Meeting
Joint Health Overview and Scrutiny Committee
Date and time
Thursday 30th November, 2023 **At 10.00 am**
Venue
Camden Town Hall, Judd Street WC1H 0JE

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	Agenda and Report Pack	3 - 84

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NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday 30th November 2023, 10:00 a.m.
Council Chamber, Camden Town Hall, Judd Street, WC1H 9JE

Contact: Dominic O'Brien, Principal Scrutiny Officer

Direct line: 020 8489 5896
E-mail:dominic.obrien@haringey.gov.uk

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

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

AGENDA

1. FILMING AT MEETINGS

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

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

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

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

4. DECLARATIONS OF INTEREST

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

(i) must disclose the interest at the start of the meeting or when the interest becomes apparent, and
(ii) may not participate in any discussion or vote on the matter and must withdraw from the meeting room.

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

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

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

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

6. MINUTES (PAGES 1 - 10)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 11th September 2023 as a correct record.

7. START WELL PROGRAMME

To receive an update on Start Well - a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context.

Report to follow.

8. ESTATES STRATEGY (PAGES 11 - 22)

To receive an update on the NCL Estates Strategy.

9. FERTILITY POLICY - IMPLEMENTATION (PAGES 23 - 26)

To receive an update on the implementation of the NCL fertility policy review.

10. WORK PROGRAMME (PAGES 27 - 34)

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

11. NEW ITEMS OF URGENT BUSINESS

12. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

29th January 2024
18th March 2024

Dominic O'Brien, Principal Scrutiny Officer
Tel – 020 8489 5896
Email: dominic.obrien@haringey.gov.uk

Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
River Park House, 225 High Road, Wood Green, N22 8HQ

Tuesday, 21 November 2023

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Agenda Item 6

MINUTES OF THE MEETING OF THE North Central London Joint Health Overview and Scrutiny Committee HELD ON Monday, 11th September 2023, 10.00 am - 12.30 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Larraine Revah (Vice-Chair), Kemi Atolagbe, Rishikesh Chakraborty, Jilani Chowdhury, Philip Cohen, Chris James and Andy Milne.

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 Matt White (Haringey).

17. ELECTION OF CHAIR

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

RESOLVED – That Councillor Pippa Connor be elected as Chair of the North Central London Joint Health Overview & Scrutiny Committee for the municipal year 2023-24.

18. ELECTION OF VICE-CHAIRS

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

RESOLVED – That Councillors Tricia Clarke and Larraine Revah be elected as Vice-Chairs of the North Central London Joint Health Overview & Scrutiny Committee for the municipal year 2023-24.

19. URGENT BUSINESS

None.

20. DECLARATIONS OF INTEREST

None.

21. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

22. MINUTES

The minutes of the previous four meetings of the North Central London Joint Health Overview and Scrutiny Committee were approved.

RESOLVED – That the minutes of the JHOSC meetings held on 20th March 2023, 6th June 2023, 7th June 2023 and 26th June 2023 be approved as an accurate record.

23. NCL ICS FINANCIAL REVIEW

The report for this item was introduced by Gary Sired, Director of System Financial Planning at NCL ICB, Chris Garner, Assistant Director of Transformation and Community Commissioning at NCL ICB and Anthony Browne, Director of Finance for Strategic Commissioning at NCL ICB.

Referring to the financial position in the previous year, Gary Sired explained that there had been concerns about the risks in the 2022/23 financial plan for the Integrated Care System (ICS) as a whole, including the ten ICS providers. The plan was successfully delivered with a balanced budget, though partly through some non-recurrent technical benefits and, as these were one-off measures, the underlying challenges remained in developing the financial plan for 2023/24. This meant that additional actions were required for providers, such as the stretching of efficiency targets for example. There was currently some in-year adverse variance in the financial plan and the main cause for this was the ongoing industrial action which resulted in a net cost.

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

- In response to questions from Cllr Clarke and Cllr Milne about the net financial cost of the industrial action, Gary Sired explained that consultants were hired during these periods to ensure continuity of services and that the cost of doing so outweighed the savings from unpaid wages to staff resulting in significant adverse variance in the budget. In addition, there was an adverse impact on elective work which also had a negative financial impact. Finally, there was a negative knock-on effect to delivering planned efficiency savings.
- Cllr Clarke asked about efforts to stop the strikes and Cllr Chakraborty asked about the potential impact of permanent staff such as junior doctors and consultancy staff striking at the same time. Chris Caldwell, Chief Nursing Officer, said that there were significant ongoing lobbying efforts across the sector to the Government as this was having a significant impact on patients and staff. She added that the upcoming strike action by permanent/agency staff would lead to a period of activity over two weeks and that some surgery would be cancelled because of the risk of not being able to provide intensive support afterwards. There were also now significant restrictions on the use of additional resources to hire agency staff.
- Cllr Connor asked whether consideration had been given to the provision of additional resources outside of the planned budget, given the ongoing financial difficulties

caused by the industrial action. Gary Sired explained that the Trusts were paid according to the activity carried out and that the targets had been reduced in April to take into account the impact of the industrial action and so this provided some financial relief. There would need to be further discussions about financial relief given the ongoing situation with the strikes.

- Asked by Cllr Clarke and Cllr Cohen for further details about the expected 30% budget reduction for the NCL ICB, Anthony Browne explained that the aim of this was to reduce management costs and so the ICB was currently redesigning structures to achieve these savings. Partial savings (20%) was scheduled for the next financial year and the full amount (30%) by the following year.
- Cllr Cohen welcomed the additional investment in adult community services, as set out on page 54 of the agenda pack, and requested further details about the part that related to intermediate community-based bedded care for up to 6 weeks to avoid hospital admission or to support rehabilitation after discharge. Chris Garner confirmed that this was a priority for community services and that £260k had been invested into intermediate community based bedded care this year. There was also a discharge fund to support care beds across NCL - £1.6m for P1 (pathway 1 for hospital discharge) and £1.3m for integrated discharge teams. A key objective was to reduce the need for hospital beds and modelling had estimated that the additional investment this year would avoid a total of 1,600 hospital days which was important both for people's health and for the sustainability of the system. He added that the ICB was working closely with NCL local authorities to develop a standardised, optimised model for P2 (pathway 2 for hospital discharge). Another area of investment was the expansion of community nursing support, including therapists, to support people to stay well in their own homes.
- Asked by Cllr Revah about support after hospital discharge for people with disabilities who also have mental health conditions, Chris Garner said that a written response on this could be provided to the Committee. **(ACTION)** Cllr Revah suggested that future financial reports should specifically address the impact on people with disabilities as this was an area that could sometimes be overlooked. **(ACTION)**
- Asked by Cllr Revah about the relocation of services from Moorfields Eye Hospital, Anthony Browne commented that the costs would continue to be met by the Trust but that the ICB was in the process of reviewing the ophthalmology pathway to ensure that it was fit for purpose. Cllr Revah proposed that the Committee should monitor this issue by including it in the JHOSC work programme. **(ACTION)**
- With regards to the mental health investment outlined on page 53 of the agenda pack, Cllr Chakraborty asked what learning there had been from the CYP Home Treatment Team in Barnet and how any subsequent roll out to the other NCL boroughs would be financed. Chris Garner said that the scheme would not be rolled out across NCL in the current financial year but that there was a framework with agreed criteria to prioritise investment and so this would be used to assess potential future financing in this area. He added that the pilot had been successful and that the learning had included the need to ensure high occupancy rates in virtual ward services by working with acute clinicians. Cllr Connor requested that the Committee be kept updated on the conclusions reached from the pilot and the financing and timescales for a potential future roll out of this service. **(ACTION)**
- Asked by Cllr Atolagbe about the additional recurrent funding for mental health services, as set out on page 53 of the agenda pack, Anthony Browne explained that the recent uplift for mental health services against the previous year had been around 7% for the NCL area, some of which was required to meet increased costs, with other

specific areas of investment as set out in the report. Chris Garner added that a particular priority was to intervene early in order to prevent more acute problems from developing which could result in more complex care needs or expensive out-of-area placements.

- Cllr Atolagbe requested further clarification on the text on page 47 of the agenda pack which stated that *"NHS organisations cannot carry forward expenditure reserves from one year to another"* and the £89m surplus in the NCL ICS system in 2021/22. Gary Sired explained that NHS organisations cannot plan to have a deficit by using surpluses from previous years and that, while surpluses were not planned, there had been a particular issue in 2021/22 where not all of the money had been spent and so this stayed on the balance sheet. He acknowledged that there was an issue nationally with unused cash balances and that there was an ongoing debate about this.
- Cllr Connor noted that page 47 of the agenda pack also stated that *"NCL ICB will inherit the cumulative NCL CCG historical deficit and will have an obligation to repay it unless the ICB and the system are in balance for the first two years"* and asked how these deficits would be addressed, including that of the Royal Free NHS Trust which had been in deficit for some years. Gary Sired said that the historic deficit was just over £100m and that this had been successfully balanced in the first year although there were ongoing risks with the plan for the second year, including the impact of industrial action as previously discussed. In relation to the Royal Free, he noted that the ISC budget needed to be balanced as a whole system and so if one Trust was in deficit then other Trusts would need to be in surplus. It was therefore a priority to improve the Royal Free's financial position and there was an ongoing, active piece of work to achieve this. He was not currently aware of any measures that would lead to a reduction in services provided by the Trust. Anthony Browne added that achieving balance was a system-wide objective and that the savings required across the NCL Trusts were roughly in the same ballpark but that the Royal Free may receive more scrutiny from the regulator due to their financial position. Cllr Connor recommended that future financial reports should specifically set out whether there would be a direct impact on services resulting from deficits within the system. **(ACTION)** Cllr Revah requested that future financial reports should also include more detail on the reasons for the highest deficits, such as that of the Royal Free NHS Trust. Chris Caldwell noted that Royal Free NHS Trust had previously spoken to the Committee directly about finance issues and Cllr Connor suggested that this could be added to the work programme for future consideration. **(ACTION)**
- Cllr Connor asked about potential risks relating to existing capital projects, given ongoing issues with interest rates and building costs. Gary Sired explained that there were two main streams for capital funding – national funding or the NCL capital funding limit of around £180m per year which was allocated to organisations at the start of the year. Due to the changing financial environment, there was now more likely to be slippage rather than overspend so efforts were made to support flexibility where possible, while some funding could be diverted to strategic capital needs such as digital. A deep dive on this would be carried out in month 6 to enable a forecast but they were currently expecting year end objectives to be met. Cllr Connor recommended that future financial reports should include details of risks and slippage/overspend associated with capital projects including any impact of revenue budgets (due to interest costs for example). **(ACTION)** Cllr Atolagbe and Cllr Connor also requested an update on the major St Pancras Hospital capital project. **(ACTION)**
- Asked by Cllr Cohen how the additional mental health funding would affect voluntary organisations in this sector which often found it difficult to obtain secure funding,

particularly because a lot of funding tended to be allocated on a short-term basis. Anthony Browne acknowledged that the voluntary sector was a significant part of the mental health offer and that they had been engaging with voluntary sector partners on investment and sustainability issues. He added that the ICB was engaged with a piece of work on the core mental health offer and examining the network of funding to ensure that the best possible outcomes were being achieved. Cllr Connor noted that the Committee was due to hold a meeting to discuss the mental health core offer in March 2024 which would involve voluntary sector representatives. It was agreed that information about funding issues, including the sustainability of funding for voluntary sector organisations, should be provided for this meeting. **(ACTION)**

- Cllr Clarke expressed concerns about the amount of money spent by the Trusts on agency staff and requested that figures on this be provided in future financial updates to the Committee. **(ACTION)**

RESOLVED – That further information be provided to the Committee on:

- **support after hospital discharge for people with disabilities who also have mental health conditions.**
- **conclusions for the pilot and timescales of the roll out for CYP Home Treatment Team project**
- **the St Pancras Hospital capital project.**

RESOLVED – That the next finance update include details on:

- **the impact on people with disabilities.**
- **whether there was a direct impact on services resulting from deficits within the system.**
- **the reasons for the highest deficits within the system.**
- **risks and slippage/overspend associated with capital projects including any impact of revenue budgets (due to interest costs for example).**
- **figures on the amount spent on agency workers.**

24. CAMDEN ACUTE DAY UNIT UPDATE

Alice Langley, Managing Director – Camden Division, North London Mental Health Partnership (BEH-MHT and C&I Trust) and Debra Holt, Assistant Director for Integrated Commissioning Mental Health & Learning Disabilities, NCL ICB/London Borough of Camden, introduced the report on this item which related to the co-production of new mental health services in Camden borough. Alice Langley explained that this had been a collaboration between the mental health Trust and the local authority over the past nine months following recent progress on partnership working and integration. The engagement and co-design process had been completed and the focus was now on finalising the service and staffing model with residents involved in ongoing development and the monitoring of the service. She added that the service was an innovation based on research which demonstrated the positive impact of Acute Day Units (ADUs) on service users and their recovery. The provision of ADUs across the country was quite patchy and had historically been quite siloed and so the intention was to ensure that the Camden ADU was well integrated with other services. The new ADU service would initially only be operating in Camden, but there would be a formal evaluation process which could help to inform future service development elsewhere in NCL. Debra Holt explained that the six core areas of feedback were set out in the report, the service

specification was being finalised and that this referenced the feedback received so that it was clear how the feedback had been used to develop the service. It was agreed that the service specification would be circulated to the Committee. **(ACTION)**

Alice Langley and Debra Holt then responded to questions from the Committee:

- Asked by Cllr Revah about timescales and the locations of the services, Alice Langley said that the current aim was for the service to go live in April and that this was currently on track. She explained that there had been mixed feedback about the Greenwood Centre with some preferring services to be located in one place while others preferred a choice of locations across the borough. They were therefore currently looking at supplementing the Greenwood Centre with some other locations. However, it would be necessary to consider carefully what this would mean for individual service users in being able to access all of the right services for their needs.
- Asked by Cllr Revah about the length of the service provided to service users with acute needs, Alice Langley said that this had been a key theme of the engagement work. She noted that there were other existing services for service users with acute needs but it was felt that the ADU would address a gap between community and inpatient services by providing more intensive support outside of a hospital setting. Alice Langley clarified that existing day support services may support people for anything from 6 weeks to 1-2 years. There had been useful challenging conversations in the engagement process about how long services were available for, and the consensus was that there needed to be flexibility in the service, so that people could be supported for a length of time appropriate to their needs. It would be key to be able to easily link people into other services and support after an appropriate amount of time for their needs.
- In response to a query from Cllr Atolagbe about support for service users after the closure of the Camden ADU based at St Pancras Hospital in 2020, Alice Langley said that there had been a range of community and crisis services available but that this had led to the conclusion that there was a gap that could be address by the new services outlined in the report. Debra Holt added that the local community and voluntary sector had picked up a lot of the demand following the closure, but they were not particularly equipped to support people with acute needs. There were also two other mental health day services in the borough which had been supporting people who required longer-term interventions.
- Asked by Cllr Atolagbe about the feedback on the service name, languages and on the terminology used, Alice Langley confirmed that the views were being considered and that a new name for the service had not yet been determined. She acknowledged that there were also different views on terms such as ‘recovery’ so it was important to understand these sensitivities as well as the needs of people who did not speak English as a first language and so this feedback would be integrated into the service design.
- Cllr Connor asked whether the people who had been involved in the co-design process would still be involved in engagement work in the years to come. Alice Langley confirmed that commitments had been made to keep those residents informed and involved on an ongoing basis in order to support the continuous improvement of the service and that the details of this were currently being worked through.

- Asked by Cllr Connor about the financial sustainability of the new service, Alice Langley explained that the previous funding for the previous Camden ADU service was still included in the block contract along with funding from the local authority, so this brought existing resources together. However, it would be necessary for the evaluation to demonstrate impact to inform potential service development in other boroughs.
- Cllr Atolagbe requested further clarification on the reference in the report to a Single Point of Access and that this could be included in *"a GP App where GPs find out what services are available"*. Alice Langley said that an issue that had come through clearly in the co-design process was awareness of and access to the service. GPs were clearly a key access point and so it was important to ensure that primary care networks had this information and were able to use it to support patients.
- Cllr Revah requested further details about the engagement with the deaf community and support for carers to access services. Alice Langley said that both of these were key groups in the engagement process and there had also been contact with various community and voluntary groups to ensure that they were reaching a wide range of people. Measures to meet the needs of these groups would be included in the service specification. Debra Holt added that some key feedback was that the service needed to be flexible because not everyone could reach buildings-based services at particular times.
- Asked by Cllr Clarke whether this service would play a part in early intervention, Alice Langley responded that the service was designed to be flexible without rigid criteria so the service users may include people presenting for the first time but may also provide secondary prevention for people with more acute needs who may otherwise require hospital admission. This was why professionals from different services were involved in delivering the service.
- Cllr Clarke commented that local HealthWatch would soon have a joint NCL-wide structure and Alice Langley noted that the partnership working between BEH-MHT and C&I NHS Trust was now known as the North London Mental Health Partnership, also reflecting the NCL area.

Cllr Connor concluded by expressing the hope that this approach would be successful and taken up across the NCL area and requested that the Committee be kept updated on progress. **(ACTION)**

RESOLVED – That the service specification be circulated to the Committee and that the Committee be kept updated on progress of the project.

25. WINTER PLANNING & AMBULANCE UPDATE

Elizabeth Ogunoye, Director of System Flow & Resilience, introduced the report on this item noting that it provided an overview of the experience of Winter 2022/23, with challenges including flu/respiratory illness and industrial action. The learning from this review process would contribute towards the winter planning process for 2023/24 which involved a joined-up approach, reflecting work in all areas of health and social care, overseen by a Strategic Board and supported by a partnership all-systems group called the NHS Flow Operations Group.

Elizabeth Ogunoye highlighted the timescales for the Winter 2023/24 planning process set out on page 93 of the agenda pack, the end result of which would be a draft plan produced later in September. She added that the population health strategy in NCL would continue alongside this work with workstreams focused on higher risk groups for ill-health, there would also be proactive management of high-risk patients with long-term conditions and work to increase the vaccination take-up rate.

In terms of ambulance handover times, Elizabeth Ogunoye highlighted the pilot for new handover protocols set out on page 95 of the agenda pack which would be evaluated in readiness for Winter 2023/24.

Elizabeth Ogunoye concluded by setting out the next steps which would include working with local authority partners to plan for capacity and demand, including with a refreshed Better Care Fund (BCF) planning process by October. There was also a joint programme on the sustainability of discharge services across NCL.

Elizabeth Ogunoye then responded to questions from the Committee:

- Cllr Connor asked for further details about the learning from Winter 2022/23, particularly in terms of bed capacity and workforce. Elizabeth Ogunoye said that key learning was around joint working with health and social care on bed capacity and maximising flow, hospital discharge and care packages. Another part was on same day emergency care to avoid overnight stays where possible and maximise bed capacity. Avoiding infection was also a key piece of work including increasing the uptake of vaccination. Improvements in the proactive case management of people with long-term conditions was also part of the planning process. She added that the planning process had included modelling of various scenarios (including covid scenarios) and they were confident that sufficient bed and workforce capacity would be in place to respond.
- Asked by Cllr Atolagbe about the physical space for beds, Elizabeth Ogunoye acknowledged that physical space was always a challenge but that this had been taken into account in the long-term estates planning.
- Cllr Revah raised the issue of discharge from hospital and commented that information about the specific arrangements for discharge was not always shared well with the families which could make the post-discharge period more difficult. Elizabeth Ogunoye responded that the joint piece of work on sustainable discharge aimed to address what could be done better including communication, the flow of information and ensuring that patients were well supported at home. Elizabeth Ogunoye agreed to take these comments back for further consideration. **(ACTION)**
- Cllr Revah added that she was particularly concerned that the next of kin for patients with dementia were not always consulted about the patient's needs and suggested that this needed to be addressed. **(ACTION)**
- Asked by Cllr Cohen how well the system was prepared for a future pandemic, Elizabeth Ogunoye said that scenario planning had included the worst case of flu and covid together and found that, if there was no community bed or virtual ward capacity, an additional 23-25 beds would be needed. However, the virtual ward and community bed capacity mitigated against this. A scenario worse than what had been modelled would create a challenging situation which would likely need to be discussed at

London or national level. Cllr Chakraborty suggested that there could be an overreliance on virtual wards as these only helped to determine whether patients needed hospital treatment and that therefore the worst case scenario would be if a large number of patients actually did need hospital treatment. Elizabeth Ogunoye said that the reliance was not just on virtual ward capacity as there was also a focus on other prevention measures that had previously been mentioned such as proactive case management and vaccination as well as the measures to free up acute beds. Cllr Connor noted that community beds would not be useful in a pandemic scenario as they were often in the same place as other residents.

- Cllr Cohen queried why a pilot was required to improve ambulance handover times. Elizabeth Ogunoye explained that this was a pan-London pilot that had resulted from recent learning and the need to reduce handover delays. Cllr Clarke suggested that the JHOSC could speak to the London Ambulance Service directly to understand the impact of the pilot on their service. It was agreed that this would be added to the Committee's work programme. **(ACTION)** The Committee also requested that the evaluation be provided when it was available. **(ACTION)**
- Cllr Connor sought clarification that the strategic board included local authority and GP representation and Elizabeth Ogunoye confirmed that this was the case.
- Cllr Connor referred to the single point of access intervention set out on page 94 of the agenda pack and proposed that further details on how this would work in practice could be included in the next report on winter planning. **(ACTION)**
- Cllr Chakraborty suggested that, after Winter 2023/24, it would be useful to understand whether the modelling had been accurate in reflecting what had actually happened. It was proposed that this information be provided in the next report on winter planning. **(ACTION)**

RESOLVED – That the evaluation on the ambulance handover pilot be circulated to the Committee when it has been completed.

RESOLVED – That details be provided to the Committee on the information shared with families during the hospital discharge process.

26. WORK PROGRAMME

Cllr Connor noted that it had been necessary to move some of the proposed agenda items to different dates and that the next meeting date had been changed to Mon 30th Oct. This information was all provided in the work plan on pages 105-107 of the agenda pack.

Cllr Revah said that the March 2022 item meeting on mental health had been successful in the engagement with local community groups and suggested that a similar approach could be taken for a future meeting on a different policy issue. It was agreed that this could be considered as part of the work programme for 2024/25. **(ACTION)** Cllr Cohen noted that the use of a community venue had been another positive part of this approach.

Cllr Chakraborty proposed a future agenda item on healthcare data and technology, including the balance between the use of data for healthcare analytics and patient privacy/control of their data. This would be added to the work plan as a possible future item. **(ACTION)**

27. DATES OF FUTURE MEETINGS

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

28. NEW ITEMS OF URGENT BUSINESS

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

North Central London Integrated Care System

JHOSC estates update

November 2023

Nicola Theron, Director of Estates, NCL ICS

North Central London Integrated Care System

Agenda

- Recent progress of estates in NCL
- St Pancras overview
- Specific questions asked
    1) Asset disposals
    2) Backlog maintenance value across NCL and by provider
    3) Funding sources for capital programmes
    4) LEF representation from LAs

2 years of significant progress

North Central London Integrated Care System

- £13m Invested in Primary & Community Estate
- 8 Large Scale Capital Projects
- £1.6m of s106/CIL Invested across 6 Assets
- £30m Invested in Community Diagnostic Centres
- c.£500k of Void Savings
- £2.4m Invested in Patient Records Programme
- Multiple Award Finalists
- Estate Webpages & 5 Case Studies
- £0.9m of capital recycled from NHS PS disposals
- 15 Collaboration Projects with NHS PS, CHP & Councils

Projects since early 2022

North Central London Integrated Care System

New build projects

- Five new general practice premises have opened in 2022;
- Combined list size of over 62k patients, equivalent to 3.6% of NCL's patients.
- Locally, these new buildings support primary care to 7% of Enfield's patients and 10% of Haringey's patients.

Refurbishment projects

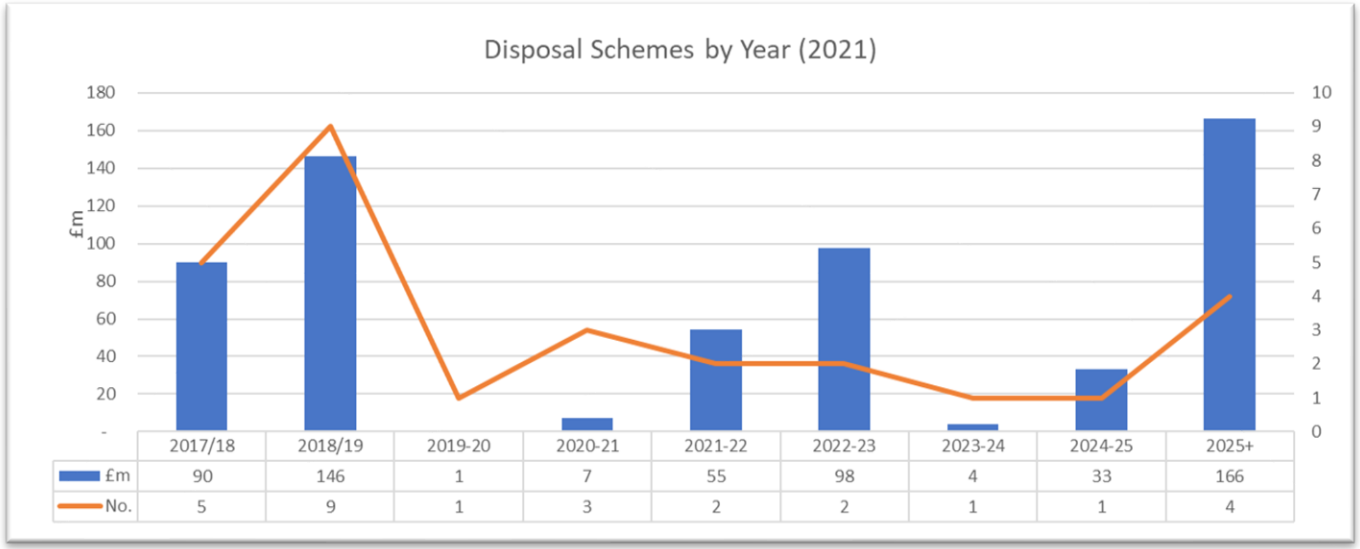
- Ongoing focus, working with partners to use our core, fit for purpose estate harder and improve condition of core/flex assets
- The three primary care refurbishment examples serve 41k patients, equivalent to 1 in 42 patients across NCL
- The CDC and records digitisation projects alone have created capacity for 500,000 + new appointments over the last 12 months

St Pancras Transformation Programme

North Central London Integrated Care System

- The St Pancras Hospital site in Camden will be entirely redeveloped.
- The site is 5 acres in size and lies to the NW of St Pancras station.
- A new building for Moorfields Eye Hospital (Oriel) to replace their existing City Road site is being built on 2 acres of the site.
- Remaining 3 acres to be redeveloped with a mix of NHS buildings (including a new facility for Camden & Islington NHS FT), office, retail and residential spaces.
- As part of the overall redevelopment, a number of new mental health facilities will be built within NCL to accommodate services currently on the St Pancras Hospital site.
- Planning permission & approvals for the land transfer to Moorfields + construction of the new hospital have been secured, construction of Moorfields building started.
- The new Moorfields Eye Hospital is expected to be ready in 2027.
- Construction of a new inpatient mental health facility at Highgate East is nearing completion. This will provide 78 beds and is anticipated to be operational in Q1 2024.
- Construction of a new community mental health centre in Lowther Road is nearing completion for outpatient services and is expected to be operational in Q1 2024.
- The redevelopment of the remainder of the St Pancras Hospital site is anticipated to start in 2026 and complete in 2031.
- The sale of City Road has been agreed to contribute funding to the scheme.

Asset disposals as at Autumn 2023



- This table shows NCL's achieved & planned disposals
- The key disposal being the St Pancras Hospital and City Road sites, timed for 2027/28
- Other key disposals include Plots A and B at Edgware Community Hospital, see adjoining slide
- Other primary care disposals arise on an ad hoc basis and offer opportunities to consolidate from Tail to Flex or Core assets and improve quality.

Edgware disposal

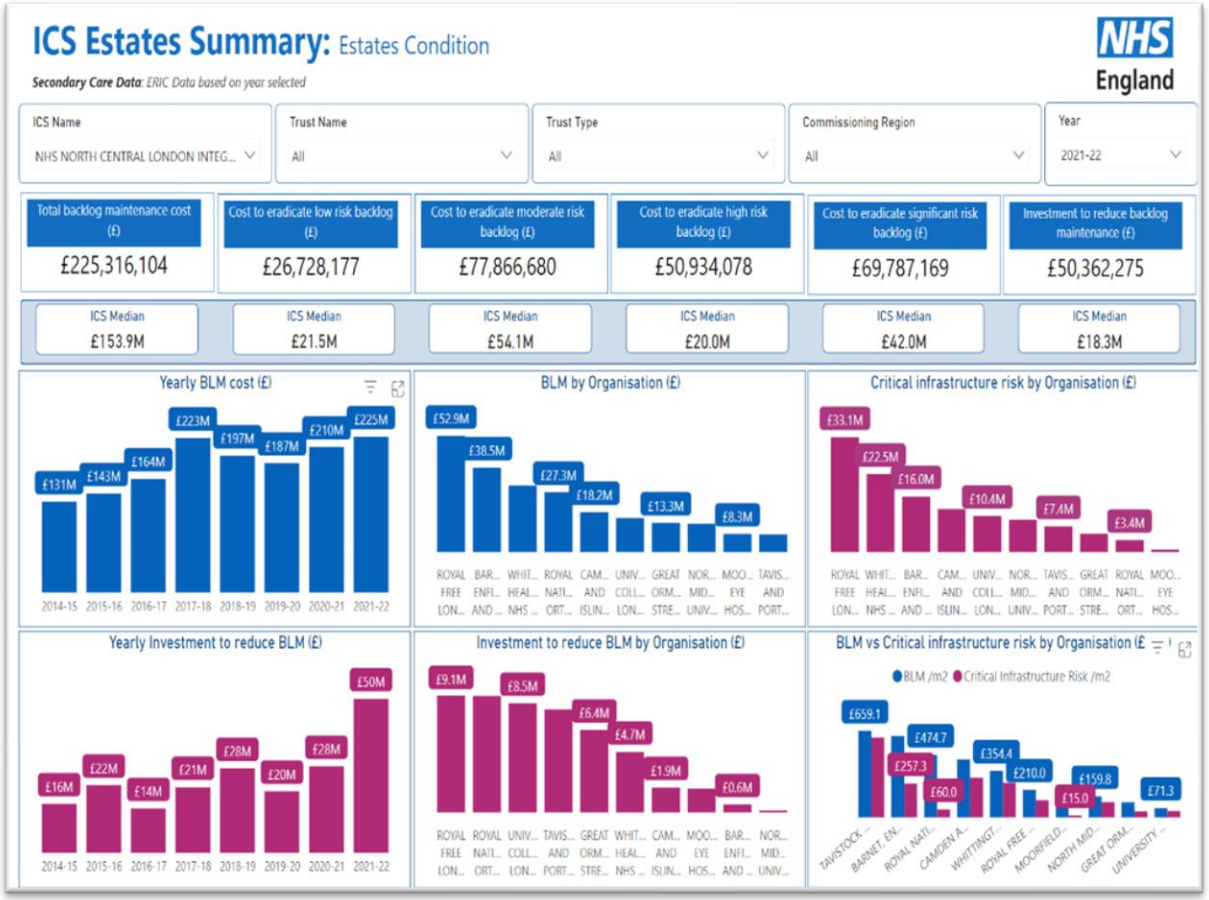
- Disposal of surplus land underway for residential development
- 50% of net value to be reinvested into ECH to improve overall clinical environment
- Best offers awaited
- Purchaser to provide wider site improvements & leaseback of ground floor parking
- Planning application on Plot B to be pursued by the incoming developer – may include affordable housing and/or key worker housing

Backlog maintenance by provider

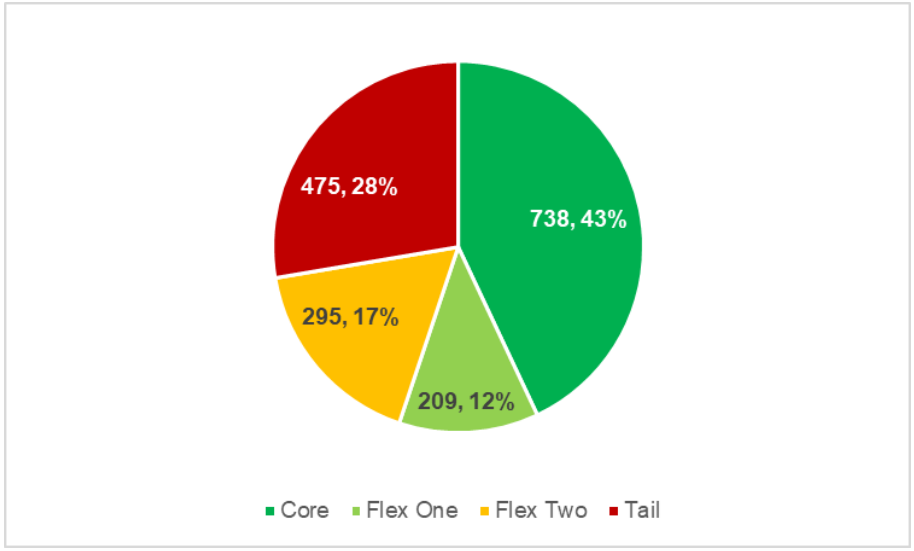
North Central London Integrated Care System

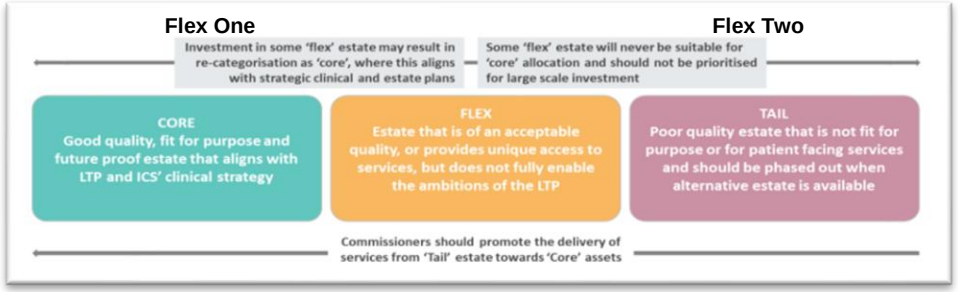
NCL ICS providers have critical backlog maintenance pressures of £121m

28% of NCL patients access primary care from inadequate 'tail' estate



Number of patients, in thousands using Oct 22 raw list and %, served from different quality of primary care premises





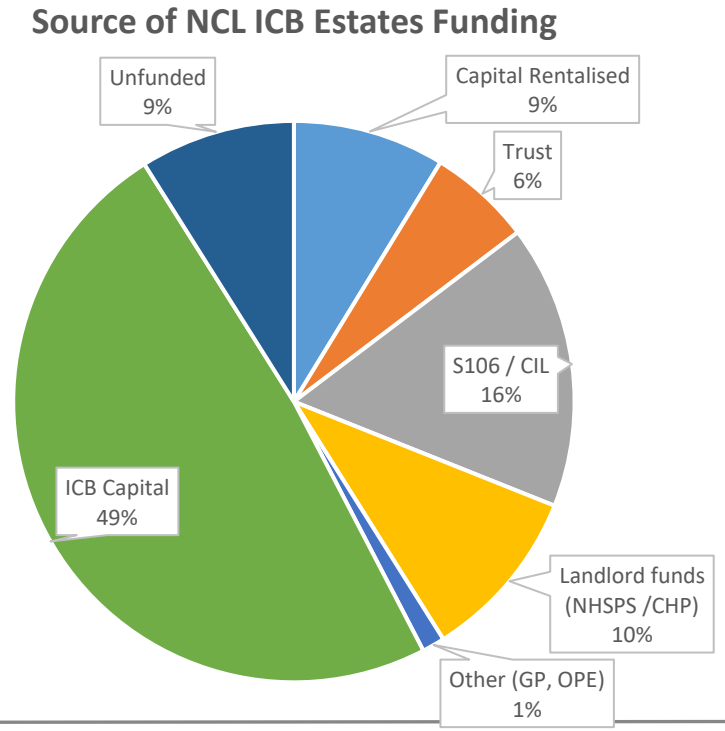
Funding sources for capital programmes

North Central London Integrated Care System

- NCL is one of few ICBs to have allocated capital to primary care – 5% for prioritised schemes
- Our 10-year capital pipeline suggests a total capital requirement forecast of £176m
- This is significantly in excess of the annual allocation

Funding	%	£000's
Capital Rentalised	9%	15,456
Trust	6%	10,500
S106 / CIL	16%	28,895
Landlord funds (NHSPS /CHP)	10%	17,695
Other (GP, OPE)	1%	2,306
ICB Capital	49%	86,000
Unfunded	9%	15,803
TOTAL	**100%**	**176,655**

- Highlights need for funding to support health care for population growth secured through planning and to make delivery affordable, incl S106/cil.
- To date, @£9m is allocated to health from the planning system, 60% of that in Barnet



Local Authority representation at LEFs

North Central London Integrated Care System

Wide range of representation across the NCL LEFs from Local Authorities representing housing, regeneration, public health, adult social care and neighbourhood/ community teams.

Camden
Chief Planning Officer
Head of CIP Programme Office
Head of Asset Management
Head of FM
ASC Programme Lead
Head of Support and Safeguarding Adults
Planning Policy and Implementation
Head of ASC Strategy and Commissioning
Principal Planner

Haringey
Neighbourhoods Programme Lead
Director of Housing, Regeneration and Planning
Assistant Director, Planning, Building Standards & Sustainability
Head of Property
Head of Strategic Asset Management
Head of Area Regeneration
Head of Planning Policy, Transport & Infrastructure
Principal Planner
Director of Public Health
Health in All Policies Officer
Strategic Lead: Community Enablement, Connected Communities
Director of Housing, Regeneration and Parking

Enfield
Director of Housing and Regeneration
Head of Regeneration & Growth
Area Plans Manager
Assistant Director of Public Health
Principal Planner

Barnet
Head of Housing and Regeneration
Infrastructure Planning CIL/s106 Delivery
Associate Director of Estates and Decarbonization
Director of Public Health
Regeneration Manager

Islington
Director of New Build
New Build Programme Lead
Localities Programme Lead
Capital Strategy Lead
Planning Lead
Director of Corporate Landlord Services

North Central London Integrated Care System

Any questions?

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Agenda Item 9

NHS
North Central London
Integrated Care Board

North Central London Fertility Policy – implementation update

November 2023

Authors:
Sarah Mansuralli, Chief Strategy & Population Health Officer, NCL ICB
Penny Mitchell, Director of Population Health Commissioning, NCL ICB

Background

Following the merger of five CCGs (Barnet, Enfield, Camden, Haringey and Islington) to form North Central London Integrated Care Board (NCL ICB), a significant programme of work has been undertaken to develop a single fertility policy for NCL.

The JHOSC was updated about this work in September 2021 and November 2021 and the final policy was approved on 19th May 2022 by NCL Strategy & Commissioning Committee (SCC). The final policy and its implementation plan were presented to the JHOSC on 15th July 2022 and the NCL Fertility Policy was operational from 25th July 2022.

The new policy has demonstrated many benefits including:

- Providing for a single, consistent policy across the NCL area
- Providing greater alignment with NICE guidance compared to the legacy policies
- Increased provision of specialist fertility treatments for NCL residents
- Consistency for residents, primary care clinicians, secondary care clinicians and specialist fertility providers on the eligibility, provision and funding of specialist fertility treatments in NCL
- Better patient experience as a result of having equitable and consistent access to specialist fertility treatments.

Implementation

The new NCL policy was launched on 25th July 2022 and a comprehensive implementation and communication plan was followed, to support residents and clinicians in understanding the changes and how it would affect them. Communications about the new policy were distributed via a number of platforms including:

- NCL ICB's public facing website[1]
- NCL ICB's GP website[2]
- NCL ICB's social media
- A podcast (released in different languages)[3]
- A refresher GP training webinar run jointly by our clinical lead and a specialist fertility clinician from UCLH one year on from the policy release[4].

Throughout this process, the team have also been utilising a fertility mailbox where we receive queries from both patients and clinicians. This has helped to inform our FAQs and identify trends/issues around implementation that have been addressed as a result of these queries.

Additional benefits

Further to the successful implementation of the NCL Fertility Policy, there have been a number of additional benefits including:

[1] https://nclhealthandcare.org.uk/keeping-well/fertility-services/
[2] https://gps.northcentrallondon.icb.nhs.uk/services/fertility-services-1
[3] https://www.youtube.com/watch?v=X4NueOCh07c
[4] https://gps.northcentrallondon.icb.nhs.uk/video/fertility-pathway-webinar

- After working closely with Fertility Network UK, they released a publication praising NCL ICB's work[5] to address fertility inequality and have noted that they use NCL ICB's policy and policy development approach as an example of best practice.
- As an example of the above, North East London Integrated Care Board contacted NCL ICB when they began a similar piece of work to create a single policy for 5 boroughs and adopted their methodology utilising the NCL approach.
- Penny Mitchell (Director of Population Health Commissioning), who led the development of the NCL Fertility Policy, was invited to speak a Progress Educational Trust event on state-funded fertility treatment to explain the work that was undertaken to develop the new policy, including our significant communications and engagement approach, and to discuss the considerations that ICBs have to take into account when developing fertility policies.
- NCL ICB now has significantly improved relationships with the assisted reproductive clinical teams at the majority of providers across London. This two-way communication route has proved incredibly helpful for resolving issues or queries around patient care, enabling the team to work in partnership providers to ensure the patient pathway is as effective and efficient as possible.
- We have seen a reduction in fertility-related Individual Funding Requests (IFRs) which points to the policy inclusion/exclusion criteria being clearer, for both residents and GPs, as well as the fertility mailbox being an avenue for clinicians to query patient cases before considering next steps such as an IFR.

We note that one of the providers, Homerton, experienced some significant operational issues in 2022/23, exacerbating delays that some patients were experiencing. We responded quickly to queries raised with us and supported residents in understanding their options as to next steps. The ICB's Quality Team worked with North East London ICB and the Homerton to monitor the situation and be assured that the necessary actions (such as mutual aid being offered by two other providers) being completed to resolve the situation.

Data

As was documented and reported during the development of the NCL Fertility Policy, we have limited access to data to support detailed analysis of fertility activity. Alongside the implementation of the NCL Fertility Policy, changes were made that allowed residents to attend any NHS-commissioned provider, in line with NHS guidance on patient choice. Furthermore, we are aware of the backlogs and delays in treatment that many residents experienced due to Covid. It is therefore currently difficult to utilise the data to determine the full impact of the implementation of the NCL Fertility Policy.

The ICB will work with providers to identify a process and methodology that will best support the need for the system to work together to understand activity levels and the impact of the changes made.

[5] https://fertilitynetworkuk.org/new-improved-fertility-policy-for-north-central-london-from-25-july/

Next steps

Eighteen months on since the implementation of the NCL Fertility Policy, it now forms part of the ICB's business as usual portfolio. The fertility team continue to support the smooth operation of the policy including:

- Monitoring of the fertility mailbox: we receive a number of queries per week from both patients and clinicians around the policy. The team responds to these queries (including complaints and Freedom of Information requests(FoIs)) and keeps note of any arising themes. If there are queries and/or complaints that are being flagged multiple times, the team looks at ways to address these issues.
- Monitoring of national guidance: in particular, the Women's Health Strategy[6]. This is a 10-year government strategy that sets out a range of commitments to improve the health of women in England. The ICB is continually monitoring specific national guidance around this and participating in national and regional forums to discuss implementation of the strategy.
- Monitoring of changes in the fertility landscape: the ICB is aware that the landscape of fertility treatment is constantly in flux and for that reason, the team actively monitors news to pre-empt any queries and ensure that the policy and FAQs are relevant and up-to-date.

Conclusion

The NCL Fertility Policy has been successfully implemented, delivering increased and equitable access to specialist fertility treatments for our residents. We are grateful to the many members of the public, clinicians and other stakeholders who have participated in this work.

The NCL Fertility Policy will now be managed as per other commissioning policies as part of the standard operating model of the ICB, and the focused programme of work that was established to support the development of the policy has been closed down, and thereby the NCL Fertility Policy is excluded from further scrutiny requirements.

[6] https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme 2023-2024	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 30 November 2023

SUMMARY OF REPORT

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

Local Government Act 1972 – Access to Information

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

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

RECOMMENDATIONS

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

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

b) Confirm the agenda items for the next meeting which is currently scheduled to take place on 29th January 2024.

1. Purpose of Report

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

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

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

2. Terms of Reference

2.1 In considering suitable topics for the JHOSC, the Committee should have regard to its Terms of Reference:

- "To engage with relevant NHS bodies on strategic area wide issues in respect of the co-ordination, commissioning and provision of NHS health services across the whole of the area of Barnet, Camden, Enfield, Haringey and Islington;

- To respond, where appropriate, to any proposals for change to specialised NHS services that are commissioned on a cross borough basis and where there are comparatively small numbers of patients in each of the participating boroughs;

- To respond to any formal consultations on proposals for substantial developments or variations in health services across affecting the areas of Barnet, Camden, Enfield, Haringey and Islington and to decide whether to use the power of referral to the Secretary of State for Health on behalf of Councils who have formally agreed to delegate this power to it when responding to formal consultations involving all the five boroughs participating in the JHOSC;

- The joint committee will work independently of both the Cabinet and health overview and scrutiny committees (HOSCs) of its parent authorities, although evidence collected by individual HOSCs may be submitted as evidence to the joint committee and considered at its discretion;

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

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

3. Appendices

Appendix A –2023/24 NCL JHOSC Work Programme

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Appendix A – 2023/24 NCL JHOSC work programme

26 June 2023

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

11 September 2023

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

30 November 2023

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

Start Well	For the Committee to receive an update on Start Well which is a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73506	NCL ICB
Fertility policy review	For the Committee to receive an update on the fertility policy review. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73504	NCL ICB

29 January 2024

Item	Purpose	Lead Organisation
Surgical Transformation Programme	For the Committee to receive an update on the Ophthalmology Surgical Hub Proposal. The most recent previous update was considered by the Committee in June 2023: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=76364	NCL ICB
Workforce Update	An update on workforce issues in NCL, including details on whether sufficient safety levels were being met for staff and patients. A staff representative to be invited to speak at the meeting.	NCL ICB
Diabetic Services	To provide an overview of diabetic services in NCL.	NCL ICB

18 March 2024

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

Possible items for inclusion in future meetings

- Health inequalities fund – previous update to the Committee was in March 2023. It was specified that the next update report should include details of the outcomes of the Middlesex University evaluation and a greater understanding of how the health inequalities work was being embedded in local authorities.
- Smoking cessation & vaping.
- Update on funding for NHS dentistry for both adults and children.
- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Ambulance waiting times and pressures across the system including A&E Departments.
- Pediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- The efficacy of online GP consultations, how the disconnect between the public and the medical profession could be addressed, how the public could be reassured that outcomes would be equally as high as face-to-face consultations and how capacity can be improved in this way.
- Increases in number of people being charged for services that they were previously able to access free of charge through the NHS (e.g. dentistry/ear wax syringing)

2023/24 Meeting Dates and Venues

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

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Dominic O'Brien,
Principal Scrutiny Officer

020 8489 5896

dominic.obrien@haringey.gov.uk

28 November 2023

To: All Members of the North Central London Joint Health Overview and Scrutiny Committee

Dear Member,

North Central London Joint Health Overview and Scrutiny Committee - Thursday 30th November 2023

I attach a copy of the following reports for the above-mentioned meeting which were not available at the time of collation of the agenda:

7. START WELL PROGRAMME (PAGES 1 - 42)

To receive an update on Start Well - a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context.

Yours sincerely

Dominic O'Brien,
Principal Scrutiny Officer

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North Central London Integrated Care System

NCL Start Well

JHOSC – 30 November 2023

This presentation is an update on the NCL Start Well programme

North Central London Integrated Care System

This pack contains the following:

- Context and background to the Start Well programme
- Maternity and neonatal services proposals
- A proposal for the birthing suites at the Edgware Birth Centre
- Proposals for surgery for babies and children
- Our proposed consultation activity

The content of these materials has been informed by a number of documents which are being considered by the NCL ICB Board at their meeting on 5th December. **These documents can be viewed here:** https://nclhealthandcare.org.uk/wp-content/uploads/2022/07/NCL-ICB-Board-Meeting-5.12.23.pdf

North Central London Integrated Care System

Background and context

Purpose of today's briefing

North Central London Integrated Care System

Today we are giving an update to the JHOSC on the Start Well programme. At the end of the update JHOSC members are asked to:

- **Note** the programme update
- **Support** the consultation plan, subject to the outcome of the ICB Board meeting on 5 December 2023
- **Agree** how JHOSC would like to be consulted with during the formal public consultation phase, including any additional information or meeting requirements for members
- **Agree** to receive a report on the the public consultation responses following its completion

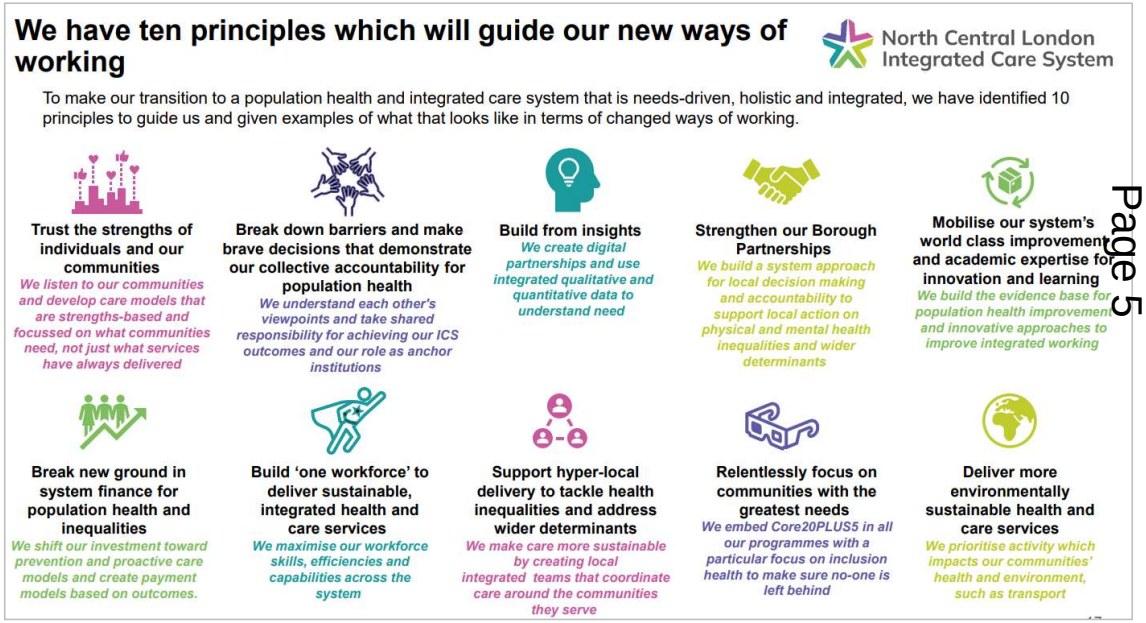
The drivers for this programme and the need for change are rooted in our relentless focus on improving outcomes and reducing inequalities within our population

North Central London Integrated Care System

North Central London ICS has an ambition to provide services that support the best start in life, both for our residents and for people from neighbouring boroughs and beyond who choose to use our services.

We know that care received at the beginning of life is a powerful force against health inequalities and a catalyst for improved life chances which is why Start Well is a key priority in our Population Health and Integrated Care Strategy.

Central to the Start Well programme are the needs of pregnant women and people and their babies. We want to ensure our services are in the best position to support families through the life changing journey of pregnancy and birth.



Source: North Central London ICS Population Health and Integrated Care Strategy

https://nclhealthandcare.org.uk/our-working-areas/population-health/

The Start Well programme will support us to tackle inequalities and improve population health outcomes

North Central London Integrated Care System

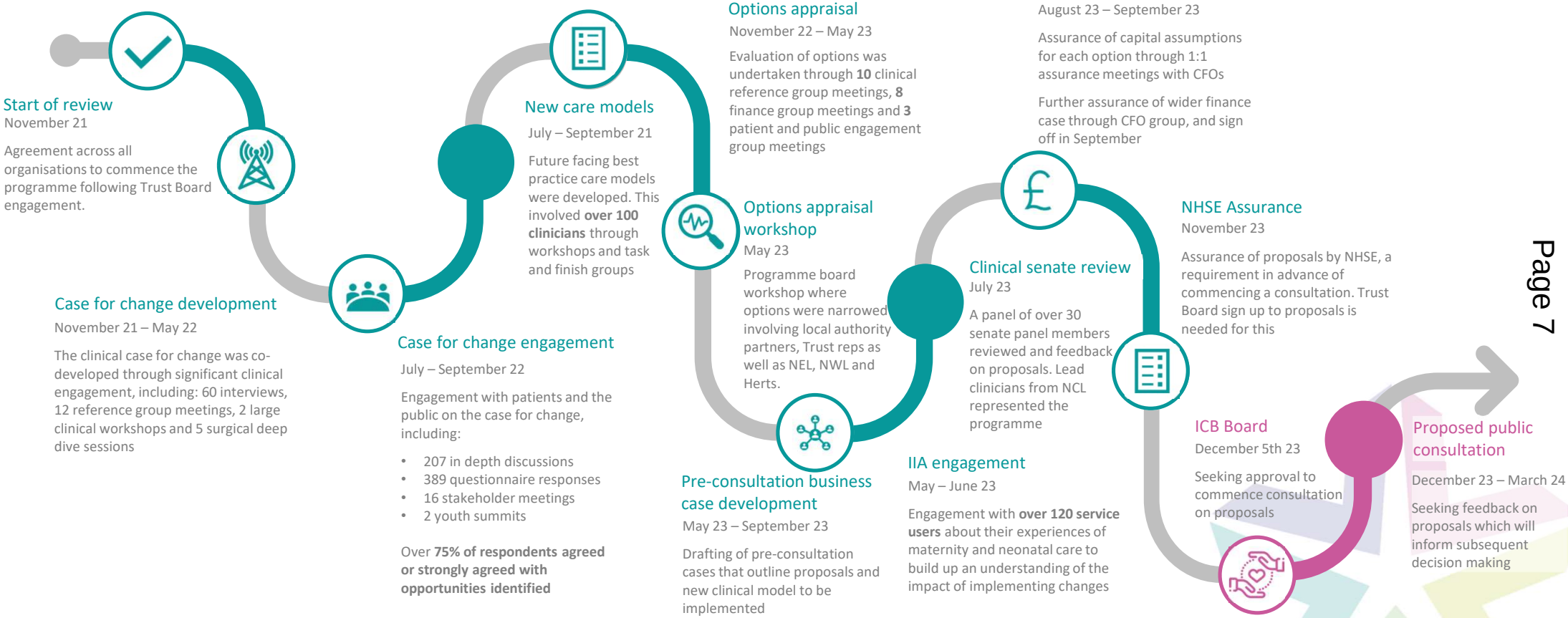
The Start Well programme was initiated to ensure services are set up to meet population needs and improve outcomes. The drivers for starting the work demonstrate that the programme is key to delivering against our duties around population health improvement and tackling inequalities

- **Improving care at the start of life has the potential to have far reaching impacts on overall population health and life outcomes**
- **There is longstanding inequity in service provision across maternity, neonatal and paediatric services – with not everyone having access to the same care as others**
- **The quality of services could be improved, and some service users face differential outcomes and experience**
- **Our workforce is constrained and, in some instances, our people are working in environments that are not set up for them to provide the best possible patient care**
- **Ensuring we are in a position to respond to national reviews and best practice guidance such as the Three Year Delivery Plan for Maternity and Neonatal Care**

The ICS also has a number of other programmes which are aiming to achieve population health improvements and integration of care such as a review into community services, mental health services and the implementation of a Long Term Conditions Locally Commissioned Service for Primary Care.

Start Well is a collaborative programme involving a wide range of patients, carers, community representatives, clinical leaders and ICS partners

North Central London Integrated Care System



Start of review
November 21

Agreement across all organisations to commence the programme following Trust Board engagement.

Case for change development
November 21 – May 22

The clinical case for change was co-developed through significant clinical engagement, including: 60 interviews, 12 reference group meetings, 2 large clinical workshops and 5 surgical deep dive sessions

Case for change engagement
July – September 22

Engagement with patients and the public on the case for change, including:

- 207 in depth discussions
- 389 questionnaire responses
- 16 stakeholder meetings
- 2 youth summits

Over **75% of respondents agreed or strongly agreed with opportunities identified**

New care models
July – September 21

Future facing best practice care models were developed. This involved **over 100 clinicians** through workshops and task and finish groups

Options appraisal
November 22 – May 23

Evaluation of options was undertaken through **10** clinical reference group meetings, **8** finance group meetings and **3** patient and public engagement group meetings

Options appraisal workshop
May 23

Programme board workshop where options were narrowed involving local authority partners, Trust reps as well as NEL, NWL and Herts.

Pre-consultation business case development
May 23 – September 23

Drafting of pre-consultation cases that outline proposals and new clinical model to be implemented

IIA engagement
May – June 23

Engagement with **over 120 service users** about their experiences of maternity and neonatal care to build up an understanding of the impact of implementing changes

Clinical senate review
July 23

A panel of over 30 senate panel members reviewed and feedback on proposals. Lead clinicians from NCL represented the programme

Finance assurance
August 23 – September 23

Assurance of capital assumptions for each option through 1:1 assurance meetings with CFOs

Further assurance of wider finance case through CFO group, and sign off in September

NHSE Assurance
November 23

Assurance of proposals by NHSE, a requirement in advance of commencing a consultation. Trust Board sign up to proposals is needed for this

ICB Board
December 5th 23

Seeking approval to commence consultation on proposals

Proposed public consultation
December 23 – March 24

Seeking feedback on proposals which will inform subsequent decision making

The programme, which began in November 2021, has benefited from extensive clinical and service user input.

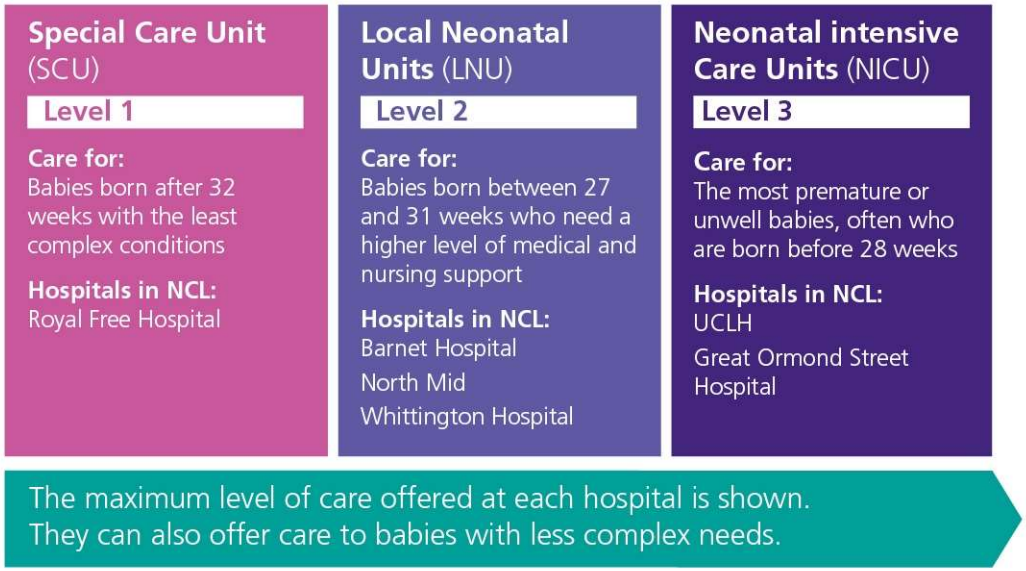
North Central London Integrated Care System

Maternity and neonatal services proposals

Neonatal care is organised into different unit types – ranging from level 1 to level 3

North Central London Integrated Care System

Neonatal care unit types



- Neonatal units differ in their ability to care for the range of needs of babies that are born unwell or premature
- Each unit type is staffed in a different way, with level 3 NICUs units having the most specialist staff and highest staff to baby ratio
- There is evidence that babies looked after in neonatal units that look after a lot of unwell or premature babies have better outcomes
- The British Association of Perinatal Medicine produce guidelines around activity numbers and staffing standards for each type of neonatal unit. This covers things like the number of days that the unit has looked after a baby needing ventilation support, and the on-call cover arrangements for each unit
- There is a network that oversees the neonatal units in London, and they are organised on a regional basis, which ensures that each hospital with either an LNU or SCU has a hospital with a NICU that they are associated with
- Where possible, maternity and neonatal teams work together to ensure that where it is known a baby will need a high level of neonatal care (e.g., they are born very prematurely) they give birth at a hospital site where there is a NICU. This avoids transfers of babies after they have been born and a woman or person who has just given birth being separated from their newborn baby
- when babies have put on sufficient weight and can breathe and feed unaided, or have made improvements if they have been unwell, they are then transferred back to a neonatal unit closer to their home

There are a range of birth settings where pregnant women and people can give birth

North Central London Integrated Care System

Out of hospital settings

Home birth

Pregnant women and people give birth at home, supported by midwives. They can be transferred to an obstetric-led unit by ambulance if there are complications during or after labour.

Standalone midwifery-led unit

A birth unit that is not located with an obstetric-led birth unit or neonatal unit, where care is delivered by a team of midwives. The unit has a more homely, less medicalised feel, often offering the opportunity to use birth pools. Pregnant women and people can be transferred to an obstetric-led unit by ambulance during labour if there are complications during or after labour.

In hospital settings

Alongside midwifery-led unit

A birth unit where care is delivered by a team of midwives. The unit is located in the same hospital as a neonatal unit and an obstetric-led birth unit but has a more homely, less medicalised feel, often offering the opportunity to use birth pools. Pregnant women and people can easily be transferred to the obstetric-led unit during labour if they need additional support with pain relief or delivering their baby.

Obstetric unit (labour ward)

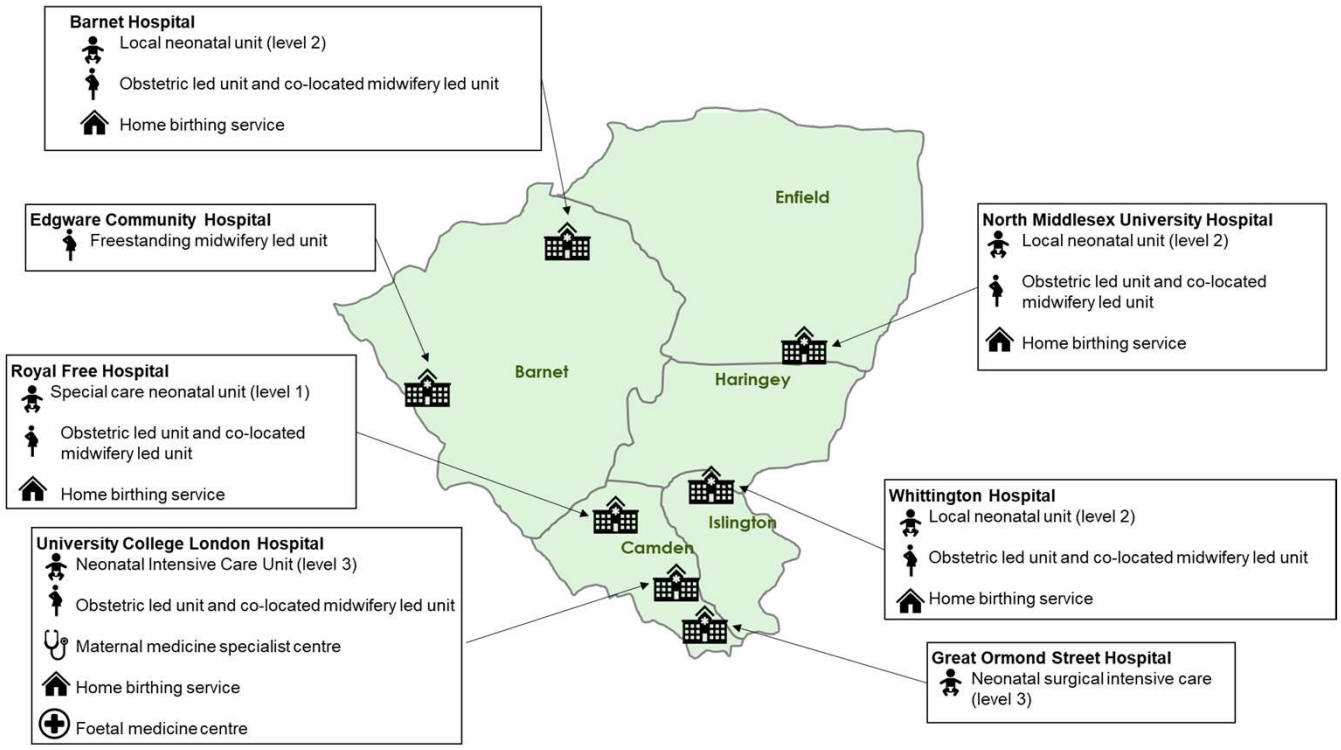
Care is delivered by obstetricians (specialist doctors trained to provide care during pregnancy and labour) and midwives. Anyone can give birth at these units and some pregnant women and people who are higher risk may be advised to give birth in an obstetric-led unit.

Women and people are clinically assessed during pregnancy to determine an appropriate birth setting. Those considered to have more 'high risk' pregnancies will be advised to give birth in a setting that has more medical support available. People may be considered to have high risk pregnancies if:

- They have pre-existing comorbidities such as obesity or diabetes
- If they have developed complications during their pregnancy

Our current configuration of maternity and neonatal care includes five maternity and neonatal units

North Central London Integrated Care System



NCL has **five maternity and neonatal units** and a **standalone midwifery led birth centre**:

- Five obstetric units
- Five alongside midwifery-led units
- One standalone midwifery-led unit at Edgware Community Hospital
- One special care neonatal unit (level 1)
- Two local neonatal units (level 2)
- Two NICUs (level 3 – one of which is at GOSH and out of scope of the proposals)

There are important clinical drivers for change in our maternity and neonatal services

North Central London Integrated Care System

NCL has a declining birth rate, with increasing complexity of service users. There is insufficient activity and staff to sustain five maternity and neonatal units in the long term

Staffing levels do not always meet best practice guidance and there are high vacancy rates which frequently compromise service provision. This often leads to the inability to staff birth centres – meaning the choice of midwifery-led care is often compromised

The level 1 unit at the Royal Free Hospital was only 37% occupied in 2021/22. The number of admissions to the unit have been falling and there are expensive and complex mitigations in place to maintain its safety. This unit does not provide equitable care to service users and it represents a clinical risk, which requires a long-term solution as identified by the London Neonatal operational delivery network and the Trust

The maternity and neonatal estate at the Whittington Hospital does not meet with modern best practice building standards. It has no ensuite bathrooms in its labour ward, its neonatal unit is cramped with risks around infection control which must be mitigated. This was identified by a recent CQC inspection as a cause for concern

The maternity CQC reinspection programme has identified challenges with maternity services in NCL and there are opportunities to improve their quality

Edgware Birth Centre supports an ever-decreasing number of women to give birth – in 22/23 only 34 women gave birth there. Given the declining birth rate and increasing complexity of births it is unlikely this will increase in the future

Our vision for maternity and neonatal care is delivered through our new care model

North Central London Integrated Care System

The new care model proposes:

- **Bringing together maternity and neonatal care into four units as opposed to our current five**
- **Three level 2 neonatal units as well as the specialist NICU at UCLH**
- **No longer having a level 1 neonatal unit**
- **No longer having a standalone midwifery-led birth centre**

Our vision for maternity and neonatal services

Provision of high-quality equitable care: all units being able to provide the same level of neonatal care will address the current inequity of having a level 1 neonatal unit as local provision for those closest to that level 1 unit is less comprehensive than the local provision for those closer to any of the level 2 centres

Units that provide sustainable activity numbers: through consolidation, we will have larger units which are more clinically sustainable in the long term given the declining NCL birth rate and the need to make best use of our scarce workforce

Workforce resilience: units staffed in line with best practice, supporting our teams to deliver high quality care**.** Delivering this over four units as opposed to five means increased workforce resilience and units will be less vulnerable to short term closures – ensuring that choice of birth setting can be facilitated in a more consistent way. This may also help deliver greater continuity of care to parents, which is currently a challenge to deliver as our workforce are spread thinly

The right capacity to meet demand: ensuring that NCL has access to the right level of capacity to meet changing needs of our population – including access to specialist care where it may be needed

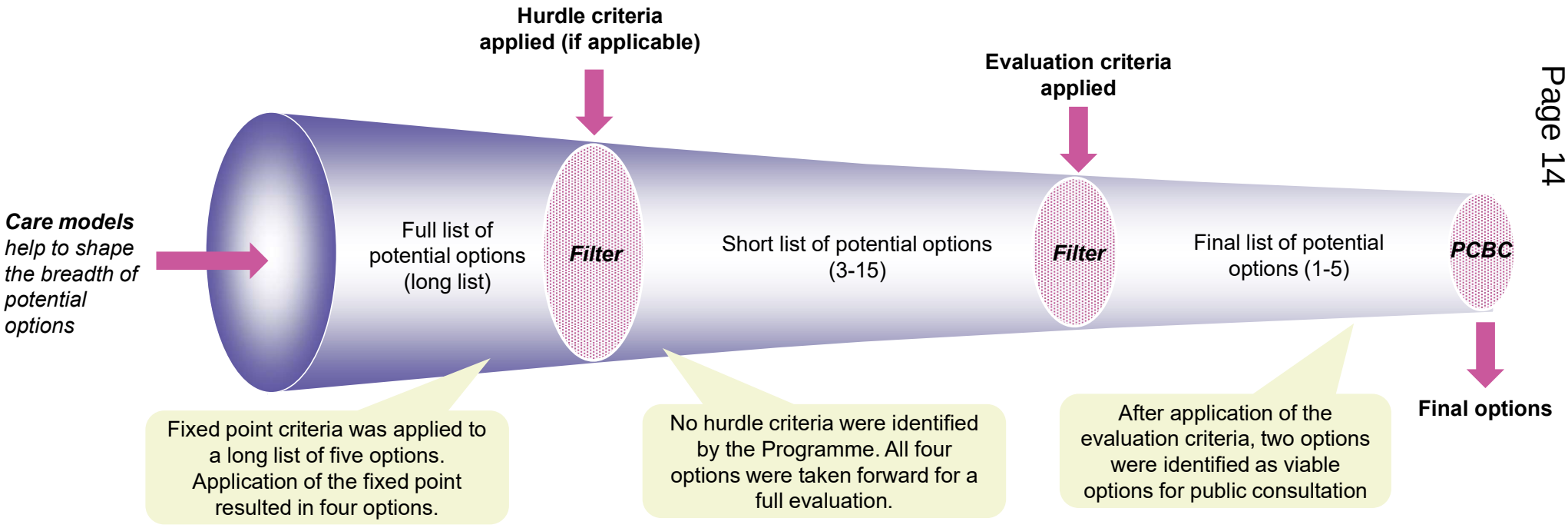
Environment that provides a positive patient experience: investing in our estate and making improvements that will address current issues. We will invest in making sure we have optimally sized units, meaning better value for money and wider benefits of adopting the new care model

The options appraisal considered all viable options for the proposed service changes

North Central London Integrated Care System

We conducted a thorough options appraisal process for the proposed maternity and neonatal care model to:

- Set out all possible site-specific options for having four obstetric led birthing units co-located with four neonatal units (three of which will be level 2 and one will be level 3), instead of the current five (excluding the specialist level 3 at GOSH)



The options appraisal was supported by a number of different groups including our patient and public engagement group

North Central London Integrated Care System

Criteria development	Initial evaluation	Final evaluation

Clinical Reference Group: develop **quality and workforce** criteria	• Undertake the initial evaluation for **quality and workforce criteria**.
	• The group have recommended proposed scores against the agreed evaluation measures using a ++, +, /, -, -- evaluation.
		Evaluation event
		The programme board undertook the final evaluation based on the inputs from other groups. The workshop was attended by all members of the programme board including:
		• Executive leads from all impacted Trusts
		• Representatives from neighbouring ICS regions (NEL, NWL, Herts)
		• Local authority reps including:
		  • Haringey DCS
		  • Camden DPH
		  • Enfield Chief Executive

Patient and Public Engagement Group: develop **access** criteria	• Undertaken the initial evaluation for **access criteria** • The group have recommended proposed scores against the agreed evaluation measures using a ++, +, /, -, -- evaluation.	
Finance and Analytics group: develop **affordability and value for money** criteria	• Undertaken the initial evaluation for **affordability and value for money** • The group have recommended proposed scores against the agreed evaluation measures using a ++, +, /, -, -- evaluation.	

Proposed options for consultation – maternity and neonates

North Central London Integrated Care System

Our preferred option

Option A: *UCLH, North Mid, Barnet, Whittington*	
UCLH	**Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service**
North Mid	**Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service**
Barnet	**Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service**
Whittington Hospital	**Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service**
Royal Free Hospital	**Maternity and neonatal services would cease to be provided**

Option B: *UCLH, North Mid, Barnet, Royal Free*	
UCLH	**Consultant-led obstetric unit with co-located NICU (level 3) neonatal intensive care unit, alongside midwife-led unit and a home birth service**
North Mid	**Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service**
Barnet	**Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service**
Royal Free Hospital	**Consultant-led obstetric unit with co-located LNU (level 2), alongside midwife-led unit and a home birth service**
Whittington Hospital	**Maternity and neonatal services would cease to be provided**

Closure of the birthing suites at Edgware Birth Centre

Both options being put forward for consultation are deemed to be implementable

North Central London Integrated Care System

The status quo is not an option for consultation because:

- The way services are currently set up won't meet the long-term needs of our population and doesn't resolve the challenges identified in our case for change
- Staffing services across five sites as opposed to four would continue to be a challenge and not make best use of our skilled workforce
- The neonatal unit at the Royal Free Hospital would continue to need support to maintain the skills of staff and this does not represent a long term, sustainable solution

Both proposed options being put forward for consultation have been deemed to be implementable and we are consulting on both options.

Option A has been identified as the preferred option for consultation because:

- It would be significantly easier to implement option A than option B from a workforce perspective because Whittington Hospital already has a **Local Neonatal Unit (level 2)** while the Royal Free Hospital currently has a **Special Care Unit (level 1)** neonatal unit. Therefore, in option A there would be a smoother transition to the new model of care with minimal need for staffing changes
- Option A would result in projected patient flows of **850 deliveries per year to hospitals in North West London** which NWL ICB has confirmed **could be delivered within existing capacity**. In **option B** patient flow to North East London would be **more difficult to manage**

We have built up an understanding of the impact of our proposals through our Interim Integrated Impact Assessment

North Central London Integrated Care System

Our IIA draws on multiple strands of work which has supported us to build a picture of what the impact of our proposals could be, and who may be impacted:

1. Our case for change took a population health approach and identified service users with characteristics who may be at risk of health inequalities
2. We undertook a supplementary literature Review to identify inequalities in maternal and neonatal outcomes undertaken by public health professionals
3. We engaged with potentially impacted groups to understand their views on the possible impact of proposals
4. We have undertaken extensive analysis on:
   - Accessibility (travel time, cost, parking, public transport access, car ownership)
   - Population demographics
   - Sustainability impact by looking at carbon emissions

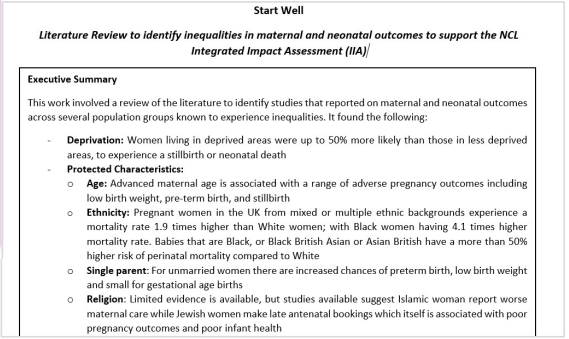
We have identified the following impacts of our proposals:

- **Accessibility**: relatively small average increases in travel time across both options (both by public transport and car)
- **Cost of travel:** additional expenses when travelling by taxi on average of £4, but close to the closing sites up to £11
- **Accessing an unfamiliar hospital site:** changes may mean people having to travel to and navigate around a hospital site which they are unfamiliar with
- **Understanding changes:** service users need to be able to understand their choices of maternity care and what change could mean for them

1 Understand proposed service changes	2 Identify potentially impacted populations	3 Understand the potentially impacted groups	4 Assess impact of proposals on populations	5 Agree mitigations
• Understand current services and where they are delivered • Review the proposed changes to the model of care • Understand where services will be delivered for each potential option	• Assess which local people may be impacted by the proposals	• Understand the demographics and location of the population • Understand populations who might be disproportionally impacted by the proposals or who are vulnerable	• Understand the overall potential impact on moving services on quality, outcomes, patient experience, access, sustainability and geographical areas • Assess this impact for those populations who may be disproportionally impacted or who are vulnerable	• Agree steps to mitigate against any negative impacts and enhance any benefits

IIA engagement reach

- **38** engagement meetings facilitated
- **124** patients, residents and staff have been involved
- **9** sessions with parents who have recent experience of neonatal care
- **5** meetings with specialist midwives supporting women with complex needs



Start Well

Literature Review to identify inequalities in maternal and neonatal outcomes to support the NCL Integrated Impact Assessment (IIA)

Executive Summary

This work involved a review of the literature to identify studies that reported on maternal and neonatal outcomes across several population groups known to experience inequalities. It found the following:

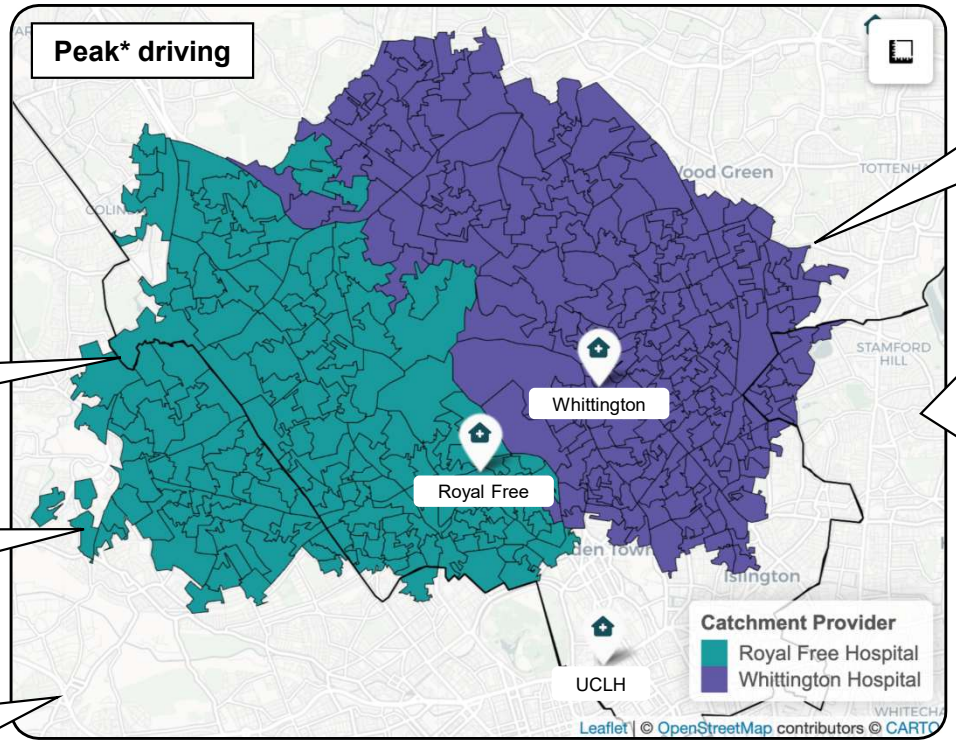
- **Deprivation:** Women living in deprived areas were up to 50% more likely than those in less deprived areas, to experience a stillbirth or neonatal death
- **Protected Characteristics:**
  - **Age:** Advanced maternal age is associated with a range of adverse pregnancy outcomes including low birth weight, pre-term birth, and stillbirth
  - **Ethnicity:** Pregnant women in the UK from mixed or multiple ethnic backgrounds experience a mortality rate 1.9 times higher than White women; with Black women having 4.1 times higher mortality rate. Babies that are Black, or Black British Asian or Asian British have a more than 50% higher risk of perinatal mortality compared to White
  - **Single parent:** For unmarried women there are increased chances of preterm birth, low birth weight and small for gestational age births
  - **Religion:** Limited evidence is available, but studies available suggest Islamic woman report worse maternal care while Jewish women make late antenatal bookings which itself is associated with poor pregnancy outcomes and poor infant health

We looked at people who might be impacted by our proposals when driving (or being driven)

North Central London Integrated Care System

Option A catchment includes:
Population: 373k
Households: 122k
LSOAs:** 188

Option B catchment includes:
Population: 378.5k
Households: 146k
LSOAs:** 204



ICB boundaries

Royal Free Hospital catchment area (people who are closest to the Royal Free Hospital)

The population that would be impacted should option A or option B be implemented includes anyone living within the coloured areas

Whittington Hospital catchment area (people who are closest to Whittington Hospital)

On average, people in the purple area can drive more quickly to Whittington Hospital (B) than other nearby units

On average, people in the blue-coloured area can drive more quickly to Royal Free Hospital (A) than another site.

**Peak (private car / taxi) is defined as 9:00 AM on a Tuesday*
***LSOAs are lower super output areas and are populations of around 1,000 – 3,000 people that are used to do travel analysis*

We looked at people who might be impacted by our proposals for maternity units when using public transport

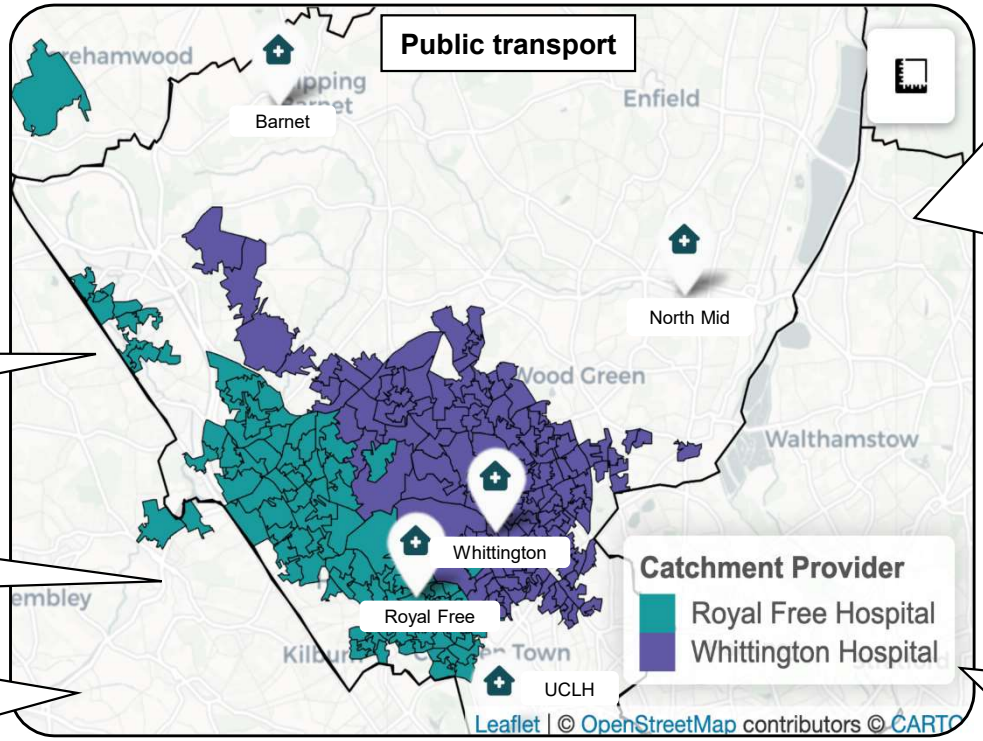
North Central London Integrated Care System

Option A catchment includes

Population: 230K
Households: 74.5k
LSOAs:** 114

Option B catchment includes

Population: 298k
Households: 97.5k
LSOAs:** 164



ICB boundaries

Royal Free Hospital catchment area (people who are closest to the Royal Free Hospital)

The population that is potentially impacted by our proposals includes anyone living within the coloured areas

On average, people in the purple area can arrive more quickly to Whittington Hospital (B) using public transport than other nearby units

People in the Green can arrive more quickly to Royal Free Hospital (A) than another site

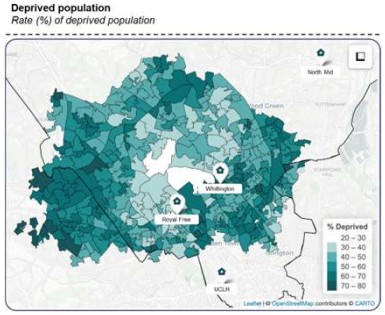
Whittington Hospital catchment area (people who are closest to the Whittington Hospital)

**Peak (public transport) is defined as 9:00 AM on a Tuesday*
***LSOAs are lower super output areas and are populations of around 1,000 – 3,000 people that are used to do travel analysis*

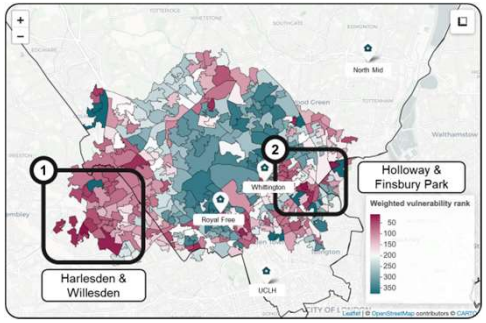
There are a range of population groups who may be impacted if we were to implement either option A or B

North Central London Integrated Care System

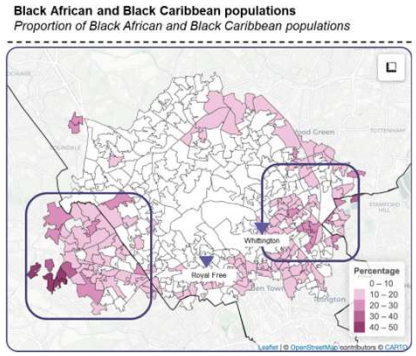
Women and people who live in deprived areas: there is a link between people living in deprivation and adverse outcomes from maternity and neonatal care. People living in these areas may be particularly impacted by increased taxi costs if either option A or B were to be implemented.



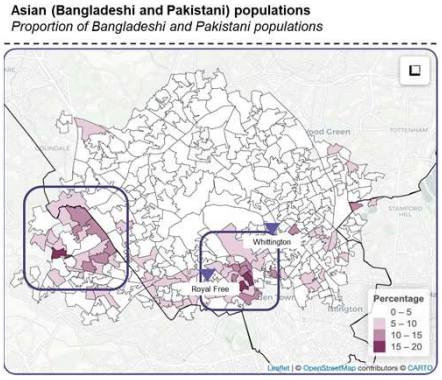
People living in geographic areas who may have vulnerabilities: we identified two neighbouring areas with a higher concentration of people who may be vulnerable to service changes. **Harlesden and Willesden** would be more impacted by option A and **Holloway and Finsbury Park** would be more impacted by option B. The reason that these areas have been identified is due to their higher concentration of people who belong to an ethnic minority, people with poorer English proficiency and areas of higher deprivation. Mitigations for these populations include a focus on continuity of care and ensuring there is integration with other local services



Black African (including Somali) and Black Caribbean women and people of childbearing age: there is evidence that Black African and Black Caribbean women and people may experience poorer maternity outcomes. The impact on Black African and Black Caribbean women of proposed changes may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of their wider health needs during pregnancy.



Asian women and people of childbearing age: there is evidence that Asian (particularly Bangladeshi and Pakistani) women and people may experience worse outcomes from maternity care. The impact for them may be around navigating to a potentially unfamiliar hospital site, language, additional transport costs and consideration of wider health needs given evidence of higher prevalence of conditions such as diabetes.

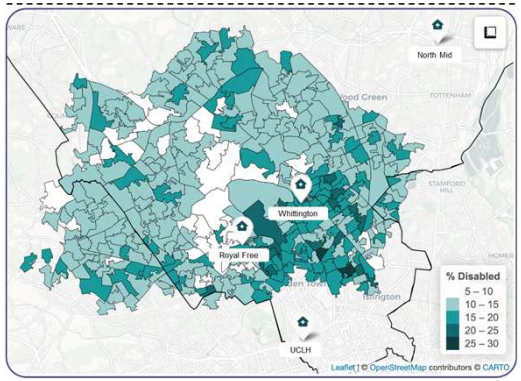


There are a range of population groups who may be impacted if we were to implement either option A or B

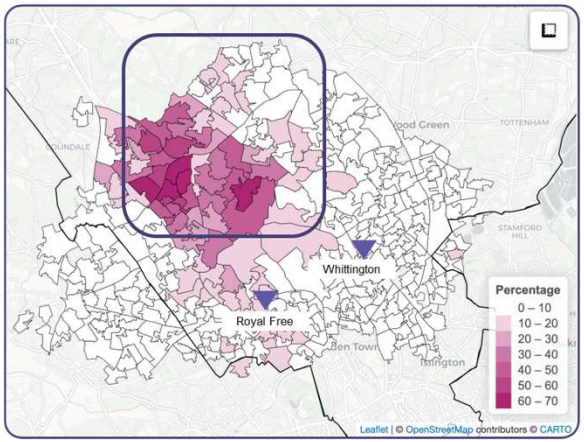
North Central London Integrated Care System

Women and people of childbearing age with disabilities (including learning disabilities): people with disabilities may be more impacted by proposed changes due to challenges navigating to an unfamiliar hospital site, taxi costs due to lower car ownership and the physical accessibility of hospital sites.

People with a disability
Rate (%) of people with a disability



Jewish Population
Proportion of Jewish populations



Women and people from the orthodox Jewish community: Orthodox Jewish people may be impacted by the proposed changes, particularly around Option A. Consideration may need to be given for the specific needs of this group around maternity care. This includes requirements around Kosher food, observance of Shabbat and the impact on travel and ability to access online or digital materials.

Through engagement with service users to date, we have developed mitigations that may need to be put in place to support service users with a range of different needs should a decision be taken to implement proposals. This covers areas such as:

- Communication and information sharing
- Travel and transport
- Ongoing engagement with communities

There are a number of other service users who have characteristics that make them potentially more impacted should we implement option A or B which our IIA identifies. This includes older and younger pregnant women and people, people with poor literacy, women and people in inclusion health groups and

We would seek as a priority to engage with all of these groups during the proposed consultation period.

North Central London Integrated Care System

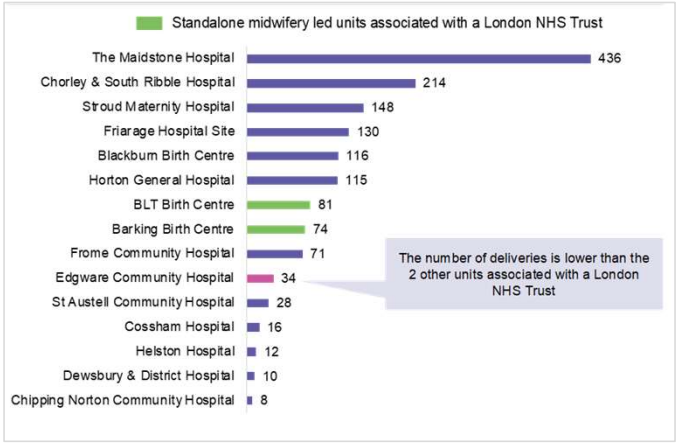
The birthing suites at Edgware Birth Centre

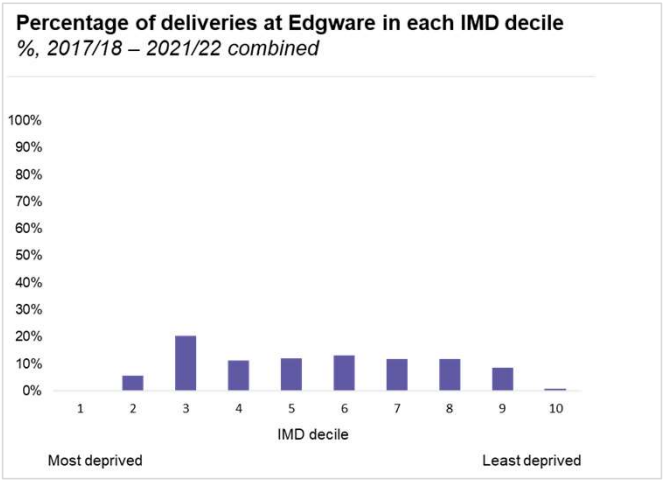
We are also proposing closing the birthing suites at Edgware Birth Centre

North Central London Integrated Care System

Case for change for Edgware Birth Centre

- Edgware Birth Centre does not provide the right type of capacity for our population, with analysis suggesting only 30% of women across NCL would be clinically appropriate to give birth there and an even smaller number of this 30% would be within close travelling distance of the unit
- Births are becoming more complex and anticipated to decline over the next 10 years, meaning it would be very difficult to increase activity numbers at the unit
- The number of births at the unit has been declining every year since 2017 and it is one of units with the smallest number of births in the country, with only 34 births in the last financial year
- We do not have the workforce to support the unit as well as our other alongside midwifery-led units which leads to short term closures of the service
- There are opportunities to use the space at the site in a more efficient way and provide antenatal and post natal services for our local population there that are more in line with their needs





We propose to consult on this as a separate proposal alongside the maternity and neonatal proposals. They are not dependent on one another.

North Central London Integrated Care System

Surgery for babies and children

There are several important clinical drivers for change in our paediatric surgical services

North Central London Integrated Care System

There is currently a lack of defined emergency surgical pathways for young children meaning that clinicians in emergency departments make multiple enquires to secure the right pathway for individual children.

Some children are transferred up to three times before receiving emergency surgical treatment in the right setting. From April 2020 to March 2021, 144 children and young people were transferred from an NCL provider to other hospitals for an emergency surgical procedure

Access to surgical and anaesthetic workforce to deliver care for young children is limited at local sites and scarce nationally, with the ability to undertake an operation often dependent on the skills of the individual staff on duty that day

There are some operations being undertaken in very low volumes at local sites which raises questions about the ability of staff to maintain their skills

There is lack of clarity on the role of Great Ormond Street Hospital in caring for local NCL children and young people requiring surgery, alongside its tertiary and quaternary work

Children are not always looked after in age-appropriate environments, or on child-only lists which does not represent a high-quality patient experience

There are long waits for planned operations, particularly in ENT and Dentistry, and there are opportunities to consider how these high-volume specialties better manage demand and capacity

There were broader opportunities to improve identified through the case for change which are being addressed through other programmes of work.

Our proposals will improve quality outcomes and patient experience for paediatric surgical care

North Central London Integrated Care System

Paediatric surgery care model benefits

Access
Paediatric surgical care will be delivered in the appropriate setting to ensure that all patients receive the care they require as quickly as possible

Sustainable services
Consolidating low volume specialties and ensuring staff maintain competencies will ensure that surgical services remain sustainable

Environment
Ensure all children receive care in a child friendly environment where possible, on dedicated children's surgical lists

Workforce
Make best use of paediatric surgeons and consultant paediatric anaesthetists to deliver planned and emergency surgical care to children at a fewer number of sites

Surgical pathways
Providing clarity on surgical pathways reduces time taken to find a bed at local units or transfer children

Proposed option for consultation – paediatric surgery

North Central London Integrated Care System

- We developed and appraised options for the location of planned and emergency surgical services for children and young people in NCL
- Following our options appraisal, there is one option for consultation for the location of the 'Centre of expertise: day case' and 'Centre of expertise: emergency and planned inpatient'

Option for consultation

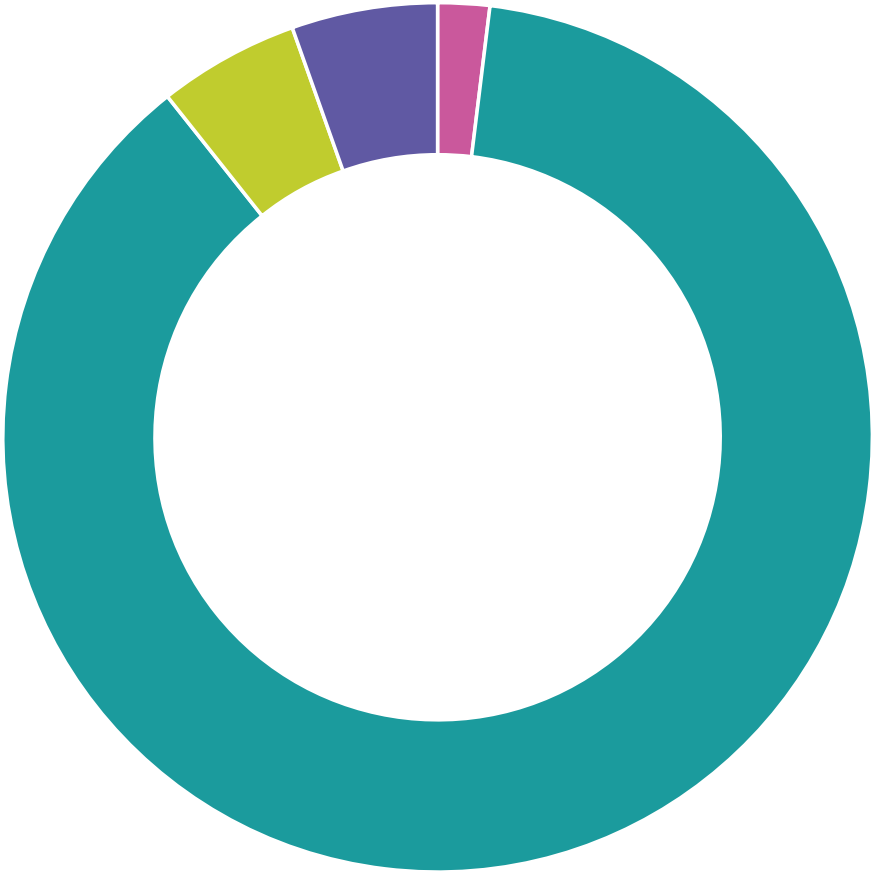
Centre of Expertise: emergency & planned inpatient		Centre of Expertise: day case	
GOSH	Would deliver majority of surgical care for children under 3 years and under 5 years (general surgery and urology). Would provide planned inpatient surgery for children age 1 years and over for low volume specialties.	UCLH	Would delivers all day case surgery for children age 1 and 2 years. Would provide day case activity for all children age 3 years and over for low volume specialties.

The proposed care model would move less than 10% of paediatric surgical care in NCL

North Central London Integrated Care System

Centre of Expertise: Daycase – c.300 children
Bringing together planned daycase activity

Centre of Expertise: Emergency & planned inpatient – c. 300 children for surgical care and c.1,000 children for surgical assessment
Bringing together emergency for very young children and planned inpatient care



Out of area
Emergency paediatric surgical activity that would continue to be delivered outside NCL (e.g., major trauma)

Local and specialist units
Most of the emergency and planned activity would remain at local units or at specialist units. This means that children and young people are seen at the place best suited to their needs.

We think that our proposals will improve quality and safety of paediatric surgical care, but there could be an impact on travel times

North Central London Integrated Care System

- Our engagement to date has highlighted that for planned care, parents are willing to travel to receive care from the right specialists, and our proposals formalise arrangements that to some extent are already in place which will lead to improve quality and safety of paediatric surgical care
- The main impact of the proposals are the travel times and cost to both UCLH and GOSH, especially for those who may live furthest away from these sites.

Potential impacts

- **Two geographical areas** were identified as being vulnerable geographies that face barriers to accessing services
- As a result of the proposals at GOSH and UCLH, people in **Tottenham and Edmonton (1)** and **Cricklewood and Dollis Hill (2)** may need additional support to:
  - **Access the hospital site** if the children and young people or the families and carers are disabled/in poor health or are not proficient in English
  - **Travel to hospital by taxi**, if required, as it will cost on average an additional £20 for population living in Tottenham and Edmonton
  - **Access services online** as the families and carers of young children and people may have low digital proficiency
  - **Care for other family members** as they may be a lone parent

Mitigations for any disbenefits have been developed involving clinicians and service users

- Further engagement with service users to understand the impact of changes on them
- Communicating around implementation should changes be agreed and clear information about how to access care that is needed
- Mitigations for those who may need extra support to access an unfamiliar hospital
- Information about how to travel to a hospital site
- Providing as much care locally as possible
- Support with the costs of travel to hospital
- Support for particularly vulnerable populations
- Mitigations around sustainability

North Central London Integrated Care System

The proposed consultation

The programme has benefited from substantial input from service users and local communities and public consultation will expand the reach of the engagement to date

North Central London Integrated Care System

Case for change development

- Review of existing patient experience insights data from 11 different sources
- Establishment of a youth mentoring scheme and youth summits
- Targeted engagement with a small number of patient groups

Care model development

- Establishment of the Patient and Public Engagement Group (PPEG) to review and input into care models
- Feedback from case for change engagement informed their development
- Two youth summits involving 35 young people

IIA Engagement

- 11-week targeted engagement period focussing on those with protected characteristics and at risk of poorer outcomes
- 38 sessions held, reaching 124 patients

Case for change engagement

- A 10-week engagement programme
- 43 engagement events
- 207 in-depth conversations
- 389 questionnaires completed

Options appraisal

- PPEG responsible for development and initial evaluation of access criteria
- PPEG Chair a member of the programme board and participated in the programme board workshop for the options appraisal

Public Consultation (TBC)

- Widely promoted high volume engagement with all staff, stakeholders and residents
- Some in-depth conversations with targeted groups
- A formal part of our statutory duties around major service change and ongoing involvement of people and communities

Subject to ICB Board approval we are proposing a 14-week public consultation from mid-December

North Central London Integrated Care System

We are proposing a **14-week consultation** to gather views from service users, stakeholders, residents and staff. The suggested dates for the consultation are **11 December – 17 March** (subject to ICB Board approval).

Development of the consultation plan

The Consultation Plan is a working document which details the purpose, scope and plan of how we will deliver this public consultation.

The proposals are being put forward NCL Integrated Care Board, on behalf of the Integrated Care System and its partner organisations.

The plan has been reviewed by our Programme Board, NHSE at a formal assurance meeting, and Healthwatch representatives. The plan will be iterative, and we will monitor progress throughout the consultation to ensure we are meeting our objectives.

The consultation will be overseen by the Start Well Programme Board, and we will provide regular updates on planning and delivery. Responses will be independently collected and analysed by an external organisation in line with best practice.

At the end of the consultation period, we will have an independently drafted report detailing the feedback received during the 14-week period.

Key Legal Duties

This consultation will fulfil our duty under the

- **NHS Act 2006** (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022)
  - to ensure that people who use NHS services are involved in the development and consideration of proposals for change in the way services are provided and decisions about how they operate
  - to consult local authorities
  - To regard the need to reduce health inequalities in access and outcomes
  - consider the 'triple aim' with regard to the health and wellbeing of people, quality of services and efficient and sustainable use of resources
- **Equality Act 2010** (Public Sector Equality Duty) to demonstrate how we have taken account of the nine protected characteristics and given regard to:
  - Eliminate discrimination, harassment and vicitmisation
  - Advance equality of opportunity
  - Foster good relations
- **The Gunning Principles for a fair consultation**

Through consultation we are seeking to gather views from a diverse range of voices

North Central London Integrated Care System

As well as our direct consultation with JHOSC and borough specific health and well being boards we will deliver a 14-week formal public consultation, in line with best practice that complies with our legal requirements and duties. Our aims are:

- To inform stakeholders about how proposals have been developed in a clear, simple and accessible way that allows for 'intelligent consideration'
- Provide adequate time and opportunities for staff, residents and stakeholders to give their views on proposals, and the potential impacts
- Ensure a diverse range of voices are heard
- Seek alternative proposals or evidence not yet considered
- Understand the advantages and disadvantages of the proposed change and any unintended consequences
- Explore what mitigations might be used to reduce the impact of disadvantages
- Find out what matters most to patients and how this might affect implementation
- Provide analysis of responses to enable conscientious consideration before a decision is made

Consultation aims

Raise awareness of consultation with staff, patients, service users and residents and encourage to participate

Remind people that their views matter and encourage them to share feedback through direct engagement

Encourage participation from a diverse range of voices by providing adequate time and opportunities for people to respond

Focus resources on hearing from people with protected characteristics and more impacted groups

Provide staff engagement mechanisms all for health and care staff in NCL during the consultation period.

Capture stakeholder attitudes of key groups and influencers on the proposals and the consultation process

Our consultation approach includes a focus on the groups identified through our IIA

North Central London Integrated Care System

We will:

- Build on previous engagement contacts, over 300 organisations will be contacted to take part in the consultation
- Conduct comprehensive stakeholder mapping to identify groups to engage with, prioritising those identified by the IIA or with protected characteristics or at greater risk of health inequality
- Focus on geographical areas where there may be particular impacts
- Ensure we develop a range of opportunities for stakeholders to respond to the consultation
- Identify the best ways of reaching and engaging priority groups
- Provide an easy read version of documents, different formats and translated versions relevant to the community
- Make sure there is equality monitoring of participants to ensure the views received reflect the whole of the local population
- Target activity to the local geographical areas most impacted
- Arrange any events and meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Inform partners, including councils and VCSE organisations, of the consultation and share our plans for engagement.

Resident groups we will be targeting through the consultation

- Black African (including Somali) and Black Caribbean women
- Asian women and people of childbearing age who (with a particular focus on Pakistani and Bangladeshi women)
- People living in areas of deprivation
- Orthodox Jewish women
- People with disabilities
- People living in Harlesden and Willesden
- People living in Holloway and Finsbury
- Older women of childbearing age (40+)
- Younger women of childbearing age (under 20)
- Women with mental health problems
- People from LGBTQ+ communities
- People who are carers
- People with poor English proficiency
- People with poor literacy
- People belonging to inclusion health groups such as people who are homeless, dependent on drugs and alcohol, asylum seekers and Gypsy, Roma and Traveller

Consultation promotion and questionnaire

North Central London Integrated Care System

We will promote and encourage participation in the consultation in a number of ways:

- **Displays:** in key locations we will promote the opportunity to respond to the consultation such as in NCL hospitals and clinics and other healthcare settings such as GP surgeries and pharmacies
- **Online promotion:** social media channels, such as Facebook, Instagram, X and Linkedin, will be used to reach out to potential participants in the consultation. Branded graphics will be produced that are aligned with the look and feel of printed consultation materials and shared by partner organisations
- **Partner channels:** all providers and partners such as councils will be asked to profile the consultation on their websites and through newsletters and other public facing channels and drive traffic to the NCL ICB website. We will ask for support from councils in accessing channels that will reach families, such as school newsletters and information going to women and family centres
- **VCSE networks:** we will provide content including information and visual materials and ask colleagues in voluntary and community sector organisations to use their channels to promote the consultation.
- **Media:** We will seek to promote the consultation through earned (free) or paid-for content in local newspapers, newsletters and local radio.

Consultation questionnaire

In line with best practice, we have commissioned an experienced independent organisation to collate and analyse responses to the consultation.

This includes the hosting of a questionnaire that will cover the three components of our proposals:

- Maternity and neonatal services proposals
- Edgware birthing suites proposals
- Surgery for babies and children

The response to the questionnaire will be monitored throughout the consultation period and included in the eventual evaluation report that will be compiled taking into account the range of feedback obtained through consultation.

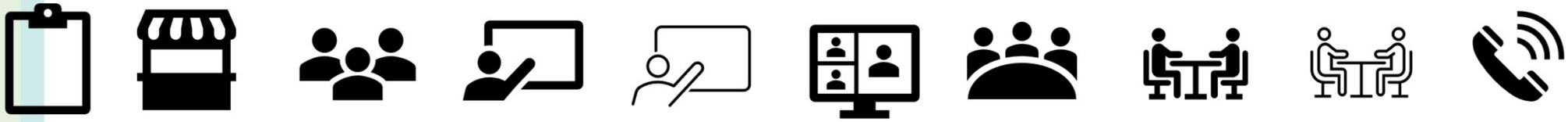
We will tailor our engagement techniques during the consultation period

North Central London Integrated Care System

- Broad range of techniques will be used, tailored to each audience and their level of interest.
- Opportunities online and face to face
- Working with third-party advocates (VCSE) to reach communities who may not engage directly
- Materials in accessible formats including Easy Read and translations
- Mechanisms in place to capture and analyse outputs.

Light engagement → **Deeper engagement**

Survey distributed on email	Drop in event/stall: face to face	Attendance at meeting: short agenda slot	Presentation and feedback: Start Well Team	Presentation and feedback: commissioned	Small group discussion online	Small group discussion: face to face	Interactive workshop: Start Well Team	Interactive workshop: commissioned	Telephone / online interviews



This type of engagement will be **promoted widely** to allow **a range of people to participate** in the consultation and give their views

This type of engagement will **focus on groups with protected characteristics** to understand their views and impact of the options in a meaningful way

Stakeholder Engagement

North Central London Integrated Care System

Formal Committees

- Update to **JHOSC** to share plans for consultation at formal committee meeting on 30 November 2023
- Briefings offered to **NCL Health and Wellbeing Boards after board decision**
- Briefing to JHOSC chairs for **NWL and NEL**. Will also attend Brent JHOSC and North East London Inner JHOSC during consultation period
- Direct consultation with JHOSC on our proposals

Elected representatives

- **Letters with an update and offer of briefing** prior to December Board sent to all **NCL MPs,**
- **Council** leaders/Cabinet leads for health and CYP/ and HWBB Chairs briefed on advice and with support from local authority colleagues.
- **Letters confirming board decision to launch consultation to NCL MPs, Council** leaders/Cabinet leads for health and CYP/ and JHOSC and HWBB Chairs on 11 December

Other stakeholders

Invitation to take part in consultation will be sent to:

- Unions / staff side
- Healthwatches and VCSE
- Directors of public health
- Directors of children's services
- Primary care
- Royal Colleges and education providers
- Neighbouring ICS areas
- Specialised commissioning
- Mayor's office
- Local media

Staff Engagement

North Central London Integrated Care System

Information sharing

- **Progress updates** in internal Trust channels explaining proposals and consultation timeline
- **Coordinated email from Exec leads** to be shared to confirm the **outcome of the ICB Board meeting**
- **Staff messages** promoting awareness of proposals and consultation and invite participation
- **Frequently asked questions** updated regularly on staff intranets

Briefings

- **Coordinated staff briefings** led by Start Well Executive Leads to begin w/c 27 November (when papers for the Board are made public).
- A **presentation will be provided** to support briefings to **ensure consistency of messaging**

Feedback

- **Staff invited** to fill in questionnaire
- **Alternative mechanisms** to ask questions and respond to the consultation

We are seeking JHOSC endorsement of our consultation plan

North Central London Integrated Care System

Today we are seeking support for our consultation plan. JHOSC members are asked to:

- Provide any feedback on our consultation plan
- Support the approach we are taking with our public consultation activity, as outlined in the plan
- Indicate how the JHOSC would like to be engaged with through the consultation period to ensure views on the proposals are captured

North Central London Integrated Care System

Next steps

Next Steps

North Central London Integrated Care System

Subject to decision by the ICB Board on 5th December the next steps would be:

- Work with an independent partner to evaluate consultation responses.
- Following the consultation period, we will publish an evaluation of the responses, in a report produced by this independent organisation, this will include who we reached during the consultation.
- Subject to the outcome of the consultation, we will **review, improve or amend our proposals.**
- Feedback received will inform and influence our future decision-making, the next steps of the programme and how plans will be implemented.
- Following consultation and depending on the responses we expect the ICB Board on behalf of the Integrated Care System, alongside specialised commissioning who commission neonatal services and some specialist surgery for children, after consideration of the consultation outcome. to make a decision on the proposals to implement by the end of 2024 or early 2025.