Meeting **Health Overview and Scrutiny Committee**
Date and time **Thursday 8th December, 2022** **At 7.00 pm**
Venue **Hendon Town Hall, The Burroughs, London NW4 4BQ**

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.

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MINUTES OF MEETING OF THE North Central London Joint Health Overview and Scrutiny Committee HELD ON Friday, 30th September 2022, 10.00 am - 1.00 pm

PRESENT:

Councillors: Pippa Connor (Chair), Kemi Atolagbe, Kate Anolue, Philip Cohen, Anne Hutton, Andy Milne, Tricia Clarke, Jilani Chowdhury and Thayahlan Iyngkaran

15. 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'.

16. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Larraine Revah and Cllr John Bevan. Cllr Thayahlan Iyngkaran, a Haringey Councillor, attended the meeting as a substitute for Cllr John Bevan.

17. URGENT BUSINESS

Cllr Pippa Connor informed the Committee that an urgent question had been received from Samantha Gordon and Frances Bradley, governors of Camden and Islington Mental Health Trust. The question concerned the moving of mental health patients from St Pancras Hospital to facilities elsewhere in London due to construction delays to Camden & Islington Foundation Trust's new Highgate East hospital. The St Pancras site was reportedly due to be used instead by operations transferred from Moorfields Eye Hospital.

Cllr Tricia Clarke explained that there were two parts to the question:

- Why couldn't Moorfields wait to move their operations to St Pancras so that patients would only need to be moved once (from St Pancras to Highgate East)?
- Why were Camden & Islington Foundation Trust having to pay for the additional costs incurred by temporarily moving patients rather than Moorfields?

Sarah Mansuralli, Chief Development & Population Health officer for NCL ICB, informed the Committee that it had not been possible for anyone from Camden &

Islington Foundation Trust to attend the meeting at short notice. She added that the issue had considered by the Camden & Islington Foundation Trust's Board in detail and so a direct response from the Board to the Committee would be required to answer these questions. Cllr Connor requested that a response to the questions should also be obtained from Moorfields. **(ACTION)**

18. 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 Thayahlan Iyngkaran declared an interest by virtue of being a fellow of the Royal College of Radiologists.

19. MINUTES

Cllr Connor advised the Committee that responses to the action points from the previous minutes were expected shortly and would by circulated to Committee Members by email.

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

RESOLVED – That the minutes of the meeting held on Friday 15th July 2022 be approved.

20. NCL ICS FINANCIAL REVIEW

Gary Sired, Director of System Financial Planning for the NCL ICB, and Anthony Browne, Director of Finance Strategic Commissioning for the NCL ICB, introduced the report on this item. Gary Sired explained that NCL had a complex health and care economy and that the ICB had a duty to lead collaborative working across the Integrated Care System (ICS). The system in NCL was a net importer of activity and there were significant differences in the size of the Trusts. The underlying position of the finances was that there was a recurrent deficit that needed to be recovered and that had been recently managed with non-recurrent solutions to achieve balance. A balanced plan for the ICS for 2022/23 had been developed but it contained a large level of financial risk.

Gary Sired and Anthony Browne then responded to questions from the Committee:

- Cllr Iyngkaran noted that a surplus had developed in 2021/22 due to the underspends resulting from the Covid-19 pandemic and asked how the backlog would now be dealt with. Gary Sired acknowledged that this was a challenge but noted that there was a national incentive scheme with funding for elective

recovery that Trusts could access when achieving activity of 104% or more of their 2019/20 activity levels. Asked by Cllr Iyngkaran about the progress towards this target, Gary Sired said that some Trusts were on target and some were not, but the target was not yet being achieved overall in NCL. However, it was a tough target and the performance in NCL was above average in London. Asked by Cllr Hutton about the operational issues in achieving the target, Gary Sired noted that there was a moratorium on the 104% target on the first six months which allowed the Trusts more time to adapt.

- Asked by Cllr Cohen about the impact of the non-recurrent solutions to achieve financial balance in previous years, Gary Sired said that these should not affect services and that the changes were largely technical balance sheet adjustments such as releasing reserves. In response to a follow up question from Cllr Atolagbe, he explained that the timeframe for addressing the deficit had not yet been agreed but that a financial plan for recovering a position like this would typically be 3 to 5 years.
- Following up on the previous questions, Sarah Mansuralli provided some further detail on operational issues. The approach to elective recovery involved the Trusts working together, maximising the availability of capacity by moving some patients to other Trusts to have their procedures carried out faster. Underlying efficiency issues were being addressed through the transformation programmes including by reducing duplication and providing more care in the community. Asked by Cllr Milne why the emphasis was on moving patients rather than resources, Sarah Mansuralli clarified that surgeons were operating at different sites as required and that, in dealing with the backlog, further options about moving resources to meet patient needs may need to be considered.
- Cllr Clarke asked about the discrepancy in funding between different Trusts, noting that the Whittington appeared to get considerably less than others, particularly those with a teaching component, despite the poor state of its A&E Department. Anthony Browne explained that many of the others were bigger tertiary Trusts that brought in much of their activity from outside of the NCL area. Dr Jo Sauvage added that capacity had to be centralised for a lot of specialist services and that those services often required a great deal of technology, innovation and research resource. Problems could also have different causes in different organisations and could sometimes relate to other estate or workforce factors for example and not just funding levels.
- Asked by Cllr Chowdhury about delays with hospital discharge, Sarah Mansuralli said that the ICB generally worked well with social care on this as a lot of the discharge arrangements established during Covid were still in place. However, it could still be difficult to find an onward placement, partly because the care market had changed so significantly in recent years with more complex care packages required than previously. For example, this could mean NHS resources being added to domiciliary care packages such as district

nursing or mental health support. This work was ongoing but the financial environment was a challenging one. Anthony Browne added that a £12m package of additional winter funding was being provided in the NCL area which would help to support some of this work.

- Asked by Cllr Clarke about the impact of the energy crisis and rising inflation, Gary Sired acknowledged that the funding originally allocated had been made on assumptions about inflation rates expected at the time. However, the ICBs then got an uplift in April/May which was then passed onto the Trusts based on inflationary pressure. In terms of energy supplies, some contracts across the NCL area were at fixed levels but not all of them.
- Cllr Cohen expressed concern that moving patients between Trusts could potentially involve longer patient journeys. Dr Jo Sauvage said that the aim was to be as personalised as possible and that some people may prefer to be seen locally whereas others may prioritise being seen as quickly as possible. Elective recovery had been clinically led with person-centred conversations with individuals about managing where they can get treated in the context of their health needs. With Trusts working together with this approach the aim was to use the financial resource and clinical capacity to smooth the peaks and troughs and optimise service at every level.
- Asked by Cllr Anolue about the practical measures that would be employed to address health inequalities, Dr Jo Sauvage said that the Covid pandemic had highlighted the inequalities in society and that the data now available on health inequalities was the most impressive they had seen. This included data on multiple determinants of ill health including employment, housing, and mental health and also included data on ethnicity. These factors needed to be understood in the context of particular interventions that were required such as vaccinations or tracking of important priorities such as cancer or heart disease and in working closely with communities to develop bespoke approaches. Asked by Cllr Anolue how communities would be approached, Anthony Browne highlighted a £5m health inequalities fund which all the Trusts in the NCL support. This enabled engagement with community leaders and was part of the overall population health strategy.
- Cllr Anolue expressed concerns about the availability and uptake of Covid booster vaccinations in BAME communities. Dr Jo Sauvage said that there was a well developed vaccination programme in the NCL area with community outreach. However, the general global anxiety about vaccinations was recognised and so there was a need for a catch up on MMR, flu and also the need to guard against the possibility of polio cases. Gary Sired added that there was specific money set aside to work with the boroughs on vaccinations. Sarah Mansuralli added that there were different initiatives in each borough tailored to specific local needs and suggested that an update on these initiatives could potentially be brought to a future meeting of the Committee. **(ACTION)**

- Cllr Connor asked whether Hospital Trusts were selling off parts of their estate in order to raise funds, but it was clarified that this was not the case.
- Cllr Connor requested further details about the £5m outlined to fund virtual wards. Sarah Mansuralli said that this was a new development which aimed to care for more patients in the community. It was recognised that there could be a lot of deconditioning of frail patients in hospital so there was a national programme on increasing virtual ward beds which had started in NCL last year. A co-design workshop had taken place including organisations from across the ICS. The virtual ward model in NCL covered both health and social care as an integrated approach was required. Funding had been provided from the centre for the current financial year but then matched funding would be required thereafter and could potentially be reduced further in future. The service would therefore eventually need to be self-sustaining by reducing the length of patient stays in hospital.
- Cllr Connor asked about the funding allocated for community service provision and whether there would be a period of double spending given that the acute care services would still need to be provided until the pressure had been reduced by the additional community service spend. Anthony Browne confirmed that this would be the case and that there were no efficiency savings required in the first year as there would be a year lead-in period to establish the community services at the right level and the necessary changes to care pathways. Across the NCL area as a whole, there was a £57m investment programme over five years to ensure that this core offer was delivered. The programme had been backed with central funding initially but would be dependent in future years on savings in the acute cost base as more activity moved into the community.
- Cllr Iyngkaran asked what measures were being put in place to raise MMR vaccination rates in Haringey, noting that they were currently lower than the average for England. Dr Jo Sauvage said that this was recognised an as issue and that there was a programme in place to address this. The model predicated on primary care may not be sufficient, so more outreach was needed as well as better work with community pharmacies. The Committee recommended that the JHOSC keep this matter under review. **(ACTION)**

The Committee then discussed recommendations based on the discussion and the information received.

Cllr Clarke reiterated her concerns about the discrepancy in funding levels between the teaching hospitals and the other hospitals and requested that further information be provided to the Committee on what this funding was specifically being allocated for in order to have a better understanding on this. **(ACTION)** Gary Sired clarified that a significant part of the explanation for this was illustrated by the column on page 20 of the agenda pack which set out the funding provided by the NCL ICB as opposed to the total overall figures which included funding from other ICB areas.

Cllr Hutton asked when the next finance report would be provided to the Committee. Cllr Connor clarified that finance reports were typically provided once per year. Gary Sired said that late summer 2023 would be about the right time of the financial cycle to provide details of future plans. Cllr Connor suggested that the next finance report should include further information about the funding to address health inequalities and evidence on how this was working. Risks to services or capital projects associated with inflation/energy costs should also be included. **(ACTION)**

Cllr Milne commented that health inequalities was not a new issue and so he would be interested in seeing more about the efficacy of not just current programmes but also previous programmes. Cllr Cohen reiterated that there should be ongoing consideration of whether the joint working between Trusts could potentially have an adverse impact on patient journeys. Sarah Mansuralli commented that an update on the inequalities fund could potentially be brought to the Committee earlier than the wider finance report if required. **(ACTION)**

Asked by Cllr Connor whether there was any local authority or patient representative presence on the ICB Finance Committee, Sarah Mansuralli confirmed that the Board was chaired by a patient non-Executive member of the Committee with a lay background. Cllr Connor welcomed this and proposed a recommendation that a local authority Councillor should also be included in the membership of the Committee as they were embedded in local communities and could bring that view to the discussion on strategic decisions. Anthony Browne noted that the Committee tended to discuss detailed finance issues and suggested that there should be consideration of whether this would be the most appropriate forum for a local authority representative given that finance issues were also discussed elsewhere. Sarah Mansuralli agreed to provide a written response on this recommendation. **(ACTION)**

21. NCL WORKFORCE REPORT

Dr Jo Sauvage, Chief Medical Officer at NCL ICB, and Kate Gardiner, Nursing Workforce Programme Director, introduced the report on this item. Dr Sauvage commented that the aim of Integrated Care Partnerships was to manage population health improvement with a focus on outcomes and on inequalities in a way that used resources appropriately and was embedded in local communities. She acknowledged that the NHS had not been as good as it could be on local workforce planning and there was an opportunity to develop different ways of working in the ICS by thinking about transformation and the planning and development of existing staff. There were existing challenges on recruitment, retention, staff wellbeing, agency pay and the impact of the cost of living crisis. There were also issues with the retention of GPs and on recruitment and retention in the care sector.

Kate Gardiner added that, from a clinical perspective, the biggest challenge was on staff retention with a large number of nurses now leaving the profession. Across the NCL area there were now around 200 more nurses than there were in 2021 but this was the result of a large effort on securing pathways into nursing, retention and international recruitment.

Dr Jo Sauvage and Kate Gardiner then responded to questions from the Committee:

- Cllr Connor observed that, from people that she knew in the nursing profession, some key concerns of theirs were that it was too stressful on the wards with not enough staff to cope with demand and also pay issues. She asked what more could be done in these two areas as these were specific concerns driving people to consider leaving the profession. Kate Gardiner responded that one of the issues was that patients on the wards often now had more complex needs when compared to years ago and so, to tackle this, it was important to understand the nursing workforce that was required. Organisations went through a process each year to assess and sign off safe staffing requirements using evidence-based tools about the clinical needs of patients. Over the last couple of years, the delivery of care on the units had changed and so there was an opportunity to reset and make sure that the reviews were in place to understand the workforce that was needed, to fill vacancies and retain staff. This included looking after staff on wards, securing their professional knowledge and qualifications, their enjoyment of coming into work and the teamwork on the wards.
- Cllr Atolagbe said that she received feedback from BAME nursing staff who reported that, despite obtaining training and qualifications as well as relevant experience, they felt that they were not achieving the career progression that they ought to. Kate Gardiner acknowledged that this was a problem across the NHS with a high level of diversity across Bands 1-5 but a reduced level at the higher Bands. There was a drive for diversity on recruitment panels in some organisations. Dr Sauvage added that it was important to ensure that clinical leadership reflected the population that the NHS serves across a diverse set of boroughs and that this was mirrored through every level of the system. An equality standards questionnaire had recently been distributed in NHS organisations in the London area. She also noted that the UCL provider alliance had begun to work on a developmental offer so that people from differing backgrounds were more able to take advantage of learning opportunities including the development of leadership skills.
- Cllr Clarke asked what the international recruitment target was and how those recruits were supported to cope with the cost of living in London. Kate Gardiner said that the target for the current year (Jan 2022 to Dec 2022) was for 732 internationally recruited nurses in NCL with 403 having arrived so far. Part of the offer to them in London was that they receive 2-3 weeks of accommodation paid for them when they arrive. However, they were not paid for their

examinations and higher levels of experience were not yet recognised. These kinds of initiatives were being implemented outside of London though so the nursing consortium in NCL had provided a challenge on this on how this offer could be improved. This was being considered along with other ways of supporting them and helping them to progress.

- Cllr Hutton queried the ethical implications of internationally recruited nurses given that their countries of origin may also be in need of their services. Kate Gardiner explained that international nurse recruitment was undertaken by a consortium and that nurses were only recruited from countries that already had more than they needed. However, she acknowledged that it was not sustainable to rely on this type of recruitment in the long-term and that an attractive pathway into nursing for people who already live here was also required. This included expanding the number of university placements and helping to address the high cost of living for people working to obtain nursing qualifications. Asked by Cllr Hutton about the payment of the London Living Wage, including through agencies, Dr Sauvage said that this was being actively looked at with a review currently taking place. Cllr Connor requested that information about the outcome of the review be provided to the Committee when it had been completed. **(ACTION)**
- Cllr Anolue expressed concerns about the number of nurses choosing to leave the country to work elsewhere due to concerns about stress, pay and lack of career progression. Dr Sauvage agreed that there was further work to do to support people to develop and enable education and training. She added that the recent ability to look at a wider range of data in a more transparent way was making a real difference as was the Race Equality Standard which was relatively recent. Kate Gardiner added that there was a nurse ambassador group which helped to communicate concerns on key issues, including opportunities for career progression, by attending steering groups and operational groups. Cllr Atolagbe added that exit interviews for staff could also be an important source of information about staff concerns.
- Cllr Iyngkaran observed that workforce issues had long been a concern in the NHS but were now becoming more acute and expressed that there was a need for an NCL wide strategic approach on this to develop a unified workforce. Kate Gardiner agreed with this and said that this was one of the key programmes of work at ICB level and that all NHS organisations in NCL had been asked to look at their own retention plans. NHS Trusts would be brought together in November to look at common workforce issues across NCL and identify what was already in place and what more could be done together to address these.
- Referring to the retention issue with GPs, Cllr Clarke expressed concerns about organisations such as Operose filling the vacuum and how control would be maintained across GP networks. Dr Sauvage explained that a GP Provider Alliance had recently been developed in NCL which had enabled GP Practices to be brought together and to speak and respond to service requirements in a

more unified way. In each area, the GP Practices were brought together in Primary Care Networks (PCN) and each PCN had a Clinical Director who were linked into the Federation and the GP provider alliance leading to a networked approach. This provided greater opportunities to improve integrated working, local understanding and continuity of care.
- Cllr Atolagbe expressed concerns about patients from some parts of the community being unable to access GP services at all, meaning that they would often have to attend A&E units for treatment. Dr Sauvage said that all patients should be able to access GP services although demand was recognised to be very high currently. GP practices had therefore had to triage patients according to need in some circumstances.

The Committee than discussed recommendations on workforce issues based on the information received (ACTION):
- **It was suggested that the strategic role of GP Federations could be discussed as a topic at a future meeting of the Committee.**
- **The Committee raised concerns about the lack of BAME representation at higher pay bands and management levels. Whilst welcoming the initiatives described in this area such as the equality standards questionnaire, the Committee asked whether further information/data was available to help understand what was happening in practice. For example, where there were specific complaints or issues that had been identified, what measures were put in place to address this and/or provide greater support to staff.**
- **The Committee recommended that a staff representative should be invited to speak at the next workforce update item provided to the JHOSC.**
- **The Committee suggested that there needed to be greater understanding of the ongoing support and training provided to staff from overseas, particularly in relation to the cost of living and the concerns about some staff having to take on second jobs in order to be able to pay their bills.**
- **The Committee emphasised that there needed to be a strong understanding at senior level of the realities on hospital wards where there are staff shortages and whether sufficient safety levels were being met for staff and patients. The Committee proposed that this could be examined in greater detail at the next workforce update item provided to the JHOSC.**

22. NHS 111 PROCUREMENT UPDATE

Clare Kapoor, an NHS 111 commissioner with the NCL ICB and a nurse by background, introduced the report for this item explaining that the current NHS 111 Integrated Urgent Care Service (IUC) contract had been extended but was due to end

in October 2023 which meant there was about a year left to procure and get ready for the new service.

She explained that the procurement for the new contract was overseen by a multi-disciplinary Procurement Steering Group. There were two sub-groups, one of which was clinical and the other for engagement and communications which included residents and patient/user group representatives. The procurement process had recently moved from phase 1 (Planning) to phase 2 (Procurement) and would later be followed by phase 3 (Mobilisation). Bidders would shortly be invited to tender and the timeline was set out in the report.

The existing service included the NHS 111 telephone and online support, urgent GP face-to-face services and a clinical assessment service. The new service would add to this with enhancements including direct booking of patients into services such as primary care appointments or referrals into same day emergency care. There were greater opportunities to treat and manage patients within the service where appropriate, for example by prescribing medication.

In terms of engagement, there had been an online survey carried out, community groups in each of the Boroughs had been contacted and HealthWatch in Enfield had been commissioned to run focus groups and had worked with groups where English was not their first language. The feedback had been used to develop an action plan and to help shape the service specification.

Rod Wells from Haringey Keep Our NHS Public asked why a competitive tendering process was necessary as he understood that this was no longer required under the new Health and Social Care Act. Clare Kapoor clarified that the new rules had not yet come into force and, as there wasn't much time before the existing contract was due to come to an end, the legal advice received had been to go ahead with the procurement process as outlined in the report. In future, there could be scope to directly award contracts such as this based on certain criteria.

Cllr Atolagbe asked how, with the current contract due to end soon, how there would be continuity in training and how the feedback on accessibility would be addressed. Clare Kapoor explained that training requirements were part of a suite of documents for the procurement on the contract portal which also included the patient feedback and the Equality Impact Assessment. The service specification included a section on accessibility for different patient groups. There had recently been a training video produced for NHS111 on handling callers with a learning disability and also a video produced for the deaf community to explain how they can access the service.

Cllr Clarke asked how much the contract was worth and whether NHS organisations could bid for it. Clare Kapoor said that the current provider, a social enterprise called LCW, had been in place for around 9 or 10 years and that the current value of the

contract was around £19m per year to deliver the whole service. This was regularly kept under review and was overseen by NHS England. For example, there had been a 57% surge in calls during the Covid-19 pandemic, so it had been necessary to review the service provision. The contract value was expected to remain at around the same level. Cllr Clarke asked why the contract value was not being raised given that there were extra elements of the service being delivered such as the London Ambulance Service integration work. Clare Kapoor said that this was a one-year pilot and that an evaluation was being awaited so it could come back into the contract in future. She said that NHS organisations could bid for the contract if they could deliver the call handling side. There could potentially be various different providers for different elements of the service or a single organisation delivering the whole contract as was currently the case.

Asked by Cllr Iyngkaran what provisions were in place for callers with mental health conditions, Clare Kapoor noted that there was a mental health champion on the patient engagement group so there had been some very good input. She added that there was a link between NHS111 and the mental health crisis hubs so there was an existing pathway. The recent feedback received had been given to NHS England and there was also a London mental health programme looking at how better to manage a range of mental health calls and on how to introduce mental health expertise earlier in the pathway. This could potentially be built into the new service.

The Committee then made the following recommendations (ACTION):

- **Noting that much of the feedback about the call menu had been that it was too complicated/confusing, the Committee recommended that, once the new specification had been put in place, that the updated core menu should be tested with service users before it goes live.**
- **The Committee noted that the new contract for the NCL NHS 111 Integrated Urgent Care Service would have additional service requirements added to it but with no apparent uplift to the value of the contract. The Committee expressed concern that the provider would be required to deliver a more extensive service without an increase in funding and requested further explanation on how this would be achieved while maintaining service quality.**

23. WORK PROGRAMME

Cllr Connor introduced the work programme item noting that the Estates Strategy was scheduled for the next meeting in November which would be a substantial item. There was also space for further items at the November meeting. Cllr Clarke suggested that a verbal update could be provided by Camden & Islington Foundation Trust and Moorfields Eye Hospital regarding the issue with St Pancras Hospital that was discussed earlier in the meeting. Cllr Cohen suggested there should be an item on the

current crisis with GP services including the workforce issues and difficulties that patients were experiencing in accessing services. These items were both agreed to be added to the November agenda. **(ACTION)**

It was noted that updates on the Mental Health Services Review and Community Health Services Review were due later in 2022/23. As discussed earlier in the meeting, a report on health inequalities could also be made available. It was agreed that both of these items could be scheduled for the February 2023 meeting. **(ACTION)**

24. DATES OF FUTURE MEETINGS

- 23rd November 2022
- Feb 2023 (date TBC)
- Mar 2023 (date TBC)

CHAIR:

Signed by Chair ………………………………..

Date …………………………………