



Camden



ENFIELD  
Council



ISLINGTON

# NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

---

FRIDAY, 4 SEPTEMBER 2020 AT 10.00 AM  
REMOTE MEETING VIA MICROSOFT TEAMS. THE MEETING CAN BE  
WATCHED LIVE VIA [HTTPS://COUNCILMEETINGS.CAMDEN.GOV.UK](https://councilmeetings.camden.gov.uk).

Enquiries to: Sola Odusina, Committee Services  
E-Mail: [sola.odusina@camden.gov.uk](mailto:sola.odusina@camden.gov.uk)  
Telephone: 020 7974 6884 (Text phone prefix 18001)  
Fax No: 020 7974 5921

## 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 Khatoun, London Borough of Camden  
Councillor Edward Smith, London Borough of Enfield

Issued on: Wednesday, 26<sup>th</sup> August 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.**

**The Council is obliged by law to allow members of the public to take their own recordings and images from this remote meeting. The Council will only seek to prevent this should it be undertaken in a disruptive or otherwise inappropriate manner.**

**We have a privacy notice that explains our use of webcasting data which you can see via <https://camden.public-i.tv>.**

**If you have any queries regarding webcasting or the recording of meetings by the public, please contact the webcasting co-ordinator on 020 7974 5653.**

## 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](http://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** two working days before the meeting.

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](http://www.camden.gov.uk/webcast).

## **REMOTE MEETING ETIQUETTE**

Participants<sup>1</sup> 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 this 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 depute, 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.

---

<sup>1</sup> 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  
4 SEPTEMBER 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 this meeting.

**2. 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.

**3. APOLOGIES**

**4. 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.

**5. ANNOUNCEMENTS**

**Broadcast of the meeting**

The Chair to announce the following: 'In addition to the rights by law that the public and press have to record this meeting, I would like to remind everyone that this meeting is being broadcast live by the Council to the Internet and can be viewed on our website for six months after the meeting. After that time, webcasts are archived and

can be made available upon request.

If you have asked to address the meeting, you are deemed to be consenting to having your contributions recorded and broadcast, including video when switched on, and to the use of those sound recordings and images for webcasting and/or training purposes.'

**Any other announcements**

**6. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT**

**7. ORTHOPAEDIC SERVICES REVIEW**

(Pages 17 -  
60)

The report provides a summary of the adult elective orthopaedic services review with a timeline of activities completed so far. It also summarises the consultation proposals, findings from the consultation and the final stage of the integrated Health Inequalities and Equalities Impact Assessment detailing the contents of the review and highlighting next steps.

The Committee is asked to consider and give views on both the proposals put forward for consultation, and the consultation process undertaken.

**8. 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

This page is intentionally left blank



## **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<sup>1</sup> 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.

---

<sup>1</sup> 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 deputies (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 of 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 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 depute will be issued with details on how to join the Teams meeting as a participant (which is separate to simply hearing / watching the meeting as an observer). Deputies 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**

This page is intentionally left blank



<b>North Central London Joint Health Overview &amp; Scrutiny Committee (NCL JHOSC)</b>	<b>London Boroughs of Barnet, Camden, Enfield, Haringey and Islington</b>
<b>REPORT TITLE:</b> <b>Adult Elective Orthopaedic Services Review</b>	
<b>FOR SUBMISSION TO:</b> North Central London Joint Health Overview and Scrutiny Committee	<b>DATE</b> 4 September 2020
<b>SUMMARY OF REPORT</b>  The report provides a summary of the adult elective orthopaedic services review with a timeline of activities completed so far. It also summarises the consultation proposals, findings from the consultation and the final stage of the integrated Health Inequalities and Equalities Impact Assessment detailing the contents of the review and highlighting next steps.  The Committee is asked to consider and give views on both the proposals put forward for consultation, and the consultation process undertaken.  <b>Contact Officer:</b>  Sola Odusina Principal Committee Senior Officer London Borough of Camden <a href="mailto:sola.odusina@camden.gov.uk">sola.odusina@camden.gov.uk</a> 020 7974 6884	
<b>RECOMMENDATIONS</b>  The Committee is asked to consider, comment on and note the report.	

This page is intentionally left blank

# NCL Adult Elective Orthopaedic Review – Evaluation of responses to the consultation

## North Central London Joint Health Overview and Scrutiny Committee

**Professor Fares Haddad, Orthopaedic Clinical Network Chair**  
**Will Huxter, Executive Director of Strategy, NCL CCG and Joint SRO**  
**Anna Stewart, Programme Director**

**4 September 2020**



# Timeline...what's happened so far

## 1 February 2018...

- NCL joint commissioning committee (JCC) signed-off the mandate for the review of adult elective orthopaedic services in north central London

## August – October 2018

- Carried out a desktop equalities review to identify impacted groups. Engaged patients, residents and other stakeholders on the draft case for change and rationale for the review. Five clinical design workshops held to establish the model of care

## December 2018

- JCC approved the design principles for a new model of care and received the feedback from the engagement

## January 2019

- JCC approved the overarching timeline, revised governance and accepted the recommendation around final contract form

## May 2019

- JCC agreed the **Clinical Delivery Model** and **Options Appraisal Process** and issued them to providers for them to submit options

## July 2019

- Carried out the options appraisal process

## August - December 2019

- Drafting of pre-consultation business case
- NHS England assurance process

## January 2020

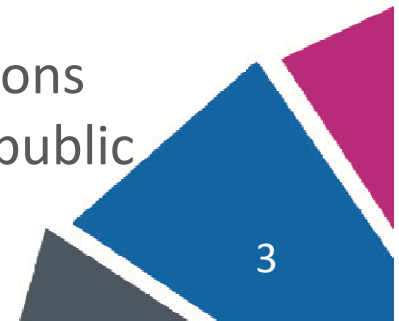
- JCC approved the pre-consultation business case and made the decision to publicly consult

## 13 January to 6 April 2020

- **Public Consultation on proposed model of care**

## This is our sixth presentation to the JHOSC, in previous presentations we covered the following areas:

- **23 March 2018** – presentation to the committee as the programme of work was initiated explaining its scope and ambition
- **30 November 2018** – presentation setting out the feedback from the pre-consultation engagement on the draft case for change and design principles from a series of clinical workshops
- **March 2019** – written update briefing on the next steps in the programme
- **21 June 2019** – update on the clinical delivery model and options appraisal process
- **27 September 2019** – update on the outcome of the options appraisal process, proposed model of care and plans for public consultation



## **In this presentation we are formally requesting a response from NCL joint health overview and scrutiny committee (JHOSC)**

- The NCL JHOSC is asked to consider and give views on both the proposals put forward for consultation, and the consultation process undertaken
- The JHOSC is requested to respond in writing by 23 September 2020 to Will Huxter, Joint SRO, Adult Elective Orthopaedic Review and Executive Director of Strategy, North Central London CCG

## Contents

- Summary of the proposals for consultation
- Summary of findings from the consultation
- Summary of the findings of the final stage of the Integrated Health Inequalities and Equalities Impact Assessment (IHIEIA)
- Impact of Covid-19 on the proposals
- Next steps in the process
- Confirmation of the proposal that will be put forward for approval and areas that will be covered in the decision-making business case
- Appendix with further detail on consultation findings



# Supporting materials

Copy of the full consultation document can be found at:

- [https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/NLP\\_Orthopaedic-review\\_FINAL-1.pdf](https://conversation.northlondonpartners.org.uk/wp-content/uploads/2020/01/NLP_Orthopaedic-review_FINAL-1.pdf)

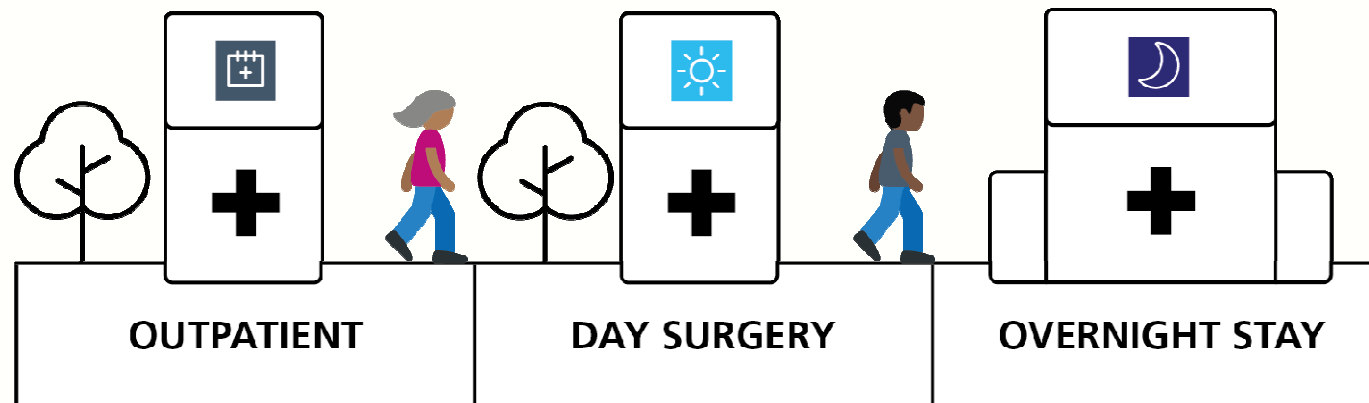
From 28 August 2020 full copies of the Consultation Outcome Report and third and final stage of the health inequalities and health equalities impact assessment can be found at:

- <https://conversation.northlondonpartners.org.uk/orthopaedics-evaluation-reports/>

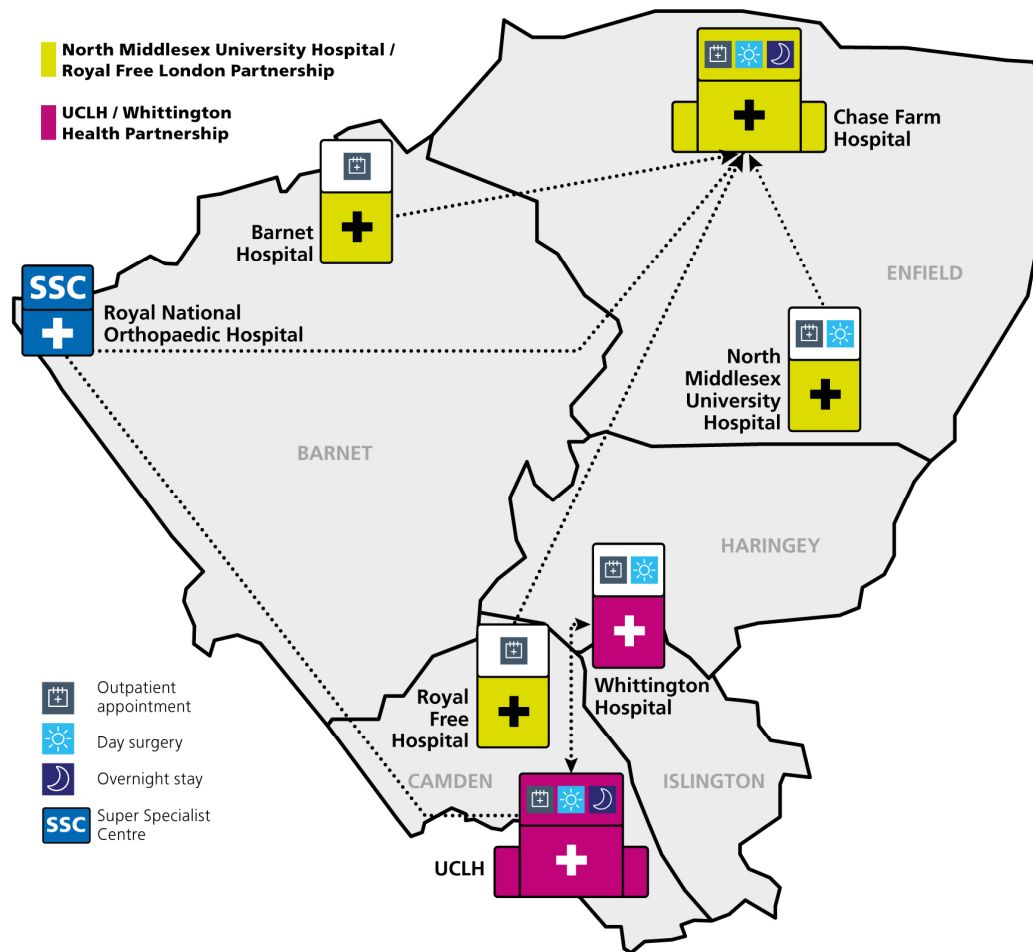


# Summary of our proposals

- Two partnerships for planned orthopaedic care:
  - **University College London Hospitals** working with **Whittington Health**
  - **The Royal Free London Group** (Royal Free Hospital, Barnet Hospital, Chase Farm Hospital) working with **North Middlesex University Hospital**
- **Chase Farm Hospital** and **University College London Hospital** with dedicated operating theatres and beds, for patients who need to stay overnight
- **A choice** of NHS hospitals for those needing **day surgery**
- **A choice** of NHS hospitals for **outpatient appointments**



# Where would patients go in future?



Patients would choose one of the two partnerships

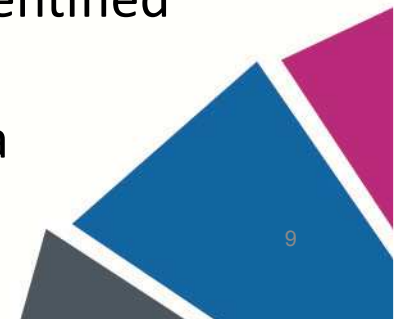
The choice would determine where outpatient care and surgery would take place

GPs and physiotherapists would support decision-making



## The public consultation

- The consultation plan was developed with input from providers, patient representatives and Healthwatch colleagues
- It drew on the equality impact assessment which indicated those groups who could be most impacted by the proposals
- Public consultation ran from 13 January to 6 April 2020
- Used a wide combination of methodologies
- Last few weeks impacted by the Covid-19 Pandemic, and 20 events scheduled between 16 March and 6 April were cancelled
- Following consultation with the JHOSC chair, the remainder of the consultation was conducted virtually, through:
  - Targeted telephone interviews (focusing on groups identified as potentially more impacted)
  - Reminders to third and voluntary sector contacts for a response to the consultation.



## Consultation exercise – levels of participation



### Three deliberative events

(open for attendance of all stakeholders and residents across NCL)



### 66 meetings

with stakeholder groups at which there were **1205 attendees**



### 12 outreach sessions

with information at NHS trusts, libraries, community events and community centres



**595 survey responses**



31 emails, letters, forms of media, including 24 responses from a range of professional bodies

## Overarching findings from all feedback channels

### Support

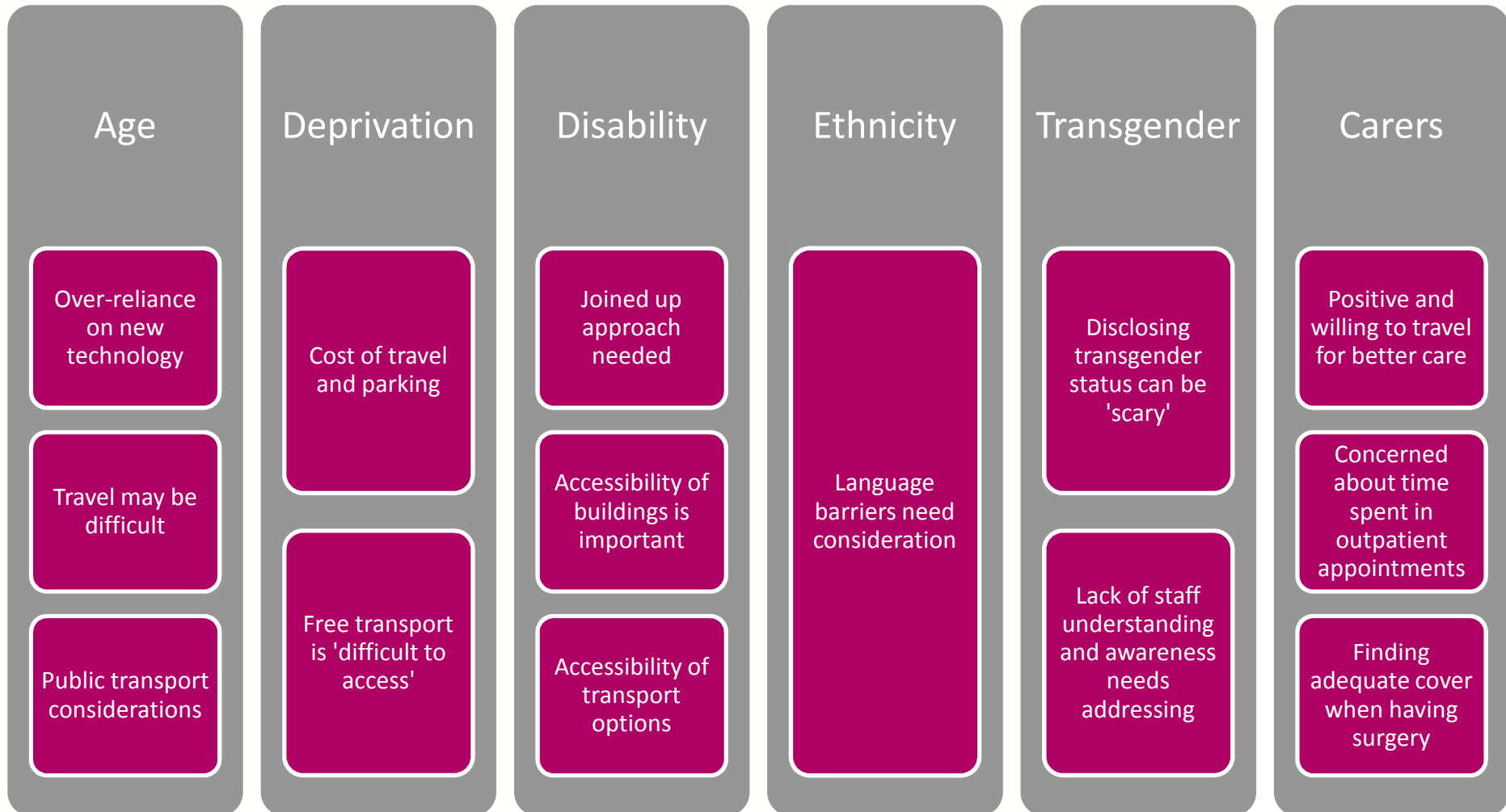
- Over three-quarters of respondents supported the proposals
- They thought they were likely to lead to improvements in elective orthopaedic care
- Service delivery developments (e.g. care coordinator) were seen as positive and likely to improve patient experience
- Separation of emergency and elective services was viewed as positive.

### Concerns

- Concerns were raised around travel and accessibility especially for older people, those with disability and individuals on low incomes
- Also raised was inconvenience of staff travelling between sites, leading to productivity issues and dissatisfaction

**Consultation itself was praised, with participants feeling there had been a wide scope of influence**

## Specific findings in relation to key equalities groups





# Integrated Health Inequalities and Equalities Impact Assessment (IHIEIA)

## Stage 1

August 2018

- **Desktop review**
  - Examined the groups likely to be affected by any proposed changes to planned orthopaedic care for adults
  - Used to guide the development of proposals and related engagement

## Stage 2

November 2019

- **Initial Integrated Health Inequality and Equality Impact Assessment**
- Identified any positive or negative impacts for NCL residents within protected characteristic groups resulting from proposed changes
- Made recommendations for the consultation period
- Offered initial thoughts on mitigations

## Stage 3

Post-consultation

- **Revised Integrated Health Inequalities and Equalities Impact Assessment**
- Revisits the earlier stages and takes account of the consultation to produce a final IHIEIA
- Makes recommendations for mitigation
- Suggests next steps



## Aims of the stage 3 IHIEIA

- To consider whether the process successfully incorporated the suggestions made in Stages 1 and 2 and to identify any gaps which might still need filled, including and considering the needs of the protected characteristic groups
- To compile a 'long list' of mitigations put forward throughout the entire process, including during the consultation, from which a 'short list' of mitigations would be considered for validation

**A validation workshop took place in July 2020 in an online workshop attended by a cross-section of stakeholders**

## Mitigations suggested

- **Identifying patient needs** – early and comprehensively
- Using systems for **patient held documents** – for example carers' passports, carers' packs and My Health Matters' passports
- Ensuring the **care coordinator role** has the necessary scope
- **The provision of accessible information** – making information accessible to everyone who needs it, at the right time and in the right place
- **Leading at network level** to ensure consistency, avoid duplication and lead on high-level negotiations with partners

**A detailed mitigations report is available on the NLP website alongside the final stage of the IHIEIA – link at the start of the presentation**

## The impact of Covid-19

- Covid does not impact on decision-making process or change what was heard in the consultation. In fact the model of care on which we consulted – separating emergency and planned surgery – is the model that other specialities are now being asked to adopt to meet the new Covid-19 requirements.
- We are therefore confident that the model of care set out in the consultation will meet the challenges of the post-Covid environment as well as those that were set out in the consultation.
- Before progressing with the decision-making business case, all CEOs of the Trusts involved confirmed their commitment to implementing and that this was part of their approach to elective recovery.
- The context of the Covid-19 pandemic will be assessed in the decision-making business case, including:
  - Increases to waiting lists
  - The requirement for planned and emergency care to be separated to meet infection control guidance
  - Delivery of digital options and virtual consultations

## Next steps

- **NCL CCG Governing Body will on 24 September 2020** be asked to formally review the independent evaluation of the public consultation, final stage of the IHIEIA and approve the decision-making business case and to proceed with the implementation on the new model of care
- **The decision-making business case will:**
  - Confirm the intention to proceed with the overall model of care as set out in the public consultation
  - Set out way in which the areas of concern that were raised in the public consultation are being address in the detail of the service model
  - Set out the changing context in terms of Covid and how the proposed model of care meets these new challenges
  - Update the financial modelling from the pre-consultation business case
  - Update on the plans for implementation assurance and how the clinical network will operate and its governance
  - Update on the compliance of proposals contained in the DMBC against the relevance governance and oversight frameworks

## Learning from the consultation

### Consultation and engagement process

- Local engagement throughout improved the proposals and ensured that they would be effective for the majority
- Good relationships with community groups and the support of stakeholders is key to getting good reach
- Keeping people involved along the way is important
- Shaping consultation exercises so that the voices of those most impacted can be heard.

### Consultation findings

- People are broadly supportive of the principle of creating specialist centres – with caveats
- A focus on equalities is key; the needs of carers, economically deprived groups and others were key to the consultation process
- Access is a major concern for some groups and should always be considered alongside clinical factors.



**NORTH LONDON PARTNERS**  
in health and care

North Central London's sustainability  
and transformation partnership

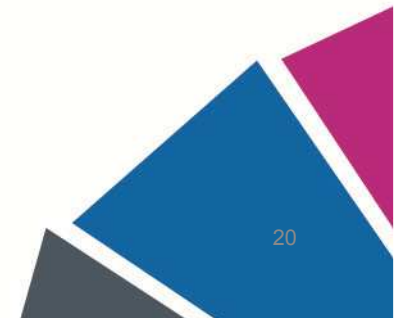


## Appendix: detail of the consultation findings



## Ways to respond

- Answering questions in a structured questionnaire
- Meetings organised by NLP team with stakeholder groups
- Meetings organised by NLP team with specific equalities groups
- Deliberative events (round-table discussions)
- Outreach sessions in the community such as information stands in public buildings
- Individual telephone interviews (transgender, carers, BAME)
- Using a dedicated phone line for feedback
- Written responses by freepost or email
- Social media responses were also monitored.



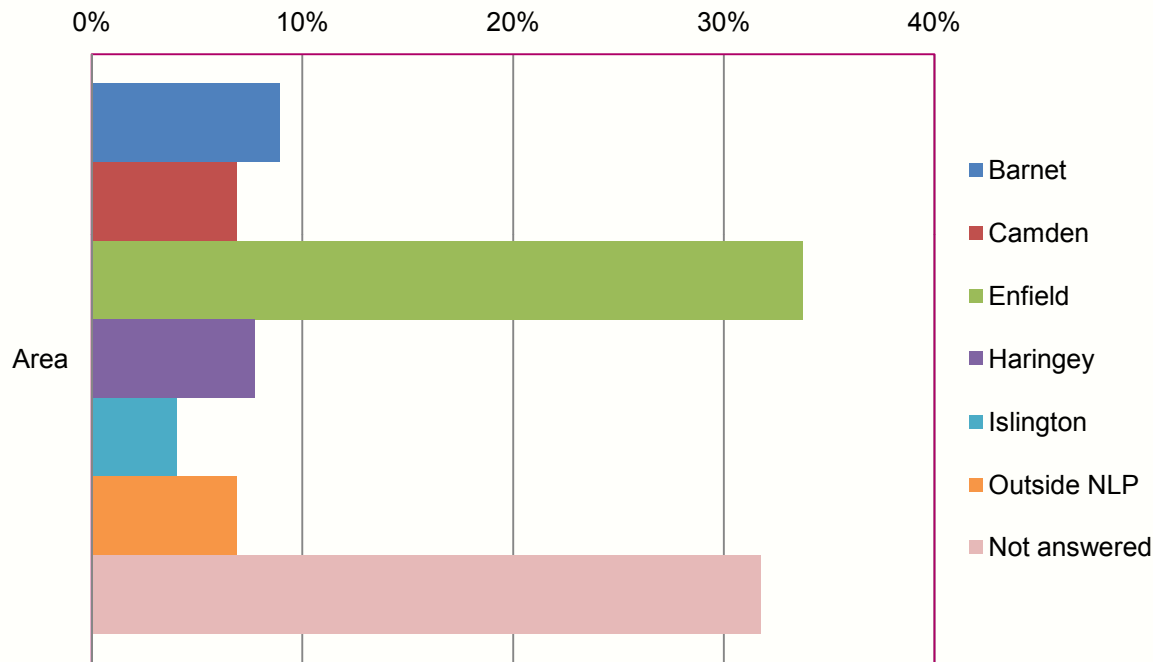
## How the consultation was promoted

- Distribution of materials to health, care and community sites
- Promotion on partner websites
- Social media promotion
- Promotion in printed materials and newsletters
- Promotion in the media
- News stories about the consultation appeared in print and online.
- Facebook advertising campaign (reach of 10,848 people)
- Email campaign to community and voluntary sector in NCL (1,193 community and voluntary sector organisations and community groups)
- NCL Residents' Health Panel (800 members)
- Voluntary sector organisations, Healthwatch organisations, Royal Colleges and other relevant statutory and professional bodies were invited to feedback on the proposals via the questionnaire or in writing.



# Who responded – by borough

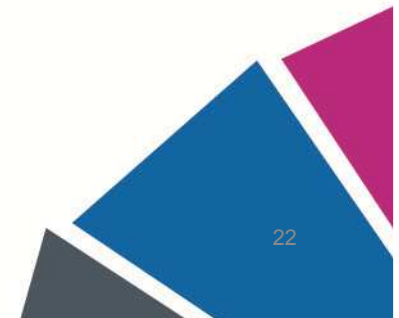
## Response by postcodes/actual numbers



## 595 responses to the questionnaire

Barnet = 53  
 Camden = 41  
 Enfield = 201\*  
 Haringey = 46  
 Islington = 24  
 Outside NLP = 41  
 Not answered = 189

\*includes separate Enfield Healthwatch survey



## Who responded – respondent type

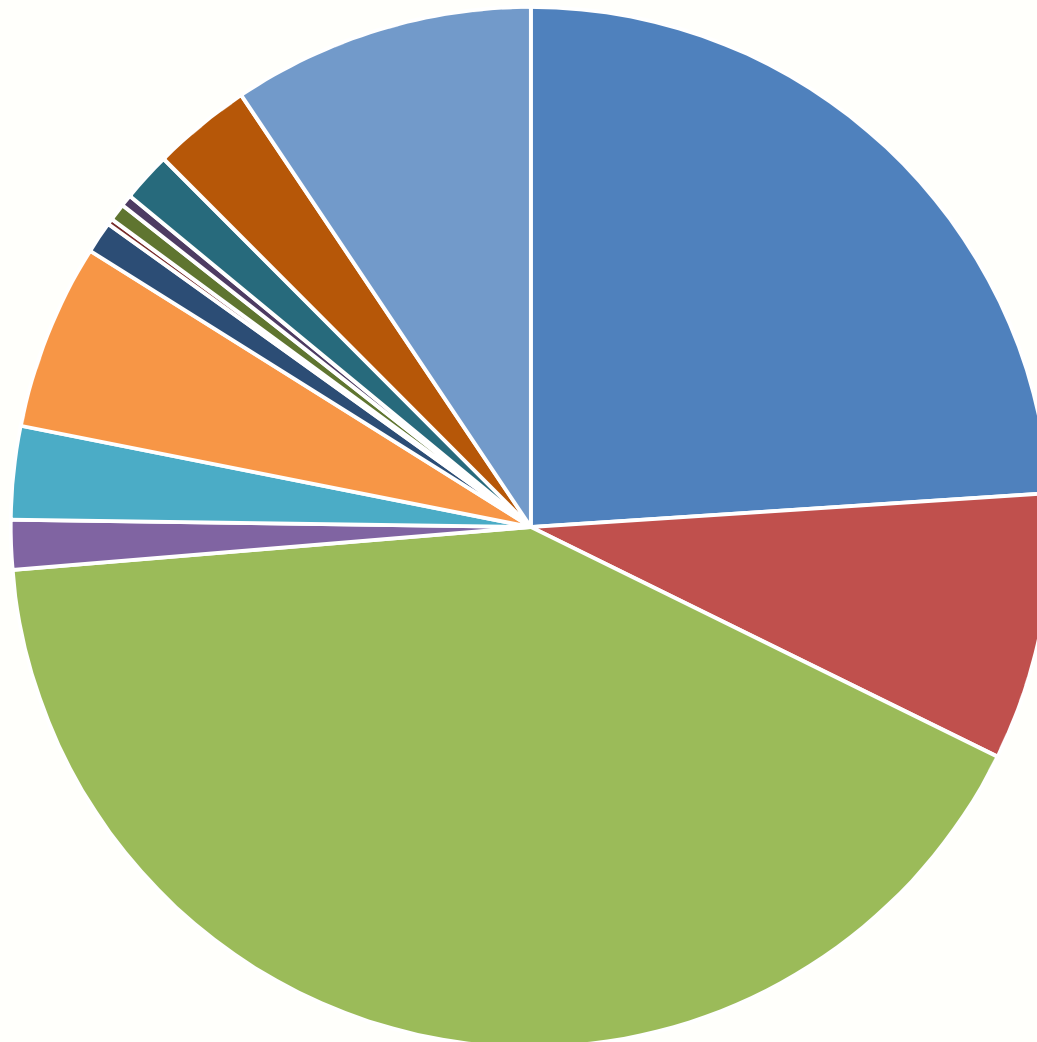
Prefer not to say  
3%

Other public  
body/stakeholder/political  
representative  
2%

Health or care  
professional / member of  
NHS staff  
6%

Staff who provide planned  
orthopaedic services  
3%

Voluntary  
organisation/charity  
2%



Not answered  
9%

Current or former  
patient/service  
user  
24%

Carer/family  
member of a  
service user  
8%

Member of the  
public  
41%

23

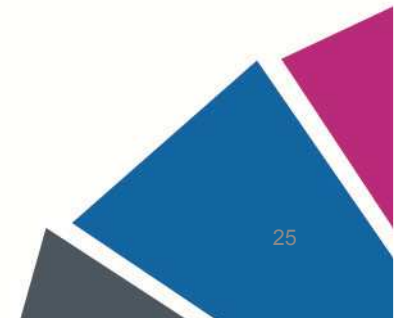
## Themes arising from the feedback



## Responses to the questionnaire

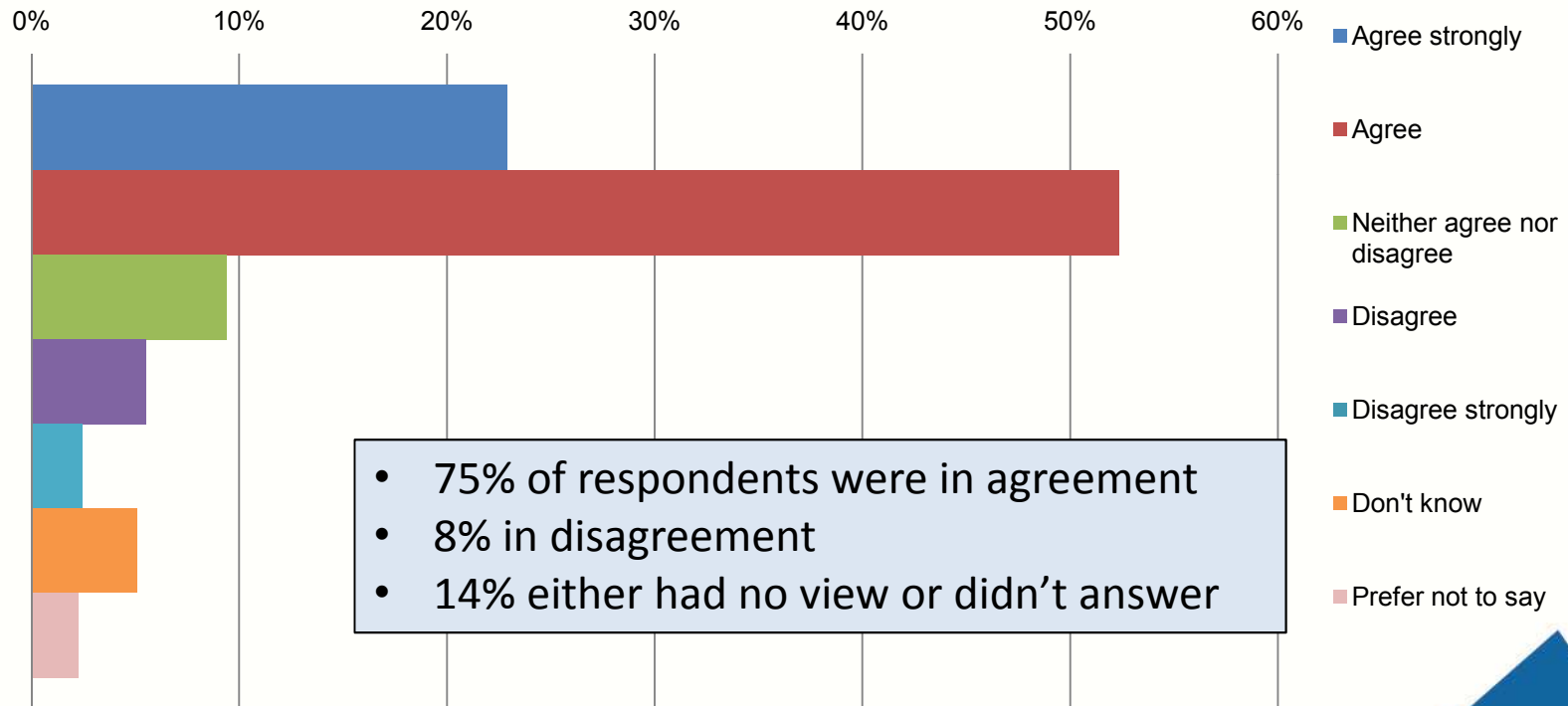


**595 responses**

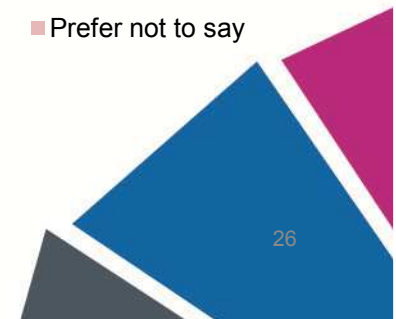


# Overall levels of agreement

Q3. Having read or discussed the proposals to what extent do you agree with them?

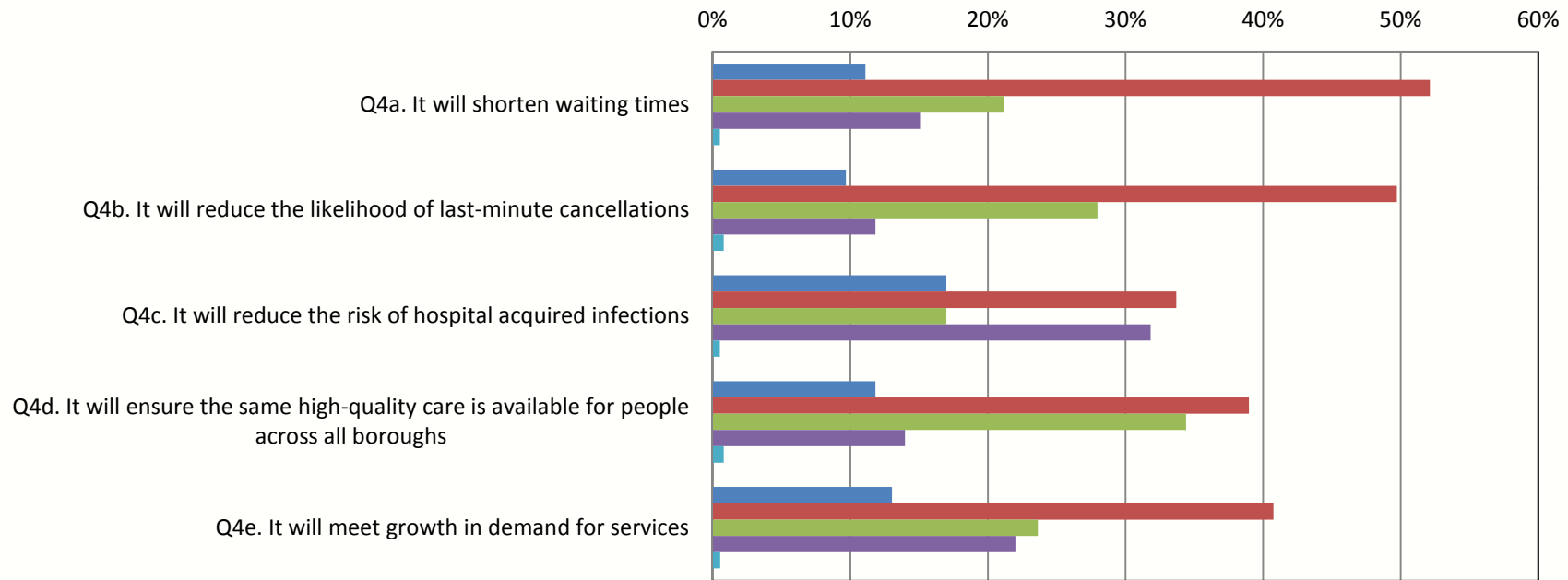


- 75% of respondents were in agreement
- 8% in disagreement
- 14% either had no view or didn't answer

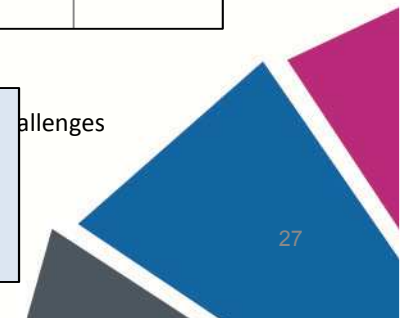


# Will proposals address the challenges?

**Q4. Please indicate from the list below, the extent to which you agree that our proposals will help to address these challenges:**

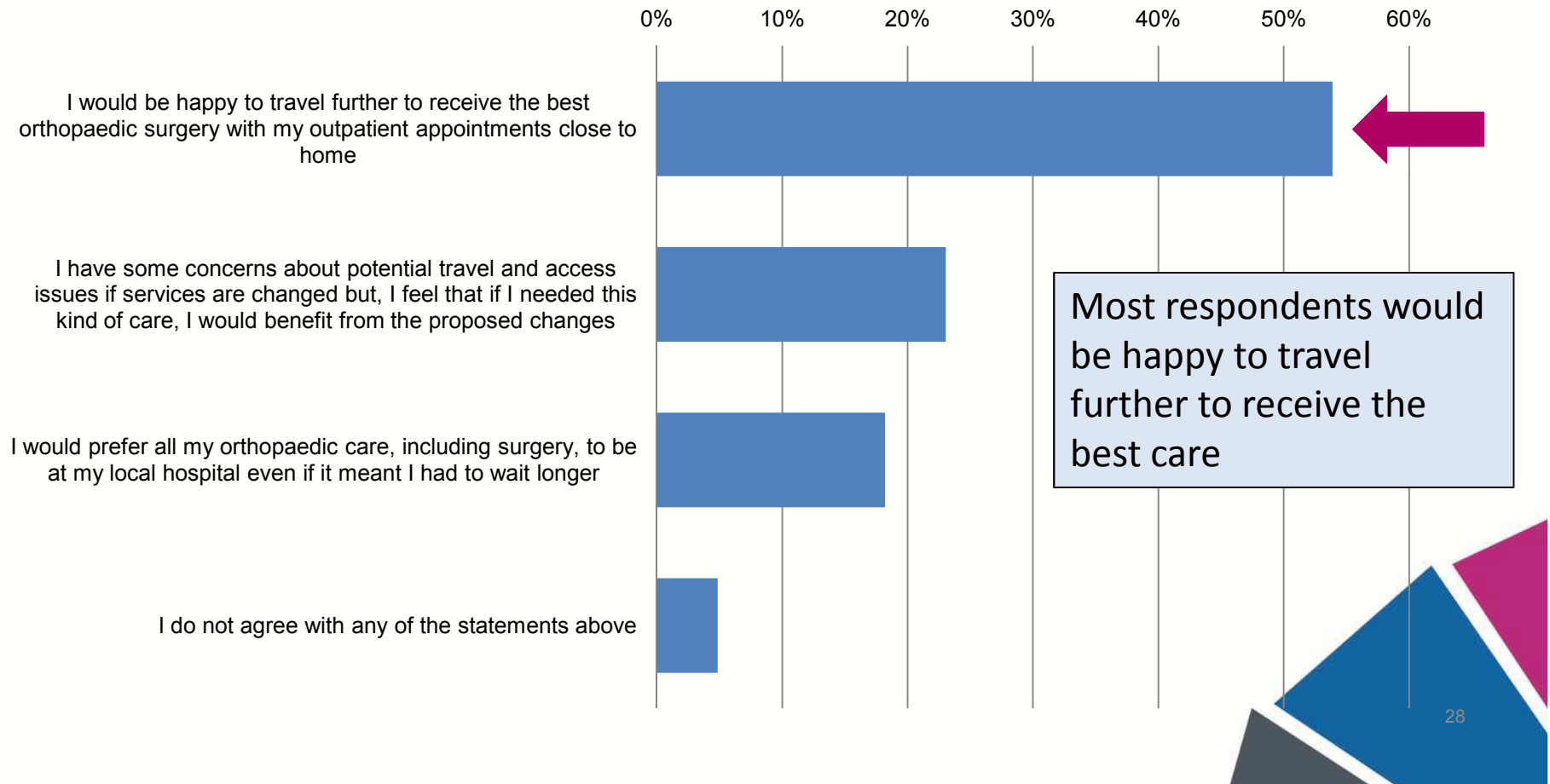


- 23% thought it would FULLY address the challenges
- 53% thought it would PARTIALLY address the challenges
- 9 % thought it would NOT address the challenges



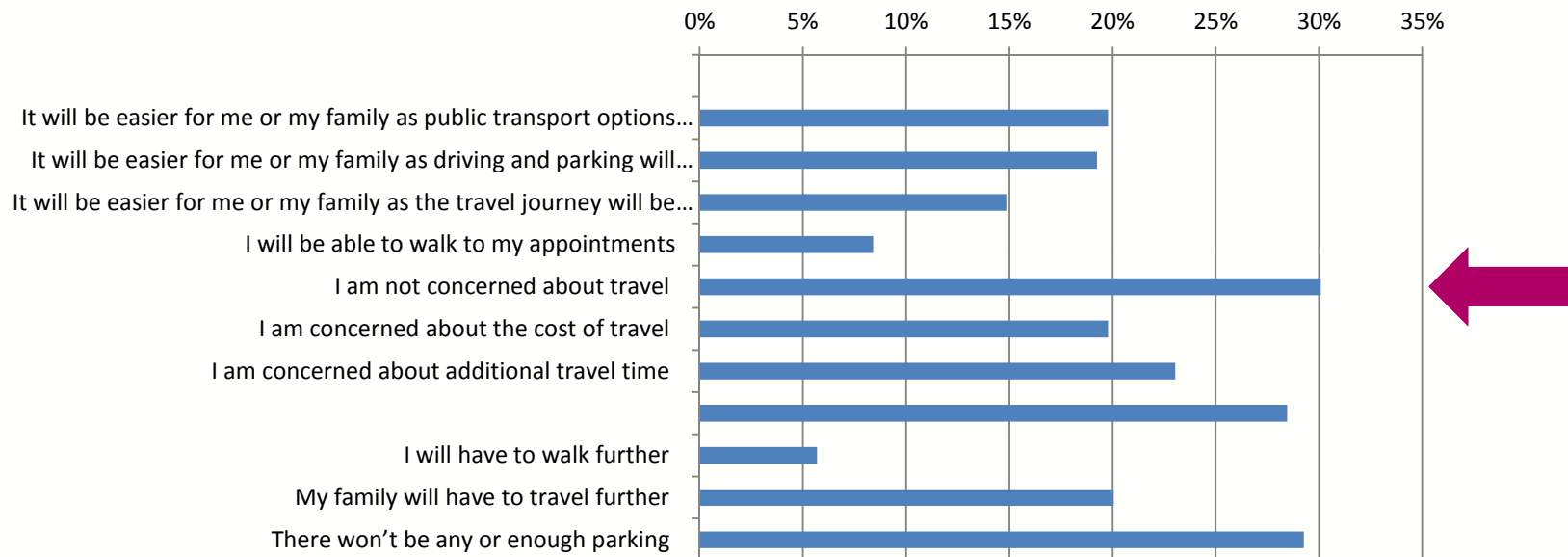
## Getting to appointments

**Q5. From the list below, please choose one statement that most closely matches your feelings about, or experiences of, accessing planned orthopaedic surgical care.**



## Feelings about travel

**Q6. When considering our proposals, please read through the statements below and select those that most closely match your feelings about travel.**



- Approx **a third** not concerned about travel
- 20% felt it could be easier as public transport options would be improved/easier to drive and park.
- Approx **a third** concerned about potentially undertaking a more complex journey/parking
- **20%** concerned about cost of travel, travelling further and additional travel time



## Access to healthcare information

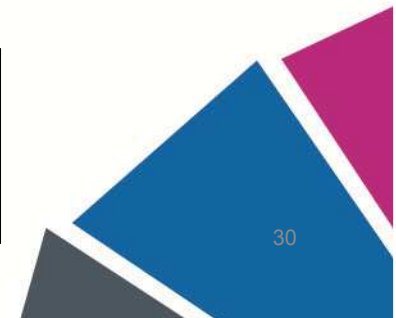
**Q7. How would you prefer to access information about your healthcare – such as results of tests, appointment information and doctors' letters?**

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	21%	28%	13%	6%	3%	29%
b. By telephone	8%	15%	12%	19%	5%	40%
c. Via emails sent to me from the hospital	30%	25%	8%	5%	3%	29%
d. In person at appointments	23%	24%	14%	2%	1%	36%
e. Via a secure hospital website	13%	14%	11%	13%	5%	43%

In person at appointments was preferred by **64%**

By telephone was preferred by **56%**

By responding to an email from the hospital was preferred by **46%**



## Giving information prior to surgery

**Q8. Prior to an operation surgical teams need to gather information about patients to help them plan the care needed. Gathering this information early makes care better. If you had to give this information in advance of an appointment, how would you prefer to do this?**

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. In the post	13%	21%	14%	12%	6%	33%
b. By telephone	10%	18%	12%	14%	6%	40%
c. Replying to emails sent to me from the hospital	25%	24%	9%	6%	4%	31%
d. In person at appointments	30%	24%	12%	2%	0%	32%
e. Via a secure hospital website	15%	15%	11%	12%	6%	41%

In person at appointments was preferred by **54%**

Via email sent to me from the hospital was preferred by **49%**

Post was preferred by **34%**

## Preferred methods for follow up

**Q9. After surgery, when a patient leaves hospital, a member of the team contacts them to check on their progress. What is your preference for how this would happen?**

Response	Strongly prefer	Prefer	Neither prefer/dislike	Dislike	Strongly dislike	Prefer not to say
a. Via a questionnaire from the hospital that I would return in the post	6%	7%	11%	12%	7%	56%
b. By telephone	29%	27%	14%	11%	3%	17%
c. By responding to an email from the hospital	22%	24%	13%	15%	4%	22%
d. In person at appointments	35%	29%	19%	2%	1%	14%
e. Via a secure hospital website	13%	16%	18%	19%	8%	26%
f. Via a video service (such as Skype, Facetime or similar)	15%	13%	14%	21%	14%	23%

Via email sent to me from the hospital was preferred by **55%**  
 Post was preferred by **49%**  
 In person at appointments was preferred by **47%**

## Care coordinator role

**Q10. In our proposals, we have introduced a 'care coordinator' to support patients with additional needs (such as dementia, autism, mobility needs or learning disabilities).**

- Most comments were positive
- Focusing on communication needs and language/format
- Clear communication with patients, their family and carers to help join up care and explain procedures such as discharge
- Making assessments and providing reasonable adjustments
- Having access to patient information and records
- Need sufficient time to provide an individual service

## Ways that proposals could be improved

**Q11. Please tell us your thoughts on how we might change or improve our proposals so that you (or someone you care for) can use them.**

**(Specific reference to Equality Act 2010)**

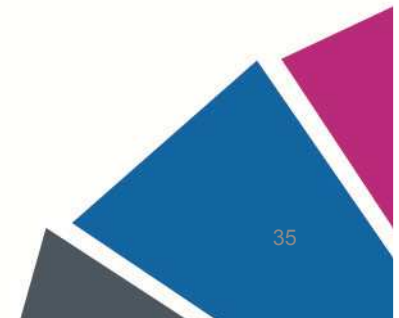
- Most responses were positive or offered suggestions for improvement
- Some responses stated that patients should be given more choice
- There were some additional concerns raised about transport and public transport availability
- Considering the needs of the elderly and disabled were also mentioned
- A few comments related to the decision being a foregone conclusion or a biased consultation.

## Responses at discussion groups, meetings and interviews



**81 feedback groups and telephone  
interviews were undertaken**

*Numbers indicate the frequency of mention*



## Top five themes from meetings

Should provide a  
faster service and  
reduce waiting times

The majority of groups  
agreed that the changes  
made sense

What is the timescale?

Tell patients what to  
expect post-surgery to  
enable self  
management

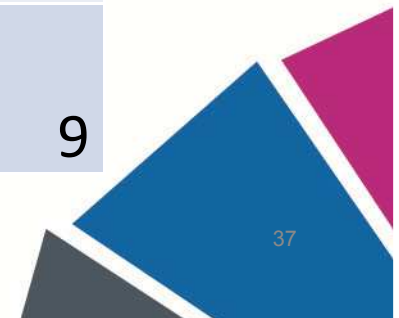
We need more  
information



## Top five themes from meetings

Views on whether the proposal will address the challenges faced

Support this initiative	25
Should shorten waiting times	14
Should reduce cancellations	14
I am not concerned by the proposals	11
Don't know how these changes will be effective	9

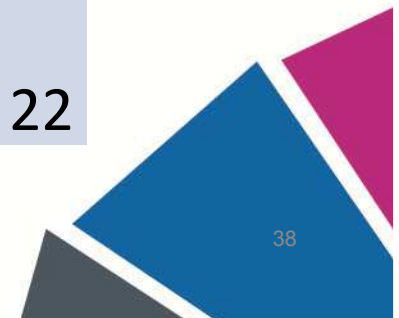




## Top five themes from meetings

Views on the what is important to people in terms of patient experience and travel

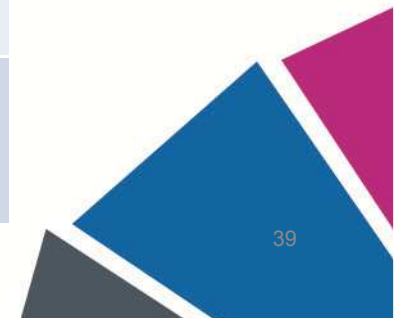
Travel for deprived areas and vulnerable people	27
Chase Farm is not very accessible/by public transport	23
Better bus service/public transport required/speak to TfL	23
Patient transport home after surgery may be required	22
Travel time and distance need to be considered	22



## Top five themes from meetings

### Views on the role of the care coordinator

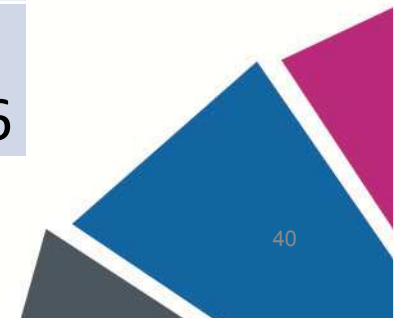
Support and assist	38
A good idea	35
Provide information in the appropriate form/ language (easy read/learning difficulties etc)	33
Keep the patient informed	26
Co-ordinate care/with medical team/ communicate	21



## Top five themes from meetings

Ensuring the needs of everyone in the community are met

<b>Patient transport/travel cost to patient</b>	<b>9</b>
<b>Information about transportation options</b>	<b>8</b>
<b>Provide disabled/wheelchair facilities</b>	<b>7</b>
<b>Make access by public transport easier</b>	<b>6</b>
<b>Easy read versions for learning difficulty</b>	<b>6</b>



This page is intentionally left blank