Treatment orders and they also have the power to ask for individual to have a Mental Health Assessment Act in hospital and may be brought into hospital to receive treatment following assessment. She also felt it would be helpful to look at how voluntary sector agencies could become part of the London Care Record.

The chair of the committee re-iterated that when things go wrong, often it comes down to communication. It was explained by the Deputy Chief Executive, NLFT that across the five boroughs there is a management system that allows everyone to see every patient and other team members caseload and people are then categorised in terms of complexity, they are risk assessed and RAG rated and colleagues can take on the work of others should they be away. Previously under the Care Programme Approach everyone had a Care Co-ordinator, and this person was the main link but now as part of the Community Transformation the approach is with a Key Worker approach and it's their responsibility to communicate with other people.

The chair enquired further with colleagues if they were confident that transfer of information from the Key Worker to any other body is seamless and if there was anything else that can be done to support the process to ensure the Key Worker is able to communicate challenges. The committee were informed that it is the Key Worker's role to identify risks and communicate it to the GP, voluntary sector or any other body the individual is receiving care from.

The chair explained that she was provided details of a case where the GP was left dealing with a patient that nobody was taking responsibility for and she was fully aware that what happens in reality isn't seamless. This is one case but clearly there must be others. The Deputy Chief Executive, NLFT informed the chair that she is happy to get the details of that individual case to try and understand what went wrong. As an outcome of the Nottingham investigation, they have produced an Action Plan going to NCL and their board. The scenario that Councillor Connor described was not isolated, as expressed by Michelle Moralis from The Network in Barnet, she further highlighted that people in the voluntary sector are being left holding cases because of lack of support. The VCS are capable, but they need the statutory sector to work when things are flagged up to them.

RECOMMENDATION: The committee would like to recommend and gain further understanding of the risks and if there are sufficient systems in place to mitigate the

risks? The committee understands the action plan is going to the board, NCL, ICB but the committee needs further clarity on the new processes in place and what learning has come from the Nottingham case. Councillor Connor felt a more granular level of understanding of how things are working on the ground is still not understood and so recommended details of the process, to come back again once it has been through the board.

Paul Addae from Healthwatch Haringey enquired if there were any other innovative approaches besides Key Workers in terms of the outreach such as the Assertive Outreach Team which wasn't available in Haringey. Michelle Moralis said that in terms of sharing information between health and local authorities most referrals come from health and they used to have access to RiO but they currently do not have a single RiO computer and so they get referrals but are unable to check the clinical background and this is a huge gap. Ruth Glover from open doors agreed that having access to London Care Records is a huge cost for the voluntary sector and this is something that would make a huge difference in terms of joining up and commissioning services.

It was explained that in terms of NCLT, there are two boroughs with assertive outreach teams and part of the review work underway is to look at how we support all five boroughs. On a nationwide level, everyone has been required to review how the service is delivered, where the gaps in service lie and to highlight where the gaps are financially. Feedback would be given to the ICB to investigate how the VCS can get access to the London Care Record as this provides a more holistic view of what is happening for an individual.

RECOMMENDATION - Once the report has been to the board, the committee would like to hear about the outcomes to give them the confidence that when things don't go well there are people, processes and systems in place to support clients.

It was also recommended that a more detailed look into Children mental health should be considered for the work programme.

The Chair of the committee thanked all those in attendance.

DEPUTATION

The committee received a deputation from Rod Wells of Haringey Keep Our NHS Public (KONP) explaining that the deputation he was putting forward was because of patients and residents' concerns due to the possible mergers of ICS with the proposed 50% cuts and abolition of NHS England. Patients and residents were worried about how it would affect the governance arrangements in terms of the JHOSC's ability to represent the interests of the public rather than five boroughs in communication with one another, it could potentially be up to ten. There was a concern that the democratic process would be lost. Rod Wells was keen to know how they will work, and he explained that he would like the JHOSC to enquire over what the scale of cuts would mean and whether there are plans for any ICS mergers in the future? The deputation is to stress the need to retain local JHOSC's as they are.

Councillor Connor agreed that the JHOSC would ask ICB colleagues to brief them at a future meeting about what the possible impact of the cuts on services? The committee would also seek to know how they will be able to monitor contracts and services, whilst maintaining the right level of support for hospitals. The Chair Connor explained that the existence and structure of the JHOSC was not based on the ICB but was set up to mirror the former CCG covering the five boroughs. ICB changes do not mean the JHOSC has to change as well.

The Head of Communications & Engagement – NCL ICB explained that she was currently unaware of if there are to be any mergers and they may have more details regarding the cuts by the end of autumn and the best option would be to place an update on the committees forward plan and she would advise colleagues when it will be available. Rod Wells stressed that for democratic oversight, it was important to maintain a five borough JHOSC as there will be challenges with more authorities.

WORK PROGRAMME 2025/26

Councillor Revah briefed the committee that Councillor Burrage had done some very important work on cancer screening that would be worth adding to the work programme.

It was agreed that the next committee would consider the committees terms of reference and finances. Councillor White, advised JHOSC members that it was not feasible to agree the committees' terms of reference without a conversation about finances. He asserted that a full discussion regarding how the JHOSC will be chaired and supported in future needs to take place. The responsibility needs to be shared. Councillor Connor recommended that a letter should go to the Chief Executive Officers of all the five boroughs to get some resolution regarding the resourcing of the JHOSC. Councillor Revah recommended that the letter should also include the leaders of each of the councils.

Also to be scheduled on to the work programme includes the following:

- St Pancreas Hospital update
- Health Inequalities fund update – April 2026
- Royal Free merger
- Whittington Hospital merger

It was agreed that the draft work programme will be circulated in advance of the next meeting for members to provide their feedback on.

The meeting closed at 1.00pm

NCL Joint Health Overview & Scrutiny Committee – Action Tracker 2025-26

MEETING 5 – 28TH APRIL 2025

No.	ITEM	STATUS	ACTION	RESPONSE
46	Deputation from Haringey Keep Our NHS Public (KONP)	**ADDED TO 2025/26 WORK PROGRAMME**	To have site of the ICB savings plans in advance of changes. Concerns raised by Haringey KONP over the impact of changes to ICB on the NCL JHOSC. To be add to forward plan for September/ November.	Added to draft 2025/26 work programme.
45	Mental Health Pathways - Transitions	**ADDED TO 2025/26 WORK PROGRAMME**	Follow up from action plan going to NCL and ICB board. What new processes and systems are in place following the Nottingham case to support people? The committee would like further clarity regarding where does the risk fall. Are there systems in place to mitigate the risks? Further details regarding what is happening on the ground level in terms of joined up communication.	Added to draft 2025/26 work programme.
44	Mental Health Pathways - Transitions	**ADDED TO 2025/26 WORK PROGRAMME**	To come back to the committee in 6-12 months to provide clarity regarding the offer for those in the 17-25 age group and how this fits in with the SPA and how different groups and organisations can support that offer.	Added to draft 2025/26 work programme.
43		**ADDED TO 2025/26 WORK PROGRAMME**	Further information to be provided to assist the committee in understanding how the contracts with the voluntary and community sector fits in with the SPA.	Added to draft 2025/26 work programme.

42	Mental Health Pathways	**ADDED TO 2025/26 WORK PROGRAMME**	Information to be provided on how co-designing services with carers and staff in terms of discharge planning is being taken forward including details regarding consent.	
41	Mental Health Pathways	**ADDED TO 2025/26 WORK PROGRAMME**	Further information to be provided to assist the committee in understanding how the contracts with the voluntary and community sector fits in with the SPA.	Added to draft 2025/26 work programme.
40	Mental Health Pathways	**ADDED TO WORK PROGRAMME**	To receive an update to understand how the information held by voluntary sector organisations is shared at the Single Point of Access and how it fits into different pathways. Review evidence from Barnets pilot with the results coming out in June 2025. To also consider how the NODE and SPA progresses as an outcome of the pilot.	Added to draft 2025/26 work programme.

MEETING 4 – 3RD February 2025

No.	ITEM	STATUS	ACTION	RESPONSE
39	Health Inequalities Fund	**ADDED TO 2025/26 WORK PROGRAMME**	The Committee suggested that the community groups could be invited to provide an update on their projects in a year or two's time.	Added to draft 2025/26 work programme.
38	Health Inequalities Fund	**COMPLETED**	Details were requested on the membership of Health Inequalities Borough Partnership Meetings.	Response provided in **ATTACHMENT N** – see section **A5**.

37	Health Inequalities Fund	**COMPLETED**	The Committee requested the report on the evaluation conducted by Middlesex University on the programme's approach to co-production project.	Response provided in **ATTACHMENT N** – see section **A4**.
36	Health Inequalities Fund	**COMPLETED**	Further details were requested on the performance metrics for projects and on the consequences should projects fail to deliver on these.	Response provided in **ATTACHMENT N** – see section **A3**.
35	Health Inequalities Fund	**COMPLETED**	Written response to be provided following queries from Cllr Chakraborty on why: • Only 2 of the 56 projects in the programme were based in Barnet borough. • The criteria used for the funding of projects (i.e. levels of deprivation, etc)	Response provided in **ATTACHMENT N** – see section **A1**.
34	Workforce strategy	**ADDED TO 2025/26 WORK PROGRAMME**	The Committee suggested that future Workforce reports should include more details on: • How productivity is defined and measured. • The shift to the Neighbourhood Model and the effects of this on productivity and wider outcomes such as quality of life for patients. • What was being done to make the NHS more attractive to job seekers, including on working conditions, mentoring and on incentivising graduates.	Added to draft 2025/26 work programme.
33	Workplan	**ADDED TO WORK PROGRAMME**	To add mental health report to the agenda for April 2025.	Added to draft work programme.

MEETING 3 – 11th November 2024

No.	ITEM	STATUS	ACTION	RESPONSE
32	Winter Planning	**ADDED TO 2025/26 WORK PROGRAMME**	The Committee requested that the next winter planning report should include details on progress relating to: - High Impact Interventions. - Bringing down waiting times for patient discharges to A&E from ambulances.	Added to draft 2025/26 work programme.
31	Winter Planning	**COMPLETED**	Details to be circulated on the Local Healthcare Team Campaign, including the resources for GP receptionists and practice managers to support patients.	Response provided as **ATTACHMENT M**.
30	Winter Planning	**COMPLETED**	Details to be circulated on the targeted work on vaccine uptake including why there had been resistance from some communities.	Response provided as **ATTACHMENT L**.
29	NCL Financial Review	**ADDED TO 2025/26 WORK PROGRAMME**	The Committee requested that the next financial report should include: - Details on acute care and community services and on overview of any associated pressures and risks. - Details on the distribution of funds to voluntary sector organisations. - Details of the lines of communication between Departments and how financial decisions are reached.	Added to draft 2025/26 work programme.
28	NCL Financial Review	**COMPLETED**	Further details to be provided on: - What impact the efficiency savings were expected to have on services. - What assessment had been made of the impact of the efficiency savings on people with disabilities. - The overall impact of capital projects on the revenue budgets (e.g. costs associated with borrowing)	**Response:** NCL Trusts have provided assurance on their control processes with respect to the delivery of efficiency savings (CIP) and their impact upon services. Each Trust has a well-established Equality and Quality Impact Assessment (EQIA) process which assesses the impact of efficiency savings and reports these to a panel of Trust executives. This panel includes

				representation from senior clinicians, including the Chief Nurse (CNO) and/or Chief Medical Officer (CMO). The EQIA process requires each efficiency scheme to initially be assessed and approved by the relevant directorate management team before submission to the EQIA panel for further scrutiny. Efficiency schemes are only formally accepted into Trust savings programmes once the EQIA panel has been assured that the impacts on equality, quality and safety have been properly considered and where necessary mitigated. The Equality impact assessment covers all protected characteristics, including disability. NCL Trusts have confirmed that no 2024/25 CIP schemes were agreed which were determined to have an adverse impact upon patients with disabilities.
27	Whittington/UCLH collaboration	**COMPLETED**	Further details to be provided on Virtual Wards as part of the Hospital at Home scheme.	Response provided as **ATTACHMENT K**.
26	Whittington/UCLH collaboration	**COMPLETED**	Clare Dollery (Acting CEO – Whittington) was asked about the Rapid Response Unit which operated alongside the Home at Hospital scheme and had a two-hour target response time. She agreed to circulate data on this.	Response provided as **ATTACHMENT J**.
25	Start Well	**COMPLETED**	It was noted that the ICB had published its full report on the Start Well consultation and the Committee was invited to submit any views/recommendations in writing.	A letter from the Chair on behalf of the Committee was submitted to the ICB on 6th Dec 2024. **(ATTACHMENT I)**

24	Written Question	**COMPLETED**	A Written Question was received from a resident from Barnet: *"Given that the primary reason for absence from work is illness and the COVID pandemic is still ongoing –and is still causing illness and long-term health problems, do you think that reducing the spread of COVID with cleaner air in schools, and healthcare and public settings will be beneficial to the economy?"*	As this is a Public Health issue, this is the responsibility of local Directors for Public Health who are scrutinised by local HOSCs. The resident has been provided with the details of the local HOSC and details of the local Air Quality Action Plan for Barnet.

MEETING 2 – 9th September 2024

No.	ITEM	STATUS	ACTION	RESPONSE
23	Work Programme	**TO BE CONSIDERED FOR 2025/26 WORK PROGRAMME**	Meetings to be extended to up to three hours in duration, should the agenda items require this. Democratic Services and ICB to be consulted on the possibility of adding an additional meeting to the annual JHOSC schedule.	Democratic Services teams in the 5 NCL Boroughs are currently consulting on the resources for the JHOSC and this will be fed into that discussion ahead of the meeting schedule and work programme being developed for 2025/26. **Nov update** – Committee members were encouraged to speak to the Chief Executive/Finance Director in their Borough about this.
22	North London Mental Health Partnership	**AWAITING RESPONSE**	Further information was requested on: a) More detail on the finances associated with the merger, in particular the expected impact on the surplus/deficit and any anticipated risks. b) Evidence of how people with disabilities were being involved with working groups and consultations. c) Details on how CAMHS would fit alongside the new structure and how patients would be able to navigate this.	

			d) Most recent headline waiting list figures to be provided. e) Update on action to address concerns about breakdown in communications between families and keyworkers in some cases. f) Assurances sought that a report on suicide prevention would be considered by NLMHP and appropriate action taken (Not sure what the timescale for this report is expected to be?) g) More evidence of the internal due diligence that the Partnership had done for the merger, including Quality Governance and changes in the key clinical areas. h) Evidence that local focus on care would not be lost as a consequence of merger.	
21	Estates & Infrastructure Strategy	**TO MONITOR**	Update to be provided on St Pancras Transformation Programme.	A briefing to the Chair/vice-Chairs of Committee took place in October 2024. A follow-up briefing took place in February 2025. The issue remains ongoing and is expected to be included in the 2025/26 work programme.
20	Estates & Infrastructure Strategy	**COMPLETED**	a) Cllr James to speak to the planning inspector for health centres at Enfield Council about land being reviewed in Enfield to ensure that the ICB was aware of opportunities to acquire sites. b) It was suggested that all Boroughs should make the ICB aware of any divestments. More details were to be provided on how NCL Estate	a) This has been actioned. b) - The Borough Integration Units will be the local representative of the ICB as part of a matrix with other functions within the ICB, such as Quality, Service Development and Analytics (as examples). BIU leadership meets regularly with colleagues

			teams operate and how they work with local authority teams.	from Councils, particularly Adult Social Care, Children and Families and Public Health but as an anchor organisation have wider links with areas such as Community Wealth building, Planning, Housing, as examples. The details of leaders within the BIU team as follows: • Director lead for Enfield, Haringey and Islington (East) – Clare Henderson • Director lead for Barnet and Camden (West) – Simon Wheatley • Assistant Director Barnet – Dan Morgan • Assistant Director Camden – Jo Reeder • Assistant Director Islington – Rhian Warner • Assistant Director Haringey – Tim Miller • Assistant Director Enfield – Peppa Aubyn
19	Estates & Infrastructure Strategy	**COMPLETED**	Further information was requested on: a) Details of the membership of the Estates Forum in each Borough. b) Plans to include keyworker housing at Finchley Memorial Hospital. c) An update on keyworker housing at the St Anns site. d) NCL ICS people strategy – how will NEET individuals would be chosen for the	a) Response provided as **ATTACHMENTS C1 to C5.** b) Response provided as **ATTACHMENT D.** c) Response: "There will be 22 units of accommodation which will be available for use of NLMHP / NLFT staff, as the St Ann's site housing development progresses. The first units should be available by 2026. The

			employment, who would refer them and how they would be supported. e) Further details to be provided of sites being sold, the buyers of the sites and how the funds would be reinvested. f) Details of the critical infrastructure risk and any particular areas of or backlog and the risk associated with this. g) Details of the ICB engagement strategy to be provided.	units will be owned by Peabody, but the NLMHP / NLFT will have the nomination rights, i.e. the Trust will be able to allocate these units to some of its staff, to help in staff recruitment / retention. This was agreed in the original land sale agreement with the GLA." d) Response: WorkWell is a service open to anyone with a disability or health condition who lives in Barnet, Enfield, Haringey, Camden and Islington (or is registered with a GP or Job Centre within this area). Please see the stakeholder communication pack **(ATTACHMENT E)**. We are in the process of developing a more detailed set of FAQs that will have been tested by stakeholders and this will follow shortly. More information and details of how to refer into the WorkWell service can be found on our website here: https://nclhealthandcare.org.uk/keeping-well/workwell/ e) Details of disposals strategy development provided in **ATTACHMENT F**. f) Details of Critical Infrastructure Risk prioritisations review provided in **ATTACHMENT F.** g) ICB People & Communities Strategy provided as **ATTACHMENT G1.** ICB

				Community & Voluntary Sector Strategy provided as **ATTACHMENT G2.**
19	NMUH/Royal Free merger	**PARTLY COMPLETE**	Further information was requested on: a) The lines of governance accountability (including an organisational chart illustrating how this would work after the merger) and how sub-committees would feed into the Board. b) How NMUH governors and staff reps could feed into the governance process. c) Clarification on the longer-term plans for where Barnet patients would be treated. d) Details on the plans to safely merge the Electronic Patient Records. e) Further evidence about the consultation of patient groups.	Responses to points b) to e) provided as **ATTACHMENT H.** Response to point a) to follow in December 2024.
18	NMUH/Royal Free merger	**ADDED TO WORK PROGRAMME**	Possible issues to be considered in future update item: a) For the Committee to examine a case study into a less prominent area of care to ascertain how it was monitored before and after changes to the service, what the local priorities were and their impact on how clinical decisions were made. b) For further discussion on financial risk and, including how the debts of the Royal Free Group when be held within the merged Trust.	Added to work programme.

17	Minutes (Barnet update)	**IN PROGRESS**	Cllr Cohen reported that a consultation in Barnet on primary care access had recently been concluded and that the results were expected to be published in September. He would update the Committee when this was available.	Nov 2024 update – this has not yet been presented to the Barnet Cabinet. An update will be provided when further information is available.
16	Minutes (Actions)	**TO BE IMPLEMENTED IN FUTURE MEETINGS**	The Committee requested that the action point sheet should be published as a separate agenda item for future meetings.	To begin from Nov 2024.
15	Minutes (Mental Health action points)	**TO BE FOLLOWED UP AT APRIL 2025 MEETING**	Regarding the update from the ICB on a previous mental health item (in March 2024), additional information was requested: • Item 3 (Voluntary & Community Sector contract terms) – The response noted that the Committee could be updated further throughout the year as this workstream was developed. • Item 5 (Supported Accommodation for People with Severe Mental Health Needs) – Further information was requested on how the Mental Health Trusts were working with local authorities to resolve the shortage of supported accommodation that was described. • Item 8 (Mental Health Support Teams in Schools Coverage) – Information was requested on which schools were supported.	Item 3 – Added to Work Programme.
14	Minutes	**COMPLETE**	The minutes of the meeting were not approved as the meeting was not yet quorate in the early stages when this item was discussed. The minutes would therefore need to be formally approved at the November meeting.	Minutes approved.

MEETING 1 – 25th July 2024

No.	ITEM	STATUS	ACTION	RESPONSE
13	Dental Services	**COMPLETE**	Concerns were expressed that some residents did not access dental services because of the cost and that this would have implications for long term health.	Response from Mark Eaton, Director of Strategic & Delegated Commissioning (NCL ICB): "This is a joint area of concern for both the NHS and Local Authorities. The resolution of this will require coordinated action but needs changes to be made to funding and the contracts via a national policy change."
12	Dental Services	**PARTLY COMPLETE**	The Committee recommended that improved communications with residents was required about a) available care pathways and b) preventative actions such as supervised teeth brushing for children.	a) Awaiting response. b) Response from Mark Eaton, Director of Strategic & Delegated Commissioning (NCL ICB): "Supervised brushing is a very effective preventative approach and falls within the shared remit between the NHS and Local Authorities for Oral Health Promotion. The NCL ICB is working with Local Public Health Teams across NCL to develop a consistent programme in this area given the relatively low costs v high benefits."
11	Dental Services	**AWAITING RESPONSE**	Information was requested on the definition of 'exempt' and any special provision for patients with diabetes.	
10	Primary Care	**COMPLETE**	Details were requested on the ICB response to a recent report into the safety of online consultations.	Responses provided in **ATTACHMENT B.**

9	Primary Care	**COMPLETE**	The Committee recommended that improved communications with residents was required to increase uptake in the expanded range of services provided by pharmacists.	
8	Primary Care	**COMPLETE**	Further information was requested on supervision for Physician Associates and pressures on GPs.	
7	Primary Care	**COMPLETE**	The Committee recommended: - more support for residents who cannot easily access apps/online forms in order to increase uptake. - inclusive policies for residents who do not have access to a smartphone. - the right level of training should be delivered for practice receptionists to become information-givers and gatekeepers.	
6	Primary Care	**COMPLETE**	The Committee suggested that better consistency with the same doctor was needed for those with chronic medical conditions.	
5	Primary Care	**COMPLETE**	More information was requested about improving the patient experience, decreasing long waiting times and about patients who remain under primary care because of long waiting lists for secondary care.	
4	Start Well	**COMPLETE**	NCL ICB to provide the Committee with the final full report following the consultation exercise. At the time of the meeting, only an interim report was available. Final report expected to be published in autumn 2024.	Nov 2024 update – Full feedback reports have now been published: https://nclhealthandcare.org.uk/get-involved/start-well-2/

3	Start Well	**COMPLETE**	Committee to provide formal response by letter to NCL ICB on the interim report following the consultation exercise.	Letter submitted to NCL ICB in August 2024. This letter included all of the main comments/recommendations made at the meeting. See minutes of meeting for further details. Letter provided as **ATTACHMENT A**.
2	Terms of Reference	**IN PROGRESS**	Discussions to be held with Boroughs on resourcing of support for JHOSC.	This has been passed to the Monitoring Officer at Haringey for discussion with the other 4 NCL Boroughs.
1	Terms of Reference	**IN PROGRESS**	New draft terms of reference for the JHOSC to be developed.	The Committee met on 8th Aug 2024 to provide initial input and 3rd Sep 2024 to consider a first draft. A second draft has been completed. The section on the resourcing of the Committee are currently under discussion and the draft terms of reference will be submitted for ratification by the Boroughs after this issue has been resolved.

North Central London
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NHS

COMMUNITY PHARMACY UPDATE

11th July 2025 – JHOSC

Kristina Petrou

Agenda Item 10

"How are pharmacy clinical services having an impact on patient care in NCL?"

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135,913
Completed Pharmacy First consultations
(June24 -May 2025)

22,652
hours saved.
NHS Community Pharmacists have improved access for patients and saved 22,652 hours of GPs and other healthcare professionals' time.

Improving access in primary care

33% of all flu vaccines and
60% of all covid vaccines in the last 12 months in NCL were delivered in community pharmacies

10,991
completed consultations for oral contraception
(June24 -May 2025)

58,149
blood pressure checks of which high blood pressure was confirmed using ambulatory monitoring in
5,275 patients
(June24 -May 2025)

Prevention of cardiovascular disease

Assuming these patients comply with management for the next 5 years

This would potentially have prevented[1]
42 Deaths
78 Strokes
52 Heart attacks

1 https://thennt.com/nnt/anti-hypertensives-to-prevent-death-heart-attacks-and-strokes/

Patient experience

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Trust in community pharmacy

Flu and COVID-19 vaccine delivery

33% of NCL patients opted to have their flu vaccination in a local pharmacy and **60%** of patients selected pharmacy as the location for their covid vaccination.

Access

94.6% found pharmacies easy to access. Only **5%** of the public found pharmacies “difficult” to access.

37% who reported difficulty accessing GP services. Pharmacies were seen as the **most accessible** healthcare setting

85% reported an overall positive experiences with staff and convenience.

60% were aware of the **Pharmacy First** scheme.

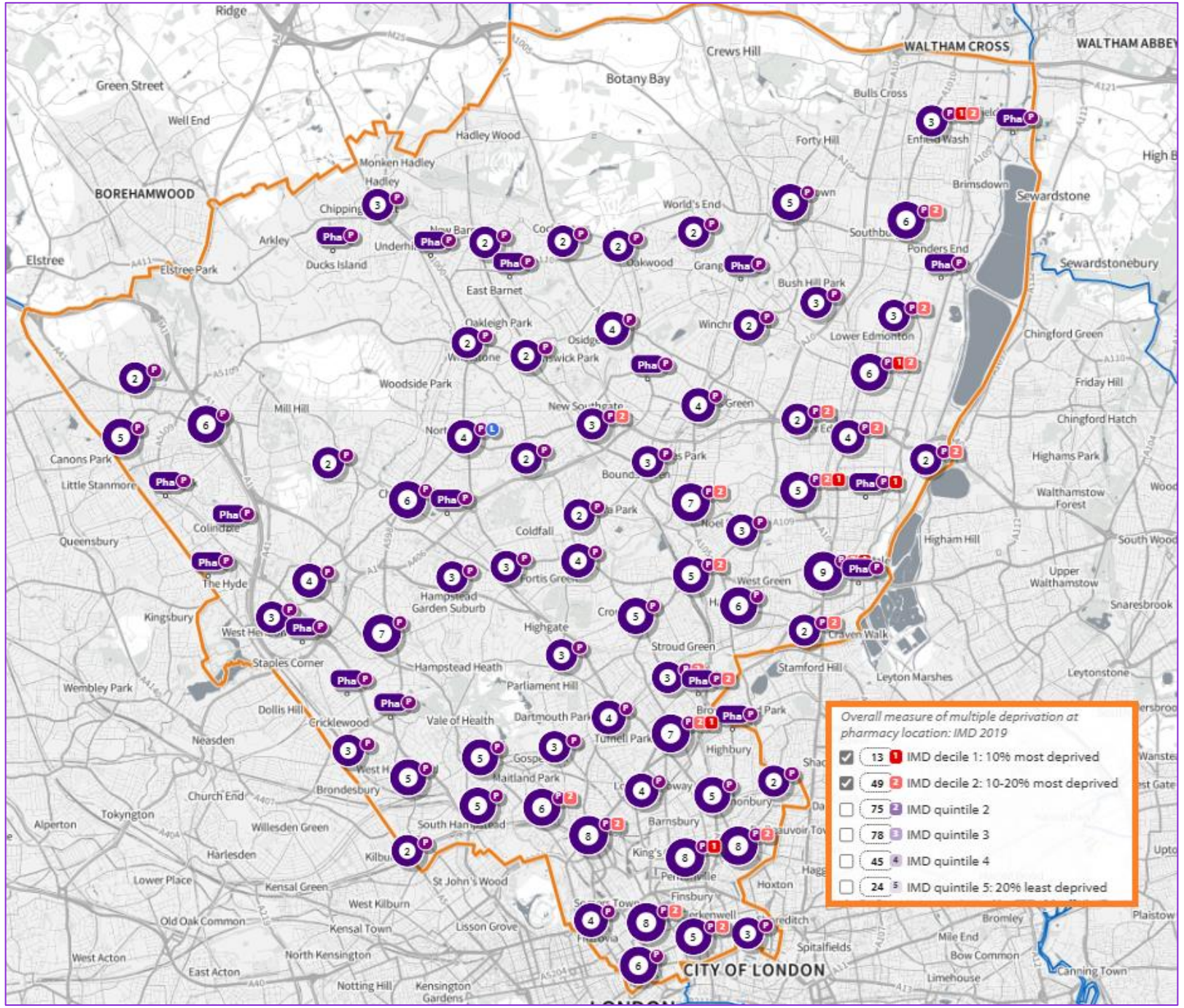
84% of the 10,998 patients in NCL using the Selfcare Medicines Scheme(SCMS) in the last 12 months reported they would have gone to their GP were it not for our service

Concerns

25% patients reported having ever delayed or skipped medications due to cost.

15% had concerns about privacy during consultations [*in England, community pharmacies are required to have consultation rooms that comply with the NHS Regulations, to deliver certain clinical services*]

Sources: Community Pharmacy England / YouGov Survey (May 2025) ; Healthwatch England – “Pharmacy: What People Want” (April 2024) ; SCMS activity data extracted from claims



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Map illustrating the pharmacies in NCL

Data Feb'25

Source: SHAPE
https://app.shapeatlas.net/place/

Community pharmacy services

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NATIONAL		REGIONAL	NCL ICB/PH
Essential Services	**Advanced Services**	**Enhanced Services**	**Locally Commissioned Services**
1. Dispensing Medicines 2. Repeat Dispensing and eRD 3. Dispensing Appliances 4. Disposal of unwanted medicines 5. Support for Self Care 6. Signposting 7. Healthy Living Pharmacies 8. Public Health (Promotion of Healthy Lifestyles) 9. Discharge Medicines Service (DMS)	1. Flu vaccination service 2. Pharmacy First 3. Hypertension case-finding service 4. New Medicine Service (NMS) 5. Appliance Use Review (AUR) 6. Stoma Appliance Customisation (SAC) 7. Smoking Cessation Advanced Service 8. Contraception service	1. London Vaccination Service 2. COVID-19 vaccination (national) 3. Bank holiday rota	Local Authority / Public Health • Needle Exchange • Supervised self-administration • Stop Smoking Service • Emergency Hormonal Contraception (EHC) • Condom Distribution ICB • Supply of End-of-Life medicines (EoL) • Self-Care Medicines Scheme (SCMS)

Community Pharmacy England https://cpe.org.uk/national-pharmacy-services/

Pharmacy First Service

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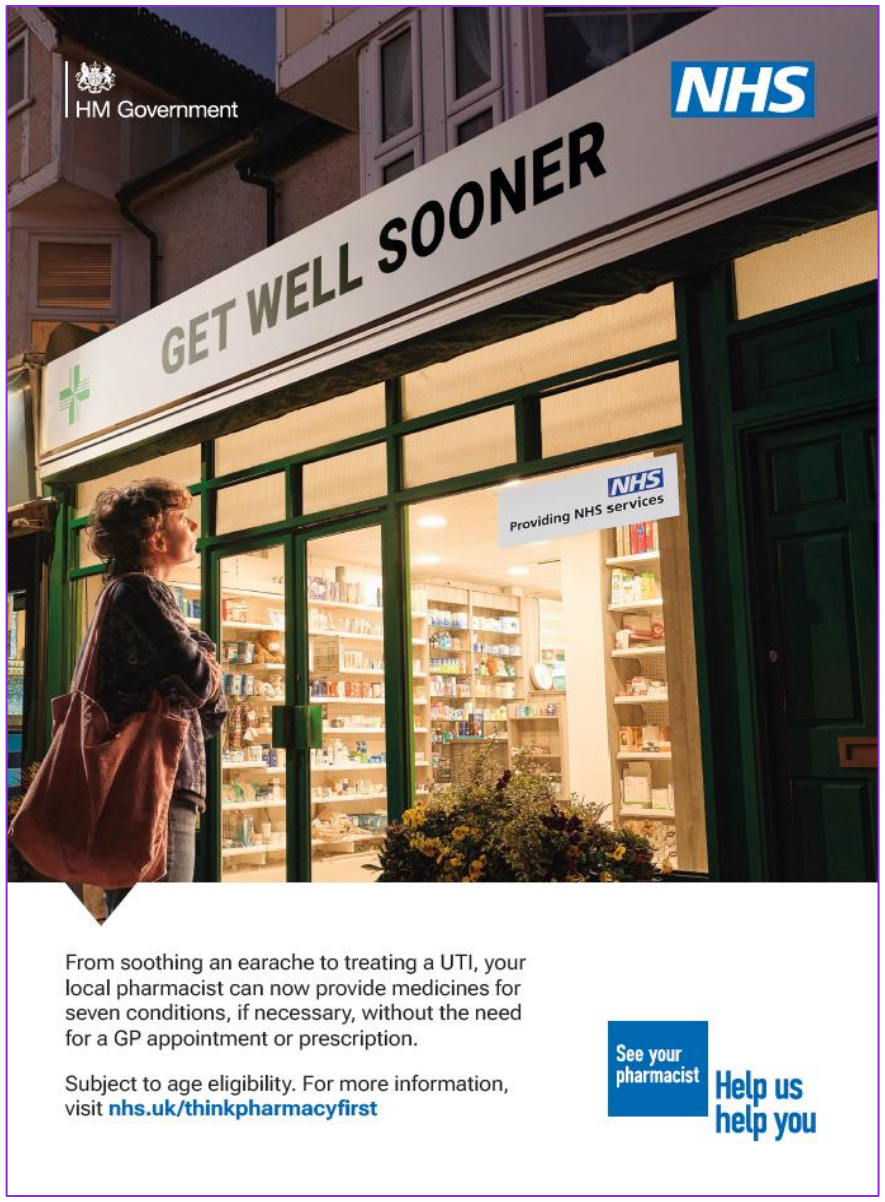

- Almost all pharmacies now offer the Pharmacy First service, giving advice and, if needed, NHS medicines to treat seven common health conditions – and all without the need for a GP appointment.
- This service is available in 95% of pharmacies in NCL

PHARMACIES REGISTERED FOR PHARMACY FIRST (June25)	Yes	No	Grand Total
Barnet	68	2	70
Camden	57	4	61
Enfield	55	2	57
Haringey	50	2	52
Islington	45	1	46
Grand Total	275	11	286

95%

Pharmacy First – launched 31st Jan 2024

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- Pharmacy First (PF) launched 31st January, replacing the Community Pharmacist Consultation Service (CPCS).
- It includes all previous CPCS elements, plus 7 new clinical pathways.
- The PF service comprises three elements:

Pharmacy First (NHS referrals for minor illness)	Pharmacy First (urgent repeat medicine supply)	Pharmacy First (clinical pathways)
✓ Previously commissioned as part of CPCS ✓ referrals from GP practice and NHS111	✓ Previously commissioned as part of CPCS ✓ referrals from NHS111	✓ new element ✓ referrals from GP practice and NHS111 or walk-in

- Contractors MUST be able to provide all 3 elements (only exception is DSPs will not need to do otitis media pathway due to need to use otoscopes).

NCL completed Pharmacy First consultations by month by type

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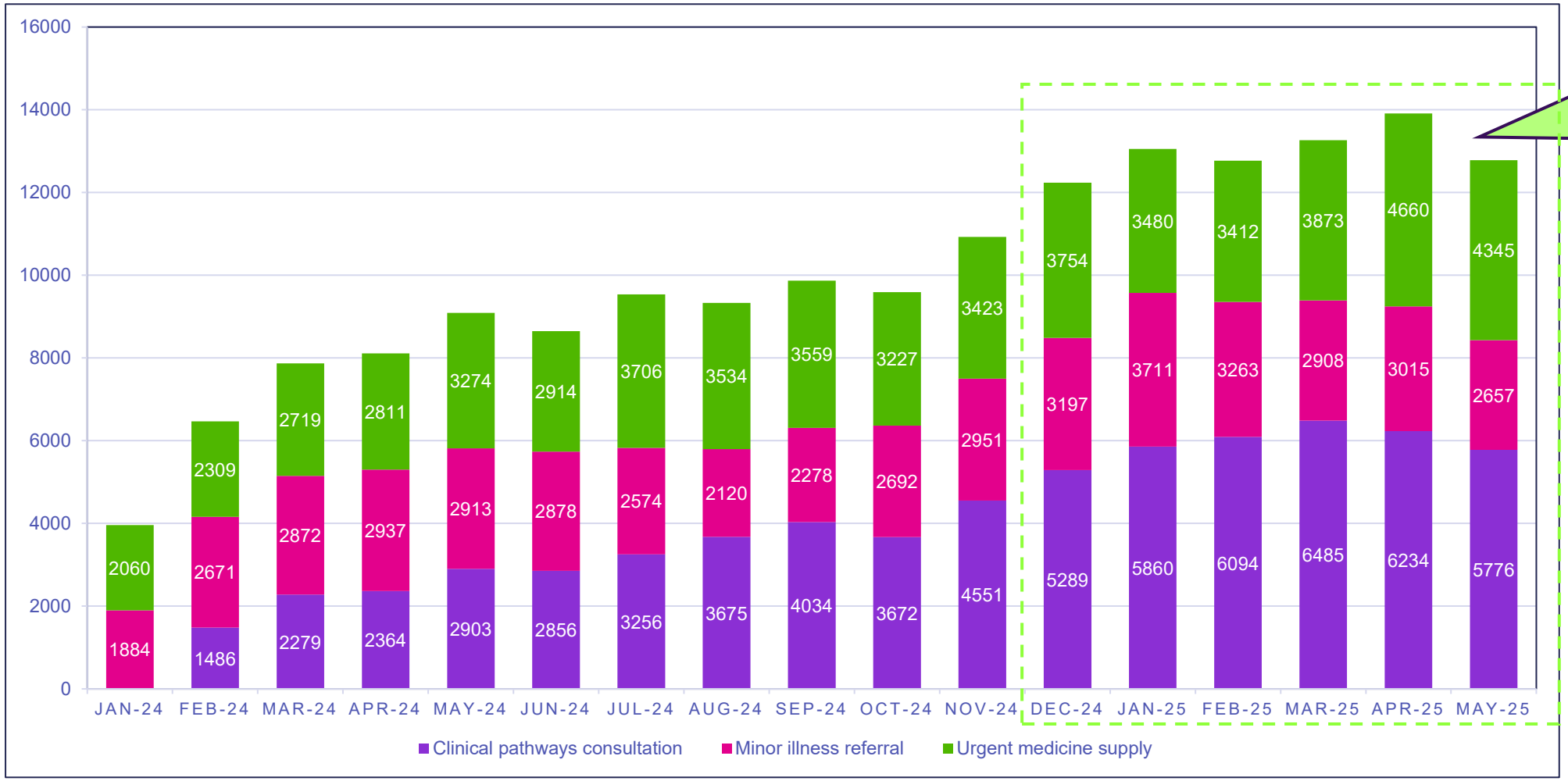

Average around 13,000 completed consultations per month in the past 6 months

Source: NHSBSA data based on unverified claims submitted by pharmacy contractors. Feb 2024 – May25.

PF activity by month by clinical pathway

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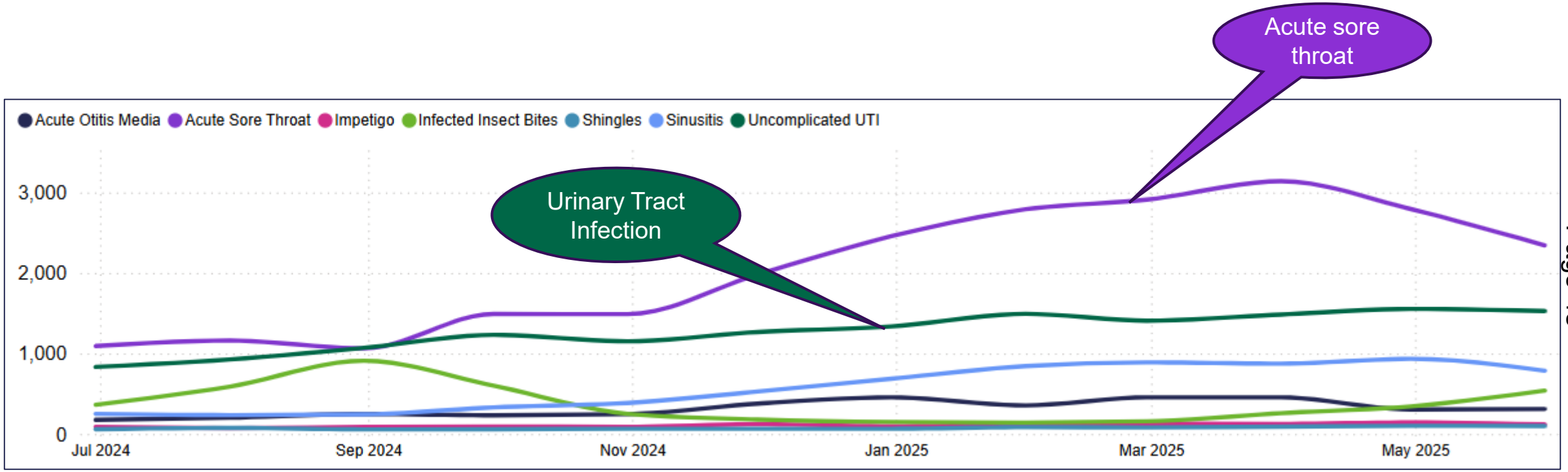

The two most common conditions presented to community pharmacies as part of Pharmacy First are sore throat and urinary tract infection.

Source: NHSBSA data based on unverified claims submitted by pharmacy contractors. July'24-May'25)

NCL Self-care Medicines Scheme (SCMS)

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Who can use this service…
Patients aged under 16 years who have at least one parent who would be eligible for this service
Patients who are receiving Universal Credit and whose income is at a level where they are eligible for free prescriptions. Patients receiving any other benefits which give them eligibility for free prescriptions: • NHS Low Income Scheme and are in possession of a valid HC2 certificate. • Income Support (IS) or Income-related Employment and Support Allowance (ESA) • Income-based Jobseeker's Allowance (JSA) • Tax Credit exemption certificate • Pension Credit Guarantee Credit
Young people aged 16,17 or 18 years **and** • in full-time education, part-time education, or undertaking an accredited level 1 apprenticeship
Homeless and in possession of local authority 'Letter of homelessness'

Further info: https://cpe.org.uk/dispensing-and-supply/prescription-processing/receiving-a-prescription/patient-charges/exemptions/

Conditions and medicines included in the SCMS

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- Athlete's foot
- Back pain
- Constipation (Age > 12)
- Contact dermatitis
- Diarrhoea
- Dyspepsia and indigestion
- Earache
- Fever / headache
- Haemorrhoids
- Hay fever, allergic rhinitis and allergies
- Head lice
- Minor injuries
- Nappy rash
- Ringworm
- Scabies*
- (and pruritus from scabies)
- Teething
- Threadworm
- Vaginal thrush
- Warts and verrucas

Anusol™ cream / oint / supps
Aquamax® cream
Beclometasone nasal spray
Bonjela® teething gel
Bug busting kit
Cetirizine tablets / liquid
Chlorphenamine tablets / liquid
Clobetasone 0.05% cream
Clotrimazole cream / pess/ combi
Crotamiton 10% cream
Dimeticone (Hedrin®)
Dioralyte™ sachets
Docusate sodium caps
Duofilm® (15ml)
Emulsifying ointment
Fluconazole oral capsule 150mg (1)
Head lice comb
Hydrocortisone 1% cream (15g)
Ibuprofen **
Isphagula husk sachets (Fybogel™)
Loperamide capsules (6)
Loratadine 10mg tablets (30)
Macrogol compound oral powder sachets
Malathion liquid
Mebendazole tablet / liquid
Metanium® ointment
Miconazole cream 2% (30g)
Mucogel® oral suspension
Olive Oil ear drops
Paracetamol **
Peptac® suspension
Permethrin cream
Salactol™ paint
Senna tablets / liquid
Sodium bicarbonate eardrops
Sodium chloride 0.9% sterile solution
Sodium cromoglicate 2% eye drops
Sudocrem®
Zinc & castor Oil cream

Paracetamol	Tablets 500mg (32)	Suspension SF 120mg/5ml (100ml)	Suspension SF 250mg/5ml (100ml)	Suspension SF 120mg/5ml (200ml)	Suspension SF 250mg/5ml (200ml)
Ibuprofen	Tablets 200mg (24)	Tablets 400mg (24)	Suspension 100mg/5ml (100ml)	Suspension 100mg/5ml (200ml)	

Pharmacies signed up for SCMS

(as of 23/6/2025)

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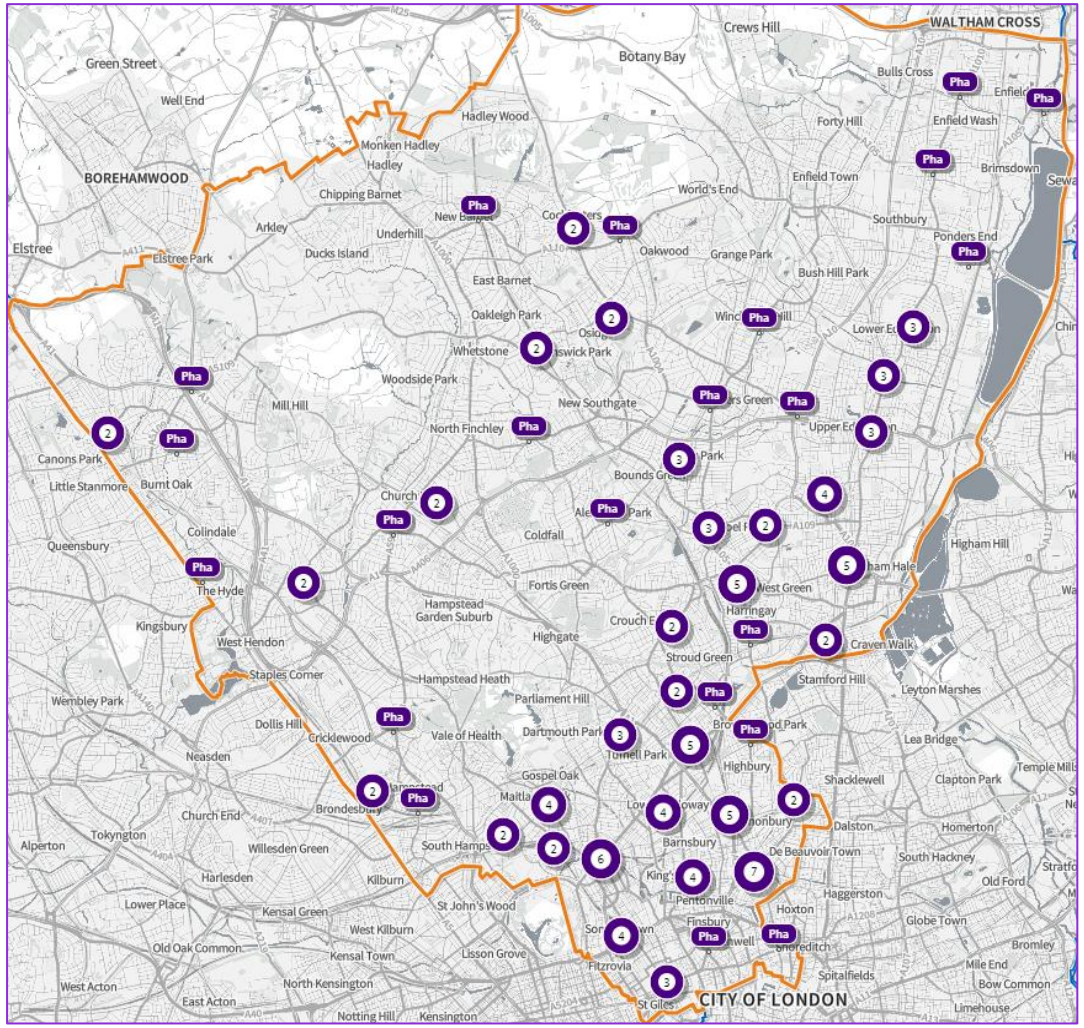

Further info: https://nclhealthandcare.org.uk/keeping-well/self-care/

Borough	Number of participating pharmacies
Barnet	21
Camden	29
Enfield	27
Haringey	30
Islington	36
Westminster (on Camden border)	1
Brent (Camden border)	1
Grand Total	145

51%

SCMS activity: June 24 – May 25

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10,998
consultations June - May 2025

84% of
patients would have gone to GP

84% of
consultations were self-referred

54%
of consultations in Islington
27% in Camden
10% in Haringey
9% in Enfield
0.4% in Barnet

44%
patients under 16

11 patients
required onward referral

Source: PharmOutcomes claims data for 1/6/24 – 31/05/25, accessed June 2025.

NHS blood pressure check service

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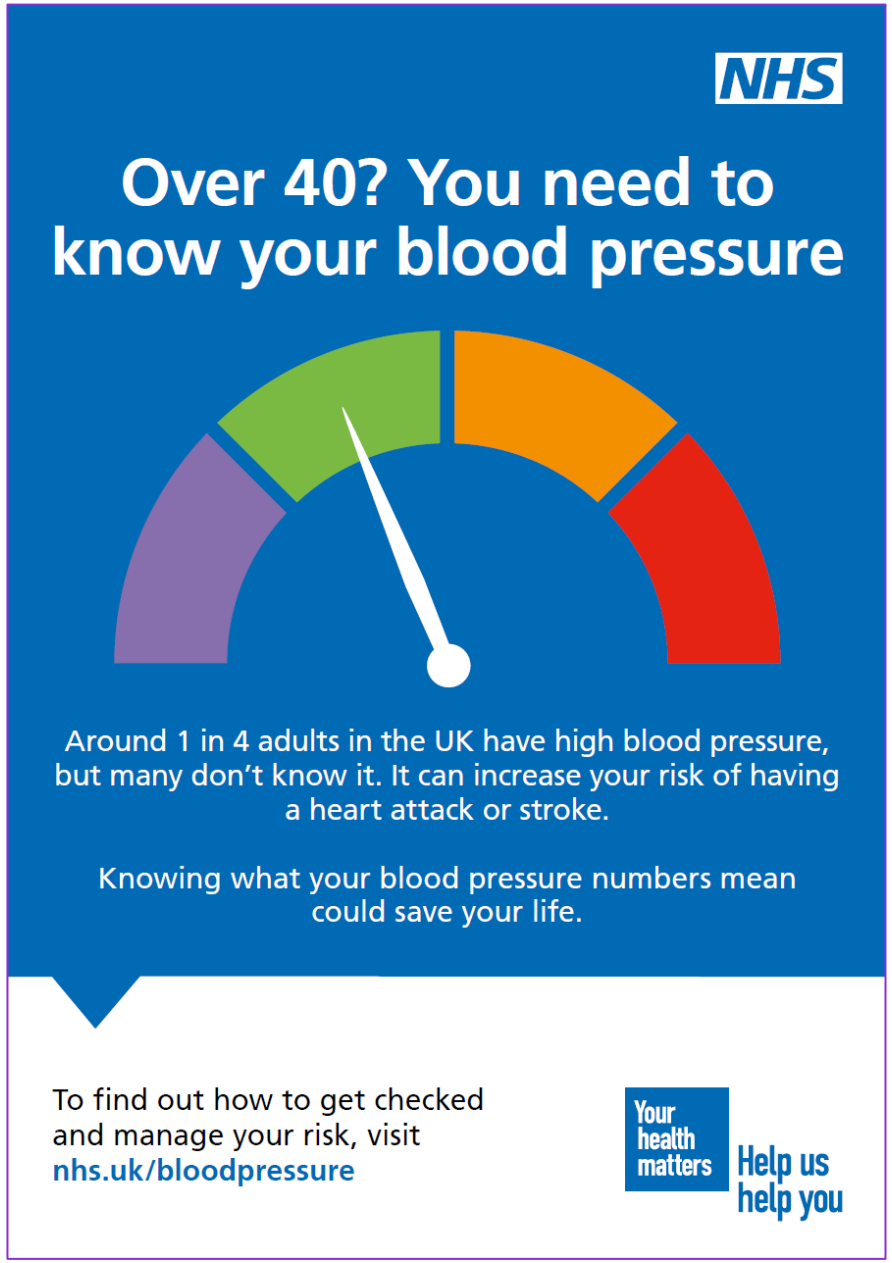

Why get your blood pressure checked?

- High blood pressure, also called hypertension, is a condition which can be controlled to reduce the risk of a heart attack, stroke or other cardiovascular disease.
- In the UK there are about five million adults (one in every nine) who have high blood pressure without even knowing it, since high blood pressure itself rarely causes symptoms.
- The British Heart Foundation estimates that high blood pressure causes over 50% of heart attacks and strokes.

What does this free NHS blood pressure check involve?

- FREE NHS blood pressure checks to people aged 40 and over with no appointment necessary.
- General practices can also refer patients to a participating community pharmacy for a clinic blood pressure reading, or for 24-hour ambulatory blood pressure monitoring.

PHARMACIES REGISTERED FOR BLOOD PRESSURE CHECK (June25)	Yes	No	Grand Total
Barnet	63	7	70
Camden	53	8	61
Enfield	51	6	57
Haringey	47	5	52
Islington	42	4	46
Grand Total	**256**	**30**	**286**

89%

BP activity by type (Sep23-May25)

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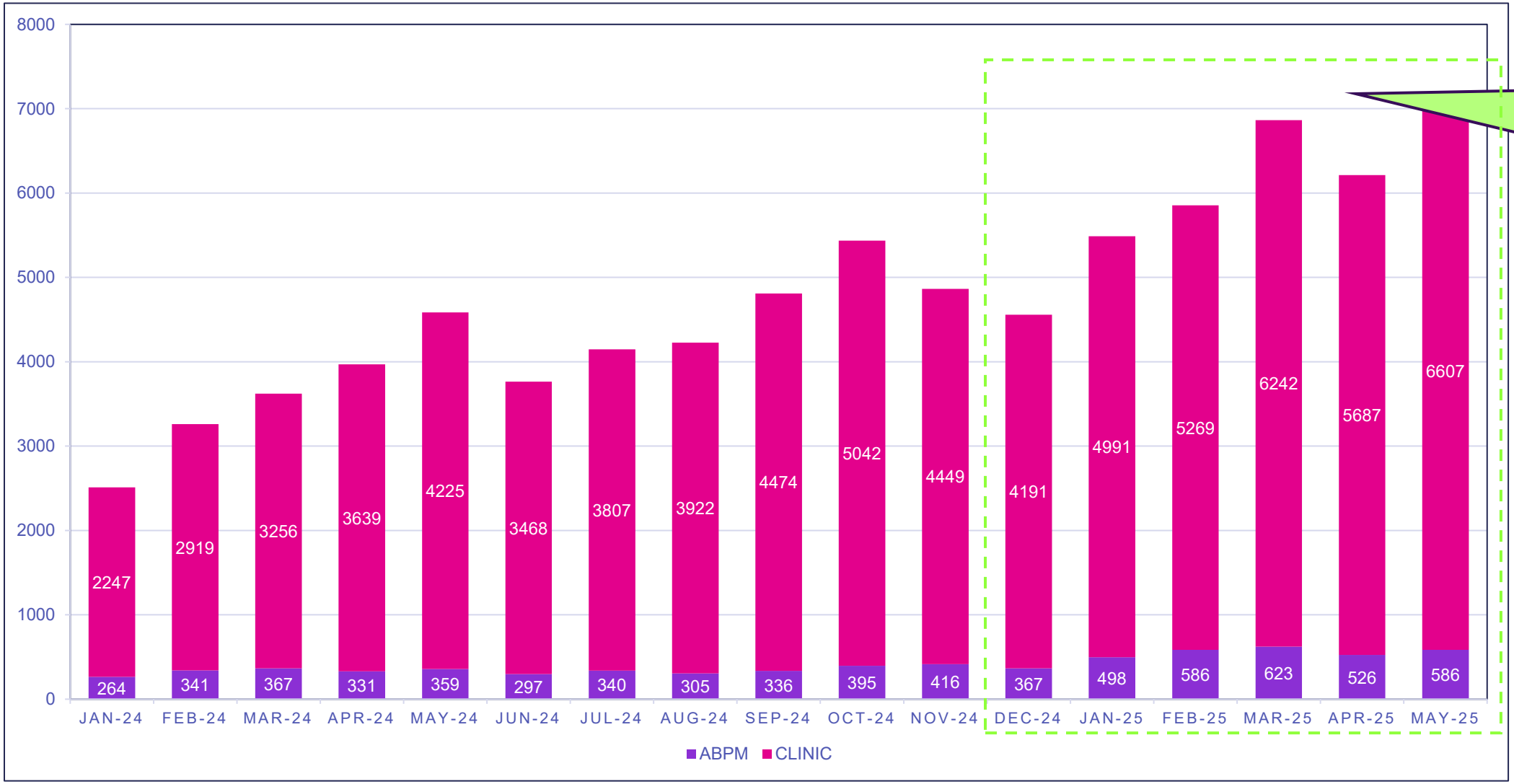

An average of just over 6,000 blood pressure checks completed in NCL in the past 6 months

Pharmacy Contraception Service

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- This free service may be more convenient than booking an appointment with the GP surgery or at a sexual health clinic.
- The pharmacist can give the same expert advice about selecting and managing contraceptive pills as the GP surgery.
- From October'25 Emergency Hormonal Contraception(EHC – 'morning after pill') will be added to the national service.

PHARMACIES REGISTERED FOR CONTRACEPTION SERVICE (June25)	Yes	No	Grand Total
Barnet	62	8	70
Camden	53	8	61
Enfield	53	4	57
Haringey	42	10	52
Islington	44	2	46
Grand Total	254	32	286

88%

Contraception activity by service type by month (Jan'24-May'25)

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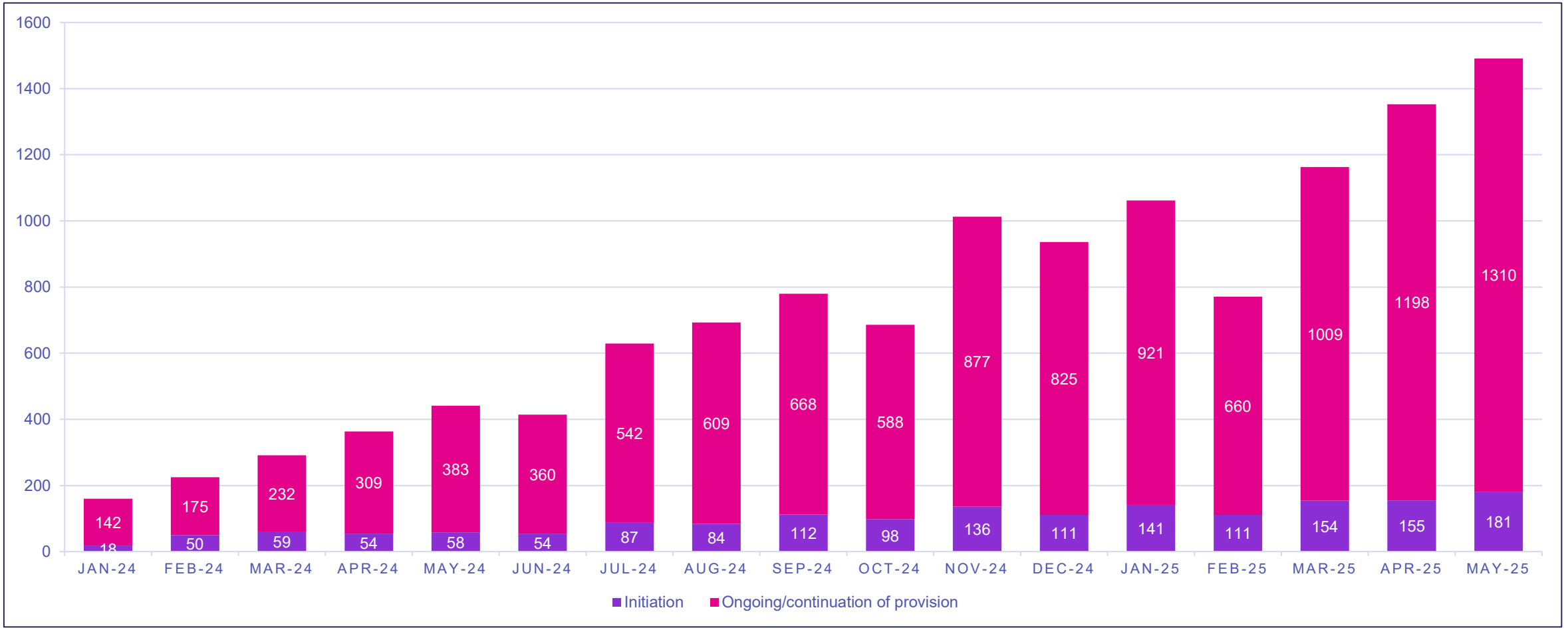

Vaccinations in NCL community pharmacies 2024/2025

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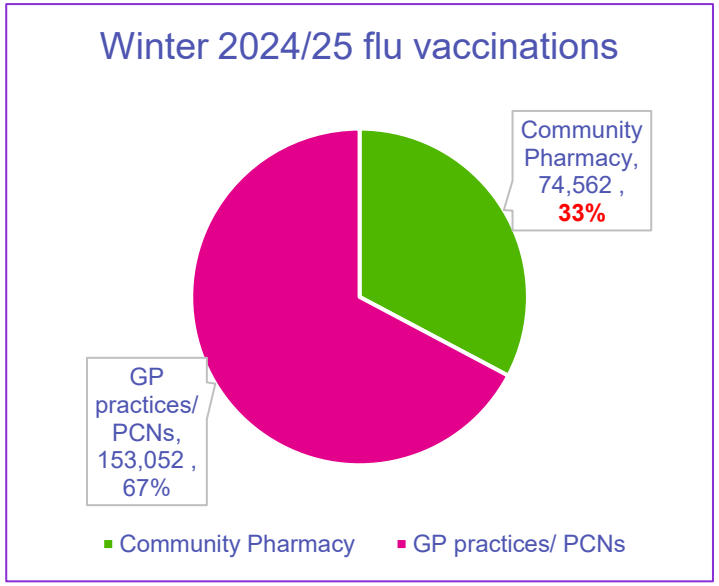
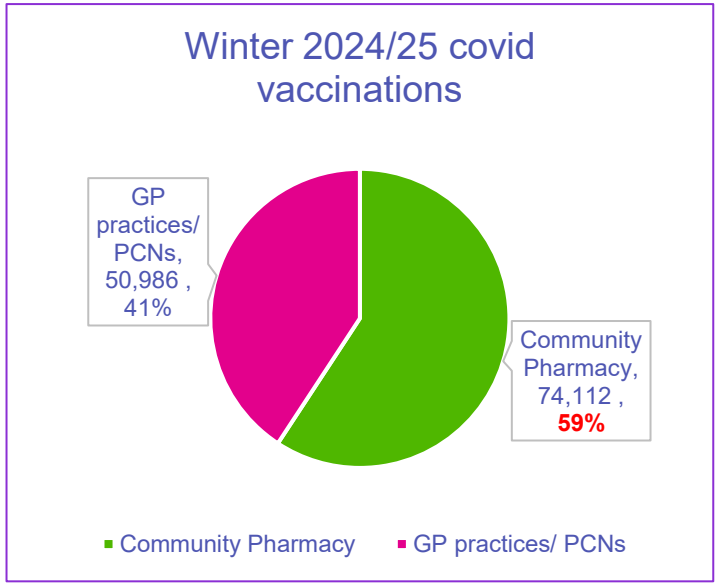
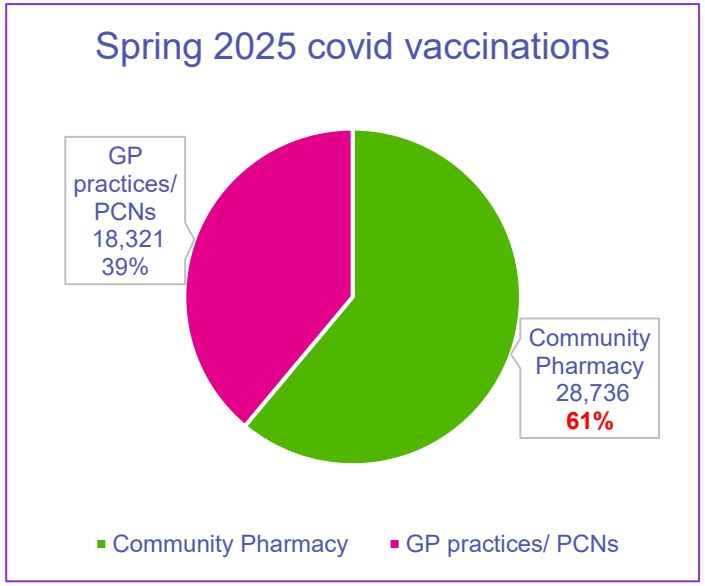
- Many community pharmacies are actively involved in providing both COVID-19 and flu vaccinations as part of the NHS vaccination programmes, and pharmacies have been key providers of COVID-19 vaccines since the early stages of the pandemic
- NHS commissioned vaccinations (e.g. flu/covid) delivered in a community pharmacy setting are followed by a digital 'post-event-message' sent to the GP practice. Depending on the clinical systems used in the pharmacy and the practice, they may code automatically in the records, or the message may come through as a PDF which an admin colleague in the practice needs to manually code the patient's records.
- Privately delivered vaccinations e.g. travel vaccinations, would not always trigger this notification, and may rely on the patient to notify the practice







- A new "flu walk-in finder" tool will launch in October 2025, allowing patients to locate pharmacies offering walk-in flu jabs without needing an appointment

Recent and future developments

North Central London Health and Care
Integrated Care System

Urgent Care centres referring eligible patients to community pharmacy

- The ICB are working with three Urgent and Emergency Care (UEC) settings in NCL to start referring eligible patients to the Pharmacy First service. This will help reduce pressure on emergency departments by diverting non-urgent cases, it will speed up care for patients with minor ailments and improves access to treatment without needing a GP appointment.

Independent Prescribing Pathfinder Programme (IPPP)

- From September 2026 newly qualified pharmacists will be joining community pharmacy ready to work as independent prescribers.
- An *Independent Prescribing Pathfinders pilot* has been commissioned from three NCL pharmacies, to establish a framework for future commissioning.

Point-of-Care(PoCT) lipid testing in community pharmacy

- NCL is supporting Barts Health with a Pilot of Point of Care testing (PoCT) in Community Pharmacy.
- The PoCT will check Lipids and calculate QRISK[1] for selected patients. The pilot will run for 3 to 6 months and be available to patients in 10 NCL Community Pharmacies, located in areas with high levels of deprivation and high levels of Blood pressure (BP) testing taking place.

[1] QRISK is a clinical algorithm that calculates a person's 10-year risk of having a heart attack or stroke.

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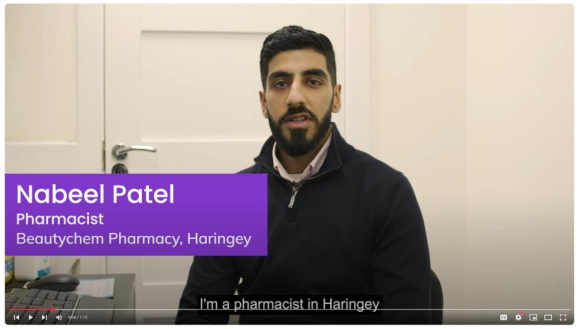
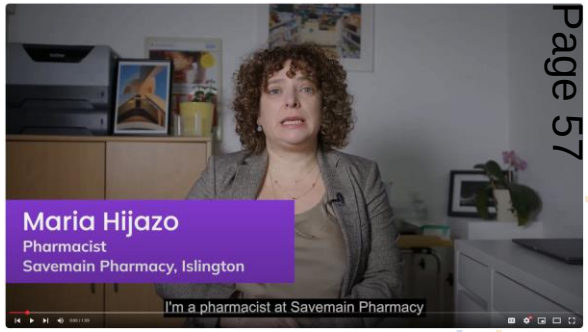
Your Local Health Team campaign

North Central London
Integrated Care Board

- We have created authentic, local content showcasing pharmacy services that has received thousands of views.
- We have highlighted the expert advice provided by local pharmacies and important schemes such as Pharmacy First.
- We are currently promoting the NHS App and how residents can use it to order repeat prescriptions to a pharmacy convenient to them.
- All supporting residents to feel more confident in how they can improve their own health and access services.

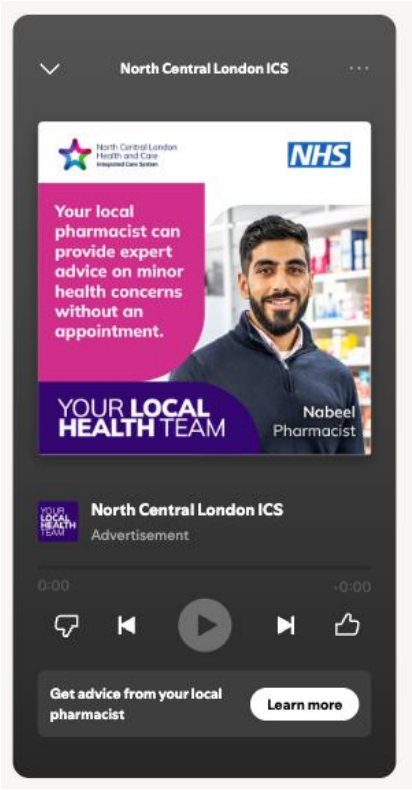


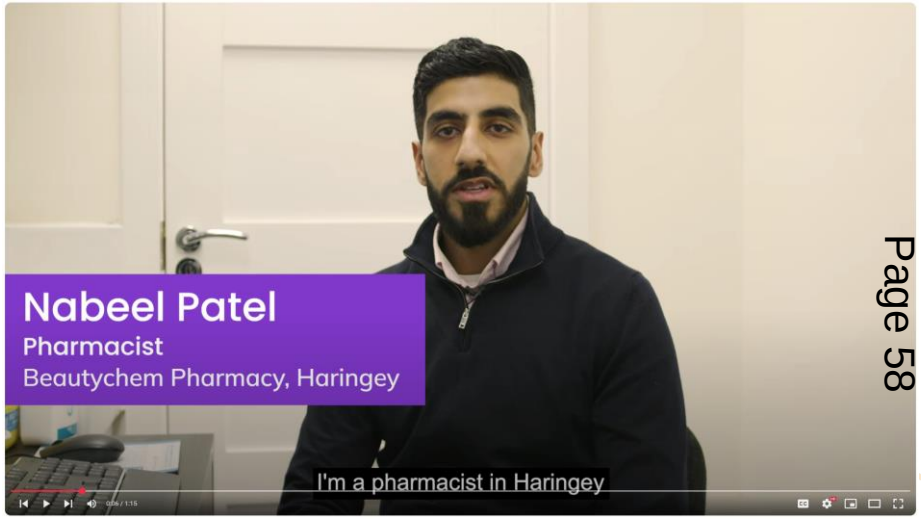


Paid social media

NHS
North Central London
Integrated Care Board

Spotify, Snapchat, Facebook, Instagram, YouTube (left-right)





Our video of Nabeel Patel has received 81,776 views since it was published.

Self-Care Medicines Scheme

NHS
North Central London
Integrated Care Board

- Participating pharmacies provide eligible patients with selected free medicines that they might otherwise not be able to afford.
- Early treatment of common ailments like allergies, earache or minor injuries can help people get better quickly and prevent a visit to their GP.
- A poster and leaflet have been translated into 18 languages.
- Printed materials in 11 of the most common languages are supporting targeted community engagement in Barnet, Enfield and Haringey.

Free prescriptions for care leavers

North Central London
Integrated Care Board

- Eligible care experienced young people can apply for a free Prescription Prepayment Certificate meaning they don't have to pay for prescribed medication.
- Information and a range of posters and leaflets are available from our website.
- We have promoted the initiative via a range of channels, including local authorities, primary care, acute providers, Healthwatch and local voluntary organisations.

Raising the profile of local pharmacy

North Central London
Integrated Care Board

Sarah Sackman, MP for Finchley and Golders Green visit to Jethro's Pharmacy

- We continue to showcase the work of local pharmacies through visits from local stakeholders.
- If you would like to meet the local health services in your patch, please get in touch.

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North Central London Health and Care
Integrated Care System

Local Care estates – an Update to JHOSC

Nicola Theron, ICS Director of Estates

July 2025

Agenda Item 11

Executive Summary

North Central London Health and Care
Integrated Care System

- 2024/2025 - a **year of progress**
- Importance of developing a **shared primary care baseline**
- **Prioritising** our investment pipeline being key, **GP leadership** key
- Need to build the **ROI case for 5% investment** allocated to Local Care*
- Supporting delivery of **strategically important larger projects**, supported by
- Developing a **pipeline of smaller, BAU** projects
- Underpinned by focus on using our current **fit for purpose estate harder,** limiting voids
- Importance of securing **other sources for funding**
- **Looking forward & challenges exist**:
    - Continuing building the case for **5% of NCL capital envelope** allocated to Local Care
    - further refining NCL's **Local Care capital plan**, meeting our key criteria
    - supporting **estates as an enabler** to deliver Neighbourhood Care
    - further testing the **affordability agenda**
    - continuing to **deliver**……

Recent delivery in local care & key achievements

North Central London Health and Care
Integrated Care System

The Muswell Hill Practice official opening

Welbourne centre

Torrington Park HC Refurbishment

Wood Green Community Diagnostic Centre – Phase 2

£400K
s106 funding secured

c.£20m
Capital Schemes Delivered

19 local care assets improved

ICS Estates Strategy Update

Two HSJ award winners:
- Bronze award winner 2024: FMH CDC
- Gold winner 2023: Wood Green CDC

Record Rooms Conversions Programme

North Central London Health and Care Integrated Care System






Delivered

- 800 sqm clinical / clinical support
- £2.4m total capital investment
- NHS - 66% capital funding & 100% funding for fees
- 34% capital funding from GPs
- 7 months construction

To note, this is the equivalent of a single building, 29 rooms, £12m cost & 3-year programme

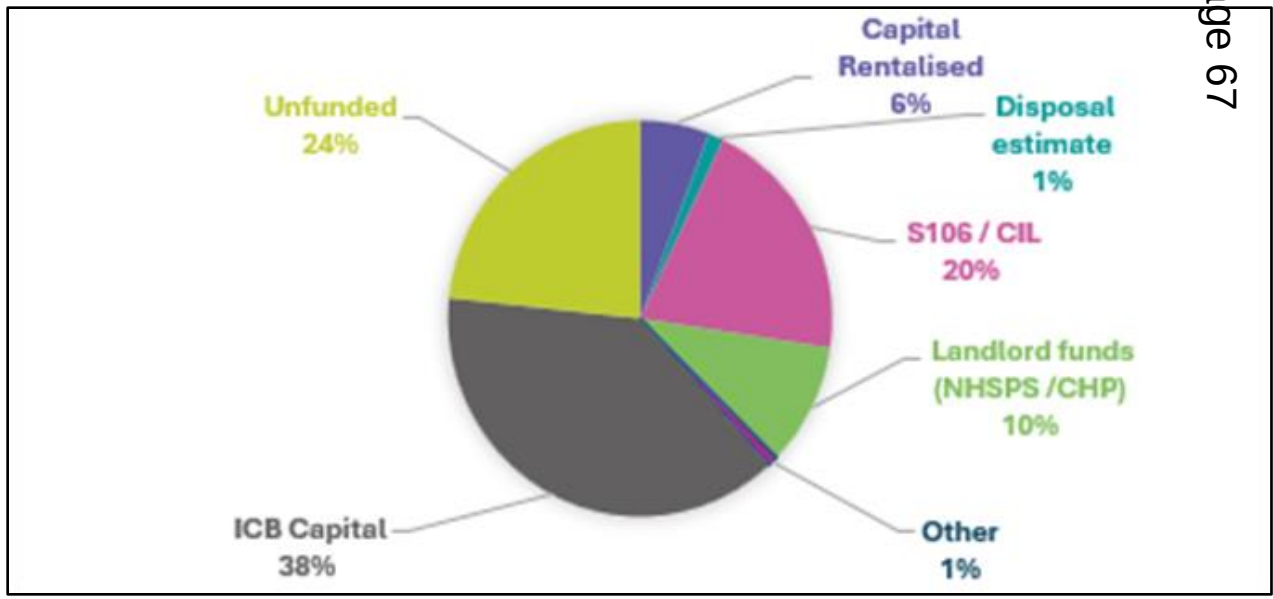
The ICB aims to invest in local care infrastructure working with partners

North Central London Health and Care
Integrated Care System

- NCL has in the past allocated **5% of ICS capital allocation** for **prioritised local care schemes***
- Our **10-year capital pipeline** forecast suggests **a total capital requirement of £233m**
- **Significant gap exist**, we continue to look for **additional funding sources**
- **Revenue funding** continues to be a challenge

Funding	%	£m
Capital Rentalised	6	£13.6
Disposal estimates	1	£3.0
S106/ CIL	20	£47.1
Landlord funds (NHSPS/ CHP)	10	£23.3
Other (GP, Council, OPE)	1	£2.2
ICB Capital	38	£89.1
Unfunded	23	£54.3
TOTAL	**100%**	**£232.6**

Chart: Breakdown of local care infrastructure investment



The ICB has developed plans for primary care estate by borough

North Central London Health and Care
Integrated Care System

The ICB reviewed plans for primary care estate in each borough, including

- New 'core' general practice premises.
- Improvements to 'Flex One' and some 'Flex Two' sites, where these are likely to be required for primary care for the medium-term.
- Consideration of *'PCN hubs'*; 'core' general practice sites where: i) ARRS staff can see patients and hot-desk in larger meeting rooms and ii) where some primary care 'at-scale' services can be provided.
- Consideration of *'Integrated Neighbourhood Team hubs';* opportunities to consolidate larger multi-disciplinary teams (primary care, mental health, community health, social care, potentially voluntary sector) in line with the Fuller agenda.

The situation by borough are being worked up an overall assessment would be that there are:

- Significant risks to the sustainability of primary care linked to estate quality in Barnet and Enfield.
- Localised risks in Haringey and Islington, some re-location needed to support sustainable care.
- A better overall position in Camden, some capacity challenges in the west + opportunities for INHS hubs

Primary care baseline analysis

North Central London Health and Care
Integrated Care System

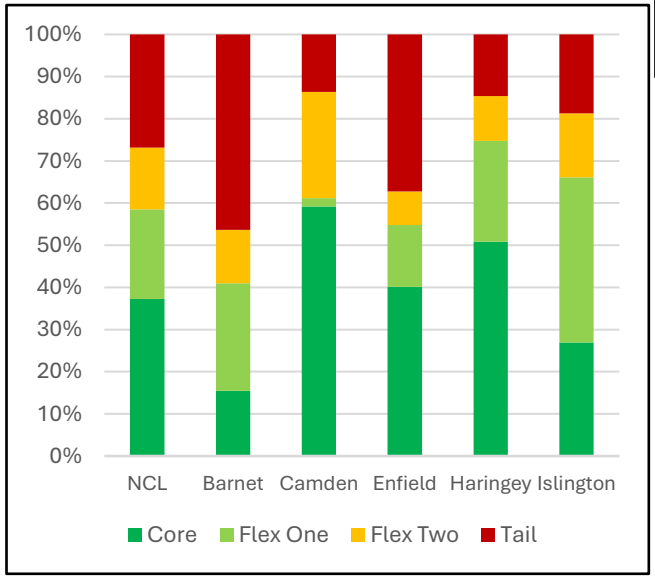
- The ICB has developed a comparative assessment of each GP practice across the five boroughs, with data from primary care, finance & estates. The assessment showed significant variations.
- Correlation emerges between quality of estate and the service the general practice can
- Shows up in patient date, differential A&E attendances and Admissions in practices operating from 'core' premises and 'tail' premises in GP wtes per patient
- 39 practices have closed or merged since 2018, predominantly smaller practices operating from 'tail' premises- the median list size when the practices closed was 3,764

Tail- poor quality and not fit for purpose

Flex Two- never will be core

Flex One- could be supported to become core

Core- good quality, fit for purpose and future-proof



Red implies reliance on tail estate. Green implies good coverage of core estate.

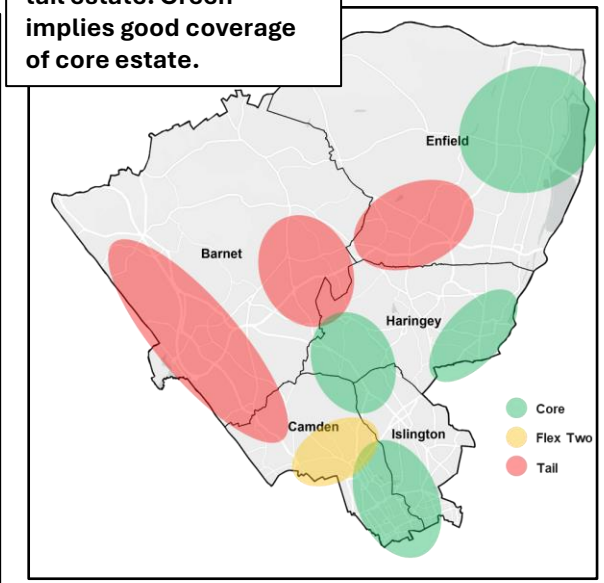
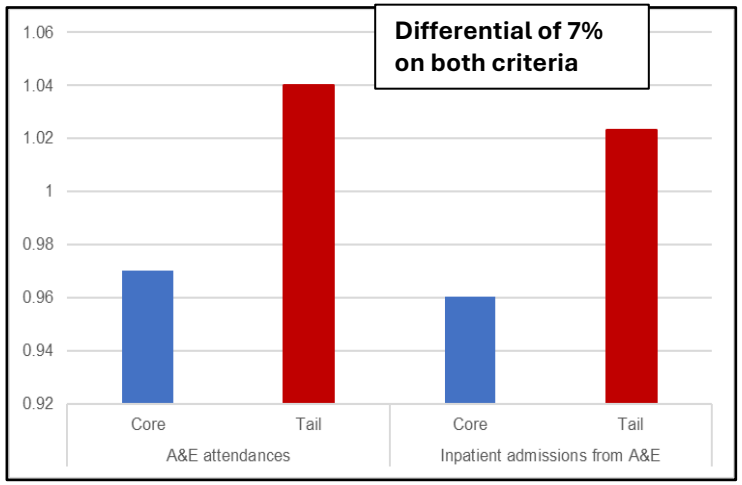


Chart: Standardised ratio* of A&E attendance and Inpatient admission from A&E by category of practice estate*, January 2021 to September 2023 *'Standardised ratio' takes demography into account



NCL's Infrastructure strategy

North Central London Health and Care
Integrated Care System

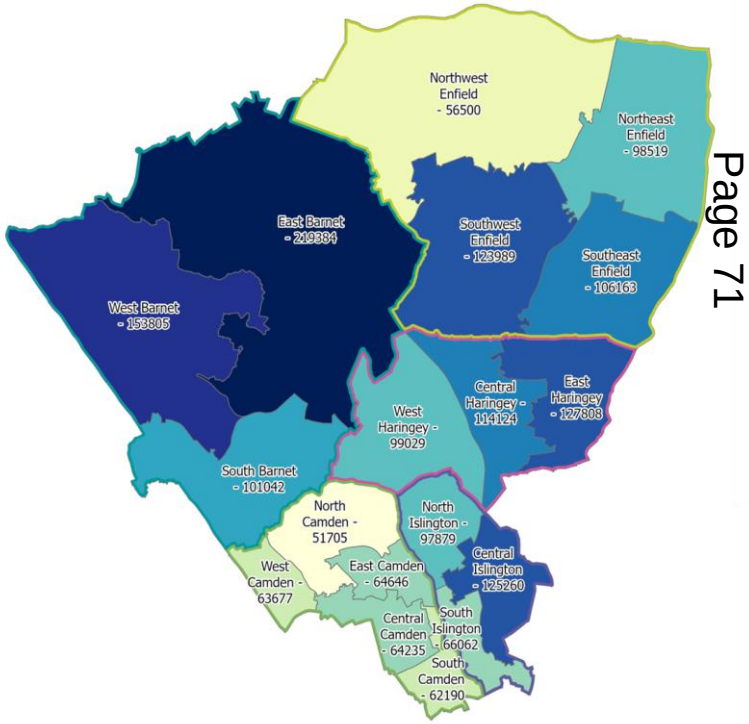
- NCL updated its Infrastructure Strategy, strong focus on **current state of the local care estate**
- NCL's commitment to allocate **5% of capital to local care, linked to investment principles**
- We raised the profile of the provider estates & work underway, to provide **balance to wider acute activity**
- Further **analysis around capital planning**, recognising implications on **revenue & PCDs**
- Ongoing emphasis on the need to **demonstrate delivery** at both local care & provider level
- Work supporting ICB & trust risk management, illustrated by allocating spending to prioritised **critical backlog items**, as well as emphasis around **exiting from tail estate**
- Need to optimise what we already have & manage **void estate**

Infrastructure should also align with NCL's neighbourhood care vision

North Central London Health and Care
Integrated Care System

- 'Neighbourhoods' are footprints on which teams integrate, services work together and local infrastructure and community assets are developed. Neighbourhoods work across the whole proactive space including the community assets for health and well-being, outreach and early identification, targeted interventions and secondary prevention; as well as prompt action on rising risk.
- Integrated Neighbourhood Team (INT) build on 'MDTs' and include NHS providers, Council teams and the VCSE. Specialists support. Patients and residents are a key partner.
- Borough Partnership work to date suggests at least **18 Neighbourhoods in NCL** with populations of 60,000 – 130,000.
- We would expect each to have:
  - ✓ **Leadership and management capacity** to support caseloads, systems and processes, training & development (an '*integrator function*' as per recent London work), accountability
  - ✓ **Shared infrastructure** (IT, co-location where possible but flexi space & networked models where necessary, population health data)
  - ✓ **Wider delivery capacity** (including high street services)
  - ✓ **Strong relationships with local communities and the VSCE –** stability for VCSE partners, expertise in person-centred care and strengths based approaches

Proposed NCL Neighbourhoods



Challenges and opportunities

North Central London Health and Care
Integrated Care System

- Working with national colleagues on **capital funding mechanisms for Primary Care and Neighbourhoods**
- **Multi year nature of** Local Care projects impacts delivery
- NCL's **changing financial context** brings with it capital & revenue challenges
- Need to **focus** resource & manage expectations **on system priorities**
- Importance of process criteria to **differentiate between "Business as Usual" to manage risk & Transformational.** Both important but different
- Importance of raising the profile of this **delivery to build confidence** at trust & council level that allocation a) can be spent & b) delivers + we can quantify benefits from that investment "ROI"
- Ongoing need to **align estates to Neighbourhood Care given current changes**
- Importance of **aligning estate & digital** spend
- Continuing need to **embed Net Zero, Core20+5 & Population Health** Improvement as driver for investment decisions

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE New Draft Terms of Reference for the Committee	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 11th July 2025

SUMMARY OF REPORT

This paper reports on the 2025/26 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests proposals for 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.

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RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Consider the draft terms of reference, propose amendments if required, and approve a final version to be adopted by the Committee.

1. Purpose of Report

1.1 A new draft terms of reference for the North Central London Joint Health Overview & Scrutiny Committee is provided as **Appendix A**.

1.2 The Committee is asked to consider the draft terms of reference, propose amendments if required, and approve a final version. If any significant redrafting is requested, the Committee could choose to defer the item to a later date.

2. Background

2.1 Early in the 2024/25 municipal year, JHOSC Members noted that the existing terms of reference for the Committee were relatively brief and proposed that a new version should be written to better reflect its practices and procedures.

2.2 The Committee met in August 2024 to provide initial input and then again in September 2024 to discuss a first draft of the terms of reference. A second draft was produced shortly afterwards based on this feedback and there have been no significant amendments subsequent to this. This version is published as **Appendix A**. This document outlines the purpose and powers of the Committee, its relationship with the Health Overview & Scrutiny Committees (HOSCs), the membership of the Committee and the protocol for meetings.

2.3 The tabling of this draft was delayed due to ongoing discussions about the future resourcing of the scrutiny support for the Committee. While the venues for the meetings of the Committee rotate between the five Boroughs, the London Borough of Haringey currently provides the administrative support to the Committee and the Haringey Members proposed that the resourcing could be shared across Boroughs in future. However, with all Boroughs currently experiencing financial pressures, it has not proved possible to resolve this issue. Therefore, it is proposed that starting from the 2026/27 municipal year that the chairing of the meetings is done on an annual rotation basis. For example: year 1 Barnet, year 2 Camden, year 3 Enfield, year 4 Islington and year 5 Haringey.

2.4 The administrative support for each municipal year would need be provided by scrutiny officers in the Chair's respective borough as they will have the daily contact and working relationship with the Chair. To allow a smooth transition each year, they will take forward a handover of work with their counterpart colleague between April and June to allow continuity and effective progression of actions and responsibilities.

3. Appendices

Appendix A – Draft terms of reference for NCL JHOSC

DRAFT TERMS OF REFERENCE – North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)

1 - Purpose of Committee

1.1 The North Central London (NCL) Joint Health Overview & Scrutiny Committee (JHOSC) will operate formally as a statutory committee.

1.2 The purpose of the JHOSC is 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;
- 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;
- respond to any formal consultations on proposals for substantial developments or variations in health services affecting the North Central London (NCL) area of Barnet, Camden, Enfield, Haringey and Islington on behalf of Councils who have formally agreed to delegate this power to the JHOSC;

1.3 The Committee will have regard to the Department of Health & Social Care's guidance on health overview and scrutiny which states that *"the primary aims of health scrutiny are to strengthen the voice of local people and provide local accountability"* and should *"ensure that local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe".*[1]

Powers

1.4 The JHOSC is established by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. These regulations have been amended by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024. This enables two or more local authorities to appoint a joint overview and scrutiny committee of those authorities to exercise relevant functions subject to terms and conditions as the authorities may consider appropriate.

1.5 The Integrated Care Board (ICB) for the NCL area covers the boroughs of Barnet, Camden, Enfield, Haringey and Islington. The JHOSC will comprise of Councillors across the same five Boroughs in order to enable effective scrutiny of the NCL ICB.

1.6 The NCL ICB should provide relevant information about any significant forthcoming reorganisation of NHS services in the NCL area to the JHOSC in a timely manner.

Relationship to HOSCs

[1] https://www.gov.uk/government/publications/health-overview-and-scrutiny-committee-principles/health-overview-and-scrutiny-committee-principles

1.7 The JHOSC will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs)[2] of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion.

1.8 The JHOSC 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 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

1.9 The agenda papers of JHOSC meetings will be provided to each of the local authorities in the NCL area for publication on their websites.

1.10 The minutes of JHOSC meetings will be provided to the HOSCs for possible inclusion in their agenda papers. If the HOSCs are minded to include this as an item on their agenda, any HOSC members who are also members of the JHOSC may wish to use this item as an opportunity to provide a verbal update on issues raised at the previous JHOSC meeting.

2 - Membership of Committee

2.1 The Committee shall be comprised of up to ten members in total, with a maximum of two members nominated from each of the five NCL Boroughs.

2.2 Appointments to the JHOSC will usually be approved at each authority's Council AGM at the beginning of the municipal year and expire at the end of the same municipal year.

2.3 Appointments by each authority to the JHOSC will reflect the political balance of that authority.

2.4 Members who hold an executive post shall not be appointed to the JHOSC.

2.5 It is strongly advisable that one of the members nominated by each Borough is the Chair of their local HOSC as this helps to strengthen the links between the JHOSC and the HOSCs. It may also be beneficial for the second nominated member from each Borough to be the Chair or a member of their main Overview & Scrutiny Committee (OSC).

Chair/Vice-chairs

2.6 The Committee shall appoint a Chair and up to two vice-Chairs at the beginning of the first meeting of each municipal year. This will be on a rotation basis and in borough alphabetical order. Therefore, following the local elections (Year 1 Barnet to chair the meetings) (Year 2 Camden to chair meetings) (Year 3 Enfield to chair meetings) (Year 4 Islington to chair meeting) then Haringey (year 1 2030 to chair meetings)

[2] The name and structure of HOSCs varies between Boroughs so, in this context, HOSC refers to the Scrutiny Committee or Panel that usually deals with health policy issues.

The administrative support for each municipal year will be provided by scrutiny officers in the chair's respective borough and they will take forward a handover of work with their counterpart colleague each year between April and June to allow continuity and effective progression of actions and responsibilities.

Quorum

2.7 The quorum for the Committee shall be:

a) At least four members of the Committee; and
b) At least one member from at least four of the five Boroughs.

Substitutes & Co-opted members

2.8 Member substitutes from each authority will be accepted. It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure that the lead authority is informed of any changes prior to the meeting.

2.9 Where a substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.

2.10 The Committee shall reserve the right to consider the appointment of additional temporary co-opted members in order to bring specialist knowledge to inform specific work streams or agenda items. Any co-opted member appointed will not be permitted to vote at meetings.

3 – Protocol for meetings

3.1 Meetings of the Committee will be conducted under the Standing Orders of the Local Authority hosting and providing democratic services support and will be subject to these terms of reference.

Work programme

3.2 A schedule of meetings will be agreed by the Committee at the beginning of each municipal year. The Committee shall hold five ordinary meetings of the Committee in each municipal year.

3.3 The Committee may also hold up to two further meetings in each municipal year for the specific purpose of scrutinising the draft Quality Accounts produced annually by NHS Trusts in the NCL area.

3.4 In addition to ordinary meetings of the Committee, extraordinary meetings may be called from time to time as and when appropriate. An extraordinary meeting of the Committee may be called by the Chair after consultation with the vice-Chairs.

3.5 The Committee shall be regularly consulted on the setting of items for the agendas of future meetings through a standing item on the work programme at every ordinary meeting of the Committee. Members of the Committee can also submit suggestions for future agenda items to the Chair and vice-Chair(s) at any time.

3.6 The Chair and vice-Chair(s) will usually meet with senior representatives from the NCL ICB and any other relevant NHS organisations approximately 6-8 weeks in advance of an ordinary meeting of the Committee in order to determine the agenda for the meeting and the content of the reports. This should include consideration of any input from the other Committee members.

Meetings

3.7 Ordinary meetings of the Committee will normally be held at 10am and are typically scheduled to last for two and a half hours. The Committee may vary the scheduling and timings of the meetings as and when required.

3.8 The Committee will normally hold an informal private 30-minute meeting just before the main meeting, in order to allow Committee members to discuss any procedural issues and possible lines of enquiry relating to the reports in the agenda pack. The Committee may vary the arrangements for this as and when required.

3.9 The venues for meetings of the Committee will normally be rotated regularly across all five Boroughs in the NCL area.

Voting

3.10 The Committee will usually endeavour to reach its decisions by consensus. However, in the event that a vote is required, each Member present will have one vote. In the event of there being an equality of votes, the Chair of the meeting will have the casting vote.

Deputations/Questions

3.11 A deputation may be received by the Committee if a request stating the object of the deputation is received by the Chair and/or committee clerk at least three clear days prior to the meeting.

3.12 Up to 15 minutes shall usually be allocated to deputations on the Committee agenda.

3.13 The deputation spokesperson will be given five minutes to introduce the deputation referring to the matters in their deputation requisition. After this they may answer any questions from Committee members. The Chair will allocate a maximum amount of time for each deputation and will have regard to other items of business on the agenda when doing so.

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme 2025-2026	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 11th July 2025

SUMMARY OF REPORT

This paper reports on the 2025/26 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests proposals for 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:
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Principal Scrutiny Officer, Haringey Council
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RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the current work programme for 2025-26;

b) Note the proposed agenda items for the next meeting which is currently scheduled to take place on 12th September 2025.

1. Purpose of Report

1.1 This item outlines the possible areas that the Committee could focus on for the 2025-26 work programme.

1.2 The next meeting of the JHOSC is scheduled to take place on 12th September 2025 and the following items are on the agenda:

- St Pancras Hospital Programme Update
- NCL Finance Update

1.3 The JHOSC's work programme for 2025/26 is listed in **Appendix A**. The work programme has some vacant items and Appendix A includes a list of standing items that the Committee usually schedules each year and also a list of as yet unscheduled items of 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 to review, the Committee should have regard to its new draft Terms of Reference which is being considered under agenda item 10 of these papers.

3. Appendices

Appendix A – 2025/26 NCL JHOSC Work Programme

Appendix A – 2025/26 NCL JHOSC work programme

Friday 11 July 2025 – LB Barnet, Hendon Town Hall

Item	Purpose	Lead Organisation
TBC	Community Pharmacy Update	NCL - ICB
TBC	NCL Estates & Infrastructure strategy	NCL - ICB
TBC	JHOSC ToR	JHOSC

Friday 12 September 2025 – Islington Council

Item	Purpose	Lead Organisation
TBC	St Pancras Hospital Programme Update	NCL - ICB
TBC	NCL Finance Update	NCL - ICB
TBC		

Friday 21 November 2025 – Camden Council

Item	Purpose	Lead Organisation
TBC	ICB Restructure (tbc)	NCL - ICB
TBC	NHS 10 Year Plan	NCL - ICB
TBC		

Friday 30 January 2026 – Enfield Council

Item	Purpose	Lead Organisation
TBC		
TBC		

TBC		

Monday 9 March 2026 – Haringey Council

Item	Purpose	Lead Organisation
Community-based meeting	TBC	

Usual standing items each year:

- **Estates Strategy Update**
- **Workforce Update**
- **Finance Update -** The Committee requested that the next financial report should include:
  - Details on acute care and community services and on overview of any associated pressures and risks.
  - Details on the distribution of funds to voluntary sector organisations.
  - Details of the lines of communication between Departments and how financial decisions are reached.
- **Winter Planning Update.** The Committee requested that the next winter planning report should include details on progress relating to:
  - High Impact Interventions.
  - Bringing down waiting times for patient discharges to A&E from ambulances.

Possible items for inclusion in future meetings

- Terms of Reference – revised version for JHOSC ToR to be discussed/approved by Committee – July 2025
- St Pancras Hospital update – July 2025
- Health Inequalities Fund – Last item heard in Feb 2025. It was suggested that the community groups involved in delivering local projects could provide an update to the Committee in a year or two. To be reviewed in Feb 2026.
- NMUH/Royal Free merger – Last item heard in Sep 2024. Possible follow-up areas: a) For the Committee to examine a case study into a less prominent area of care to ascertain how it was monitored before and after changes to the service, what the local priorities were and their impact on how clinical decisions were made. b) For further discussion on financial risk and, including how the debts of the Royal Free Group when be held within the merged Trust.
- Smoking cessation & vaping.

- The efficacy of online GP consultations (including 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.)
- Developing technology and its role in the management of long-term chronic conditions.
- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Paediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- 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).
- Mental Health & Community/Voluntary Sector – In August 2024, the ICB/Mental Health Trusts provided an update on Community & Voluntary Sector contract terms. In the meeting of April 2025 it was requested that a further update should be provided to the Committee on how the contracts with the voluntary and community sector fits in with the SPA
- Whittington Hospital merger

2025/26 Meeting Dates and Venues

- 11 July 2025 – LB Barnet
- 12 September 2025 – Islington Council
- 21 November 2025 – Camden Council
- 30 January 2026 – Enfield Council
- 9 March 2026 – Haringey Council

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