



**Resources Department
Town Hall, Upper Street, London, N1 2UD**

AGENDA FOR THE JOINT OVERVIEW AND SCRUTINY COMMITTEE ON HEALTH

A meeting of the Joint Overview and Scrutiny Committee on Health will be held in on, **12 March 2021 at 10.00 am.**

The Islington Council nominees are:

Councillor Osh Gantly
Councillor Tricia Clarke

See Agenda Reports Pack for full details

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk



NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Fiona Rae / Robert Mack

Friday 12 March 2021, 10:00 a.m.
MS Teams (watch it [here](#))

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Councillors: Alison Cornelius and Linda Freedman (Barnet Council), Lorraine Revah and Paul Tomlinson (Camden Council), Christine Hamilton and Edward Smith (Enfield Council), Pippa Connor and Lucia das Neves (Haringey Council), Tricia Clarke and Osh Gantly (Islington Council).

Support Officers: Tracy Scollin, Sola Odusina, Andy Ellis, Robert Mack, and Peter Moore.

AGENDA

1. FILMING AT MEETINGS

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The Chair of the meeting has the discretion to terminate or suspend filming or recording, if in his or her opinion continuation of the filming, recording or reporting would disrupt or prejudice the proceedings, infringe the rights of any individual, or may lead to the breach of a legal obligation by the Council.

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

The Chair will consider the admission of any late items of Urgent Business. (Late items will be considered under the agenda item where they appear. New items will be dealt with under item 11 below).

4. DECLARATIONS OF INTEREST

A member with a disclosable pecuniary interest or a prejudicial interest in a matter who attends a meeting of the authority at which the matter is considered:

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and

(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

A member who discloses at a meeting a disclosable pecuniary interest which is not registered in the Register of Members' Interests or the subject of a pending notification must notify the Monitoring Officer of the interest within 28 days of the disclosure.

Disclosable pecuniary interests, personal interests and prejudicial interests are defined at Paragraphs 5-7 and Appendix A of the Members' Code of Conduct

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

To consider any requests received in accordance with Part 4, Section B, paragraph 29 of the Council's constitution.

6. MINUTES (PAGES 1 - 12)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 29 January 2021 as a correct record.

7. DIGITAL INCLUSION

This paper discusses digital inclusion in response to the increasing digital approach to healthcare. **(To follow)**

8. MISSING CANCER PATIENTS

This paper provides an update on possible missing cancer patients as a result of the Covid-19 pandemic. **(To follow)**

9. HEALTH INEQUALITIES

This paper provides an update in relation to health inequalities. **(To follow)**

10. WORK PROGRAMME (PAGES 13 - 24)

This paper provides an outline of the 2020-21 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

11. NEW ITEMS OF URGENT BUSINESS

To consider any items of urgent business as identified at item 3.

12. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

19 March 2021 (special meeting on Integrated Care Systems)

25 June 2021

24 September 2021

26 November 2021

28 January 2022

25 March 2022

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MINUTES OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON FRIDAY, 29TH JANUARY, 2021, 10.00 AM - 1.00 PM.

PRESENT: Councillor Pippa Connor (Chair), Councillor Edward Smith (Vice Chair), Councillor Tricia Clarke (Vice Chair), and Councillors Alison Cornelius, Linda Freedman, Lorraine Revah, Paul Tomlinson, Christine Hamilton, and Lucia das Neves.

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Paul Fish, Royal National Orthopaedic Hospital.

3. URGENT BUSINESS

The Chair noted that a deputation had been received from NCL NHS Watch.

ORDER OF BUSINESS

The Committee agreed to receive Item 13 (Deputation on Integrated Care Systems) as the first substantive item so that local concerns could be presented to the Committee. Also, due to the availability of the presenters, this would be followed by Item 6 (Covid Update), Item 8 (Mental Health Services during the Covid-19 Pandemic), and Item 7 (Post-Covid Syndrome Pathway), before returning to the order of business as set out in the agenda.

4. DECLARATIONS OF INTEREST

Cllr Cornelius noted that, in case care homes were discussed, she would like to note a non-pecuniary interest as she was a Council appointed Trustee of the Eleanor Palmer Trust. Cllr Connor also noted that she was a member of the Royal College of Nursing and that her sister worked as a GP in Tottenham.

5. MINUTES

RESOLVED

That the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting held on 27 November 2020 be confirmed and signed as a correct record.

6. COVID-19 UPDATE

Will Huxter, Clinical Commissioning Group (GGC) Director of Strategy, and Chloe Morales Oyarce, CCG Head of Communications and Engagement, introduced the item which provided an update on the Covid-19 pandemic in North Central London (NCL). It was noted that the pressures on health and care services were significant and that, although there had been a reduction in community cases, there were still large numbers of patients in hospital and particularly in intensive care. It was noted that a number of staff had been redeployed and partnership working was in place as much as possible. It was added that regional and national communications were highlighting that regular health and care services were operating.

Cllr das Neves enquired what support was in place for staff wellbeing. Will Huxter explained that a range of psychological and other support had been put in place across North Central London (NCL) and there were regular communications to staff about the support available. It was added that the Occupational Health offer was being enhanced and that specific work was underway to establish what support would be most useful for staff.

Cllr Smith noted that a number of NHS staff were unwell or self-isolating and asked about the levels of testing and vaccination of staff; it was also asked whether there was any reluctance to be vaccinated within the care system. Will Huxter explained that staff in hospitals and clinical staff undertook regular testing and were included as a priority group for vaccinations; it was added that there were high levels of uptake in all hospital sites across NCL. It was acknowledged that there was some vaccine hesitancy in care settings and that work was underway with all five boroughs to target support, advice, and messaging. Cllr Smith also enquired whether and how the NHS was using volunteering networks. It was confirmed that there were many good examples of partnership working with volunteers. Will Huxter noted that a written update could be provided to members on vaccine hesitancy in care settings and on volunteers within the NHS.

Cllr Freedman asked about the military support that was provided in intensive care. Will Huxter explained that military support was from combat technicians who assisted the experienced intensive care staff with tasks such as turning patients. It was noted that there were about 40 combat technicians currently working in NCL.

Cllr Cornelius noted that pharmacies had used a mutual aid strategy to share vaccination but that the five boroughs within NCL had different populations and some areas had older populations. It was enquired whether this system had been perfected and, in particular, whether there would be sufficient vaccination supplies for the second round of vaccinations for care homes. Will Huxter explained that the target populations across NCL were being examined and planning was underway. It was known that different areas had different demographics which may require additional

vaccination supplies; there was regular contact with regional and national colleagues and there was confidence that there would be sufficient supplies.

Cllr Revah enquired whether the vaccine rollout was ensuring that people who were housebound and their carers were receiving the vaccine. Will Huxter noted that the housebound were on the list of people that needed to be reached and the rollout had started. It was added that additional information on the vaccine rollout for the housebound and carers could be provided in a written update.

Cllr Clarke noted that some people had received a negative lateral flow test but a later positive PCR test; she commented that £800 million had been spent on lateral flow testing so there were concerns that the tests were not reliable. Will Huxter noted that lateral flow and PCR testing were different but that test results could vary based on when a person was tested after contracting Covid-19. He explained that it was sometimes important for particular people to have a particular test and that the Committee could be provided with a written report to explain the different types of testing. It was added that spending on testing had been decided by government.

Cllr Hamilton enquired how communities with higher levels of testing and vaccine hesitancy were being contacted and whether local community volunteers were being used. Chloe Morales Oyarce explained that there was a substantial programme of community engagement on testing and vaccinations which included working with the Voluntary and Community Sector (VCS), faith groups, and other groups. This engagement work included listening to different community groups and understanding the reasons for hesitancy, providing factual information, and working with community leaders. The Committee noted that local councillors could provide a link with local communities. Chloe Morales Oyarce noted that this would be helpful; she agreed to provide information about local engagements to the Committee and encouraged councillors to provide any relevant information and feedback.

The Chair commented that some questions had been received from a Health Champion in Barnet. It was noted that there had been some instances where older people had been required to queue for vaccinations for several hours in the cold without access to toilets. In other cases, some people booking vaccinations online had been offered an appointment in Birmingham. The Chair enquired whether these were known issues and whether there were any mitigations in place. Will Huxter explained that it was aimed to maximise vaccination and acknowledged that some initial issues had been expected. He was not aware of any significant issues similar to those raised but noted that he would feed this information back to regional and national colleagues to see whether further action was required.

RESOLVED

To note the report.

7. POST-COVID SYNDROME PATHWAY

Dr Katie Coleman, Islington GP and North Central London (NCL) Clinical Lead for Primary Care Network Development, and Dr Melissa Heightman, Clinical Lead for the

Covid follow up Service and NCL representative for the London Respiratory Network, introduced the item which provided an update on the Post-Covid Syndrome pathway. It was explained that the second wave of the Covid-19 pandemic had been significant and would likely be followed by increased demand for the Post-Covid Syndrome service. It was highlighted that this was a new condition and understanding of the disease was developing. It was important to have a Post-Covid Syndrome pathway and this had been developed with the recognition that it was a multi-system condition and required a multi-disciplinary approach. This had resulted in the NCL Post-Covid Syndrome Integrated Service and there was equity of access across NCL.

Cllr das Neves enquired whether there was confidence in the anticipated numbers of people with Post-Covid Syndrome and the extent of the role of immunology. Dr Katie Coleman stated that there was not a lot of confidence in the numbers but these were based on national figures which estimated that about 10% of the total people who contracted Covid-19 would have Post-Covid Syndrome. Work was ongoing to better understand the demand and presentation in the community and a specific Post-Covid Syndrome code would be added to the clinical system shortly. It was also noted that the numbers of Covid-19 cases had significantly increased and it was anticipated that there would be a similar increase in the numbers of Post-Covid Syndrome cases; there were concerns about capacity in the system to deal with these additional numbers. It was highlighted that sufficient funding would be key and it was important to be able to resource community teams who could assist in patient recovery. It was noted that funding conversations were ongoing with NHS England.

It was noted that previous cases had often started as a referral to respiratory and then another referral to the Post-Covid Syndrome service. It was explained that the Post-Covid Syndrome pathway aimed to have a single point of access which would minimise multiple referrals. Dr Melissa Heightman explained that Post-Covid Syndrome was a multi-system disease and that the best approach was often to wrap specialty teams around the patient. It was noted that immunology featured in some patients and that rheumatologists, who were included in the multi-disciplinary team, had immunology expertise. It was explained that immunologists were often based in laboratories but were sometimes contacted to provide detailed information by phone.

Cllr das Neves enquired whether NCL was considering the research that was being developed in Canada and other places. Dr Melissa Heightman explained that clinical services were reliant on peer reviewed publications but that there were currently no clear therapeutic options from research. It was noted that research would be continually reviewed and that some funded research programmes in the UK were due to be announced soon. Cllr das Neves also asked what advice was provided to GPs regarding people who were unable to work due to Post-Covid Syndrome. Dr Katie Coleman explained that some upskilling and information sessions were being provided to GPs and training videos were being developed to provide rapid training resources. It was anticipated that GPs would be able to support people to ascertain their aspirations around returning to work through fitness for work notes.

Cllr Clarke was reassured that Post-Covid Syndrome was being taken seriously but expressed concerns about people who could have the condition without having been diagnosed, specifically those who were in intensive care. Dr Melissa Heightman explained that patients who had been in intensive care for a long period generally

needed significant support. It was noted that there were public health messages about Post-Covid Syndrome but there were concerns that the messaging was not strong enough to convince people to seek help from their GPs who were the gatekeepers for the Post-Covid Syndrome service. Dr Katie Coleman added that there was some consideration of whether searches could be developed within GP clinical systems to identify those who had previously contracted Covid-19 and were still experiencing symptoms. In addition, GPs were starting to contact any patients who had tested positive with Covid-19 after six weeks to see whether they had any ongoing symptoms; this was designed to increase early identification and treatment of Post-Covid Syndrome.

The Chair noted the importance of funding for the Post-Covid Syndrome service, particularly the funding of therapies teams in order to implement any treatment plans. It was also enquired whether there was equality of access and whether different ethnicities were sufficiently represented in the Post-Covid Syndrome service. Dr Melissa Heightman explained that there was an under-representation of about 20% of Black, Asian, and Minority Ethnic communities compared with the expected levels. It was also noted that there was a prevalence of Post-Covid Syndrome in people aged 35-49 and this seemed to be part of the nature of the illness. In relation to funding, it was commented that the required community services were in high demand and, as it was difficult to fund these roles, availability would depend on NHS England. The Post-Covid Syndrome service would be providing a business case to NHS England; this would set out the activities of the service and local demand and it was hoped that NHS England would agree to provide additional capacity.

The Chair noted that the Committee had previously supported requests for additional funding and would be happy to do this for the Post-Covid Syndrome service. Dr Katie Coleman noted that any support would be beneficial. Will Huxter added that highlighting the scale of the impact of Post-Covid Syndrome and the local focus on and importance of this service would be helpful. The Committee agreed to write to NHS England to support the request for funding and noted that it was essential for funding to be in place as soon as possible in order to assist the large number of people in NCL who required support and to plan for imminent increases in demand.

Cllr Cornelius noted that, throughout history, there had generally been more deaths in the second wave of a disease, which was the case for Covid-19. It was added that there were often third and fourth waves and it was enquired whether future planning had been undertaken. Dr Katie Coleman stated that this was a concern and that the vaccination programme aimed to mitigate this as much as possible; it was added that health services were aware of the risk of another wave and it would be possible to adapt quickly. Dr Melissa Heightman also noted that there were likely to be future diseases and that health services would benefit from continued preparedness.

Cllr das Neves noted that the plans for the Post-Covid Syndrome service were well defined and that it would be important to provide guidance for GPs who were often the first point of contact. It was enquired whether it was possible to influence the public health message to encourage more people with symptoms of Post-Covid Syndrome to come forward. Dr Katie Coleman stated that this might require some conversations with public health colleagues. Dr Melissa Heightman explained that there had been some reluctance to increase communications until there was capacity for additional

referrals; it was noted that the Post-Covid Syndrome pathway was now defined and it should now be possible to publicise more information.

The Chair thanked Dr Katie Coleman and Dr Melissa Heightman for the update and stated that it was important for the Committee to receive these updates to ensure accurate communications between their local areas and NCL.

RESOLVED

1. To note the report.
2. To write to NHS England to support the request for funding for the Post-Covid Syndrome service.

8. MENTAL HEALTH UPDATE

The Chair introduced the item which provided an update on mental health services during the Covid-19 pandemic. It was noted that the Committee had received the written report and the presenters were invited to highlight any key points. The Chair also congratulated Jinjer Kandola on her recent MBE for Services to Mental Health. Jinjer Kandola, Chief Executive for Barnet, Enfield, and Haringey (BEH) Mental Health Trust, and Andrew Wright, Director of Planning and Partnerships for BEH Mental Health Trust, introduced the report.

It was noted that there were currently more Covid-19 outbreaks in wards and among NHS staff as the new variant of the disease was more transmissible; this included up to 11% of staff unwell or self-isolating. Unlike the first wave of the disease, it was explained that there had been less of a reduction in the number of people accessing mental health services. However, it had been necessary to temporarily close some beds as a result of infection prevention control measures and there had been a need to use some out of area placements which was less desirable.

The Committee enquired whether there had been any decreases in service use for any services that had changed. Jinjer Kandola highlighted that all mental health staff had worked exceptionally hard to ensure that all NCL services continued throughout the pandemic. It was noted that there had been some service transformation during the Covid-19 pandemic and this included a single point of access for referrals, a new process for entry to A&E where patients were seen in a dedicated area by specialist staff, a new 24 hour telephone helpline with previous telephone numbers forwarded to the new number, and additional support for Black, Asian, and Minority Ethnic staff as well as other staff at higher risk. It was added that digital services were offered based on patient choice, specific work was undertaken to support those who were shielding, and all community case loads were assessed, risk rated, and prioritised accordingly. It was explained that there had been a focus on appropriate discharging and winter funding had been used to work with Mind and other organisations to ensure that people had the care they needed.

Cllr das Neves noted that future plans for health care would be managed at NCL level under the Integrated Care System (ICS) and it was enquired how it would be possible

to find a balance between consistency and tackling local issues with specialised care. Jinjer Kandola explained that residents felt that they lived in a neighbourhood rather than a borough and it was important that care was delivered in this way. It was highlighted that the long term plan aimed to ensure that there was a consistent model in all five boroughs but that local specialisation would be possible. The Chair noted that it may be appropriate to discuss this issue at the Committee's special meeting on ICS in March 2021.

Cllr Revah enquired what support was being provided to staff and others impacted, such as carers. Jinjer Kandola explained that there was an online platform to support NCL staff which had a variety of options. It was acknowledged that carers had often taken on additional responsibilities where Voluntary and Community Sector (VCS) provision had been closed or suspended during the pandemic. It was noted that there were some support packages and assessments available for carers but it was understood that there may be a need for a better ongoing support package.

The Committee noted that the Covid-19 pandemic had seen a significant mental health impact, including an increase in people attempting suicide during the pandemic. It was believed that preventative work, such as Talking Therapies, was key but that there was an inequality of access for some communities, particularly for Black people. It was added that councillors and community organisations could assist with contacting local communities. Jinjer Kandola explained that part of the mental health services transformation would be to better understand health inequalities and the first step in tackling this issue would be to identify why certain people were not accessing services. It was highlighted that this would involve a deep analysis of specific, constituent ethnic and other groups and how they accessed services. This would allow a better understanding of how care could be delivered differently to ensure access for different groups. It was added that the move towards an ICS aimed to provide consistency and retain a close relationship with local government and VCS groups who were often best placed to advise on or deliver services.

The Committee asked what beneficial changes had emanated from the Covid-19 pandemic and how mental health services were liaising with community services like Mind. The Chair noted that the Committee would like to receive an update on any situations where mental health services were working innovatively and where services were targeting any particular groups to increase uptake.

Cllr Smith noted that it was reassuring to hear that the service was delivering well despite the difficulties caused by the pandemic and that there were plans to equalise funding for services for outer London. It was enquired what the current and future spending per capita would be across the boroughs. Cllr Hamilton noted the link between mental health and homelessness and enquired what support was available for the homeless. Andrew Wright explained that work was ongoing with various providers but that this was one area where the response varied in different boroughs. It was added that this was an important priority in NCL and it was hoped that the move to a NCL-wide approach would assist in ensuring consistency. The Chair noted that it would be helpful for the Committee to receive additional information on per capita funding in different boroughs and on homelessness.

The Chair noted that individuals who required mental health services often had complex needs and were likely to come into contact with a number of other services, including local government and police services. It was explained that it was difficult for residents to know which service was relevant or would take the lead. As part of an update to the Committee, the Chair stated that it would be useful to understand how various services worked together. Jinjer Kandola stated that, as part of the longer term changes in NCL, the ICS would aim to provide integrated care, wrapping care around individuals. This would involve an assessment for individuals and a decision about who would co-ordinate their care; it was explained that care could be led by mental health, physical health, or social care depending on a person's needs. It was acknowledged that this model needed greater development and planning and that it could be useful to have a future session where the Committee and other partners could provide input.

RESOLVED

1. To note the report.
2. To receive an update on mental health services, specifically providing more information on funding for individual boroughs and homelessness.
3. To receive a response on the question of who was leading on co-ordinating all the different services in relation to mental health care, including other partners such as the Police, housing, and the Council, within individual complex cases. It was acknowledged that this model needed greater development and planning and that it could be useful to have a future session where the Committee and other partners could provide input.
4. To receive an update on any situations where mental health services were working innovatively and where services were targeting any particular groups to increase uptake.

9. DIGITAL INCLUSION

The Chair introduced the item and explained that a number of local organisations across NCL had been invited to speak to the Committee to provide an insight into their experiences in relation to digital inclusion.

Rabbi Hackenbroch, Woodside Park Synagogue (Barnet), noted that, initially, there had been a lot of excitement in setting up an online presence and allowing people to see each other. Some advantages of using a digital platform were that it was possible to deliver the usual programmes, prayers, and memorials, people who were usually unable to attend for a variety of reasons had additional opportunities, and it had been possible to achieve a more personal touch with virtual breakout rooms. Some challenges were that there was an excess of digital options, including for schooling and work, and this meant that many people did not want to spend additional time looking at screens. Also, some people struggled to use digital options for a number of reasons. It was noted that, in future, the synagogue would be running virtual options

alongside physical one to incorporate the whole community to maintain increased connections and engagement.

James Dellow, Covent Garden Dragon Hall Trust (Camden) and SoapBox Youth Centre (Islington), explained that a key principle of youth work was to engage on platforms that young people were already using; a variety of online platforms had been used during the pandemic, including a YouTube channel, and these had been very successful. It was noted that partnership collaboration and considering new options had been incredibly valuable. Although, it was acknowledged that platforms such as Teams and Zoom were not designed for young people or for natural communication and could feel quite impersonal. It was stated that it had been challenging to work in a reactive way to the national restrictions but that it would be important to think about preparedness in the short and long term future. It was highlighted that it was important to avoid saying that virtual provision was not as good as physical provision as it reduced the value of virtual which, for some people, was a better option. It was added that providing virtual hardware and internet data had helped in reducing the digital divide but that it was also crucial to provide things such as digital skills and online safety awareness.

Nick Chanda, SACRE and Multi Faith Forum member and Revival Christian Church (Enfield), explained that he had a predominantly Black congregation and the church building had not been open since March 2020. It was explained that there had been a number of advantages in providing digital options as people still felt part of the community as they could get services at home, there was no need to travel, and people could join from all over the world. It was noted that there had been some challenges; this included a lack of digital devices or accounts to access digital platforms and the need to adapt to new digital platforms where it was difficult to connect effectively and where it was not always known who was present. It was added that it was easy for misinformation to circulate on digital platforms; this was particularly true in relation to the Covid-19 vaccination for Black, Asian, and Minority Ethnic groups and it was explained that the Church group was in a good position to provide correct information to the community.

Raj Gupta, Community Hub (Haringey), explained that providing digital options had been an amazing new experience for some charities and that, with some effort, it was possible to become digitally inclusive. It was noted that, historically, many people from Black, Asian, and Minority Ethnic communities had struggled to access online services, often due to a lack of IT skills or language issues. It was commented that remote GP consultations during the Covid-19 pandemic had been positive but that this had often required additional support from patients' families. It was suggested that, in the future, paid IT Community Champions may be needed to provide support to the community; this could be similar to social prescribing and it would be beneficial if these people came from the community and spoke additional languages.

Martin Finegan, The People's Christian Fellowship (Haringey), explained that the initial priorities had focused on maintaining contact with the congregation, delivering services, and ensuring that it was possible for people to give and support the foodbank. It was noted that a contact list and a dedicated email had been established to ensure that there was a way for the Church to communicate with the congregation and vice versa. It was explained that WhatsApp messaging had been used to share

information and prayers, Kahoot learning games had been used for family games, and a ClassDojo classroom community had been used for youth provision. In terms of challenges, it was noted that there had been some technology failures, some people did not have technology or the required technology for certain platforms, and it had been harder for some older people and people with learning difficulties to access online provision. It was added that the Church considered that digital options were a beneficial supplement but that physical provision would be its focus in the future.

Mike Wilson, Public Voice (Haringey), informed the Committee that there had been a digital support project in Haringey, funded by three hospital trusts and the NCL CCG, with the objective of helping patients access appointments remotely. This had included the provision of devices and digital support which was delivered through 50 volunteers, many of whom worked in IT and spoke community languages. It was noted that some home visits had been undertaken with Personal Protective Equipment (PPE) where required to provide support and that there were be devices in libraries and community hubs. It was added that this was a six month programme but it was hoped that, following the trial, it would be rolled out across NCL.

Anthony Doudle, SACRE officer and Head of School Improvement (Islington), noted that all schools had been surveyed in the first national lockdown in March 2020 and this had provided a picture of the digital landscape. It was established that, particularly for primary aged children, there was limited access to digital devices. It was explained that Islington had provided 3,000 new devices to ensure good access and had prioritised older children, especially those who were looked after or had a social worker. In June 2020, when schools returned, the digital survey for schools was updated and it was established that all secondary students had a device and work was underway to ensure that each family with primary school children had at least one device. It was highlighted that contacting schools, particularly mother tongue supplementary schools, had established strong communications hubs and it was notable that attendance in September 2020 was better than attendance before the pandemic. It was noted that a significant challenge had been to provide effective education in early years as this focused on creativity, language, and physical development which was difficult to deliver virtually.

The Chair thanked all of the speakers for sharing their experiences which had raised a number of aspects on digital inclusion from different communities and age groups. It was noted that these contributions would inform the Committee's consideration of digital inclusion.

RESOLVED

To defer consideration of the report until the next meeting.

10. WORK PROGRAMME

The Chair noted that the work programme was set out in the report but that Digital Inclusion would need to be considered at the next meeting and that this may take the place of HealthIntent.

12 March 2021

- Digital Inclusion
- Missing Cancer Patients
- Health Inequalities
- HealthIntent

19 March 2021

- Special meeting on Integrated Care Systems

RESOLVED

To note the report.

11. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

12. DATES OF FUTURE MEETINGS

It was noted that the future North Central London Joint Health Overview and Scrutiny Committee meetings were scheduled for:

12 March 2021

19 March 2021 (special meeting to consider Integrated Care Systems)

25 June 2021

24 September 2021

26 November 2021

28 January 2022

25 March 2022

13. DEPUTATION ON INTEGRATED CARE SYSTEMS

Brenda Allen, NCL NHS Watch, explained that the deputation had been submitted in relation to the national consultation on Integrated Care Systems (ICS). It was noted that the written deputation, which had been circulated to members and published online, outlined the key issues but that NCL NHS Watch would like the Joint Health Overview and Scrutiny Committee to consider the following issues.

- There were some accountability and representation concerns, including whether there would be representation and voting rights for councillors, clinicians, members of the public, patient representatives, and private sector providers.
- Whether ICS would be responsible for present or future deficits, as some existing Trusts had a deficit, and how this would impact the ICS budget.
- How ICS responsibilities would interact with Council responsibilities for social care and public health, including how the budgets would be pooled and managed and how much input Councils would have on priorities and spending.

- The role of Health and Wellbeing Boards and Partnership Boards, specifically their ability to influence and determine local priorities and resource allocation and how they would be able to influence ICS level decisions.
- Which bodies would have oversight and scrutiny powers over ICS.
- There were concerns about the health data that would be held by ICS and held by any contractors and how data would be safeguarded.
- It was noted that there had been previous issues with health and social care integration, including eligibility, funding, and accountability, and it was not clear in the consultation document how this would be achieved effectively by ICS.
- There were also concerns about the mass transition to virtual access for GPs; this was understandable during the Covid-19 pandemic but it was considered that face-to-face provision was vital for continuity of care, diagnoses, and treatments. It was added that many cross-sections of the community, including GPs, preferred face-to-face interactions and this was not limited to older people or those who spoke English as an Additional Language.

The Committee asked about the desired role for patients and other local representatives in ICS Boards. Brenda Allen, NCL NHS Watch, explained that a number of concerns related to the erosion of local involvement. It was noted that some reduced involvement during the Covid-19 pandemic was understandable but that it would be important to ensure that this was not embedded for the future. It was stated that better health decisions were made when patient and councillor experience was included in the decision making process to design and deliver accessible healthcare. It was added that the inclusion of councillors, in particular, as voting members of the ICS Board would be essential for accountability and democracy.

The Chair thanked NCL NHS Watch for the deputation and noted that the voice of the community would be key to the Committee's discussions on ICS.

CHAIR: Cllr Pippa Connor

Signed by Chair

Date

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	London Boroughs of Barnet, Camden, Enfield, Haringey and Islington
REPORT TITLE Work Programme 2020-2021	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	DATE 12 March 2021
SUMMARY OF REPORT This paper provides an update on the 2020-21 work programme of the North Central London Joint Health Overview & Scrutiny Committee. It also invites proposals for agenda items for the meetings in 2021/22 and especially provisional items for the first meeting, which will be on 25 June 2021. Local Government Act 1972 – Access to Information No documents that require listing have been used in the preparation of this report. Contact Officer: Rob Mack Principal Scrutiny Support Officer, Haringey Council Tel: 020 8489 2921 E-mail: rob.mack@haringey.gov.uk	
RECOMMENDATIONS The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ol style="list-style-type: none"> a) Note the work plan for 2020-21; b) Consider proposals for agenda items for meetings in 2021/22; c) Agree provisional items for the first meeting of the Committee of 2021/22, which will be on 25 June 2021. 	

1. Purpose of Report

- 1.1 This paper outlines the areas that the Committee has chosen to focus on for 2020-21. The Committee is asked to note the list of topics that have been considered during the current year as well as matters that have been identified as potential agenda items but not yet considered. These are listed in **Appendix A**.
- 1.2 The next meeting of the JHOSC is scheduled to take place on 19 March and will be the final meeting of 2020/21. The after this will be the first of the 2021/22 year take place on 25 June. The Committee is asked to consider agenda items for future meetings and, in particular, the meeting on 25 June. These can be topics previously identified or new ones.
- 1.3 Meetings are likely to need to continue to be virtual for the foreseeable future. If and when this changes during the current year, arrangements will have to be made to identify suitable venues for meetings.

2. Terms of Reference

- 2.1 In considering suitable topics for the JHOSC, the Committee should have regard to its Terms of Reference:
 - “To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;
 - To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;
 - To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;
 - The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;
 - The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider

issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

- The joint committee will aim to work together in a spirit of co-operation, striving to work to a consensual view to the benefit of local people .”

3. Appendices

Appendix A – 2020/21 NCL JHOSC Work Programme

Appendix B – NCL JHOSC Action Tracker

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Appendix A – 2020/21 NCL JHOSC work programme

27 November 2020

Item	Purpose	Lead Organisation
Secondary Care – Patient Pathway	Underlying access to secondary care, disparities between groups, rates of access/referral. Deep dive around cancer (multi-faceted).	NCL partners
Primary Care – Patient Pathways;	What is known about access to care, primary care numbers, diabetes case study, dentistry.	NCL partners
Long Covid	What are the arrangements and plans for future.	NCL partners
Outline response to deputation on changes to services during Covid-19 pandemic	To respond to the deputation regarding emergency changes to NHS services in response to the Covid-19 pandemic and set out the potential process and timeline should permanent changes be made.	NCL partners

29 January 2021

Item	Purpose	Lead Organisation
Post-Covid syndrome pathway	To include communications, the financing for the therapies teams and a section about which communities were presenting with post-Covid syndrome given concerns about the disproportionate amount of white British people presenting.	NCL Partners/UCLH
Mental health services during the Covid pandemic	The mental health impact of the Covid-19 pandemic, including carers.	NCL partners/BEH MHT
Digital Inclusion	Digital inclusion, including the NCL Board report and Equality Impact Assessment, specific reference to Black, Asian, and Minority Ethnic communities, faith communities, and specific data.	NCL partners

12 March 2021

Item	Purpose	Lead Organisation
Missing cancer patients	To consider the issue of the drop in the number of patients presenting with cancer since the start of the Covid 19 pandemic and how this might be addressed.	NCL partners
Health inequalities	Health Inequalities, specifically looking at the impact of Covid-19 on Black, Asian, and Minority Ethnic communities in more depth and with more data.	NCL partners
Digital Inclusion	To consider further the issue of digital inclusion in view of the increasing use of digital technology in healthcare, particularly for communication.	NCL partners

19 March 2021

Item	Purpose	Lead Organisation
Integrated Care Systems	To consider the implications of the further development of Integrated Care Systems	NCL partners
AT Medics	To respond to concerns relating to the procurement of GP services from AT Medics	NCL partners

To be arranged

Finance	A report to respond to address funding and finance issues.	NCL partners
Screening and Immunisation	NCL partners to confirm focus and scope.	NCL partners
Children and Young People – integrating care for children and young people	A report on work across NCL through the paediatric integrated network with examples of how this is improving care for children and young people	NCL partners

Temporary changes to Paediatric services	An update to respond to concerns around the closure of Paediatric Services at the Royal Free and UCH.	NCL partners
Continued Emergency and/or Recovery Planning	Updating on plans for emergency planning and recovery planning	NCL partners
Estates Strategy Update	Update on progress with the Estates Strategy for NCL	NCL partners

2021/22 Meeting Dates

- 25 June 2021
- 24 September 2021
- 26 November 2021
- 28 January 2022
- 25 March 2022

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Appendix B – NCL JHOSC Action Tracker

Meeting	Item	Action	Action by	Progress
29-Jan-21	Covid-19 Update	The JHOSC asked a number of questions in relation to Covid-19 testing and vaccination. The Chair also asked a question in relation to vaccination on behalf of a resident. It was agreed that a written update could be provided.	Chloe Morales Oyarce/ Will Huxter	Complete – a written response was circulated to JHOSC members and (where relevant) residents. The public information was also published on the Council’s website alongside the meeting information.
29-Jan-21	Post-Covid Syndrome Pathway	It was agreed that the Chair would write to NHS England to support the request for funding for the Post-Covid Syndrome service.	JHOSC Chair	Complete – the letter was sent to NHS England in February 2021.
29-Jan-21	Mental Health Update	The JHOSC asked to receive an update on mental health services, including: <ul style="list-style-type: none"> • More information on funding for individual boroughs and homelessness. • A response on the question of who was leading on co-ordinating all the different services in relation to mental health care, including other partners such as the Police, housing, and the Council, within individual complex cases. It was acknowledged that this model needed greater development and planning and that it could be useful to have a future session where the Committee and other partners could provide input. • An update on any situations where mental health services were working innovatively and where services were 	Chloe Morales Oyarce/ Will Huxter	Complete – a written response was circulated to JHOSC members. The public information was also published on the Council’s website alongside the meeting information.

		targeting any particular groups to increase uptake		
29-Jan-21	Mental Health Update	To receive an update on mental health services.	Chloe Morales Oyarce/ Will Huxter	Officers advised that it would be useful to provide an update around September 2021.
27-Nov-20	Secondary Care during the Covid-19 Pandemic	To provide a report on Missing Cancer Patients to the Committee in March 2021.	Chloe Morales Oyarce/ Will Huxter	Complete – a report will be provided to the JHOSC on 12 March 2021.
25-Sep-20	Deputation – Temporary Services Changes made in response to the Covid-19 Pandemic	A formal commitment was made to commission an Equality Impact Assessment around digital access to GPs and other health care settings. NHS partners would be looking to learn and reach out how to mitigate the risk.	Rob Hurd	The Equalities Impact Assessment is being commissioned in November and North London Partners will update the Committee on progress.
25-Sep-20	Deputation – Temporary Services Changes made in response to the Covid-19 Pandemic	In terms of the abolition of Public Health England and replaced by the National institute for Health Protection and the lack of consultation, this would be taken away and comments would be provided to members at a later date.	Rob Hurd	
25-Sep-20	All future reports	For future reports, Committee members requested that officers provide at the front of the report a summary, no more than one side of A4 of the main issues and outcomes.	Report authors	Ongoing.
4-Sep-20	Orthopaedic Services Capacity	To receive a report on the issue of capacity in 12-18 months (Sept 2021-March 2022).	Anna Stewart	
4-Sep-20	Orthopaedic Services Review	To receive an update on how the Programme Team had managed to deliver on the performance metrics which tracked achievements and performance. The Committee also requested that when the	Will Huxter and Anna Stewart	

		update report came back that it also included views from Care Co-ordinators as well as the Patient Representatives.		
Jul-20	LUTS Clinic	To receive a written update on what was happening with regard to the LUTS clinic, a matter on which the Committee had received a number of deputations from concerned patients over the past few years.	Frances O'Callaghan, Richard Dale	Frances O'Callaghan said she would liaise with the relevant officer (Richard Dale) about providing a written update on the topic.
Jan-20	Health and Care Integration	Informal private seminar to be set up, hosted by Mike Cooke with invites to HASC members from across NCL. To discuss what outcomes we want to achieve.	Mike Cooke, Henry Langford	Complete – the JHOSC will be having a special meeting on Integrated Care Systems with Mike Cooke on 19 March 2021.
Sep-19	Deputation – Patient Transport	Pan London JHOSC meeting to be arranged with representatives from NHS England, Department for Health and Kings Fund on patient experience of transport.	Policy Officer	Officers continue to work alongside the Chair to arrange a Pan London JHOSC meeting on patient transport. Awaiting confirmation from NHS colleagues. A successful Pan London JHOSC meeting was held on 16 January 2020 discussing the Mayor's '6 Tests' framework for major hospital service reconfigurations.
Sep-19	Deputation – Proposed Merger North Central London CCGs	The Committee requested further information about the amalgamation of the CCGs from the North London Partners in Health and Care. It was suggested that the Committee hold a special meeting to consider the information when it became available	Policy Officer	Where possible, items for consideration by JHOSC are incorporated into the work programme and planned schedule of meetings for 2019/20. Having met with the Chair, it was agreed a specific response to the comments made by JHOSC would be included in the Health and Care Integration item at the January 2020 meeting. The committee can choose to allocate further time to the issue during the work programme item.

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POST-MEETING RESPONSES TO JHOSC QUESTIONS

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Fiona Rae / Robert Mack

Friday 29 January 2021, 10:00 a.m.
MS Teams (watch it [here](#))

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Councillors: Alison Cornelius and Linda Freedman (Barnet Council), Lorraine Revah and Paul Tomlinson (Camden Council), Christine Hamilton and Edward Smith (Enfield Council), Pippa Connor and Lucia das Neves (Haringey Council), Tricia Clarke and Osh Gantly (Islington Council).

Support Officers: Tracy Scollin, Sola Odusina, Andy Ellis, Robert Mack, and Peter Moore.

AGENDA

6. COVID-19 UPDATE (PAGES 1 - 4)

This paper provides an update on the Covid-19 pandemic in North Central London.

8. MENTAL HEALTH UPDATE (PAGES 5 - 6)

This paper provides an update in relation to Mental Health Services.

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COVID-19 UPDATE**Written responses to questions asked at JHOSC on 29 January 2021****Vaccine hesitancy in the care system**

The take up of the vaccine has varied across health and care staff, but we believe we have provided a first dose to more than 65% of care workers. We continue to work closely with local authority colleagues to further drive uptake, including promoting the message that eligible social care workers can now self-refer and book a vaccination through the National Booking Service.

How the NHS was using volunteering networks to support the vaccination programme

We are working closely with both NHS Volunteer responders and [local voluntary organisations](#) to recruit and deploy volunteers to support the NCL Covid-19 vaccination roll out in several ways: volunteer marshals to help manage patient flow, ensuring social distancing and the wearing of masks at vaccination centres, administration and supporting patients who are leaving hospital or vulnerable local residents. This includes providing transport to vaccination centres for elderly residents, helping residents with shopping or collecting medication.

Additional information on the vaccine rollout for the housebound and carers

NCL Primary Care Networks and Community Providers have been working together to deliver vaccines to housebound residents to meet the national ambition of reaching all over 80s residents by mid-February and to complete all housebound residents by the end of February. Where practicable and where vaccine supply has been available, providers would also have vaccinated family members and carers.

The differences between lateral flow and PCR testing

It had been explained at the JHOSC meeting that lateral flow and PCR testing were different but that test results could vary based on when a person was tested after contracting Covid-19. It had been explained that it was sometimes important for particular people to have a particular test and that the Committee could be provided with a written report to explain the different types of testing. PCR tests are used across NCL to test people experiencing COVID-19 symptoms. Lateral flow tests are used to test asymptomatic residents and also staff within Trusts. A positive result on a lateral flow test would be confirmed by a PCR test. More information on the different types of tests can be found here:

<https://www.gov.uk/government/publications/types-and-uses-of-coronavirus-covid-19-tests/types-and-uses-of-coronavirus-covid-19-tests>

Engagement with communities on testing and vaccination

At the JHOSC meeting, it was enquired how communities with higher levels of testing and vaccine hesitancy were being contacted and whether local community volunteers were being used. It had been explained that there was a substantial programme of community engagement on testing and vaccinations which included working with the Voluntary and Community Sector (VCS), faith groups, and other groups. The JHOSC had noted that local councillors could provide a link with local communities. It was agreed that information

would be provided to members about local engagements to the Committee and encouraged councillors to provide any relevant information and feedback.

A summary of the community engagement work being carried out includes:

- A range of online seminars are being produced by local authorities to promote vaccine take up with communities in their boroughs. These include question and answer sessions with panels of experts to address concerns and improve uptake. Many of these are targeted at communities disproportionately affected by Covid and where early data is showing uptake is lower.
- Videos are being produced featuring trusted voices from communities to encourage people to take the vaccine. Some of these are being produced in different languages and feature faith leaders, council leaders, celebrities and sports stars respected by communities
- A lot of work is going on with faith leaders of all religions to encourage their communities to have the vaccine.
- Engagement is being done at grass root level, working with VCS organisations to better understand the barriers to vaccination and to improve access where it is needed. Feedback is informing the operational delivery, for example, providing pop up clinics in faith settings
- Community radio and television is used to reach communities. Somali TV and radio programmes were accessed by over 100,000 people. Feedback has shown this has made previously hesitant people change their minds and have their vaccine.
- Daily online seminars with clinical leaders have been run for staff, including social care staff, to improve take up in settings such as care homes. There has been a daily webinar programme with GPs and opportunities for staff to have 1-2-1s to get their concerns answered. A care home workforce toolkit was also developed
- A series of visits to vaccination centres have been arranged for MPs and councillors and they have been supporting getting messages out to their constituents
- A lot of media and social media coverage has been generated to share key messages again working with leaders from different communities
- We are commissioning work with local representative community organisations to gain insight into barriers and how we can address them to improve uptake
 - We are developing local, culturally and spiritually appropriate materials
 - We are working with operational colleagues on engaging appropriately with other specific vulnerable groups, such as the homeless, migrants and refugees, asylum seekers, carers, and people with learning disabilities and other physical disabilities.

In terms of the support councillors can provide, making sure messages are shared with the communities they serve, promoting vaccination within those communities, working with council colleagues on videos and events and feeding back any intelligence they pick up through their work on issues that need to be resolved, concerns raised or any themes as to why people are not getting their vaccination.

Queuing arrangements for the Covid-19 vaccine, particularly for older people

Each site does everything possible to ensure that residents are vaccinated quickly. We understand that, on occasion, unexpected delivery delays have resulted in longer than planned waiting times. All residents invited to come for a vaccine are asked not to come

more than 5 minutes before their appointment to allow for appropriate social distancing and a safe experience for all.

The online booking system for vaccinations

It had been noted at the JHOSC meeting that some people booking vaccinations online had been offered an appointment in Birmingham. Vaccination sites release new appointments on the National Booking Service at different intervals depending on vaccine supply. If someone is offered an appointment at a centre too far from their home, they are advised to amend their search or try again later to see if there have been any cancellations or new appointments released closer to home.

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MENTAL HEALTH UPDATE

Written responses to questions asked at JHOSC on 29 January 2021

Support for carers

We acknowledge that carers have taken on additional responsibilities during the pandemic where Voluntary and Community Sector (VCS) provision has been closed or suspended. There have been some good examples of support for carers, in particular MIND in Haringey and Age UK in Barnet providing virtual outreach to carers and physical support where needed in aiding delivery of food packages, aid with retrieving prescriptions or providing online social connectivity. The development of Primary Care Networks and multi-disciplinary teams has meant better access to community support networks and social prescribing for carers. Due to the pandemic some services are being delivered online, which will not be suitable for all and we are committed to hearing the views of carers, and have several carer representatives on our mental health Experts by Experience Board.

A new psychological 'wellbeing and resilience hub' support programme has been developed, providing emotional and psychological support across NCL health and care staff with 3 levels of support 1. Together in Mind is a wellbeing and mental health hub providing online resources, 2. training and support for organisations and 3. Psychological 1-2-1 interventions utilising the expertise of Trauma Informed Practice, Bereavement and PTSD support (<https://togetherinmind.nhs.uk/>).

Mental health service innovations and targeting particular groups

We are working in line with London region guidance and NCL innovations to support disproportionately affected groups. Some examples are:

- Increased capacity in crisis resolution and home treatment teams who often support patients disproportionately affected.
- Additional funding for extra child and adolescent mental health (CAMHS) capacity – providing an increase in the number of mental health practitioners in the crisis out of hours service and supporting treatment in the community
- Continuing support for people with dementia and carers during second wave – some staff were reallocated during the first wave, but not during subsequent waves due to learning from wave 1
- Increased the number of physical health checks for people with serious mental illness across NCL during the pandemic and working together to deliver the Covid vaccination at the same time.
- Remote consultations have seen an increase in access to services, although face to face provided where appropriate/necessary.
- Shared risk registers across primary, community, mental health services with local authorities for high risk service users to ensure that phone calls or face to face support is provided
- There has been an increase in End of Life care training and an extension of a Rapid Access Services to support Mental Health services at end of life.
- Developed all age 24/7 Single Point of Access crisis lines across NCL.

Funding information

See Mental Health Spend Benchmarking data attached (attached for JHOSC members only).

Caveat* includes spend on dementia, so due to the increased numbers of older people spend is greater in Barnet. When you take out dementia, Barnet has one of the lowest spend per head of the population on mental health services.

Our longer term ambition is to ensure that we level up services and reduce variation and we are already doing this in mental health. NHSE/I have increased spend in mental health at a faster rate than other programme areas (Cancer and Primary Care are receiving additional 'transformation' monies as well).

In NCL, we plan to use increased investment of ~ £43m over the next 3 years to target services users and service areas of greatest need across NCL's footprint. Some examples of where this additional funding will support residents with serious mental illness: expanding community and specialist Mental Health services wrapped around primary care, improving perinatal and CYP mental health, IAPT (services for stress, anxiety and depression) and crisis services.

We were selected as a NHSE&I pilot project for increasing support for homeless populations in Haringey which is in its second year. Homeless people are being supported in homeless hotels that have a mental health designated team located on site and continued support via outreach teams.

How services work together

The development of integrated care partnerships at borough level will establish in more detail about how we work in partnership with local authorities and the VCS. Discussions will continue at a local level about the best way for services to work together through these partnerships.

NCL respond to individual complex care cases as per NHS England guidance, where there is a lead professional that co-ordinates the case usually a clinical or social care professional and dependent on the case they would attend a complex care multi-agency panel to jointly co-ordinate the range of physical, social and emotional needs such as housing, health and social concerns. We would be happy to provide more detail on individual complex cases at a future JHOSC meeting.

All our mental health programmes also include a multi-organisation, multi-professional working group. For example the adult crisis working group has representation from mental health trusts, hospitals, police, London Ambulance, voluntary and community groups, Experts by Experience, commissioners, Drug and Alcohol Service.

Future presentations to JHOSC

We would be very happy to present a paper to update at a future session. We suggest coming back to JHOSC in around six months time.