

# **MINUTES OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON FRIDAY, 29TH JANUARY, 2021, 10.00 AM - 1.00 PM.**

**PRESENT:** Councillor Pippa Connor (Chair), Councillor Edward Smith (Vice Chair), Councillor Tricia Clarke (Vice Chair), and Councillors Alison Cornelius, Linda Freedman, Lorraine Revah, Paul Tomlinson, Christine Hamilton, and Lucia das Neves.

## **1. FILMING AT MEETINGS**

The Chair referred to the notice of filming at meetings and this information was noted.

## **2. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Paul Fish, Royal National Orthopaedic Hospital.

## **3. URGENT BUSINESS**

The Chair noted that a deputation had been received from NCL NHS Watch.

## **ORDER OF BUSINESS**

The Committee agreed to receive Item 13 (Deputation on Integrated Care Systems) as the first substantive item so that local concerns could be presented to the Committee. Also, due to the availability of the presenters, this would be followed by Item 6 (Covid Update), Item 8 (Mental Health Services during the Covid-19 Pandemic), and Item 7 (Post-Covid Syndrome Pathway), before returning to the order of business as set out in the agenda.

## **4. DECLARATIONS OF INTEREST**

Cllr Cornelius noted that, in case care homes were discussed, she would like to note a non-pecuniary interest as she was a Council appointed Trustee of the Eleanor Palmer Trust. Cllr Connor also noted that she was a member of the Royal College of Nursing and that her sister worked as a GP in Tottenham.

## **5. MINUTES**

**RESOLVED**

That the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting held on 27 November 2020 be confirmed and signed as a correct record.

## **6. COVID-19 UPDATE**

Will Huxter, Clinical Commissioning Group (GGC) Director of Strategy, and Chloe Morales Oyarce, CCG Head of Communications and Engagement, introduced the item which provided an update on the Covid-19 pandemic in North Central London (NCL). It was noted that the pressures on health and care services were significant and that, although there had been a reduction in community cases, there were still large numbers of patients in hospital and particularly in intensive care. It was noted that a number of staff had been redeployed and partnership working was in place as much as possible. It was added that regional and national communications were highlighting that regular health and care services were operating.

Cllr das Neves enquired what support was in place for staff wellbeing. Will Huxter explained that a range of psychological and other support had been put in place across North Central London (NCL) and there were regular communications to staff about the support available. It was added that the Occupational Health offer was being enhanced and that specific work was underway to establish what support would be most useful for staff.

Cllr Smith noted that a number of NHS staff were unwell or self-isolating and asked about the levels of testing and vaccination of staff; it was also asked whether there was any reluctance to be vaccinated within the care system. Will Huxter explained that staff in hospitals and clinical staff undertook regular testing and were included as a priority group for vaccinations; it was added that there were high levels of uptake in all hospital sites across NCL. It was acknowledged that there was some vaccine hesitancy in care settings and that work was underway with all five boroughs to target support, advice, and messaging. Cllr Smith also enquired whether and how the NHS was using volunteering networks. It was confirmed that there were many good examples of partnership working with volunteers. Will Huxter noted that a written update could be provided to members on vaccine hesitancy in care settings and on volunteers within the NHS.

Cllr Freedman asked about the military support that was provided in intensive care. Will Huxter explained that military support was from combat technicians who assisted the experienced intensive care staff with tasks such as turning patients. It was noted that there were about 40 combat technicians currently working in NCL.

Cllr Cornelius noted that pharmacies had used a mutual aid strategy to share vaccination but that the five boroughs within NCL had different populations and some areas had older populations. It was enquired whether this system had been perfected and, in particular, whether there would be sufficient vaccination supplies for the second round of vaccinations for care homes. Will Huxter explained that the target populations across NCL were being examined and planning was underway. It was known that different areas had different demographics which may require additional

vaccination supplies; there was regular contact with regional and national colleagues and there was confidence that there would be sufficient supplies.

Cllr Revah enquired whether the vaccine rollout was ensuring that people who were housebound and their carers were receiving the vaccine. Will Huxter noted that the housebound were on the list of people that needed to be reached and the rollout had started. It was added that additional information on the vaccine rollout for the housebound and carers could be provided in a written update.

Cllr Clarke noted that some people had received a negative lateral flow test but a later positive PCR test; she commented that £800 million had been spent on lateral flow testing so there were concerns that the tests were not reliable. Will Huxter noted that lateral flow and PCR testing were different but that test results could vary based on when a person was tested after contracting Covid-19. He explained that it was sometimes important for particular people to have a particular test and that the Committee could be provided with a written report to explain the different types of testing. It was added that spending on testing had been decided by government.

Cllr Hamilton enquired how communities with higher levels of testing and vaccine hesitancy were being contacted and whether local community volunteers were being used. Chloe Morales Oyarce explained that there was a substantial programme of community engagement on testing and vaccinations which included working with the Voluntary and Community Sector (VCS), faith groups, and other groups. This engagement work included listening to different community groups and understanding the reasons for hesitancy, providing factual information, and working with community leaders. The Committee noted that local councillors could provide a link with local communities. Chloe Morales Oyarce noted that this would be helpful; she agreed to provide information about local engagements to the Committee and encouraged councillors to provide any relevant information and feedback.

The Chair commented that some questions had been received from a Health Champion in Barnet. It was noted that there had been some instances where older people had been required to queue for vaccinations for several hours in the cold without access to toilets. In other cases, some people booking vaccinations online had been offered an appointment in Birmingham. The Chair enquired whether these were known issues and whether there were any mitigations in place. Will Huxter explained that it was aimed to maximise vaccination and acknowledged that some initial issues had been expected. He was not aware of any significant issues similar to those raised but noted that he would feed this information back to regional and national colleagues to see whether further action was required.

## **RESOLVED**

To note the report.

## **7. POST-COVID SYNDROME PATHWAY**

Dr Katie Coleman, Islington GP and North Central London (NCL) Clinical Lead for Primary Care Network Development, and Dr Melissa Heightman, Clinical Lead for the

Covid follow up Service and NCL representative for the London Respiratory Network, introduced the item which provided an update on the Post-Covid Syndrome pathway. It was explained that the second wave of the Covid-19 pandemic had been significant and would likely be followed by increased demand for the Post-Covid Syndrome service. It was highlighted that this was a new condition and understanding of the disease was developing. It was important to have a Post-Covid Syndrome pathway and this had been developed with the recognition that it was a multi-system condition and required a multi-disciplinary approach. This had resulted in the NCL Post-Covid Syndrome Integrated Service and there was equity of access across NCL.

Cllr das Neves enquired whether there was confidence in the anticipated numbers of people with Post-Covid Syndrome and the extent of the role of immunology. Dr Katie Coleman stated that there was not a lot of confidence in the numbers but these were based on national figures which estimated that about 10% of the total people who contracted Covid-19 would have Post-Covid Syndrome. Work was ongoing to better understand the demand and presentation in the community and a specific Post-Covid Syndrome code would be added to the clinical system shortly. It was also noted that the numbers of Covid-19 cases had significantly increased and it was anticipated that there would be a similar increase in the numbers of Post-Covid Syndrome cases; there were concerns about capacity in the system to deal with these additional numbers. It was highlighted that sufficient funding would be key and it was important to be able to resource community teams who could assist in patient recovery. It was noted that funding conversations were ongoing with NHS England.

It was noted that previous cases had often started as a referral to respiratory and then another referral to the Post-Covid Syndrome service. It was explained that the Post-Covid Syndrome pathway aimed to have a single point of access which would minimise multiple referrals. Dr Melissa Heightman explained that Post-Covid Syndrome was a multi-system disease and that the best approach was often to wrap specialty teams around the patient. It was noted that immunology featured in some patients and that rheumatologists, who were included in the multi-disciplinary team, had immunology expertise. It was explained that immunologists were often based in laboratories but were sometimes contacted to provide detailed information by phone.

Cllr das Neves enquired whether NCL was considering the research that was being developed in Canada and other places. Dr Melissa Heightman explained that clinical services were reliant on peer reviewed publications but that there were currently no clear therapeutic options from research. It was noted that research would be continually reviewed and that some funded research programmes in the UK were due to be announced soon. Cllr das Neves also asked what advice was provided to GPs regarding people who were unable to work due to Post-Covid Syndrome. Dr Katie Coleman explained that some upskilling and information sessions were being provided to GPs and training videos were being developed to provide rapid training resources. It was anticipated that GPs would be able to support people to ascertain their aspirations around returning to work through fitness for work notes.

Cllr Clarke was reassured that Post-Covid Syndrome was being taken seriously but expressed concerns about people who could have the condition without having been diagnosed, specifically those who were in intensive care. Dr Melissa Heightman explained that patients who had been in intensive care for a long period generally

needed significant support. It was noted that there were public health messages about Post-Covid Syndrome but there were concerns that the messaging was not strong enough to convince people to seek help from their GPs who were the gatekeepers for the Post-Covid Syndrome service. Dr Katie Coleman added that there was some consideration of whether searches could be developed within GP clinical systems to identify those who had previously contracted Covid-19 and were still experiencing symptoms. In addition, GPs were starting to contact any patients who had tested positive with Covid-19 after six weeks to see whether they had any ongoing symptoms; this was designed to increase early identification and treatment of Post-Covid Syndrome.

The Chair noted the importance of funding for the Post-Covid Syndrome service, particularly the funding of therapies teams in order to implement any treatment plans. It was also enquired whether there was equality of access and whether different ethnicities were sufficiently represented in the Post-Covid Syndrome service. Dr Melissa Heightman explained that there was an under-representation of about 20% of Black, Asian, and Minority Ethnic communities compared with the expected levels. It was also noted that there was a prevalence of Post-Covid Syndrome in people aged 35-49 and this seemed to be part of the nature of the illness. In relation to funding, it was commented that the required community services were in high demand and, as it was difficult to fund these roles, availability would depend on NHS England. The Post-Covid Syndrome service would be providing a business case to NHS England; this would set out the activities of the service and local demand and it was hoped that NHS England would agree to provide additional capacity.

The Chair noted that the Committee had previously supported requests for additional funding and would be happy to do this for the Post-Covid Syndrome service. Dr Katie Coleman noted that any support would be beneficial. Will Huxter added that highlighting the scale of the impact of Post-Covid Syndrome and the local focus on and importance of this service would be helpful. The Committee agreed to write to NHS England to support the request for funding and noted that it was essential for funding to be in place as soon as possible in order to assist the large number of people in NCL who required support and to plan for imminent increases in demand.

Cllr Cornelius noted that, throughout history, there had generally been more deaths in the second wave of a disease, which was the case for Covid-19. It was added that there were often third and fourth waves and it was enquired whether future planning had been undertaken. Dr Katie Coleman stated that this was a concern and that the vaccination programme aimed to mitigate this as much as possible; it was added that health services were aware of the risk of another wave and it would be possible to adapt quickly. Dr Melissa Heightman also noted that there were likely to be future diseases and that health services would benefit from continued preparedness.

Cllr das Neves noted that the plans for the Post-Covid Syndrome service were well defined and that it would be important to provide guidance for GPs who were often the first point of contact. It was enquired whether it was possible to influence the public health message to encourage more people with symptoms of Post-Covid Syndrome to come forward. Dr Katie Coleman stated that this might require some conversations with public health colleagues. Dr Melissa Heightman explained that there had been some reluctance to increase communications until there was capacity for additional

referrals; it was noted that the Post-Covid Syndrome pathway was now defined and it should now be possible to publicise more information.

The Chair thanked Dr Katie Coleman and Dr Melissa Heightman for the update and stated that it was important for the Committee to receive these updates to ensure accurate communications between their local areas and NCL.

## **RESOLVED**

1. To note the report.
2. To write to NHS England to support the request for funding for the Post-Covid Syndrome service.

## **8. MENTAL HEALTH UPDATE**

The Chair introduced the item which provided an update on mental health services during the Covid-19 pandemic. It was noted that the Committee had received the written report and the presenters were invited to highlight any key points. The Chair also congratulated Jinjer Kandola on her recent MBE for Services to Mental Health. Jinjer Kandola, Chief Executive for Barnet, Enfield, and Haringey (BEH) Mental Health Trust, and Andrew Wright, Director of Planning and Partnerships for BEH Mental Health Trust, introduced the report.

It was noted that there were currently more Covid-19 outbreaks in wards and among NHS staff as the new variant of the disease was more transmissible; this included up to 11% of staff unwell or self-isolating. Unlike the first wave of the disease, it was explained that there had been less of a reduction in the number of people accessing mental health services. However, it had been necessary to temporarily close some beds as a result of infection prevention control measures and there had been a need to use some out of area placements which was less desirable.

The Committee enquired whether there had been any decreases in service use for any services that had changed. Jinjer Kandola highlighted that all mental health staff had worked exceptionally hard to ensure that all NCL services continued throughout the pandemic. It was noted that there had been some service transformation during the Covid-19 pandemic and this included a single point of access for referrals, a new process for entry to A&E where patients were seen in a dedicated area by specialist staff, a new 24 hour telephone helpline with previous telephone numbers forwarded to the new number, and additional support for Black, Asian, and Minority Ethnic staff as well as other staff at higher risk. It was added that digital services were offered based on patient choice, specific work was undertaken to support those who were shielding, and all community case loads were assessed, risk rated, and prioritised accordingly. It was explained that there had been a focus on appropriate discharging and winter funding had been used to work with Mind and other organisations to ensure that people had the care they needed.

Cllr das Neves noted that future plans for health care would be managed at NCL level under the Integrated Care System (ICS) and it was enquired how it would be possible

to find a balance between consistency and tackling local issues with specialised care. Jinjer Kandola explained that residents felt that they lived in a neighbourhood rather than a borough and it was important that care was delivered in this way. It was highlighted that the long term plan aimed to ensure that there was a consistent model in all five boroughs but that local specialisation would be possible. The Chair noted that it may be appropriate to discuss this issue at the Committee's special meeting on ICS in March 2021.

Cllr Revah enquired what support was being provided to staff and others impacted, such as carers. Jinjer Kandola explained that there was an online platform to support NCL staff which had a variety of options. It was acknowledged that carers had often taken on additional responsibilities where Voluntary and Community Sector (VCS) provision had been closed or suspended during the pandemic. It was noted that there were some support packages and assessments available for carers but it was understood that there may be a need for a better ongoing support package.

The Committee noted that the Covid-19 pandemic had seen a significant mental health impact, including an increase in people attempting suicide during the pandemic. It was believed that preventative work, such as Talking Therapies, was key but that there was an inequality of access for some communities, particularly for Black people. It was added that councillors and community organisations could assist with contacting local communities. Jinjer Kandola explained that part of the mental health services transformation would be to better understand health inequalities and the first step in tackling this issue would be to identify why certain people were not accessing services. It was highlighted that this would involve a deep analysis of specific, constituent ethnic and other groups and how they accessed services. This would allow a better understanding of how care could be delivered differently to ensure access for different groups. It was added that the move towards an ICS aimed to provide consistency and retain a close relationship with local government and VCS groups who were often best placed to advise on or deliver services.

The Committee asked what beneficial changes had emanated from the Covid-19 pandemic and how mental health services were liaising with community services like Mind. The Chair noted that the Committee would like to receive an update on any situations where mental health services were working innovatively and where services were targeting any particular groups to increase uptake.

Cllr Smith noted that it was reassuring to hear that the service was delivering well despite the difficulties caused by the pandemic and that there were plans to equalise funding for services for outer London. It was enquired what the current and future spending per capita would be across the boroughs. Cllr Hamilton noted the link between mental health and homelessness and enquired what support was available for the homeless. Andrew Wright explained that work was ongoing with various providers but that this was one area where the response varied in different boroughs. It was added that this was an important priority in NCL and it was hoped that the move to a NCL-wide approach would assist in ensuring consistency. The Chair noted that it would be helpful for the Committee to receive additional information on per capita funding in different boroughs and on homelessness.

The Chair noted that individuals who required mental health services often had complex needs and were likely to come into contact with a number of other services, including local government and police services. It was explained that it was difficult for residents to know which service was relevant or would take the lead. As part of an update to the Committee, the Chair stated that it would be useful to understand how various services worked together. Jinjer Kandola stated that, as part of the longer term changes in NCL, the ICS would aim to provide integrated care, wrapping care around individuals. This would involve an assessment for individuals and a decision about who would co-ordinate their care; it was explained that care could be led by mental health, physical health, or social care depending on a person's needs. It was acknowledged that this model needed greater development and planning and that it could be useful to have a future session where the Committee and other partners could provide input.

## **RESOLVED**

1. To note the report.
2. To receive an update on mental health services, specifically providing more information on funding for individual boroughs and homelessness.
3. To receive a response on the question of who was leading on co-ordinating all the different services in relation to mental health care, including other partners such as the Police, housing, and the Council, within individual complex cases. It was acknowledged that this model needed greater development and planning and that it could be useful to have a future session where the Committee and other partners could provide input.
4. To receive an update on any situations where mental health services were working innovatively and where services were targeting any particular groups to increase uptake.

## **9. DIGITAL INCLUSION**

The Chair introduced the item and explained that a number of local organisations across NCL had been invited to speak to the Committee to provide an insight into their experiences in relation to digital inclusion.

Rabbi Hackenbroch, Woodside Park Synagogue (Barnet), noted that, initially, there had been a lot of excitement in setting up an online presence and allowing people to see each other. Some advantages of using a digital platform were that it was possible to deliver the usual programmes, prayers, and memorials, people who were usually unable to attend for a variety of reasons had additional opportunities, and it had been possible to achieve a more personal touch with virtual breakout rooms. Some challenges were that there was an excess of digital options, including for schooling and work, and this meant that many people did not want to spend additional time looking at screens. Also, some people struggled to use digital options for a number of reasons. It was noted that, in future, the synagogue would be running virtual options



alongside physical one to incorporate the whole community to maintain increased connections and engagement.

James Dellow, Covent Garden Dragon Hall Trust (Camden) and SoapBox Youth Centre (Islington), explained that a key principle of youth work was to engage on platforms that young people were already using; a variety of online platforms had been used during the pandemic, including a YouTube channel, and these had been very successful. It was noted that partnership collaboration and considering new options had been incredibly valuable. Although, it was acknowledged that platforms such as Teams and Zoom were not designed for young people or for natural communication and could feel quite impersonal. It was stated that it had been challenging to work in a reactive way to the national restrictions but that it would be important to think about preparedness in the short and long term future. It was highlighted that it was important to avoid saying that virtual provision was not as good as physical provision as it reduced the value of virtual which, for some people, was a better option. It was added that providing virtual hardware and internet data had helped in reducing the digital divide but that it was also crucial to provide things such as digital skills and online safety awareness.

Nick Chanda, SACRE and Multi Faith Forum member and Revival Christian Church (Enfield), explained that he had a predominantly Black congregation and the church building had not been open since March 2020. It was explained that there had been a number of advantages in providing digital options as people still felt part of the community as they could get services at home, there was no need to travel, and people could join from all over the world. It was noted that there had been some challenges; this included a lack of digital devices or accounts to access digital platforms and the need to adapt to new digital platforms where it was difficult to connect effectively and where it was not always known who was present. It was added that it was easy for misinformation to circulate on digital platforms; this was particularly true in relation to the Covid-19 vaccination for Black, Asian, and Minority Ethnic groups and it was explained that the Church group was in a good position to provide correct information to the community.

Raj Gupta, Community Hub (Haringey), explained that providing digital options had been an amazing new experience for some charities and that, with some effort, it was possible to become digitally inclusive. It was noted that, historically, many people from Black, Asian, and Minority Ethnic communities had struggled to access online services, often due to a lack of IT skills or language issues. It was commented that remote GP consultations during the Covid-19 pandemic had been positive but that this had often required additional support from patients' families. It was suggested that, in the future, paid IT Community Champions may be needed to provide support to the community; this could be similar to social prescribing and it would be beneficial if these people came from the community and spoke additional languages.

Martin Finegan, The People's Christian Fellowship (Haringey), explained that the initial priorities had focused on maintaining contact with the congregation, delivering services, and ensuring that it was possible for people to give and support the foodbank. It was noted that a contact list and a dedicated email had been established to ensure that there was a way for the Church to communicate with the congregation and vice versa. It was explained that WhatsApp messaging had been used to share

information and prayers, Kahoot learning games had been used for family games, and a ClassDojo classroom community had been used for youth provision. In terms of challenges, it was noted that there had been some technology failures, some people did not have technology or the required technology for certain platforms, and it had been harder for some older people and people with learning difficulties to access online provision. It was added that the Church considered that digital options were a beneficial supplement but that physical provision would be its focus in the future.

Mike Wilson, Public Voice (Haringey), informed the Committee that there had been a digital support project in Haringey, funded by three hospital trusts and the NCL CCG, with the objective of helping patients access appointments remotely. This had included the provision of devices and digital support which was delivered through 50 volunteers, many of whom worked in IT and spoke community languages. It was noted that some home visits had been undertaken with Personal Protective Equipment (PPE) where required to provide support and that there were be devices in libraries and community hubs. It was added that this was a six month programme but it was hoped that, following the trial, it would be rolled out across NCL.

Anthony Doudle, SACRE officer and Head of School Improvement (Islington), noted that all schools had been surveyed in the first national lockdown in March 2020 and this had provided a picture of the digital landscape. It was established that, particularly for primary aged children, there was limited access to digital devices. It was explained that Islington had provided 3,000 new devices to ensure good access and had prioritised older children, especially those who were looked after or had a social worker. In June 2020, when schools returned, the digital survey for schools was updated and it was established that all secondary students had a device and work was underway to ensure that each family with primary school children had at least one device. It was highlighted that contacting schools, particularly mother tongue supplementary schools, had established strong communications hubs and it was notable that attendance in September 2020 was better than attendance before the pandemic. It was noted that a significant challenge had been to provide effective education in early years as this focused on creativity, language, and physical development which was difficult to deliver virtually.

The Chair thanked all of the speakers for sharing their experiences which had raised a number of aspects on digital inclusion from different communities and age groups. It was noted that these contributions would inform the Committee's consideration of digital inclusion.

## **RESOLVED**

To defer consideration of the report until the next meeting.

## **10. WORK PROGRAMME**

The Chair noted that the work programme was set out in the report but that Digital Inclusion would need to be considered at the next meeting and that this may take the place of HealthIntent.

**12 March 2021**

- Digital Inclusion
- Missing Cancer Patients
- Health Inequalities
- HealthIntent

**19 March 2021**

- Special meeting on Integrated Care Systems

**RESOLVED**

To note the report.

**11. NEW ITEMS OF URGENT BUSINESS**

There were no new items of urgent business.

**12. DATES OF FUTURE MEETINGS**

It was noted that the future North Central London Joint Health Overview and Scrutiny Committee meetings were scheduled for:

12 March 2021

19 March 2021 (special meeting to consider Integrated Care Systems)

25 June 2021

24 September 2021

26 November 2021

28 January 2022

25 March 2022

**13. DEPUTATION ON INTEGRATED CARE SYSTEMS**

Brenda Allen, NCL NHS Watch, explained that the deputation had been submitted in relation to the national consultation on Integrated Care Systems (ICS). It was noted that the written deputation, which had been circulated to members and published online, outlined the key issues but that NCL NHS Watch would like the Joint Health Overview and Scrutiny Committee to consider the following issues.

- There were some accountability and representation concerns, including whether there would be representation and voting rights for councillors, clinicians, members of the public, patient representatives, and private sector providers.
- Whether ICS would be responsible for present or future deficits, as some existing Trusts had a deficit, and how this would impact the ICS budget.
- How ICS responsibilities would interact with Council responsibilities for social care and public health, including how the budgets would be pooled and managed and how much input Councils would have on priorities and spending.

- The role of Health and Wellbeing Boards and Partnership Boards, specifically their ability to influence and determine local priorities and resource allocation and how they would be able to influence ICS level decisions.
- Which bodies would have oversight and scrutiny powers over ICS.
- There were concerns about the health data that would be held by ICS and held by any contractors and how data would be safeguarded.
- It was noted that there had been previous issues with health and social care integration, including eligibility, funding, and accountability, and it was not clear in the consultation document how this would be achieved effectively by ICS.
- There were also concerns about the mass transition to virtual access for GPs; this was understandable during the Covid-19 pandemic but it was considered that face-to-face provision was vital for continuity of care, diagnoses, and treatments. It was added that many cross-sections of the community, including GPs, preferred face-to-face interactions and this was not limited to older people or those who spoke English as an Additional Language.

The Committee asked about the desired role for patients and other local representatives in ICS Boards. Brenda Allen, NCL NHS Watch, explained that a number of concerns related to the erosion of local involvement. It was noted that some reduced involvement during the Covid-19 pandemic was understandable but that it would be important to ensure that this was not embedded for the future. It was stated that better health decisions were made when patient and councillor experience was included in the decision making process to design and deliver accessible healthcare. It was added that the inclusion of councillors, in particular, as voting members of the ICS Board would be essential for accountability and democracy.

The Chair thanked NCL NHS Watch for the deputation and noted that the voice of the community would be key to the Committee’s discussions on ICS.

CHAIR: Cllr Pippa Connor

Signed by Chair .....

Date .....