MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 5TH OCTOBER, 2020

AT 6.00 PM

VENUE

VIRTUAL MEETING

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
1.	MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE • 4 September 2020	3 - 36

tracy.scollin@barnet.gov.uk Tel 020 8359 2315

This page is intentionally left blank

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 13TH MARCH, 2020** at 10.00 am in Committee Room 1, Islington Town Hall, Upper Street, London N1 2UD

MEMBERS OF THE COMMITTEE PRESENT

Councillors Alison Kelly (Chair), Tricia Clarke (Vice-Chair), Pippa Connor (Vice-Chair), Alison Cornelius, Lucia das Neves and Freedman

MEMBERS OF THE COMMITTEE ABSENT

Councillors Boztas, Clare De Silva, Osh Gantly and Samata Khatoon

ALSO PRESENT

Councillors

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. APOLOGIES

Apologies for absence were received from Councillors Sinan Boztas and Clare De Silva.

2. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Cornelius declared in relation to item 8 (North Central London Care Homes) that she was the Vice-Chair of Eleanor Palmer Trust which was located in High Barnet.

Councillor Connor declared that she was a member of the Royal College of Nursing (RCN) and that her sister worked as a GP in Tottenham.

3. ANNOUNCEMENTS

The Chair requested item 7 – Implementing NCL's NHS Estate for Local People should be considered as the first item on the agenda as the presenting officer would have to leave the meeting after an hour due to another appointment.

Resolved: That item 7 be considered as the first substantive item on the agenda by the Committee.

4. DEPUTATIONS

The Chair informed the Committee that a deputation had been received from Phillip Richards on how patients' data was used and made available to partners outside the NHS. This related to item 10 on the agenda and would be considered in conjunction with that item.

5. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

6. MINUTES

RESOLVED –

THAT the minutes of the meeting held on 31st January be approved and signed as a correct record subject to amending the spelling of 'David Slowman' minute 6 to David Sloman.

7. IMPLEMENTING NORTH CENTRAL LONDON'S NHS ESTATE FOR LOCAL PEOPLE

Consideration was given to the estates strategy update report.

Nicola Theron, STP Director of Estates, Richard Dale Programme Director NCL STP and Tim Jaggard from UCLH were present and introduced the paper informing the committee that the paper provided an update on the Estates work stream following the last presentation to JHOSC in June 2019.

Committee members commented that the paper was a difficult paper to understand and queried in relation to the unfunded projects who decided what was needed, who the target in relation to £570m on page 28 of the agenda was for, what the assigned sites referred to in the papers were and a list of the disposal sites.

Responding to questions the STP Director of Estates, Programme Director NCL STP and UCLH Officer gave the following information to the Committee:

- The Estates Strategy 2018 had been further developed with significant progress in 2019. Considerable discussion had taken place at regional and local levels between the partners at the Trust, STP, CCG's, local authorities, Healthwatch in Haringey on how to better link estates to clinical outcomes.
- A main headline was that NCL was assigned a target share of disposal receipts of £570m which was 21% of the national target
- The intention was for Clinical leadership, working alongside partners to channel and prioritise that spend and to create a much more coherent plan to deliver at the local level for residents.
- The NHS Estates plan had progressed in 2019 and had generated strategic successes with significant investment in the acute estate and progress of projects such as BEH St Ann's redevelopment Phase 1 which was on time to deliver a new inpatient facility in 2020 with 400 homes, 119 beds at RNOH delivered under budget on time and £14m RFL acute decontamination reconfiguration had been completed.
- Page 27 of the agenda detailed the NCL investment programme and the focus going forward which would include looking at the current state of the 53 live investment projects.
- There were a variety of funding sources including the Department of Health public dividend capital, each of the funding sources had reinvestment pressures and there was the need to ensure projects were affordable;
- The smaller projects were heavier on risk and the approval processes for each of the projects were considerable.
- A business case was produced for where the funds would go and project it would be invested in. New investment in NCL did not necessarily directly relate to the disposal opportunity.
- A business case had been gone through with all the provider leads in order to prioritise projects. This included considering NHS values.
- Members requested that the Business case criteria could be included in future Estates Strategy reports to the Committee

  ACTION BY - STP Director of Estates

- There were a number of projects in Haringey where the NHS was looking to participate in regeneration schemes related to general determining of health.
- There was now a strategy and delivery plan to shape what that engagement looked like. This was being worked on at the borough partnership level.

Tim Jaggard UCLH informed members that he had been involved in some of the STP meetings specifically from a tax payer perspective. He commented that:

- Part of the strategy was to achieve long term financial sustainability and disposals could fit into that.
- Revenue had been propped up for a number of years by capital receipts and this had been encouraged by the NHS. This had been assisted by more money coming in from capital receipts. The rules had changed now preventing capital receipts being used to offset revenue.

- At present there was no indication that money made from NCL disposals would go out of NCL, this however could change.
- The Disposal of Euston Dental Site on Gray's Inn Road- as part of Estates Strategy was to move closer to the UCLH main campus to create a new combined facility.
- The strategy involved selling at the right time to the right partner. It was sold to UCLH which was carrying out a big government assignment in relation to research. In terms of timing of disposal it was to maximise opportunities.
- In the last month a set of financial rules had been agreed to ensure NCL systems were in place to maximise opportunities.
- There was now a need to consider the other part of the strategy to ensure patients were cared for closer to home. The combined work had been agreed by the CEO and was coming together.
- The intention was to provide support to organisations and help them learn.
- Estate was a function which supported all the organisations. It encouraged a more collaborative approach to supporting projects. There was a need to find ways to manage those risks- the systems and organisational risks and how these were linked together. Then taking some of that learning and influencing what was on the ground.
- Through insight into stakeholder reference groups this would start to happen
- The information relating to the individual estates was not currently available and had not yet been provided because this had not yet been signed off. This was likely to occur in 3 to 4 months' time.

The chair commented that she was impressed by the work UCLH had done and the journey being made, there was however still a lot of work to be done. There appeared to be some organisations that sold off huge sites which appeared to have no vision, purpose or value for money behind it.
The Independent Chair of the CCG commented that although it appeared contradictory that the NHS worked in the way that it did there was the need to work within those parameters for the benefit of residents. This included supporting the case for change to ensure the optimum capital could be obtained for NCL. There was the need to build the business case for change in order to ensure a strong a case as possible was presented.

Answering further questions, officers commented that:

- In terms of investment – conversations had begun around what else could the land be used for.
- In relation to Community Investment levy (CIL) and S106 look at what has happened locally and make use of best practice with local councils working together, identifying areas of good practice and those areas that work together with CIL. Barnet was cited as a good example of working together with CIL, where significant S106 funds were used to support 4,000 new homes in Colindale. Similar work could be done with other boroughs on that same process.

- There was also the case of building shaping and influencing the behaviour of the wider team, discussion between local authorities, GLA to try to shape demand and how this would come together.
- In terms of how engagement and consultation with local residents and who to contact regarding questions about the Estates Strategy took place, the Local Estates Forum was an important place where local conversations and accountability took place. It was agreed that the Local Estates Forum membership and who questions could go too about the Estates Strategy would be circulated to Committee members.
  ACTION: Nicola Theron (Director Estates, NCL CCGs)

The Chair requested that officers considered and took on board the Good Governance Principles which the Committee had adopted at its meeting in June 2019 and to provide a timeline when a further update would be reported back to the Committee.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

RESOLVED –

THAT the

(i) Report and comments above be noted;

(ii) Business case criteria be included in future Estates Strategy reports to the Committee

(iii) Membership of the Local Estates forum and who questions on Estates could go to be circulated to the Committee, and

(iv) An update on the estates strategy come to a future Committee meeting.

ACTION: Nicola Theron (Director Estates, NCL CCGs)

8. NORTH CENTRAL LONDON CARE HOMES

Consideration was given to the report of the North Central London Partners

Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG were present and introduced the paper informing the committee that the paper provided an update on the work done so far by the NCL Partners, and the opportunity for joint working between the NHS and local authorities to improve outcomes for care home residents in NCL. They were looking for a steer from the Committee on how it would like opportunities for future development to be taken forward.

Responding to questions the Adult Social Programme Lead (North London Councils), Programme Director NCL STP and Assistant Director Community and Transformation Islington gave the following information to the Committee:

- In order to provide a quality social care workforce there was a commitment among partners to put in place progression pathway and provide opportunities for local residents so they could get jobs in the care sector.
- There were currently 122,000 Care Home vacancies, 18% of the work force was made up from EU nationals, from the Care Home perspective it was difficult to bring people over to work for a year.
- The Princes Trust was working with young people to build a local partnership, this was borough driven and a lot of work was going into getting that as part of the Community Care build programme.
- In relation to GPs and provision, historically this had not been easy to enforce as the funding arrangements meant that a person did not necessarily move.
- There was a jointly funded provider reference group to support Care homes in planning, problem solving and designing solutions to issues such as poor level of care in care homes and making use of the available data to influence contractors.
- In relation to the Covid-19 pandemic – this was a live issue and a working group had been set up from the CCG side. National guidance was expected today. All Care Homes would be contacted to share good practice. The issue of supplies of personal protective equipment (PPE) to care homes would also be looked into.
- There was work on going to understand what contingencies were in place if staff members were to fall ill. Care home providers were meeting up to discuss what they had been doing.
- In terms of joining up fragmented data, work was underway with Councils and CCG working in the same room to join up information and intelligence. By collaborating with each other would help bring the information together. The partners would develop a shared set of data approach.
- In relation to the prevention of a bidding war an important part of the joined up working between Councils and the CCG was to work with the Care Homes to prevent a bidding war, to provide best value and a sustainable market.
- The CCG would review all the key roles relating to the termination of the expanded End of Life Care Service.

The Committee requested for a list of the residential Care Homes in NCL by borough.

Action By: Richard Elphick Adult Social Programme Lead North London Councils

Answering further questions officers commented that:

- The 11% reduction in patients that had died in hospital referred to on page 47 of the agenda related to those patients that had been admitted 3 times or more in the last 90 days of their life.
- The Care Home partnership worked well when there was time to go in and work, the issue was how to use the time in the best possible way as there were lots of people that wanted to be proactively supported

Officers were asked to come back in autumn to provide an update to the Committee.
ACTION BY: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

RESOLVED –

THAT

(i) The report and comments above be noted;

(ii) A list of the residential Care Homes in NCL by borough be provided to the Committee, and

(iii) An update report be brought back to the Committee in the autumn.

ACTION: Richard Elphick Adult Social Programme Lead North London Councils, Richard Dale Programme Director NCL STP and Dan Windross Assistant Director Community and Transformation, Islington CCG

9. NORTH CENTRAL LONDON MENTAL HEALTH - SUPPORTING RESIDENTS AND REDUCING ATTENDANCE AT ACCIDENT & EMERGENCY

Consideration was given to the report of the North Central London Partners

Jaime Cross, Programme Director Mental Health, North London Partners, Sharif Mussa North Middlesex University Hospital NHS Trust and Hywell George, North Middlesex University Hospital NHS Trust were present and introduced the paper informing the Committee that the report was an update on the presentation to the Committee in September 2019 where they were asked to provide tangible actions being taken to support residents and reduce attendance at A&E by people with mental health conditions. The paper set out the NCL priorities on mental health and details of services that provide support to people with mental health conditions.

Responding to questions the Programme Director Mental Health and North Middlesex University Hospital NHS Trust Officers gave the following information to the Committee:

Reducing attendance at A&E by people with mental health conditions was being achieved by:

- Expansion of community teams to provide more support to assist people to stay at home and to help them on to more specialist services.
- Funding had been provided to enable access to specialist at the point of contact in crisis cafes rather than through hospital admission
- A new nurse led children and young person's crisis service had started in summer 2019 at Barnet Hospital, North Middlesex and Royal Free Hospital for evenings and weekends this offered crisis assessment and brief response to Children and Young People attending A&E out of hours.
- New health based places of safety services had been established such as the Highgate Mental Health Centre in Camden and Chase Farm Hospital in Enfield where service users and their carers are seen and treated with dignity. Patients were transported to these centres where specialist workers were available throughout the night.
- The Lambeth model provided services for people with complex needs and involved long term sustained assistance in getting people back into work. NCL Partners were looking at the Lambeth model and looking to receive feedback NCL Partners were taking on board learning and good practice from elsewhere.
- There had been expansion of provision of adult services at all five acute trusts.
- Transformation funding was being made available to support individuals presenting at A&E departments by having mental health assessment within 1 hour and care plans within 4 hours.

In terms equality of access a Committee member requested to see the figures for members of BAME community that had accessed the facilities.
Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

RESOLVED –

(i) THAT the report and comments above be noted; and

(ii) Provide figures for members of BAME community that had accessed the facilities

Action By: Jaime Cross, Programme Director Mental Health, North London Partners,

10. IMPLEMENTING ELECTRONIC PATIENT RECORDS - BENEFITS REALISATION (ROYAL FREE LONDON NHS FOUNDATION TRUST)

Consideration was given to implementing Electronic Patient Records report which had previously been considered by the Committee in January 2019 and the deputation of Mr Richards referred to in item 4.

The deputation raised concerns about the manner in which patients' data was used and made available to organisations outside the NHS, a number of IT related incidents in the past year which had impacted on patients such as management of waiting lists, delays to patient letters being sent out and appointment slot issues. He also queried whether the Committee had been consulted on the implementation in NCL of the Health Information Exchange which collected health data and was being implemented across NCL.

Responding to questions from members Chief Digital Officer (Glen Winteringham) Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics gave the following responses:

- In implementing Electronic Patient Records (EPR) Royal Free London (RFL) had not worked together with University College Hospital London (UCLH) because RFL historically used Cerner and the new Model Content EPR was deployed as part of the Global Digital Exemplar. Following a competitive tender, UCLH selected EPIC to provide their EPR solution. However, there was work collaboratively across all health and social care providers in NCL to share data using two common platforms, Health Information Exchange (HIE) for real time views of shared care records, and Population Health Management (Healtheintent) to proactively identify and manage patient cohorts/disease registers so they received the right care in the most appropriate setting.
- In terms of the delay in patient follow up letters, investigations were going on into exactly what happened and measures would then be put in place to prevent such occurrences happening again.
- In terms of data going outside the NHS, it was standard practise with the NHS to use private sector services when the service were not available in house.
- The NHS had a long history of partnering with companies that had considerable IT experience.
- Each company was checked, underwent annual audits and had to put together a plan for Information Governance.
- The companies were checked to ensure there was compliance with the law, the Information Commissioner was required to be informed of any changes that were put in place to determine if it complied with the law.
- Having health information available instantly was of great benefit to GP's and the patient.
- All GP's and social care providers in NCL were now moving to access to the health information exchange solution.

- UCLH had its own digitalised patient records. Individual trusts had a viewer where patient information could be seen.
- There was work ongoing with clinical partners outside of Royal Free London to create patient pathways
- These Pathways reduced unwanted clinical variation, improving outcomes for patients and improving systems.
- The strategy was to standardise treatment and outcomes for service users.
- MASH digital lead, this was the multidisciplinary group that would lead around safeguarding.

The Committee asked for a report back in June on how Royal Free London NHS Foundation Trust worked with UCLH on implementing electronic patient records and to include a response to the concerns raised around the deputation in the presentation.

RESOLVED:

THAT

(i) The report and the comments be noted; and

(ii) To report back in June on how Royal Free London NHS Foundation Trust worked with UCLH on implementing electronic patient records and to also include a response to the concerns raised around the deputation in the presentation.

ACTION BY: Chief Nursing Officer (Katie Trott) and Hannah Heales (Lead Pharmacist for Clinical Informatics (Hannah Heales

11. WORK PROGRAMME AND ACTION TRACKER

Consideration was given to the work programme and action tracker.

Members agreed that items they wanted to consider at the June meeting were:

- Orthopaedic Services Review
- Update on Digital programme – response to concerns raised in deputation
- Children and Young People Integrating Care

It was agreed that supporting residents with allergies would be included on the Work Programme once the report on incident in Haringey came out. The informal meeting to be hosted by the Independent Chair NCL CCG merger should also be included on the Work Programme.

RESOLVED –

THAT the work programme be amended, as detailed above.

12. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

None.

The meeting ended at 12.30 pm.

CHAIR

Contact Officer: **Sola Odusina**
Telephone No: **020 7974 6884**
E-Mail: **sola.odusina@camden.gov.uk**

MINUTES END

This page is intentionally left blank

MINUTES OF THE BARNET, ENFIELD & HARINGEY NCL JHOSC SUB GROUP THURSDAY, 25 JUNE 2020

Councillors: Pippa Connor (Chair) (Haringey), Lucia das Neves (Haringey), Alison Cornelius (Barnet) and Linda Freedman (Barnet)

BEH.1 APPOINTMENT OF SUB-GROUP CHAIR

AGREED:

That Councillor Pippa Connor (Haringey) be appointed as Chair for the meeting.

BEH.2 APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Clare de Silva (Enfield).

BEH.3 DECLARATIONS OF INTEREST

Councillor Connor reported that she was a member of the Royal College of Nursing and that her sister worked as a GP.

BEH.4 QUALITY ACCOUNTS - GUIDANCE

AGREED:

That the guidance for overview and scrutiny committees from the Department of Health on the consideration of Quality Accounts be noted.

BEH.5 BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST - DRAFT QUALITY ACCOUNT

The draft Quality Account for Barnet, Enfield and Haringey Mental Health Trust was presented by the following:

- Amanda Pithouse – Executive Director of Nursing;
- Dr Mehdi Veisi – Executive Medical Director;
- Shila Mumin – Head of Effectiveness; and
- Caroline Sweeney – Deputy Director of Quality Governance.

It was noted that the trust had a new board of directors. In addition, the trust's executive team had been reviewed. The new Trust Strategy had been developed with service users, carers, staff, partners and other stakeholders. As part of its development, focus groups and executive roadshows had been undertaken. Four key themes had been identified within the new strategy:

- Excellence;
- Empowerment;
- Innovation; and
- Partnerships.

The trust had been inspected by the Care Quality Commission (CQC) in September 2019 and rated as "good". However, some areas were identified as needing improvement, including safety. The trust had 7 "must do" and 58 "should do" actions arising from the inspection. Ahead of the inspection, the trust had developed 10 "Brilliant Basics". These were both strategic and clinical.

Six specific and quantifiable quality priorities had been set for 2019/20. These included improved access to beds. This had been increasingly challenging but a new 15 bed ward had been opened which had assisted the Trust in addressing the issue.

The Sub-Group considered the Quality Account as follows:

(i) It commented that the patient experience had only been highlighted in the latter parts of the Quality Account. It also felt that the earlier passages of the report could be made more accessible as they currently appeared "corporate" in nature. It was noted that a lot of feedback on services had been received and that this had come from a range of sources. It was felt that this should be disaggregated so that it was possible to determine the level of response from service users. Ms Pithouse acknowledged that there was a need to make the Quality Account more accessible and present data in a more meaningful way. In particular, looking at data over a longer period could provide a clearer picture of trends;

(ii) Ms Pithouse stated that the trust aspired to improve all of its services and had been disappointed by the rating of inadequate by the CQC for community based mental health services for adults. This required timely access to services and many mental health trusts found this challenging. Work was in progress to address this including developing more effective working relationships with partners, such as the Police;

(iii) There was some variation in the quality of work by crisis teams across the trust. The good practice in some areas needed to be spread across the trust and action was being taken to reduce variation;

(iv) It was noted that there were particular challenges in improving environments for patients. Some in-patient accommodation was still not fit for purpose although new accommodation would shortly be opened in Haringey;

(v) Provision for Child and Adolescent Mental Health Services (CAMHS) was also being addressed, with work starting on new premises at Chase Farm shortly;

(vi) Dr Veisi commented that a large amount of the content of Quality Accounts was prescribed but the trust would nevertheless try to make the document more accessible. One option might be to provide an easy read version for lay people. In respect of beds, the trust had increased the number of these by 34 in the last six months. The trust was currently addressing the findings of the CQC report. As part of this, it had commissioned an independent review of the Crisis Care pathway and this had made 10 recommendations. Some work had been delayed by the pandemic but this had now been resumed. The Sub-Group requested further information on the 10 recommendations that had been made in respect of the Crisis Care pathway;

(vii) In answer to a question, Ms Pithouse stated that all of the money that had been obtained from the redevelopment of the St. Ann's site had now been re-invested and was not sufficient to finance sufficient additional beds to meet demand. The trust wished to address this and was putting a plan in place. A case was being made to NHS England for funding. Dr Veisi commented that the trust had invested

in improvements to make accommodation safe. Some was beyond repair but would nevertheless not be allowed to become derelict;

(viii) Dr. Veisi reported that the trust was working to address demand for community based services. Action that had been undertaken recently included the establishment of a place of safety at the Dennis Scott Unit in Edgware, staff being located in Accident and Emergency units and establishment of a 24 hour crisis line. In addition, the trust had been appointed to run the crisis line for north central London. It was likely that there would be increased demand for services as a consequence of the Covid-19 pandemic, including referrals for Post-Traumatic Stress Disorder (PTSD), depression and anxiety. Direct engagement with service users had been reduced as a result of the Covid-19 pandemic but the shortfall was being made up digitally;

(ix) The Sub-Group noted that the trust was part of a network of mental health service providers where learning could be shared and was continually looking to collaborate with others. In addition, it also looked at practice in other countries;

(x) The trust was an integral part of Child and Adolescent Mental Health Services (CAMHS), together with local authorities. Access to services was increasingly through digital means. This was not by default but by choice;

(xi) Sub-Group Members highlighted that the staff survey had indicated that bullying and aggression was an issue. Ms Pithouse stated that it was the focus of specific attention. Engagement would be taking place with staff and external assistance would be procured through the use of a “cultural thermometer”;

(xii) In respect of recruitment and retention, Ms Pithouse reported that this was particularly challenging in respect of nursing staff. Nursing was often not perceived as an attractive career option. However, the pandemic may have changed this view. Work to address recruitment and retention was taking place across London and the NHS as a whole. One particular challenge that the trust faced was that its staff did not receive inner London weighting;

(xiii) In response to a question regarding whether staffing issues impacted on the safety of in-patients, Ms Pithouse stated that the majority of deaths of patients took place in the community. In addition, some patients were very frail. Any death was a cause for concern and the data was analysed. However, current figures did not indicate anything that was unusual and were within normal levels of variation. Dr Veisi reported that mortality reviews took place every two weeks and all cases were looked at. It was likely that there would be an increase following the pandemic and this would be a national pattern;

(xiv) In respect of EU nationals, the status of all of those who worked for the trust had been addressed. The cost of visas required for employees of the trust was likely to be large though and this would be a challenge for the whole of the NHS;

(xv) In respect of incidents of patient restraint, Ms Pithouse reported that this was looked at on a weekly basis. There were particular hot spots where incidents were more common and these were being addressed. Challenging behaviour nevertheless remained an issue and could impact on recruitment and retention. It

was particularly difficult to recruit to posts in the Intensive Care Unit (ITU) as the work was often very stressful;

(xvi) The Sub-Group noted that collaboration on learning and staff development was taking place with Camden and Islington Mental Health Trust and opportunities had been put in place for nurses to work across the two trusts;

(xvii) In respect of patient experience feedback and the lack of QI compliance in collaboration, it was noted that that work to address this was now being stepped up. Engagement with patients had not stopped though and it was now actually simpler due to enhanced use of IT. It was agreed that the wording of this section would be simplified;

(xviii) It was noted that there were currently 25 peer support workers in the and the intention was to increase this by 15 and to make peer support available in all in-patient wards. Preventing violence and aggression was a specific priority within this programme;

(xix) Sub-Group Members highlighted the low response to the Community Mental Health Survey. Dr Veisi commented that this was a national survey. Permission needed to be obtained for information from patients to be shared and the trust was looking at ways in which participation could be made easier;

(xx) In respect of the interface with Haringey Council, Ms Pithouse stated that the reason why this was referred to as a challenge was unclear. It was possible that this referred to delayed transfers of care. Sub-Group Members commented that there was no section on what had gone well and what was challenging in respect of Barnet;

(xxi) In respect of why there were more complaints from Haringey service users, Ms Pithouse felt that environmental issues could be a factor which the opening of new accommodation would hopefully address. Staff attitude was the single biggest reason for complaints. It was an area that was currently being reviewed by the Trust and a report was due to be submitted to the Board in July. Complaints reports could be shared with the Sub-Group;

(xxii) The Sub-Group suggested that more regular reports on progress by the Trust might help to increase awareness amongst Members of its work and achievements. It was agreed that officers would liaise to see how this could be progressed; and

(xxiii) It was noted that the trust also delivered community health services in Enfield and that physical health would be a particular priority in next years Quality Account.

The Sub-Group thanked officers from the Trust for their kind assistance.

AGREED:

1. The further information be shared with the Sub-Group by the Trust on the ten recommendations that had been made in respect of the improvement of the Crisis Care pathway; and

2. That proposals be developed for more frequent communication between the Trust on current developments and progress with Members of the Sub-Group.

BEH.6 NORTH MIDDLESEX UNIVERSITY HOSPITAL - DRAFT QUALITY ACCOUNT

The Sub-Group noted that the Trust had advised that further work was being undertaken on their Quality Account and it would now not be ready until the autumn.

Cllr Pippa Connor
Chair

This page is intentionally left blank

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 31ST JULY, 2020** at 10.00 am in Remote Meeting via Microsoft Teams.

MEMBERS OF THE COMMITTEE PRESENT

Councillors Tricia Clarke, Pippa Connor, Alison Cornelius, Linda Freedman, Larraine Revah (substitute member) and Edward Smith.

MEMBERS OF THE COMMITTEE ABSENT

Councillors Lucia das Neves, Osh Gantly, Alison Kelly and Samata Khatoon

ALSO PRESENT

Councillor Paul Tomlinson

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. ELECTION OF CHAIR

Members agreed to elect a Chair for the duration of the meeting and to defer the election of a Chair for the 2020-21 municipal year to the 25th September meeting.

Councillor Pippa Connor (LB Haringey) was nominated to chair the meeting and this nomination was seconded. There were no other nominations.

RESOLVED –

(i) THAT Councillor Pippa Connor be elected chair for the duration of this meeting.

(ii) THAT the election of Chair of North Central London JHOSC for 2020-21 be deferred to the 25th September 2020 meeting.

2. ELECTION OF VICE-CHAIRS

Members agreed that the election of Vice-Chair(s) should be deferred to the 25th September meeting.

RESOLVED –

THAT the election of Vice-Chair(s) be deferred to the 25th September 2020 meeting.

3. GUIDANCE ON REMOTE MEETINGS HELD DURING THE CORONAVIRUS NATIONAL EMERGENCY

The Guidance was noted.

4. TERMS OF REFERENCE

The Terms of Reference were noted.

5. APOLOGIES

Apologies were received from Councillor Alison Kelly (LB Camden), Cllr Lucia das Neves (LB Haringey) and Councillor Samata Khatoon (LB Camden). Councillor Khatoon was substituted for by Councillor Larraine Revah.

6. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

Councillor Cornelius declared that she was a Barnet Council appointed member of the Eleanor Palmer Trust, and served as its Vice-Chairman.

7. ANNOUNCEMENTS

Councillor Pippa Connor conveyed her thanks to Councillor Alison Kelly, the outgoing Chair of the Committee, for her hard work in scrutinising and engaging with health services throughout North Central London.

8. DEPUTATIONS

There were no deputations.

9. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

10. MINUTES

Consideration was given to the minutes of the meeting held on 13th March 2020.

Councillor Linda Freedman noted that her first name had been omitted from the attendance list.

Councillor Alison Cornelius said that her declaration of interest should be amended to clarify that she was a council-appointed trustee of the Eleanor Palmer Trust.

With regard to the care homes item, Councillor Cornelius noted that members had requested a list of care homes in the North-Central London area by borough and had not been provided with one yet. She asked that this be provided forthwith.

RESOLVED –

THAT the minutes of the meeting held on 13th March 2020 be approved, subject to the amendments above.

11. NORTH CENTRAL LONDON SYSTEM RESPONSE TO COVID-19: NCL TEMPORARY SERVICE CHANGES MADE IN RESPONSE TO THE PANDEMIC

Consideration was given to a report from North London Partners in Health and Care.

Mike Cooke (Independent Chair of the North London Health and Care Partnership) and Frances O'Callaghan (Accountable Officer for North-Central London Clinical Commissioning Groups) presented the report to the Committee. Mr Cooke highlighted that, although it had been a very challenging time for the health service, he had been impressed by the joint working between local authorities and the NHS.

Ms O'Callaghan outlined that, given the unprecedented emergency situation that coronavirus had placed the health service in, there had needed to be changes in service delivery which could not go through the normal consultation process. Clinical assurance had been obtained for changes through the NCL Clinical Advisory Group. As conditions changed and various services were going to be returned to normal, this would need to be cleared with the Clinical Advisory Group.

Key points that officers highlighted in their introduction to this item were:

- Urgent cancer treatment was continuing;
- Some services were being delivered digitally – but officers were aware of the 'digital divide' and the problems this caused for access;
- Critical care was focused on UCLH and North Middlesex Hospitals.

Members asked what the recommendations for the future based on the experience of the pandemic would be. Ms O'Callaghan said that recognising the interdependence between health and social care was an important one. The importance of mutual aid between different parts of the health service was another important lesson learnt.

In terms of social care, important issues were the need to make available testing slots for social care workers and the need for mutual aid to ensure that enough PPE was available in the right places for the appropriate staff.

Members queried the decision-making process behind releasing patients into care homes, as there was public concern that some of those patients had coronavirus and so contributed to the spread of Covid-19 in care home settings. Mr Cooke said that he did not believe this had happened to a significant degree in North Central London. Releasing patients into the care of care homes was an operational matter but, in order to avoid the spread of coronavirus, patients who were being discharged into care homes were sent to a ward in St Pancras Hospital where they could be monitored for Covid-19 symptoms.

The Acting Chair, Councillor Pippa Connor, asked that more information about the release of patients from hospital into care homes be provided for the Committee when it considered the care homes item at its 25 September meeting.

ACTION: North London Partners

There was a discussion about delays in other treatment which were occurring during the Covid-19 pandemic period. Several members raised particular concerns about screening, about elective surgery and about dialysis. Officers said that the infection needed to be under control and that patients needed to feel safe when they were coming into hospital. When this had been achieved, then the health service could move towards tackling the backlog that was emerging with regard to other treatments and appointments. Mr Cooke said that there was a London Transition Board, which included a representative from London Councils and from the Mayor's Office, which was looking into the recovery from the pandemic period.

With regard to minimising visits to A & E over the last few months, where the matter could be dealt with by other means, members were informed that people were being advised to ring 111 before they visited A & E. Members said that it was important that there was clinical triage for these calls, rather than relying on telephonists without medical qualifications. They also asked whether there had been engagement with the public about the use of 111 to minimise use of A & E. Mr Cooke informed the meeting that there had been engagement with a sample of Londoners who had been selected via a process led by the Mayor's Office.

There was a discussion about digital consultations by GPs. It was noted that some GP practices had been conducting telephone consultations where necessary and appropriate prior to the pandemic striking, and this might be a method that older patients felt more confident with – rather than online digital processes.

There was a discussion about the service variations mentioned in the report. Members noted the importance of separate coronavirus and non-coronavirus pathways in hospitals. Where possible, this was being done; however, many older hospital complexes did not have the building layout that made this possible.

Moorfields and Chase Farm were now better able to deal with non-coronavirus cases separately than before.

Concern was voiced about the long-term effects on the health of some people who had had Covid-19. Officers acknowledged that this was a fast-developing field and said there would be a multi-disciplinary approach taken to rehabilitation. Members said they would welcome further information about this as it developed.

It was noted that Great Ormond Street Hospital had dealt with a disproportionately large number of child patients during lockdown, and there was now a re-opening of some children's services in UCLH and North Middlesex. The paediatric beds in Barnet General remained closed. A decision would be taken on re-opening them in September.

A member asked what was happening with regard to the LUTS clinic, a matter on which the Committee had received a number of deputations from concerned patients over the past few years. Ms O'Callaghan said she would liaise with the relevant officer (Richard Dale) about providing a written update on the topic.

ACTION: Frances O'Callaghan / Richard Dale

With regard to maternity services, officers said that a limited homebirth service had been reinstated in May. Councillor Clarke asked that more information be provided about this and how the restoration of the service was developing.

Members queried the disproportionate impact of coronavirus on BAME communities. Councillor Smith said that, in Enfield, there was particular concern about the number of deaths and serious illnesses that had occurred among the Somali community in that borough. Members also made reference to the impact on the health workforce, particularly as many health workers were from BAME backgrounds.

Ms O'Callaghan said that Dr Fenton's study on the impact of Covd-19 on ethnic minority populations was being reviewed and that NCL health partners were working on implementing the recommendations. She added that health bodies would be encouraging the take-up of the flu vaccination among their staff.

Members expressed concern about the mental health impact of the pandemic. Ms O'Callaghan said some good work was being done on this, and that a triaging system was used to direct patients to a specialist section at St Pancras so that they did not need to go to A & E.

Members asked that a report be provided at a future meeting updating members on the impact of Covid-19 on health services and on developments flowing from this. Councillor Connor would liaise with officers about this paper.

RESOLVED-

(i) THAT the report and comments above be noted;
(ii) THAT a report come to a future meeting of this Committee on the impact of Covid-19 on the NCL health system on developments flowing from the pandemic.

12. DATES OF FUTURE MEETINGS

It was noted that the dates of future ordinary meetings would be:

- Friday, 25th September 2020
- Friday, 27th November 2020
- Friday, 29th January 2021
- Friday, 26th March 2021

It was also noted that a special meeting would be arranged for early September to consider the orthopaedic services review.

13. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was no other business.

The meeting ended at 12:20pm

CHAIR

Contact Officer: **Vinothan Sangarapillai**
Telephone No: **020 7974 4071**
E-Mail: **vinothan.sangarapillai@camden.gov.uk**

MINUTES END

THE LONDON BOROUGH OF CAMDEN

At a meeting of the **NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE** held on **FRIDAY, 4TH SEPTEMBER, 2020** at 10.00 am in Remote meeting via Microsoft Teams

MEMBERS OF THE COMMITTEE PRESENT

Councillors Pippa Connor (Chair), Tricia Clarke, Alison Cornelius, Linda Freedman Larraine Revah (Substitute member) and Edward Smith

MEMBERS OF THE COMMITTEE ABSENT

Councillors Lucia das Neves, Osh Gantly, Alison Kelly and Samata Khatoon

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the North Central London Joint Health Overview and Scrutiny Committee and any corrections approved at that meeting will be recorded in those minutes.

MINUTES

1. ELECTION OF CHAIR

Councillor Pippa Connor (LB Haringey) was nominated to Chair the meeting and this nomination was seconded. There were no other nominations.

RESOLVED –

(i) THAT Councillor Pippa Connor be elected chair for the duration of this meeting.

2. GUIDANCE ON REMOTE MEETINGS HELD DURING THE CORONAVIRUS NATIONAL EMERGENCY

The Guidance was noted.

3. APOLOGIES

Apologies were received from Councillor Lucia das Neves (LB Haringey) and Councillor Samata Khatoon (LB Camden). Councillor Khatoon was substituted by Councillor Larraine Revah.

Councillor Edward Smith informed the Committee that Enfield had appointed Councillor Christine Hamilton as its second member on the Committee, she had given her apologies for this meeting.

4. DECLARATIONS BY MEMBERS OF PECUNIARY, NON-PECUNIARY AND ANY OTHER INTERESTS IN RESPECT OF ITEMS ON THIS AGENDA

There were none.

5. ANNOUNCEMENTS

Webcasting

The Chair announced that the meeting was being broadcast live to the internet and would be capable of repeated viewing and copies of the recording could be made available to those that requested them. Those participating in the meeting were deemed to be consenting to being recorded and broadcast.

Deputation
The deputation received from Professor Sue Richards representing North Central London NHS Watch would be considered at the meeting on 25th September.

6. NOTIFICATION OF ANY ITEMS OF BUSINESS THAT THE CHAIR CONSIDERS URGENT

There were no notifications of urgent business.

7. ORTHOPAEDIC SERVICES REVIEW

Consideration was given to a report from North London Partners in Health and Care.

The report provided a summary of the adult elective orthopaedic services review with a timeline of activities completed so far. It also summarised the consultation proposals, findings from the consultation and the final stage of the integrated Health Inequalities and Equalities Impact Assessment detailing the contents of the review and highlighting the next steps.

The Committee was asked to consider and give views on the proposals put forward for consultation, and the consultation process undertaken.

Professor Fares Haddad, (Orthopaedic Clinical Network Chair) Will Huxter (Director of Strategy NCL CCG and Joint SRO for the work on Orthopaedics) Anna Stewart, (Programme Director for the review of Adult Elective Orthopaedics) and Helen

Andrews (Patient Representative Orthopaedics Review representing Healthwatch Barnet) were at the meeting to present the report and respond to Committee members questions.

Helen Andrews (Healthwatch Barnet) informed the Committee that she was one of two patient representatives on the Orthopaedic Services review. She had been a patient representative throughout the whole process since March 2018 and continued to have an active role on the Network Board to ensure continuity of the patient's voice throughout the implementation process. This helped to improve patient experience.

Ms Andrews commented that she had found the process to be fully inclusive at all times, had been invited by the North London Partners to speak at meetings including the London Clinical Senate, ask questions, clarify issues and raise concerns. She had been able to contribute at workshops on issues of patients' pathways, transport and network provision, had made comments on the literature used in the consultation process and also visited a Centre of Excellence which had provided her with further insight into the proposed model of care. She had been a Panel member on the Options Appraisal Process and recently been able to review the decision making business case, attending briefing meetings with the Programme Director, Programme Manager and Network Manager providing her with a better understanding of the whole process.

Will Huxter, Professor Farres Haddad and Anna Stewart informed the Committee that:

- The Adult Elective Orthopaedic Proposals had been worked on for a long time going through a long process.
- Regular updates had been provided to this Committee (NCL JHOSC), local borough Overview Scrutiny Committees (OSC) to discuss the proposals.
- Productive discussions had occurred at the various Scrutiny Committees they had attended, about what was required and the key issues of concern such as transport which regularly came up.
- The fundamental aim was to improve the experience and outcomes for people requiring Adult Elective Orthopaedic surgery in NCL.
- It was a key opportunity to improve outcomes, improve experience, and reduce cancellations and to make the journey of an increasing large number of patients with orthopaedic problems smoother.
- The whole idea of co-locating surgery in centres of excellence where there was expertise, both surgical and associated health professionals to provide streamlined care and deliver associated outcomes was something that was well evidenced internationally and nationally and was a good model to try to follow.
- The intention was to deliver a model that would provide excellent care for patients in NCL, improve equality, would be cost efficient, effective, improve retention of staff, reduce cancellations and would be where patients would look to in getting their care.

- A process of public engagement had occurred whereby, large numbers of people had been reached across the 5 boroughs.
- The North London Partners approach to public consultation had been influenced by NCL JHOSC's views including 'Good Practice Principles'.
- The consultation sought explicitly to look at inequalities, the impact assessment of change, where this would be and how this could be mitigated where required.
- There had been strong levels of support for the proposals that went out to public consultation which was evidenced in the more detailed report.
- The public consultation had taken place from 13th January - 6th April, the last few weeks of the consultation a lot of the activity had transferred on-line so that the shut down around Covid-19 could be complied with.
- Numerous amount of people had been talked too, there had been 3 deliberative events, 66 meetings across the 5 boroughs attended by about 1200 people, 12 outreach sessions across NHS trusts, libraries, Community Centres and community events.
- There had been just under 600 responses to the surveys, which included letters and email responses from other stakeholders, professionals and groups of people.
- The majority of people talked too supported the proposals, with three quarters of those spoken too expressed the view that the proposals would lead to improvements in elective care.
- There was an understanding of the rationale behind the service developments such as the Care Coordinator role, the need to separate emergency and planned care in the way that was being done.
- There were concerns raised around travel, accessibility and staff moving around between sites. These concerns were also picked up in the integrated health inequalities impact assessment.
- A workshop was held to look at mitigations to address these concerns and this was included in the pack.
- In respect of transport, this would be looked at in the decision making business case with the CCG towards the end of September.
- There had been renewed contact with Transport for London (TfL) with a positive response received from them about getting into some of the detail, particularly with staff at Chase Farm Hospital where lots of the concerns were centred.
- The pandemic had changed some of the arrangements around transport with the pool of people eligible for transport to hospital widening.
- The intention was subject to the CCG Governing Body signing off the proposals, to commission a suite of literature on the proposals for GPs to talk to patients about how they made choices concerning which of the partnerships they would want to attend for their care.

Ms Stewart highlighted that the next steps following consultation, response and engagement would include:

Going to the CCG Governing Body on 24th September for a full decision making business case, indicating that this would be shared with NCL JHOSC once the decision had been made public.

ACTION: Programme Director for the review of Adult Elective Orthopaedics

Over the next few months, subject to the CCG signing off the proposals, it could then move to the implementation phase stage. This included, ensuring that the plans in both of the partnerships met both of the commitments made, that they met the model of care and the vision set out and aspirations, and both partnerships were safe to operate in that way. The implementation process would then start early in the next calendar year from the end of December beginning of January in both sites.

The Chair reminded members that the Committee was required to make comments on the proposals put forward and the consultation process. At the end of the meeting a written response from the Committee on the proposals and consultation process would go to the CCG. The CCG Governing body decision making business case was due on 25th September. The actual reality of what the offer was, would be part of the next stage of the process and the Chair requested that this should come back to NCL JHOSC.

Answering Committee members questions the Orthopaedic Clinical Network Chair, Director of Strategy NCL CCG and Joint SRO for the work on Orthopaedics and the Programme Director for the review of Adult Elective Orthopaedics commented that:

- In relation to the deputation coming to JHOSC on 25th September, it concerned an entirely different set of issues. The deputation related to emergency service changes due to Covid-19. The proposals being considered today were stand-alone consultations about service changes that had been discussed since 2018, had been to this Committee 6 times and pre-dated Covid-19.
- Concerning travel, the system was being designed so patients could access their care locally as they always had done, except for major surgical interventions so it would not be a case of frequent trips away.
- Transport was always going to be an issue but this was countered by the fact that patients would be at a place where all the expertise would be located in one place with ring fenced beds, with a very low likelihood of cancellations and much lower likelihood of infection much more streamlined care across a multi-disciplinary team of staff used to doing the procedure at high volume.
- In terms of Covid-19 and potential outbreaks, this was one of a number of reasons for the change. Reducing infection rates by re-locating elective surgery away from emergency pathways was part of the process so that these hubs would be green sites, effectively Covid free sites. Elective surgery should be able to continue in the face of outbreaks.
- In relation to staff testing, there was lots of asymptomatic testing on staff, including temperature checks, with masks worn everywhere. Everybody was

working to infection control practices and guidelines. Patients coming into hospital depending on risk factors were advised to isolate for 2 weeks or social distance and then have a Covid test.

- In relation to capacity, the model would be that the Northern and Southern hubs would work in partnership, with Royal North Orthopaedic Hospital (RNOH) as a super specialist centre. All three hubs would be slightly different not designed to be identical and should be able, if all the theatres were run to their full capacity and fully staffed to catch up with the backlog and essentially have the capacity do more than was needed. There was enough slack in the system and this was believed to be the right model.
- Also a big benefit of the Clinical Network which met fortnightly, was it looked at recovery planning across all of the Trust and where there were long waiters/backlogs work went into how this could be mitigated. There was a good flow of information between the various departments to understand what was going on.
- The whole model was designed not to outsource to smaller lower volume institutions.
- The model being proposed was the most efficient way of getting through large numbers of cases with dedicated beds and teams. It was considered to be the best way of tackling this because it streamlined patients through in the quickest way possible with the available facilities.

A Committee member suggested that it would be useful at an appropriate time in about 12-18 months for the issue of capacity to be looked at again to determine whether the hubs had been able to cope with the increased patient capacity. Ms Stewart agreed to report back to the Committee on the issue of capacity.

ACTION: Programme Director for the review of Adult Elective Orthopaedics

Responding to further questions from Committee members the Orthopaedic Clinical Network Chair, Director of Strategy NCL CCG and Joint SRO for the work on Orthopaedics and the Programme Director for the review of Adult Elective Orthopaedics highlighted that:

- In terms of how elective surgery would keep going were a second wave of the pandemic to occur, this was the very issue that was being looked at, the perception at the moment was that a second surge would not look like the first surge which occurred in March, in terms of hospital impact and the partners should be able to maintain some kind of green pathway through the hospital but if the same situation occurred as the at the end of March some of the local sites would be paralysed. This would be a disastrous scenario and Elective Orthopaedic surgery would not be a priority at the heart of the green sites.
- Green sites would still be able to work through some of the backlog if they were still up and running though.

A Committee member highlighted that the figures on pages 49 and 51 of the agenda relating to, 'Access to Healthcare Information' and 'Preferred Methods for Follow Up' were incorrect. On page 46 of the agenda in relation to '*Will the Proposals Address the Challenges*' there was no key to what the different shadings meant. Mr Huxter and Ms Stewart agreed to correct the information and re-circulate to the Committee. **ACTION: Director of Strategy NCL CCG and Programme Director for the review of Adult Elective Orthopaedics**

Answering further questions, it was noted that:

- In terms of communicating with patients in a way they would understand, the consultation had included practical questions to get a steer from patients on how they preferred to be communicated with.
- Also built into the proposals was the Care Coordinator model role who would be able to talk to patients' right from the start of their journey and provide signposting to specialist services.
- The Patient representative informed the Committee that the patient had been put at the heart of the whole process involving patients in the process all along.
- Care Coordinators were for everybody, the basic principle was that they were well informed and solved some of the issues highlighted.
- Clinicians were involved intrinsically in the process, Care Co-ordinators were a really valuable part of these pathways for everybody and would identify preferred means of communication for the patients.
- Subject to the proposals being signed off by the CCG Governing Body, the proposals were that implementation would be run through the Clinical Network chaired by Professor Haddad and which other patient representatives sat on, so there would be Clinical led oversight. This was a powerful way of ensuring clinical voices were at the height of ensuring delivery was being made on the aspirations.
- In relation to having Care Coordinators feeding into the Clinical network, this would be something for the NHS Partners to consider.

Commenting on the consultation process, the Chair noted:

- that out of the group of 800 members of the Residents Health Panel consulted only 15 appeared to have been Carers (Caring for people with a disability whether an adult or child), and further work was required on a wider basis on how to engage with carers of people with disabilities.
- Although from the mitigations there was reference to older people, there however appeared not to be specific engagement with older people.
- There were a long list of mitigations captured, and queried how realistically those mitigations were going to be addressed in the final business case;
- When reviewing the process in 18 months' time, consideration would not only be given to clinical effectiveness but also patient engagement and patients' ability to get access to the right information at the right time.

- The Committee would want to know what was going to be measured, how it was going to be measured and who was going to be accountable for that.

In response Ms Stewart informed the Committee that:

- A large number of older people were spoken too as part of the consultation process of which there several parts. There was a survey which was completed by about 600 people, there were groups in the community that were spoken too, this included 66 meetings and a total of 1205 people, lots of those were older peoples groups such as Enfield Age Concern.
- In terms of Carer groups, Health Equality Impact Assessment findings highlighted that carers were one of the groups spoken to. This was a separate piece of work commissioned and paid for Market Researchers to call and speak to carers and target different groups. This had just been set up and would look to capture the views of vulnerable people. The next step would be how to ensure more people were engaged with. The mitigations had been grouped into themes, each theme had been taken in turn and built into the model to address
- Subject to the CCG signing off the business case, the Programme Team would look to commission a suite of literature, including patient and GP leaflets which would be made available on the website and also provide virtual tours of the building. The Team would also use performance metrics which tracked achievements and performance. Ms Stewart informed the Committee that she would come back at a future date to report back on how they had managed to deliver on the aspirations.

ACTION: Director of Strategy NCL CCG and Programme Director for the review of Adult Elective Orthopaedics

The Committee also requested that when the update report came back that it also included views from Care Co-ordinators as well as the Patient Representatives.

ACTION: Director of Strategy NCL CCG and Programme Director for the review of Adult Elective Orthopaedics

A Committee member commented that Enfield had a larger response to the survey compared to the other 4 boroughs, in response Ms Stewart pointed out that Enfield had an active Healthwatch organisation and this was what had been incorporated into the survey responses. The Committee asked for a breakdown of the survey responses separating out how many of the survey responses were from Enfield Healthwatch surveys because Healthwatch surveys were not included from the other boroughs.

ACTION: Director of Strategy NCL CCG and Programme Director for the review of Adult Elective Orthopaedics

Commenting further on the consultation process Committee members commented that they had been impressed with the process as it had been thoroughly and professionally done.

The Chair noted that it had been a very full consultation process and North London Partners had done as much as they could have done despite the pandemic. She noted further that in relation to the elderly, it would have been helpful to have had a clear document of their views as a separate group to look at.

In terms of the proposals:

- The views of the carer and vulnerable groups had been captured and fed into the business process, the issue was balancing the trade-off between a more efficient system and people having to travel more and this was an issue that could not be avoided and was quite difficult to address. On balance it would result in better and faster treatment for patients.
- On reflecting back there were similar concerns relating to Stroke hubs around London, and transport was also raised as an issue. In the end it worked very well and proved the right decision to have sectors of excellence.
- The Committee understood the proposals, there was clarity about the aims and aspirations, members had the opportunity to raise concerns, understanding that not all concerns could be mitigated, particularly around Green sites. The proposals had received widespread support particularly amongst clinical staff.

- The Committee would look at the next stage of the process how well it worked and how well the mitigation worked. The Committee requested that a report be brought back in 12-18months on how well it was going and how the mitigations had been addressed.

RESOLVED-

(i) THAT the report and comments above be noted;
(ii) THAT a report come to a future meeting in of this Committee on how well the Orthopaedic Service changes are going and how the mitigations highlighted have been addressed to include the Care Co-ordinator and Patient representative perspective.

8. ANY OTHER BUSINESS THAT THE CHAIR CONSIDERS URGENT

There was none.

The meeting ended at 11.50 am.

CHAIR

Contact Officer: **Sola Odusina**
Telephone No: **020 7974 6884**
E-Mail: **sola.odusina@camden.gov.uk**

MINUTES END