MINUTES OF MEETING OF THE North Central London Joint Health Overview and Scrutiny Committee HELD ON Wednesday, 23rd November, 2022, 10.00 am - 1.00 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Kemi Atolagbe, Kate Anolue, John Bevan, Jilani Chowdhury, Philip Cohen, Anne Hutton and Andy Milne.

25. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

26. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Larraine Revah.

27. URGENT BUSINESS

None.

28. DECLARATIONS OF INTEREST

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

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

29. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

It was noted that questions had been submitted by Brenda Allen and Alan Morton of Haringey Keep Our NHS Public (KONP) in relation to agenda item 8 on primary care services.

The Committee determined to discuss these questions alongside the agenda item on primary care services later in the meeting.

30. MINUTES

The minutes of the previous meeting of the Committee were approved.

RESOLVED – That the minutes of the meeting held on Friday 30th September 2022 be approved.

31. ESTATES STRATEGY UPDATE

Nicola Theron, Director of Estates for the North Central London integrated Care Board (NCL ICB), and Adrian Byrne, Director of System Financial Strategy for the NCL ICB, introduced the report for this item highlighting the following key points:

- The recent transition from Clinical Commissioning Group (CCG) to Integrated Care System (ICS) had provided opportunities for Estates with a focus on delivering primary, community and acute investment across all five Boroughs. Recent examples included investment of up to £15m into primary care in Haringey with another £10m to follow, and investment into new Community Diagnostic Centres, including in Finchley and Wood Green, using a blend national and local capital to improve patient outcomes.
- New legislative powers for the ICB had been introduced mid-year and, with a lot of capital allocations sitting with key providers, there were tensions within the system as greater sums were being invested in primary care with a model of multi-purpose tenancies in some cases. There was therefore an ongoing process of engagement with NHS organisations across the NCL area to improve collaborative investment.

Nicola Theron, Adrian Byrne and Sarah Mansuralli, Chief Development and Population Health Officer for the NCL ICB, then responded to questions from the Committee:

- Referring to the figures on page 15 of the agenda pack, Cllr Connor requested further explanation of the funding sources for the capital and on the management of the maintenance backlog. Adrian Byrne explained that there was an annual capital resource limit of £200m but that organisations were funded on a revenue basis which included covering the costs of depreciation and the upkeep for estates. More of the funding allocations across the country were being used to manage the maintenance backlogs. NCL was in a relatively good position in relation to its maintenance backlog but did have a significant PFI (Private Finance Initiative) footprint resulting in regular costs. There were open conversations within the ICS on how to collaboratively achieve best value for capital funding, though there were some challenges posed to capital schemes by current supply chain issues. Nicola Theron added that there were around 180 primary care assets in the NCL area, mainly owned by primary care partners rather than the NHS, and that investment was taking place to assist in the delivery of more integrated models.
- In response to a question from Cllr Connor about the risks associated with £69m of acute backlog maintenance that was categorised as critical, Adrian

Byrne said that this came down to assessment and prioritisation within the NCL system and that, while there were emergency funding routes available, he was not aware of any recent examples of these being used. Asked by Cllr Atolagbe what was done to mitigate critical maintenance issues, Nicola Theron explained that, in such cases, work was required in the short term to support patient safety outcomes. For example, this could include electrical services where compliance was critical to prevent other risks. It was the responsibility of individual organisations to do this with a planned spend to maintain and replace where necessary.

- Asked by Cllr Clarke about the Chair of and representation on the ICB Board, Sarah Mansuralli, Chief Development and Population Health Officer for the NCL ICB, confirmed that Mike Cooke was the current Chair and that the Board included a lay non-executive member to represent the voice of local people along with Islington Council and Barnet Council representatives. There were also a number of sub-Committees that supported the Board which included local authority and community representation. Nicola Theron added that the Estates Board included an individual speaking on behalf of Islington Council but they were keen to ensure that a representative who was able to speak on behalf of all five Boroughs was on the Board in future.
- Cllr Cohen requested further details about local authority representation on the Local Estates Forums that were described on page 25 of the agenda pack. Nicola Theron explained that this was slightly different in each Borough. In Barnet, the forum was attended by planning and Section 106 officers, the Islington forum was co-chaired by representatives of the Council and the NHS and the Camden forum was attended by place-based, planning-led and regeneration officers. She added that these were important forums for conversations about joint priorities and optimising the abilities of the NHS and local authorities to deliver. Cllr Cohen suggested that health and social care services from local authorities should also have an input. Nicola Theron said that this tended to happen at project level, for example on the Colindale development in Barnet, where there was wider representation.
- Cllr Atolagbe referred to page 18 of the agenda pack which stated that *"it is common to see slippage against planned schemes throughout the year"* and that there was a £40m underspend against the plan. Adrian Byrne explained that it was necessary to operate within the revenue envelope provided. The plans were typically agreed in March with funding not then finalised until May/June and by October/November circumstances may have changed with challenges in the marketplace such as supply chain issues. This may result in less money being spent than originally planned and the funding may then be diverted to other emerging priorities.
- Cllr Bevan expressed concerns about the external conditions of primary care buildings which he felt were sometimes poorly maintained, including a GP practice on Tottenham High Road, and asked how often these were inspected.

Nicola Theron responded that the £25m invested in NCL primary and community schemes (as set out on page 22 of the agenda pack) included a focus on the quality of smaller assets as well as the larger projects. While this investment improved the quality of the internal space it did not always reflect the external appearance of the buildings. This was partly because of the complex and varied ownership structures of the buildings themselves, though there was some pressure on landlords to ensure that they were properly maintained. Asked by Cllr Bevan how often the premises was inspected, Nicola Theron agreed to provide some specific details on this to the Committee in writing. **(ACTION)**

- Cllr Anolue expressed disappointment with the maintenance of some GP practice premises in the Ponders End area of Enfield and, referring to wider issues across the NCL area as a whole, requested further details about the responsibility for estate maintenance issues. Nicola Theron explained that the primary care assets had varied ownership, such as by GPs or private landlords, while many of the community assets were owned by NHS Trusts, NHS Property Services or Community Health Partnerships and the owners as landlords were responsible for maintaining buildings to appropriate standards. Responsibility for maintenance therefore sat with a range of organisations and the capital available to support this had to be prioritised based on greatest pressure and needs.
- Cllr Cohen asked for a list of estate assets that had been disposed of. Nicola Theron said that that there were very few of these but agreed to check this and provide details. **(ACTION)**
- Asked by Cllr Chowdhury about disability access at GP practice premises, Nicola Theron confirmed that DDA (Disability Discrimination Act) compliance was a particular focus when allocating funds, especially with some of the primary care improvements that had previously been discussed.
- Asked by Cllr Hutton about investment in digital capacity, Nicola Theron said that, as a baseline, this required ensuring that buildings had the right cabling, wifi and IT equipment. Examples of other requirements included that the digital equipment in Community Diagnostic Centres enabled x-rays to be read by GPs and Hospital staff. There were challenges in this area, and it remained a strategic estate objective in NCL. Cllr Hutton said that the importance of the digital aspect in estates in primary care and social care should be taken into consideration.
- Cllr Connor asked about the uneven distribution of CIL (Community Infrastructure Levy) money between the Boroughs as set out on page 26 of the agenda pack. Nicola Theron explained that this was largely driven by local housing growth, which varied in different areas, in order to create the appropriate corresponding health environments and required evidence to support the funding of new infrastructure.

Cllr Connor then summarised the requests for additional information and recommendations of the Committee as follows:

- A list of estate assets that had been disposed of to be provided.
- Details on how often primary care premises (including the external conditions of the buildings) were inspected to be provided.
- Further details to be provided on how the CIL money is distributed across the NCL area, including any constraints leading to lower allocations in some Boroughs.
- Further information to be provided around the revenue limit and capital resource funding (including an understanding of what happens if hospital wants to invest and asks for capital funding, how much will they be allocated and how is this distributed across the NCL area). Also, clarification to be provided on whether capital funding is lost if it is not used within the 2-year period and whether this impacts on future allocations of capital funding to NCL.
- The Committee recommended that local authority representatives from Health/Adult Social Care should be included on Local Estate Forums because they would provide a perspective on the need in the local area.

32. PRIMARY CARE SERVICE UPDATE

Sarah McDonnell-Davies, Executive Director of Places at NCL ICB, introduced the report for this item noting that the major themes included contracts, access, support for and retention of the workforce, and the integration agenda.

She added that NCL was a high performing primary care system and that the amount of activity in primary care had recently continued to rise, including in GP practices, as well as expanded work with community pharmacies and work with the voluntary sector on social prescribing. Approximately 60% of appointments were now being conducted face-to-face and around 51% were on-the-day appointments. There was also a greater use of data by commissioners to understand quality and performance in primary care - the Primary Care Contracts Committee (PCCC) met regularly in public and published a quality and performance report. As set out in the agenda pack, there had been an increase in NCL staffing levels overall including nurses, while the number of GPs was broadly steady.

Sarah McDonnell-Davies then responded to questions from the Committee with input also provided from Dr Peter Christian, Clinical Lead for Haringey, and Paul Sinden, Managing Director of a local General Practice Provider Alliance:

- Asked for further details about the role of community pharmacies by Cllr Cohen, Sarah McDonnell-Davies explained that community pharmacies were nationally commissioned and that their joint working with GP practices had grown during the Covid-19 pandemic with the vaccination programme. The opportunities for further joint working were being supported locally, such as through the community pharmacy consultation scheme which was being locally

funded, and there were regular discussions with the local pharmaceutical committee which represented providers in this area. There was also now an Integrated Medicines Committee as part of the ICB which included representation for community pharmacists. Dr Peter Christian added that there was untapped expertise in the community pharmacy sector which was only recently being utilised. He commented that GP practices should not be seen as the default service for everything because primary care involved a complex team of people and so signposting was increasingly important. The increased use of in-house pharmacists in GP practices was also a potential cause of workforce pressures on community pharmacists due to the finite number of qualified staff in the sector.

- Cllr Cohen commented about the pressures on the primary care system and a shortage of GP practice receptionists in some areas. Sarah McDonnell-Davies acknowledged that there were difficulties in recruitment and retention for GP practice receptionists and other administrative roles and that there was typically a high turnover. There was not the level of training and experience required when compared to a Practice Manager and so there was an ongoing conversation with the NCL Training Hub about upskilling and professional development for receptionists and administrative staff. This included issues such as handling challenging patient behaviour because of the high levels of abuse experienced by staff. Dr Peter Christian added that the position of GP practice receptionist was an important and complex role requiring good people handling skills and a detailed understanding of processes and procedures which was why training was particularly important.
- Cllr Connor asked how consultations with community pharmacists were linked to patient records. Dr Peter Christian responded that, while there may not be formal direct links, there was often a flow of information back to GP practices by phone or email from pharmacists. In addition, more patients had access to their medical records and so could show this to pharmacists via a smartphone. He noted that electronic medical records were becoming larger and risked becoming unmanageable and that this situation could be exacerbated should pharmacists be able to add further entries. Paul Sinden, Managing Director of the GP Providers Alliance, added that GP practices and pharmacists often liaised over prescriptions for minor illnesses and that there were records of these transactions.
- Cllr Connor expressed concerns that, according to page 54 of the agenda pack, the training provided was without paid release and that this would not be the case in other healthcare professions. Sarah McDonnell-Davies said that clinical staff were allocated professional development time but that for non-clinical staff this was at the discretion of the individual practice and acknowledged that more could be done to encourage practices to release staff for development.
- Asked by Cllr Atolagbe for further details about primary care quality and performance data, Sarah McDonnell-Davies said that detailed data for every GP practice in NCL was available online and that a link could be provided to the Committee. **(ACTION)** She added that, with patient satisfaction in general

decline nationally, the patient survey results of 70% describing their experience as very/fairly good was positive.

- In response to concerns raised by Cllr Atolagbe about the difficulties experienced by residents in getting access to face-to-face GP appointments, Sarah McDonnell-Davies said that, although the NCL figures on face-to-face appointments was a couple of points below the national average, the figures on obtaining same day appointments were one of the highest nationally. She added that a key consideration was whether people who needed it most were getting access to face-to-face appointments and this highlighted the importance of the work on digital exclusion. Modernisation of telephone systems at practices was also needed to enable better queuing at busy times. Dr Peter Christian added that there was not necessarily a correct ratio of face-to-face appointments, as this depended on the demographics of a particular area, so variation between practices was necessary. For example, those in full-time employment during office hours often found telephone appointments to be more suitable. Asked by Cllr Milne if there was any data around diagnosis rates with telephone/online appointments, Dr Peter Christian said that, while there had been some understandable anxiety about this issue, he had not seen any audit work in this area. Sarah McDonnell-Davies added that face-to-face was often better for certain demographic groups and that GPs may ask a patient to come into see them if a telephone diagnosis proved to be difficult. She added that the ICB would soon be able to access data on local GP appointments which had not previously been available including waiting times and the mode of appointments. Cllr Connor requested that the JHOSC be updated about this new data when it became available **(ACTION)** and noted that a key concern of the Committee was that all patients who wanted face-to-face appointments were able to obtain one.
- Cllr Chowdhury expressed further concerns about the difficulties in obtaining GP appointments and Cllr Connor asked why more wasn't being done to make patients aware of the out-of-hours hubs that they may be able to access. Dr Peter Christian agreed that the early morning scramble for appointments could be difficult and noted that some GP surgeries had tried different approaches such as releasing appointment slots at different times of the day. Sarah McDonnell-Davies said that the extended access model was in the process of changing which did not help patient awareness. As the new system was rolled out there was communications work that could be done, including by providing some standardised information which could be provided on all local GP practice websites, as well as information for reception/admin staff, though the high turnover of staff did make this challenging. It would also be necessary to monitor the utilisation of the extended access services over time to ensure that this was at an appropriate level.
- Asked by Cllr Chowdhury about the GP associate roles and their ability to prescribe to patients, Dr Peter Christian commented that there were good

examples in the NHS of staff being able to widen their remit safely and that, in primary care, this could help to free up the time of GPs to do what they were most needed for which was diagnosis.

- Cllr Bevan noted that, according to the report, local engagement was undertaken in the procuring of APMS contracts but said that he had never been consulted as a local Councillor. Sarah McDonnell-Davies explained that there were only a limited number of new APMS contracts procured and that the engagement would include the lead Member for Health and the relevant Ward Councillors. However, this engagement could be extended to included JHOSC Members in future if requested.
- Asked by Cllr Hutton about the links between multiple pharmacies and GP practices, Paul Sinden said that there were usually around three or four pharmacies in a practice area and Sarah McDonnell-Davies added that patient choice was the main driver of where patients obtained pharmacy services.

The Committee recommended that there should be a formal pathway for career progression for GP practice receptionist and administrative staff and, acknowledging that work was already underway in this area, requested that the Committee be updated about this further at a later date. The Committee recommended that this should include staff being released from regular duties to allow for the allocation of professional development time where required. **(ACTION)**

Rod Wells then submitted the following questions on behalf of Haringey Keep Our NHS Public (KONP) as noted under item 5 (Deputations) of the agenda:

"In the context of the Alternative Provider Medical Services (APMS) contracts awarded to Operose/Centene:

- *What changes have and will be made to ensure NHS Standard General Medical Services (GMS) contracts are favoured over APMS ones?*
- *What has happened to the previous Operose contracts – when do they run out, have any been reversed since they were originally awarded and on what grounds?"*

Haringey KONP also added that *"APMS contract holders are paid 14% more per patient than GMS contract holders which is another reason for favouring GMS over APMS contracts"*.

Sarah McDonnell-Davies responded that any new primary care contract tended to be offered under the APMS contract model but acknowledged that there was work to do to ensure greater parity between the two types of contract. In terms of the extra cost, there were additional elements to the contracts such as performance monitoring, screening and extended targets which had to be met for the money to be paid. This

was being reviewed ahead of the next round of APMS contracts with considerations about achieving best social value and meeting the concerns of local residents.

Sarah McDonnell-Davies explained that two AT Medics contracts in Islington had recently gone through the Primary Care Contracts Committee. A decision had been taken to re-procure the contract for Hanley Primary Care Centre while the contract for Mitchison Road Surgery had been extended for only one year while performance was monitored. Cllr Clarke emphasised opposition to the handing over of primary care contracts to Operose/Centene. Sarah McDonnell-Davies said that the Committee must make decisions based on the evidence and within the bounds of the law and to be clear with providers about what they were expected to deliver and what mattered to patients. With regard to Mitchison Road, the Committee had found that the performance levels were better than at Hanley Primary Care Centre but there was not sufficient evidence either to renew for the full three years or to re-procure. The evidence was documented in the Committee's papers and minutes.

Asked by Rod Wells about the St Ann's contract in Haringey, Sarah McDonnell-Davies confirmed that this would be coming up for renewal and so there would be a performance review to help determine next steps.

Cllr Connor then asked for further details to be provided on collaboration between primary care teams and social care teams, including with social prescribing and community navigators. **(ACTION)**

Cllr Connor noted that the papers for the October 2022 meeting of the NCL ICB Primary Care Contracting Committee Meeting stated that:

"The NCL Delegated Commissioning budget is currently forecast to overspend by £4.4m against the 9 month allocation of £197m. However, £4.4m is included within the Non-Delegated Primary Care budget earmarked for enhanced access. This gives a neutral adjusted forecast position."

Cllr Connor requested that details be provided on a) whether this position would be sustainable if similar overspends occurred in subsequent years, and b) what other funds were reduced in order to reach this neutral position. **(ACTION)**

Cllr Connor then summarised the requests for additional information and recommendations of the Committee as follows:

- The Committee recommended that there should be a formal pathway for career progression for GP Practice reception staff.
- It was agreed that a link was to be provided to a webpage that provided data on appointments for every GP Practice in the NCL area.
- The Committee requested that an update be provided on how Primary Care teams work with community navigators in local authorities (such as Connected Communities).

- With regards to the overspend on the NCL Delegated Commissioning budget, the Committee requested that details be provided on a) whether this position would be sustainable if similar overspends occurred in subsequent years, and b) what other funds were reduced in order to reach this neutral position.

33. ST PANCRAS HOSPITAL - MENTAL HEALTH PATIENTS

Jess Lievesley, Executive Director of Strategy, Transformation and Organisational Effectiveness at Camden and Islington NHS Foundation Trust, and Jon Spencer, Chief Operating Officer at Moorfields Eye Hospital, introduced the report on this item noting that it that addressed the wider implications of the St Pancras Transformation programme, the delays affecting the programme and how these were being addressed. They then responded to questions from the Committee:

- Cllr Clarke asked why Moorfields was not waiting for the Highgate development to be completed given that patients would need to be moved to a private provider as a consequence at a cost of £150k per month. Jess Lievesley acknowledged that this action was not part of the original consultation plan and noted that it was partly a consequence of the Covid-19 pandemic which had caused delays to the project. Mitigations were therefore being put in place to meet the needs of a small cohort of patients and there were no longer the facilities to do this at St Pancras Hospital as part of the site was about to be built upon. It was not unusual for the NHS to use outside provision when necessary and, in this case, a structured formal arrangement would be made for a period of time to give certainty of access and would maintain local links. For two or three patients, the transitional arrangements were likely to remain until September 2023 but, for most patients, the length of time would be more limited. Jon Spencer outlined the constraints imposed by the circumstances of the project, including the fact that the land at City Road had originally been sold by Moorfields at the top of the market. This meant that if the contractual arrangements were not fulfilled in the time agreed then the price would have to be renegotiated and this could put the whole project in jeopardy.
- Cllr Anolue expressed concern about the potential stress and impact on mental health for the patients. Jess Lievesley said that addressing this was at the heart of the decision making which was why the transitional arrangements had been made with a focus on keeping individuals engaged with community health teams and their families as well as keeping them based within London. Cllr Connor asked for reassurances that all families would receive written information about accessing relatives in services. Jess Lievesley said that for planned transitions, arrangements for individuals were made with families through discussions with care coordinators and community teams. For individuals presenting to services for the first time, this would be for local community teams to communicate this. Jess Lievesley committed to reiterate that guidance to staff to ensure that families knew how to access services.
- Cllr Atolagbe requested further details about the reprovision of the Acute Day Unit (ADU). Jess Lievesley explained that it had been closed in 2020 as it had

not been possible to safely run a service during the pandemic. The intention was to reopen the ADU in a different location but it was recognised that further consultation work was required, including with the JHOSC, before decisions were made. Asked by Cllr Atolagbe how patients had been affected by the closure, Jess Lievesley said that mitigations and alternative arrangements had been put in place after engaging with individuals concerned. Asked by Cllr Connor whether the new site for the ADU would be provided in Camden and Islington Jess Lievesley said that this was the current intention but would depend on the steer from partners.

- Cllr Connor asked whether the proposals set out in the paper had been approved by the Site Patient Safety Group. Jess Lievesley confirmed that this was the case as everything relating to patient safety required sign off from that Group.

Cllr Connor requested that further details about this issue be provided to the Committee as required via verbal or written briefings. **(ACTION)**

34. WORK PROGRAMME

Cllr Connor introduced the updated Work Programme for the Committee, noting that the next meeting in Feb 2023 would include items on the Mental Health Services Review, the Community Health Services Review and the Health Inequalities Fund. The meeting would be held in a community setting with various community groups invited to attend. Cllr Connor suggested that questions on the Mental Health Services Review and the Community Health Services Review could focus on transitions between Children's Services and Adult Services.

35. DATES OF FUTURE MEETINGS

- 6th Feb 2023 (10am)
- 20th Mar 2023 (10am)

CHAIR:

Signed by Chair ……..

Date ……

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