MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON FRIDAY 15th JULY 2022, 10:00AM to 1:05PM

PRESENT:

Councillors: Pippa Connor (Chair), Kate Anolue, John Bevan, Philip Cohen, Anne Hutton, Andy Milne and Larraine Revah.

1. FILMING AT MEETINGS

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

2. ELECTION OF CHAIR

Councillor Pippa Connor was nominated as Chair of the Committee. There were no other nominations.

RESOLVED – That Councillor Pippa Connor be elected as Chair of the North Central London Joint Health Overview and Scrutiny Committee for the municipal year 2022-23.

3. ELECTION OF VICE-CHAIR(S)

Councillors Larraine Revah and Tricia Clarke were nominated as Vice-Chairs of the Committee. There were no other nominations.

RESOLVED – That Councillors Larraine Revah and Tricia Clarke be elected as Vice-Chairs of the North Central London Joint Health Overview and Scrutiny Committee for the municipal year 2022-23.

4. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Jilani Chowdhury (Islington), and Cllr Tricia Clarke (Islington).

5. URGENT BUSINESS

None.

6. DECLARATIONS OF INTEREST

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

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

Cllr Kate Anolue declared an interest by virtue of her membership of the Royal College of Midwives.

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

8. MINUTES

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

RESOLVED – That the minutes of the meeting held on Friday 18th March 2022 be approved.

9. START WELL PROGRAMME

Anna Stewart, Programme Director for the Start Well programme, introduced the report for the item on Start Well, which was a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context across North Central London. This covered hospital services at the North Middlesex, UCLH, Royal Free, Barnet, Chase Farm and Whittington Health as well as pathways with specialist providers such as Great Ormond Street. The project had started in November 2021 and the first phase had been looking at how services worked at the moment, how they compared to best practice and international standards, and identifying opportunities for improvement. This phase had now been completed with the Case for Change findings published.

Dr Emma Whicher, Medical Director for North Middlesex University Hospital and SRO (Senior Responsible Owner) for the Start Well programme, provided further detail to the Committee about the themes that had been identified. She said that there were good examples of outstanding care provided to children & young people and pregnant women but opportunities for improvement were found. These included:

- Health inequalities with variations in stillbirth rates between boroughs and the babies of black women twice as likely to be admitted to a neonatal unit after birth compared to those of white women.
- The sustainability of staffing was recognised as a challenge with agency staff being used to fill shifts in many instances. In neonatal services there was a

need to match care capacity with demand and the provision of community support was variable between boroughs.

- With regards to children and young people's services there had been an increase in the number of children presenting to A&E with minor/moderate health issues suggesting that these could be dealt with in alternative settings. Children and young people with long-term health conditions who lived in the most deprived areas were more likely to be admitted to hospital. Pathways for children waiting for treatment was variable between and within hospitals depending on the skills of the surgeons.

Chloe Morales Oyarce, Head of Communications and Engagement for NCL ICB, spoke about the engagement process outlining a 10-week period of consultation running from 4th July to 9th September which would seek views from staff, patients, stakeholders and the public about the Case for Change findings. The patient and public engagement process had been developed with partners including Councils and the voluntary and community sector. This would include online discussion events, interactive workshops, a questionnaire, drop-in events and specialist engagement with children and young people. A report would subsequently be published on the feedback received and this would be used to inform the next stages of the programme.

Angie Belanor, Head of Maternity & Neo-natal Commissioning for NCL ICB, reported that a piece of work was ongoing to improve midwifery workforce issues including by looking at ways of attracting staff and supporting staff health and wellbeing to improve retention and reduce sickness rates.

Anna Stewart and her colleagues then responded to questions from Committee Members:

- Asked by Cllr Connor about the questions that would be asked to residents, Anna Stewart explained that the engagement would be split into two areas. Firstly, there would be an opportunity to reflect on the findings from the Case for Change and then, secondly, asking about what mattered to the people using services. It was important to check and reflect that the work that had been done in the first phase matched with the staff and patient experience. This feedback would all be brought together in September to develop a view on what good models of care looked like. Specific factors may, for example, include individual hospital footprints and recruitment challenges.
- Cllr Cohen commented on the waiting times noting that, according to the report, 4,300 children and young people were currently waiting for treatment at NCL sites and that 330 had been waiting for over a year. Dr Emma Whicher explained that a backlog had built up during the Covid pandemic, particularly in dental and ENT procedures for children due to the strict requirements on infection control. Now that these requirements had been loosened, work was

ongoing to reduce this backlog. There was a well-established process in acute hospitals of reviewing children on waiting lists for any risk of harm. Cllr Connor commented that the waiting list numbers were shocking and suggested that a breakdown of the types of cases should be provided. **(ACTION)**

- Cllr Hutton commented that those presenting at A&E were likely to be those least engaged with health services and that the local voluntary and community sector may have a role to play in improving engagement. Cllr Revah asked about typical waiting times at A&E. Anna Stewart said that this issue had been considered as part of the programme with workshops held over the summer. She added that there was found to be a link between A&E attendance and deprivation but further exploration and engagement on this issue, including understanding on what engages people to attend, was needed in the next stages of the programme.
- Asked by Cllr Revah about the definition of age ranges for children's services and adults services, Anna Stewart said that different hospitals had different age cut-offs for transitions between services, ranging from 17 to 19. The Case for Change report acknowledged this issue and suggested that there was an opportunity for thinking more consistently on this across the NCL area.
- Cllr Revah and Cllr Anolue asked about support for new mothers to prevent isolation such as home visits, particularly in BAME communities. Cllr Milne expressed concerns about the statistic in the report that black women were twice as likely to be admitted to a neonatal unit after birth compared to those of white women. Angie Belanor said that across the country there was an emphasis on continuity of care models which improve outcomes and so it was important to ensure that this was offered in a structured way locally and that it was delivered in communities where outcomes were in particular need of improvement. Enhanced visiting was available for parents of babies that had been admitted to neo-natal units. This was also linked in with a national piece of equalities work which was looking at the experiences of staff and outcomes for patients from BAME backgrounds.
- Asked by Cllr Anolue what measures were in place to encourage recruitment into midwifery, Angie Belanor commented that national funding had recently been made available for improvements to maternity services including to support staff recruitment and retention and improve care. Support was also being provided through maternal medicine networks and a structured development programme for newly recruited staff.
- Cllr Bevan asked about measures to engage young people in the consultation process. Chloe Morales Oyarce explained that they had been using different measures with partners to do this including focus groups with children in care organised through a voluntary organisation, contact with condition-specific groups through NHS Trusts, and consultation with schools, children's centres and voluntary & community groups.

Cllr Connor suggested that details on the number of people from BAME backgrounds who were engaged over the Start Well consultation should be made available along with when their views on these topics were. **(ACTION)**

The Committee proposed recommendations based on the discussion as follows:

- **A breakdown of the types of cases of the 4,300 children & young people on the waiting list for treatment should be provided.**
- **On retention of the workforce, an understanding from staff of the key reasons that would cause them to consider leaving their job should be sought.**
- **An issue was raised about the acknowledgement in the report that the Royal Free did not have a high level of neonatal care provision and so the future of the unit was being considered. The concern expressed was that patients might not feel confident in giving birth at the Royal Free if there was no neonatal unit available should something go wrong so this issue should therefore be considered as part of the Start Well process. A similar concern was raised about the comment in the report that *"the maternity and neonatal estate at the Whittington Hospital does not meet agreed modern standards".* (ACTION)**

It was agreed that a further update on the Start Well process could brought to the JHOSC at a later date and that the timing of this would need to be agreed as part of the Panel's work planning process. **(ACTION)**

10. QUALITY MONITORING IN NCL PRIMARY CARE SERVICES

Vanessa Piper, Assistant Director of Primary Care Contracts and Commissioning for NCL, provided an overview on quality and performance monitoring of GP practices. The NCL Integrated Care Board (ICB) had responsibility for monitoring the contracts of 180 GP practices in the NCL area in line with national primary care regulations and policy guidance produced by NHS England.

Vanessa Piper explained that there were clear processes in place for any quality or performance issues that were identified and the ICB's Primary Care Contracts team and Quality team worked together to respond to any trigger indicating quality concerns or underperformance. This could include from a patient complaint, infection control issue or an adverse rating from the CQC. While CQC reports were carefully scrutinised, any ICB investigation was carried out independently from the CQC and examined a range of quality data over three or four financial years. They would also then speak to the Practice about any specific concerns or challenges that they may be facing. The ICB Primary Care Contracts team meets with the CQC and the NHS England Medical Directorate on a fortnightly basis to discuss cases and share relevant

information. Recommendations are then taken to the Primary Care Contracts Committee which meets on a bi-monthly basis and is attended by HealthWatch, local councillors and community representatives. The recommendations can include improvement action plans for individual practices or more formal contractual action.

Vanessa Piper then addressed concerns that had previously been raised by the Committee relating to reporting by the BBC Panorama programme about physician associates and the GP/patient ratio at a London GP practice. Although this practice was not in the NCL area, the ICB had started to scrutinise GP FTE workforce ratios in NCL. The current figures indicated that the ratio was too low in some practices, but it was also the case that a number of practices had not recently logged onto the National Workforce Reporting System meaning that the data was not accurate in some cases. The primary care team was therefore working with practices to improve reporting. They would also work closely with practices over the supervision and training of physician associates through the core primary care contract. In addition, the CQC looked at employment and training records through its regulatory inspections.

Vanessa Piper then responded to questions from the Committee:

- Cllr Connor referred to the concerns about the GP practice in south London that was covered by the BBC Panorama programme and asked how the monitoring practices in the NCL area would prevent a similar issue from occurring. Vanessa Piper noted that the detail of the GP practice would not be known until the CQC report was published. She added that, while ICBs had monitoring processes in place, some practices could get into a pressured position which could lead to quality and performance concerns. On top of the process described in the report there was also an annual contract review process on all primary care contracts which included questions on clinical governance and issues of protocol that practices should have in place.
- Cllr Bevan asked whether the monitoring process checked whether practices had patient participation groups established and whether these were effective. Vanessa Piper said that the ICB would survey the groups if there were any contractual changes. In addition, if there were any specific concerns triggered with a practice, the ICB would review how effectively the practice was engaging with its patient population.
- Cllr Bevan described a GP practice on Tottenham High Road which was covered in graffiti and asked whether issues such as the condition of the buildings used were included in the monitoring process. Vanessa Piper explained that an Estates Strategy was produced for the NCL area and each borough. The ICB had recently commissioned an audit of primary care estates which would consider the condition of buildings as well as issues such as infection control. There was also an NCL Estates team which looked at the condition of premises and at what additional primary care capacity was required.
- Asked by Cllr Cohen for details on the number of occasions when concerns about practices had been raised and how information about specific concerns was reported to the public, Vanessa Piper said that information was available

through the Primary Care Commissioning Committee's dashboard which included performance data, including CQC ratings, for the 180 GP practices in the NCL area. The Committee had also recently committed to provide a summary including detail of the concerns relating to a specific practice and of what action was being taken as a result. This information would be provided to the public part of the Committee's meeting and would therefore be published on the ICB's website.

- Asked by Cllr Revah how patients know where and how to complain, Vanessa Piper explained that all practices should operate a complaints procedure. Alternatively, patients could go to the NHS England complaints team or the ICB's complaints team who could ask the practice to respond to the complaint.
- Cllr Connor noted the previous comments that a number of practices had not recently logged onto the National Workforce Reporting System meaning that data on the GP FTE workforce ratio was not always accurate. She asked what assurances could be given that this would be enforced in future. Vanessa Piper suggested that further guidance on this could be provided to practices in future including clarity on the roles of the workforce and of supervision and training for staff. There was some existing guidance under the Primary Care Network directives which could be shared with practices.

The Committee then proposed recommendations based on the information that they had heard:

- **The Committee recommended that the reporting from GP practices on the GP FTE workforce ratio onto the National Workforce Reporting System should be a requirement that was enforced.**
- **While Members of the Committee welcomed the publication of concerns relating to a specific practice on the ICB website, they felt that most patients would not necessarily know where to find this information. The Committee recommended that there should be greater clarity on how this information would be communicated to patients and suggested that this could include a link to the relevant information on the website of the GP practice concerned. (ACTION)**

11. ENHANCED ACCESS TO GENERAL PRACTICE

Clare Henderson, Director of Integration in Islington at the NCL ICB, introduced the report for this item by explaining the changes that would result from the proposals on enhanced access to General Practice from October. This related to access to services outside of the core hours which were 8:00am to 6:30pm on Mondays to Fridays. At present, the enhanced access hours were offered at 'hubs' from 6:30pm to 8:00pm on Mondays to Fridays and 8:00am to 8:00pm at weekends or bank holidays. This was part of a national specification and the services were generally provided in the NCL area through GP Federations or other primary care providers. Some GP practices also offered 'extended hours' which involved longer opening hours funded through a contract.

The new proposals involved bringing these two types of services outside of the core hours into one single specification delivered through Primary Care Networks (PCNs). The timescales for implementation had been tight with the national specification released in March 2022, draft plans to be developed by PCNs by the end of July and the delivery of the new service by the beginning of October 2022. The new national specification required the additional opening hours from 6:30pm to 8:00pm on Mondays to Fridays but only from 9:00am to 5:00pm on Saturdays with no requirement for services on Sundays or Bank Holidays. There was also no longer a requirement for ring-fenced slots for NHS 111 to book into.

In the NCL area there had therefore been engagement with PCNs with a view to commissioning services on Sundays and Bank Holidays so as not to lose the 7-day access. Engagement had been based on existing patient feedback and from HealthWatch and partners in the voluntary and community sector. A survey had also been developed to support PCN engagement. However, due to the timescales, it had not been a long engagement process and the scope had been limited. An Equality Impact Assessment had been developed and, while it was expected that there would be additional capacity overall, it was also recognised that there was a high level of demand on services at present.

Clare Henderson then responded to questions from the Committee and was joined by John McGrath, a GP in Islington and interim Clinical Lead on the ICB:

- Referred to the proposals to buy provision of services in the NCL area from outside of the hours required by the national recommendations, Cllr Connor queried whether this would involve new providers and, if so, how the service provision would be monitored. Clare Henderson clarified that the new national specification required broadly the same number of appointments but in a shorter timescale within the week. Therefore, by buying the Sundays and Bank Holidays services within the NCL area, there would be no loss of capacity. The arrangements would be for PCNs to ensure the delivery of services and some would work with the same GP Federations that provided the existing services.
- Cllr Connor expressed concerns that, if new providers for enhanced access could not be found, then there could be a risk of A&E departments becoming overwhelmed as patients sought treatment there when they could not access GPs. Clare Henderson explained that from October to March the existing providers were being asked if they could provide a bridging service during this phase to ensure that urgent same day services remained available.
- Cllr Cohen asked about the approach to making a range of specialist services, such as physiotherapists or pharmacists, more widely available in order to reduce the need for patients to see their GP. Clare Henderson said that practice-based pharmacists had been well established in recent years and, while patients may not necessarily ask to see a pharmacist when ringing the practice, the triage system should direct them towards this where appropriate. There was an intention to expand this approach to other types of services including physiotherapists.

- Cllr Revah queried how patients would know that they could obtain GP appointments via the NHS 111 service. Clare Henderson clarified that patients would not need to know this as they could not simply ring NHS 111 and ask for an appointment, but the triage system would allow for a booking to be made if the described symptoms made this the most appropriate option.
- Asked by Cllr Revah about the shift towards phone or online appointments, Clare Henderson said that while these options were now more widely available, all practices would still offer face-to-face appointments if clinically needed.
- Cllr Bevan expressed doubts about the need to provide services on Sundays and Bank Holidays given the cost implications of doing so and suggested that it would be better to stick to the national specification. Cllr Cohen also asked about the cost implications. John McGrath observed that the frustration about this policy in London was that there were already services available outside of the core hours but that this was an enforced change. He welcomed the comments opposing Sunday and Bank Holiday service hours as it needed to be acknowledged that the service was in real peril due to a workforce crisis and financial difficulties. Overall, the focus of the national specification on service provision on Saturdays from 9:00am to 5:00pm prioritised continuity of care rather than same day access, which he considered to be a good thing while acknowledging the balance that needed to be struck. He also acknowledged that there were cost pressures associated with this change but did not have specific figures available. Cllr Revah requested that further information be provided to the Committee on the financial implications of the changes. **(ACTION)**
- Cllr Hutton emphasised the importance of communicating to the public about the services that were available to them, including Urgent Care Centres. John McGrath acknowledged that there was also a real challenge concerning public knowledge about the variety of services that were available and that this would need to be addressed by social care, Council and voluntary sector colleagues as well as the NHS. He added that the public may not notice the changes to enhanced access to GP practices very much at all as the aim was to ensure that services outside of core hours would continue.
- Cllr Bevan asked whether any national publicity was planned to promote public awareness of these services. John McGrath said that he was not aware of any planned national publicity but that local areas were being provided with resources/capability to do this and that NHS 111 was increasingly being recognised as an entry point to services.

Cllr Connor observed that when patients called GP practices but no appointments were available, they were not then typically signposted to the hub services and this therefore kept the pressure within the practice.

The Committee recommended that the availability of hub services, or any other appropriate services, should be more clearly communicated by GP practices at this stage. This should include wider dissemination of information about

alternative service provision to the GP practice staff that deal with patient appointments.

The Committee also recommended that, with regards to the proposed bridging service running from October to March, the number of patients likely to use this service should be carefully considered. If these figures were low then it would not necessarily represent an efficient use of resources and so patients could otherwise be treated by different services. (ACTION)

12. FERTILITY POLICY REVIEW

John McGrath introduced the report on this item, noting that this provided an update on previous reports that had been brought to the Committee on this policy review. He informed the Committee that the new policy was now expected to go live in the NCL area from 25th July 2022. The aim of the approach was to introduce a single fertility policy across the NCL area, thereby removing the postcode lottery variation that previously existed. This related to eligibility of funding for IUI treatments as well as IVF, including for same sex couples and single women, and also on extended fertility preservation issues. A Readers Panel had been involved with the development of the policy document to improve inclusivity of the language used.

Penny Mitchell, Director for Population Health Commissioning at NCL ICB, highlighted some key points around the implementation of the policy. A principle of no disbenefit was being applied to people who were already part-way through their treatment so that if the previous policy was more favourable to them then this would still be applied. A full communications engagement plan had been developed to support the implementation of the policy including with a range of core materials, easy read documents, translation information, a response feedback document, FAQs on the NCL ICB website and updates to GP practice websites. A surge of inquiries was anticipated by the team and a dedicated email address had been made available for this.

Cllr Connor welcomed the update and commented that she had been impressed by the work that had gone into this policy and how robust the engagement process had been. She noted that the Committee had not seen the leaflets but emphasised the importance of them being clear and accessible and asked for further detail about the availability of translations. Penny Mitchell clarified that text on the back of the leaflets was provided in six or seven languages to explain that full translations could be made available upon request and how to get in contact by email. This was in line with NCL ICB policy. Cllr Hutton suggested that the provision of a telephone number as well as an email address could be helpful.

Cllr Anolue highlighted the translation services provided by LanguageLine. John McGrath agreed that LanguageLine provided valuable tools in this area. He added that the review had highlighted how sensitive this issue was for some communities and that printed material was not the only or necessarily the best way of engaging. Other methods of engagement, such as through community meetings, was included

as part of the communications plan. There also needed to be a nuanced difference with this policy compared to some other areas of health policy due to the specific target demographic.

Cllr Connor suggested that a further update on the implementation of the policy and the demographic data on who had successfully accessed the services could be brought back to the Committee at a later date. Penny Mitchell commented that thought was being given to how to collect the relevant data but made the Committee aware that there were numerous challenges in doing so. Cllr Cohen suggested that it would be useful to be able to see the data broken down by Borough area. John McGrath clarified that the likely timescale to bring an update back to the Committee was approximately 18 months and this was agreed by the Committee. **(ACTION)**

13. WORK PROGRAMME

Cllr Connor summarised the work programme for the Committee noting that the next meeting on 30th September would include a detailed finance update and a workforce update. The meeting on 25th November was due to receive an update on the Estates Strategy and there was currently space for additional agenda items. No agenda items had yet been scheduled for the 3rd February 2023 and 17th March 2023 meetings. Dominic O'Brien, Scrutiny Officer, added that the previous meeting held on 18th March 2022 had included items on the Mental Health Services Review and the Community Health Services Review and that updates on these issues would need to be scheduled in the 2022/23 work programme.

Committee Members then discussed possible issues that could potentially be added to the 2022/23 work programme including:

- Ambulance waiting times and pressures across the system including A&E Departments. (Cllr Revah)
- Pediatric service review. (Cllr Revah)
- Primary care commissioning and the monitoring of private corporations operating in this area. (Cllr Revah)
- The efficacy of online GP consultations, how the disconnect between the public and the medical profession could be addressed, how the public could be reassured that outcomes would be equally as high as face-to-face consultations and how capacity can be improved in this way. (Cllr Milne)
- Health inequalities and the impact of cuts to public health budgets. (Cllr Cohen) Health inequalities could also be scrutinised as part of Mental Health Services Review and the Community Health Services Review. (Cllrs Connor/Hutton/Cohen)
- Increases in number of people being charged for services that they were previously able to access free of charge through the NHS (e.g. dentistry/ear wax syringing) (Cllr Revah)
- Update on funding for NHS dentistry for both adults and children. (Cllr Connor)

14. DATES OF FUTURE MEETINGS

- 25th November 2022 (10am)
- 3rd February 2023 (10am)
- 17th March 2023 (10am)

CHAIR:

Signed by Chair ……..

Date ……