

## **NCL Joint Health Overview & Scrutiny Committee – Action Tracker 2025-26**

### **MEETING 5 – 28<sup>TH</sup> APRIL 2025**

<b>No.</b>	<b>ITEM</b>	<b>STATUS</b>	<b>ACTION</b>	<b>RESPONSE</b>
46	Deputation from Haringey Keep Our NHS Public (KONP)	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	To have site of the ICB savings plans in advance of changes. Concerns raised by Haringey KONP over the impact of changes to ICB on the NCL JHOSC.  To be add to forward plan for September/ November.	Added to draft 2025/26 work programme.
45	Mental Health Pathways - Transitions	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	Follow up from action plan going to NCL and ICB board. What new processes and systems are in place following the Nottingham case to support people? The committee would like further clarity regarding where does the risk fall. Are there systems in place to mitigate the risks? Further details regarding what is happening on the ground level in terms of joined up communication.	Added to draft 2025/26 work programme.
44	Mental Health Pathways - Transitions	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	To come back to the committee in 6-12 months to provide clarity regarding the offer for those in the 17-25 age group and how this fits in with the SPA and how different groups and organisations can support that offer.	Added to draft 2025/26 work programme.
43		<b>ADDED TO 2025/26 WORK PROGRAMME</b>	Further information to be provided to assist the committee in understanding how the contracts with the voluntary and community sector fits in with the SPA.	Added to draft 2025/26 work programme.

42	Mental Health Pathways	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	Information to be provided on how co-designing services with carers and staff in terms of discharge planning is being taken forward including details regarding consent.	
41	Mental Health Pathways	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	Further information to be provided to assist the committee in understanding how the contracts with the voluntary and community sector fits in with the SPA.	Added to draft 2025/26 work programme.
40	Mental Health Pathways	<b>ADDED TO WORK PROGRAMME</b>	<p>To receive an update to understand how the information held by voluntary sector organisations is shared at the Single Point of Access and how it fits into different pathways. Review evidence from Barnets pilot with the results coming out in June 2025.</p> <p>To also consider how the NODE and SPA progresses as an outcome of the pilot.</p>	Added to draft 2025/26 work programme.

#### **MEETING 4 – 3<sup>RD</sup> February 2025**

<b>No.</b>	<b>ITEM</b>	<b>STATUS</b>	<b>ACTION</b>	<b>RESPONSE</b>
39	Health Inequalities Fund	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	The Committee suggested that the community groups could be invited to provide an update on their projects in a year or two's time.	Added to draft 2025/26 work programme.
38	Health Inequalities Fund	<b>COMPLETED</b>	Details were requested on the membership of Health Inequalities Borough Partnership Meetings.	Response provided in <b>ATTACHMENT N</b> – see section <b>A5</b> .

37	Health Inequalities Fund	<b>COMPLETED</b>	The Committee requested the report on the evaluation conducted by Middlesex University on the programme's approach to co-production project.	Response provided in <b>ATTACHMENT N</b> – see section <b>A4</b> .
36	Health Inequalities Fund	<b>COMPLETED</b>	Further details were requested on the performance metrics for projects and on the consequences should projects fail to deliver on these.	Response provided in <b>ATTACHMENT N</b> – see section <b>A3</b> .
35	Health Inequalities Fund	<b>COMPLETED</b>	Written response to be provided following queries from Cllr Chakraborty on why: <ul style="list-style-type: none"> <li>• Only 2 of the 56 projects in the programme were based in Barnet borough.</li> <li>• The criteria used for the funding of projects (i.e. levels of deprivation, etc)</li> </ul>	Response provided in <b>ATTACHMENT N</b> – see section <b>A1</b> .
34	Workforce strategy	<b>ADDED TO 2025/26 WORK PROGRAMME</b>	The Committee suggested that future Workforce reports should include more details on: <ul style="list-style-type: none"> <li>• How productivity is defined and measured.</li> <li>• The shift to the Neighbourhood Model and the effects of this on productivity and wider outcomes such as quality of life for patients.</li> <li>• What was being done to make the NHS more attractive to job seekers, including on working conditions, mentoring and on incentivising graduates.</li> </ul>	Added to draft 2025/26 work programme.
33	Workplan	<b>ADDED TO WORK PROGRAMME</b>	To add mental health report to the agenda for April 2025.	Added to draft work programme.

### **MEETING 3 – 11<sup>th</sup> November 2024**

No.	ITEM	STATUS	ACTION	RESPONSE
32	Winter Planning	ADDED TO 2025/26 WORK PROGRAMME	The Committee requested that the next winter planning report should include details on progress relating to: - High Impact Interventions. - Bringing down waiting times for patient discharges to A&E from ambulances.	Added to draft 2025/26 work programme.
31	Winter Planning	COMPLETED	Details to be circulated on the Local Healthcare Team Campaign, including the resources for GP receptionists and practice managers to support patients.	Response provided as <b>ATTACHMENT M.</b>
30	Winter Planning	COMPLETED	Details to be circulated on the targeted work on vaccine uptake including why there had been resistance from some communities.	Response provided as <b>ATTACHMENT L.</b>
29	NCL Financial Review	ADDED TO 2025/26 WORK PROGRAMME	The Committee requested that the next financial report should include: - Details on acute care and community services and on overview of any associated pressures and risks. - Details on the distribution of funds to voluntary sector organisations. - Details of the lines of communication between Departments and how financial decisions are reached.	Added to draft 2025/26 work programme.
28	NCL Financial Review	COMPLETED	Further details to be provided on: - What impact the efficiency savings were expected to have on services. - What assessment had been made of the impact of the efficiency savings on people with disabilities. - The overall impact of capital projects on the revenue budgets (e.g. costs associated with borrowing)	<b>Response:</b> NCL Trusts have provided assurance on their control processes with respect to the delivery of efficiency savings (CIP) and their impact upon services. Each Trust has a well-established Equality and Quality Impact Assessment (EQIA) process which assesses the impact of efficiency savings and reports these to a panel of Trust executives. This panel includes

				<p>representation from senior clinicians, including the Chief Nurse (CNO) and/or Chief Medical Officer (CMO).</p> <p>The EQIA process requires each efficiency scheme to initially be assessed and approved by the relevant directorate management team before submission to the EQIA panel for further scrutiny. Efficiency schemes are only formally accepted into Trust savings programmes once the EQIA panel has been assured that the impacts on equality, quality and safety have been properly considered and where necessary mitigated. The Equality impact assessment covers all protected characteristics, including disability.</p> <p>NCL Trusts have confirmed that no 2024/25 CIP schemes were agreed which were determined to have an adverse impact upon patients with disabilities.</p>
27	Whittington/UCLH collaboration	<b>COMPLETED</b>	Further details to be provided on Virtual Wards as part of the Hospital at Home scheme.	Response provided as <b>ATTACHMENT K</b> .
26	Whittington/UCLH collaboration	<b>COMPLETED</b>	Clare Dollery (Acting CEO – Whittington) was asked about the Rapid Response Unit which operated alongside the Home at Hospital scheme and had a two-hour target response time. She agreed to circulate data on this.	Response provided as <b>ATTACHMENT J</b> .
25	Start Well	<b>COMPLETED</b>	It was noted that the ICB had published its full report on the Start Well consultation and the Committee was invited to submit any views/recommendations in writing.	A letter from the Chair on behalf of the Committee was submitted to the ICB on 6 <sup>th</sup> Dec 2024. ( <b>ATTACHMENT I</b> )

24	Written Question	<b>COMPLETED</b>	A Written Question was received from a resident from Barnet: <i>“Given that the primary reason for absence from work is illness and the COVID pandemic is still ongoing –and is still causing illness and long-term health problems, do you think that reducing the spread of COVID with cleaner air in schools, and healthcare and public settings will be beneficial to the economy?”</i>	As this is a Public Health issue, this is the responsibility of local Directors for Public Health who are scrutinised by local HOSCs. The resident has been provided with the details of the local HOSC and details of the local Air Quality Action Plan for Barnet.
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## **MEETING 2 – 9<sup>th</sup> September 2024**

<b>No.</b>	<b>ITEM</b>	<b>STATUS</b>	<b>ACTION</b>	<b>RESPONSE</b>
23	Work Programme	<b>TO BE CONSIDERED FOR 2025/26 WORK PROGRAMME</b>	<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>	<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.</p> <p><b>Nov update</b> – Committee members were encouraged to speak to the Chief Executive/Finance Director in their Borough about this.</p>
22	North London Mental Health Partnership	<b>AWAITING RESPONSE</b>	<p>Further information was requested on:</p> <ul style="list-style-type: none"> <li>a) More detail on the finances associated with the merger, in particular the expected impact on the surplus/deficit and any anticipated risks.</li> <li>b) Evidence of how people with disabilities were being involved with working groups and consultations.</li> <li>c) Details on how CAMHS would fit alongside the new structure and how patients would be able to navigate this.</li> </ul>	

			<ul style="list-style-type: none"> <li>d) Most recent headline waiting list figures to be provided.</li> <li>e) Update on action to address concerns about breakdown in communications between families and keyworkers in some cases.</li> <li>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?)</li> <li>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.</li> <li>h) Evidence that local focus on care would not be lost as a consequence of merger.</li> </ul>	
21	Estates & Infrastructure Strategy	<b>TO MONITOR</b>	Update to be provided on St Pancras Transformation Programme.	<p>A briefing to the Chair/vice-Chairs of Committee took place in October 2024. A follow-up briefing took place in February 2025.</p> <p>The issue remains ongoing and is expected to be included in the 2025/26 work programme.</p>
20	Estates & Infrastructure Strategy	<b>COMPLETED</b>	<ul style="list-style-type: none"> <li>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.</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>a) This has been actioned.</li> <li>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</li> </ul>

			teams operate and how they work with local authority teams.	<p>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"> <li>• Director lead for Enfield, Haringey and Islington (East) – Clare Henderson</li> <li>• Director lead for Barnet and Camden (West) – Simon Wheatley</li> <li>• Assistant Director Barnet – Dan Morgan</li> <li>• Assistant Director Camden – Jo Reeder</li> <li>• Assistant Director Islington – Rhian Warner</li> <li>• Assistant Director Haringey – Tim Miller</li> <li>• Assistant Director Enfield – Peppa Aubyn</li> </ul>
19	Estates & Infrastructure Strategy	<b>COMPLETED</b>	<p>Further information was requested on:</p> <ol style="list-style-type: none"> <li>a) Details of the membership of the Estates Forum in each Borough.</li> <li>b) Plans to include keyworker housing at Finchley Memorial Hospital.</li> <li>c) An update on keyworker housing at the St Anns site.</li> <li>d) NCL ICS people strategy – how will NEET individuals would be chosen for the</li> </ol>	<p>a) Response provided as <b>ATTACHMENTS C1 to C5.</b></p> <p>b) Response provided as <b>ATTACHMENT D.</b></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</p>



			<p>employment, who would refer them and how they would be supported.</p> <p>e) Further details to be provided of sites being sold, the buyers of the sites and how the funds would be reinvested.</p> <p>f) Details of the critical infrastructure risk and any particular areas of or backlog and the risk associated with this.</p> <p>g) Details of the ICB engagement strategy to be provided.</p>	<p>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 (<b>ATTACHMENT E</b>).</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:  <a href="https://nclhealthandcare.org.uk/keeping-well/workwell/">https://nclhealthandcare.org.uk/keeping-well/workwell/</a></p> <p>e) Details of disposals strategy development provided in <b>ATTACHMENT F</b>.</p> <p>f) Details of Critical Infrastructure Risk prioritisations review provided in <b>ATTACHMENT F</b>.</p> <p>g) ICB People &amp; Communities Strategy provided as <b>ATTACHMENT G1</b>. ICB</p>
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				Community & Voluntary Sector Strategy provided as <b>ATTACHMENT G2.</b>
19	NMUH/Royal Free merger	<b>PARTLY COMPLETE</b>	<p>Further information was requested on:</p> <ul style="list-style-type: none"> <li>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.</li> <li>b) How NMUH governors and staff reps could feed into the governance process.</li> <li>c) Clarification on the longer-term plans for where Barnet patients would be treated.</li> <li>d) Details on the plans to safely merge the Electronic Patient Records.</li> <li>e) Further evidence about the consultation of patient groups.</li> </ul>	<p>Responses to points b) to e) provided as <b>ATTACHMENT H.</b></p> <p>Response to point a) to follow in December 2024.</p>
18	NMUH/Royal Free merger	<b>ADDED TO WORK PROGRAMME</b>	<p>Possible issues to be considered in future update item:</p> <ul style="list-style-type: none"> <li>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.</li> <li>b) For further discussion on financial risk and, including how the debts of the Royal Free Group when be held within the merged Trust.</li> </ul>	Added to work programme.

17	Minutes (Barnet update)	<b>IN PROGRESS</b>	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.	Nov 2024 update – this has not yet been presented to the Barnet Cabinet. An update will be provided when further information is available.
16	Minutes (Actions)	<b>TO BE IMPLEMENTED IN FUTURE MEETINGS</b>	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)	<b>TO BE FOLLOWED UP AT APRIL 2025 MEETING</b>	Regarding the update from the ICB on a previous mental health item (in March 2024), additional information was requested: <ul style="list-style-type: none"> <li>• Item 3 (Voluntary &amp; Community Sector contract terms) – The response noted that the Committee could be updated further throughout the year as this workstream was developed.</li> <li>• 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.</li> <li>• Item 8 (Mental Health Support Teams in Schools Coverage) – Information was requested on which schools were supported.</li> </ul>	Item 3 – Added to Work Programme.
14	Minutes	<b>COMPLETE</b>	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.	Minutes approved.

## **MEETING 1 – 25<sup>th</sup> July 2024**

<b>No.</b>	<b>ITEM</b>	<b>STATUS</b>	<b>ACTION</b>	<b>RESPONSE</b>
13	Dental Services	<b>COMPLETE</b>	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	<b>PARTLY COMPLETE</b>	The Committee recommended that improved communications with residents was required about a) available care pathways and b) preventative actions such as supervised teeth brushing for children.	a) Awaiting response. b) Response from Mark Eaton, Director of Strategic & Delegated Commissioning (NCL ICB): "Supervised brushing is a very 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	<b>AWAITING RESPONSE</b>	Information was requested on the definition of 'exempt' and any special provision for patients with diabetes.	
10	Primary Care	<b>COMPLETE</b>	Details were requested on the ICB response to a recent report into the safety of online consultations.	Responses provided in <b>ATTACHMENT B.</b>

9	Primary Care	<b>COMPLETE</b>	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	<b>COMPLETE</b>	Further information was requested on supervision for Physician Associates and pressures on GPs.	
7	Primary Care	<b>COMPLETE</b>	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	<b>COMPLETE</b>	The Committee suggested that better consistency with the same doctor was needed for those with chronic medical conditions.	
5	Primary Care	<b>COMPLETE</b>	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	<b>COMPLETE</b>	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.	Nov 2024 update – Full feedback reports have now been published: <a href="https://nclhealthandcare.org.uk/get-involved/start-well-2/">https://nclhealthandcare.org.uk/get-involved/start-well-2/</a>

3	Start Well	<b>COMPLETE</b>	Committee to provide formal response by letter to NCL ICB on the interim report following the consultation exercise.	<p>Letter submitted to NCL ICB in August 2024.</p> <p>This letter included all of the main comments/recommendations made at the meeting. See minutes of meeting for further details. Letter provided as <b>ATTACHMENT A</b>.</p>
2	Terms of Reference	<b>IN PROGRESS</b>	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	<b>IN PROGRESS</b>	New draft terms of reference for the JHOSC to be developed.	The Committee met on 8 <sup>th</sup> Aug 2024 to provide initial input and 3 <sup>rd</sup> 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.