MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Friday 11th July 2025, 10.00am – 12.30pm

IN ATTENDANCE:

Councillors Pippa Connor (Chair), Councillor Larraine Revah, Councillor Tricia Clarke, Councillor Andy Milne, Councillor Matt White (Chair of Overview & Scrutiny – Haringey), Councillor Chris James and Councillor Paul Edwards.

ALSO IN ATTENDANCE:

- Kristina Petrou, Community Pharmacy Lead, NCL ICB
- Nicola Theron, Director of Estate, NCL ICS
- Duncan Jenner, Deputy Head of Communications & Campaigns, NCL
- Tracy Scollin, Principal Scrutiny Officer, London Borough of Barnet
- Fola Irikefe, Principal Scrutiny Officer, Haringey Council

Attendance Online

- Councillor Kemi Atolagbe

FILMING AT MEETINGS

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

APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Sarah Mansuralli, Chief Development and Population Health Officer, NCL ICB
- Selina Chughtai, Business Manager, NCL ICB

URGENT BUSINESS

None.

NOMINATION OF CHAIR & VICE-CHAIR

The Scrutiny Officer opened the meeting requesting for nominations for the Chair of the committee from amongst the councillors present. Councillor Clarke nominated Councillor Connor to be the Chair of the committee, Councillor Edwards and Councillor Milne seconded the nomination Councillor Connor.

Councillor Connor called for nominations for the vice chair/s position. Councillor Clarke informed the committee that she would step down as vice-chair but would remain on the committee. Councillor Revah expressed that she would continue as a vice-chair and Councillor Milne also put himself forward to be a vice-chair.

DECLARATIONS OF INTEREST

The Chair declared an interest in that she was a member of the Royal College of Nursing and also that her sister was a GP in Tottenham.

DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

MINUTES

That the minutes of the NCL JHOSC meeting on 28th April 2025 was agreed as an accurate record.

ACTION TRACKER

The Chair expressed that the follow up on number 45 under the Mental Health Pathways should be an update to the committee rather than an addition to the work programme as an urgent conversation needs to take place in respect of information on people accessing mental health support. It was felt that more clarity was required around responsibility for people in the community that may no longer be accessing mental health support and there are no clear lines of who holds responsibility for them.

In respect of item 22 on the action tracker, it was pointed out that this update was still pending and an update had been expected since September 2024.

There are several appendices, that are in the tracker (appendix F) which are related to the estates item and in particular, the Work Well project - information on the stakeholder communication is helpful but an update explaining how Work Well is actually working in practice with information on the pilots would be helpful.

In relation to Appendix G2, Healthy Neighbourhoods an update on all boroughs in strategy would be helpful, not just on Haringey. The committee would like an update on the strategic approach that was presented at a previous meeting along with information on how they are working with the voluntary, community and social enterprise sector.

COMMUNITY PHARMACY UPDATE

Kristina Petrou, Community Pharmacy Lead, NCL ICB, explained that the presentation was an update from the report that was presented in March 2023. The presentation provided details of progress to date and the impact it has had on patients thus far. Some headline data over the past twelve months on progress was presented including, 136,000 completed consultations in community pharmacy ranging from minor illnesses to more urgent ailments. A third of all flu vaccine and 60% of all the covid vaccines were delivered in the community pharmacy setting. Community pharmacies have saved twenty thousand hours of GP time and has had an impact on reducing pressure on urgent care and walk in centres. The increased

offer from pharmacies has also reduced hours of consultations for GPs and so things seem to be moving in the right direction of taking pressure off the system.

The Community Pharmacy lead gave the example where blood pressure is checked in a pharmacy and whilst there isn't patient identifiable data to track each patient, assuming these 5,275 patients that were identified in the past twelve months as having high blood pressure were followed up and treated and took their medications for five years - this intervention could potentially prevent 42 deaths, 78 strokes and 50 heart attacks. At present, it was reported that there is 60% awareness of the Pharmacy First scheme and a lot of work has been done by the communications team as well as national campaigns to promote it but more needs to be done to further increase awareness.

Councillor Revah commented that the chart showing completed pharmacy first consultations by month would be useful to have been presented by borough. The officer agreed that a snapshot over the last six months broken down by the percentage of activity in each borough could be provided. **ACTION**

Councillor Clarke enquired about what was being done about patients unable to afford their medication and how would you find a pharmacy that offers Pharmacy First services? The officer reported that around 90 to 95% of items are exempt from being paid for, for people that are either over 60, under 16 and those on some type of benefit and so they wouldn't pay for their prescriptions.

The officer directed councillors to a slide with a list of the medications and the conditions that can be treated free of charge for people who don't pay for their prescriptions. Side 46 also provided details of the eligibility criteria for people that can access the Pharmacy First scheme. Once people access the service it would then be paired with a little bit of patient education about how to self-care.

In terms of Pharmacy First and its publicity, it was explained that there is both a public facing website with a list of the pharmacies that provide all the services which is updated quarterly. The NHS website also provides details of Pharmacy First pharmacies, 95% of pharmacies offer Pharmacy First services. The Councillor enquired further about the people that are outside the eligibility criteria, the 25% of people who are required to pay but can't afford to. The Officer explained that they don't have the data to triangulate and ascertain who the 25% of the people who answered the survey and stated that at times they've had difficulty paying for their medications. There is no data about those people's financial status and whether they are the same people who are eligible for the healthcare medication scheme.

The Chair enquired about the self-care medication scheme and that she had yet to have seen it publicised in pharmacies and how is it ensured that the pharmacies are promoting it. The officer explained that it's a new service and only a year into practice. There has been comprehensive uptake in Camden and Islington and about half of the Haringey pharmacies have also signed up. There have not been many pharmacies in Barnet or Enfield. The officer put the question back to the committee enquiring how they could further tap into the communities to get the message out? It has been publicised with posters, leaflets, in the top ten community languages and they've got information on public facing websites. There has also been attendance

at a lot of Healthwatch meetings. The Chair pointed out that a number of GPs have close working relationships with pharmacies so it may be worthwhile making contact with the GP Federation and asking that they request that their members put up posters etc. **RECCOMENDATION**

Kristina Petrou briefed that there are two engagement pharmacists working on the ground within the community going to every GP practice and every pharmacy to promote the services and to develop relationships, manage training issues and tap into where there is less awareness. One engagement pharmacist covers Barnet, Enfield and Haringey and the other covers Camden and Islington. Members expressed concerns that dedicated engagement pharmacists had been employed but yet there hasn't been a significant impact.

Councillor White enquired if the lack of uptake in the self-care medication scheme was reflected in the update - so the data shows pharmacies that have signed up, but they're not actually running the scheme, the officer agreed. On an anecdotal level he enquired about his personal experience of getting invitations from both GP's and pharmacies for e.g. flu jab and hence duplication of administration. It was explained that prompts for vaccinations are meant to be from multiple organisations when people have a health condition and they will ultimately be recorded in GP records and the only risk of duplication of vaccine is if you present on the same day.

Councillor Edwards enquired over what was leading to the blockages in take up in Barnet of the self-care medication scheme. The Community Pharmacy Lead expressed that it may be due to less deprivation in Barnet although she acknowledged that there are pockets of deprivation. Getting the message out that if you are unable to afford medication, there are services you can tap into is their key priority. Members suggested working with local community groups and voluntary sector outreach to raise the awareness. **RECOMMENDATION**

Councillor Milne gave an observation from slides the slides that where they've prevented deaths, strokes and heart attacks through interventions when it's been picked up that blood pressure is high, to sell the efficiency of the service the financial benefits and savings should also be highlighted. The impact of reduced costs to the health economy will be welcomed. **RECOMMENDATION**

Following further enquiry about what could be done about those on low income who can't afford to pay for medication the officer explained that there is work currently underway mapping community pharmacies and GP's to Integrated Neighbourhood teams who will be able to reach low-income families not on benefits. They will be provided with a prepayment certificate which helps to cap the price of medication – people are able to pay upfront 12 prescription items. Some work needs to be done to promote it as it's a new service. The new Integrated Neighbourhood Teams will provide a link with social care, housing and other services.

Councillor Revah commented that more information around the pre-payment certificate needs to be publicised and enquired about what was done in terms of care leavers. The Community Pharmacy Lead expressed that working at an integrated Neighbourhood Team level was the right start and so the main focus now was to

raise the awareness of the prepayment certificate. There has been an effort to ensure that certificates are arranged for care leavers and young people.

The committee expressed that they required more information to fully understand the self-care medication scheme and how this is being promoted. It is recognised that there are challenges in take up in Enfield and Barnet and there are dedicated engagement staff, but this isn't making a difference. Information on how the engagement pharmacists are actually targeting any particular groups of people should be included in the progress report in future **ACTION**. Further information on the new Neighbourhood Teams and how they will work with local authorities in the new hubs should also be provided**. ACTION**

The committee recommended that the Community Pharmacy Lead also liaise with the GP Federation about increasing engagement and take up in Enfield and Barnet. **RECOMMENDATION**

Following on a point Councillor Milne raised on blood pressure monitoring, the Chair enquired over how many of the patients then go back to their GP in order to put in measures to manage their BP. It was reported that every clinical consultation that takes place in a pharmacy is followed by a post event message that goes straight to the GP practice notes. There is a risk that the patient could decide they don't want to go to the GP practice, but there's isn't a risk the GP would not know about it. It was also added that there is currently work being done with digital integration, the data controller of all the information currently sits with the GP practice and the pharmacy themselves cannot follow a patient through the system.

The chair thanked Community Pharmacy Lead for the report.

NCL ESTATES & INFRASTRUCTURE STRATEGY

Nicola Theron, Director of Estate, NCL ICS provided the committee with an update on the estates with a focus this year on the local care element, the objective is to create a better primary care baseline developing strong GP leadership and also are working on other smaller GP projects. The challenges include building the case for 5% and progressing the 10-year plan.

The Director of Estates expressed that there is momentum building around estates delivery in local care including the delivery of two major projects every year since 2021 and currently 24 smaller projects are underway creating a balance between investing in new estates and existing estates in order build the wider system transformation and enable more patients to be managed in a better setting.

There is recognition that 200 practices are not fit for purpose. The capital envelope has enabled the development of more complicated projects - the larger projects that require multi-year funding. It was reported that getting local care projects underway is really complicated because of the number of local stakeholders that they need to work with. 100 million pounds has been allocated into what's called a utilisation and modernisation fund and they had secured funds for eight projects nationally.

The Chair opened the questions and sought clarity where the report mentions 5% and the need to get back 5%. In view of the unfunded 23% for local care infrastructure, she enquired if there was a way of managing the unfunded section? It was explained that 5% has been allocated for this year 2025/26 but the challenge is that it's not been allocated next year so work is underway exploring projects that can be delivered in-year. They are working with local authorities on a shared agenda to deliver their priories. A particular example of this is in Islington's former council building, which is partly becoming a GP practice, developed through close working to make funding work for both partners.

Nicola Theron explained that they currently don't have the same ability to pre-allocate the 5% in the way that they've done in the past and rather than planning for funding for a certain amount, the challenges now mean funding can't be assumed and there needs to a new way of managing finances and to constantly lobby.

The Chair also enquired about previous years when we were looking at estates through hospital disposals she wanted to know if this was still the approach. The committee heard that across the local care infrastructure because there is a now a new ethos with the 10-year plan and the focus is on the community way of working, so is if there are any disposals they will look at how many capital receipts could be used within the community care infrastructure. Nicola Theron explained that Barnet and Enfield had a higher number of estates, with GPs in old semidetached houses and the plan is to move them to more modern facilities to meet the demands and healthcare needs of the community they have been exploring how to invest better in Barnet and Enfield projects.

In terms of working with local authorities, it was mentioned that Enfield had disposable assets and this has been fed back into Edgeware Hospital, Barnet. The committee heard that in Edgware there are discussion in place with housing developers and 50% of the net of that is going to be invested back into local care, so they trying to ensure it is used expeditiously. The providers ultimately have a say in where the investment goes so the ability to secure any investment out of that wide provider estate is limited. The officer clarified that the 5% funding was going to the Foundation Trust, so Royal Free Hospital, Whittington etc and it's unlikely that it would be allocated to local care because it will go to the providers.

Following some discussion the chair requested for further clarity regarding how the Foundation Trust will use the funding that isn't going to local infrastructure. The committee would like an insight and further detail into how it works in terms of reinvestment. **ACTION**

Nicola Theron explained that there is a gap in funding and so they will utilise public/private partnership to secure longer term leases. Bringing private sector money into NHS estates is part of the 10-year plan. The committee heard that there are a number of leases that are coming to an end over the next five to six years and they are currently looking at how they use the existing public/private partnerships arrangements in place to secure as much value out of them as possible and re-negotiate terms for a longer time frame.

The Chair expressed less confidence in the public/private partnership arrangements and recalled similar arrangements around ten years ago where the cost of the public/ private partnership left public sector organisations with exorbitant oncosts and a great deal of debt from the interest. The Director of Estates explained that the dept sits in a SPV and it will be key to re-negotiate the terms. The Committee decided that with the next iteration of the estates update, more detailed information regarding these arrangements are required along with information regarding the possible financial risks. **ACTION**

Councillor White echoed the reservations in terms of financial support from private providers and expressed that the risks need to be considered thoroughly and contract monitoring should be robust. The officer explained that many of the partners are established and they are focusing on existing relationships due to revenue and capital pressure.

Councillor Clarke enquired about primary care estates and how far down the line they were with the plans. The committee were informed that they plan was for them to be a one stop shop and there are active discussions about certain services being delivered in the community. They are working with primary care to invest in the east of Haringey and Enfield. Councillor James expressed concerns as an Enfield councillor to see that Enfield's has got a very high number of estate and that are at significant risks to the sustainability of primary care and so would like to consider how this can be
flagged up as an issue to provide further support the plans. In response, Nicola Theron explained that they were working very hard to bring more practices moving into Meridian Water and to incentivize the more reluctant practices.

A councillor enquired if due consideration is given to continuity of care for residents who built up a relationship over years with their GP practice. A new building still retains continuity of service as essentially they will be taking a practice from an old building and simply relocated into a new building the committee were informed. There are a few exceptions where that's not been the case where caretaking has been put in place because the relationship has fallen away. A series of engagement is also required to take place when a relocation is being discussed.

A councillor enquired about more information on void estates, where they are and what plans were in place for them. The committee heard that this amounted to 6% of their overall local care portfolio. The perception is that there are more as they are in key buildings. It was explained that work is underway looking at how to bring up some of the older assets such as the Whittington to ensure that they are fit for purpose. There is always a void because you always have services moving in and out of buildings, but work is underway to look at what we can be done to use revenue as efficiently as possible and to dispose where it is appropriate and reinvest back.

Following an enquiry about primary care estates and the challenges, the panel heard that with primary care projects, one of the challenges with primary care is the specification means that quite a lot of money is spent on mechanical and electrical services so 40% of any budget goes into making sure that there us the right

ventilation. It is quite difficult taking that model into a local authority hub because you don't have the same clinical specification that primary care does.

In terms of the new neighbourhood boundaries, the committee heard that they will not match with pre-existing boundaries or wards, they will be more localised. Duncan Jenner further added that the new neighbourhood boundaries were smaller and more localised in order to refine services that will be provided through the hubs. Officers to provide details of NCL Neighbourhood hubs and details of the vision and objectives, how they will work in joint partnership arrangements and include details of boundaries**. ACTION**

The chair expressed that the future report required more detail with headlines and timeframes in order to support proper scrutiny. To assist with this a meeting can be held offline to decipher the best way it can be considered more effectively. **ACTION**

DRAFT TERMS OF REFERNCE

The chair asked members to consider the details of the draft terms of reference and highlighted some changes that have been added on because of the need to address the challenges in relation to financing and supporting the committee going forward.

Councillor White proposed that the committee would not agree the terms of reference today because it was important for the committee to be free to decide who chairs the committee. He also added that at the same time the authority that Chairs shouldn't bear the full administrative burden. He further highlighted that if the terms of reference were to be agreed, it would mean mandating that Barnet resource the committee for the next year without any contributions from the other boroughs, this can't be done without discussion and agreement with the relevant officers in Barnet.

Councillor James, agreed with the comments made thus far and that the JHOSC could not agree to the terms of reference without having the authorisation from the respective governance departments and Chief Executives in relation to financial contribution to the JHOSC. Councillor James enquired about what the financial contribution would cost and if it's a few thousand pounds potentially from each council, this should be something that each council should be able to agree to supporting. She expressed that she was disappointed that the issue had yet to be resolved. It was re-iterated that the key would be getting the right team of officers who are able to make decisions about finances together round a table.

Councillor Milne agreed that the decision around who chairs the committee should also be up to the committee and should not be dictated and that the terms of reference should be amended. The Scrutiny Officer explained that the revised terms of reference had been drawn up as there have been previous conversations amongst JHOSC members around support arrangements had yet to have been agreed on.

The Chair of the panel asserted that the committee felt the chairs should be selected on the basis of the vote from members and whether that that chair is elected for one year or three years is entirely up to the members and appointment is carried out through the usual democratic process.

Councillor Edwards expressed that he was not convinced about having an annual rotating chair as the meetings are not that regular and there is a need for continuity. In respect of Barnet, which was named first in the report to chair, this would not be a priority as it's their first term in office and the focus is on ensuring a second term. In terms of shared finance, this is a reasonable approach but currently in Barnet there is a need to put forward about 10% savings this year. Councillor Weaver agreed that changing the chair annually wouldn't work as there will be no continuity.

The Chair suggested that a further discussion takes place involving member and officers to assert the committee's right to choose the right person from amongst the committee to chair and to find an equitable way of resourcing the JHOSC. Councillor Clark expressed that a joint meeting was the way forward and it was important to have some idea of the amount of money that's involved in order to have a constructive conversation.

The chair concluded the discussion summarising that the JHOSC was unanimous in their decision that they retain the ability to elect the chair within the JHOSC and at their own discretion. The committee decided that paragraph 2.6 should be removed. The committee will continue with the annual nomination whereby they will elect the chair and the vice-chair/s. The chair also emphasised that the discussion around resourcing the JHOSC should be considered separately and as a matter of urgency. It was agreed that the committee will not agree the terms of reference. It was agreed that discussions are arranged with the chair and vice-chair of the committee in conjunction with lead officers from all the councils**. ACTION**

The committee also felt that they would like to continue with not having the chair and the vice-chair/s from the same borough as has always been the case. The committee felt it would be good to have it formally written as part of the terms of reference that this is the preferred option.

WORK PROGRAMME 2025/26

The Committee considered the upcoming items on the work programme, including:
12 September 202

- Saint Pancras Hospital Update
- NCL ICS Finance update
- ICB Reconfiguration - NCL – NWL Case for Change and Options Appraisal for Merger - The committee briefly discussed the implications of the prospective merger which was shortly to be presented at the ICB board. The committee also considered the possible impact of the merger on the structure of the JHOSC. Members felt that it will be important to keep the two separate JHOSC's and then occasionally merge for a special meeting as and when.

21 November 2025

- NHS 10 Year plan - This will be a significant item so a meeting should be organised with the colleagues offline to see how this can be covered. The focus will be on what is specifically going to change

- Winter Planning update - The committee requested last time that they look at high impact interventions and bringing down patient discharges to A&E from ambulances

30 January 2026

- Startwell

- Paediatric Services Review - What has been achieved since the last update

- Workforces update – The Chair invited views from the committee if the still wanted to retain a focus on workforce and expressed that it could possibly come to the committee in January 2026 (tbc)

9 March 2026

- Quality Accounts
- Mental Health

Also to be added/ considered for the work programme:

- NCL structure and neighbourhood working
- Strategic role of GP federations
- Developing technology
- Paediatric Services Review - What has been achieved since the last update?

The meeting ended at 12.35