NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Monday 11th September 2023, 10:00 a.m.
Committee Room 1, Islington Town Hall, Upper Street, N1 2UD

Contact: Dominic O'Brien, Principal Scrutiny Officer

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Councillors: Rishikesh Chakraborty and Philip Cohen (Barnet Council), Larraine Revah **(Vice-Chair)** and Kemi Atolagbe (Camden Council), Chris James and Andy Milne (Enfield Council), Pippa Connor **(Chair)** and Matt White (Haringey Council), Tricia Clarke **(Vice-Chair)** and Jilani Chowdhury (Islington Council).

Quorum: 4 (with 1 member from at least 4 of the 5 boroughs)

AGENDA

1. FILMING AT MEETINGS

Please note this meeting may be filmed or recorded by the Council for live or subsequent broadcast via the Council's internet site or by anyone attending the meeting using any communication method. Members of the public participating in the meeting (e.g. making deputations, asking questions, making oral protests) should be aware that they are likely to be filmed, recorded or reported on. By entering the 'meeting room', you are consenting to being filmed and to the possible use of those images and sound recordings.

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. ELECTION OF CHAIR

To elect the Chair of the Committee for the 2023/24 municipal year.

4. ELECTION OF VICE-CHAIRS

To elect the Vice-Chair(s) of the Committee for the 2023/24 municipal year.

5. 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 13 below).

6. 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

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

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

8. MINUTES (PAGES 1 - 44)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meetings on 20th March 2023, 6th June 2023, 7th June 2023 and 26th June 2023 as a correct record.

9. NCL ICS FINANCIAL REVIEW (PAGES 45 - 68)

To provide a finance update for the NCL including the overall strategic direction of travel, 2023/24 figures for the NCL ICB and for NHS Trusts that provide services to NCL patients.

10. CAMDEN ACUTE DAY UNIT UPDATE (PAGES 69 - 90)

To provide an update on coproducing a new mental health day support service based in Camden.

11. WINTER PLANNING & AMBULANCE UPDATE (PAGES 91 - 100)

To provide an overview of the planning for winter resilience in NCL for 2023/24 and on actions to improve ambulance response and handover times.

12. WORK PROGRAMME (PAGES 101 - 108)

This paper provides an outline of the 2023-24 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

13. NEW ITEMS OF URGENT BUSINESS

14. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

- 30th October 2023 (10am) - Camden
- 29th January 2024 (10am)
- 18th March 2024 (10am)

Please note that the meeting originally scheduled for 13th Nov 2023 will now take place instead on 30th Oct 2023.

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Friday, 01 September 2023

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Agenda Item 8

MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 20th March 2023, 10:00am - 1:00pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-chair), Larraine Revah (Vice-chair), Kate Anolue, Jilani Chowdhury, Philip Cohen and Chris Dey.

ALSO ATTENDING:

45. 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'.

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Kemi Atolagbe (Camden), Cllr John Bevan (Haringey), Cllr Anne Hutton (Barnet), Cllr Andy Milne (Enfield). Cllr Chris Dey (Enfield) attended the meeting as a representative in place of Cllr Andy Milne.

47. URGENT BUSINESS

None.

48. 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 Jilani Chowdhury declared an interest by virtue of his son working as a doctor in Margate.

49. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

50. MINUTES

The responses received so far to the actions from the previous meeting were noted and it was reported that further responses would be circulated by email shortly. Cllr Tricia Clarke referred to the information provided about the consultation on the St Ann's primary care contract and expressed concerns about the role of AT Medics and the use of physician associates. Claire Henderson, Director of Integration at the NCL ICB, responded that this issue had previously come up at other AT Medics practices. She explained that, given the current challenges associated with GP recruitment and retention, mixed skills in GP practices were being seen more often when procurement processes were carried out. However, the ratio of GPs on site was an important consideration as part of this process. Asked by Cllr Connor whether members of the public were able to observe discussions on this issue at the Primary Care Commissioning Committee (PCCC), Claire Henderson explained that the meetings included a 'Part 1' section held in public and a 'Part 2' section held in private. Public questions could be submitted to Part 1 of the meeting.

The minutes of the previous meeting were approved.

RESOLVED – That the minutes of the meeting held on 6th February 2023 be approved as an accurate record.

51. HEALTH INEQUALITIES FUND

Ruth Donaldson, Director of Communities at the NCL ICB, introduced this item, noting that further funds had been allocated since the previous overview that had been provided to the Committee 18 months previously. The original purpose of the scheme had been to develop innovative solutions to health inequalities and some details of the schemes had been provided in the pack.

The schemes highlighted included:

- The 'Supporting People with Severe & Multiple Disadvantage' scheme (Haringey) aimed at working with people with compounding inequalities (for example because of their ethnic background or their employment/housing status) and poor health outcomes. The scheme worked across services to offer proactive wraparound care with a small cohort of people which led to a reduction of 800 A&E attendances.
- The 'Peer Support for Cardiovascular Disease Prevention' scheme (Barnet) connected people of South Asian, African and Caribbean heritage and had led to reductions in blood pressure.
- The 'Black Health Improvement Programme' (Enfield) had included cultural competency training for GPs and the feedback had been positive.

Ruth Donaldson commented that the wider lessons learnt from the programme had included that resources were allocated at NCL level but then Borough Partnerships

determined how it was spent based on their local insights and understanding which had led to more collaborative and innovative solutions. In addition, the learning from the co-production and community empowerment work could be applied across the system in future, included by monitoring the level of equity in all standard measures and making the best use of limited resources in decision making.

Ruth Donaldson then responded to question from the Committee:

- Cllr Connor observed that this approach appeared to tie in with the Population Health Strategy for NCL. Ruth Donaldson agreed that there was a definite alignment, noting that the Population Health Strategy had five areas and that they were keen to improve outcomes through the delivery part of the strategy and by spending resource in the areas of highest need.
- Cllr Clarke referred to the smoking cessation programme and asked whether the issue of vaping and young people was being incorporated into the programme. Ruth Donaldson said that this had not yet come forward as a particular need and the evidence in this area appeared to be limited. However, she added that a key part of the scheme was about listening to local populations, including young people, about their priorities and then bringing in national evidence and local public health data to determine the use of resources.
- Cllr Cohen noted that the funding for some of the projects was time limited and asked for clarification on the funding situation at the end of those time periods. Ruth Donaldson explained that there were different reasons why schemes might finish. Some schemes came to end because they could not provide evidence of the intended outcomes. Others were time limited because they had completed certain objectives, such as the project on autism in Camden which aimed to bring lived experience expertise into the development of mental health strategies.
- Cllr Cohen referred to the table in the report which listed Barnet separately as part of NCL rather than receiving allocations as an individual area as was the case with the other Boroughs. He added that there were significant pockets of deprivation in Barnet and suggested that this needed to be addressed through the fund. Ruth Donaldson explained that 70% of the fund was linked to deprivation, based on the 20% most deprived wards, and that this criteria did not apply to wards in Barnet. However, the remaining 30% of the fund applied to NCL-wide schemes which did include Barnet and a focus on pockets of deprivation and other areas of particular need.
- Cllr Revah asked what projects were in place to support the disabled community and requested further details about engagement through the community empowerment and co-design process, including organisations covering issues such as youth justice and food poverty, as set out in the report. Ruth Donaldson said that there was not a specific project aimed at this community directly but that this was dependent on the networks in each Borough and the needs that were identified. There had been involvement with groups such as the Carers Forum on the needs of carers and other organisations were represented in groups such as the Enfield Inequalities

Delivery Group which looked at the interdependencies and outcomes by protected characteristics associated with conditions such as diabetes. There had been a particular emphasis on engaging with the highest risk populations. The Community Powered Edmonton scheme was an example of local voluntary and community organisations working alongside statutory services to understand the needs of under-served communities.

- Asked by Cllr Chowdhury about engagement with a diverse range of community groups, Ruth Donaldson said one of the approaches used was to ensure that funding was guaranteed for at least two years if outcomes were met. There had also been work with the communications team to focus more on producing videos in a range of languages which was more likely to reach people than the translation of leaflets.
- Cllr Connor asked how the commissioning of projects had changed based on the recent learning about what had not worked so well. Ruth Donaldson said that one of the biggest challenges had been on the length of time to recruit staff from under-served communities. This had included difficulties in recruiting from the eastern European and Kurdish communities for the smoking cessation and cancer screening projects. Where recruitment was successful, the benefits in outcomes did come through, but in areas where recruitment had been too difficult it had been necessary to look at alternative uses for the resource. The two-year funding guarantee that was previously mentioned had been introduced as a way of improving the situation for smaller community groups.
- Asked by Cllr Connor for further details about the process of partnership working and the evaluation work in this area being conducted by Middlesex University, Ruth Donaldson said that, in some cases, a large number of bids were received for relatively small pots of money. The local insight and innovation of Borough Partnerships was therefore important in helping to determine the best use of resource. The Middlesex University evaluation was looking at 10 projects selected due to the good levels of co-production. This involved an overarching steering group with various organisations contributing to the debate with discussion over different methods of co-production.
- Cllr Connor noted that the recent NHS Confederation report, ‘Unlocking the NHS’s social and economic potential’ was referenced in the agenda papers and observed that this emphasised stronger partnership work which could impact on areas such as housing and food poverty. She asked if this approach would be embedded in the next set of projects and on what the likely funding situation was likely to be. Ruth Donaldson agreed that a greater understanding of the wider determinants of health and root causes of health inequalities was the right direction of travel in this area. There was also a focus on the best use of limited resources with interventions such as smoking cessation typically providing a greater return on investment than secondary care interventions. This needed to be based on local insight as well as public health data.

Cllr Revah proposed a recommendation that there should be more focus on people with disabilities in the next set of projects as they faced a high level of health

inequalities which had not been addressed in the report. This recommendation was agreed by the Committee. **(ACTION)**

Cllr Connor proposed that a further report be provided to the Committee at a future date including details of the outcomes of the Middlesex University evaluation and a greater understanding of how the health inequalities work was being embedded in local authorities. **(ACTION)**

52. WINTER RESILIENCE UPDATE

Alex Smith, Director of Transformation at the NCL ICB, introduced the winter resilience update noting the following key points:

- The winter had been a particularly challenging period with a high level of flu and respiratory illnesses as well as industrial actions.
- Partners across the health and care system had been working closely together to manage safety and to support each other during a period of increased pressure. This included a focus on hospital handover times and discharge delays as these could sometimes be caused by something elsewhere in the system not working.
- Additional funding had been allocated from NHS England for additional capacity and from the Department for Health & Social Care to support hospital discharge and this had helped to get people home quicker when they were ready to do so.
- There had been collaboration with the London Ambulance Service (LAS) to improve the handover of patients. During the period of industrial action there had been the involvement of GPs and senior clinicians to provide the right advice over the phone which meant that, in some cases, it was not necessary to send an ambulance. There were challenges in doing this in the longer-term due to the demands on the workforce. There had also been collaboration between the LAS and the Urgent Community Response services to reduce the need for hospital admissions.
- There would be an evaluation process over the summer to provide learning over what had worked well and not so well in time for next winter.

Alex Smith then responded to questions from the Committee:

- Cllr Dey raised the difficulty of obtaining GP appointments which increased the demand on A&E departments. Alex Smith said that there were a myriad of reasons for this and, while sometimes this may be due to patients not being able to obtain a primary care appointment, it could also be about what patients knew about primary care and how they preferred to access the system. Extended access GP services was a part of tackling this but, in the longer term, a review of primary care services would be commencing soon to look at workforce challenges, how well the full range of primary care services were

working and the information available to patients about accessing primary care services.

- Cllr Cohen requested further details about the follow-up reablement care that was provided following discharge and the impact of the additional funding. Alex Smith explained that they worked closely with the five NCL local authorities that provided these services and all had felt that they could meet the financial demands over the winter. While the funding and workforce issues in this area were well known, additional capacity was added so far as was possible with the additional funding over the winter period. However, there were some areas that needed improvement and some further guidance on hospital discharge was expected soon.
- Asked by Cllr Anolue about the lack of resources for personal care in the home, Alex Smith said that this question would need to be directed to local authority colleagues but that the NHS worked closely with them on discharge issues including on putting together the right care team to support people in the reablement process.
- Cllr Connor observed that some patients who had just been discharged from hospital would not necessarily know who to raise issues and complaints with and asked what oversight NHS colleagues had over this. Alex Smith said that a written response would be necessary on this. **(ACTION)**
- Cllr Connor asked about the special NHS funding provided for short periods following hospital discharge and the impact on patients after this ended. Alex Smith explained that, until March 2022, there had been national arrangements in place which provided hospital discharge funding for the first 4 weeks of care. That funding had now stopped and so there were discussions with local authority partners about improving the provision of reablement costs at the point of discharge, though current arrangements varied by Borough. Cllr Connor requested further details on the financial circumstances for this, including self-funding arrangements and the circumstances in each Borough. **(ACTION)**
- Asked by Cllr Clarke and Cllr Dey about the impact of the industrial action, Alex Smith said that the main focus had been on safety issues but acknowledged that the action had been costly and had a significant impact on staff.
- Cllr Revah observed that patients were often provided with equipment to support them when discharged from hospital but that these were often not returned which seemed to be a waste of resources. Alex Smith said that around 60% of equipment was collected in some areas but agreed that it was necessary to do better and said that there was work ongoing with Borough Partnerships on how these arrangements could be made more effective.
- Cllr Revah asked how many people were sent to care homes if prolonged care was needed and requested a breakdown to be provided on this by borough. Alex Smith said that there were Better Care Fund (BCF) metrics available on

this in terms of reducing the number of people going into long-term care which could be provided to the Committee. **(ACTION)**

- Cllr Revah raised concerns about palliative care and said that there were no set times about visits for medication, injections and other treatments which was confusing for patients. Alex Smith said that he would take this feedback to the End-of-Life commissioner **(ACTION)** but noted that there was now a single point of access to palliative care with a 24-hour phone line. Cllr Connor added that it could be very difficult for people to access palliative care staff at weekends and that the public often did not realise how much work in this area was done by the charity sector.
- Cllr Revah reported that some elderly people could not get transport until late at night when being discharged from hospital. Alex Smith agreed that this should not be happening and said that there was some work being done on discharge during the day which was also important because it would make more of the capacity in the community. He noted that NCL had some of the better rates on this in London but that there was more that could be done.
- Cllr Revah suggested that 'geriatric wards' was inappropriate wording and that they should be renamed to something friendlier. Alex Smith agreed with this point.
- Cllr Connor raised the missed opportunity clinical audit undertaken at North Middlesex University Hospital with the aim of identifying patients who were not on the correct pathway following their attendance at the Emergency Department, noting that the outcome report was expected to have been completed by Feb 2023. Alex Smith agreed to provide further details to Committee on this report. **(ACTION)**
- Asked by Cllr Connor about the appropriate time the Committee to examine the winter resilience arrangements for next year, Alex Smith suggested November or December 2023 **(ACTION).**
- Cllr Clarke suggested that cutting down on agency staff would help to reduce costs. Alex Smith acknowledged the concern but noted that some colleagues worked on an agency basis to be able to afford to live in certain areas of London. He added that there had been a London-wide cap on agency rates and that recruitment could be improved by planning further ahead in partnership with local authorities.

53. PRIMARY CARE UPDATE

Clare Henderson, Director of Integration (Islington), provided an update on the primary care response to winter 2022/23. She explained that:

- Comprehensive plans had been developed but there had been additional challenges such as Strep A. There was always a lot of focus on primary care access and demand for face-to-face appointments which needed to be balanced against protecting capacity for proactive care and long-term condition management.

- Rates for face-to-face appointments in NCL were slightly lower than the national average but NCL was one of the best performers in terms of same day appointments. In Camden there had been a focus on high intensity users, while in Islington there had been an approach based on speaking to a PCN reception rather than an individual practice for triaging purposes.
- A shift in focus to same day access was anticipated and NHS England were expected to publish a document on this shortly.
- Primary care services still had a range of telephony systems which was a currently a significant topic of conversation.

Cllr Chowdhury raised the difficulties for patients in obtaining GP appointment by calling at 8am. Cllr Connor noted that there was often availability at GP hubs at evenings and weekends but that this was not widely known or communicated by GP practice reception staff. Clare Henderson acknowledged that there was scope for better communications about how people can access GP hubs. She added that the recruitment and retention of reception staff was an area where many practices struggled and this added to the challenges of primary care access.

Kristina Petrou, NCL Community Pharmacy Clinical Lead, provided an overview of community pharmacies, noting that there were just over 300 community pharmacies in the NCL area, 80% of which were independently owned with 20% provided by chains such as Boots or Superdrug. She also explained that:

- The Pharmacy Integration Programme was a drive from NHS England to improve services in community pharmacies. The aim was to increase the presence of pharmacists in primary care and to make pharmacists the first point of call in many situations to help people to self-care and to free up primary care capacity. This would also better utilise the clinical skills in community pharmacies that were currently underused.
- The table on page 56 of the agenda pack provided a list of community pharmacy services. From March/April the Community Pharmacy Consultation Service (CPCS) would be accepting referrals from Urgent or Emergency care settings which meant that a large amount of presentations could be managed through community pharmacies rather than GP practices or A&E.
- A hypertension case-finding service was being expanded to identify risk of strokes, heart attacks and cardiovascular disease. 204 pharmacies in NCL had signed up to this, of which 142 (as of Dec 2022) were actively providing appointments so far. They could also accept referrals from GP practices that did not have the capacity to monitor blood pressure which could help to identify long-term conditions at an earlier stage.
- Another service was the Discharge Medicine Service (DMS) which must be offered by all pharmacies. This was to ensure better communications of changes to a patient’s medication when they leave hospital. It was estimated

that 60% of patients had three or more changes to their medicines during a hospital stay which increased the risk of errors during the discharge process.

- A Smoking Cessation Service (SCS) was provided from Chase Farm hospital in Enfield to patients identified in hospital and then directed to a pharmacy of their choice.

Kristina Petrou then responded to questions from the Committee:

- Cllr Cohen asked whether the pharmacies that had signed up to new services had been supported with additional training and financial resources. Kristina Petrou explained that the central services must be offered by all pharmacies so this was part of their core payment. The advanced services (which included the CPCS, smoking cessation and hypertension services) were designed nationally but pharmacies could choose whether or not to opt into these. Pharmacies that opted in received a set-up payment based on the staff training requirements as well as the fees for services provided. While funding had been cut for dispensing prescriptions, pharmacies were being paid more for consultations and other services 'on the shop floor'.
- Members raised various concerns about communications issues:
    - Cllr Anolue expressed the view that public awareness about the new services needed to be raised and also expressed concern about the availability of pharmacies in some parts of the local community.
    - Cllr Revah said that communications from GP practices about these services may need to be improved.
    - Cllr Connor asked how GPs would know about patient interactions with pharmacists.

  Kristina Petrou agreed that there was untapped potential of the clinical skills of pharmacists but said that the public view of pharmacy services, in terms of awareness of the services that were available, was improving according to surveys that were carried out each year. The provision of services across population areas was typically addressed through the Pharmaceutical Needs Assessment which was published every four years by the Health & Well Board and assessed any gaps in need across the population in the Borough.

  Kristina Petrou added that the communications on the pharmacy services included a national approach as well as communications from individual GP practices through their websites, posters and display boards. GP practices were encouraged to work with pharmacies within individual primary care networks.

  Kristina Petrou agreed that the sharing of data between GP practices and pharmacies was the top stumbling block to rolling out services across pharmacies for IT and GDPR reasons. Pharmacies did not have the ability to

add entries to GP records and so the system relied on them sending messages to GP practices.

Cllr Connor addressed a matter arising from a previous meeting (raised by Cllr Bevan) which related to the improvement of the external condition of the premises of GP practices. A response had been provided to the Committee setting out the expenditure required to make the buildings fully compliant and Cllr Connor requested further details about the expected timescales for the completion of this work. Clare Henderson said that the improvement grants came from NHS England to improve GP practice premises, including disabled access but that she would provide a further update on the expected timeline. **(ACTION)**

Due to time constraints, Cllr Connor suggested that Committee Members submit any additional questions that they may have by email.

54. WORK PROGRAMME

The Committee then discussed possible items for inclusion in their work programme for 2023/24, with the following suggestions made:

- Cllr Revah proposed that an item could be included on loneliness and isolation, not just with regard to older people but also other demographic groups. This could include looking at the support available (including in relation to mental health and wellbeing), community activities and signposting to appropriate services and support organisations.
- Cllr Connor noted that further updates on population health and on health inequalities could be scheduled and it was agreed that it would be necessary to liaise with officers on the appropriate timescales for this. These issues could also be relevant to the item on social isolation.
- Cllr Connor noted that update reports on finance, workforce and estates would also be included in the 2023/24 work programme, with the estates item usually scheduled for November. Cllr Clarke suggested that the finance paper could include details of the financial impact of recent industrial action.
- Cllr Revah commented that the meeting on mental health in February 2023 had been positive and suggested that the issue could be revisited in the following year. Cllr Connor added that the involvement of local community groups had provided some strong evidence.
- Cllr Anolue suggested that concerns about paediatric services could be included in the work programme.
- Other topics raised included smoking cessation (including vaping and young people, potentially involving speaking to schools), diabetes and cancer.

55. DATES OF FUTURE MEETINGS

At the time of the meeting, the dates for 2023/24 were still to be confirmed. The meeting dates were subsequently confirmed as:

- 26th Jun 2023 (10am)
- 11th Sep 2023 (10am)
- 13th Nov 2023 (10am)
- 29th Jan 2024 (10am)
- 18th Mar 2024 (10am)

CHAIR:

Signed by Chair ……..

Date ……

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MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Tuesday 6th June 2023, 9:00am – 10:30am

PRESENT:

Councillors: Pippa Connor (Chair), Cllr Revah (Vice-Chair), Cllr Atolagbe, Cllr Milne and Matt White

ALSO ATTENDING:

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. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Tricia Clarke and Cllr Philip Cohen.

As the meeting was not quorate, it was noted that it could only continue as an informal briefing and that any formal decisions would need to be deferred to a future quorate meeting.

3. URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

6. SCRUTINY OF NHS QUALITY ACCOUNTS

Cllr Pippa Connor introduced the meeting, highlighting a useful definition of Quality Accounts set out on page 57 of the supplementary agenda pack as "an annual report including information about the quality of the services provided to service users and other stakeholders by the Trust."

Amanda Pithouse, Chief Nurse for Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT) and Camden & Islington NHS Trust (C&I), presented slides on the Quality Accounts for the two Trusts, highlighting key points which included:

- The partnership between the two Trusts had been further developed with a single Chair, Chief Executive and Executive Team. A five-year joint strategy with four key strategic aims had been developed in consultation with staff, service users and others.
- The redevelopment of St Ann's Hospital in Haringey had been completed.
- A new inpatient building at Highgate East and a new community building at Lowther Road were due to open in late 2023.
- Progress was continuing in transforming community mental health services across all five boroughs.
- Enfield Community Services were transferred to North Middlesex University Hospital (NMUH) in April 2023.
- Specific actions taken on Quality Priorities at BEH-MHT and C&I including reductions in restrictive practices, suicide prevention, building the workforce around people with lived experience, launching a Recovery Strategy, supporting staff well-being and improving service experience and involvement.
- The 'Brilliant Basics' initiative was aimed at getting the fundamentals of care right for every person every time.
- The Partnership Quality Priorities identified for 2023/24 were patient safety, patient experience and clinical effectiveness.

Amanda Pithouse, Vincent Kirchner (Chief Medical Officer), Andrew Wright (Chief of Staff), Caroline Sweeney (Director of Nursing) and David Curren (Deputy Director of Nursing) then responded to issues raised by the Committee:

- Cllr Connor referred to the £25m three-year project to develop a new model of community services and wraparound care which every resident was expected to have access to by summer 2024 (page 55 of supplementary agenda pack) and asked what residents could expect to experience. Vincent Kirchner explained that this was a population health model with place-based community mental health teams that get to know their local populations and statutory/voluntary partners in that area. This involved working with people with complex needs but also had a social health aspect, helping to link people to appropriate services and networks as well as early intervention/prevention while considering the social determinants of mental ill-health. These multi-disciplinary teams include psychiatrists, psychologists and social workers but would also refer to housing, benefits or other staff where appropriate.
- Cllr Revah expressed concern about support for people with disabilities and mental health problems. She noted that some centres that provided acute services and drop-in centres in North Central London had been closed in recent years and queried how people dependent on such services would be supported. Vincent Kirchner explained that the model had been shifting towards providing services in the community rather than requiring people to come to far away clinics and this involved choices about where to spend limited resources.

The new model included seeing people at home where appropriate and also linking in via the voluntary sector to communities that had not always been reached very well in the past. He also noted that some of the centres that had closed had been local authority run.

- Asked by Cllr Revah about services for people from the deaf community, Vincent Kirchner agreed that this was a community that was under served at times and that St Georges was typically the only point of access for deaf people. He confirmed that access to sign language services could be provided when required.
- Cllr White queried whether all residents felt that they had sufficient access to mental health services when they needed it, including mild to moderate anxiety and depression issues, and whether this was linked to insufficient funding. Vincent Kirchner acknowledged that funding was always an issue as the demand for mental health services was so high, but said that, since the Covid-19 pandemic, an increase in the severity of mental health had been seen. He added that sometimes people escalated to a point of crisis before they reached the threshold to get access to mental health services. However, the NHS talking therapies service (previously known as IAPT) was aimed at those with mild to moderate mental health problems and people could self-refer to this service (unlike other types of mental health services). He agreed that people experiencing mental health problems for the first time would not necessarily know about the range of services, but they would typically go to their GP in the first instance for advice on this.
- Cllr Atolagbe observed that not all residents would necessarily visit their GP to speak about mental health and suggested that there should be greater visibility about services in community settings, such as schools/play centres to reach parents for example. Vincent Kirchner said that tackling health inequalities was an important priority in NCL and the aim was to think more creatively, including to reach communities in different ways. There were workers in schools as part of the children and young people's mental health approach and this was also part of the community 'place-based' approach that was previously mentioned. This also involved stronger collaboration with the voluntary sector and being spread out further across the local community. Cllr Revah suggested that other settings including community centres and food banks could also be considered. **(ACTION)**
- Cllr Milne added that, with GP appointments being difficult to obtain at present, some people suffering from mental ill-health might not persevere in getting the necessary appointment. Vincent Kirchner acknowledged that this was an issue but noted that there was also a crisis line that people could access as an alternative point of access to services.
- Cllr Atolagbe asked about the monitoring of in-patients and the serious incidents referred to in the report. Caroline Sweeney explained that, when admitted to services due to a mental health crisis, there were a team of nurses that were present 24/7 as well as a range of specialist staff available during the week. Overall, the teams would have treatment and care plans for individuals and the monitoring would depend on specific needs. Serious incidents could

include a deterioration of someone's condition in inpatient care resulting in harm or a completed suicide in the community for example. There was NHS England guidance on how to manage and report on such incidents and a focus on learning from them, including the involvement of service users and carers in incident reviews.

- Asked by Cllr Milne about recruitment and retention challenges, Vincent Kirchner said that there was a real shortage of mental health medical workers at present, not least because of the expense of living in the North Central London area. Efforts were therefore being made with staff wellbeing initiatives, recruiting further afield, bringing in international medical graduates and building the physician associate workforce as they could perform tasks that reduce the workload of doctors. In relation to nursing, Amanda Pithouse said that there had been a number of initiatives, including peer support workers and nursing associate roles with pathways for development into nursing. She added that some newly qualified nurses were sometimes lost at the end of the first year so there was more work to be done to support people during that period of time. The wellbeing strategy would help to support this.
- Cllr Connor said that the feedback she had received on the NHS talking therapies service was that, if the person was deemed to have risk factors relating to suicide/self-harm, then they were told that the service was not appropriate for them. In contrast, people contacting the crisis line were often not admitted to services unless their mental health crisis was deemed to be sufficiently serious. This led to some groups of patients being turned away from services and potentially having to go back to their GPs before any support would be provided. Vincent Kirchner acknowledged the risk of some patients falling between the middle of these types of service but said that this was an issue that the community mental health teams were designed to be able to address and to direct people to the right services (e.g. referral to a psychologist or other types of support).
- Cllr Connor requested further details on how the performance of services was monitored. Vincent Kirchner said that there were clinical strategies setting out how services should work along with a governance structure, performance indicators and deep dives into service delivery. Amanda Pithouse added that a recent CQC inspection had been carried out on BEH-MHT crisis services which had recognised recent improvements in staffing with more manageable caseloads. Cllr Connor said that, in future reports, it would be useful for details to be included about how these deep dives worked, how evidence was captured about how people were using services and how issues were identified when things were going wrong. **(ACTION)**
- Cllr Connor said that she was aware of concerns about access to mental health support for asylum seekers, including for PTSD, and their lack of access to translators when trying to access services. Vincent Kirchner said that interpretation services were made available to asylum seekers but that this was an issue that could be taken away for further consideration if there were concerns that the services provided were not sufficient. He also acknowledged

that it could be difficult to meet the demand for services from people who had experienced trauma in conflict zones. **(ACTION)**

- Cllr Connor referred to the new 78-bed Highgate East facility which would replace the wards at St Pancras Hospital and asked whether this represented an increase in the number of beds available. Vincent Kirchner explained that, though there were fewer beds at Highgate East compared to St Pancras, the refurbishment work at Highgate West meant that the overall number of beds was not being reduced.
- Asked by Cllr Milne for further details about the reduction in restrictive practices and the definition of this, Amanda Pithouse explained that, in some circumstances, restrictive practices were unavoidable included restraint and tranquillisation. A regional conference had recently been held which involved looking at new ideas to reduce the use of restrictive practices.
- Asked by Cllr Milne about longer term funding streams for voluntary sector organisations, Vincent Kirchner said that three-year contracts were now being provided.
- Referring to the ambition to reduce the average length of stay at acute wards (page 82 of supplementary agenda pack) and, given that this was usually for people with severe mental health issues, Cllr Connor asked how they would be supported following discharge. Vincent Kirchner noted that this was a national ambition set by the NHS Long Term Plan that the Trusts were aiming to meet. He explained that one of the concerns relating to discharge was the lack of supported housing available for people and that, if they were placed in a hostel instead, then this could be a difficult place from which to recover from a serious illness such as psychosis. Asked by Cllr White about the reasons for this, Vincent Kirchner explained that the provision of supported housing was a responsibility of local authorities but that the provision was quite limited, particularly for younger people. While local authorities were usually sympathetic to these concerns, the availability of resources to invest in this area was not typically available. Cllr White observed that investment in this area would arguably save both the local authority and the NHS Trusts money in the long-term, as well as improving quality of life. **(ACTION)**
- Cllr Connor noted that the Metropolitan Police had recently indicated that they were aiming to reduce their responses to mental health cases and asked what alternative arrangements were being put in place. Vincent Kirchner said that various places of safety were provided, including at Highgate East, and added that there was also a mental health crisis assessment service. Amanda Pithouse added that Police officers no longer take S136 cases to police cells. Cllr Connor said that a clearer understanding of how this was all joined up would be useful to see in future Quality Account reports. **(ACTION)**
- Referring to the section on suicide prevention and the involvement of carers in risk assessment and care planning (page 96 of supplementary agenda pack), Cllr Connor noted that some carers felt that they were kept out of the loop and were the last to know about ongoing concerns. Amanda Pithouse explained that the main challenge here was on consent and confidentiality because patients sometimes did not want certain information to be shared with their

carers. However, improved practices on engagement and involvement where possible was the objective.

- Cllr Revah highlighted the long waiting lists for mental health services, both for adults and for children & young people and requested that details of waiting times, and the progress against previous years, be provided in future Quality Accounts reports. **(ACTION)** Amanda Pithouse said that this information could be shared with the Committee and added that an integrated performance report, which included information on waiting times, could be found the Trust's public board papers. Cllr Revah said that it would be helpful for Members if it was clearer about where information such as this could be found.
- Referring to the section on the Local Clinical Audit Programme (page 75 of supplementary agenda pack, Cllr Atolagbe requested clarification on the point that "the carenotes outage affected the completion of several audits". Vincent Kirchner explained that a cyberattack on a provider of electronic patient records had meant that performance reporting could not be completed in that period.

On behalf of the Committee, Cllr Connor thanked the NHS Trust's officers for their attendance. She commented that a longer meeting would be required in future years as the time allotted had not been sufficient to scrutinise the Quality Accounts in full. With regards to this year's reports, she added that further questions from the Committee would be submitted to officers in due course. **(ACTION)**

<u>Statement provided from JHOSC to Barnet, Enfield & Haringey Mental Health Trust and Camden & Islington NHS Trust</u>

The Joint Health Overview and Scrutiny Committee for North Central London (NCL) would like to thank Barnet, Enfield & Haringey Mental Health Trust and Camden & Islington NHS Trust for their engagement and assistance regarding the Quality Accounts including the sharing of draft versions of the reports and attendance at a scrutiny meeting of the Committee. In recognition of the further development of the partnership between the two Trusts, which now has a single Chair, Chief Executive and Executive Team, the Committee considered the two Quality Accounts reports together and this statement addresses issues relevant to both documents.

The Committee also wishes to place on record its thanks for the hard work of staff throughout both Trusts in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee emphasised the need to continue to improve access to services for people with disabilities and mental ill-health, for people from the deaf community and for asylum seekers (including the availability of interpreters and difficulties in communicating via the helplines because of language barriers).

With regards to the monitoring of the performance of services, it was explained that there were clinical strategies setting out how services should work along with a governance structure, performance indicators and deep dives into service delivery. The Committee recommended that, in future Quality Accounts reports, it would be useful for details to be included about how these deep dives worked, how evidence was captured about how people were using services and how issues were identified.

While acknowledging that supported housing was an area of responsibility for local authorities rather than NHS Trusts, the Committee advocated increased provision of supported housing for people with serious mental health difficulties following discharge from hospital as provision was currently too limited, particularly for younger people. The Committee recommended that there should be further discussions between the Trusts and the NCL local authorities on how greater supported housing provision could be achieved, with details of these discussions and any progress made provided to the Committee and other scrutiny committees in NCL.

The Committee welcomed the shift towards a community 'place-based' approach to mental health services and would support additional visibility and presence throughout the community, including settings such as community centres and food banks. Additional points of access to services would also be welcome as, while people can self-refer to talking therapies or through the crisis line, not everyone with mental health issues necessarily meet the criteria for admission to these services (for example someone who was not deemed to be an immediate suicide risk but was nonetheless suffering from serious mental health issues). In addition, the current difficulties with obtaining GP appointments means that some people suffering from mental ill-health may be less likely to seek help via their GP.

The Committee highlighted certain areas where additional information could be included in future Quality Account reports. In particular, the Committee suggested that details of waiting times for mental health services both for adults and for children & young people, be provided along with the progress against previous years. In addition, the Committee recommended that details of the arrangements to support people detained under the Mental Health Act be provided including liaison with Police, places of safety and the mental health crisis assessment service. This was felt to be particularly relevant due to recent changes in the Metropolitan Police's approach in this area. Finally, the Committee felt that data should be provided on the monitoring of people being provided with support or signposted to other services following calls to the Crisis Helpline.

Other issues and areas of concern raised by the Committee included the monitoring of mental health inpatients and serious incidents, recruitment and retention challenges, the number of beds at the new Highgate East facility, efforts to reduce restrictive practices, longer-term funding streams for voluntary sector organisations and the involvement of carers in risk assessment and care planning.

The Committee looks forward to further engagement with the Trusts on these issues in 2023/24 and through the scrutiny of next year's Quality Accounts report.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON WEDNESDAY 7th JUNE 2023, 2:00pm-4:30pm

PRESENT:

Councillors: Pippa Connor (Chair), Andy Milne and Matt White

ALSO ATTENDING:

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. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Clarke, Cllr Chakraborty, Cllr Chowdhury, Cllr Cohen and Cllr Revah.

As the meeting was not quorate, it was noted that it could only continue as an informal briefing and that any formal decisions would need to be deferred to a future quorate meeting.

3. URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

6. SCRUTINY OF NHS QUALITY ACCOUNTS

Whittington Health NHS Trust

Sarah Wilding, Chief Nurse & Director of Allied Health Professionals at Whittington Health NHS Trust, provided a short summary of draft Quality Accounts for the Trust. She explained that the Quality Priorities established in 2020 had been extended from

three years to four years as it was recognised that, due to the Covid-19 pandemic, it would take longer to embed change. However, there had also been a stakeholder consultation process to ensure that the current priorities were reflective of the current need. Previous progress against the Quality Priorities was set out in section 3 of the report.

Sarah Wilding then responded to issues raised by the Committee:

- Asked by Cllr Connor about the reasons for changes to priorities and targets, Sarah Wilding explained that there had already been progress in some areas but also because of developing an understanding of where the organisation currently was, including through feedback from the consultation and other data.
- Cllr White highlighted services to help people manage long-term conditions such as type 1 diabetes which included contact with doctors, dieticians and other people with the same condition. He considered that investment in this kind of support network for people with long-term conditions could help to improve health outcomes and reduce future costs to the NHS and asked how this was addressed through the Quality Accounts. Sarah Wilding agreed that there were multiple examples of investing up front in health promotion and long-term support leading to people living longer and healthier lives. She said that this was only 'nodded to' in the Quality Accounts but that there was a lot of ongoing work with patient engagement and experience which was developing these kind of opportunities. A new Head of Patient Experience had recently been appointed to progress this work. Investment needed to be targeted and there were examples set out in the Quality Accounts such as improving quality of care for patients with sickle cell disease.
- Cllr Connor asked whether there was collaboration between hospitals on specific areas of work, such as those described in the previous answer on health improvement. Sarah Wilding responded that there were more opportunities to work at a system level across different organisations and that this was part of their ongoing work. She said that that there were strong links with UCLH on patient pathways, including the realignment of cancer pathways and having the right staff in the right place. Another example was partnership working with UCLH on patients having elective Caesarean sections where there was more capacity at the Whittington, so UCLH (University College Hospitals London) patients could choose to use the facilities at the Whittington and there were collaborative conversations between the two Trusts on improving these services. In addition, the Chief Nurses from different Trusts met on a regular basis with projects across the system (e.g. enhanced care for patients with mental health needs) looking at how best to standardise and learn from one another.
- Cllr Milne commented that engaging with 'hard to reach groups' had been a problem referred to in health interventions for decades. Sarah Wilding acknowledged that it could be exceptionally difficult, but that targeted work tended to make a difference. The CQC had recently delivered an inspection report on maternity services at the Whittington and they had since worked with the Maternity Voices Partnership to help understand all women that were giving

birth at the Whittington need so that they had the best experience possible. Another example was patients with mental health that were also linked to chronic disease as they were being seen in pathways, so it was necessary to ensure that staff are skilled in supporting these type of vulnerable patients. Cllr Milne added that not accessing services seemed to be crucial, perhaps due to transport issues or a poor understanding of the health system. Sarah Wilding responded that transport services were outsourced and this had not been without problems which is why it was important to ensure that vulnerable patients had the right support. The organisation had also lost many volunteers since the Covid-19 pandemic and so there was a need to replace these to improve support and wayfinding for patients.

- Referring to the summary of CQC report (page 19 of the supplementary agenda pack) Cllr Connor requested further details on the Trust's response and actions to improve services. In relation to the CQC report on maternity services, Sarah Wilding said that they had been disappointed with the overall rating but that there was some outstanding practice within the report. She added that only the safety and leadership elements had been rated and not the other three domains which would have resulted in an overall rating of 'good' rather than 'requires improvement'. However, there were areas to improve upon such as training so there had been catch up sessions and work to make training as easy as possible to access. Some policies and procedures were not as up to date as they should have been and so these were being modified as quickly as possible. Another issue was insufficient differentiation in triaging and so the team had worked to improve the system with a red/amber/green priority system. There were also issues around the condition of the estate, including the bereavement suite, and this was part of the ongoing refurbishment drive with maternity services. Finally, there had been a problem with hot water in Simmons House that had now been resolved. All of these issues were monitored through governance structures.
- Asked by Cllr Connor about the other CQC inspections referred to in the table on page 19, Sarah Wilding explained that the only recent inspection had been on maternity services, whereas the others referred to the existing rating status based on inspections from previous years. Cllr Connor commented that it would be useful to include a brief explanation of this in the report, including links to reports and details of actions being taken in response. Sarah Wilding explained that there was a regular governance meeting that oversaw all of the actions needed in response to the findings of the 2020 report, most of which had been completed. However, she accepted that more information about this would be useful.
- Referring to the section about clinical audits in 2022/23 (page 12 of the supplementary agenda pack) Cllr Connor requested further clarification on the End of Life Care Audit which was the only national audit that the Trust did not participate in. Sarah Wilding explained that this was because there was such a short timeframe between getting the results and making the improvements so it had been considered better to focus on the areas that were known about rather than to restart many other things. There were also staffing challenges at that time, though this had now improved. The expectation going forward was that

the Trust would comply with all the standards on all of the national audits, including end of life care.

- Referring to the CQUIN goals (page 18 of the supplementary agenda pack), Cllr Connor noted that the issues relating to CQUIN04 (Compliance with Timed Diagnostic Pathways for Cancer Services) were contained in a separate document linked to on that page. This stated that *"There is currently a lack of focus on the pathways. In many cases the required diagnostic tests and actions are currently happening, but not within the required timeframes and in some cases possibly not in the right order, making achievement of faster diagnosis standards less likely."* Cllr Connor suggested that issues such as this should be highlighted in the report itself as this was otherwise difficult to find. Sarah Wilding agreed to take this issue back to the Medical Director. **(ACTION)**
- Referring to the electronic booking system for the Wood Green CDC (Clinical Diagnostic Centre) (page 18 of the supplementary agenda pack), Cllr Connor said that some residents did not have access to electronic booking and asked if walk-in options could be made available. Sarah Wilding said that she would need to look into this and come back to the Committee. **(ACTION)**
- Referring to the aim of reducing unnecessary hospital admissions through supporting patients in their home environments (page 7 of the supplementary agenda pack), Cllr Connor noted that "up to 28 Virtual Wards would be utilised including 8 technology enabled virtual ward patients" and asked for further details, including whether this was a shared resource. Sarah Wilding confirmed that the Trust did provide services for NMUH and UCLH and the aim was to get patients out to their own homes where they clearly did much better and there had been some specific work on the delirium pathway which had good success rates in patients not having to be readmitted.
- Cllr Connor queried the low scores in many areas of the National Cancer Patient Experience Survey (page 37 of the supplementary agenda pack). Sarah Wilding acknowledged that the cancer patient experience was not where it needed to be and it was recognised that the timing of this was during the Covid-19 pandemic where there had been more fragmentation of services. The Trust was working with UCLH to strengthen the pathways. There had also been significant gaps in some of the senior nursing leadership posts but a new lead cancer nurse had been appointed which would help to drive improvements. There would also be a focus on hearing the lived experience of patients.
- Cllr Milne referred to a graph of referrals to the Trust's palliative care team (page 22 of the supplementary agenda pack) and asked why there had been a significant rise in 2022/23 both in terms of numbers of cases and complexity of cases. Sarah Wilding said that this was partly because of the decline of mental and physical health resulting from the Covid-19 pandemic and from people not accessing treatment and health networks, particularly people with long-term health conditions. The increase in referrals was positive in a way because it meant that symptoms were being controlled in patients with complex needs, including pain relief and psychological support.

Cllr Connor thanked Sarah Wilding for attending, acknowledging that there were many positive aspects to the report which there had not been time to cover, and said that some further questions would follow by email.

Statement provided from JHOSC to Whittington Health NHS Trust

The Joint Health Overview and Scrutiny Committee for North Central London would like to thank Whittington Health NHS Trust for their engagement and assistance regarding the Quality Accounts, including the sharing of a draft version of the report and attendance at a scrutiny meeting of the Committee. The Committee also wishes to place on record its thanks for the hard work of staff throughout the Trust in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee welcomed the focus on tackling health inequalities and further efforts in supporting 'hard to reach groups' to engage with services. The Committee commented that the quality of transport services available to vulnerable residents could be a key factor in this area along with their understanding of points of access to services.

The Committee also welcomed measures taken on health promotion and expressed support for the further development of support networks for people with long-term conditions which could help to improve health outcomes and reduce future costs to the NHS.

The recent opening of Community Diagnostic Centres in Finchley and Wood Green has helped to improve access to blood tests, x-ray, ultrasound and ophthalmology services. The Committee recommended that consideration be given as to whether accessibility could be further improved by providing additional options for patients who cannot access electronic booking systems.

The Committee highlighted certain areas where additional information could be included in future Quality Account reports. In particular, the Committee suggested that the Trust's responses to the findings of CQC reports and issues relating to CQUIN goals could be more clearly explained.

The Committee discussed the response to the CQC report on maternity services and noted that maternity services across NCL were due to be scrutinised by the Committee in more detail as part of its work programme for 2023/24. Other issues and areas of concern raised by the Committee included collaboration between hospitals, the End of Life Care audit, virtual wards, the National Cancer Patient Experience Survey and the increase in referrals to palliative care.

The Committee looks forward to further engagement with the Trust on these issues in 2023/24 and through the scrutiny of next year's Quality Accounts report.

North Middlesex University Hospital NHS Trust

Sarah Hayes, Chief Nurse and Vicky Jones, Medical Director for the North Middlesex University Hospital NHS Trust (NMUH) provided a short summary of draft Quality Accounts for the Trust. They highlighted Section 1 of the report which included the Patient First Strategy and Section 4 of the report which looked at progress made against the previous year's Quality Priorities, details of the Patient Experience Strategy and results from CQC inspection reports. It was noted that the draft Quality Accounts report and the draft annual report were merged as one document and some of the draft annual report had been redacted as it was not ready for publication.

Sarah Hayes and Vicky Jones then responded to issues raised by the Committee:

- Asked by Cllr Connor whether the Disability Ambassador roles (referred to on page 95 of the supplementary agenda pack) it was explained that this was a staff role resulting from the strengthening of staff networks. Sarah Hayes and Vicky Jones confirmed that this was linked to the work being done to promote better accessibility for people with disabilities.
- Cllr Milne asked for further clarification about the use of the A&E department at NMUH and observed that a culture of needing instant solutions was contributing to the increase in the number of Emergency Department visits. It was agreed that this could be a factor and that, in addition, the Emergency Department was sometimes used by people instead of accessing primary care, for example because of the difficulty in accessing or taking time off for a GP appointment or having come from a country where the structure and expectations of health services were different. Providing practical advice to promote self-management was an area of work aimed at improving this, including helping parents to self-manage but also to spot the signs where medical help was necessary.
- Cllr White referred to the aim of reducing the prevalence of smoking in Enfield and Haringey by 25% by 2025/26 page 95 of the supplementary agenda pack) including by providing evidence-based advice on stopping smoking. Cllr White suggested that people who smoke are typically aware of the health risks and that other interventions such as peer-based support would be more effective. Sarah Hayes and Vicky Jones explained that the focus in the previous year had been to train staff to have that conversation and to signpost people to support. While it wasn't possible to provide direct support within the hospital, it was possible to take the opportunity to have the conversation and direct people to support elsewhere in the community.
- Cllr Connor asked about data/performance measures, referring to the 25% smoking cessation target and the Key Performance Measures set out in the report (page 112 of the supplementary agenda pack), the majority of which

were red. Cllr Connor said that it was not clear how these measures would be addressed and suggested that this information should be included in the quality account reports. This also applied to the CQC ratings (page 122 of the supplementary agenda pack). **(ACTION)**

- Cllr Milne observed that the Trust had participated in a total of 57 national clinical audits and national confidential enquiries during 2022/23 (page 135 of the supplementary agenda pack) and noted that this must require significant staff resources to complete.
- With regard to “Never Events”, of which there were four incidents in 2022/23, (page 128 of the supplementary agenda pack), Cllr Connor asked for further details on the information that was collected to ensure that learning was embedded. It was noted that there had been a recent learning event on this topic and that there were also safety actions, observational audits and governance processes to drive improvement.
- Cllr Connor referred to the patient experience section of the report noting that, while the number of complaints seemed to be high, it would be useful to be able to compare this to pre-pandemic figures and requested that further data be provided in the following year’s Quality Accounts report. **(ACTION)**

Cllr Connor thanked Sarah Hayes, Chief Nurse and Vicky Jones for attending and said that there was a lot of positive information in the report. She added that any additional questions would follow by email.

<u>Statement provided from JHOSC to North Middlesex University Hospital NHS Trust</u>

The Joint Health Overview and Scrutiny Committee for North Central London would like to thank North Middlesex University Hospital NHS Trust for their engagement and assistance regarding the Quality Accounts including the sharing of a draft version of the report and attendance at a scrutiny meeting of the Committee. The Committee also wishes to place on record its thanks for the hard work of staff throughout the Trust in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee explored the considerable demand at the Emergency Department and advocated the promotion of self-management where appropriate and helping people to spot the signs of when medical help was or was not required.

With regards to complaints data, the Committee recommended that information should be provided on trends over a longer period of time in future Quality Accounts reports.

The Committee also noted that, as some targets were not being achieved according to Key Performance Measures set out in the report, further explanation of how these

measures were being addressed by the Trust should be included in future Quality Accounts reports.

Other issues and areas of concern raised by the Committee included the new Disability Ambassador roles, advice for patients on smoking cessation, the embedding of learning after the four 'Never Events' that occurred during 2022/23 and participation in national clinical audits.

The Committee looks forward to further engagement with the Trust on these issues in 2023/24 and through the scrutiny of next year's Quality Accounts report.

Royal Free London NHS Foundation Trust

Gillian Smith, Interim Chief Medical Officer at the Royal Free London NHS Foundation Trust, provided a short summary of draft Quality Accounts for the Trust noting that it included a continuation of some of the priorities from the previous year with a few new priorities added. There was a key theme of improving learning from incidents and other safety events and patient involvement was another area that would be a key priority for the year. She acknowledged that, while there was a priority around having no "Never Events", there were unfortunately a number of Never Events that took place during the time period of the report and so there had been a focus on capturing and embedding the learning from these, including through a large cross-Trust learning event in December. A new safety incident response framework would soon be implemented nationally and this would represent a big change in the way that quality issues were approached.

Gillian Smith then responded to issues raised by the Committee:

- Asked by Cllr Connor whether there had been any measurement of data on the patient experience priority, Gillian Smith responded that they were at the point of implementing some of the initiatives but there wasn't any data coming through yet.
- With regards to the eight Never Events (referred to on page 186 of the supplementary agenda pack), Cllr Connor requested further explanation on why there had been so many of these. Gillian Smith explained that there were some themes around the processes in place to prevent Never Events and it was recognised that these processes had not been sufficiently embedded and implemented. There was therefore renewed focus on strengthening these processes which included forms of checklists before interventional procedures for example. They had also reviewed how to audit these processes to ensure that they were being correctly implemented.
- Cllr White asked how the wider determinants of health, including health promotion and supporting people to manage chronic long-term health conditions, were reflected in the Quality Priorities. Gillian Smith responded that the two main areas in the report relevant to this were the embedding of primary

prevention and a significant potential impact of secondary prevention. The Trust was trying to use opportunities for secondary prevention when people were in contact with services, an example of this being the healthy living hubs. Secondary prevention methods were also embedded in digital care pathways. There was also work to drill down into waiting lists and identify health inequalities. Cllr Connor suggested that it would be useful to see details about this in future quality account reports. Gillian Smith agreed with this and noted that the details were included in other documents such as clinical strategies.

- Referring to Priority 1c on conversations with patients about care in the last year of life (page 174 of the supplementary agenda pack), Cllr Milne asked about the benefit of training and information for staff on this. Gillian Smith acknowledged that these were very difficult conversations and said that staff felt more confident and comfortable having those conversations after they had received the training. There was also evidence that patients and families felt better prepared for the final months of life if that conversation was had effectively and could minimise potentially unpleasant interventions such as inappropriate resuscitation calls for example.
- Referring to Priority 1b on nutrition and hydration (page 192 of the supplementary agenda pack), Cllr Connor asked who was responsible for patients eating properly in hospital settings. Gillian Smith said that attention to hydration and nutrition was an important part of the basic care offer to patients and feedback from patients, families and staff. She acknowledged that this was not always being done right which was why it had been identified as a priority so that processes on the wards were being delivered correctly. Cllr Connor requested that further details on how this was being carried out and who was responsible for ensuring that this was being done correctly on the wards be included in the following year's report. **(ACTION)**
- Cllr Connor noted that the Trusts had failed to meet the standard to see at least 93% of patients within two weeks of a GP cancer referral. Gillian Smith said that, in common with many other Trusts, they had not yet achieved the cancer standard in terms of the post-pandemic recovery. There was a Trust-wide cancer programme with various recovery interventions and they were working closely with the North Central London Cancer Alliance.
- Cllr Connor asked why the children and young people's patient experience survey had not been carried out in 2022/23 (referred to on page 244 of the supplementary agenda pack). Gillian Smith said that she would find out the reason for this and get back to the Committee. **(ACTION)**

Cllr Connor thanked Gillian Smith for her attendance and said that any additional questions would follow by email.

<u>Statement provided from JHOSC to Royal Free London NHS Foundation Trust</u>

The Joint Health Overview and Scrutiny Committee for North Central London would like to thank Royal Free London NHS Foundation Trust for their engagement and assistance regarding the Quality Accounts including the sharing of a draft version of the report and attendance at a scrutiny meeting of the Committee. The Committee also wishes to place on record its thanks for the hard work of staff throughout the Trust in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee advocated the greater use of health promotion and supporting people to manage chronic long-term health conditions and suggested that further details on actions in this area should be included in future Quality Accounts reports.

The Committee welcomed the inclusion of improving nutrition and hydration for inpatients as a new priority for 2023/24 and recommended that it should be clearer as to who was responsible on wards for ensuring that patients were eating properly. The Committee suggested that further details on this should be included in future Quality Accounts reports.

The Committee raised the issue of the two-week cancer referral target of 93% not being met. This was understood to be an issue in common with many other Trusts in terms of the post-pandemic recovery. The Committee was assured that there was a Trust-wide cancer programme with various recovery interventions and that the Trust was working closely with the North Central London Cancer Alliance.

Other areas of concern raised by the Committee included measurement of data on the patient experience priority, procedures to reduce ‘Never Events’ (of which there were eight in 2022/23) and training for staff on conversations with patients in the last year of life.

The Committee looks forward to further engagement with the Trust on these issues in 2023/24 and through the scrutiny of next year’s Quality Accounts report.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

MINUTES OF MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday, 26th June, 2023, 10.00 am - 12.40 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Chris James, Andy Milne and Matt White

ALSO ATTENDING:

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. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Larraine Revah (Camden), Cllr Kemi Atolagbe (Camden), Cllr Philip Cohen (Barnet), Cllr Rishikesh Chakraborty (Barnet) and Cllr Jilani Chowdhury (Islington).

The number of apologies given by Members meant that the Committee was not quorate. To be quorate there are two criteria:

a) For at least four Committee Members to be present. This condition was met.
b) For Members from at least four of the five NCL boroughs to be present. This condition was not met.

In the circumstances, the meeting continued as a briefing for the Members present. This meant that discussions on the agenda items could continue but any formal decisions made could not be ratified.

3. ELECTION OF CHAIR

As this was the first North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) meeting of the 2023/24 municipal year, the election of the Chair was required.

The Members present indicated their preference for Cllr Pippa Connor to continue as Chair for 2023/24. It was not possible to ratify this decision as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

The Members present determined that Cllr Pippa Connor should Chair the briefing.

4. ELECTION OF VICE-CHAIRS

As this was the first JHOSC meeting of the 2023/24 municipal year, the election of the Vice-Chairs was required.

The Members present indicated their preference for Cllr Tricia Clarke and Cllr Larraine Revah to continue as Vice-Chairs for 2023/24. It was not possible to ratify this decision as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

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.

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

8. TERMS OF REFERENCE

The terms of reference for the NCL JHOSC were noted.

9. MINUTES

The minutes from the meetings held on 20th March 2023, 6th June 2023 and 7th June 2023 were discussed.

The following points of accuracy were raised:

- On page 18 of the agenda pack, in the draft minutes for 6th June 2023 (BEH and C&I Mental Health Trusts), there was a reference to the risk of some patients falling between different types of mental health services. Cllr Connor said that there should be an action recorded to investigate this further. **(ACTION)** There was also a request in the following paragraph for further details on how the performance of services was monitored which Cllr Connor said should also be recorded as an action and that information about the

clinical strategies and deep dives into service delivery should be included in the following year's Quality Accounts. **(ACTION)**

- On page 25 of the agenda pack, in the draft minutes for 7th June 2023 (Whittington NHS Trust), it was noted that more information about the actions being taken in response to the CQC inspection would be useful. Cllr Connor said that there should be an action recorded to provide this information to the Committee. **(ACTION)**

It was not possible to approve the three sets of minutes as the meeting was inquorate and could only continue as a briefing. This decision would therefore be deferred to the next meeting.

10. MATERNITY & NEONATAL SERVICES UPDATE

The update on maternity and neonatal services was provided by Rachel Lissauer, Senior Responsible Officer, Chris Caldwell, Chief Nurse for NCL ICB and Executive Lead for Maternity & Neonatal services, David Connor, Group Director of Midwifery at the Royal Free NHS Trust and Co-Chair of the Local Maternity System, Sumayyah Bilal, Head of Maternity Services & Commissioning for NCL, Nicole Callender, Associate Director for Midwifery at NMUH, Barbara Kuypers, interim Divisional Director of Midwifery and Nursing at NMUH, Dhruv Rastogi, Divisional Clinical Director & Consultant Paediatrician at NMUH, and Isabelle Cornet, Director of Midwifery at Whittington Health NHS Trust.

Rachel Lissauer began by explaining that, while accountability for services remained with the NHS Trusts, the Local Maternity and Neonatal Service (LMNS) within the NCL ICB had a role in considering elements such as safety, using data and insights, ensuring a supportive infrastructure for services, using the voices of pregnant women to inform how maternity services were run and equality of outcome and access. The Service worked alongside the Start Well programme which was looking at structural issues in the Case for Change. The role of the LMNS had really changed over the past 3-4 years with stronger role and closer working with Head/Directors of Midwifery, including on staffing, recruitment, training and demand pressures.

David Connor said that the Care Quality Commission (CQC) had been revisiting Trusts across the sector as part of its national response to the Ockenden report. The CQC's report on the Whittington NHS Trust had been published while the North Middlesex University Hospital (NMUH) and University College London Hospitals NHS Trust (UCLH) had been inspected and the reports were currently being awaited. An inspection of the Royal Free Trust was expected soon. Through the LMNS Board, the action plans from inspections were monitored with feedback and learning shared across the system.

Asked by Cllr Connor whether there were any particular areas of concern as part of this process, David Connor said that triage assessments were an area where improvements could be made and that this was a common issue nationally so best practice models were being looked at.

Sumayyah Bilal provided an overview of the Women's CQC Survey, which was a national survey that covered all aspects of the maternity journey and was conducted annually. The responses received in NCL were not representative of the diversity of survey users and so further work was planned on reaching those community voices with a recently recruited independent senior advocate, as recommended by the Ockenden report. Area for improvement across NCL including monitoring of mental health in pre and post-natal periods, infant feeding support and the ability of partners to visit in hospital (where there had previously been some restrictions due to Covid).

Sumayyah Bilal also explained that all NCL Trusts were asked to provide assurances to the LMNS Board of how they were implementing the recommendations of the Ockenden report. Ockenden assurance visits were also carried out with all NCL Trusts in 2022 and the feedback was mostly positive. An area that required improvement was collaboration/co-production with Maternity Voices Partnership (MVP). She added that the Ockenden and East Kent reports had resulted in additional funding being provided for safety. NHS England had recently published a 3-year delivery plan for maternity and neonatal services which had consolidated the overlapping recommendations into four key themes.

Sumayyah Bilal said that the Ockenden report had included a focus on workforce and there had been work on recruitment and retention in NCL, including an expansion of student placements, international recruitment and all Trusts signing up to a pan-London consortium providing recruitment and retention advice. The main priorities in NCL were to work on a recruitment strategy, focus on why staff were leaving, exploring staff wellbeing and development and linking this to EDI (Equality, Diversity and Inclusion) initiatives and flexible working and how staff can escalate concerns. There was a particular challenge around the cost of living for staff in London.

The NHS officers then responded to questions from the Committee:

- Asked by Cllr Connor about the most significant challenge in the points she had mentioned, Sumayyah Bilal said that they complemented each as the workforce was needed to enable service improvement so the workforce needed to be supported.
- Asked by Cllr White for further explanation of the key finding from the Ockenden report that found "lack of compassion and kindness by staff", David Connor said that the recent CQC report on the Whittington, complaints themes and feedback from the Maternity Voices Partnership had not identified lack of compassion as an issue locally and that he found the staff to be a caring motivated workforce.
- Cllr White expressed concerns about levels of understaffing and low pay for some staff. David Connor responded that making sure that staff had the resources required to do their jobs was something that they were striving for and that there had been a reduction in the vacancy rate across the system over the past year. The recruitment and retention work had been key in ensuring that staff were developed and looked after, but he acknowledged that the current cost of living was a real concern. Sumayyah Bilal added that a working group, including patient experience leads, was being established to address the recurrent themes emerging from the Women's CQC Survey.

- Asked by Cllr Connor about national workforce policy, Chris Cordwell said that a long-term Workforce Plan was due to be published shortly and was expected to say that a lot more midwives and nurses were required. However, it was not yet known known how this would be achieved (e.g. more training or more international recruitment) or what funding would be provided to support this. Sumayyah Bilal added that there was currently some ongoing work to upskill Maternity Support Workers.
- Cllr White noted that rates of stillbirths were higher in Haringey, as highlighted on page 38 of the agenda pack, and that this coincided with higher levels of deprivation. He also referred to inequalities of outcomes relating to ethnicity. Rachel Lissauer said that there was a strong evidence base on continuity of care. She acknowledged that the findings for Haringey were concerning and that, while stillbirths were higher in the east of the Borough (where deprivation levels were higher), the issue was not exclusive to the east of the Borough. She added that the report on this was expected to be available in September/October 2023 and could be shared with the Committee. **(ACTION)** Sumayyah Bilal added that a working group on continuity of care had been set up and was focusing on personalisation, deprivation and ethnicity issues. The Trusts were aiming to improve continuity of care through teams of midwives providing end-to-end care but there were some workforce challenges associated with this. Nicole Callender highlighted the role of the Magnolia Midwives service which provided multi-disciplinary support for pregnant women with mental health issues and that continuity of care through this model had better outcomes, so this model was being rolled out to other community teams. Isabelle Cornet said that the Whittington Hospital had one continuity of care team, reduced from two teams, based on the workforce recommendations from the Ockenden report. The active team was based in the deprived areas of Islington and the team that was no longer in place had been based in Haringey. Other community teams were working on a continuity of care model for ante-natal and post-natal care (excluding labour care), including a team for higher-risk women.
- Cllr Milne queried the extent of problems associated with those not engaging with ante-natal care. David Connor said that it was rare for women not to receive any antenatal care whatsoever and that access to care was good, including through self-referral. Chris Cordwell commented that, based on the initial findings of the report (referred to in the above paragraph), the range of factors were quite varied and often related to a person's background, understanding of health seeking behaviours, housing and education.
- Cllr Clarke referred to evidence linking smoking to stillbirths. David Connor said that the Saving Babies' Lives national care bundle covered smoking cessation in pregnancy, including through carbon monoxide testing and signposting to support. In NCL, consideration was being given to bringing smoking cessation advisers into maternity units rather than having to refer people to a separate appointment. Sumayyah Bilal added that there were KPIs on smoking cessation and a focus on opting out of smoking cessation services rather than opting in.

- Cllr Clarke asked whether current staffing issues were impacting on the ability of women to have home births. Isabelle Cornet explained that the Whittington's home birth service was still running but the shortage of staff meant that this service was covered around 80% of the time and this was currently being reviewed. She added that the Birth Centre had recently been completely refurbished with five rooms and that around 25% of births over the last couple of months had taken place at the Birth Centre.
- Noting that CQC reports were expected for the other NHS Trusts soon, Cllr Connor referred to page 45 of the agenda pack which included a summary of previous inspections and asked how the "requires improvement" sections were being addressed.
    - Royal Free - David Connor explained that, following an inspection of maternity services at the Royal Free Hospital in 2020, the CQC had rated the service as "inadequate" and it entered the national maternity safety programme as a consequence of this. It had successfully exited the programme last summer and it was recognised that work had been carried out to address identified issues and the rating of the service was now "requires improvement". The Trust Board and the LMNS continued to monitor progress. He added that the last Ockenden peer visit, in October 2022, had been complementary about the robustness of the governance processes, focus on safety culture and good relationship with the MVP.
    - NMUH - Nicole Callender explained that the last CQC inspection had been in 2021 and that there had been no "must dos" flagged in terms of safety but there had been some "should dos" which had since been implemented. Actions had been taken on staff development/wellbeing/training and also on interpretation and translation given the high number of different languages spoken in the local area. Dhruv Rastogi commented that, because of the delay between the CQC inspection and the report, it was important for the Trusts to triangulate on the key current issues which had included triage. He added that the recent Ockenden visit had been complementary.
- Asked by Cllr James why Barnet Hospital had not had a recent inspection, David Connor explained that, although Barnet Hospital had last been assessed in 2016, elements of the maternity services were cross-site with the Royal Free as part of the same Trust and governance processes which had been assessed more recently.
- Cllr Clarke highlighted the upcoming cuts of 30% to the NCL ICB budget and said that, while the Committee had been told that this would not impact on services, this change needed to be carefully monitored. Chris Cordwell commented that the cost savings were linked to national requirements and did not relate to the money spent on services. However, she acknowledged that there were financial challenges across the system overall.
- Asked by Cllr James for further explanation about the reasons for the significant inflow from non-NCL residents to Barnet Hospital and UCLH, Sumayyah Bilal explained that this was not unexpected because women had the right to book antenatal and labour care in any hospital of their choosing

while post-natal care was provided in the closest hospital to their place of residence.

Cllr Connor summarised the main concerns of the Committee, where further information would be welcome in a future report **(ACTION)**, as:

- poorer outcomes for those from more deprived areas or from BAME backgrounds, including greater understanding of causes and risk factors;
- continuity of care, including progress of the Magnolia team;
- workforce issues, including cost of living/housing issues and improving support for staff overall;
- training for staff, including the development of the maternity support workers role.
- the findings of future CQC reports in the areas which are currently rating as requiring improvement;
- monitoring the statistics on smoking cessation;
- cuts to the running costs of the NCL ICB;

11. CANCER PREVENTION PLAN

Ali Malik, Managing Director, and Fanta Bojang, Programme Manager, at NHS North Central London Cancer Alliance, introduced the report on the North Central Prevention, Awareness and Screening strategy and action plan.

Ali Malik said that work had recently been carried out to examine the overarching cancer pathway and the core aims and objectives for the cancer system. At the heart of this was the early diagnosis programme, which supported the national target in the NHS Long Term Plan for 75% of people with cancer to be diagnosed at stage 1 or 2 by 2028.

Fanta Bojang explained that the strategy had initially been drafted in 2019/20 but had been delayed by the Covid-19 pandemic and redrafted in the context of the implementation of Integrated Care Boards, aligning with the cancer system aims and objectives, the Population Health and Integrated Care Strategy and the Core20PLUS5 framework on health inequalities. The focus on prevention, awareness and screening included supporting and encouraging people to present to primary care early and to take up their screening invites, a targeted lung health checks programme which was still at an early stage, and identifying people with a high risk of developing cancer through genetic testing. Prevention was part of the strategy but this was a shared priority across the health system. There was an action plan associated with the strategy and this was only a two-year plan as the future availability of resources beyond this was not known.

Ali Malik and Fanta Bojang then responded to questions from the Committee:

- Referring to the case study on page 62 of the agenda pack, Cllr White commented that this example did not necessarily reflect some of the higher risk factors such as deprivation.

- Cllr White commented that prevention was preferable to treatment, both in terms of health outcomes and cost to the NHS, and suggested that support networks to help people reduce their tobacco and alcohol consumption and better manage their weight could help. Fanta Bojang said that the prevention budget sat elsewhere, but that there were active programmes in areas such as smoking cessation across the system and that the Royal Free were piloting a Healthy Living hub initiative. Ali Malik agreed with the focus on prevention and added that managing cancer as a long-term condition through support networks could also be beneficial.
- Cllr Clarke asked about methods of early detection such as through bowel cancer testing kits or dentists advising patients about mouth cancer for example. Fanta Bojang responded that the action plan highlighted the issue of drawing upon healthcare professionals across the whole system. Ali Malik added that a Primary Care Cancer Strategy had also been developed which addressed education and awareness across primary care staff, picking up on possible signs of cancer.
- Cllr James expressed concerns about low rates of cervical cancer screening. Fanta Bojang agreed that there was a long-standing challenge with a national decline in screening rates, though there were sometimes upticks in rates when there were national campaigns or publicity on these issues. There had also been several extended access programmes locally, offering appointments outside of core GP practice hours which could improve participation rates in some groups. A research study had been carried out on allowing people to collect their own samples to increase rates with people who found the testing in a clinic to be too invasive - the results of this study were being awaited.
- Asked by Cllr James about HPV immunisation, Fanta Bojang confirmed that this was included as an objective in the strategy as there were varying participation rates across NCL. The need for two doses was believed to be a factor in this and so this was being changed to one dose from September to improve uptake. Awareness was also a factor as some parents were not aware that immunisation was being offered and could be accessed via primary care. Cllr Connor suggested that an initiative aimed at university students could help to improve uptake and Fanta Bojang agreed to consider this as part of the action plan. **(ACTION)** Chris Caldwell added that there was some ongoing local work about school-age vaccination and so the suggestion could combined into this work, particularly in terms of the communications.
- Cllr Milne requested further explanation about the graph on page 64 of the agenda pack relating to the two week wait referrals for suspected cancer in each of the NCL boroughs, noting that Islington had the lowest rate of referrals and higher mortality outcomes. Ali Malik confirmed that those with the higher rates of referrals on the graph would be expected to lead to better outcomes but that there were also other factors to consider in each borough, such as population age. Richard Dale, Director of Performance and Transformation at NCL ICB added that simply increasing the number of two-week referrals would not necessarily improve quality of care and that it would add to pressure on the system, so it was necessary to find the balance between referring as many

people as possible appropriately and getting those people seen as soon as possible.

- Cllr Cohen (who was not present at the meeting) had submitted a written question asking why the two-week referral rates were higher in Enfield and Barnet compared to the other NCL boroughs. Ali Malik responded that the age profile of the boroughs would explain the majority of the variation. He noted that some GP practices referred for certain types of cancer more than others and so they wanted to better understand the data on this and the reasons for this. He added that the downside of a high rate of referrals was the impact on operational performance, noting that NCL performed comparatively poorly on the 62-day cancer standard, mainly because of the high volume of referrals received by hospitals. Cllr Connor requested that the data of variation in GP referrals be provided to the Committee. Ali Malik explained that a visual tool was in the process of being developed that would display detection and referral rates as a heat map which could be shared with the Committee when it was available. **(ACTION)**
- Asked by Cllr Connor about the progress towards the target for 75% of people with cancer to be diagnosed at stage 1 or 2 by 2028, Fanta Bojang said that the current rate was around 20% below the target.
- Cllr Connor queried what action would be taken to engage with the difficult to reach parts of the population on prevention and awareness. Fanta Bojang said that work with the voluntary sector and community/faith groups could be effective as they were engaging with people at community level. Resources and training was provided to the sector to help spread messaging on cancer screening. She added that they were open to suggestions about how else this approach could be improved. Ali Malik added that there was data about which demographic groups tended to respond least to traditional methods of approach and could therefore benefit from a more targeted approach. Chris Caldwell commented that a lot had been learned through the Covid vaccination programme in terms of what to do and not to do in reaching certain groups and this could be applied to other public health interventions such as this, though there were finite resources which had be carefully targeted to maximise value. Cllr Connor suggested that it would be useful for the Committee to understand whether these interventions had succeeded in changing outcomes. **(ACTION)**
- Cllr Clarke asked about the backlog in cancer referrals caused by the Covid-19 pandemic. Ali Malik explained that the backlog was measured by the number of patients waiting for longer than 62 days for their treatment to start following a GP referral. The proportion of referrals waiting longer than this had reduced from around 20% to under 10% so this was trending in the right direction with more still to do. Richard Dale added that overall referral rates from GPs had now returned to pre-pandemic levels.

12. SURGICAL TRANSFORMATION PROGRAMME

The presentation on the NCL Surgical Transformation Programme: Ophthalmology Surgical Hub Proposal was provided by Dilani Siriwardena, Deputy Medical Director at

Moorfields Eye Hospital and NHS London Clinical Director for Ophthalmology, Jon Lear, Senior Operations Manager at Royal Free London NHS Foundation Trust, Marco Inzani, Deputy Director of Strategic Programmes for NCL ICB and lead for the Surgical Transformation Programme and Richard Dale, Executive Director of Performance and Transformation NCL ICB.

Marco Inzani explained that there were current more than a quarter of a million patients waiting for elective care in NCL. Ophthalmology was one of the higher volume specialities and the waiting lists had grown by 48% over the past seven years. There were also risks associated with waiting including health deterioration and increased complexity of care so this really affected people's quality of life. It was not possible to keep up with demand in NCL despite initiatives including evening/weekend working, using capacity in the independent sector and Trusts offering mutual aid to each other.

Elective Orthopaedic Centres had previously been developed in NCL, at Chase Farm and at UCLH, and these had doubled the number of surgeries for hip and knees. The aim was therefore to replicate this in other specialities, beginning with ophthalmology. In developing the engagement work, the focus had been on what mattered to patients and a key finding was that patients were willing to travel further if this meant that they would be seen quicker and that the service was better.

Marco Inzani continued by explaining that the main proposals were to consolidate surgery from Whittington Health and Chase Farm Hospital to the Edgware Community Hospital and Royal Free Hospital. Outpatient appointments and tests would remain at all local hospitals so it was just the surgery that would move location, which would typically be only one or two appointments. Patients would still have a choice of three Trusts in NCL and it was expected that this would drive efficiency and productivity. There was expected to be an additional 3,000 procedures per year which could potentially help patients to be treated 10 weeks earlier. He explained that the downside was that some patients would have to travel further, estimated to be an additional 19 minutes by public transport on average. The maximum additional journey time (i.e. for someone who lived close to Chase Farm Hospital who needed to travel to the Edgware Community Hospital) would be 90 minutes but this would be for a very small proportion of patients. They would also continue to have the option of travelling to Potters Bar, which is closer but outside of the NCL border.

Dilani Siriwardena added that ophthalmology would ideally involve two theatres running in parallel with senior supervision for all patients and a reduced likelihood of late cancellations. This was already the type of service provided by Moorfields and St Anns, but for Royal Free staff they may have to travel between sites during the day which reduced the number of patients that they could treat.

Jon Lear said that, from the perspective of the Royal Free, this development was clinically led and clinically supported. There would be two phases to the project – firstly moving the activity from the Whittington to Edgware and secondly moving activity from Chase Farm to Edgware. There were currently two operating theatres at Edgware, but only one of these was currently for ophthalmology and so the proposal was for both of these to be used for ophthalmology for four days per week. Staff worked compressed hours during this four-day week (Mon-Thurs) but there was the

possibility of expanding capacity in the future by moving to a five-day week. Overall, the change would enable the consolidation of surgical resource, make best use of theatre staff, reduce travel time for surgeons and improve the flow of patients. With the current Chase Farm/Whittington arrangements, they would typically complete 5 to 6 operations on a half-day theatre list but, after the consolidation, this was expected to move up to 7 or 8 operations.

Marco Inzani concluded the presentation with slides about the Equality Impact Assessment (EqIA) which highlighted three groups – over 65s, BAME populations and the most deprived populations who were most impacted by the increased travel times. It would therefore be necessary to particularly engage with these groups during the consultation period, especially those who lived close to the Chase Farm or Whittington sites, to look at mitigations and additional support that could be offered. If this proceeded successfully then the implementation was expected in November/December 2023.

The NHS officers then responded to questions from the Committee:

- Cllr Clarke queried the justification of significantly increased travel times when the increased number of surgeries would be marginally increased from 5-6 to 7-8. Jon Lear responded that there were currently five half-day sessions per week at Whittington so there would be increased capacity at Edgware, in addition to the improved efficiencies and productivity as a consolidated hub. He clarified that it was Royal Free surgeons who currently provided services at the Whittington Hospital with Whittington nursing and administration staff. Cllr Clarke expressed concern that this was a necessary arrangement. In terms of the increased number of surgeries, Marco Inzani, reiterated that this would amount to around 3,000 additional procedures per year overall. Richard Dale highlighted the additional capacity that would be freed up at the Whittington so there were other positive knock-on effects to be considered. Dilani Siriwardena added that ophthalmology could sometimes be deprioritised during the winter as nursing staff were needed elsewhere which would not be an issue in a specialised hub.
- Cllr Clarke asked for clarification on the *“potentially adverse impact in particular on those whose ethnicity coding is Unknown”* relating to the proposed service changes at the Whittington as set out on Slide 13. Marco Inzani clarified that, when patients had been mapped as part of the EqIA process, this highlighted communities that were likely to be affected more in terms of travel times. This included the Unknown ethnicity coding, which included people who preferred not to state their ethnicity. Cllr James suggested that this category could include mixed race people who did not feel that they fit into any of the categories described on the forms. Richard Dale acknowledged that there were some limitations to demographic profiling and that it may be necessary to explore this issue further as part of the consultation in order to understand who could be adversely affected.
- Asked by Cllr Clarke about timescales for the consultation, Richard Dale said that the JHOSC was being consulted early, but the consultation process would continue over the summer and then it may be helpful to speak to the JHOSC

again in September about any changes or mitigations resulting from the feedback received.

- Cllr Milne asked whether the 48% increase in the waiting lists over the past seven years had been a consequence of bottlenecks in the system or an increase in demand. Dilani Siriwardena acknowledged the issues with the system but said that a major cause for this was the aging population leading to more cases of cataracts, glaucoma and other conditions that required repeated treatment.
- Asked by Cllr White about the difficulties of travelling from east to west across the NCL area, Richard Dale acknowledged that this was a key trade-off on which they were keen to engage the JHOSC and the wider community in order to build an understanding of what this would mean for patients. Marco Inzani added that any influence that Members could bring to the improvement of west-east transport links in NCL would be welcomed.

With a further update on this issue expected to the JHOSC in September 2023, Cllr Connor commented that the Committee wished to explore the following specific points further **(ACTION):**

- The additional journeys times being asked of residents, balanced against the potential benefits of being treated earlier;
- The potential impact on disadvantaged communities who could be disproportionately affected by the changes;
- The financial implications, including knock-on effects (positive or negative) on other NCL hospitals.
- What was learnt from the previous experience of developing surgical hubs in NCL for other types of treatments.

13. WORK PROGRAMME

The Committee then discussed the Work Programme for 2023/24. The September 2023 meeting had provisionally been scheduled to include items on Finance, Start Well and Diabetic Services. However, it was now necessary to include an update on the Ophthalmology Surgical Hub Proposal in the September 2023 agenda. It was agreed that the Diabetic Services item could instead by taken at the November 2023 meeting.

The November meeting now included the Diabetic Services item as well as items on the Estates Strategy, Workforce update and Winter Resilience. It was agreed that the Workforce item could instead by taken at the January 2024 meeting.

It was also agreed that a written update should be requested on the Camden Acute Day Unit issue, which had previously been discussed by the Committee, to be received ahead of the September 2023 meeting.

14. DATES OF FUTURE MEETINGS

- 30th October 2023 (10am)
- 29th January 2024 (10am)
- 18th March 2024 (10am)

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

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North Central London Integrated Care System

NCL ICS Financial Review

JHOSC meeting 11th Sept 2023

29th August 2023

Agenda Item 9

Introduction and summary

North Central London Integrated Care System

This report covers the financial position in the NHS in the North Central London ICS. The most recent financial performance and priority areas for investment is included in the main report with background information and analysis in the Appendix.

1. When we provided our most recent NCL ICS finance update in Sept 2022, the NCL ICB was just three months old. As a result, we covered the purpose of the ICB and reflected upon the system working we had been doing in recent years including some successes. We provided some background financial analysis covering ICB spend and a review of the complexities of the NCL finances including the number and types of local NHS providers and funding flows in and out of the system. We covered recent years historical financial performance and the latest in-year 22/23 financial performance.
2. This year, in Sept 2023 the ICB will be in its 15th month. NCL ICB is still a new organisation and to reflect this newness, we have repeated some slides we used last year on the purpose and direction of ICBs that are still relevant and have updated financial analysis on NCL ICB spend and that of the NHS providers in NCL. These are included in the Appendix.
3. In the main report we summarise the issues affecting the NCL ICS 22/23 outturn, the formulation of the 23/24 financial plan and 23/24 in-year performance and cover priority areas of investment.
4. Despite the significant risks in the 22/23 financial plan, the system did work together to deliver a balanced outturn in 22/23. However, we were supported by some significant technical non-recurrent financial issues that enabled us to achieve this. The financial outlook going forward, therefore, is still one of significant challenge.
5. This challenge was evident in the process of formulating a balanced system financial plan for 23/24. The 23/24 system financial plan contains as much risk, if not more, than the plan for 22/23 e.g. unidentified savings plans, reliance on non-recurrent benefits.
6. The financial position in the early months of 23/24 has been impacted by a shortfall on planned savings and by Industrial Action, including the costs of providing cover on strike days and the resultant shortfall on income of doing less elective work than planned, due to elective work funded, in 23/24, on a cost per case basis under an Elective Recovery Fund (ERF) initiative.
7. Priority areas of investment include population health, mental health and community services and our Start Well programme. We also cover an update on the St. Pancras/Oriel major capital scheme.
8. We also include some of the next steps in our local NHS financial planning.

22/23 Outturn and 23/24 plan and in-year performance

North Central London Integrated Care System

The ICS worked together to achieve a balanced outturn in 22/23. A balanced plan was submitted for 23/24, but it contains a large level of financial risk. A month 3 NCL ICS is reporting an adverse variance to plan but is aiming to recovery this position by year-end.

22/23 outturn

- Overall financial balance was achieved but the system was reliant on non-recurrent benefits.
- The main challenges in 22/23 were
  - Covid admissions/wave for first 2/3 months of financial year
  - longer lengths of stay for emergencies, opening of escalation beds and increased delayed discharges
  - The implementation of the elective recovery scheme did not fund all local increased capacity.
  - Excess inflation - especially utilities and Retail Price Index linked increase – was not fully funded
  - Non-NHS income- had not fully recovered to pre-pandemic levels, especially where reliance is on travel from abroad.

23/24 plan

- Each organisation has a significant financial stretch/level of risk in their plan including unidentified efficiency assumptions and non-recurrent benefits.
- In addition to covering the underlying deficit, there were significant planning challenges:
  - due to unfunded excess inflation
  - reduction and change in the way Covid funding was allocated, and
  - the shortfall in covering the cost of additional elective capacity.

22/23 in-year– Month 3 position

- NCL ICS is reporting an aggregate £17.7m adverse variance at Month 3, due to several issues including:
  - The direct costs of cover for Industrial Action
  - Under delivery of planned efficiencies.

N.B. Unlike Local Authorities, NHS organisations cannot carry forward expenditure reserves from one year to another. NCL ICB will inherit the cumulative NCL CCG historical deficit and will have an obligation to repay it unless the ICB and the system are in balance for the first two years (of which balance was achieved in the first year).

Organisation	22/23 Outturn	23/24 plan	23/24		
			M3 plan	M3 Actuals	M3 Variance
	Surplus/ (Deficit)	Surplus/ (Deficit)	Surplus/ (Deficit)	Surplus/ (Deficit)	Favourable/ (Adverse)
	£'000	£'000	£'000	£'000	£'000
BEH	1,559	1,003	253	(680)	(933)
C&I	2,177	673	339	(137)	(476)
GOSH	(9,963)	620	(2,851)	(5,568)	(2,717)
MEH	7,198	3,400	(3,295)	(1,550)	1,745
NMUH	1,064	1,143	(1,773)	(2,769)	(996)
RFL	(34,626)	(36,994)	(16,586)	(26,101)	(9,515)
RNOH	3,240	41	(6,887)	(6,537)	350
T&P	(3,561)	(2,517)	(793)	(890)	(97)
UCLH	813	20,010	(2,962)	(6,711)	(3,749)
WHIT	6,638	2,000	(6,935)	(8,282)	(1,347)
Trust Total	**(25,461)**	**(10,621)**	**(41,490)**	**(59,225)**	**(17,735)**
NCL ICB	25,810	10,622	2,655	2,655	-
System Total	**349**	**1**	**(38,835)**	**(56,570)**	**(17,735)**

Priority areas of investment

North Central London Integrated Care System

To support sustainability with more pro-active, preventative and out of hospital care we are planning to increase investment in population health management, projects to address health inequalities, community services and mental health.

NCL ICS has used the available growth to increase investment in Health inequalities projects, community services and primary care, as well as maintaining its investment in mental health.

The following slides cover our approach to

- Population Health
- Mental Health services and Community services investments
- The Start Well programme
- A major project for capital investment on the St. Pancras site.

NCL's Population Health and Integrated Care Strategy

North Central London Integrated Care System

Our Ambition

As an integrated care partnership of health, care and voluntary sector services, our ambition is to **work with residents of North Central London so they can have the best start in life, live more years in good health in a sustainable environment, to age within a connected and supportive community and to have a dignified death.**

We want to achieve this ambition for everyone.

We have worked with residents and partners to develop 'I' statements that define what our new system needs to feel like for our residents, our communities and our service users

North Central London Integrated Care System

A whole person

- I am treated as a whole person and you recognise how disempowering being ill is
- I am listened to and respected

Patient choice and effective self-care

- I am involved in decisions regarding my life, my health and the support or care that I need

Feeling empowered

- I have the support that I need to stay healthy, both physically and mentally, and to live as independently as possible
- I am supported by people who see me as a unique person with strengths, abilities and aspirations

Information on services, communication and navigation

- I have the information and advice that I need, when I need it and in a form that I can understand

Housing and community

- I live in a safe place with access to lots of green spaces
- I feel part of a community
- I can easily access and afford local activities / services

Integrated care

- I tell my story once
- My care is coordinated across services
- When I move between services, settings or areas, there is a clear plan and the transition feels seamless

The change we need to make

North Central London Integrated Care System

We need to move from being a collection of health and care organisations that…	to become a population health system that…	so that our residents....
are reactive and demand-driven with a high-proportion of resources focused on urgent care	is needs-driven, prioritising prevention and proactive care	stay well and in control of their health
treats individual conditions not the drivers of poor health	sees the whole person and takes action on prevention and the wider determinants of health	feel heard and confident that their care is right for them
are focussed on their services and part of the pathway	integrates care around the person and communities	feel that the system is coordinated and communicates well
are focussed on illness and dependence	works to improve life chances, prevent illness and promote physical and mental well-being	can live more of their life in good health

Ten principles will guide our new ways of working in our population health improvement system

North Central London Integrated Care System

To make our transition to a population health system that is needs-driven, holistic and integrated, we have identified 10 principles to guide us and examples of what that looks like in terms of changed ways of working.

Trust the strengths of individuals and our communities

We listen to our communities and develop care models that are strengths-based and focussed on what communities need, not just what services have always delivered

Break down barriers and make brave decisions that demonstrate our collective accountability for population health

We understand each other's viewpoints and take shared responsibility for achieving our ICS outcomes and our role as anchor institutions

Build from insights

We create digital partnerships and use integrated qualitative and quantitative data to understand need

Strengthen our Borough Partnerships

We build a system approach for local decision making and accountability to support local action on health inequalities and wider determinants

Mobilise our system's world class improvement and academic expertise for innovation and learning

We build the evidence base for population health improvement and innovative approaches to improve integrated working

Break new ground in system finance for population health and inequalities

We shift our investment toward prevention and proactive care models and create payment models based on outcomes.

Build 'one workforce' to deliver sustainable, integrated health and care services

We maximise our workforce skills, efficiencies and capabilities across the system

Support hyper-local delivery to tackle health inequalities and address wider determinants

We make care more sustainable by creating local integrated teams that coordinate care around the communities they serve

Relentlessly focus on communities with the greatest need

We embed Core20PLUS5 in all our programmes with a particular focus on inclusion health to make sure no-one is left behind

Deliver more environmentally sustainable health and care services

We prioritise activity which impacts our communities' health and environment, such as transport

Overview of mental health additional investment in 23/24

North Central London Integrated Care System

Adult Mental Health Services

In Adult Mental Health services, an additional £11.1m of recurrent funding has been invested in 23/24 to deliver services including:

- **Adult Community Transformation** is the largest area of investment across the investment portfolio (£5.3m). To ensure we are preventing crisis and inpatient admissions by focusing on supporting patients with a MH diagnosis earlier and based on MH need.
- **Neuro Developmental Disorders** (which includes ADHD and Autism) is nationally recognised as a chronically underfunded service therefore £1m will be invested this year.
- **THINK 111 and crisis lines** investment (1.3m) is a significant 23/24 service development area.

CYP Mental Health Services

In CYP Mental Health services, an additional £5.7m of recurrent funding has been invested in 23/24 to deliver services including:

- The roll out of the **CYP Home Treatment Team** (£1.2m). Due to MH need, this started as a pilot in Barnet and will roll have a phased roll out across NCL. To ensure we are meeting the needs of the most complex CYP, addressing the rising acuity in MH presentations post pandemic and preventing inpatient admissions.
- C&I boroughs have a multi agency **single point of access for CYP**. In 23/24, we are investing in a SPA in the north of NCL (£700k).
- £1.1m is being invested into **Community CYP services and CYP MH** to increase access, reduce waiting lists and times.

Overview of community additional investment in 23/24

North Central London Integrated Care System

Adult Community Services

In Adult community services, an additional £1.7m of recurrent funding has been invested in 23/24 to:

- Provide 24 hour **catheter service** to housebound, help people manage complex incontinence issues and rapid assessment of patients at risk of hospital admission
- Offer 6 weeks home-based care to adults requiring **SLT services** to improve or maintain independence and do this consistently across NCL
- Standardise and optimise **intermediate community based bedded care** for up to 6 weeks to avoid hospital admission or to facilitate rehabilitation after discharge
- Providing a **falls prevention** service for people who need to improve balance, as part of an integrated support network, move from 5-day to 7-day service.
- To improve the numbers of patients seen within the **2 hour response time** and establish a **UCR Hub** to increase direct referrals from GPs 111, ED/SDEC, LAS, self, carer referrals and care homes via a Single Point of Access to increase admission avoidance, and reduce unnecessary ambulance conveyance

CYP Community Services

In CYP community services, an additional £2.2m of recurrent funding has been invested in 23/24 to deliver services including:

- Work towards the universal core offer to provider support to CYP and families where **therapies intervention** is needed to support development and share information
- Increasing the capacity of the Enfield **Special School Nursing** service to close the gap in provision
- Increased **autism diagnosis** capacity

Virtual Wards

Virtual wards are a priority for NHSE, and there is significant evidence that they have an impact and represent system value for money

- The £6.9m allocated to Virtual Wards in 23/24 has been organised via four key VW pathway types: Frailty/adult Hospital@home; Delirium (higher cost sub-set of Frailty); Paediatrics; and Acute-led and/or remote monitoring.
- While NHSE ambition for 40-50 beds per 100k remains (i.e. 600 VW beds in NCL), we must build a strong foundation for further expansion, including high utilisation and demonstrable impact on occupancy, and are targeting 294 beds by the end of 23/24
- By January 2024, 294 VW beds aim to mitigate the need for at least 112 acute IP beds (a further 62 acute escalation beds to be avoided in-year)

The Start Well Programme

North Central London Integrated Care System

Drivers and work to date

Start Well has been ongoing since November 2021. It is a long term change programme focussed on secondary care maternity, neonatal and CYP services. There were several drivers to initiate the programme:

- The clear calls to action set out in the NHS Long Term Plan and the initial Ockenden Report
- The learning from the temporary changes to local children and young people's services in NCL during the COVID-19 pandemic
- External reviews of services by the CQC, NHS England and particularly the neonatal critical care review which highlighted that neonatal services need to be sustainable and fit for the future
- The health inequalities further highlighted through the pandemic and the urgent need to address them
- The opportunity to build on existing partnership working as we move into becoming a formal integrated care system

Since November 2021 the Start Well programme has published and engaged on a case for change, developed new future facing care models and commenced an options appraisal around the implementation of care models where service change may be needed.

The options appraisal is focussing on the maternity, neonatal and CYP surgery care models. The care models were designed to address opportunities to improve identified by the case for change, namely:

- Supporting workforce sustainability across maternity, neonatal service and CYP surgery
- Better utilisation of maternity capacity and reducing variation in experience and outcomes from our maternity services
- Matching neonatal demand and capacity – with particular reference to the sustainability of the RFH Special Care Unit
- Improving the organisation of paediatric surgical care

The paper that was taken to the ICB Board around the commencement of an options appraisal is here: https://nclhealthandcare.org.uk/wp-content/uploads/2022/12/StartWell-ICB-Board-paper-221129.pdf

Financial implications

Finance and affordability have been included as part of the options appraisal evaluation and requirements around capital to deliver any option are being fed into the wider system prioritisation.

St. Pancras / Project Oriel

North Central London Integrated Care System

One of the NHS's largest capital schemes is being implemented within NCL.

Key facts

- The St Pancras hospital site in Camden will be entirely redeveloped.
- The site is 5 acres in size and lies to the NW of St Pancras station.
- A new building for Moorfields Eye Hospital (Oriel) (c.£400m) to replace their existing City Road site is being built on 2 acres of the site.
- The remaining 3 acres will be redeveloped with a mixture of NHS buildings (including a new facility for Camden & Islington NHS Foundation Trust), office, retail and residential spaces.
- Planning permission and all necessary approvals for the land transfer to Moorfields and the construction of the new hospital have been secured and construction of the Moorfields building has started.
- The new Moorfields Eye Hospital is expected to be ready in 2027.
- The redevelopment of the remainder of the site is anticipated to start in 2025 (with NHS elements complete in 2028).

Issues and risks to manage

- It is a hugely complex combined project involving the decant and move of a number of services currently on the site across a number of different NHS bodies (including Moorfields Eye Hospital, Camden & Islington, Central & North West London and Royal Free London NHS Foundation Trusts).
- The c£400m funding for the new Moorfields Eye Hospital (Oriel) will come from the National Hospital Programme, UCL, the Moorfields Eye Charity and the sale of the existing City Road site. Moorfields Eye Hospital, the National Hospital Programme, the NHSE London Region and the ICB are all involved in the Oriel governance arrangements.
- The Oriel construction is taking place while the remaining 3 acres are still occupied so must ensure that construction does not disrupt clinical operations that are continuing to be delivered from the remainder of the site.

Next Steps

North Central London Integrated Care System

There are a number of system financial planning next steps including managing 23/24 and planning ahead for 24/25 and future years.

NHS Financial Planning next steps include:

- Forecasting and year-end management of the 23/24 revenue and capital positions.
- Preparation for 24/25-25/26 – in the form of a Medium-Term Financial Plan submission to NHSE in Sept/Oct – to include ICB investment priorities whilst addressing the underlying financial deficit. We are aiming to formulate this plan with system groups to maximise the system focus on and ownership of the plans e.g. elective recovery and productivity, non-elective capacity, diagnostics, prescribing, mental health, community, non-pay, corporate and estates.
- Receipt of national NHSE operational and financial planning guidance expected Oct-Dec
- Refresh of capital pipeline – prioritisation and distribution of ICS capital funding for 24/25.

North Central London Integrated Care System

Appendix – NCL ICS background information and analysis

Summary of NCL ICS background information and analysis

North Central London Integrated Care System

The Appendix covers the purpose and role of ICBs, it's spending profile and the types and nature of funding flows in and out of the system. As well as historic financial performance as context for the most recent NCL financial position.

1. ICBs are responsible for allocating NHS budget and commissioning services, having inherited the responsibilities of CCGs. In addition, ICBs have a duty to lead collaborative working across the ICS, which is made up of local health and care organisations and local councils.
2. ICBs and ICSs have a number of financial responsibilities including a duty to seek to achieve system financial balance each financial year.
3. The NCL system has been working collaboratively on financial issues for several years before the ICB started and can point to a number of successes.
4. NCL is a complex health and care economy with 10 major providers with a combined income of around £5.6bn, two NWL providers running two boroughs' community services, five local authorities and 33 primary care networks.
5. The NCL NHS providers receive income from a number of sources. The system is a net importer of activity and this is clear from the size of the provider income (£5.6bn) being in excess of the NCL ICB budget for its population of £3.5bn.
6. The strategy is for the ICB to spend a greater proportion of the budget on pro-active and preventative care and out of hospital services in order to require less hospital provision to support sustainability. We are planning to increase investment in population health management, projects to address health inequalities, community services and mental health.
7. There have been a number of changes to the NHS financial regime in response to the pandemic which supported the local financial position. However, as we come out of the covid period we face many financial challenges.

ICBs & ICSs

North Central London Integrated Care System

ICSs are local health and care and local councils working in joined-up ways. ICBs are responsible for allocating NHS budget and commissioning services.

ICS

- North Central London is made up of five boroughs – Barnet, Camden, Enfield, Haringey and Islington, with around 1.6 million residents living here.
- North Central London Integrated Care System (NCL ICS) brings together local health and care organisations and local councils to work in joined-up ways to improve health outcomes for residents and tackle inequalities that currently exist.

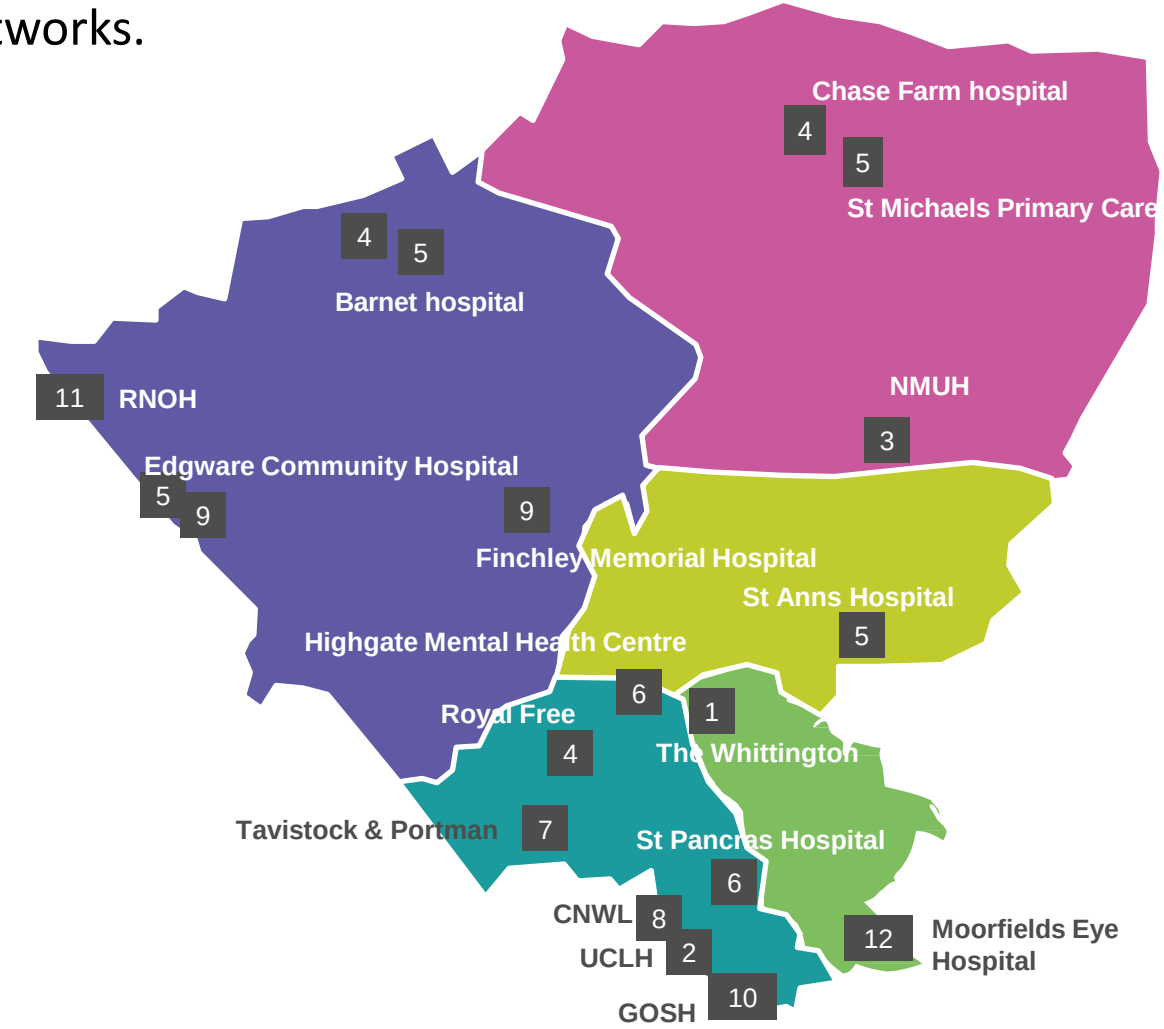
ICB

- The NHS North Central London Integrated Care Board (ICB) is responsible for allocating NHS budget and commissions services. ICBs are a key change in the Health and Care Bill, and have replaced Clinical Commissioning Groups. These changes came into effect on 1 July 2022.
- Integrated Care Boards are a statutory NHS organisations responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area.
- NCL ICB will build on existing commitments, programmes and ambitions. The principles informing the work of the ICB are:
    - **Taking a population health approach:** We need to continue to develop the way we plan services to take into account the needs of people and communities, acknowledging the wider determinants of health. This will support tackling health inequalities across and within the communities we serve.
    - **Evolving how we work with communities:** Embedding co-design with partners and communities in planning and designing services, and developing systematic approaches to communications and community engagement.
    - **Continued focus on boroughs:** Partnership working within boroughs is essential to enable the integration of health and care and to ensure provision of joined up, efficient and accessible services for residents.
    - **Learning as a system:** We have learnt a lot as a system throughout both our response to COVID-19 and our efforts to recover. Capturing this learning across primary care, social care, community, mental health and hospital services will guide our next steps for both individual services and system approaches.
    - **Acting as a system to deliver a sustainable health and care system:** Providing high quality services enabled by workforce, finance strategy, estates, digital and data.

The NCL Integrated Care System

North Central London Integrated Care System

NCL is a complex health and care economy with 10 major providers with a combined income of around £5bn, two NWL providers running two boroughs' community services, five local authorities and 33 primary care networks.



NHS Providers

1. Whittington Health NHS Trust
2. University College London Hospitals NHS Foundation Trust (UCLH)
3. North Middlesex University Hospital NHS Trust (NMUH)
4. The Royal Free London NHS Foundation Trust
5. Barnet, Enfield and Haringey Mental Health NHS Trust
6. Camden and Islington NHS Foundation Trust
7. Tavistock and Portman NHS Foundation Trust
8. Central and North West London NHS Foundation Trust (CNWL)
9. Central London Community Healthcare NHS Trust (CLCH)
10. Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH)
11. Royal National Orthopaedic Hospital (RNOH)
12. Moorfields Eye Hospital NHS Foundation Trust

Finance System working (For Sept 2022 report)

North Central London Integrated Care System

The NCL system has been working collaboratively on financial issues for a number of years and can point to a number of successes, including:

- Clear financial principles agreed by all Boards, including viewing every financial decision from a system (not organisation) perspective.
- Successful agreement of deployment of Covid funding throughout 2021/22 and into 2022/23.
- Agreed approach to 2022/23 contracts.
- Community services and mental health reviews have been undertaken.
- CFO group, chaired by ICS finance lead, in place fortnightly and making decisions on behalf of the system.
- System Management Board, chaired by CEO designate, meet fortnightly.
- System capital allocation process agreed 20/21 to 22/23.
- Health inequalities fund in place in 2021/22 for most deprived wards and boroughs and 2022/23.
- North London shared service set up, initially focussed on shared recruitment across NCL.
- Orthopaedic hubs established with increasing productivity, and new surgical and bed capacity open.
- Investment of funding into wider system to support elective recovery.
- UCL health alliance of all providers (including primary care) established with chair/CEO in post.

With the establishment of the ICB, the arrangements in place to support the financial governance in the ICS include:

- ICB Board and Finance Committee.
- System management Board meets monthly on system Financial Recovery.
- Continuation of ICS CFO group.
- Establishment of system financial recovery groups.
- Dedicated finance staff supporting the system financial strategy, transformation projects, planning and monitoring.

Overall financial strategy and vision

North Central London Integrated Care System

We have agreed the following top priorities for NCL's financial strategy, underpinned by principles for how we will work together.

1. We are focussed on improving the health of the population in North Central London within our available resources
2. We will address health inequalities across the sector and within our boroughs as a priority
3. We will maximise what we do locally in North Central London

The way we work

- We will focus on the benefit to the system, not on the impact to the individual organisation
- We will ensure no individual organisation loses out for doing something in the benefit of the wider system
- Strong clinical and operational engagement in everything we do
- Close working with primary care and with local authority partners
- Shared acknowledgement that system working will be required to address the challenges we face
- We will be open and transparent with each other, sharing data and financial information
- We will implement joint planning and more standardised processes across the system
- We will hold each other individually and jointly accountable for system sustainability
- We will focus on reducing the cost of service delivery, not income generation

NHS National Financial Rules

North Central London Integrated Care System

Rule	ICB	System
Capital resource limit		Collective duty to act with a view to ensuring that the capital resource use limit set by NHS England is not exceeded.
Revenue resource limit		Collective duty not to exceed the limit set by NHS England.
Duties to break even / achieve financial balance	Duty to act with a view to ensuring is expenditure does not exceed the sums it receives.	Objective to breakeven - i.e. duty to seek to achieve objective of system financial balance.
Financial apportionment	Revenue and capital resources of all trusts apportioned exclusively to a principal ICB.	
ICB Administration costs	Duty not to exceed the limit set by NHS England.	
Risk management	Local contingency decision required to show how financial risks will be managed.	
Prior year under and overspends		Maintain as a cumulative position.
Repayments of prior year overspends		All overspends are subject to repayment.
Mental Health Investment Standard	Comply with standard as set out in relevant planning guidance.	
Better Care Fund	Comply with minimum contribution as set out in relevant planning guidance.	

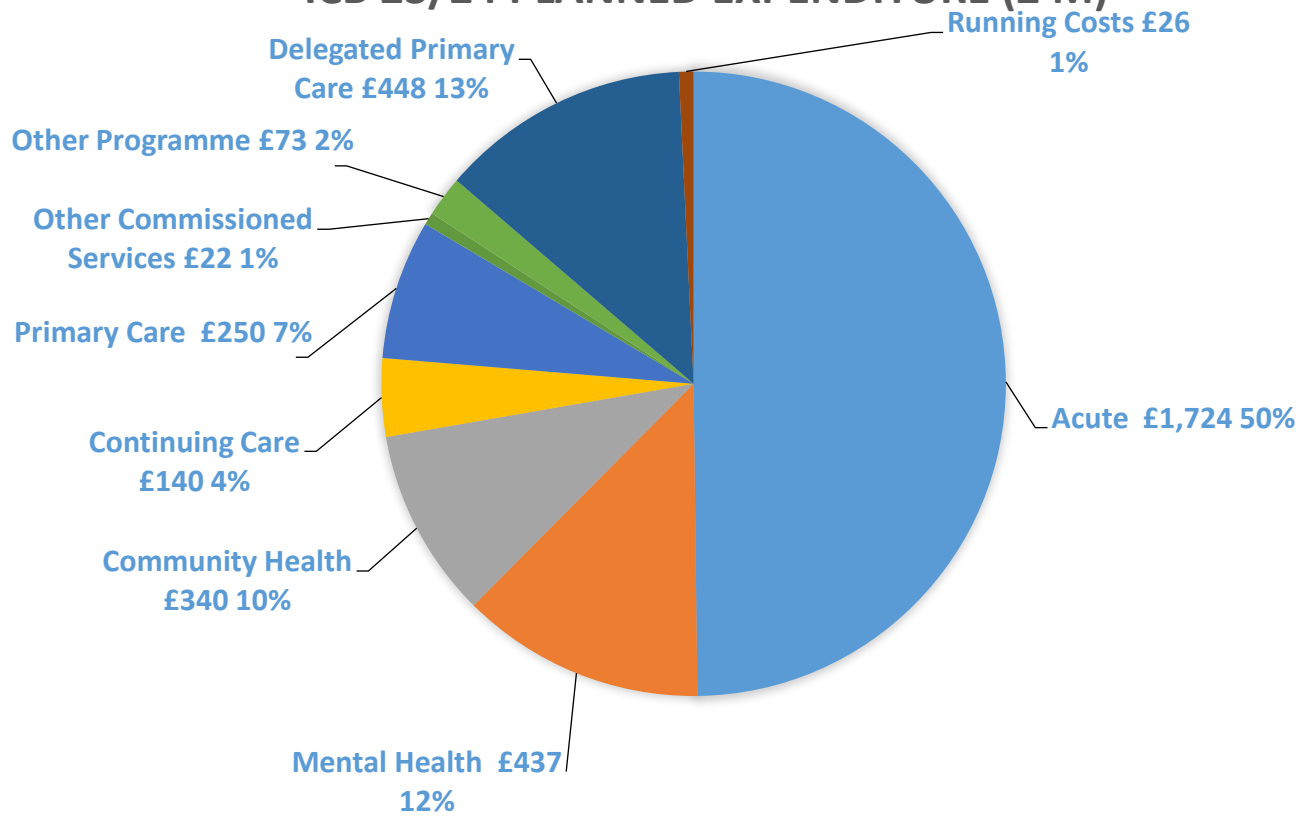
NCL ICB Spending profile

North Central London Integrated Care System

The chart shows the proportion of 23/24 £3.5bn planned expenditure on services for the NCL population.

- The strategy for the ICB is to spend a greater proportion of the budget on pro-active and preventative and out of hospital services in order to require less hospital provision.
- **The pie chart opposite contains planned annual costs in 23/24. The table below splits this by in-sector and out of sector.**
- The 2023/24 planned spend includes pharmacy, optometry and dentistry for the first time – as these services have now been delegated from NHSE to ICBs.
- From 24/25 the intention is for the ICB to be accountable for specialist commissioning services. This will have a material impact on the overall funding for which the ICB is responsible and will change the spending profile.

23/24 NCL ICB Planned Spend	Total	Planned spend with NHS trusts in-sector	Planned spend with NHS Trusts out of sector	Other Planned Spend
	£'000	£'000	£'000	£'000
Acute	1,724	1,470	216	37
Mental Health	437	338	13	86
Community Health	340	156	95	89
Continuing Care	140	0	0	140
Primary Care	250	0	0	250
Other Programme	95	1	0	94
Delegated Primary care	448	0	0	448
Running Costs	26	0	0	26
Total ICB Spend	**3,461**	**1,965**	**325**	**1,170**



NCL Provider Funding Profile (23/24)

North Central London Integrated Care System

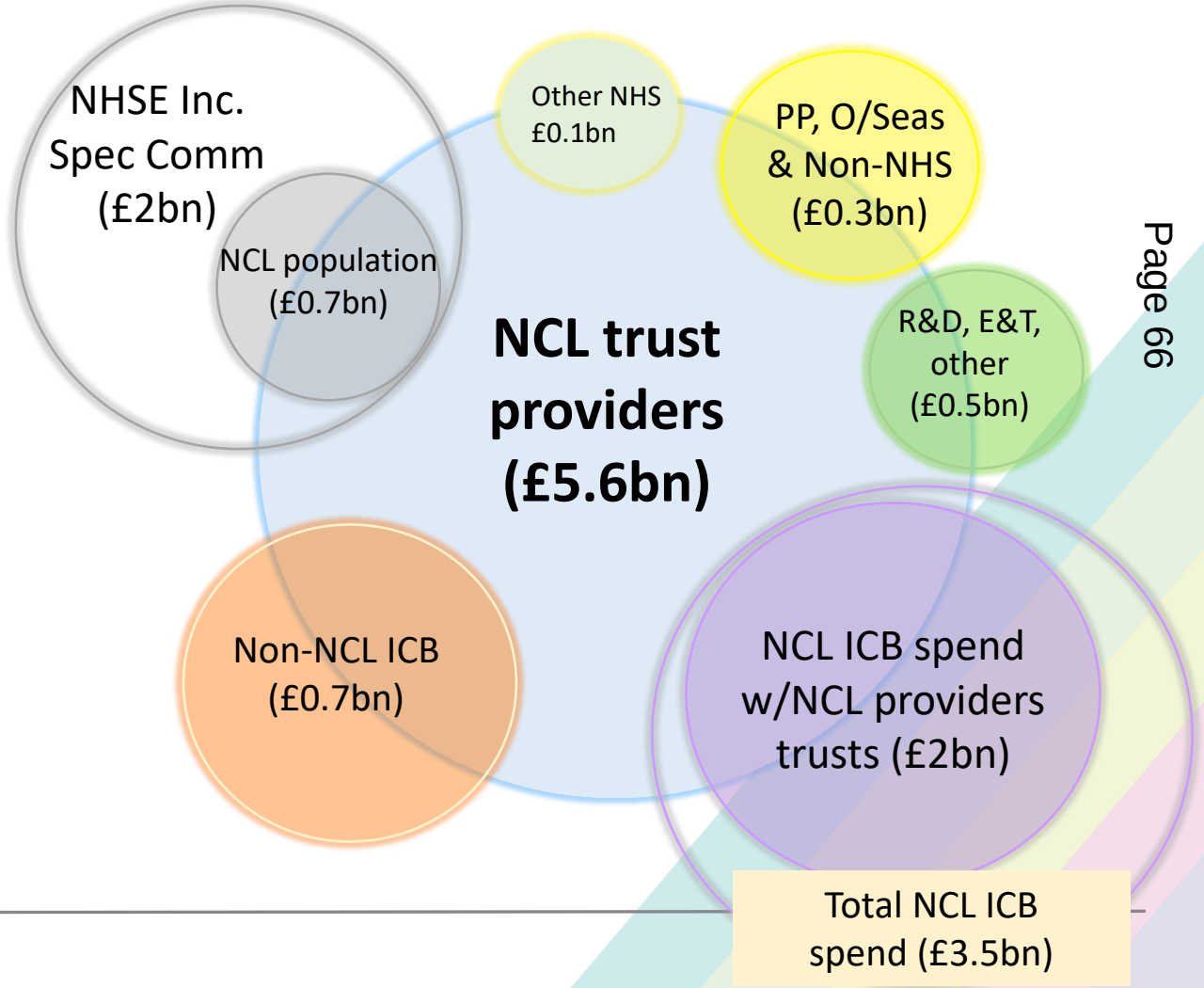
The NCL NHS providers receive income from a number of sources. The system is a net importer of activity and this is clear from the size of the provider income (£5.6bn) compared to the NCL ICB budget for its population of £3.5bn.

The total planned income for the 10 NCL trust providers is c£5.6bn.

Of this broadly c£2.7bn is spent on NCL patients with c£2bn is received from NCL ICB and c£0.7bn from NHSE for Specialist services.

The balance is for treating non-NCL patients (c£2bn) and other patient care (c£0.3bn) and non-patient care income (c£0.6bn).

There is a more detail at a trust level on the following slide that demonstrates the extent to which trust provide local services for NCL patients and the extent to which they provide specialist services (a proportion of which is for NCL patients).



Providers in NCL ICS

North Central London Integrated Care System

NCL is a complex health economy with a variety of types and sizes of providers, including three single speciality providers and a large component of specialist services.

Trust	High level description of services / localities	23/24 Annual planned Income	Of which NCL ICB	Of which NHSE/Specialist services
Barnet, Enfield, & Haringey MH Trust	Local secondary and tertiary mental health services (including being lead provider for North London Forensic consortium) covering the 3 borough in the north of NCL.	£396m	£178m (45%)	£177m (45%)
Camden & Islington MH Trust	Local secondary mental health services for boroughs in south of NCL. Hosts Psychotherapy training consortium.	£204m	£135m (66%)	£0m (0%)
Great Ormond Street Hospital	Tertiary paediatric services including national specialities.	£676m	£15m (2%)	£444m (66%)
Moorfields	Secondary and tertiary ophthalmic services. Provides services in sites across London.	£295m	£30m (10%)	£29m (10%)
North Middlesex	Local Secondary acute service with some specialist services, mainly covering Enfield and Haringey populations. Also provides Enfield Community services.	£473m	£334m (71%)	£67m (14%)
Royal Free London	Local and tertiary acute services. Includes Royal Free hospital, Barnet Hospital and Chase Farm Hospital. Local services mainly covering populations in Barnet, Enfield and Camden. Has a large teaching component.	£1,369m	£548m (40%)	£440m (32%)
Royal National Orthopaedic Hospital	Local and tertiary orthopaedic services, whose main site is in Stanmore (NWL).	£201m	£22m (11%)	£83m (42%)
Tavistock & Portman	Local and tertiary psychotherapy provider. Has a large education and training function.	£67m	£14m (21%)	£16m (24%)
University College London Hospital	Local secondary and tertiary acute services. Local services cover mainly Camden and Islington populations. Has a large teaching component.	£1,548m	£352m (25%)	£704m (46%)
Whittington Health	Local secondary acute and community services provider. Local acute and community services cover mainly Haringey and Islington communities.	£410m	£306m (75%)	£34m (8%)
Total		**£5,639m**	**£1,934m (34%)**	**1,997m (35%)**

Recent NCL historic financial performance

North Central London Integrated Care System

The change in the NHS financial regime in response to the pandemic supported the local financial position. However, as we came out of this period, we face many financial challenges.

Pre-Covid 18/19 & 19/20

- The table opposite includes the outturn position for NCL organisations for 18/19 and 19/20 – the last two "normal" financial years before the Covid pandemic – only the last month of 19/20 was affected by Covid.
- Pre-pandemic NCL had been able to broadly achieve its financial duties through a number of non-recurrent measures. For example, both UCLH and Whittington benefitted from profit on sale of assets in 18/19. The NHSI finance regime operating in 18/19 rewarded Trusts that were able to report a surplus with additional funding which increased the surplus further. 18/19 was the last year that Trusts could include profits on the sale of assets in their financial performance.
- However, the financial performance in 19/20, an overall deficit of £95m, indicated the scale of the financial challenge that the system faced when planning for 20/21 and going into the 20/21 planning round (before the first lockdown in March 20) it had not formulated a financially balanced plan.

Covid financial regime 20/21 & 21/22

- The NHS financial framework adapted significantly during the COVID-19 pandemic to enable a focus on meeting urgent operational pressures. Initially there was a financial top-up system to bring trusts back into financial balance. This then moved back to a cash limited system, but at a higher level of investment, moving away from the national tariff system to national block contract payments for providers.
- Systems received non-recurrent Covid funding to support services with the increased costs of sickness, security and preventing infection. Trusts also received Elective Recovery Fund funding to cover additional costs of tackling the backlog and to incentivise the increase in elective activity.
- In 21/22 NCL ICS system generated a £89m surplus due to:
  - Windfall gain from national elective recovery fund scheme in Q1 of 21/22.
  - Non-recurrent technical benefits
  - Underspends due to reduced elective work in covid waves during the financial year.

Post Covid period

- Over the pandemic period, the NCL system used the additional non-recurrent funding to increase capacity in ITU and elective and emergency bed capacity to improve resilience. In acute providers there has been broadly a 10% increase in WTE.
- As the local system comes out of the pandemic period into a more financially constrained environment, we face a challenge to reduce the cost base built up on non-recurrent funding.
- The focus now also needs to move towards getting back to a delivering efficiencies on an annual basis as was the case pre-pandemic.

	Pre-Covid		Covid financial regime	
Organisation	18/19 Outturn Surplus/ (Deficit) £'000	19/20 Outturn Surplus/ (Deficit) £'000	20/21 Outturn Surplus/ (Deficit) £'000	21/22 Outturn Surplus/ (Deficit) £'000
BEH	(182)	1,114	1,562	22,629
C&I	6,244	1,832	72	1,017
GOSH		4,660	12,895	(4,394)
MEH	11,422	390	6,163	19,773
NMUH	(3,184)	50	832	19,081
RFL	(67,081)	(30,715)	(381)	7,200
RNOH	(13,370)	(10,783)	1,846	11,931
T&P	2,735	218	675	(11,424)
UCLH	79,589	(15,855)	11,761	19,715
WHIT	28,190	50	50	496
Trust Total	**44,363**	**(49,039)**	**35,475**	**86,025**
NCL CCGs	(50,523)	(45,629)	3,323	3,298
System Total	**(6,160)**	**(94,668)**	**38,798**	**89,323**

North London Mental Health Partnership

Camden

Barnet, Enfield and Haringey Mental Health NHS Trust

Camden and Islington NHS Foundation Trust

Purpose

The purpose of this paper is to update the Joint Health Overview and Scrutiny Committee (JHOSC) on the progress of coproducing a new mental health day support service in Camden.

Background

Non-residential support for people in mental health crisis is typically provided by NHS crisis resolution teams (CRTs), which provide care to people in their own homes. Acute Day Units (ADUs) offer an alternative whereby people attend a unit during the day to receive care. ADUs offer opportunities for peer support from other people attending the unit, and more contact time with staff during the day than crisis resolution teams can offer.

The Camden ADU based at the St Pancras Hospital site in Camden was suspended in April 2020 due to the Covid-19 pandemic and has not since reopened. Since the suspension of the ADU, work to implement the Community Mental Health Framework in Camden has significantly progressed. Through the adoption of this Framework, people with mental health problems are enabled to:

- Access mental health care where and when they need it, and move through the system easily, so that people who need intensive input receive it in the appropriate place, rather than face being discharged to no support.
- Manage their condition or move towards individualised recovery on their own terms, surrounded by their families, carers and social networks, and supported in their local community.
- Contribute to and be participants in the communities that sustain them, to whatever extent is comfortable to them.

Partnership working in Camden has flourished since the onset of the pandemic with partners across the NHS, the Local Authority, the Voluntary and Community Sector (VCS) and experts by experience working collaboratively to advance the relationships, culture and structures required to deliver the transformation of mental health services. Transformational developments include the implementation of Core Community Mental Health Teams aligned to Neighbourhoods and Primary Care Networks (PCNs) and the recommissioning of Local Authority mental health VCS provision under a single Alliance contract (the ‘Resilience Network Alliance’).

While community-based support for people with mental health needs has been significantly enhanced, there remains a service gap for people requiring intensive support outside of hospital.

Current mental health day support provision in Camden comprises The Greenwood Mental Health Service (provided by Camden Council) and the Phoenix Wellbeing & Recovery Service (provided by Mind in Camden and commissioned by Camden Council). These services provide invaluable support for residents requiring mental health support during the day, but they can’t fully provide for the needs of people experiencing acute mental illness in the same way the ADU did previously. There is therefore an opportunity to:

- Coproduce a new service that is based around individual needs, including those of people with acute mental health needs.
- In doing so, integrate mental health day support provision, strengthening the overall offer, increasing flexibility, and removing duplication.

- Strengthen the link between mental health day support and other community-based mental health support, removing barriers to access and promoting opportunities for people to participate in their local communities.

Coproduction of new service

Towards the end of 2022, partners came together to develop a high-level proposal for a new service that:

- Addresses gaps that currently exists in the borough e.g., intensive support outside of hospital and support for people who have experienced trauma (including people experiencing social instability).
- Provides evidence-based interventions (including peer support) in an environment that is trauma-informed and psychologically safe.
- Retains the elements of the ADU which the research shows result in better outcomes in terms of service user experience and satisfaction, wellbeing, depression, reduced usage of acute services and reduced overall health costs.
- Maximises access and links to wider community support.
- Improves integration with community teams, the crisis pathway including the Crisis Sanctuary and the Mental Health Crisis Assessment Service, the Resilience Network, individuals' existing support networks and wider community assets.
- Achieves efficiency and removes risk of duplication in overall provision by bringing together overlapping and complementary offers into a single service within the overall borough mental health offer.
- Progresses the commitment shared by Camden and Islington NHS Foundation Trust (C&I) and borough partners to advance joint working and improve integration of services at the 'place' level.

In April 2023, Camden Council and C&I began working with service users and carers to shape this new mental health day support service. Verve, a specialist communications and engagement agency, were commissioned to support the engagement and codesign process and provide a summary report including feedback and recommendations.

<u>Phased engagement and codesign approach</u>

At the start of the process, a phased engagement and codesign approach (outlined below) was agreed with service users and carers:

Pre-engagement phase: This included one online session with service users, carers, and stakeholders, three focus groups with service users of the Greenwood Mental Health Service and Phoenix Wellbeing & Recovery Service, and one focus group with autistic adults who have mental health needs.

Engagement phase: This included four workshops and one focus group (including one session dedicated to capturing insights from ex-service users of the previous ADU and one focus group with autistic adults who have mental health needs).

During both phases, service users and carers gave feedback regarding their ideas for a new mental health day support service. This was collated into a report which enabled the team to develop possible options for elements of the new service.

Codesign phase: This consisted of two face-to-face workshops with service users and carers. There was also one online information sharing session with some service users who were unable to join the face-to-face codesign sessions and a session with a senior manager responsible for mental health inpatient service provision and previously responsible for the ADU.

At the face-to-face codesign sessions, service users and carers worked in groups on the different areas proposed for the new service with the aim of enabling the team to refine the components of the model. As part of the codesign process, the team shared limitations in relation to the achievement of specific areas of the feedback and where appropriate, service users discussed possible mitigatory actions.

Participation

Service users and carers were recruited by C&I and Camden Council by email invitation, and through recruitment led by staff at the Greenwood Mental Health Service and Phoenix Wellbeing & Recovery Service. Registration to events was via Eventbrite and email. The engagement and codesign activities were complemented by information on the website and an online survey.

170 people registered to attend the various sessions.

A desk-based Equality Impact Assessment identified the following groups as pertinent to the previous Acute Day Unit as well as the new integrated service:

- Adults of working age (18 – 64) (age)
- People with a diagnosis of serious mental illness (disability)
- Those who are unemployed (socio-economic status)
- Previously admitted to an inpatient ward (disability)

Most of the service users who took part in the engagement and codesign process fell into a minimum of two of the identified priority groups.

To support participation in events, the following steps were taken:

- Engagement with Camden Disability Action.
- Representation from individuals with a neurodiverse perspective.
- Providing a combination of online and face to face events.
- Providing options for 1:1 sessions.
- Ensuring an accessible presentation style.
- Sending materials to participants in advance to allow time for review and reflection.

Feedback and potential service options

Feedback was grouped into six themes:

- Accessing services and referrals
- How services work together
- Interventions and activities
- Duration of services and opening hours
- Staff and communication, and,
- Areas of feedback with limitations.

Service options were proposed based on the feedback gathered during the pre-engagement and engagement phases. There was support for a flexible approach to accessing future services, with good communication and promotion of services available as well as consistency of key workers seen as essential. Service users also favoured a service that retained elements of the former ADU and emphasised the need for it to provide an alternative to hospital-based care and treatment as well as community and social activities for people with a range of support needs, at a location that is central to the borough with good transport links.

For further detail regarding the engagement and codesign work please see the Verve report in the appendix.

Next steps

The engagement and codesign sessions have collected valuable feedback from a wide range of current and past service users, carers and people working within services, which will inform the development of the new integrated mental health day support service in Camden.

There are a number of models currently being considered with partners which will be developed into an options appraisal and taken through the various governance processes within Camden Council, C&I and the North Central London Integrated Care Board (ICB), with the aim to establish a new service in Spring 2024. Camden Council and C&I have committed to keeping service users informed and getting their input on plans as they develop.

	Task	**Timeline**	**Lead**
1	Service model finalisation	1st September	Poppy Green/Project Team
2	Delivery options appraisal	7th September	Poppy Green
3	Governance and sign-off • Local Authority • NLMH Partnership • NCL ICB CAG • NCL MH Governance Group, if required	 19th September 20th September 20th September (tbc) (September)	Alice Langley/Debra Holt
4	Specification and outcomes agreed	29th September	Poppy Green
5	Provider selection and contracting commences, subject to option agreed	1st October	Poppy Green
6	Go live	April 2024	

Questions for Committee discussion:

1. Comments on the coproduction and codesign approaches, underpinning change to the service offer
2. Discussion and views on the benefits of an integrated and streamlined model

verve

REPORT

Post Engagement and Codesign Report – Camden Mental Health Day Support Services

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Date: July 2023

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EXECUTIVE SUMMARY

Background:
Camden and Islington NHS Foundation Trust (C&I Trust) and Camden Council are exploring the possibility of a new, integrated mental health day support service. Verve, a specialist communications and engagement agency, was commissioned to facilitate the engagement and codesign process with service users and carers in Camden to shape the new service. The aim is to create a flexible service that meets individual needs, connects with other local mental health services, and provides improved access to mental health day support for Camden residents. The closure of the Acute Day Unit (ADU) at Jules Thorn in 2020 due to the COVID-19 pandemic created a gap that the new service intends to address. Additionally, the contract of the Phoenix Recovery and Wellbeing Service (currently delivered by Mind in Camden) ends in March 2024, offering an opportunity to review existing offerings and ensure that the service meets the needs of service users and mental health providers and commissioners.

Statutory Obligations, Guidance, and Governance for engagement:
The C&I Trust is obliged to comply with statutory obligations, including Statutory Duty to Involve - NHS Act 2006 (amended), the Equality Act 2010, and NHSE statutory guidance on working in partnership with people and communities.

The engagement and co-design process was supported by colleagues from Camden and Islington NHS Foundation Trust and Camden Council, monitored by a fortnightly operational group meeting chaired by the Operations Director Camden and overseen by the Managing Director – Camden Division (C&I).

Methodology:
The engagement and codesign approach involved three phases, including pre-engagement, engagement, and codesign. A desk-based Equality Impact Assessment was also conducted. Sessions took a deliberative approach with service users, carers, and other stakeholders conducted through face-to-face and online engagement and codesign workshops and focus groups.

Feedback from Pre-Engagement and Engagement Activities:

Feedback was grouped into six themes including:

- accessing services and referrals
- how services work together
- interventions and activities
- duration of services and opening hours
- staff and communication, and,
- areas of feedback with limitations.

Potential Service Options and Service User Response at Codesign:
Service options were proposed based on the feedback gathered during pre-engagement and engagement phases. Service users supported the single point of access approach, but concerns were raised about potential loss of intensive support for those with acute mental health needs.

The criteria for accessing different levels of support also generated varied responses, with some supporting clear criteria while others worried about accommodating long-term support. The importance of making the service neuro-diversity friendly was welcomed. Service users supported a "pick and mix" approach for accessing services, but communication and consistency of key workers were considered essential. The majority of service users favoured a new service that retained elements of the previous ADU which (in their view) had resulted in better outcomes in terms of service user experience and satisfaction. They emphasised the need for the new service to provide an alternative to hospital-based care and treatment for acutely unwell service users who require a centrally located, place-based day programme.

Conclusion:
The engagement and codesign process collected valuable feedback from service users and carers, informing the development of the new integrated mental health day support service in Camden. The service options will undergo further internal governance processes within Camden and Islington NHS Foundation Trust (C & I Trust) and Camden Council before a final decision can be made.

1. BACKGROUND

Camden and Islington NHS Foundation Trust (C&I Trust) and Camden Council are exploring the opportunity to open a new, integrated mental health day support service.

Verve, a specialist communications and engagement agency, was commissioned to support the process with service users and carers in Camden to codesign a new mental health day service. The aspiration is that the new service will be flexible, based on individual needs, better linked with other local mental health services, and offer improved access to mental health day support for Camden residents.

The Acute Day Unit (ADU) at Jules Thorn closed in 2020 due to the COVID-19 pandemic and has not reopened, thereby leaving a gap that the new service intends to address. Furthermore, the contract of the Phoenix Recovery and Wellbeing Service (currently delivered by Mind in Camden) ends in March 2024, providing an opportunity to review what's currently on offer and make sure that a future service can meet the needs and aspirations of service users and mental health service commissioners. Finally, the Greenwood Mental Health Service provides a key role in mental health day support for Camden residents and is therefore also in scope of the new service codesign.

2. STATUTORY OBLIGATIONS, GUIDANCE, AND GOVERNANCE

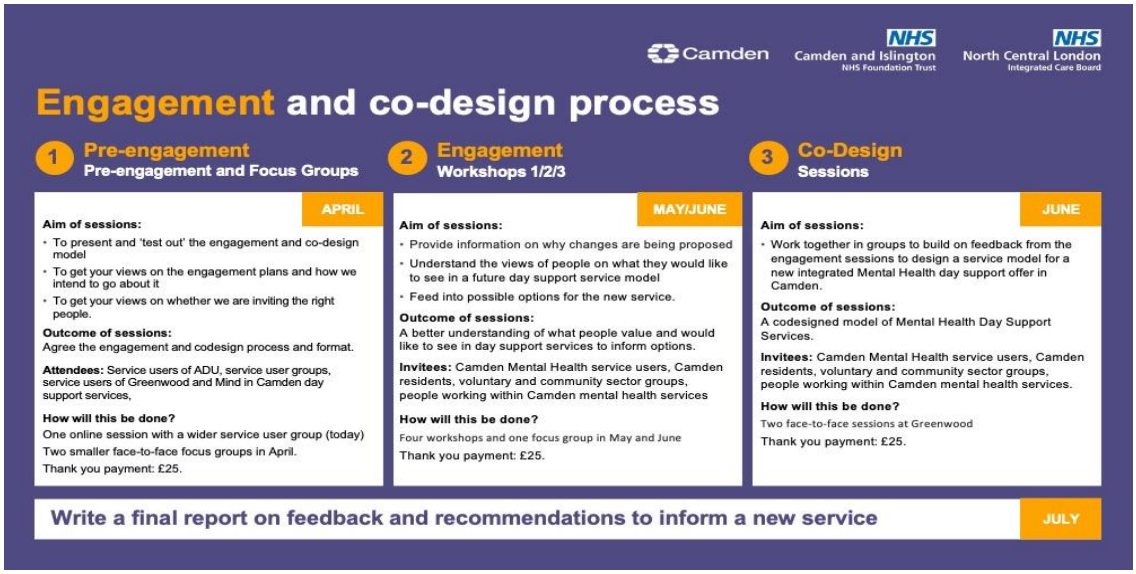
In the planning and redesign of new services, the C& I Trust is obliged to comply with the following statutory obligations and guidance:

- Statutory Duty to Involve – NHS Act 2006 (amended)
  - s242 (Trusts) – The principle of Section 242 is that, by law, NHS Commissioners and Trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services.
- Equality Act 2010
  - s149 public sector equality duty – eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.
- NHSE statutory guidance
  - B1762 Working in Partnership with People and Communities Statutory Guidance (NHSE, July 2022) – affirms NHS commitment to public engagement and outlines best practice required of NHS organisations to ensure service users are involved in planning and service design.

The engagement and codesign process was supported by colleagues from Camden and Islington NHS Foundation Trust and Camden Council, monitored by a fortnightly operational group meeting chaired by the Operations Director Camden and overseen by the Managing Director – Camden Division (C&I).

3. METHODOLOGY

At the start of the process, a three-phased engagement and codesign approach (outlined below) was agreed with service users and carers.



This is outlined in the diagram below. A desk-based Equality Impact Assessment was conducted.

Pre-engagement phase: We held one online session with service users, carers, and stakeholders and two focus groups with service users at Greenwood and Phoenix, including one with service users with autism.

Engagement phase: This included four workshops and one focus group (including one session dedicated to capturing insights from ex-service users of the Adult Day Unit previously at Jules Thorn and one focus group with autistic adults who have mental health needs).

During both phases, service users and carers gave feedback regarding their ideas for a new mental health day service. This was collated into a report which enabled the team to develop possible options for elements of the new service.

Codesign phase: This consisted of two face-to-face workshops with service users and carers. We also held one online information sharing session with some service who were unable to join the face-to-face co-design sessions and a session with a senior manager responsible for mental health in-patient service provision and previously responsible for the ADU at Jules Thorn.

At the face-to-face codesign sessions, service users and carers worked in groups on the different areas proposed for the new service with the aim of enabling the team to refine the components of the new service. The final service options will be subject to the Trust's internal governance processes. As part of the codesign process, the team shared the limitations to the achievement of certain areas of the feedback and where appropriate, service users discussed possible mitigatory actions.

Event Dates
Thursday 13thApril (Pre-Engagement)
Tuesday 18th April - Greenwood (Pre-Engagement)
Tuesday 18th April - Phoenix (Pre-Engagement)
Thursday 18th May – Engagement
Wednesday 24th May – Engagement
Thursday 25th May – Engagement
Friday 26th May - Autism Focus Group
Thursday 15th June - ADU Focus Group
Wednesday 28th June - Codesign
Friday 30th June – Codesign

Recruitment

Service users and carers were recruited by the C&I Trust and Camden Council by email invitation, and through recruitment led by staff at The Greenwood Centre and Phoenix. Registration to events was via Eventbrite and email. The engagement and codesign activities were complemented by information on the website and an online survey.

According to our records, 170 people registered to attend over the course of the various engagement and co-design sessions.

Equalities

A desk-based Equality Impact Assessment identified the following groups as pertinent to the previous ADU at Jules Thorn as well as the new integrated day service:

- adults of working age (18 – 64) (age)
- People with a diagnosis of serious mental illness (disability)
- Those who are unemployed (socio-economic status)
- Previously admitted to an inpatient ward (disability)

Most of the service users who took part in the engagement and codesign process fell into a minimum of two of the identified priority groups.

4. FEEDBACK FROM PRE-ENGAGEMENT AND ENGAGEMENT ACTIVITIES

Service user feedback has been grouped into six themes in line with the key areas of the new service. In response to the feedback, the team proposed possible service options (see Page 11). Service users and carers worked on these areas during the codesign phase, which (subject to the Trust's internal governance processes) will inform the specification for the new service.

The six proposed themes to inform the new service are:

4.1 Theme 1: Accessing services and referrals
4.2 Theme 2: How services work together
4.3 Theme 3: Interventions and activities
4.4 Theme 4: Duration of services and opening hours
4.5 Theme 5: Staff and communications
4.6 Theme 6: Areas of feedback with limitations.

4.1 THEME 1: ACCESSING SERVICES AND REFERRALS

How should people access mental health day services?

The recurring themes from service users and carers:

- We want to have one point of contact where we can go to, who knows the services well and can link us into the support we need
- Referrals should come from anywhere
- We don't want to wait for support. If there is a waiting list, we want to know how long it is and be updated regularly. We need help whilst we wait
- We want to be able to 'dip in and out' of services as and when we need them. We don't want to go through a lengthy referral process each time we return to services
- We want to be able to increase and decrease support as needed
- We want the same key worker as we move through different services.

Who can access services?

Service users and carers said:

- Criteria to access services needs to be simpler and clearly defined.

How can services be more neurodiverse-friendly?

Service users and carers said:

- We want services that consider neurodiverse needs
- Services should have a quiet space where people can go if they are over-stimulated

- We want different options for contacting services and key support workers
- We want the option of support from key workers to attend new services
- We want all staff to understand neurodiversity and how that may impact care and treatment. Everyone should have adequate training.

4.2 THEME 2: HOW SERVICES WORK TOGETHER

Service users and carers said:

- We want to be able to access all the services as and when we need
- We want services to be connected. There needs to be good communication
- We want front-line staff across the mental health network and GPs to be aware of these services
- We want services across different parts of Camden, so they are accessible for all.

4.3 THEME 3: INTERVENTIONS AND ACTIVITIES

Service users and carers said:

- We want the option of going somewhere for support or activities each day
- We want to be able to attend groups and activities without pressure to participate or talk if we don't feel like it
- We want services to have a kitchen where we can prepare meals for ourselves and eat with peers
- We want more outside spaces such as gardens
- We want services to be linked to other opportunities such as volunteering and employment
- We like lots of different groups such as yoga, gym, music, gardening, movement therapy, breath work as well as social activities. We also like practical support (e.g., help with letters and admin)
- We want 1-1 support from key worker
- We want spaces to talk to other people going through a similar thing as us. We want to be able to make friends.

4.4 THEME 4: DURATION OF SERVICES AND OPENING HOURS

Service users and carers said:

- A one-size-fits-all approach doesn't work, we need to be treated as individuals with different needs and support requirements
- We want to be able to access support for as long as we need to
- When we leave services, we don't want it to feel like we are 'dropping off a cliff'
- We don't want to talk about discharge as soon as we start services
- We want support outside of core hours too; sometimes we feel worse in the evenings or on the weekends.

4.5 THEME 5: STAFF AND COMMUNICATION

Service users and carers said:

Staff

- Well trained, quality staff are key to delivering effective services
- We want to feel safe and supported with access to the right type of staff and support When we are in crisis, we want to see clinicians
- We want staff who are kind, empathetic and understand us. We want consistent staff and familiar faces. Staff should know us well enough to spot when our mental health is deteriorating
- We want staff to check up on us if we stop going to services
- We want peer support
- We want staff who are diverse and have an understanding of cultural perspectives
- We want more staff; the ratio of service user to staff is very high.

Communication: language

- We do not like the name Acute Day Unit – it sounds cold and judgmental
- We do not like terminology such as 'pathway' and 'recovery'
- We want services to use less jargon – use everyday, simple language.

Ongoing service user involvement

- We want to be involved in making things work on an ongoing basis.

4.6 THEME 6: AREAS OF FEEDBACK WITH LIMITATIONS

Service users and carers said:

4.6.1 We want to be able to self-refer to services

4.6.2 We want services to be free

4.6.3 Building/premises:

- We want a specific place we can go to when we are in crisis or acutely unwell and need clinical support
- We want services to be easy to get to: Location with good bus links is important
- We are willing to travel up to 45 minutes/ 1 hour to access good quality support.

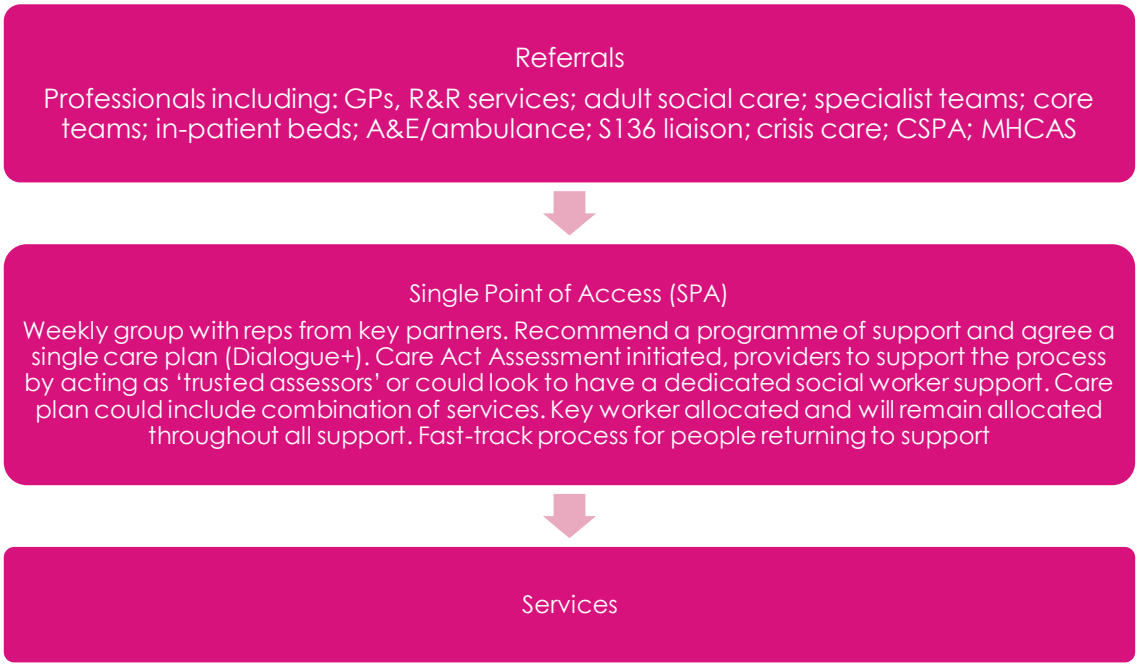
5. POTENTIAL SERVICE OPTIONS AND SERVICE USER RESPONSE AT CODESIGN

In response to feedback described in themes 4.1 – 4.6, the team developed service options for service users and carers work together in groups at the face-to-face codesign sessions.

5.1 THEME 1: ACCESSING SERVICES AND REFERRALS

The team proposed a single point of access for professionals and clinicians to refer people to the new integrated mental health day service. Following assessment, people will have a dedicated key worker to support them and access and navigate services agreed in their care plan.

The diagram below describes how the referral process could work.



Summary of responses by service users and carers:

- Service users generally supportive of the single point of access approach.
- Some (ex- service users of ADU at Jules Thorn) were concerned that specific intensive support required for people with acute mental health needs maybe lost within the proposed new model.
- "Is there a role within the SPA to routinely follow up on people discharged from hospital?"
- Referrals from other professionals: Professionals linked to person with mental health issues should be able to refer into single point of access, e.g., day centre manager, police, hospital, occupational therapists, care-co-ordinators.
- Delays in obtaining a GP's appointment could impact on the timeliness of securing a referral.

- The Single Point of Access (SPA) should have a dedicated phone number.
- SPA should be well advertised. Promotion channels include GP surgeries. Community centres, Voluntary Action Camden health advocates, job centres, schools, colleges, libraries, churches, carers, foodbanks, nurseries, services that help with domestic abuse, crisis houses, social media (Twitter, Facebook) and via a website with all the main MH charities in Camden, social workers and psychiatrists, the Recovery College, Camden New Journal, South Camden Rehab and Recovery Service, gyms, word of mouth.
- Could be included in a GP App where GPs find out what services are available.

Clinical Support	Medium term support (Greenwood)	Long-term support
• People who need immediate support or they will be at risk of hospital admission. • People who need step-down support after coming out of hospital or other crisis services. • People who need an oversight from a psychiatrist.	• People with moderate to severe and enduring MH needs. • People who may be at risk of a crisis. • People who would benefit from shorter/medium-term support with a recovery focus.	• People with moderate to severe enduring mental health needs. • People at high risk of social isolation. • People who would benefit from more long-term support.

Summary of responses by service users and carers:

- Some service users were supportive of "clear and defined criteria"
- Other service users were worried about how the new model would accommodate provision of long-term support for people with lifelong conditions such as neurodiversity and developmental delay
- Criteria may need some flexibility in its application: "When I was very ill, I went to the core service but that came to an end and I had to go to the club, I felt I was not ill enough for the core service, but not well enough to step down. That made me feel I didn't belong."

5.2 HOW SERVICES WORKED TOGETHER:

The team proposed that people could access a programme of support that could involve a combination of services in a given week as per diagram below:

Shared Activities

- Shared activities based at any of the venues of the different offers as other community spaces, led by workers of each service
- Clinically-led activities (e.g. art therapy, physical health checks, advice, Occupational Therapy)
- Community-based activities (e.g. going to community events, cinema, restaurants, mainstream services)
- Social care-led activities (e.g., music, art, crafts, gardening, living skills, social networks, skill development)
- Anyone who access any of the three services can attend any of these activites.

Summary of responses by service users and carers:

- Model needs to consider people who can't be moved around: When very unwell, e.g., psychotic, users would find it hard to move around (different venues) and cope with lower support needs
- There must be a variety of ways to communicate with the day service – texts, calls, online
- Case by case basis communication between services is important
- There must be the same key worker if someone can't come to the services or is not engaging
- Nurse/psychologist coming into a day centre is really good – service users felt this proposal was positive
- When acutely unwell, it's better if support is provided in one place. Service users supportive of "more pick and mix" approach but want to be involved in decisions about kind of support offered
- Jules Thorn had a canteen. Need for good nutrition when unwell and need to consider this when service user is moving around services.

5.3 THEME 3: INTERVENTIONS AND ACTIVITIES

The team proposed that people could access a varied range of services as described below depending on their preferences and assessed needs.

Clinical Support	Medium term support (Greenwood)	Long-term support
•Assessments. •Medication management/ reviews. •Therapeutic activities and groups. •Physical health groups by nurse. •Art therapy delivered by a psychotherapist. •Shared kitchen space. •1-1 support.	•Social care offer. •Support to manage stress, anixiety and low mood. •Sessions such as mindfullness, music, art, gardening, yoga, arts and crafts. •Support with living skills and skill development. •Shared kitchen space. •1-1 support. •In reach from organisations providing exisitng support (e.g. Resilience Network).	•Social care offer. •Peer support activities/ groups. •Community activites •Social activities (e.g. cinema club, walking groups, outings). •Practical support. •1-1 support. •Shared kitchen space. •In reach from organisations providing exisitng support (e.g Resilience Network).

Summary of responses by service users and carers:

- Service users welcomed clinical support and interventions being proposed. Agreed new provision needed a physical space.
- Some service users reiterated the need for new service to retain those elements of the previous ADU which (in their view) had resulted in better outcomes in terms of service user experience and satisfaction. They emphasised the need to provide an alternative to hospital-based care and treatment for acutely unwell service users who required a place-based day programme.
- Flexibility around the level of support: length of stay could be 7 weeks /3 weeks/3 months, all depending on the diagnosis/ conditions.
- Other services e.g., Peckwater Centre, Crisis Café etc need to know about new mental health day support services.
- Service model should consider people with disabilities with accessibility issues and those who have English as a second language.
- Service should also consider more lighter touch activities like playing cards, board games, game of pool, table tennis, room space for peace and quiet and thinking/reflections, a chill-out room with table and chair.
- Service should include providing access to the internet/facilities to use the internet, e.g., computer (some don't have a computer).

5.4 THEME 4: DURATION OF SERVICES AND OPENING HOURS

The team proposed some flexibility in the duration of support offered at different levels of mental health day support.

Clinical Support	Medium term support (Greenwood)	Long-term support
•Up to 8 weeks with the option of this being extended on a case by case basis. •Follow-up appointments via outreach sessions other serivces in the offer. •Some support to operate outside of core hours.	•Typically 1 year with the option of this being extended on a case-by-case basis.	•Typically, up to 2 years with the view of people being supported to lower-level provision (e.g. Resilience Network). However, option for people to stay longer on a case-by-case basis. •Some support to operate outside core hours.

Summary of responses by service users and carers:
Duration and opening hours

- "Eight weeks doesn't feel long enough for a service. The basic should be for three months
- "There should be a case-by-case approach"
- "In the eight weeks you can identify what would be useful to plan onwards"
- Core hours could be 10am to 4pm
- Weekends and evenings "hardest when there is nowhere to go". Need to communicate better about services outside of core hours
- Suggestions re: provision outside core hours: peer-led groups at the weekend; "a space to go to"; access to community groups; notice board with information about weekend activities and/or recovery workers sharing information; day trips.

5.5 THEME 5: STAFF AND COMMUNICATION

The team proposed to incorporate the attributes and values in in the new services where possible. Specifically:

- Ensure that all staff will be appropriately trained
- Recruitment should also focus on soft skills around empathy and compassion
- Ensure that the clinical aspect of the services will be clinician led and people will be assigned one key worker who will stay with them throughout their time in support services The key worker will also check in on people if they do not attend services and will have a mechanism to follow up when a person leaves the service.

Summary of responses by service users and carers:
Service users welcomed proposals for staff training and for recruitment to focus on soft skills around empathy and compassion as well as competence.

Language and ongoing service user involvement

The team proposes to review language used in service information to ensure it is accessible and without jargon and to update relevant websites with Information about services and any service changes.

It also proposes to consider the setting up of working groups where needed to work on specific areas of the new service and work with the Advocacy Project to embed service users in the monitoring of the new integrated service.

Summary of responses by service users and carers:

- The name of the new service is important. It can put someone off attending and/or encourage people to attend. There were several suggestions for the name including: Intensive Day Centre. Well-being hub: Tea and Cake Day Hospital.
- Some felt the words "mental health" should be included in the name – "Not hiding the mental health aspects of (the service)".
- It was suggested that there could be a competition to choose the name of the new service.
- Regarding service user involvement, service users suggested that there should be regular feedback, e.g., newsletter and different ways to provide feedback. Regular "You said, We did" updates.
- One "should be able to complain anonymously", e.g., via a suggestion box.
- Working groups with service users when needed.

5.6 THEME 6: AREAS OF FEEDBACK WITH LIMITATIONS

Self-referral: The team acknowledged service users' preference for self-referral but explained that to ensure prompt access to services by those in need of mental health support, only professionals and clinicians would be able to refer people to the single point of access. People who felt in need of mental health support are encouraged to speak to their GP or any other linked professional to make a referral on their behalf.

Summary of responses by service users and carers:

- GPs need to be kept informed about new mental health service so that they can refer people.
- Delays in getting a GP appointment may lead to delays in access to mental health services.
- There should be a register for vulnerable people so that they can access services promptly.

Charging for services: As local authorities are obliged to charge for social care services, it is outside their control to be able to offer free services. However, officers are committed to review the situation to consider what mitigating actions could be put in place, but it is unlikely any potential changes could be implemented in time for the start of the new service. People were reminded that where social care services are chargeable, people have the option to fund the

services themselves which will not require a Care Act Assessment, or they can pay a means-tested sum which is agreed via the Care Act financial assessment.

Summary of responses by service users and carers:
Care act eligibility

- Cost of living and everything is going up, and you don't cook because of mental health.
- It is important but it is stressful to go through and you feel like you are being judged.
- Service users were positive about the plan for the Council to review care act eligibility and try to mitigate the risks of cost being a barrier to accessing mental health services.

Building:
The team acknowledged service users' overwhelming desire to have a physical place where people experiencing acute mental illness can access clinical support and intensive therapy outside of hospital. However, the team shared that such a building had yet to be identified due to the limited options available.

Summary of responses by service users and carers:

- The majority of service users said that it was important for clinical provision and intensive mental health support to be delivered from an identifiable a physical space.
- Ex-service users from the ADU at Jules Thorn were particularly distressed during the codesign session at the possibility that a building may not be found to accommodate the acute mental health provision.
- Some service users suggested that the team consider looking for a building that is "centrally located in Camden – Hampstead Road, King's Cross, Euston, Somers town, Chalk Farm, Regents Park, Mornington Crescent", Others observed that "Gray's Inn Road has a lot of empty buildings".
- A minority considered the new service "is not about the physical building, it is about what is going on that is vital".

North Central London Integrated Care System

NCL Winter 2023/24 Planning
Summary update to Joint HOSC

Introduction

North Central London Integrated Care System

Winter 2022/23 has been experienced in the context of flu and respiratory illness (especially in children) and industrial actions. These have contributed to making this winter more challenging. Impact of the industrial actions on staffing capacity across NCL has been notable, with staff numbers significantly reduced. In this context, reducing ambulance handover delays has also been challenging especially in December 2022 when NCL experienced an increase in 60 minutes breaches. An update on handover times is provided further in this report.

Each year, the NCL winter planning process incorporates a review of the previous winter to identify learnings to help define what interventions are needed to continue or be implemented differently. This year's review includes learnings from the industrial actions. Outputs from this exercise will underpin the Winter 2023/24 Plan.

In addition, Health and Adult Social Care systems recently received national guidance to support planning for winter 2023/24. Headlines from the guidance can be summarised as follows:

- Joined-up approach to planning across the health and care system this winter as a collective responsibility to ensure there are resilient plans in place for winter across health and care systems Further action needed in most areas to ensure that health and care systems' capacity plans address projected changes in demand over the winter period.
- Winter planning should emphasise the on-going improvements around reducing waiting times for patients and crowding in A&E departments including the '**Ten High Impact Interventions' (Slide 4)** as these will be key to improving resilience in winter
- Supporting our workforce to deliver over winter - Providers should also ensure that they have an established pathway for identifying patients at-risk of COVID-19 and flu in their care, including those who are immunosuppressed.
- NHS to review their operational plans for winter and plan for surge scenarios by 11th September 2023 in conjunction with social care partners.
- Local authorities to provide a summary description, aligned to NHS winter surge plans, of how they will ensure sufficient capacity to meet potential adult social care surges in demand over winter by 28 September 2023

The requirements from the guidance is being incorporated into the NCL 2023/24 winter planning process outlined on the next slide.

Planning process for Winter 2023/24

North Central London Integrated Care System

The approach and timeline for the winter 2023/24 planning process is outlined below.

June- July 2023

Review of winter 2022/23 and stocktake

Focussing on:

- What are the interventions that have worked well, including learning from the strikes?
- Which interventions that have worked well to date should be seasonally specific, and which should now be BAU?
- What are the immediate and longer-term system actions required to support delivery of the new A&E standard and the reduction in the 30 mins ambulance standard?

August 2023

System Response to Winter letters

Principles:

- System partners engagement and communication.
- Clarity on roles and responsibilities across the system
- Aligning BCF demand and capacity plans with health demand and capacity plans
- Incorporating UEC Recovery High Impact Interventions

September 2023

NCL Winter Playbook

Incorporating plans for:

- System Working
- High impact interventions
- Discharge, intermediate care and social care
- Bed capacity planning
- Surge Planning
- Workforce

Ten High Impact Interventions to support winter resilience

North Central London Integrated Care System

1. **Same Day Emergency Care**: Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2. **Frailty**: Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3. **Inpatient flow and length of stay (acute)**: Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients.
4. **Community bed productivity and flow**: Reducing variation in inpatient care and length of stay by implementing in-hospital efficiencies and bringing forward discharge processes.
5. **Care Transfer Hubs**: Implementing a standard operating procedure and minimum standards for care transfer hubs to reduce variation and maximise access to community rehabilitation and prevent re-admission to a hospital bed.
6. **Intermediate care demand and capacity**: Supporting the operationalisation of ongoing demand and capacity planning.
7. **Virtual wards**: Standardising and improving care across all virtual ward services to improve the level of care to prevent admission to hospital and improve discharge.
8. **Urgent Community Response**: Increasing volume and consistency of referrals to improve patient care and ease pressure on ambulance services and avoid unnecessary admission.
9. **Single point of access**: Driving standardisation of urgent integrated care coordination which will facilitate whole system management of patients into the right care setting, with the right clinician or team, at the right time.
10. **Acute Respiratory Infection Hubs**: Support consistent roll out of services, prioritising acute respiratory infection, to provide same day urgent assessment with the benefit of releasing capacity in ED and general practice to support system pressures.

Update on actions to improve ambulance handover times

North Central London Integrated Care System

Whilst reducing delays in ambulance handover times has been challenging across NCL, continuous improvement continues to be a key patient safety focus area with regular review via our NCL Flow Operational Group, NCL Flow Board and local system-based A&E Delivery Boards. System actions that each hospital site is taking to improve performance in this area include;

- Patient cohorting in conjunction with LAS;
- Embedding proactive senior clinical handover leadership; and
- Enhancement of 'fit to sit' to reduce ambulance trolley waits.

Furthermore, NCL implemented the trial of a revised 'firmer' 45minute hospital handover protocol on 11 July 2023. The protocol sets out a series of actions that working closely with hospital staff, ambulance crews will take on arrival and 15minutes / 30minutes post arrival to ensure safe handover and rapid ambulance release. Key observations from the trial:

- In the 4 weeks that the 45-minute protocol has been trialled in NCL, there has been a significant improvement in the proportion of handovers occurring within 45 minutes (from 81% to 92%). The improvement has been particularly significant at NMUH, which has the lowest performance, but has seen a 27% point improvement in performance. The average time lost per handover has also improved (42% reduction) from 18 to 10 minutes.

- The 45-minute trial has led to improvements against the other handover standards, particularly the proportion within 60 minutes. There have been 6 delays of more than 2 hours in the last four weeks, compared to 72 in the previous four-week period.

- Improvements in hospital handover times continue to support ambulance CAT 1 and 2 response times with improvements noted across London in the last few weeks (CAT 1 av. 6.19mins vs 7min target / CAT 2 av. 26.52mins vs 18min target w/e 16 Jul).

The trial will continue for a further 6 weeks during which an evaluation exercise will be undertaken in readiness for winter 2023/24. In the meantime, progress on the 45minute protocol will be monitored closely with regular review through the system operational flow group.

More detail on ambulance performance data are outlined in Slides 7 – 10.

Next Steps

North Central London Integrated Care System

1. The NHS continues working closely with Local Authorities partners to ensure there are robust plans in place to meet demand. This builds on the work we are jointly undertaking to model demand and plan capacity.

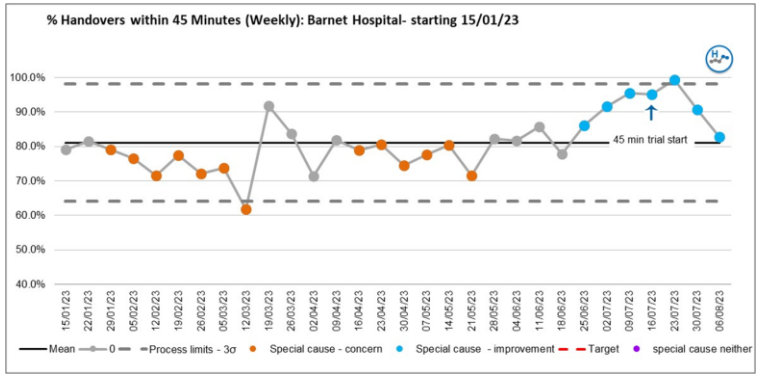
2. As an outcome, there will be joint understanding of capacity and demand via the on-going BCF planning process which will be further refreshed in October 2023.

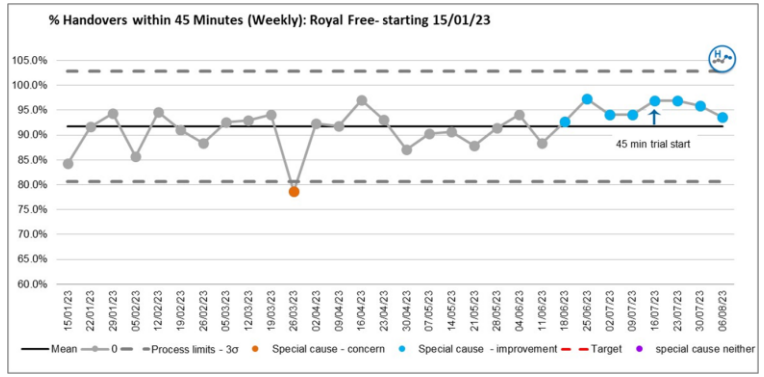
3. Furthermore, additional funding has been made available to Local Authorities to strengthen social care through the Market Sustainability Fund and each Local Authority has been asked to return a planning template to the DHSC in late September. This exercise will enable further joint discussions at both place and system level through the NCL Flow Board.

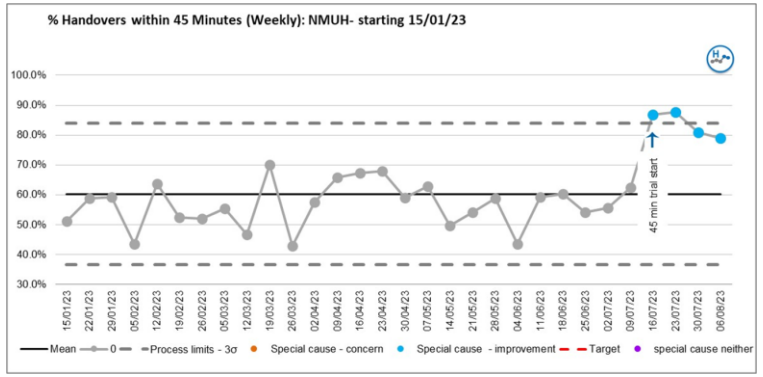
4. As part of continuous improvement of flow, we want to finalise the joint medium-term work on sustainable discharge (our joint programme to ensure the sustainability of discharge services across NCL).

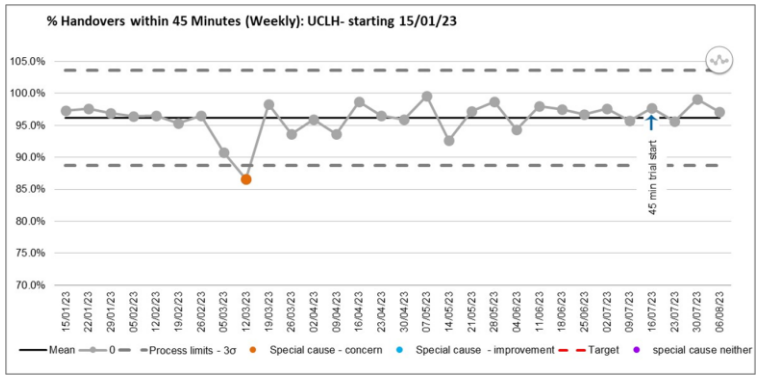
% Handovers within 45 Minutes

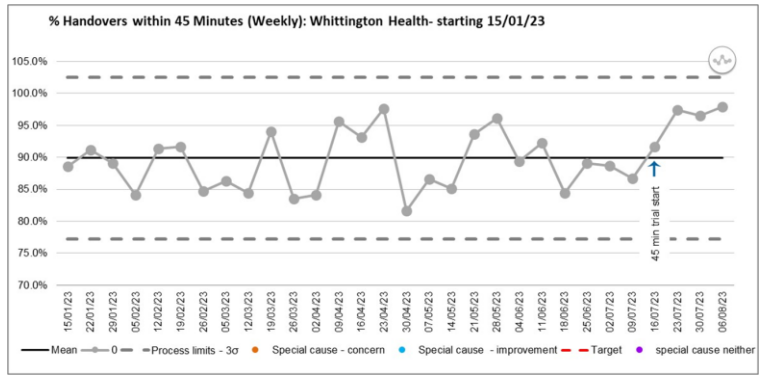
North Central London Integrated Care System

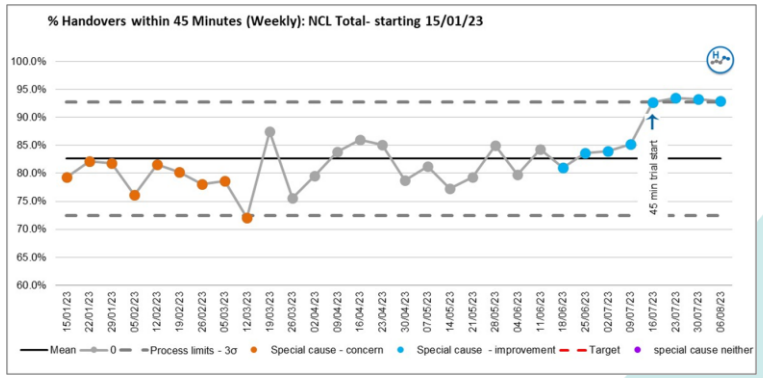












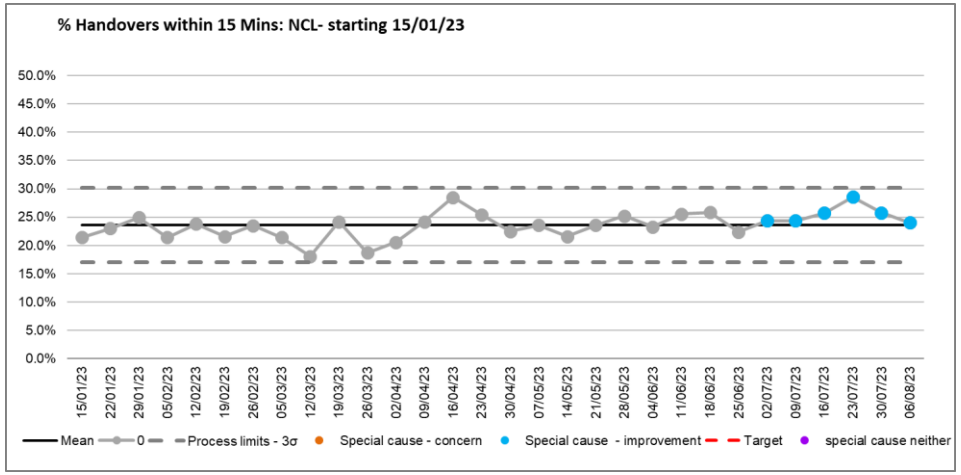
	Pre Trial %	4wk Trial %	% Point Change
Barnet	79.5%	92.1%	13%
Royal Free	91.2%	95.9%	5%
NMUH	56.7%	83.6%	27%
UCLH	95.9%	97.4%	2%
WH	89.0%	95.8%	7%
NCL Total	81.0%	**92.0%**	**11%**

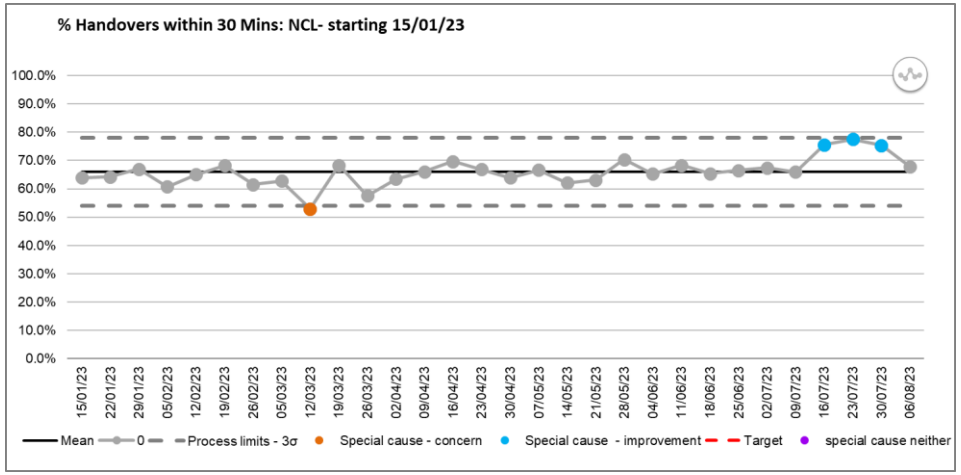
Source: Daily LAS Handover Report

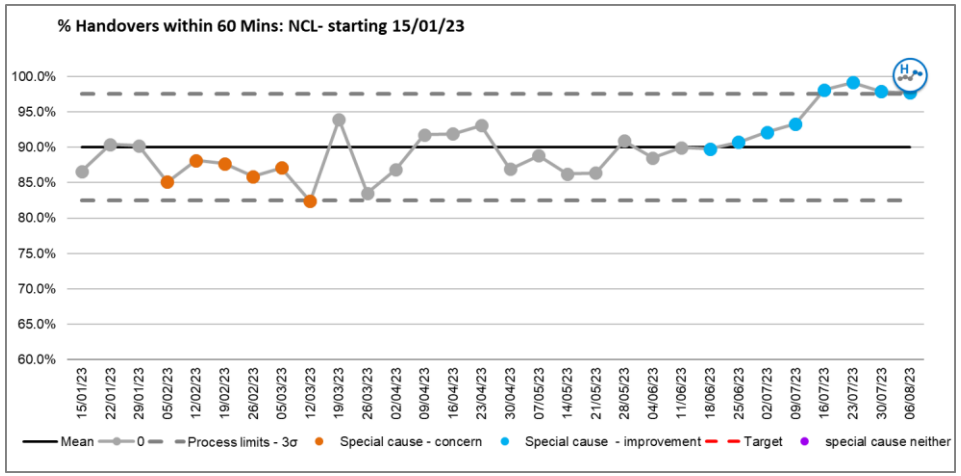
Handovers within 15, 30 and 60 Minutes (NCL Wide)

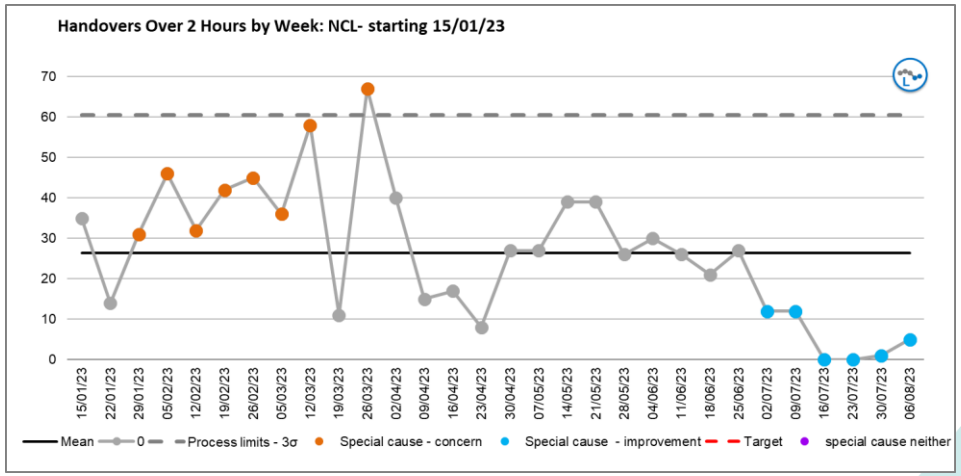
North Central London Integrated Care System

- The 45 minute trial has led to improvements against the other handover standards, particularly the proportion within 60 minutes.
- There have been 6 delays of more than 2 hours in the last four weeks, compared to 72 in the previous four week period.





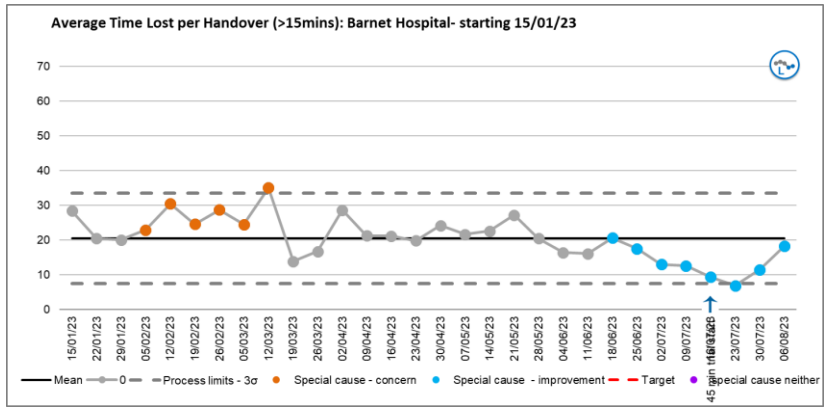


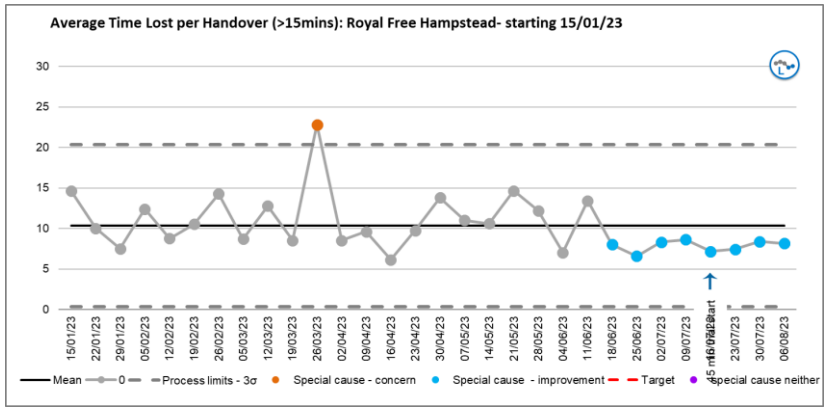


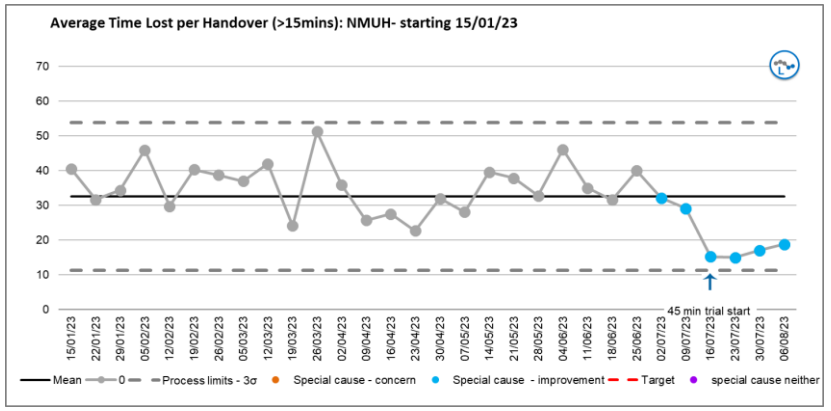
Source: Daily LAS Handover Report

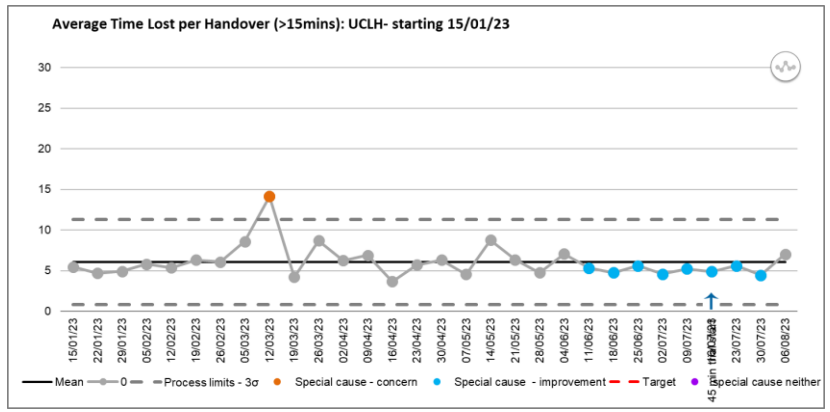
Average Time Lost (Mins) per Handover

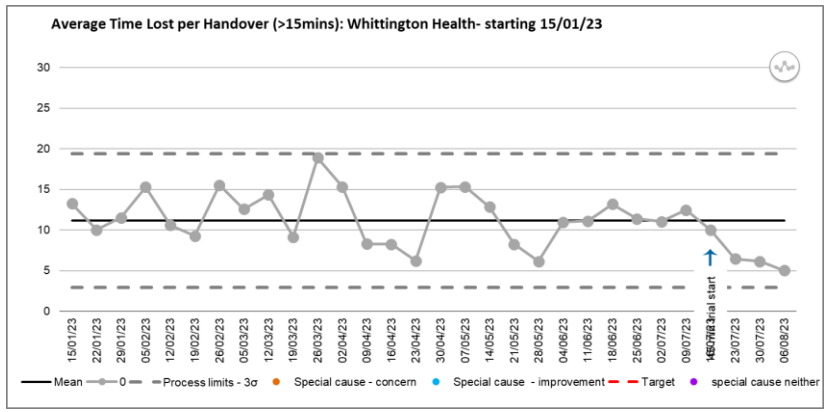
North Central London Integrated Care System

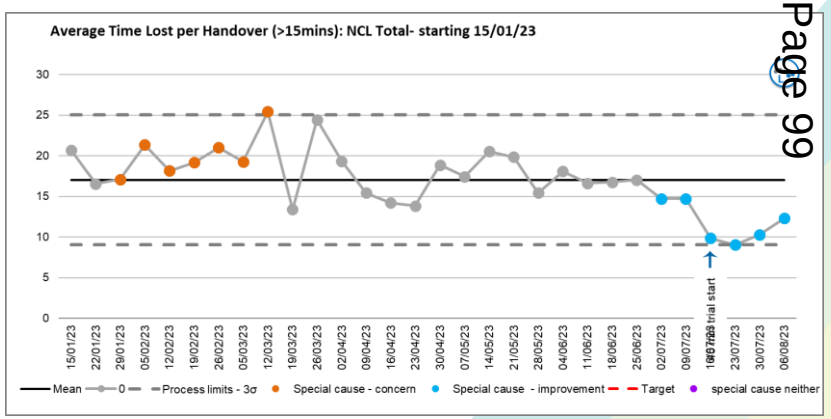










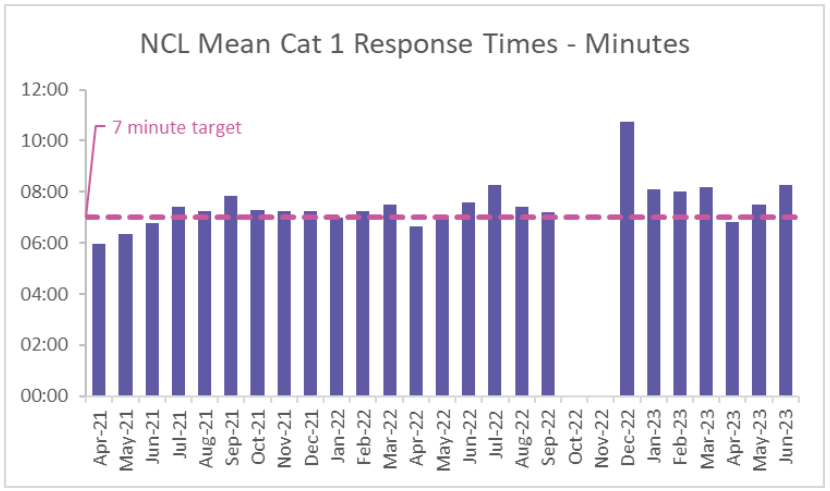


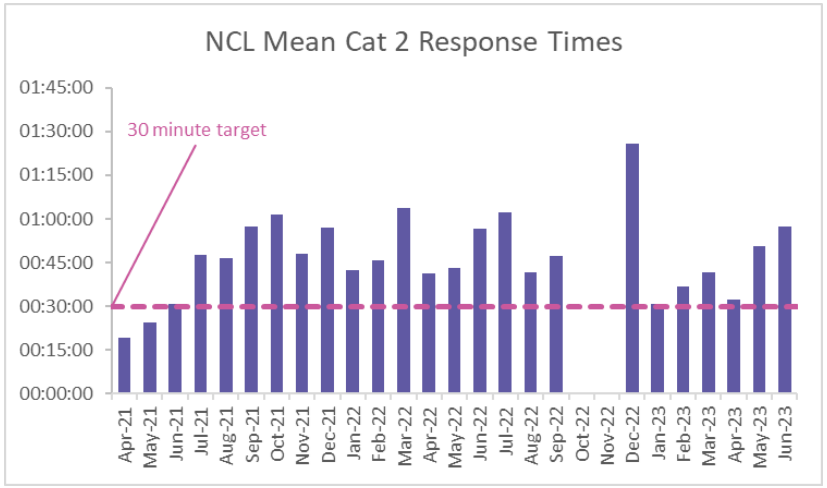
	Pre Trial Average (Mins)	Trial Average (Mins)	% Change
Barnet	21.7	11.5	-47%
Royal Free	10.7	7.8	-27%
NMUH	34.5	16.5	-52%
UCLH	6.2	5.5	-10%
WH	11.8	6.9	-41%
NCL Total	**18.0**	**10.4**	**-42%**

Source: Daily LAS Handover Report

Ambulance Response Times

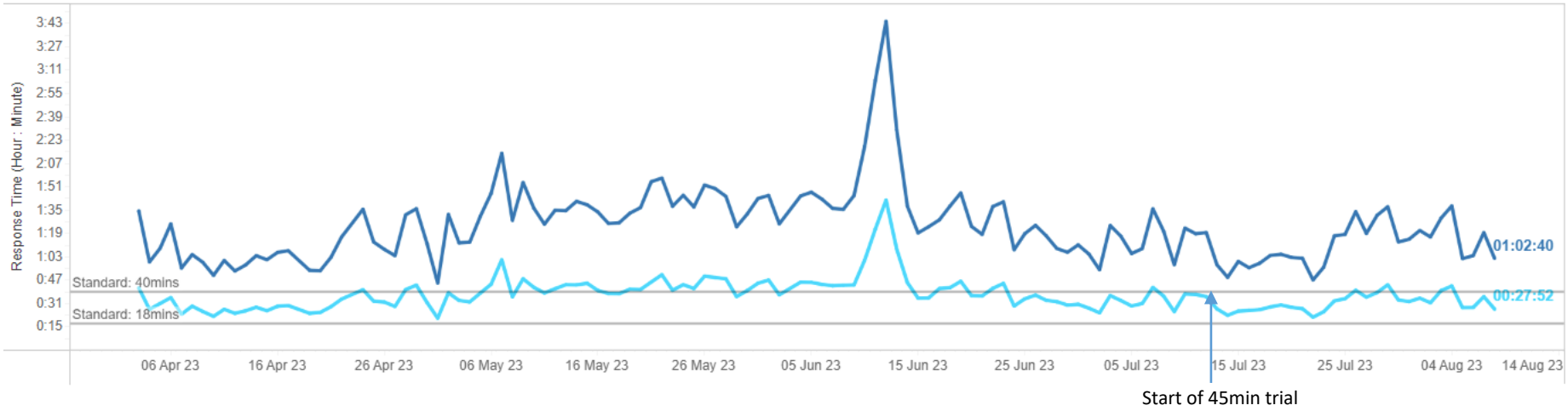
North Central London Integrated Care System





- NCL-specific Ambulance Response Times data is not yet available to the ICB for the trial period.
- June's mean Category 1 and Category 2 response times were over the revised standards.
- London-wide daily Category 2 daily data for the last month does show some improvement, but NCL-specific data would be needed to show the impact of the trial locally

LAS-Wide Category 2 Mean (Light Blue) and 95th Percentile Daily Response Times



Sources: Monthly data from LAS Contract Management Report; Daily Data from Daily Ambulance Dashboard – NB unvalidated data

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**

REPORT TITLE
Work Programme 2023-2024

REPORT OF
Committee Chair, North Central London Joint Health Overview & Scrutiny Committee

FOR SUBMISSION TO	**DATE**
NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	11 September 2023

SUMMARY OF REPORT

This paper reports on the 2023/24 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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Principal Scrutiny Officer, Haringey Council
Tel: 020 8489 5896
E-mail: dominic.obrien@haringey.gov.uk

RECOMMENDATIONS

The North Central London Joint Health Overview & Scrutiny Committee is asked to:

a) Note the current work programme for 2023-24;

b) Confirm the agenda items for the next meeting which is currently scheduled to take place on 30th October 2023.

1. Purpose of Report

1.1 This item outlines the areas that the Committee has so far chosen to focus on for 2023-24.

1.2 Meetings of the JHOSC are scheduled to take place on 30th October 2023, 29th January 2024 and 18th March 2024. The Committee is requested to consider possible items for inclusion in the 2023-24 work programme.

1.3 Full details of the JHOSC's work programme for 2023/24 are listed in **Appendix A**, including scheduled items and also as yet unscheduled items on which the Committee has previously indicated that it wishes to receive further updates.

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 –2023/24 NCL JHOSC Work Programme

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Appendix A – 2023/24 NCL JHOSC work programme

26 June 2023

Item	Purpose	Lead Organisation
Maternity services	For the Committee to receive an overview of maternity services in NCL including Ockenden Review assurance and compliance and the role of the Local Maternity Services Network.	NCL ICB
Surgical Hubs	For the Committee to consider the detail of and rationale for the changes, the equality impact assessment, the approach to engagement and the travel analysis.	NCL ICB
Cancer Prevention Plan	For the Committee to consider the development of the Cancer Prevention Plan for NCL.	NCL ICB

11 September 2023

Item	Purpose	Lead Organisation
Finance Update	For the Committee to receive a detailed finance update to include latest figures from each Hospital Trust in NCL and the overall strategic direction of travel. Risks to services or capital projects associated with inflation/energy costs should also be included.	NCL ICB
Winter Planning & Ambulance Update	To provide an overview of the planning for winter resilience in NCL and on actions to improve ambulance response and handover times.	NCL ICB
Camden Acute Day Unit (ADU)	To provide an update on coproducing a new mental health day support service based in Camden.	C&I NHS Foundation Trust

30 October 2023

Item	Purpose	Lead Organisation
Estates Strategy Update	To receive an update on the NCL Estates Strategy including finance issues. This follows on from the previous discussion on the Estates Strategy at the meeting held in November 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74648	NCL ICB

Start Well	For the Committee to receive an update on Start Well which is a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73506	NCL ICB
Surgical Transformation Programme	For the Committee to receive an update on the Ophthalmology Surgical Hub Proposal. The most recent previous update was considered by the Committee in June 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=76364	NCL ICB

29 January 2024

Item	Purpose	Lead Organisation
Fertility policy review	For the Committee to receive an update on the fertility policy review. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73504	NCL ICB
Workforce Update	An update on workforce issues in NCL, including details on whether sufficient safety levels were being met for staff and patients. A staff representative to be invited to speak at the meeting.	NCL ICB
Diabetic Services	To provide an overview of diabetic services in NCL.	NCL ICB

18 March 2024

Item	Purpose	Lead Organisation
Mental Health & Community Health core offer	To provide an update on the progress of the mental health and community health core offer in NCL following the previous update on the mental health and community health reviews considered by the Committee in February 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=75168	NCL ICB

Possible items for inclusion in future meetings

- Health inequalities fund – previous update to the Committee was in March 2023. It was specified that the next update report should include details of the outcomes of the Middlesex University evaluation and a greater understanding of how the health inequalities work was being embedded in local authorities.
- Smoking cessation & vaping.
- Update on funding for NHS dentistry for both adults and children.
- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Ambulance waiting times and pressures across the system including A&E Departments.
- Pediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- 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.
- 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)

2023/24 Meeting Dates and Venues

- 26 June 2023 - Enfield
- 11 September 2023 - Islington
- 30 October 2023 - Camden
- 29 January 2024 – TBC
- 18 March 2024 – TBC

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