

NCL Joint Health Overview & Scrutiny Committee – Action Tracker 2024-25

MEETING 2 – 9th September 2024

No.	ITEM	STATUS	ACTION	RESPONSE
23	Work Programme	TO BE CONSIDERED FOR 2025/26 WORK PROGRAMME	<p>Meetings to be extended to up to three hours in duration, should the agenda items require this.</p> <p>Democratic Services and ICB to be consulted on the possibility of adding an additional meeting to the annual JHOSC schedule.</p>	Democratic Services teams in the 5 NCL Boroughs are currently consulting on the resources for the JHOSC and this will be fed into that discussion ahead of the meeting schedule and work programme being developed for 2025/26.
22	North London Mental Health Partnership	AWAITING RESPONSE	<p>Further information was requested on:</p> <ul style="list-style-type: none"> a) More detail on the finances associated with the merger, in particular the expected impact on the surplus/deficit and any anticipated risks. b) Evidence of how people with disabilities were being involved with working groups and consultations. c) Details on how CAMHS would fit alongside the new structure and how patients would be able to navigate this. d) Most recent headline waiting list figures to be provided. e) Update on action to address concerns about breakdown in communications between families and keyworkers in some cases. f) Assurances sought that a report on suicide prevention would be considered by NLMHP and appropriate action taken (Not sure what the timescale for this report is expected to be?) 	

			<p>g) More evidence of the internal due diligence that the Partnership had done for the merger, including Quality Governance and changes in the key clinical areas.</p> <p>h) Evidence that local focus on care would not be lost as a consequence of merger.</p>	
21	Estates & Infrastructure Strategy	IN PROGRESS	Update to be provided on St Pancras Transformation Programme.	Briefing to the Chair/vice-Chairs of Committee took place in October 2024. A follow-up briefing is expected to take place in January 2025.
20	Estates & Infrastructure Strategy	COMPLETED	<p>a) Cllr James to speak to the planning inspector for health centres at Enfield Council about land being reviewed in Enfield to ensure that the ICB was aware of opportunities to acquire sites.</p> <p>b) It was suggested that all Boroughs should make the ICB aware of any divestments. More details were to be provided on how NCL Estate teams operate and how they work with local authority teams.</p>	<p>a) This has been actioned.</p> <p>b) - The Borough Integration Units will be the local representative of the ICB as part of a matrix with other functions within the ICB, such as Quality, Service Development and Analytics (as examples). BIU leadership meets regularly with colleagues from Councils, particularly Adult Social Care, Children and Families and Public Health but as an anchor organisation have wider links with areas such as Community Wealth building, Planning, Housing, as examples.</p> <p>The details of leaders within the BIU team as follows:</p> <ul style="list-style-type: none"> • Director lead for Enfield, Haringey and Islington (East) – Clare Henderson • Director lead for Barnet and Camden (West) – Simon Wheatley • Assistant Director Barnet – Dan Morgan

				<ul style="list-style-type: none"> • Assistant Director Camden – Jo Reeder • Assistant Director Islington – Rhian Warner • Assistant Director Haringey – Tim Miller • Assistant Director Enfield – Peppa Aubyn
19	Estates & Infrastructure Strategy	COMPLETED	<p>Further information was requested on:</p> <ol style="list-style-type: none"> a) Details of the membership of the Estates Forum in each Borough. b) Plans to include keyworker housing at Finchley Memorial Hospital. c) An update on keyworker housing at the St Anns site. d) NCL ICS people strategy – how will NEET individuals would be chosen for the employment, who would refer them and how they would be supported. e) Further details to be provided of sites being sold, the buyers of the sites and how the funds would be reinvested. f) Details of the critical infrastructure risk and any particular areas of or backlog and the risk associated with this. g) Details of the ICB engagement strategy to be provided. 	<p>a) Response provided as ATTACHMENTS C1 to C5.</p> <p>b) Response provided as ATTACHMENT D.</p> <p>c) Response: “There will be 22 units of accommodation which will be available for use of NLMHP / NLFT staff, as the St Ann’s site housing development progresses. The first units should be available by 2026. The units will be owned by Peabody, but the NLMHP / NLFT will have the nomination rights, i.e. the Trust will be able to allocate these units to some of its staff, to help in staff recruitment / retention. This was agreed in the original land sale agreement with the GLA.”</p> <p>d) Response: WorkWell is a service open to anyone with a disability or health condition who lives in Barnet, Enfield, Haringey, Camden and Islington (or is registered with a GP or Job Centre within this area).</p>

				<p>Please see the stakeholder communication pack (ATTACHMENT E).</p> <p>We are in the process of developing a more detailed set of FAQs that will have been tested by stakeholders and this will follow shortly. More information and details of how to refer into the WorkWell service can be found on our website here: https://nclhealthandcare.org.uk/keeping-well/workwell/</p> <p>e) Details of disposals strategy development provided in ATTACHMENT F.</p> <p>f) Details of Critical Infrastructure Risk prioritisations review provided in ATTACHMENT F.</p> <p>g) ICB People & Communities Strategy provided as ATTACHMENT G1. ICB Community & Voluntary Sector Strategy provided as ATTACHMENT G2.</p>
19	NMUH/Royal Free merger	AWAITING RESPONSE	<p>Further information was requested on:</p> <ul style="list-style-type: none"> a) The lines of governance accountability (including an organisational chart illustrating how this would work after the merger) and how sub-committees would feed into the Board. b) How NMUH governors and staff reps could feed into the governance process. c) Clarification on the longer-term plans for where Barnet patients would be treated. d) Details on the plans to safely merge the Electronic Patient Records. 	

			e) Further evidence about the consultation of patient groups.	
18	NMUH/Royal Free merger	ADDED TO WORK PROGRAMME	<p>Possible issues to be considered in future update item:</p> <ul style="list-style-type: none"> a) For the Committee to examine a case study into a less prominent area of care to ascertain how it was monitored before and after changes to the service, what the local priorities were and their impact on how clinical decisions were made. b) For further discussion on financial risk and, including how the debts of the Royal Free Group when be held within the merged Trust. 	Added to work programme.
17	Minutes (Barnet update)	AWAITING RESPONSE	Cllr Cohen reported that a consultation in Barnet on primary care access had recently been concluded and that the results were expected to be published in September. He would update the Committee when this was available.	
16	Minutes (Actions)	TO BE IMPLEMENTED IN FUTURE MEETINGS	The Committee requested that the action point sheet should be published as a separate agenda item for future meetings.	To begin from Nov 2024.
15	Minutes (Mental Health action points)	AWAITING RESPONSE	<p>Regarding the update from the ICB on a previous mental health item (in March 2024), additional information was requested:</p> <ul style="list-style-type: none"> • Item 3 (Voluntary & Community Sector contract terms) – The response noted that the Committee could be updated further throughout the year as this workstream was developed. 	Item 3 – Added to Work Programme.

			<ul style="list-style-type: none"> Item 5 (Supported Accommodation for People with Severe Mental Health Needs) – Further information was requested on how the Mental Health Trusts were working with local authorities to resolve the shortage of supported accommodation that was described. Item 8 (Mental Health Support Teams in Schools Coverage) – Information was requested on which schools were supported. 	
14	Minutes	TO BE ADDED TO NOVEMBER 2024 AGENDA PAPERS	The minutes of the meeting were not approved as the meeting was not yet quorate in the early stages when this item was discussed. The minutes would therefore need to be formally approved at the November meeting.	

MEETING 1 – 25th July 2024

No.	ITEM	STATUS	ACTION	RESPONSE
13	Dental Services	COMPLETE	Concerns were expressed that some residents did not access dental services because of the cost and that this would have implications for long term health.	Response from Mark Eaton, Director of Strategic & Delegated Commissioning (NCL ICB): “This is a joint area of concern for both the NHS and Local Authorities. The resolution of this will require coordinated action but needs changes to be made to funding and the contracts via a national policy change.”
12	Dental Services	PARTLY COMPLETE	The Committee recommended that improved communications with residents was required about a) available care pathways and b)	a) Awaiting response. b) Response from Mark Eaton, Director of Strategic & Delegated Commissioning (NCL ICB): “Supervised brushing is a very

			preventative actions such as supervised teeth brushing for children.	effective preventative approach and falls within the shared remit between the NHS and Local Authorities for Oral Health Promotion. The NCL ICB is working with Local Public Health Teams across NCL to develop a consistent programme in this area given the relatively low costs v high benefits.”
11	Dental Services	AWAITING RESPONSE	Information was requested on the definition of 'exempt' and any special provision for patients with diabetes.	
10	Primary Care	COMPLETE	Details were requested on the ICB response to a recent report into the safety of online consultations.	Responses provided in ATTACHMENT B.
9	Primary Care	COMPLETE	The Committee recommended that improved communications with residents was required to increase uptake in the expanded range of services provided by pharmacists.	
8	Primary Care	COMPLETE	Further information was requested on supervision for Physician Associates and pressures on GPs.	
7	Primary Care	COMPLETE	The Committee recommended: - more support for residents who cannot easily access apps/online forms in order to increase uptake. - inclusive policies for residents who do not have access to a smartphone.	

			- the right level of training should be delivered for practice receptionists to become information-givers and gatekeepers.	
6	Primary Care	COMPLETE	The Committee suggested that better consistency with the same doctor was needed for those with chronic medical conditions.	
5	Primary Care	COMPLETE	More information was requested about improving the patient experience, decreasing long waiting times and about patients who remain under primary care because of long waiting lists for secondary care.	
4	Start Well	AWAITING PUBLICATION OF REPORT	NCL ICB to provide the Committee with the final full report following the consultation exercise. At the time of the meeting, only an interim report was available. Final report expected to be published in autumn 2024.	Oct 2024 update – Report is now expected to be published in early November.
3	Start Well	COMPLETE	Committee to provide formal response by letter to NCL ICB on the interim report following the consultation exercise.	Letter submitted to NCL ICB in August 2024. This letter included all of the main comments/recommendations made at the meeting. See minutes of meeting for further details. Letter provided as ATTACHMENT A .
2	Terms of Reference	IN PROGRESS	Discussions to be held with Boroughs on resourcing of support for JHOSC.	This has been passed to the Monitoring Officer at Haringey for discussion with the other 4 NCL Boroughs.

1	Terms of Reference	IN PROGRESS	New draft terms of reference for the JHOSC to be developed.	The Committee met on 8 th Aug 2024 to provide initial input and 3 rd Sep 2024 to consider a first draft. A second draft has been completed. The section on the resourcing of the Committee are currently under discussion and the draft terms of reference will be submitted for ratification by the Boroughs after this issue has been resolved.
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