



NOTICE OF BRIEFING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Fiona Rae / Robert Mack

Friday 26 November 2021, 10:00 a.m.
MS Teams (watch it [here](#))

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Councillors: Alison Cornelius and Linda Freedman (Barnet Council), Lorraine Revah and Paul Tomlinson (Camden Council), Tolga Aramaz and Derek Levy (Enfield Council), Pippa Connor (**Chair**) and Khaled Moyeed (Haringey Council), Tricia Clarke (**Vice-Chair**) and Osh Gantly (Islington Council).

Support Officers: Tracy Scollin, Sola Odusina, Claire Johnson, Robert Mack, and Peter Moore.

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

AGENDA

1. FILMING AT MEETINGS

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

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

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 11 below).

4. DECLARATIONS OF INTEREST

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

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

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

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

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

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

6. MINUTES (PAGES 1 - 8)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 1 October 2021 as a correct record.

7. FERTILITY REVIEW

To receive an update on the fertility review. **(Report to follow)**

8. ELECTIVE SERVICES RECOVERY

To receive an update on elective services recovery in North Central London. **(Report to follow)**

9. WINTER PRESSURES

To receive an update on winter pressures. **(Report to follow)**

10. WORK PROGRAMME (PAGES 9 - 20)

This paper provides an outline of the 2020-21 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

11. NEW ITEMS OF URGENT BUSINESS

12. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

28 January 2022

18 March 2022

Robert Mack, Principal Scrutiny Officer / Fiona Rae, Principal Committee Co-ordinator

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Fiona Alderman

Head of Legal & Governance (Monitoring Officer)

River Park House, 225 High Road, Wood Green, N22 8HQ

Thursday, 18 November 2021

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MINUTES OF NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON FRIDAY, 1ST OCTOBER, 2021, 10.00 AM - 12.25 PM

PRESENT: Councillor Pippa Connor (Chair), Councillor Tricia Clarke (Vice Chair), and Councillors Alison Cornelius, Lorraine Revah, Paul Tomlinson, and Derek Levy.

1. ELECTION OF CHAIR FOR 2021-2022

Councillor Pippa Connor was nominated for position of Chairman for 2021-22, which was duly seconded.

RESOLVED that Councillor Pippa Connor be elected as Chairman for 2021-22.

2. ELECTION OF VICE-CHAIR(S) FOR 2021-22

Councillor Tricia Clarke was nominated for position of Vice-Chairman for 2021-22, which was duly seconded.

RESOLVED that Councillor Tricia Clarke be elected as Vice-Chair for 2021-22.

3. FILMING AT MEETINGS

The Committee and public noted that the meeting may be filmed or recorded by the Council.

4. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Khaled Moyeed from Haringey Council and Councillor Linda Freedman from Barnet Council.

Councillor Christine Hamilton from Enfield Council and Councillor Osh Gantly from Islington Council were also absent from the meeting.

5. URGENT BUSINESS

None.

6. DECLARATIONS OF INTEREST

Councillor Connor declared an interest by virtue of being a Member of the Royal College of Nursing (RCN).

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

8. MINUTES

RESOLVED that the Committee approved the minutes of the meeting held on the 25th June 2021 as a correct record.

9. DIGITAL INCLUSION AND HEALTH INEQUALITIES

Presenting Officers

- Sarah D'Souza: (Commissioning at Barnet CCG)
- Ruth Donaldson: (Director of Commissioning at Barnet CCG)

Sarah D'Souza (Commissioning at Barnet CCG) and Ruth Donaldson (Director of Commissioning at Barnet CCG) introduced the report which provided an update on the work being driven by the Communities Team, set up in place as part of the NCL CCG Borough Directorate. The committee were informed that the team had been developed to focus on inequalities and the delivery of plans to address these issues.

It was explained to the committee that one of the key questions being researched by the team was around the current use of data and whether the right data was being collected and used in the right way to understand the needs of residents. The team was focusing on developing interventions to address the health inequalities, however, to do so effectively, the wider determinants of inequalities needed to be understood. It was explained that understanding the needs of residents and empowering them would enable the right interventions to be put in place.

Officers said that it was important that as part of the work, they were able to demonstrate that local communities and residents had been listened to and their issues taken onboard, to make a difference. Resident empowerment was key to enabling residents to have more control over their lives and care and to avoid individuals reaching crisis. Officers explained that it was not always medical interventions that were required to address health inequalities, sometimes social interventions, employment opportunities or access to digital resources were needed and that through understanding the lived experiences of residents, these interventions could be better embedded into assessments. Officers advised that the team were looking into understanding all the complex elements that contribute to health inequalities.

The Chair enquired as to how the disbanding of the Public Health England and the replacement with the National Institute for Health Protection (NIHP) fitted into the integrated care systems. Officers advised that public health would remain a key aspect of the work and that moving forward the team would continue to work closely with local public health departments, as this was integral to the work.

Councillor Tomlinson enquired as to how the Voluntary Community Sector (VCS) would be included in the work, as well as how the homeless would be identified and contacted. Officers explained that the VCS were integral to reaching out to local people, as well as ensuring the groups engaged with, were as diverse as possible. Regarding identifying the homeless, officers advised that they would be working with hostels and street homeless and setting up networks across the programme to find the best way to support them. Weekly seminars for the homeless would also take

place, with assistance from specialist teams and local GP organisations to ensure they were receiving the right vaccines, resources, and care. Councillor Clarke updated the committee that Islington Council had a policy in place which ensured all rough sleepers had access to a bed every night.

Councillor Clarke asked for clarification that work involving young people, particularly with learning difficulties was being investigated. Officers noted that there were still improvements to be made in terms of working with young people, but that work was ongoing. Officers commented that learning difficulties was on the radar and they would be interested to see further submissions around that.

The Chair questioned the measurement criteria being used for the work and noted that there appeared to be no targets or measured outcomes set. The Chair also enquired as to how the areas identified as the starting point, had been decided on and what engagement had taken place around these decisions. Officers advised that an agreed set of criteria was in place and that this could be circulated to the committee. They also explained that a monthly report was produced which reviewed the criteria and evaluated how overarching and impactful on health equalities they were. Officers explained that strong guidance had been used to establish what interventions were needed and although not all of them would lead to a return on investment within the next year, that should not be used as a reason not to put interventions in place. It was explained that a balance between short term and longer-term interventions was important.

Members thanked the officers for the report and commented that it was an interesting piece of work. Members requested that once the project had been given some time to mature, in around a year, that an update report be brought back to the committee. It was requested that the update report include information on the next cohort of projects and how residents had been engaged with. Members suggested a lived experience case study would be useful, to see how this was being delivered. If possible, a young person living with learning difficulties could be incorporated into this case study, as well as the potential for someone to be invited to attend the meeting. Members further requested that the update report include an outline of the financing aspects of the work and how this linked to ongoing projects to ensure they maintained traction.

RESOLVED that the Committee noted and commented on the contents of the report and the direction of travel of the important work.

10. UPDATE ON MENTAL HEALTH

Presenting Officers

- Jinjer Kandola: Chief Executive of Barnet, Enfield and Haringey Mental Health NHS Trust (BEH).
- Darren Summers: Deputy Chief Executive at Camden and Islington NHS Foundation Trust.
- Ian Prenelle: Consultant Psychiatrist at Camden and Islington NHS Foundation Trust

Jinjer provided the committee with an overview of the NCL mental health programme, which particularly focused on the mental health response to the pandemic,

investments in services, transformation activities and mental health system challenges.

Jinjer updated the committee that services had been set up in St Pancras, with two hubs for children in the North and South in response to the pandemic. She said these hubs had been vital in the first stages of the pandemic, when the full impact was not yet clear. The long-term impact on mental health was now much clearer and the long exposure to isolation had significantly increased cases of anxiety and negatively impacted mental health across the country. It was noted that eating disorders had significantly increased, as well as a general increase on demand in services. One of the biggest challenges arising from the increased demand was securing an adequate workforce to enable the expansion of services.

Darren explained that Covid had made the inequalities people living with mental health issues faced far more pronounced. It was noted that the Covid vaccine uptake, in this cohort of people, was significantly lower than the average and that this cohort already had a lower life expectancy. He outlined that outreach work was taking place to improve both physical health and increase the vaccine uptake in this cohort. It was also noted that the community transformation project would significantly transform the way work was conducted in partnership with primary care, the Local Authority, and the VCS.

Ian explained there had been a shift in the mental health care system, in that it was moving towards a whole population approach. The principles would be that the system would be universal, person centred, with a new focus on prevention for both physical and mental health outcomes. He said that initiatives would not just focus on combatting issues when they arise but would ensure required interventions were in place. This new holistic offer would be delivered by new population health nurses, which would work alongside GP practices, peer coaches and the VCS. Ian explained that working more closely with general practitioners would help to deinstitutionalise mental health care and that working and embedding care into the community, would help move towards normalising and destigmatising mental health within the community. Ian said that during the early phase of the pandemic this type of work had already been in place, for example Camden Council had worked closely with the VCS to help those suffering with severe mental health who rely on both social and emotional support. Ian said that moving forward the model would look to share the approaches and practices across the boroughs, with the next wave of implementation due to take place in April 2022.

Councillor Tomlinson asked if any data surrounding the significant increase on demand could be circulated to the committee. He also asked if schools were being worked with to help address eating disorders and other mental health issues experienced by young people. Jinjer advised that further information on the increased number of referrals, which would include information about diversion hubs which people in crisis could turn to, could be circulated. She also explained that work in partnership with both Local Authorities and schools would be done to build up good working relationships. Councillor Clarke raised a point that stigmatisation around mental health had not gone away and that conversations on the topic with young people needed to be done sensitively. She noted that often medication was used to resolve problems, which often did not address the underlying issues. Jinjer assured

Members that work was being done with young people to move away from relying solely on medication as a resolution.

Darren explained that working within communities via the community model was key to normalising mental health care, especially for those from ethnic minorities who often came into the system very late into their stage of crisis. Ian updated the committee on work that had already been taking place in boroughs within this model, including discussions with the Somali community in Islington on ways to reduce stigma and crisis houses having been set up in both Camden and Islington, as an alternative to hospital care. He advised that similar provisions would be put in place in Barnet, Enfield and Haringey.

Ian advised that social prescribing and peer support initiatives would help provide better long-term outcomes, rather than relying on medication. He said that often people come into the system from GPs at the point where they have reached severe decline or relapse in terms of their mental health, so more needed to be done to catch people at earlier stages. He also advised that there had been an increase in refugees being referred for care and so the team was running a series of educational talks with experts who work with refugees to help inform the care they were offered.

The Chair enquired as to whether partnership working was being focused on and whether it was evident that the right teams were getting feedback to the appropriate people at the appropriate time. Darren acknowledged there was improvement required in terms of liaising with Housing departments and the Police, as there were incidents where individuals had fallen through the gaps in the system.

The Chair asked how recruitment into new roles was progressing. Darren advised that recruitment was going well, but there were always some challenges faced in terms of recruiting new nurses. He said the advantage with the community programme was that a different type of workforce was being looked for, which opened opportunities outside of the normal professional routes, to find those with lived experiences.

Members agreed to receive an update briefing paper in 6 months' time, after which they would decide whether to request to bring back a full report to committee at that time or wait until a year had past for further scrutiny to take place. Members asked that wellbeing of staff as well as information on working with schools was included in the update report.

RESOLVED that the Committee noted the contents of the report.

11. UPDATE ON INTEGRATED CARE SYSTEMS (ICS)

Presenting Officers

- Frances O'Callaghan: Accountable Officer for North Central London CCGs.
- Richard Dale: Executive Director of Transition at North Central London CCG – North London Partners)

Frances provided an overview of the report and highlighted the benefits for residents of the new integrated care systems (ICS). She explained how the ICS would take on responsibilities which previously sat under the CCG and would be placed based. The

new set up would enable continued engagement with residents and the ability to respond to their needs, which had changed following the pandemic. The Integrated Care Board (ICB) would be established to work with Local Authorities to understand the place-based partnerships arrangements and how the ICS could best deliver these.

Richard explained that the primary aim of the ICS was to streamline work and reduce unnecessary bureaucracy, as well as enabling funding to be moved around in a way that it previously had not been able to. It was noted that in response to the pandemic the system had already been acting as an ICS, helping to meet the community needs, for example having implemented new ways of providing care at home, introducing new technology to provide higher level of support and greater involvement within communities to ensure neighbourhood borough care was in place. Richard said clinicians would remain at the heart of the system, but services would be designed around local people.

Councillor Clarke asked whether the committees would continue to be open to the public. Richard advised that the bill had not been finalised yet, but that Local Authority involvement would remain key. The understanding was that the ICB would have a single Local Authority member on it, but specific arrangements were still being worked through. Frances said that Local Authority involvement would remain a key aspect of the ICS, as the group needed to understand how accountability for spend would take place collectively. She assured the committee that there was a commitment to collaborative working, which had already been evidenced over the previous 18 months.

Councillor Clarke asked if officers had received the seven recommendations put forward by the JHOSC. Frances confirmed that the recommendations had been read and that she envisaged there would be no change in terms of the role and engagement with the JHOSC moving forward. However, due to the bill not being confirmed, officers were unable to provide specific detail on arrangements, but acknowledged that to provide the best services for residents, scrutiny would continue to be a key element.

The Chairman questioned the decision to only have one Local Authority representative for all five boroughs on the ICS and felt that this individual would require extra support to understand the needs of each borough. Frances advised that the NCL Partnership Council would have all five Local Authority Chief Executives on it, which would feed into the ICB. It was also noted that once the CEO for the ICB had been appointed, arrangements to support the Local Authority representative on the ICB would be discussed. Officers emphasised that there would continue to be important links with Directors of Public Health and Adults, as well as several forums connected to the ICB to ensure close partnership working with Local Authorities. Members asked if an internal review would take place at an appropriate time, officers agreed that a review point was good practice and that discussions with the CEO and partners around this would take place.

Members queried whether the re-structure had resulted in any jobs loses for CCG staff, it was confirmed that no jobs had been lost as part of the process. Members also asked for clarity on whether private providers would be invited to sit on the board, it was noted that it was not envisaged that any private providers would be included.

Councillor Levy raised concerns about significant preparation work having taken place before the bill had been agreed. He also felt that in the past transformations had become top down heavy and not structured in a way to best serve residents. Councillor Levy stressed the role of Members to represent their constituents and ensure they received the best care, which meant it was crucial that they were properly engaged. He expressed the view that at least two Local Authority representatives would be required on the ICB, to provide contingency if one member was unable to attend. The Chairman emphasised that the committee was looking for confidence in the new system and to see evidence that services would be truly joined up, as well as opportunities being embedded for Members to raise their voices on behalf of residents, provide scrutiny, and be heard.

Members asked if all seven recommendations put forward by the committee at the last meeting had been received by officers. Officers confirmed that these had been read and would be considered, however they were unable to provide any certainty until after the bill had been passed. Councillor Clarke requested that recommendation 7 of the JHOSC be strengthened. The seven recommendations put forward were as follows:

1. The Integrated Care System (ICS) and its committees should be as open to the public as possible.
2. The NHS ICS Board should include local authority representation, local authority voting rights, and the ability to discuss and challenge decisions. It should also ensure that all agendas, minutes, and relevant documents are open to the public. It was considered that this would ensure transparency and accountability.
3. The role of the Joint Health Overview and Scrutiny Committee (JHOSC) should be maintained, including the ability to scrutinise all decisions made by the ICS. It was also considered that the JHOSC should retain the right of refer matters to the Secretary of State.
4. The ICS should consider how patient and resident voices would be included in its processes. The JHOSC felt that patient and resident voices should be included at all levels, including the top level.
5. The JHOSC also requested further detail on the arrangements for the NHS ICS Board, the governance and committee structure within the ICS, and the relationship between the different committees, and how the voices of patients and residents would be included.
6. The ICS should have an identified committee that was aware of any business relationships between primary, secondary, and tertiary providers to ensure openness and transparency.
7. To support the NCL NHS Watch recommendation.

The Chairman requested that an update on the complex financial arrangements be included within the next report, to enable Members to understand how the joint budgets would be shared across Local Authorities and the NHS, as well as the governance arrangements surrounding this. Officers agreed to provide this within a report to be brought back in January 2022.

RESOLVED that the Committee noted the contents of the report.

12. WORK PROGRAMME

Following discussion on the work programme the following was agreed:

Items for the 26th November meeting:

- Fertility Review
- Elective Surgery and recovery results
- Winter pressures (to include London Ambulance Service)

Items for the 28th January meeting:

- Integrated Care System (ICS) financial arrangements and update report
- Dental care

Items for 18th March meeting:

- Mental Health care update
- Estates
- Lower Urinary Tract Symptoms (LUTS)

RESOLVED that the Committee agreed the items for the work programme 2021-22 as outlined above.

13. NEW ITEMS OF URGENT BUSINESS

A Member raised the need to have an update on the London Ambulance Service brought to a future meeting. The Chairman agreed to discuss the most appropriate time for this to be brought to committee, under the work programme item on the agenda.

14. DATES OF FUTURE MEETINGS

The Committee noted the future dates of meetings:

- 26 November 2021
- 28 January 2022
- 18 March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington
REPORT TITLE Work Programme 2020-2021	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	DATE 26 November 2021
SUMMARY OF REPORT This paper reports on the 2021-22 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Rob Mack Principal Scrutiny Support Officer, Haringey Council Tel: 020 8489 2921 E-mail: rob.mack@haringey.gov.uk	
RECOMMENDATIONS The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ul style="list-style-type: none"> a) Note the work plan for 2021-22 and consider any updates that may be necessary; 	

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| b) Confirm the agenda items for the next meeting, which is currently scheduled to take place on 28 January 2022. |
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1. Purpose of Report

- 1.1 This paper outlines the areas that the Committee has chosen to focus on for 2021-22 so far. The Committee is asked to note the list of topics that have been identified as a potential agenda items for the year and consider any amendments that may be required.
- 1.2 The next meeting of the JHOSC is scheduled to take place on 28 January 2022 and the Committee is also asked to confirm the items for this. The items currently scheduled to be on the agenda for this are as follows:
- Estates Strategy Update; and
 - Dental Services.
- 1.3 The Committee is also asked to identify any particular matters that they would like to be addressed within these items. Full details of the JHOSC's work plan for the remainder of the year are listed in **Appendix A**.

2. Terms of Reference

- 2.1 In considering suitable topics for the JHOSC, the Committee should have regard to its Terms of Reference:
- "To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
 - To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
 - To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;
 - The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and
- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people .”

3. Appendices

Appendix A – 2021/22 NCL JHOSC Work Programme

Appendix B – NCL JHOSC Action Tracker

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Appendix A – 2020/21 NCL JHOSC work programme

25 June 2021

Item	Purpose	Lead Organisation
GP Services	<ul style="list-style-type: none"> • How the CCG commissions GP services (including commissioning at different levels, delegations, CCG responsibilities); • Oversight and managing performance and contract issues (including brief description of the role of CQC); • What is commissioned from practices, PCNS, GP Federations and the developing NCL GP Alliance; • Digital inclusion and access to services and the right to face-to-face appointments. To include an update on the Equality Impact Assessment report commissioned by NCL to review the impact of the introduction of digital options. Also a brief overview of patient data (what is collected/ shared and how can patients opt out?); • Primary Care recovery plans; • Barndoc – written update on how services are being provided post-Barndoc. 	NCL partners
Update on AT Medics	<ul style="list-style-type: none"> • How ICS Boards work and transparency is ensured; • How residents/Councillors/HOSCs may be alerted to issues at an early stage, can be involved and may be able to influence/scrutinise decisions; • How standards of care can be maintained in GP services, what would happen if there was a fall in standards. 	NCL partners
Mental Health and Community Services Review	<ul style="list-style-type: none"> • An overview of what the review is aiming to achieve; • Scope and timelines; • The approach to stakeholder and service user engagement; • Specific ask for the JHOSC: to feedback on how can they contribute/support the reviews? 	NCL partners
Covid-19 Pandemic Update	<ul style="list-style-type: none"> • Temporary changes to services – what we learned, for example changes to paediatric services evaluation. 	NCL partners

	<ul style="list-style-type: none"> • Collaboration and integrated working – how this provided support during the pandemic in areas such as critical care, mutual aid, discharge workforce, the vaccination programme. • Recovery – particularly elective recovery work and how we are working as a system to reduce waiting lists. • How our system has developed which has built foundations for a mature ICS. • Lessons learnt. 	
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01 October 2021

Item	Purpose	Lead Organisation
Digital Inclusion and Health Inequalities	To receive an update on the wider piece on digital inclusion (in secondary care, mental health etc) and an update on health inequalities work.	NCL partners
Mental Health Update	To receive an update on Mental Health Services, to include CAMHS and mental health provision in schools and how services are commissioned (e.g. across the 5 boroughs v. locally).	NCL partners
Integrated Care Systems	To receive an update on Integrated Care Systems, including how we are moving to shadow ICS, governance structures, and how ICS will work with local authorities.	NCL partners

26 November 2021

Item	Purpose	Lead Organisation
Fertility Review	To receive an update on the Fertility Review.	NCL partners
Elective Services Recovery	To report on action being taken to address the backlog of elective care, including: <ul style="list-style-type: none"> • North Central London’s designation as an accelerator site; • Missing cancer patients; and • How health inequalities will be addressed. 	NCL partners
Winter Pressures/Ambulance Services	To report on plans to address winter pressure and proposals to develop ambulance hubs. To include data on ambulance handover times	NCL partners

28 January 2022

Item	Purpose	Lead Organisation
Estates Strategy Update	Update on progress with the Estates Strategy for NCL and changes required as a consequence of the establishment of the ICS	NCL Partners
Dental Services	To consider availability and access to dental services	NHS England
TBA	TBA	

18 March 2022

Item	Purpose	Lead Organisation
Mental Health and Community Services Review	To receive an update on the Mental Health and Community Services Reviews.	NCL partners
LUTS Update	To receive an update on the LUTS service including the forthcoming service review	NCL partners
Finance	A report to respond to address funding and finance issues. To include Public Health funding and potential funding inequalities.	NCL partners

To be arranged

Item	Purpose	Lead Organisation
Royal Free Maternity Services	Update on responding to recommendations of CQC report	Royal Free
Children's Services	To focus on periods of transition and to include young people with learning difficulties and children in care.	NCL partners
Screening and Immunisation	NCL partners to confirm focus and scope.	NCL partners
Workforce Update		NCL partners

2021/22 Meeting Dates and Venues

- 25 June 2021 – Virtual
- 1 October 2021 – Barnet
- 26 November 2021 – Virtual
- 28 January 2022 – Camden
- 18 March 2022 – Islington

Appendix B – NCL JHOSC Action Tracker

Meeting	Item	Action	Action by	Progress
01-Oct-21	Digital Inclusion and Health Inequalities	In response to a query about the measurement criteria, targets, and measured outcomes set for the work, it was noted that agreed criteria were in place and that these could be circulated to the committee.	Chloe Morales Oyarce/ Sarah Mansuralli	
01-Oct-21	Digital Inclusion and Health Inequalities	Members requested that once the project had been given some time to mature, in around a year (October 2022), that an update report be brought back to the committee. It was requested that the update report include information on the next cohort of projects and how residents had been engaged with. Members suggested a lived experience case study would be useful, to see how this was being delivered. If possible, a young person living with learning difficulties could be incorporated into this case study, as well as the potential for someone to be invited to attend the meeting. Members further requested that the update report include an outline of the financing aspects of the work and how this linked to ongoing projects to ensure they maintained traction.	Chloe Morales Oyarce/ Sarah Mansuralli	
01-Oct-21	Update on Mental Health	It was requested that further information on the increased number of referrals, which would include information about diversion		

		hubs which people in crisis could turn to, could be circulated.		
01-Oct-21	Update on Mental Health	Members agreed to receive an update briefing paper in 6 months' time, after which they would decide whether to request to bring back a full report to committee at that time or wait until a year had past for further scrutiny to take place. Members asked that wellbeing of staff as well as information on working with schools was included in the update report.	Chloe Morales Oyarce/ Sarah Mansuralli	
01-Oct-21	Update on Integrated Care Systems	The Chairman requested that an update on the complex financial arrangements be included within the next report, to enable Members to understand how the joint budgets would be shared across Local Authorities and the NHS, as well as the governance arrangements surrounding this. Officers agreed to provide this within a report to be brought back in January 2022	Chloe Morales Oyarce/ Sarah Mansuralli	
25-Jun-21	Covid-19 Pandemic Update	To request a future update on Workforce.	Chloe Morales Oyarce/ Sarah Mansuralli	This has been added to the work programme.
25-Jun-21	Covid-19 Pandemic Update	It was noted that an evaluation of the temporary changes to paediatrics during the Covid-19 pandemic was being undertaken and that this could be shared with the JHOSC when complete.	Chloe Morales Oyarce/ Sarah Mansuralli	This would be emailed to JHOSC members in late September 2021.

25-Jun-21	Deputation – Integrated Care Systems	The JHOSC requested further detail on the arrangements for the NHS ICS Board, the governance and committee structure within the ICS, and the relationship between the different committees, and how the voices of patients and residents would be included.	Chloe Morales Oyarce/ Sarah Mansuralli	This was due to be presented to the JHOSC at its meeting on 1 October 2021.
19-Mar-21	Integrated Care Systems (ICS)	The JHOSC requested further information in relation to Integrated Care Systems (ICS). The full list of queries is listed in the minutes.	Chloe Morales Oyarce/ Will Huxter	It was requested that this information be provided in time for the JHOSC to re-consider Integrated Care Systems in September or November 2021.
12-Mar-21	Health Inequalities	The JHOSC asked to receive an update on health inequalities at a future meeting.	Ruth Donaldson/ JHOSC Chair	This is due to be reported to the JHOSC at its meeting on 1 October 2021.
12-Mar-21	Missing Cancer Patients	The JHOSC noted that it might be useful to monitor how cancer outcomes from screening services changed over the next 12 months.	Rob Mack	This has been added to the work programme.
25-Sep-20	Deputation – Temporary Services Changes made in response to the Covid-19 Pandemic	A formal commitment was made to commission an Equality Impact Assessment around digital access to GPs and other health care settings. NHS partners would be looking to learn and reach out how to mitigate the risk.	Rob Hurd	The Equalities Impact Assessment is being commissioned in November and North London Partners will update the Committee on progress.
25-Sep-20	Deputation – Temporary Services Changes made in response to the Covid-19 Pandemic	In terms of the abolition of Public Health England and replaced by the National institute for Health Protection and the lack of consultation, this would be taken away and comments would be provided to members at a later date.	Rob Hurd	
25-Sep-20	All future reports	For future reports, Committee members requested that officers provide at the front	Report authors	Ongoing.

		of the report a summary, no more than one side of A4 of the main issues and outcomes.		
4-Sep-20	Orthopaedic Services Capacity	To receive a report on the issue of capacity in 12-18 months (Sept 2021-March 2022).	Anna Stewart	
4-Sep-20	Orthopaedic Services Review	To receive an update on how the Programme Team had managed to deliver on the performance metrics which tracked achievements and performance. The Committee also requested that when the update report came back that it also included views from Care Co-ordinators as well as the Patient Representatives.	Will Huxter and Anna Stewart	
Jul-20	LUTS Clinic	To receive a written update on what was happening with regard to the LUTS clinic, a matter on which the Committee had received a number of deputations from concerned patients over the past few years.	Frances O'Callaghan, Richard Dale	Frances O'Callaghan said she would liaise with the relevant officer (Richard Dale) about providing a written update on the topic. A written update is due to be provided to the JHOSC at its meeting on 1 October 2021.
Sep-19	Deputation – Patient Transport	Pan London JHOSC meeting to be arranged with representatives from NHS England, Department for Health and Kings Fund on patient experience of transport.	Policy Officer	Officers continue to work alongside the Chair to arrange a Pan London JHOSC meeting on patient transport. Awaiting confirmation from NHS colleagues. A successful Pan London JHOSC meeting was held on 16 January 2020 discussing the Mayor's '6 Tests' framework for major hospital service reconfigurations.