Agenda

Public Document Pack

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY, 31 JULY 2020 AT 10.00 AM
REMOTE MEETING VIA MICROSOFT TEAMS. THE MEETING CAN BE WATCHED LIVE VIA HTTPS://COUNCILMEETINGS.CAMDEN.GOV.UK.

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MEMBERS

Councillor Tricia Clarke, London Borough of Islington
Councillor Pippa Connor, London Borough of Haringey
Councillor Alison Cornelius, London Borough of Barnet
Councillor Lucia das Neves, London Borough of Haringey
Councillor Linda Freedman, London Borough of Barnet
Councillor Osh Gantly, London Borough of Islington
Councillor Alison Kelly, London Borough of Camden
Councillor Samata Khatoon, London Borough of Camden
Councillor Edward Smith, London Borough of Enfield
Vacancy, London Borough of Enfield

Issued on: Thursday, 23 July 2020

WEBCASTING NOTICE

This meeting will be broadcast live by Camden Council on its website via https://councilmeetings.camden.gov.uk. The whole of the meeting will be filmed and recorded, except where there are confidential or exempt items, and the footage will be on the website for 6 months. A copy of it will also be retained in accordance with the Council's data retention policy.

If you make a representation to the meeting you will be deemed to have consented to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes.

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REMOTE MEETINGS

Everyone is welcome to watch public meetings of this Committee. Agendas for these meetings are available in advance on Camden's website at www.camden.gov.uk/democracy. If you are interested in a particular item being considered at a meeting and you wish to speak (called making a deputation), please write to the Committee Officer listed on the front of the agenda. The deadline for deputation requests for this meeting is **5pm** on **Wednesday 29th July**.

The Committee is allowed to discuss some items in private, although this does not happen often; any such items will be discussed, as far as possible, at the end of the meeting. The live meeting will be paused and public speakers will be asked to leave the remote meeting

Members of the public have a right to take their own recordings of public meetings for reporting purposes. This does not apply to any of the Committee's meetings which are private or not open to the public. Laws on public order offences and defamation still apply, and you should exercise your rights with responsibility. Please respect the views of others when reporting a meeting.

You may be asked to stop filming, photographing or recording a meeting if this in some way becomes disruptive to the meeting.

This meeting will be broadcast live via https://councilmeetings.camden.gov.uk and will be viewable for six months afterwards at www.camden.gov.uk/webcast.

REMOTE MEETING ETIQUETTE

Participants[1] in remote meetings are asked to adhere to the following guidelines:

Preparing for the meeting

- If you are planning to attend, make sure you have informed the committee officer named on the agenda front sheet, so that a full list of those expected at the meeting can be prepared.
- Ensure you have read the report(s) before the meeting.
- Ensure that you are located in an area where you are unlikely to be disturbed.
- Ensure that your broadband connection is sufficiently stable to join the meeting. If your connection has low bandwidth, you might need to ask others using your broadband connection to disconnect their devices from the broadband for the duration of the meeting. If the does not help, you may wish to try connecting your device to your router using an Ethernet cable.
- Ensure that your background is neutral (a blank wall is best) and that you are dressed appropriately for a meeting held in public.
- Ensure that the camera on the device that you are using is positioned to provide a clear, front-on view of your face. This may involve thinking about lighting in the room you are in (for example, sitting in front of a window may plunge your face into shadow) or putting your webcam, laptop or tablet on top of a couple of books so that you can look into the camera face on.
- Ensure that you are familiar with the functions of the software you are using. The committee officer will be online 15 minutes before the meeting start time to give everyone time to join and deal with any technical challenges, so try to join the meeting at least 5 minutes before the meeting start time to make sure that everything is working.
- Ideally, you should use earphones or a headset to participate in meetings as it reduces the risk of feedback from using your device's external speaker and reduces background noise from your surroundings.

At the meeting

- Join the meeting promptly to avoid unnecessary interruptions.
- Mute your microphone when you are not talking. If you are an officer or a deputee, please turn off your video when not speaking in order to reduce bandwidth.
- Only speak when invited to do so by the Chair.
- When speaking for the first time, please state your name.
- Keep comments, questions and other contributions brief and to the point.

[1] Participants are defined as members of the committee; other councillors who seek to address the committee; officers advising the committee or presenting reports; any external partners / third-parties invited to address or advise the Committee; and deputees (including any member of the public with speaking rights).

- If referring to a specific page on the agenda, mention the page number.
- The ‘chat’ function must only be used by committee members to indicate a wish to speak, to indicate that they are having a connection issue or to make a request for a formal vote. It is not to be used for conversations and should be used in an appropriate and professional manner at all times.
- Once you no longer need to participate in the meeting, please leave the call; you can still watch via the public video stream if you wish. Once the Chair closes the meeting, all remaining participants should leave the call promptly.

Exempt or confidential items

Occasionally, the committee may need to go into closed session to consider information that is confidential or exempt from publication. If this happens, the committee will pass a resolution to that effect, the public feed will be cut and any participant who is not a member of the committee will be asked to leave the meeting. If you are asked to leave the meeting, please end your connection promptly. Any connections that are not ended promptly will be terminated by the committee officer.

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE
31 JULY 2020

THERE ARE NO PRIVATE REPORTS

PLEASE NOTE THAT PART OF THIS MEETING MAY NOT BE OPEN TO THE PUBLIC AND PRESS BECAUSE IT MAY INVOLVE THE CONSIDERATION OF EXEMPT INFORMATION WITHIN THE MEANING OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972, OR CONFIDENTIAL WITHIN THE MEANING OF SECTION 100(A)(2) OF THE ACT.

AGENDA

1. ELECTION OF CHAIR

To elect a Chair for the remainder of the 2020/21 municipal year.

2. ELECTION OF VICE-CHAIRS

To elect two Vice-Chairs for the remainder of the 2020/21 municipal year.

3. GUIDANCE ON REMOTE MEETINGS HELD DURING THE CORONAVIRUS NATIONAL EMERGENCY (Pages 9 - 16)

To agree to conduct the meeting in accordance with Camden's procedure rules for remote meetings.

4. TERMS OF REFERENCE (Pages 17 - 18)

To note the Committee's terms of reference.

5. APOLOGIES

6. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Members will be asked to declare any pecuniary, non-pecuniary and any other interests in respect of items on this agenda.

7. ANNOUNCEMENTS

8. DEPUTATIONS

9. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

10. MINUTES

(Pages 19 - 30)

To approve and sign the minutes of the meeting held on 13th March 2020.

11. NORTH CENTRAL LONDON SYSTEM RESPONSE TO COVID-19: NCL TEMPORARY SERVICE CHANGES MADE IN RESPONSE TO THE PANDEMIC

(Pages 31 - 40)

This report provides an update to the Committee regarding North Central London's response to the Covid-19 pandemic. This includes a stocktake of temporary service changes put in place during the pandemic.

Officers in attendance will also be able to provide a verbal update to questions raised by members of JHOSC in July 2020:

1. The positive and negative lessons learnt and plans for recovery
2. The plan across health and social care for Covid-19 outbreaks and plans to ensure services are resilient.
3. Reviewing how Covid-19 patients who have been discharged into the community but are still experiencing side effects, will be effectively treated.

The report is an update on collaborative work which is still ongoing and in development, for the purpose of keeping the Committee up to date.

12. DATES OF FUTURE MEETINGS

Future meetings of North-Central London JHOSC will be on:

- Friday, 25th September 2020
- Friday, 27th November 2020

- Friday, 29th January 2021
- Friday, 26th March 2021

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

AGENDA ENDS

The date of the next meeting will be Friday, 25 September 2020 at 10.00 am in The Council Chamber, Crowndale Centre, 218 Eversholt Street, London, NW1 1BD.

Guidance on remote meetings held during the Coronavirus national emergency

The following procedure shall be adopted in relation to the conduct of all meetings of the Council and its various committees and sub-committees (to include Cabinet meetings and any other relevant bodies) which are held pursuant to the powers contained within The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authorities and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 ("the Regulations"). In accordance with the Regulations the Council's Standing Orders, while still applying, are for meetings held pursuant to these Regulations to be interpreted in light of those Regulations and this guidance note and adjusted accordingly.

A. System for conducting remote meetings

1. Camden will conduct remote meetings using Microsoft Teams ('Teams') using the calls functionality. Information on accessing Teams is appended, including information on basic operation and functionality.

2. The remote meeting will be conducted via a Teams call, using both the audio and video functionality so all participants[1] in a remote meeting should be capable of being heard and seen. All decision-makers must maintain as a legal minimum an audio connection to the meeting, but may mute themselves when they are not speaking. It will not impact the lawfulness or otherwise of the meeting should a committee member not be able to see the other participants for any part of the meeting, nor if they be cannot be seen by other participants and / or the public. All participants will, as far as able, try to join the meeting using the Teams app or web browser and not via dialling into the meeting.

3. Unless a meeting is dealing with confidential items, it will be streamed to the public so that they may listen and watch (should video be available) but the public will not be able to participate unless section C14 below applies; these are meetings held in public via a digital connection, but are not public meetings.

4. The Chair will be provided with advice on procedure and meeting management by a committee officer and, for some meetings, a lawyer and other relevant officers.

5. Meetings will be streamed live as well as recorded, stored and uploaded to the Council's website. The Council will aim to do this within 48 hours of the meeting finishing.

6. Minutes will be taken and published in the usual manner.

7. In line with existing standing orders, the ruling of the Chair on a point of order and on the construction or application of this guidance, procedure rules and standing orders shall not be challenged during any meeting, including any decision of the Chair to ask for contributors to be muted.

[1] Participants are defined as members of the committee; other councillors who seek to address the committee; officers advising the committee or presenting reports; any external partners / third-parties invited to address or advise the Committee; and deputees (including any member of the public with speaking rights).

B. Prior to the meeting

1. Agendas will be published on the website and via the modern.gov app, but no hard copies will be made available. Unless a matter is urgent, five clear working days will elapse from the publication of the agenda to the holding of the meeting. Committee members will, as usual, receive an automated email when the agenda is published online containing a link to the agenda. They will also be provided with contact details to use in the event that their connection to the meeting is cut (see section C8).

3. Committee members will be asked to specifically confirm to the clerk whether they will be attending the meeting remotely or not, at least 24 hours before the meeting, in order to assist the Chair and clerk in managing the meeting.

4. Councillors who are not members of the Committee will be asked to confirm by the deputation deadline their wish to address the Committee and on which items. Participation of non-Committee members will, as usual, be at the discretion at the Chair.

C. At the meeting

1. The committee officer will begin the remote meeting 15 minutes before the meeting start time to allow participants to join promptly and check their audio / video feeds are working.

2. At the beginning of the formal meeting, the Chair will confirm attendance by calling the name of each of those expected to be in attendance (section B2) and ask them to confirm that they are present, their role (voting member, guest member, advising officer or member of the public with speaking rights) and can hear proceedings. Any members who are acting as substitutes shall identify themselves as substitutes and say for whom they are substituting.

3. The usual rules as to numbers of members to create a quorum will apply, and presence in the meeting of a voting member or substitute will count towards the quorum.

4. The meeting will, as the first item of business on the agenda, note and agree the variations / interpretations of procedure rules as set out in this document. The meeting will then follow the published agenda as normal.

5. Any Member participating who declares an interest in any item of business which would normally require them to leave the room shall switch off their microphone and camera for the duration of the item so they cannot be heard or seen by the other participants. They should also refrain from sending any messages using the chat function during the item or do anything that may be reasonably perceived as trying to influence the debate. Any such action may be a breach of the Members' Code of Conduct. The relevant Member will still be able to able to see and hear the discussion and at the end of the item may switch their camera and microphone back on. The committee officer may use their ability to remotely switch microphones on and off to assist in this process.

Debate

6. Committee members will indicate their desire to speak by submitting their name using the "chat" function on Teams. This "chat" will not be minuted nor be a formal part or contribution to the meeting. All participants should refrain from using the chat for any

function other than indicating their wish to speak, indicating a loss of their audio feed (section C8) or to request a formal vote (section C21) and will be reminded about this at the outset of the meeting. Where a committee member has joined through dialling in, and therefore does not have access to the chat function, the Chair will at relevant points during items specifically invite those participants dialling-in to address the meeting or otherwise confirm they have no comments / questions.

7. When not speaking, participants will be asked to keep themselves muted. Officers may do this remotely to improve the audio quality of the meeting.

Interruptions to connections

8. If a Member's audio feed cuts out during the meeting they will:

   a) If still connected to Teams, use the 'chat' function to advise immediately that they can no longer hear the other participants;
   b) If they are unable to use the Teams 'chat' function, use the emergency contact details provided to alert the relevant officer (usually the committee officer) who will advise the Chair.

9. Where the Chair is notified of a committee member's audio feed failing they will immediately stop the meeting and call a short adjournment of up to 15 minutes to re-establish the connection. Where the connection is re-established, the Chair will ask relevant participants to repeat in summary any part of the discussion that is considered reasonably necessary to ensure committee members have been given the same information as each other.

10. If after the 15 minutes adjournment, the connection to the committee member cannot be re-established then the meeting will resume – so long as there is still a quorum – and the Member will be deemed as having left the meeting and will be unable to vote on the item. They may, if able, rejoin the meeting and participate on later items.

11. If the Chair is the member affected by the interrupted connection, the committee officer will adjourn the meeting in line with sections C9 – C10. Upon the resumption, if the Chair has been unable to rejoin the meeting, the Vice-Chair will assume the Chair. Where there is no Vice-Chair, the committee officer will conduct a vote for a committee member to temporarily assume the chair. The usual Chair may resume their role at the start of the next item if they have resumed their connection.

12. Where a loss of connection renders a meeting inquorate, the normal procedure rules on inquoracy will apply i.e. the meeting will stand adjourned for up to 15 minutes (or 30 minutes if the committee officer deems it likely that a quorum can be achieved in that time). If after this time, a quorum has not been found then the meeting will conclude and the business stand adjourned to the next meeting of the committee.

13. Where the Chair is advised that the public audio feed is not working to a satisfactory standard, then they shall adjourn the meeting as if it was inquorate under section C12 (unless the meeting is in private session).

Deputations and petitions

14. Procedure rules with regard to deputations and petitions apply. Should the Chair agree to hear a deputation, the deputee will be issued with details on how the join the Teams meeting as a participant (which is separate to simply hearing / watching the meeting as an observer). Deputees will ordinarily require an email address to join the meeting.

15. Any person who would like to make a deputation, but cannot participate in the meeting due to technological barriers, may submit a written submission in lieu of a deputation.

16. Sections C9 – C10 will also apply to deputees, when the item under consideration is that on which they have asked to address the committee. The Chair may choose to move onto other items of business if considered appropriate, while the connection to the deputee is re-established.

17. Each deputation will be required to identify a single speaker for the purposes of section C16. Where the connection of another member of the deputation party is interrupted, the Chair will not ordinarily adjourn the meeting but will have the discretion to do so where considered appropriate.

18. At the point at which their deputation is to be heard, the committee officer will unmute the deputee's microphone so that they can address the meeting. Once the allotted time has expired they will be asked by the Chair to bring their remarks to a close and thereafter be muted. They may be asked to answer questions and will be muted and unmuted as appropriate.

Late papers

19. Late papers from deputees / third parties will not ordinarily be accepted, excepting that deputees may submit reasonable materials with their deputation requests. Officers may circulate late papers (including those supplied from third parties) where they consider it appropriate to do so, but will endeavour to do so no later than 48 hours before the meeting. Different rules for Planning and Licensing apply and are set out at sections D2 and E2 respectively.

Motions

20. Should any motions be moved, including amendments, they must be committed to writing and emailed to all committee members and the committee officer by the member moving the motion. The Chair will not allow consideration of the motion or amendment until and unless satisfied that all voting members have had sight of the document and until it has been seconded.

Voting

21. The Chair may, at their discretion, consider that there is an accord amongst committee members, and shall announce this to the meeting and not call for a formal vote. Should a committee member wish a formal vote to take place they should indicate this by way of the 'chat' function.

22. When the Chair elects to put a matter to the vote, they will ask the voting members of the committee to confirm that they were able to hear the item in full and to cast their vote on the recommendation(s) / motion. The chair will conduct a roll call in alphabetical order for each committee member to respond in turn.

Behaviour

23. The Chair will at their discretion be entitled to mute any contributors, including voting members, should they consider it appropriate. Should either a member or other participant become disruptive, the Chair will warn them and should that warning not

result in a change of behaviour which is acceptable to the Chair then they shall, at their absolute discretion, be entitled to terminate the individual's participation in the meeting.

D. Planning Committee

1. The above procedure rules shall apply unless superseded below. The Guidance Notes on Procedures for Planning Committee (which are published on every planning agenda) shall also apply but may be varied at the Chair's discretion and upon advice, in so far as is necessary and reasonable to in the context of a remote meeting.

2. As normal, an agenda will be published 5 clear working days before the meeting and a supplementary agenda will be published the working day before the meeting containing supplementary information, deputation requests and written submissions. Officers may submit late papers (including materials from third parties) after the supplementary agenda has been published where it is considered the information provided is material to the decision to be made; these will be published online and circulated via email to the Committee. The Chair will confirm these have been circulated at the start of the item and ensure committee members have been able to access them, to ensure all voting members have been provided with the same information and materials. A short adjournment may be called if needed to ensure committee members have read these. No other late / tabled papers will be permitted.

3. Given the quasi-judicial nature of the business, should the Chair be in any doubt as to whether a committee member was present for the whole of an item they will not allow that committee member to vote.

E. Licensing Committee, Licensing (Sexual Entertainment Venues) Sub-Committee, Licensing Panels

1. The above procedure rules shall apply unless superseded below. The Licensing procedures set out in the Constitution (which are published on every licensing agenda) shall also apply but may be varied at the Chair's discretion and upon advice, in so far as is necessary and reasonable in the context of a remote meeting.

2. As normal, an agenda will be published 5 clear working days before the meeting. Parties to a licensing hearing may submit further late materials no later than 7pm, two working days before the meeting is due to start. These will be published online and circulated to the committee members. At the start of the relevant item, after the officer's presentation, the Chair will confirm which late papers have been circulated and invite each group of parties (responsible authorities, interested parties, applicant; or applicant, interested parties, licence holder) to set out in up to 2 minutes why the papers should be accepted or not. The committee members will then decide whether to admit the papers – taking advice as needed from officers – and take any adjournment necessary to ensure all voting members have read them.

3. Licensing hearings do not take deputations. The applicant / licence holder / parties making representations instead declare their intention to address the Committee beforehand. They will be sent a notice of the hearing as normal and are required to return this by 7pm, 2 working days before the meeting. Where a party has not indicated their intention to speak by this time, they will be presumed to not be addressing the Committee. Reasonable attempts will be made to accommodate those submitting late notifications, but their participation will not be guaranteed.

4. In line with the above rules on deputations, it is stressed to applicants / licence holders/ parties making representations that they must identify a single speaker for the

purposes of sections C16 – 17. This may be themselves or another nominated person. They may invite others to speak as part of their submissions, but the committee will not adjourn the meeting for a speaker who is not the identified single speaker for the party unless the Chair is persuaded that that the non-lead speaker has material information to impart to the committee.

5. Given the variety of licensing hearings, the working day before the relevant meeting is due to start, the clerk to the committee will send to all parties who have indicated their intention to speak a short note explaining the running order and any variations to the usual procedure.

6. Given the quasi-judicial nature of the business, should the Chair be in any doubt as to whether a committee member was present for the whole of an item they will not allow that committee member to vote.

F. Confidential/Exempt Items

1. Should the meeting have confidential or exempt items on the agenda, the Chair will move the usual motion to move into private session. This can be agreed by a general consensus of the voting members to the satisfaction of the Chair or by carrying out a roll call vote as outlined at C22.

2. The meeting shall then stand adjourned until the Chair is satisfied upon the advisement of the clerk, that the public live feed has paused and all participants not eligible to remain a part of the meeting have been removed as such. Each Member in remote attendance must ensure and verbally declare that there are no other persons present who are not entitled to be (either hearing or seeing), and/or recording the proceedings.

3. When resolving to move back into public session, the meeting shall again adjourn until the Chair is satisfied, upon the advisement of the clerk, that the public live feed has resumed and all eligible participants have had their audio / video feeds restored satisfactorily.

G. Equalities

1. It is recognised that that some persons who ordinarily would be able to participate in Council meetings in person will not be able to participate in remote meetings due to physical or other disability or because they lack the technological capability to do so. It is believed that this will only be a small minority of persons, but will likely disproportionately affect older persons and those of less financial means. We are aware that in terms of income those that fall within certain protected groups are statistically more likely to lack the means to have access to that equipment or the ability to use it. The Council is of the view that in passing the Regulations to permit remote meetings, the Government has both considered this impact and also set out the importance of holding council meetings during the coronavirus emergency. Therefore, having given its obligations under s149 Equality Act due regard it considers the public interest in public elected member decision resuming outweighs the impacts on any persons who may not be able to participate. It is also mindful of the current statutory prohibition on public gatherings when alternative means are available and it considers that the regulations allowing remote decision making is such an alternative which should be used.

2. Where there is the functionality to dial into a meeting instead of joining via the Internet, the Council will support this as far as possible in line with the procedures set out above.

3. As per C15, any party who cannot make a deputation for technical reasons will be permitted to submit a written submission in lieu of a deputation.

4. Teams has live captions functionality for remote meetings for the deaf / hard of hearing, which users can independently turn on; guidance on how to do so will be provided. The Council cannot accept any liability for the accuracy of these live captions.

5. The Council will consider any other requests for reasonable adjustments to be made in order to allow parties to be involved in remote Council meetings as far as circumstances at the time of the meeting allows.

6. In addition the Council will review and monitor the operation of its remote decision making and make adjustments when it considers it can further mitigate any adverse impact.

ENDS

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North Central London Joint Health Overview and Scrutiny Committee (JHOSC)

Terms of Reference

1. 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;

2. 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;

3. To respond to any formal consultations on proposals for substantial developments or variations in health services affecting the area 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;

4. 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;

5. 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

6. The joint committee will aim work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people.

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THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 13TH MARCH, 2020** at 10.00 am in Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves and Freedman

MEMBERS OF THE COMMITTEE ABSENT

Councillors Boztas, Clare De Silva, Osh Gantly and Samata Khatoon

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillors Sinan Boztas and Clare De Silva.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Cornelius declared in relation to item 8 (North Central London Care Homes) that she was the Vice-Chair of Eleanor Palmer Trust which was located in High Barnet.

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

3. ANNOUNCEMENTS

The Chair requested item 7 – Implementing NCL's NHS Estate for Local People should be considered as the first item on the agenda as the presenting officer would have to leave the meeting after an hour due to another appointment.

Resolved: That item 7 be considered as the first substantive item on the agenda by the Committee.

4. DEPUTATIONS

The Chair informed the Committee that a deputation had been received from Phillip Richards on how patients' data was used and made available to partners outside the NHS. This related to item 10 on the agenda and would be considered in conjunction with that item.

5. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

6. MINUTES

RESOLVED –

THAT the minutes of the meeting held on 31st January be approved and signed as a correct record subject to amending the spelling of 'David Slowman' minute 6 to David Sloman.

7. IMPLEMENTING NORTH CENTRAL LONDON'S NHS ESTATE FOR LOCAL PEOPLE

Consideration was given to the estates strategy update report.

Nicola Theron, STP Director of Estates, Richard Dale Programme Director NCL STP and Tim Jaggard from UCLH were present and introduced the paper informing the committee that the paper provided an update on the Estates work stream following the last presentation to JHOSC in June 2019.

Committee members commented that the paper was a difficult paper to understand and queried in relation to the unfunded projects who decided what was needed, who the target in relation to £570m on page 28 of the agenda was for, what the assigned sites referred to in the papers were and a list of the disposal sites.

Responding to questions the STP Director of Estates, Programme Director NCL STP and UCLH Officer gave the following information to the Committee:

- The Estates Strategy 2018 had been further developed with significant progress in 2019. Considerable discussion had taken place at regional and local levels between the partners at the Trust, STP, CCG's, local authorities, Healthwatch in Haringey on how to better link estates to clinical outcomes.

- A main headline was that NCL was assigned a target share of disposal receipts of £570m which was 21% of the national target
- The intention was for Clinical leadership, working alongside partners to channel and prioritise that spend and to create a much more coherent plan to deliver at the local level for residents.
- The NHS Estates plan had progressed in 2019 and had generated strategic successes with significant investment in the acute estate and progress of projects such as BEH St Ann's redevelopment Phase 1 which was on time to deliver a new inpatient facility in 2020 with 400 homes, 119 beds at RNOH delivered under budget on time and £14m RFL acute decontamination reconfiguration had been completed.
- Page 27 of the agenda detailed the NCL investment programme and the focus going forward which would include looking at the current state of the 53 live investment projects.
- There were a variety of funding sources including the Department of Health public dividend capital, each of the funding sources had reinvestment pressures and there was the need to ensure projects were affordable;
- The smaller projects were heavier on risk and the approval processes for each of the projects were considerable.
- A business case was produced for where the funds would go and project it would be invested in. New investment in NCL did not necessarily directly relate to the disposal opportunity.
- A business case had been gone through with all the provider leads in order to prioritise projects. This included considering NHS values.
- Members requested that the Business case criteria could be included in future Estates Strategy reports to the Committee

  ACTION BY - STP Director of Estates

- There were a number of projects in Haringey where the NHS was looking to participate in regeneration schemes related to general determining of health.
- There was now a strategy and delivery plan to shape what that engagement looked like. This was being worked on at the borough partnership level.

Tim Jaggard UCLH informed members that he had been involved in some of the STP meetings specifically from a tax payer perspective. He commented that:

- Part of the strategy was to achieve long term financial sustainability and disposals could fit into that.
- Revenue had been propped up for a number of years by capital receipts and this had been encouraged by the NHS. This had been assisted by more money coming in from capital receipts. The rules had changed now preventing capital receipts being used to offset revenue.
- At present there was no indication that money made from NCL disposals would go out of NCL, this however could change.
- The Disposal of Euston Dental Site on Gray's Inn Road- as part of Estates Strategy was to move closer to the UCLH main campus to create a new combined facility.

- The strategy involved selling at the right time to the right partner. It was sold to UCLH which was carrying out a big government assignment in relation to research. In terms of timing of disposal it was to maximise opportunities.
- In the last month a set of financial rules had been agreed to ensure NCL systems were in place to maximise opportunities.
- There was now a need to consider the other part of the strategy to ensure patients were cared for closer to home. The combined work had been agreed by the CEO and was coming together.
- The intention was to provide support to organisations and help them learn.
- Estate was a function which supported all the organisations. It encouraged a more collaborative approach to supporting projects. There was a need to find ways to manage those risks- the systems and organisational risks and how these were linked together. Then taking some of that learning and influencing what was on the ground.
- Through insight into stakeholder reference groups this would start to happen
- The information relating to the individual estates was not currently available and had not yet been provided because this had not yet been signed off. This was likely to occur in 3 to 4 months' time.

The chair commented that she was impressed by the work UCLH had done and the journey being made, there was however still a lot of work to be done. There appeared to be some organisations that sold off huge sites which appeared to have no vision, purpose or value for money behind it.
The Independent Chair of the CCG commented that although it appeared contradictory that the NHS worked in the way that it did there was the need to work within those parameters for the benefit of residents. This included supporting the case for change to ensure the optimum capital could be obtained for NCL. There was the need to build the business case for change in order to ensure a strong a case as possible was presented.

Answering further questions, officers commented that:

- In terms of investment – conversations had begun around what else could the land be used for.
- In relation to Community Investment levy (CIL) and S106 look at what has happened locally and make use of best practice with local councils working together, identifying areas of good practice and those areas that work together with CIL. Barnet was cited as a good example of working together with CIL, where significant S106 funds were used to support 4,000 new homes in Colindale. Similar work could be done with other boroughs on that same process.
- There was also the case of building shaping and influencing the behaviour of the wider team, discussion between local authorities, GLA to try to shape demand and how this would come together.
- In terms of how engagement and consultation with local residents and who to contact regarding questions about the Estates Strategy took place, the Local

Estates Forum was an important place where local conversations and accountability took place. It was agreed that the Local Estates Forum membership and who questions could go too about the Estates Strategy would be circulated to Committee members.
ACTION: Nicola Theron (Director Estates, NCL CCGs)

The Chair requested that officers considered and took on board the Good Governance Principles which the Committee had adopted at its meeting in June 2019 and to provide a timeline when a further update would be reported back to the Committee.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

RESOLVED –

THAT the

(i) Report and comments above be noted;

(ii) Business case criteria be included in future Estates Strategy reports to the Committee

(iii) Membership of the Local Estates forum and who questions on Estates could go to be circulated to the Committee, and

(iv) An update on the estates strategy come to a future Committee meeting.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

8. NORTH CENTRAL LONDON CARE HOMES

Consideration was given to the report of the North Central London Partners

Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG were present and introduced the paper informing the committee that the paper provided an update on the work done so far by the NCL Partners, and the opportunity for joint working between the NHS and local authorities to improve outcomes for care home residents in NCL. They were looking for a steer from the Committee on how it would like opportunities for future development to be taken forward.

Responding to questions the Adult Social Programme Lead (North London Councils), Programme Director NCL STP and Assistant Director Community and Transformation Islington gave the following information to the Committee:

- In order to provide a quality social care workforce there was a commitment among partners to put in place progression pathway and provide opportunities for local residents so they could get jobs in the care sector.

- There were currently 122,000 Care Home vacancies, 18% of the work force was made up from EU nationals, from the Care Home perspective it was difficult to bring people over to work for a year.
- The Princes Trust was working with young people to build a local partnership, this was borough driven and a lot of work was going into getting that as part of the Community Care build programme.
- In relation to GPs and provision, historically this had not been easy to enforce as the funding arrangements meant that a person did not necessarily move.
- There was a jointly funded provider reference group to support Care homes in planning, problem solving and designing solutions to issues such as poor level of care in care homes and making use of the available data to influence contractors.
- In relation to the Covid-19 pandemic – this was a live issue and a working group had been set up from the CCG side. National guidance was expected today. All Care Homes would be contacted to share good practice. The issue of supplies of personal protective equipment (PPE) to care homes would also be looked into.
- There was work on going to understand what contingencies were in place if staff members were to fall ill. Care home providers were meeting up to discuss what they had been doing.
- In terms of joining up fragmented data, work was underway with Councils and CCG working in the same room to join up information and intelligence. By collaborating with each other would help bring the information together. The partners would develop a shared set of data approach.
- In relation to the prevention of a bidding war an important part of the joined up working between Councils and the CCG was to work with the Care Homes to prevent a bidding war, to provide best value and a sustainable market.
- The CCG would review all the key roles relating to the termination of the expanded End of Life Care Service.

The Committee requested for a list of the residential Care Homes in NCL by borough.

Action By: Richard Elphick Adult Social Programme Lead North London Councils

Answering further questions officers commented that:

- The 11% reduction in patients that had died in hospital referred to on page 47 of the agenda related to those patients that had been admitted 3 times or more in the last 90 days of their life.
- The Care Home partnership worked well when there was time to go in and work, the issue was how to use the time in the best possible way as there were lots of people that wanted to be proactively supported

Officers were asked to come back in autumn to provide an update to the Committee.

ACTION BY: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

RESOLVED –

THAT

(i) The report and comments above be noted;

(ii) A list of the residential Care Homes in NCL by borough be provided to the Committee, and

(iii) An update report be brought back to the Committee in the autumn.

ACTION: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

9. NORTH CENTRAL LONDON MENTAL HEALTH - SUPPORTING RESIDENTS AND REDUCING ATTENDANCE AT ACCIDENT & EMERGENCY

Consideration was given to the report of the North Central London Partners

Jaime Cross, Programme Director Mental Health, North London Partners, Sharif Mussa North Middlesex University Hospital NHS Trust and Hywell George, North Middlesex University Hospital NHS Trust were present and introduced the paper informing the Committee that the report was an update on the presentation to the Committee in September 2019 where they were asked to provide tangible actions being taken to support residents and reduce attendance at A&E by people with mental health conditions. The paper set out the NCL priorities on mental health and details of services that provide support to people with mental health conditions.

Responding to questions the Programme Director Mental Health and North Middlesex University Hospital NHS Trust Officers gave the following information to the Committee:

Reducing attendance at A&E by people with mental health conditions was being achieved by:

- Expansion of community teams to provide more support to assist people to stay at home and to help them on to more specialist services.
- Funding had been provided to enable access to specialist at the point of contact in crisis cafes rather than through hospital admission
- A new nurse led children and young person's crisis service had started in summer 2019 at Barnet General, North Middlesex and Royal Free Hampstead for evenings and weekends this offered crisis assessment and brief response to Children and Young People attending A&E out of hours.

- New health based places of safety services had been established such as the Highgate Mental Health Centre in Camden and Chase Farm Hospital in Enfield where service users and their carers are seen and treated with dignity. Patients were transported to these centres where specialist workers were available throughout the night.
- The Lambeth model provided services for people with complex needs and involved long term sustained assistance in getting people back into work. NCL Partners were looking at the Lambeth model and looking to receive feedback NCL Partners were taking on board learning and good practice from elsewhere.
- There had been expansion of provision of adult services at all five acute trusts.
- Transformation funding was being made available to support individuals presenting at A&E departments by having mental health assessment within 1 hour and care plans within 4 hours.

In terms equality of access a Committee member requested to see the figures for members of BAME community that had accessed the facilities.
Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

RESOLVED –

(i) THAT the report and comments above be noted; and

(ii) Provide figures for members of BAME community that had accessed the facilities

Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

10. IMPLEMENTING ELECTRONIC PATIENT RECORDS - BENEFITS REALISATION (ROYAL FREE NHS FOUNDATION TRUST)

Consideration was given to implementing Electronic Patient Records report which had previously been considered by the Committee in January 2019 and the deputation of Mr Richards referred to in item 4.

The deputation raised concerns about the manner in which patients' data was used and made available to organisations outside the NHS, a number of IT related incidents in the past year which had impacted on patients such as management of waiting lists, delays to patient letters being sent out and appointment slot issues. He also queried whether the Committee had been consulted on the implementation in NCL of the Health Information Exchange which collected health data and was being implemented across NCL.

Responding to questions from members the Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics (Hannah Heales) gave the following responses:

- In terms of the delay in patient follow up letters, investigations were going on into exactly what happened and measures would then be put in place to prevent such occurrences happening again.
- In terms of data going outside the NHS, it was standard practise with the NHS to use private sector services when the service were not available in house.
- The NHS had a long history of partnering with companies that had considerable IT experience.
- Each company was checked, underwent annual audits and had to put together a plan.
- The companies were checked to ensure there was compliance with the law, the Information Commissioner was required to be informed of any changes that were put in place to determine if it complied with the law.
- Having health information available instantly was of great benefit to GP's and the patient.
- All GP's and social care providers in NCL were now on the system.
- UCLH had its own digitalised patient records. Individual trusts had a viewer where patient information could be seen.
- There was work ongoing with clinical partners outside of Royal Free Hospital
- It reduced unwanted clinical variation, improving outcomes for patients and improving systems.
- The strategy was to standardise treatment and outcomes for service users.
- The length of stay was not affected by error, a patient was identified as requiring further exercise to improve fitness to undergo an operation
- MASH digital lead, this was the multidisciplinary group that would lead around safeguarding.

The Committee asked for a report back in June on how Royal Free NHS Foundation Trust worked with UCLH on implementing electronic patient records and to include a response to the concerns raised around the deputation in the presentation.

RESOLVED:

THAT

(i) The report and the comments be noted; and

(ii) To report back in June on how Royal Free NHS Foundation Trust worked with UCLH on implementing electronic patient records and to also include a response to the concerns raised around the deputation in the presentation.

ACTION BY: Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics (Hannah Heales

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme and action tracker.

Members agreed that items they wanted to consider at the June meeting were:

- Orthopaedic Services Review
- Update on Digital programme – response to concerns raised in deputation
- Children and Young People Integrating Care

It was agreed that supporting residents with allergies would be included on the Work Programme once the report on incident in Haringey came out. The informal meeting to be hosted by the Independent Chair NCL CCG merger should also be included on the Work Programme.

RESOLVED –

THAT the work programme be amended, as detailed above.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

The meeting ended at 12.30 pm.

CHAIR

Contact Officer: **Sola Odusina**

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MINUTES END

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North Central London Joint Health Overview & Scrutiny Committee (NCL JHOSC)	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington

REPORT TITLE

North Central London System response to Covid-19: NCL temporary service changes made in response to the pandemic

FOR SUBMISSION TO:	DATE
North Central London Joint Health Overview & Scrutiny Committee	31 July 2020

SUMMARY OF REPORT

This report provides an update to the Committee regarding North Central London's response to the Covid-19 pandemic. This includes a stocktake of temporary service changes put in place during the pandemic.

Officers in attendance will also be able to provide a verbal update to questions raised by members of JHOSC in July 2020:

1. The positive and negative lessons learnt and plans for recovery
2. The plan across health and social care for Covid-19 outbreaks and plans to ensure services are resilient.
3. Reviewing how Covid-19 patients who have been discharged into the community but are still experiencing side effects, will be effectively treated.

The report is an update on collaborative work which is still ongoing and in development, for the purpose of keeping the Committee up to date.

Contact Officer:

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RECOMMENDATIONS

1. To note the report and progress made to date, highlighting any particular issues to be covered at the next meeting of JHOSC.

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System response to Covid-19: NCL temporary service changes made in response to the pandemic June 2020 (updated 29 June)

Introduction

The Covid-19 (also known as coronavirus) pandemic poses an unprecedented challenge to the NHS and healthcare systems around the world. In North Central London, we have taken action to make sure the NHS is able to provide care to patients who are admitted to hospital because of coronavirus, and also to ensure patients with other urgent health problems get the treatment they need. We have followed national and regional standards and guidelines and the safety of our patients, their families and are staff is our top priority.

We have introduced some temporary changes to how patients may access hospital care across North Central London (in Barnet, Camden, Enfield, Haringey and Islington). This helps us make the best use of our hospitals and staff and ensures that patients are treated in a setting that minimises risk to exposure to the virus.

To ensure all patients can continue to receive the care they need, we have physically separated care for patients who are being treated for Covid-19 related-illness, and those who have other health and care needs, as much as possible. To do this we have temporarily changed some locations where care is provided.

An NCL Clinical Advisory Group (CAG) was established at the start of April 2020 by the NCL Gold team, to provide a local forum to ensure temporary service changes due to Covid-19 are considered in terms of clinical impact, potential unintended consequences, which need to be mitigated and that decisions are appropriately enacted and communicated. The NCL CAG is an interface between the London Region CAG regarding clinical services that may impact NCL and vice versa. The membership of the NCL CAG is comprised of medical directors from the majority of statutory NHS providers in NCL including primary, community and secondary care as well as nursing representatives from community and secondary care hospitals.

The NCL CAG provides robust assurance about the clinical service change decisions that are being taken and provides a clear and transparent audit trail of the rationale for the decision to effect a clinical service change. The group also has a role providing a formal clinical review of the temporary service changes made to ensure clinical oversight of the operational transition into the post-pandemic phase.

The list of temporary service changes in NCL is set out in the table below.

Temporary service changes made	Clinical rational for change	Is the change still in place?
Trauma: To create additional intensive care unit (ICU) surge capacity some hospitals transferred patients presenting at ED and requiring trauma inpatient or complex surgery admissions were transferred the Royal National Orthopaedic Hospital (RNOH).	Creating additional ICU surge capacity in District General Hospitals within NCL and as RNOH does not have an A&E department so had the ability to physically separate Covid and non-Covid patient care	No the change was reverted when a proportion of ICU beds in response to the surge were stepped down – trauma patients will now be cared within their presenting Trust unless a more specialist service is required from RNOH
Outpatients: In line with the national guidance, non-essential outpatient appointments have been stood down. Virtual/ digital mechanisms have been used where possible.	Available capacity focussed on urgent and high priority patients. Virtual consultations for non face to face assessment ensure a more safe approach to delivering care Reduces footfall in hospitals and reduces risk of spread of infection	Yes – required to maintain patient and staff safety, enable social distancing and ensure capacity focussed on managing patients with greatest need.
Cardiac services: Maintaining a 24/7 emergency service for patients within the Cardiac Network through developing a hub model to ensure patients in need of emergency cardiac surgery receive care in a timely manner.	St Bartholomew's Hospital acting as 'Hub' ensure that patients in need of emergency cardiac surgery matched to units with the capacity to treat them, given that many will have reduced capacity due to critical care pressures and staff absence caused by Covid-19 All cardiac surgical units continue to provide their usual services but if unable St Bartholomew's and Harefield Hospitals, not having emergency departments on site, will be able to maintain a cardiac surgical response to emergencies. These two	Yes

Temporary service changes made	Clinical rational for change	Is the change still in place?
	hospitals are the only ones managing patients with acute aortic dissection.	
Specialist rehab services: The Neuro-Rehabilitation service at Royal Free London (RFL) has been suspended.	Staffing levels unable to support specialist rehab. Patients transferred to other units or receiving intensive rehab support at home/community settings	Yes
Stroke: The UCLH Hyperacute stroke unit has moved to the National Hospital for Neurology and Neurosurgery at Queen's Square. Acute stroke patients are being stepped-down to the community to access outpatient rehab and therapy services. LAS are piloting video consultations with consultants at the scene for suspected stroke patients.	Stroke patients moved to an alternative site due to the ability to separate COVID and non COVID patient care. Reduced risk of exposure to COVID for staff and patients. Video consultations allow quick transfer to the correct care setting.	Yes
Elective surgery: As per the national guidance, non-urgent surgery were stood down, with a focus on discharging all clinically appropriate patients.	Ensures that sufficient capacity in place to respond to COVID intensive care and general admissions.	NCL restarted Adult planned care activity in June, using a pan NCL clinical prioritisation criteria, to ensure those at highest clinical risk are prioritised for elective care in the first instance.
Long-term conditions: NCL dialysis patients requiring emergency hospital treatment will be diverted to the Renal Hub Hospital Site at Royal Free Hospital.	Ensures emergency patients with renal dialysis needs are diverted by LAS to the most appropriate setting care in the first instance and expedites treatment.	Yes
Suspected cancer: 2 week wait referrals criteria modified in line with regional and	In line with regional and national guidance some suspected cancer referral criteria has been modified	Yes

Temporary service changes made	Clinical rational for change	Is the change still in place?
national guidance to ensure robust risk stratification of suspected cancer on the basis of clinical need, and the level of risk, both patient- and service-related. **Cancer:** The pilot vague symptoms pathway (part of a Multidisciplinary Diagnostic Centre at UCLH and North Middlesex) have been temporarily paused with new referrals being directed through the most appropriate suspected 2 week wait referral pathways.	to reflect additional risk stratification requirements. Safety netting referral continues in primary care with greater importance given drop in presentations to GPs. Patients who would have previously been referred into the Vague Symptoms pathway will still be seen as per the normal 2 week wait guidelines.	
Cancer treatment: Cancer treatment hub sites have been set up. Surgery is prioritised using the NHSE framework and via a clinical prioritisation group. Chemotherapy has been prioritised, with all provision continuing with the exception of the lowest priority and some immuno-compromised patients.	Cancer Surgery centralised via ICS hubs and through a partnership between Alliances and the Independent Sector in line with emerging National Guidance. Clinical pathways tweaked (eg provision of diagnostics) following advice from Clinical Tumour Group leads and signed off by the London Clinical Advisory Group to better manage patient risk	Yes
Paediatrics: temporary consolidation of paediatric inpatient services at GOSH. Any child from across NCL requiring a hospital admission was transferred to GOSH.	To create additional ICU and surge capacity, general paediatric inpatient services were temporarily consolidated at Great Ormond Street Hospital. This also enabled us to care for paediatric patients in separate Covid and non-Covid areas. Achieved reduced risk of exposure to Covid for staff and patients.	8 June: i) UCLH re-opened limited specialist adolescent work ii) North Middlesex reopened its paediatric inpatient units. 22 June: reopened general paediatric inpatient services at Whittington and Royal Free

Temporary service changes made	Clinical rational for change	Is the change still in place?
		London (Hampstead site only) as well as the remaining paediatric inpatient service at UCLH Barnet Hospital paediatric general inpatient beds remain closed
Paediatrics: UCLH haematology and oncology were relocated temporarily to GOSH.	To create additional ICU and surge capacity, paediatric inpatient services were temporarily consolidated at Great Ormond Street Hospital. This included the specialist haematology and oncology service for adolescents. Achieved reduced risk of exposure to Covid for staff and patients.	8 June: UCLH reopened their specialist adolescent haematology and oncology service and in-patient beds.
Paediatrics: Barnet and UCLH paediatric EDs closed and LAS redirection in place to ensure no conveyances to these sites.	To create additional ICU and surge capacity, paediatric inpatient services were temporarily consolidated at Great Ormond Street Hospital. As a result, Paediatric A&E services at UCLH and Barnet were closed to general paediatric attendances. This also enabled care for paediatric patients in separate Covid and non-Covid areas. Achieved reduced risk of exposure to Covid for staff and patients.	Yes
Paediatrics: Paediatric Oncology Shared Care Unit Children with cancer usually receive initial treatment at a principle treatment centre (PTC), with chemotherapy and other services delivered at local hubs known as paediatric oncology shared care units	POSCU services are being centralised to create capacity for the COVID-19 response in these hospitals, and to minimise risk of infection. UCLH and GOSH jointly provide the PTC, with POSCUs located at Barnet Hospital, Whittington Health (WH), and the North Middlesex Hospital	Whittington and North Middlesex have now returned to pre-Covid arrangements, with appropriate adaptations to meet Infection Prevention Control Guidance. Alternative arrangements are still

Temporary service changes made	Clinical rational for change	Is the change still in place?
(POSCUs).	(NMUH). Children who are usually treated at Barnet hospital were transferred to receive care at Watford; Whittington Health and North Middlesex patients were treated at GOSH. GOSH opened inpatients beds and a new ward for day care chemotherapy from the 10 April.	in place for the Barnet Hospital POSCU which has relocated to Watford General Hospital for children who need inpatient care with some activity including planned reviews and outpatient chemotherapy at Chase Farm Hospital.
Maternity: Homes births are suspended across NCL. Temporary closure of Edgware Birth Centre. Pre-natal scans and screening and elective caesareans are taking place off site with a private provider.	Requirement to redeploy staff across maternity services to maintain safe staffing levels Private provider sites are covid-free and therefore less risk of exposure to Covid	Partially - Limited home birth service reinstated from in May. Edgware Birth Centre will be reviewed at the end of August. Arrangements for LAS transfer agreed to ensure safety in emergency situations
Primary Care: Initial assessment by phone or online. Patients who are assessed as needing face to face appointment will be seen either at their normal practice (if no covid symptoms) or at a 'hot site' if they have symptoms. Home visits are available where required. Primary care pathology will carry out priority and essential testing only.	Ensures separation of patients with covid symptoms, reduces foot fall within practices and reduces the risk of exposure to Covid.	Yes
Community: Some routine services for low-risk patients have been paused in line with national guidance. Some services will be carried out via video/ phone rather than face to face	Enables increased capacity for community support to prevent admissions to hospital and manage more conditions in the community to reduce risk of exposure to Covid. Supports patient flow and discharge to assess pathways.	Yes, but working on the basis of pan NCL clinical prioritisation to restart some routine services for the most vulnerable.

Temporary service changes made	Clinical rational for change	Is the change still in place?
Single Point of Access hubs (SPAs) operational 8am-8pm, 7 days a week in line with national guidance.		Yes, nationally mandated
Walk In Centres: Edgware and Cricklewood Walk In Centres have closed. Walk In Centres recognised as a particular risk for exposure to COVID given inability to screen pre-arrival for COVID symptoms to enable segregation of patients.	There was significantly reduced activity levels at Edgware and Cricklewood, so staff were redeployed to support community services. Cricklewood was a planned closure for September 2020, informed by extensive public engagement, but due to reduced activity levels closure was brought forward to 27th March 20.	Partially
Mental Health Crisis: Clinical Assessment and Triage service established at St Pancras to divert mental health patients away from A&E departments	Minimises exposure to Covid from diverting patients away from physical health A&E departments. LAS divert for patients in crisis implemented to ensure that patients were taken straight to St Pancras for assessment and onward management.	Yes
Mental Health Community: A pan NCL new 24/7 crisis helpline has been set up, providing crisis assessment for patients in the community.	To support increased demand for crisis support and reduce the need to attend A&E to minimise risk of exposure to Covid.	Yes
Mental Health CAMHS: Two crisis/ triage bases 'hubs' for assessment of mental health in place. Crisis beds centralised at GOSH.	Ensured access across NCL and reduced the need for patients to attend A&E departments	Yes. Hubs still in place. From 22 June: Centralised crisis

Temporary service changes made	Clinical rational for change	Is the change still in place?
		inpatient beds moved to Whittington Health.
Specialist eye care: As per the national guidance, Moorfields have cancelled all routine elective appointments.	Some routine work is being delivered by video consultation. Video triage has been set up for some emergency cases. Attend Anywhere online services allows patients to speak to a clinician and decide the safest action.	Yes. NCL will be restarting Adult planned care activity in June, prioritising high-risk patients for the first 4 weeks.