Meeting
Health OVERVIEW AND SCRUTINY COMMITTEE
Date and time
Monday 27TH FEBRUARY, 2023
At 7.00 PM
Venue
Hendon TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

To: Members of Health OVERVIEW AND SCRUTINY COMMITTEE (quorum 3)

Chair: Councillor Philip Cohen
Vice Chair: Councillor Anne Hutton

Zakia Zubairi	Rishikesh Chakraborty	Alison Cornelius
Caroline Stock	Giulia Innocenti	
Matthew Perlberg	Shuey Gordon	

Substitute Members

Sarah Wardle	Ammar Naqvi	Mark Shooter
Liron Woodcock-Velleman	Andreas Ioannidis	Michael Mire

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Andrew Charlwood – Head of Governance

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Assurance Group

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Decisions of the Health Overview and Scrutiny Committee

AGENDA ITEM 1

8 December 2022

Members Present:-

Councillor Philip Cohen (Chair)
Councillor Anne Hutton (Vice-Chair)

Councillor Caroline Stock
Councillor Matthew Perlberg
Councillor Rishikesh Chakraborty
Councillor Giulia Innocenti
Councillor Shuey Gordon
Councillor Alison Cornelius

Apologies for Absence

Councillor Zakia Zubairi

1. Minutes

The Chair announced that Item 10 (NHS Estates update) would be deferred to the next meeting as the speaker could not attend.

Cllr Cornelius noted that she had spotted some typos. The Chair asked that she send these to the Governance Officer following the meeting.
Action: Cllr Cornelius

RESOLVED that the minutes of the meeting held on 19th October 2022 were agreed as a correct record.

2. Absence of Members

Apologies were received from Cllr Zakia Zubairi, who was unwell. The Chair requested that the Governance Officer wish her well.
Action: Governance Officer

3. Declaration of Members' Interests

None.

4. Report of the Monitoring Officer

None.

5. Public Question Time (If Any)

None.

6. Members' Items (If Any)

None.

7. Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee

The Committee received the minutes of the JHOSC, 30th September 2022.

The Chair noted that there had been an interesting discussion on workforce and the difficulty in recruiting nurses.

RESOLVED that the JHOSC minutes were noted.

8. Children and Young People's Oral Health Needs Assessment

The Chair invited Dr Maeve Gill, Public Health Specialty Registrar, and Dr Emma Waters, Public Health Consultant, to present their report.

Dr Gill reported that the implementation of the forthcoming Barnet Oral Health Action Plan would be overseen by the Health and Wellbeing Board. The Committee is asked to note the Children and Young People's Oral Health Needs Assessment.

Dr Gill reported that the National Dental Epidemiology Programme Oral Health Survey 2019 estimated that just under a quarter of children under 5 have tooth decay. The HOSC had requested more information so the Public Health team is developing the needs assessment and some recommendations for Barnet. This has focused on 0-19 year olds, looked after children as a known vulnerable group, looked at the national context and at national guidance on effective preventative interventions. Barnet commissioned the Oral Health Promotion Service on 1st April 2022.

Dr Gill added that the team conducted a focus group with parents of 3-4-year-old children in a nursery setting, in a deprived Ward in the borough. Further to this some recommendations had been made.

Dr Gill reported that oral health remains a problem nationally; preventable tooth decay is the leading cause of hospital admissions for 5-9-year-olds. There is good evidence on effective interventions based on prevention.

In Barnet there has been a reduction in access to dental services since the pandemic and there is evidence of inequality by deprivation, which echoes the London-wide picture. Enhanced sampling has been undertaken in some Wards and it was found that in Burnt Oak 4/10 children experienced tooth decay. London-wide there was evidence of differences by ethnic group. Looked- after children are a known vulnerable group and pilots had been put in place to try to enhance access to dental services for looked after children. Also the community dentistry service had emphasised that children with Special Educational Needs (SEN) and children living in poverty were more at risk.

Dr Gill added that knowledge was found to be necessary but not sufficient. Parents reported knowing the key health messages but in practice not having sufficient time or not carrying

out intended actions for other reasons. Also sugar preferences of children are partly shaped by the environment, and there is national evidence about the need to focus on shaping the environment children are in. Training needs in early years, social care and foster care staff were identified.

Dr Gill reported that the pandemic had impacted on partnerships, and the new oral health provider is currently settling in.

The main recommendations could be met with the current resources, and focused on:

- developing the Barnet Oral Health Partnership to renew relationships
- implementing the co-produced Barnet Oral Health Action Plan and focusing on how to maximise the impact of the oral health promotion service
- training for health, education and social care workforces as part of the Healthy Child Programme
- Quality assuring the supervised toothbrushing pilot.
- Ensuring the toothbrushing pilot targets areas of deprivation.
- Reviewing the provision of toothbrush and toothpaste in response to cost of living pressures.
- Considering how to commission in order to improve intelligence – additional resource would be needed for this – for example gathering Ward-level data
- Targeted fluoride varnishing programmes and improving dental access for looked-after children who are placed outside London.

The Chair enquired whether the number of dental checks had improved since the end of the pandemic. Dr Gill said data could be brought back in the future when more data is available.

Dr Djuretic noted that overall dentists are short-staffed, have a huge backlog and are struggling to maintain practices which were unsustainable under NHS contracts. NHS England, which commissions community dentistry, attended JHOSC recently to discuss recovery post-pandemic. Paediatric dentistry is most affected. London Public Health Directors had asked requested additional resources, particularly for paediatric dental health care.

The Chair asked how toothbrush and toothpaste are provided. Dr Waters responded that this can be coordinated through suppliers of dental health products. Health packs were supplied prior to the pandemic via health visitors, and the team is looking at also using food banks. Cllr Stock noted that involving manufacturers worked well in the United States. Also she noted that it can be cost effective to employ a dentist to visit areas of deprivation, and visit schools, picking up problems early.

Dr Djuretic noted that NHS England would need to agree to employ a dedicated dentist to visit schools and at the moment resources were limited. Public Health Directors currently work with manufacturers of dental care products and this could be taken to the Association of Directors of Public Health to take forward at a national level.

Cllr Hutton suggested writing to the Secretary of State for Health about the concern on the shortage of dentists. Dr Djuretic noted that this could also be escalated via the JHOSC who could invite NHSE back to speak to the Committee. The Chair suggested that this be put on the JHOSC agenda.
Action: Chair

Cllr Chakraborty raised concerns about the amount of tooth decay in his Ward, West Hendon as well as Childs Hill and Burnt Oak. West Hendon appears in the report as not so income deprived and for obesity as some Wards so he wondered why, and how the team could be sure that the recommendations are applicable across the Borough if reasons are not clear in the data.

Dr Gill responded that enhanced sampling was carried out in 2019 with five Wards selected for this on the basis of deprivation. This was a small sample of 280 children and it was not possible to know how significant the data is due to how it was gathered. However nationally there is a relationship between deprivation and tooth decay. There is additionally London-wide evidence of a relationship between oral health outcomes and ethnicity.

Cllr Chakraborty commented that West Hendon was not included in the pilot for Young Brushers (Page 35 of the report). Dr Gill responded that West Hendon Ward was not excluded – initially nurseries in more deprived areas were contacted and asked to be involved in the programme and now the programme is taken forward beyond this so West Hendon Wards I included.

Cllr Chakraborty asked whether Members could be involved, working with community and faith groups to highlight the importance of toothbrushing. Dr Waters responded that this help would be well received, as well as help getting eligible nurseries involved in the scheme.
Action: Dr Waters

Cllr Gordon noted that he would be happy to help with contacting manufacturers. Dr Waters would look initially into conflicts of interest but thanked Cllr Gordon for offering his assistance. Cllr Stock offered to make contact with an individual already involved in this for more information.
Acton: Dr Waters, Cllr Stock

The Chair asked whether Oral Health Champions, referred to in the report are the aspiration. Dr Gill responded that this is one of the performance indicators within the Healthy Child Programme.

Cllr Innocenti enquired about translation services given that some areas in Barnet have residents who speak little English. Dr Gill responded that this is available and would be noted in the Action Plan.
Action: Dr Gill

Cllr Hutton enquired whether the statistics would take into account the fact that anecdotally some dentists report receiving payment for NHS dental care from parents whilst offering to check their child's teeth free of charge. Dr Waters responded that the team did not have data on this but is aware that it happens in Barnet.

Cllr Innocenti enquired about waiting lists, for example could a dentist refer to another area. Dr Gill reported that there was a government announcement in November introducing a new duty on dental practices to be part of 'find my dentist' to help people to search for a dentist. Dentists must state if they are accepting new NHS patients and must do so regularly.

The Chair thanked the officers for the report and their presentation.

RESOLVED that the Committee note the Children and Young People's Oral Health Needs Assessment, including the recommendations, and note that the forthcoming Barnet Oral Health Action Plan, will be presented to the Health and Wellbeing Board who will oversee its implementation.

9. Post Covid Services

The Chair reported that speakers were unable to attend so would be invited to the next meeting in February.

Dr Djuretic presented her slides providing information on post Covid cases up to March 2022 and care provided.

She reported that in Barnet Dr Kola Akinlabi, Clinical Lead for Post Covid Syndrome at the Royal Free London NHS Trust works collaboratively with Dr Patrick Mallia at Barnet Hospital and Dr Martin Harris in Primary Care. Dr Malia also leads a multi-disciplinary team.

Most patients with Post Covid in Barnet are between 20-65 years old, of white ethnicity and from less deprived areas, and Barnet has the highest recorded number of Post Covid cases in London. Barnet has effective referral pathways and is well known which may be part of the reason for the higher number of cases. A lot of training had been provided to help primary care clinicians to recognise the signs and symptoms of post Covid syndrome.

Cllr Chakraborty asked whether it would be worth writing to the Secretary of State for Health to ask for support for Post Covid services in Barnet. The Chair responded that some specialist services are already provided.

Dr Djuretic stated that it could be that more funding is needed. Clinicians report a 4-6 week waiting list for Post Covid services in Barnet but this is higher in many other Boroughs. The HOSC could enquire directly with clinicians when they attend a future meeting. The Governance Officer would follow up and invite clinicians to the February meeting.
Action: Governance Officer

RESOLVED that the Committee noted the verbal update and slides.

10. NHS Estates Update

The Chair reported that he and Cllr Hutton had attended the meeting of JHOSC held in November, where an item on Estates was discussed.

The Chair added that there is a local Estates Forum for each NCL Borough. Section 106 CIL money is used for Boroughs to jointly plan Primary Care Estates delivery, and Barnet has an allocation of £6million for various healthcare projects. He noted that NHS colleagues are keen to work closely with local authorities to find affordable and creative ways to bring Primary Care into housing schemes.

On the Local Estates Forum Barnet is represented by a Section 106 Planning Officer – the Chair suggested that a health representative should also attend. He would be raising this with the speaker on Estates at the next HOSC.

RESOLVED that the Committee noted the verbal update.

11. Mid-year Quality Accounts

The Chair reported that representatives from the three Trusts would attend the May meeting of the HOSC to present the end-of-year quality accounts.

The Chair asked the Committee for their comments on the mid-year quality accounts:

Royal Free London NHS Foundation Trust

The following comments were noted and would be fed back to the Trust:

- Infections overall were rising and this was a concern
- Establish a world-class dementia care service – could there be joined-up thinking with partners on this?
- Is there liaison follow-up between the Trust and community when dementia patients are discharged?
- Healthy living - Task and finish groups in Barnet to integrate pathways – what does this mean – do GPs know what the hospital is doing? Can we have more information on this – page 2.
- Cllr Cornelius A&E in May 2022 report 75% meeting targets. Fourth worst in London. What is the situation currently?
- What are ambulance waiting times at both A&E's, Barnet Hospital and the RFL?
- What number of people are catching Covid whilst in hospital, at Barnet and the RFL?

Central London Community Healthcare NHS Trust

- The mobile phones that were provided for homeless people during the pandemic was an excellent idea. Could the HOSC please have an update from the Trust Equalities Group on how mobile phones can be provided for homeless people, since Tesco has stopped providing these?
- Could the Freedom to Speak Up programme be adopted by other Trusts?

North London Hospice

- Are the recruitment issues affecting delivery of care?

RESOLVED that the comments were noted.

The Governance Officer would send the comments and queries to the organisations.
Action: Governance Officer

12. Health Overview and Scrutiny Forward Work Programme

The Chair introduced the Forward Plan. The Governance Officer would speak to the Barnet Assistant Director for Sustainability about attendance at the February meeting. Ms Zoe Garbett was already scheduled to attend to speak about NHS Sustainability.

Mr Ian Sabini would attend to speak about NHS Estates.

Cllr Hutton noted that it was proposed that young people from all five Boroughs be invited to the next JHOSC on 6th February, to speak about their experiences on mental health services. Cllr Hutton noted that she has been in contact with Barnet officers to try to arrange this.

It was noted that Dr Akinlabi had been invited to attend the February meeting to provide an update on post covid services.

13. Any Other Items that the Chairman Decides are Urgent

None.

The meeting finished at 21:10 hrs

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MINUTES OF MEETING OF THE North Central London Joint Health Overview and Scrutiny Committee HELD ON Wednesday, 23rd November, 2022, 10.00 am - 1.00 pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Kemi Atolagbe, Kate Anolue, John Bevan, Jilani Chowdhury, Philip Cohen, Anne Hutton and Andy Milne.

25. 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'.

26. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Larraine Revah.

27. URGENT BUSINESS

None.

28. DECLARATIONS OF INTEREST

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

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

29. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

It was noted that questions had been submitted by Brenda Allen and Alan Morton of Haringey Keep Our NHS Public (KONP) in relation to agenda item 8 on primary care services.

The Committee determined to discuss these questions alongside the agenda item on primary care services later in the meeting.

30. MINUTES

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

RESOLVED – That the minutes of the meeting held on Friday 30th September 2022 be approved.

31. ESTATES STRATEGY UPDATE

Nicola Theron, Director of Estates for the North Central London integrated Care Board (NCL ICB), and Adrian Byrne, Director of System Financial Strategy for the NCL ICB, introduced the report for this item highlighting the following key points:

- The recent transition from Clinical Commissioning Group (CCG) to Integrated Care System (ICS) had provided opportunities for Estates with a focus on delivering primary, community and acute investment across all five Boroughs. Recent examples included investment of up to £15m into primary care in Haringey with another £10m to follow, and investment into new Community Diagnostic Centres, including in Finchley and Wood Green, using a blend national and local capital to improve patient outcomes.
- New legislative powers for the ICB had been introduced mid-year and, with a lot of capital allocations sitting with key providers, there were tensions within the system as greater sums were being invested in primary care with a model of multi-purpose tenancies in some cases. There was therefore an ongoing process of engagement with NHS organisations across the NCL area to improve collaborative investment.

Nicola Theron, Adrian Byrne and Sarah Mansuralli, Chief Development and Population Health Officer for the NCL ICB, then responded to questions from the Committee:

- Referring to the figures on page 15 of the agenda pack, Cllr Connor requested further explanation of the funding sources for the capital and on the management of the maintenance backlog. Adrian Byrne explained that there was an annual capital resource limit of £200m but that organisations were funded on a revenue basis which included covering the costs of depreciation and the upkeep for estates. More of the funding allocations across the country were being used to manage the maintenance backlogs. NCL was in a relatively good position in relation to its maintenance backlog but did have a significant PFI (Private Finance Initiative) footprint resulting in regular costs. There were open conversations within the ICS on how to collaboratively achieve best value for capital funding, though there were some challenges posed to capital schemes by current supply chain issues. Nicola Theron added that there were around 180 primary care assets in the NCL area, mainly owned by primary care partners rather than the NHS, and that investment was taking place to assist in the delivery of more integrated models.
- In response to a question from Cllr Connor about the risks associated with £69m of acute backlog maintenance that was categorised as critical, Adrian

Byrne said that this came down to assessment and prioritisation within the NCL system and that, while there were emergency funding routes available, he was not aware of any recent examples of these being used. Asked by Cllr Atolagbe what was done to mitigate critical maintenance issues, Nicola Theron explained that, in such cases, work was required in the short term to support patient safety outcomes. For example, this could include electrical services where compliance was critical to prevent other risks. It was the responsibility of individual organisations to do this with a planned spend to maintain and replace where necessary.

- Asked by Cllr Clarke about the Chair of and representation on the ICB Board, Sarah Mansuralli, Chief Development and Population Health Officer for the NCL ICB, confirmed that Mike Cooke was the current Chair and that the Board included a lay non-executive member to represent the voice of local people along with Islington Council and Barnet Council representatives. There were also a number of sub-Committees that supported the Board which included local authority and community representation. Nicola Theron added that the Estates Board included an individual speaking on behalf of Islington Council but they were keen to ensure that a representative who was able to speak on behalf of all five Boroughs was on the Board in future.
- Cllr Cohen requested further details about local authority representation on the Local Estates Forums that were described on page 25 of the agenda pack. Nicola Theron explained that this was slightly different in each Borough. In Barnet, the forum was attended by planning and Section 106 officers, the Islington forum was co-chaired by representatives of the Council and the NHS and the Camden forum was attended by place-based, planning-led and regeneration officers. She added that these were important forums for conversations about joint priorities and optimising the abilities of the NHS and local authorities to deliver. Cllr Cohen suggested that health and social care services from local authorities should also have an input. Nicola Theron said that this tended to happen at project level, for example on the Colindale development in Barnet, where there was wider representation.
- Cllr Atolagbe referred to page 18 of the agenda pack which stated that *"it is common to see slippage against planned schemes throughout the year"* and that there was a £40m underspend against the plan. Adrian Byrne explained that it was necessary to operate within the revenue envelope provided. The plans were typically agreed in March with funding not then finalised until May/June and by October/November circumstances may have changed with challenges in the marketplace such as supply chain issues. This may result in less money being spent than originally planned and the funding may then be diverted to other emerging priorities.
- Cllr Bevan expressed concerns about the external conditions of primary care buildings which he felt were sometimes poorly maintained, including a GP practice on Tottenham High Road, and asked how often these were inspected.

Nicola Theron responded that the £25m invested in NCL primary and community schemes (as set out on page 22 of the agenda pack) included a focus on the quality of smaller assets as well as the larger projects. While this investment improved the quality of the internal space it did not always reflect the external appearance of the buildings. This was partly because of the complex and varied ownership structures of the buildings themselves, though there was some pressure on landlords to ensure that they were properly maintained. Asked by Cllr Bevan how often the premises was inspected, Nicola Theron agreed to provide some specific details on this to the Committee in writing. **(ACTION)**

- Cllr Anolue expressed disappointment with the maintenance of some GP practice premises in the Ponders End area of Enfield and, referring to wider issues across the NCL area as a whole, requested further details about the responsibility for estate maintenance issues. Nicola Theron explained that the primary care assets had varied ownership, such as by GPs or private landlords, while many of the community assets were owned by NHS Trusts, NHS Property Services or Community Health Partnerships and the owners as landlords were responsible for maintaining buildings to appropriate standards. Responsibility for maintenance therefore sat with a range of organisations and the capital available to support this had to be prioritised based on greatest pressure and needs.
- Cllr Cohen asked for a list of estate assets that had been disposed of. Nicola Theron said that that there were very few of these but agreed to check this and provide details. **(ACTION)**
- Asked by Cllr Chowdhury about disability access at GP practice premises, Nicola Theron confirmed that DDA (Disability Discrimination Act) compliance was a particular focus when allocating funds, especially with some of the primary care improvements that had previously been discussed.
- Asked by Cllr Hutton about investment in digital capacity, Nicola Theron said that, as a baseline, this required ensuring that buildings had the right cabling, wifi and IT equipment. Examples of other requirements included that the digital equipment in Community Diagnostic Centres enabled x-rays to be read by GPs and Hospital staff. There were challenges in this area, and it remained a strategic estate objective in NCL. Cllr Hutton said that the importance of the digital aspect in estates in primary care and social care should be taken into consideration.
- Cllr Connor asked about the uneven distribution of CIL (Community Infrastructure Levy) money between the Boroughs as set out on page 26 of the agenda pack. Nicola Theron explained that this was largely driven by local housing growth, which varied in different areas, in order to create the appropriate corresponding health environments and required evidence to support the funding of new infrastructure.

Cllr Connor then summarised the requests for additional information and recommendations of the Committee as follows:

- A list of estate assets that had been disposed of to be provided.
- Details on how often primary care premises (including the external conditions of the buildings) were inspected to be provided.
- Further details to be provided on how the CIL money is distributed across the NCL area, including any constraints leading to lower allocations in some Boroughs.
- Further information to be provided around the revenue limit and capital resource funding (including an understanding of what happens if hospital wants to invest and asks for capital funding, how much will they be allocated and how is this distributed across the NCL area). Also, clarification to be provided on whether capital funding is lost if it is not used within the 2-year period and whether this impacts on future allocations of capital funding to NCL.
- The Committee recommended that local authority representatives from Health/Adult Social Care should be included on Local Estate Forums because they would provide a perspective on the need in the local area.

32. PRIMARY CARE SERVICE UPDATE

Sarah McDonnell-Davies, Executive Director of Places at NCL ICB, introduced the report for this item noting that the major themes included contracts, access, support for and retention of the workforce, and the integration agenda.

She added that NCL was a high performing primary care system and that the amount of activity in primary care had recently continued to rise, including in GP practices, as well as expanded work with community pharmacies and work with the voluntary sector on social prescribing. Approximately 60% of appointments were now being conducted face-to-face and around 51% were on-the-day appointments. There was also a greater use of data by commissioners to understand quality and performance in primary care - the Primary Care Contracts Committee (PCCC) met regularly in public and published a quality and performance report. As set out in the agenda pack, there had been an increase in NCL staffing levels overall including nurses, while the number of GPs was broadly steady.

Sarah McDonnell-Davies then responded to questions from the Committee with input also provided from Dr Peter Christian, Clinical Lead for Haringey, and Paul Sinden, Managing Director of a local General Practice Provider Alliance:

- Asked for further details about the role of community pharmacies by Cllr Cohen, Sarah McDonnell-Davies explained that community pharmacies were nationally commissioned and that their joint working with GP practices had grown during the Covid-19 pandemic with the vaccination programme. The opportunities for further joint working were being supported locally, such as through the community pharmacy consultation scheme which was being locally

funded, and there were regular discussions with the local pharmaceutical committee which represented providers in this area. There was also now an Integrated Medicines Committee as part of the ICB which included representation for community pharmacists. Dr Peter Christian added that there was untapped expertise in the community pharmacy sector which was only recently being utilised. He commented that GP practices should not be seen as the default service for everything because primary care involved a complex team of people and so signposting was increasingly important. The increased use of in-house pharmacists in GP practices was also a potential cause of workforce pressures on community pharmacists due to the finite number of qualified staff in the sector.

- Cllr Cohen commented about the pressures on the primary care system and a shortage of GP practice receptionists in some areas. Sarah McDonnell-Davies acknowledged that there were difficulties in recruitment and retention for GP practice receptionists and other administrative roles and that there was typically a high turnover. There was not the level of training and experience required when compared to a Practice Manager and so there was an ongoing conversation with the NCL Training Hub about upskilling and professional development for receptionists and administrative staff. This included issues such as handling challenging patient behaviour because of the high levels of abuse experienced by staff. Dr Peter Christian added that the position of GP practice receptionist was an important and complex role requiring good people handling skills and a detailed understanding of processes and procedures which was why training was particularly important.
- Cllr Connor asked how consultations with community pharmacists were linked to patient records. Dr Peter Christian responded that, while there may not be formal direct links, there was often a flow of information back to GP practices by phone or email from pharmacists. In addition, more patients had access to their medical records and so could show this to pharmacists via a smartphone. He noted that electronic medical records were becoming larger and risked becoming unmanageable and that this situation could be exacerbated should pharmacists be able to add further entries. Paul Sinden, Managing Director of the GP Providers Alliance, added that GP practices and pharmacists often liaised over prescriptions for minor illnesses and that there were records of these transactions.
- Cllr Connor expressed concerns that, according to page 54 of the agenda pack, the training provided was without paid release and that this would not be the case in other healthcare professions. Sarah McDonnell-Davies said that clinical staff were allocated professional development time but that for non-clinical staff this was at the discretion of the individual practice and acknowledged that more could be done to encourage practices to release staff for development.
- Asked by Cllr Atolagbe for further details about primary care quality and performance data, Sarah McDonnell-Davies said that detailed data for every GP practice in NCL was available online and that a link could be provided to the Committee. **(ACTION)** She added that, with patient satisfaction in general

decline nationally, the patient survey results of 70% describing their experience as very/fairly good was positive.

- In response to concerns raised by Cllr Atolagbe about the difficulties experienced by residents in getting access to face-to-face GP appointments, Sarah McDonnell-Davies said that, although the NCL figures on face-to-face appointments was a couple of points below the national average, the figures on obtaining same day appointments were one of the highest nationally. She added that a key consideration was whether people who needed it most were getting access to face-to-face appointments and this highlighted the importance of the work on digital exclusion. Modernisation of telephone systems at practices was also needed to enable better queuing at busy times. Dr Peter Christian added that there was not necessarily a correct ratio of face-to-face appointments, as this depended on the demographics of a particular area, so variation between practices was necessary. For example, those in full-time employment during office hours often found telephone appointments to be more suitable. Asked by Cllr Milne if there was any data around diagnosis rates with telephone/online appointments, Dr Peter Christian said that, while there had been some understandable anxiety about this issue, he had not seen any audit work in this area. Sarah McDonnell-Davies added that face-to-face was often better for certain demographic groups and that GPs may ask a patient to come into see them if a telephone diagnosis proved to be difficult. She added that the ICB would soon be able to access data on local GP appointments which had not previously been available including waiting times and the mode of appointments. Cllr Connor requested that the JHOSC be updated about this new data when it became available **(ACTION)** and noted that a key concern of the Committee was that all patients who wanted face-to-face appointments were able to obtain one.
- Cllr Chowdhury expressed further concerns about the difficulties in obtaining GP appointments and Cllr Connor asked why more wasn't being done to make patients aware of the out-of-hours hubs that they may be able to access. Dr Peter Christian agreed that the early morning scramble for appointments could be difficult and noted that some GP surgeries had tried different approaches such as releasing appointment slots at different times of the day. Sarah McDonnell-Davies said that the extended access model was in the process of changing which did not help patient awareness. As the new system was rolled out there was communications work that could be done, including by providing some standardised information which could be provided on all local GP practice websites, as well as information for reception/admin staff, though the high turnover of staff did make this challenging. It would also be necessary to monitor the utilisation of the extended access services over time to ensure that this was at an appropriate level.
- Asked by Cllr Chowdhury about the GP associate roles and their ability to prescribe to patients, Dr Peter Christian commented that there were good

examples in the NHS of staff being able to widen their remit safely and that, in primary care, this could help to free up the time of GPs to do what they were most needed for which was diagnosis.

- Cllr Bevan noted that, according to the report, local engagement was undertaken in the procuring of APMS contracts but said that he had never been consulted as a local Councillor. Sarah McDonnell-Davies explained that there were only a limited number of new APMS contracts procured and that the engagement would include the lead Member for Health and the relevant Ward Councillors. However, this engagement could be extended to included JHOSC Members in future if requested.
- Asked by Cllr Hutton about the links between multiple pharmacies and GP practices, Paul Sinden said that there were usually around three or four pharmacies in a practice area and Sarah McDonnell-Davies added that patient choice was the main driver of where patients obtained pharmacy services.

The Committee recommended that there should be a formal pathway for career progression for GP practice receptionist and administrative staff and, acknowledging that work was already underway in this area, requested that the Committee be updated about this further at a later date. The Committee recommended that this should include staff being released from regular duties to allow for the allocation of professional development time where required. **(ACTION)**

Rod Wells then submitted the following questions on behalf of Haringey Keep Our NHS Public (KONP) as noted under item 5 (Deputations) of the agenda:

"In the context of the Alternative Provider Medical Services (APMS) contracts awarded to Operose/Centene:

- *What changes have and will be made to ensure NHS Standard General Medical Services (GMS) contracts are favoured over APMS ones?*
- *What has happened to the previous Operose contracts – when do they run out, have any been reversed since they were originally awarded and on what grounds?"*

Haringey KONP also added that *"APMS contract holders are paid 14% more per patient than GMS contract holders which is another reason for favouring GMS over APMS contracts"*.

Sarah McDonnell-Davies responded that any new primary care contract tended to be offered under the APMS contract model but acknowledged that there was work to do to ensure greater parity between the two types of contract. In terms of the extra cost, there were additional elements to the contracts such as performance monitoring, screening and extended targets which had to be met for the money to be paid. This

was being reviewed ahead of the next round of APMS contracts with considerations about achieving best social value and meeting the concerns of local residents.

Sarah McDonnell-Davies explained that two AT Medics contracts in Islington had recently gone through the Primary Care Contracts Committee. A decision had been taken to re-procure the contract for Hanley Primary Care Centre while the contract for Mitchison Road Surgery had been extended for only one year while performance was monitored. Cllr Clarke emphasised opposition to the handing over of primary care contracts to Operose/Centene. Sarah McDonnell-Davies said that the Committee must make decisions based on the evidence and within the bounds of the law and to be clear with providers about what they were expected to deliver and what mattered to patients. With regard to Mitchison Road, the Committee had found that the performance levels were better than at Hanley Primary Care Centre but there was not sufficient evidence either to renew for the full three years or to re-procure. The evidence was documented in the Committee's papers and minutes.

Asked by Rod Wells about the St Ann's contract in Haringey, Sarah McDonnell-Davies confirmed that this would be coming up for renewal and so there would be a performance review to help determine next steps.

Cllr Connor then asked for further details to be provided on collaboration between primary care teams and social care teams, including with social prescribing and community navigators. **(ACTION)**

Cllr Connor noted that the papers for the October 2022 meeting of the NCL ICB Primary Care Contracting Committee Meeting stated that:

"The NCL Delegated Commissioning budget is currently forecast to overspend by £4.4m against the 9 month allocation of £197m. However, £4.4m is included within the Non-Delegated Primary Care budget earmarked for enhanced access. This gives a neutral adjusted forecast position."

Cllr Connor requested that details be provided on a) whether this position would be sustainable if similar overspends occurred in subsequent years, and b) what other funds were reduced in order to reach this neutral position. **(ACTION)**

Cllr Connor then summarised the requests for additional information and recommendations of the Committee as follows:

- The Committee recommended that there should be a formal pathway for career progression for GP Practice reception staff.
- It was agreed that a link was to be provided to a webpage that provided data on appointments for every GP Practice in the NCL area.
- The Committee requested that an update be provided on how Primary Care teams work with community navigators in local authorities (such as Connected Communities).

- With regards to the overspend on the NCL Delegated Commissioning budget, the Committee requested that details be provided on a) whether this position would be sustainable if similar overspends occurred in subsequent years, and b) what other funds were reduced in order to reach this neutral position.

33. ST PANCRAS HOSPITAL - MENTAL HEALTH PATIENTS

Jess Lievesley, Executive Director of Strategy, Transformation and Organisational Effectiveness at Camden and Islington NHS Foundation Trust, and Jon Spencer, Chief Operating Officer at Moorfields Eye Hospital, introduced the report on this item noting that it that addressed the wider implications of the St Pancras Transformation programme, the delays affecting the programme and how these were being addressed. They then responded to questions from the Committee:

- Cllr Clarke asked why Moorfields was not waiting for the Highgate development to be completed given that patients would need to be moved to a private provider as a consequence at a cost of £150k per month. Jess Lievesley acknowledged that this action was not part of the original consultation plan and noted that it was partly a consequence of the Covid-19 pandemic which had caused delays to the project. Mitigations were therefore being put in place to meet the needs of a small cohort of patients and there were no longer the facilities to do this at St Pancras Hospital as part of the site was about to be built upon. It was not unusual for the NHS to use outside provision when necessary and, in this case, a structured formal arrangement would be made for a period of time to give certainty of access and would maintain local links. For two or three patients, the transitional arrangements were likely to remain until September 2023 but, for most patients, the length of time would be more limited. Jon Spencer outlined the constraints imposed by the circumstances of the project, including the fact that the land at City Road had originally been sold by Moorfields at the top of the market. This meant that if the contractual arrangements were not fulfilled in the time agreed then the price would have to be renegotiated and this could put the whole project in jeopardy.
- Cllr Anolue expressed concern about the potential stress and impact on mental health for the patients. Jess Lievesley said that addressing this was at the heart of the decision making which was why the transitional arrangements had been made with a focus on keeping individuals engaged with community health teams and their families as well as keeping them based within London. Cllr Connor asked for reassurances that all families would receive written information about accessing relatives in services. Jess Lievesley said that for planned transitions, arrangements for individuals were made with families through discussions with care coordinators and community teams. For individuals presenting to services for the first time, this would be for local community teams to communicate this. Jess Lievesley committed to reiterate that guidance to staff to ensure that families knew how to access services.
- Cllr Atolagbe requested further details about the reprovision of the Acute Day Unit (ADU). Jess Lievesley explained that it had been closed in 2020 as it had

not been possible to safely run a service during the pandemic. The intention was to reopen the ADU in a different location but it was recognised that further consultation work was required, including with the JHOSC, before decisions were made. Asked by Cllr Atolagbe how patients had been affected by the closure, Jess Lievesley said that mitigations and alternative arrangements had been put in place after engaging with individuals concerned. Asked by Cllr Connor whether the new site for the ADU would be provided in Camden and Islington Jess Lievesley said that this was the current intention but would depend on the steer from partners.

- Cllr Connor asked whether the proposals set out in the paper had been approved by the Site Patient Safety Group. Jess Lievesley confirmed that this was the case as everything relating to patient safety required sign off from that Group.

Cllr Connor requested that further details about this issue be provided to the Committee as required via verbal or written briefings. **(ACTION)**

34. WORK PROGRAMME

Cllr Connor introduced the updated Work Programme for the Committee, noting that the next meeting in Feb 2023 would include items on the Mental Health Services Review, the Community Health Services Review and the Health Inequalities Fund. The meeting would be held in a community setting with various community groups invited to attend. Cllr Connor suggested that questions on the Mental Health Services Review and the Community Health Services Review could focus on transitions between Children's Services and Adult Services.

35. DATES OF FUTURE MEETINGS

- 6th Feb 2023 (10am)
- 20th Mar 2023 (10am)

CHAIR:

Signed by Chair ……..

Date ……

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Council meeting, 24 January 2023
Motion: Cllr Gill Sargeant
Age Friendly Barnet

AGENDA ITEM 8

Council notes that:

1. According to the 2021 census, there are 26,300 residents in Barnet who are 75 and over.
2. This is an increase of 11% since 2011 and means that older people are an increasingly significant proportion of our community and projections show this will only continue to increase.
3. We want older people in Barnet to be able to live active, independent and fulfilling lives for as long as possible.
4. Just as we aspire to Barnet being family friendly and dementia friendly, we want our Borough to be 'age friendly'
5. Age Friendly Communities is a concept developed by the World Health Organisation (WHO) in 2007 with almost 1500 members worldwide.
6. In an Age Friendly Community, services, local groups, businesses and residents all work together to identify and make the necessary changes in both the physical and social environment to both support and enable older people to lead healthy and active lives.
7. Council recognises that older people make a positive contribution to life in Barnet, through employment, volunteering, caring, and in other spheres.
8. Council recognises that Barnet has a strong foundation in its network of community, voluntary, faith and public services that support older residents
9. Working together with community and voluntary groups, the council's Ageing Well and Mental Health champion and interested councillors have already identified the first steps we need to take to put this plan into action.

Council also notes that:

1. Becoming an Age Friendly Community is a statement of intent to:
    a. take into account ageing, and the needs and wishes of older people in every area of policy making,
    b. to take those needs seriously,
    c. to combat ageism that is seen in every area of society, particularly the portrayal of older people as a burden
    d. to share with the UK Network of Age Friendly Communities knowledge and expertise that will improve the lives of our residents in later life.
2. To become officially recognised as Age Friendly, the leadership in a town, city or county must make a written commitment to actively work towards becoming a great place to grow old in for all of its residents.
3. This must be done with the support and engagement of older people and relevant stakeholders across the public, education, voluntary, community and faith sector, and businesses.

Council, therefore, resolves to:

1. Make an official application to join the UK Network of Age Friendly Communities as a first step in its commitment towards joining the World Health Organisation Global Network of Age-friendly Cities and Communities.
2. Rename the Council's Ageing Well and Mental Health Champion, the 'Age Friendly and Mental Health Champion', who will work with the Chair of the Adults and Safeguarding Committee to progress the Age Friendly Community agenda.

North Central London Integrated Care System

NHS North Central London – Barnet Estates Update

February 2023

AGENDA ITEM 9

Completed Estates Projects

North Central London Integrated Care System

1) Borough Wide

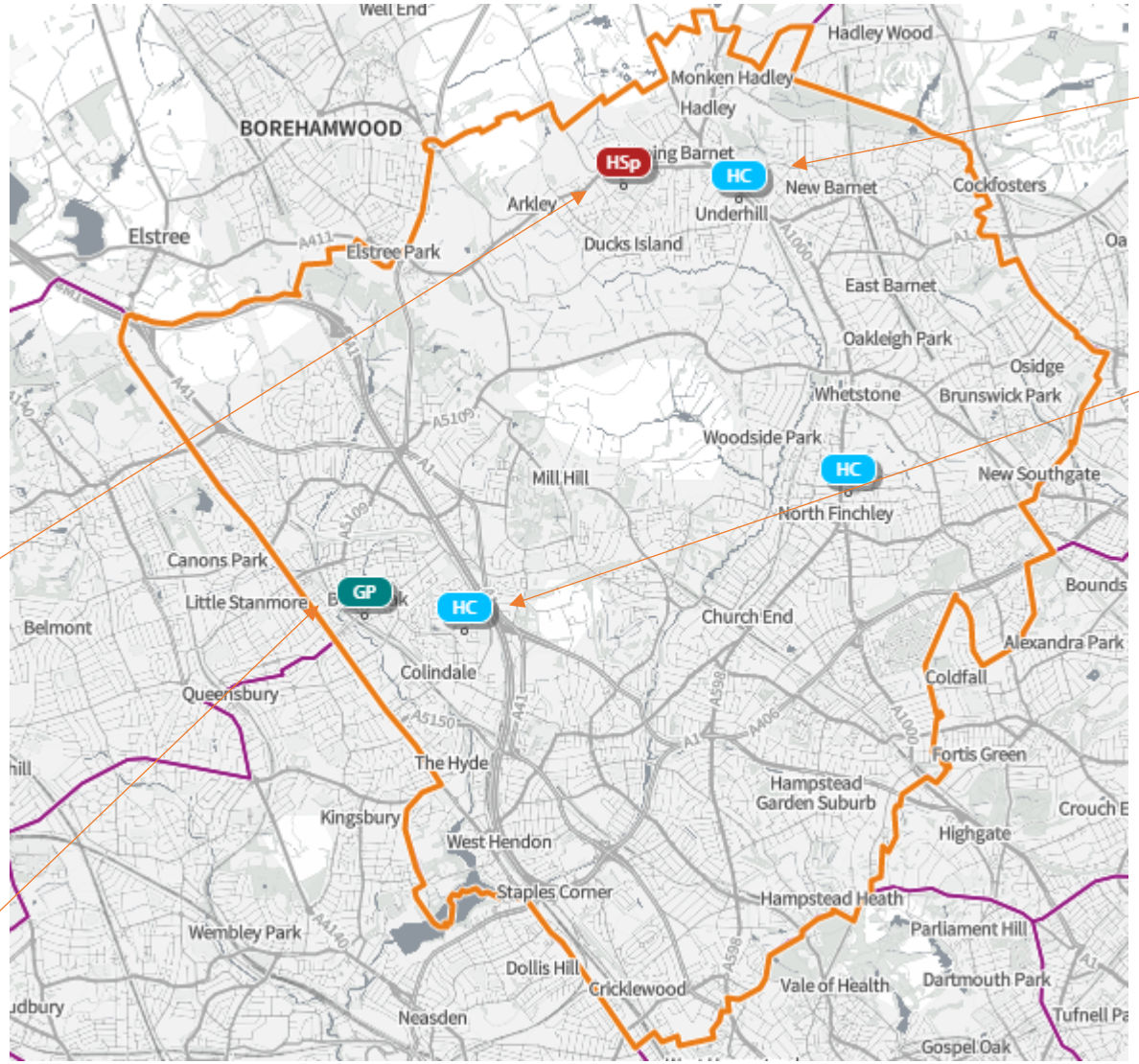
- Digital Patient Check-In Kiosk and patient information boards across all Primary Care Sites
- Patient Chase Upgrade- IT upgrade
- Patient Records digitisation and room conversion
- Improvement Grants Programme 18/19-21/22 (Circa £747,000)

2) Barnet General A & E Refurbishment

- Expansion of the A & E and creation of a new UTC
- ICB & RFL collaboration
- S106 funded

3) Cressingham Road

- Branch Site relocation and Primary Care Expansion
- ETTF & s106 funded



4) Vale Drive Clinic

- Internal reconfiguration and Primary Care Expansion
- Landlord capital

5) Grahame Park Health Centre

- Essential works to extend the life of the building
- Council funded

Schemes in planning or live

North Central London Integrated Care System

1) Edgware Community Hospital

- Optimisation, disposal & refurb programme

2) Colindale Integrated Hub (New build)

- Outline Business Case in progress
- S106 funded

3) Brent Cross Regeneration

- Potential opportunity – shell & core (4,500sqm)
- Partnership working with LBB
- SOC in progress

4) Osidge Library One Public Estate scheme

- Primary care consolidation
- NHS Proper Services disposal
- Feasibility study in process

5) Torrington Park Health Centre

- Optimisation & refurb programme
- Multiple funding sources

6) The FMH Community Diagnostic Centre (CDC)

- The first NHS specialist CDC to open in England following the COVID-19 pandemic
- On track to have seen an additional 100,000 patients by March this year


we need to move some of the negotiations

North Central London Integrated Care System

NHS NCL ICB Estates Governance Overview

Primary & Community Estates Governance updated structure – Final draft
(with funding sources notes)

ICS strategic intent & funding

Primary Care Contracting Committee (revenue oversight)
Approves Revenue and small capital projects

Strategy & Development Committee (ICB Board Committee)
(capital oversight)

Finance Committee (ICB Board Committee)
(capital allocation)
Mostly Trust focussed but where the capital allocation rests

ICS Population Health Board
(clinical oversight)

Delivery of Infrastructure Strategy, delegated capital oversight of ICS priorities, monitoring & escalation

NAME TBC - ICS Infrastructure Committee
(SDC subcommittee)
(Community Providers, Boroughs, Councils)

ICS Estates Board
(All Providers, Boroughs, Councils)

Core estates engagement forum. TBC on retaining in new structure

NHS priorities & delivery

Barnet Estates Oversight Group

Camden Estates Oversight Group

Enfield Estates Oversight Group

Haringey Estates Oversight Group

Islington Estates Oversight Group

Place based strategic intent & subject expertise.
LEFs oversee S106/CIL & NHS PropCo funding

Barnet
- Local Estate Forum
- Borough Partnership

Enfield
- Local Estate Forum
- Borough Partnership

Islington
- Local Estate Forum
- Borough Partnership

Camden
- Local Estate Forum
- Borough Partnership

Haringey
- Local Estate Forum
- Borough Partnership

Key
- Committee of the Board
- Strategic Board
- Programme Delivery Oversight
- Engagement Forum

Attendees

NAME TBC - ICS Infrastructure Committee (SDC subcommittee) (Community Providers, Boroughs, Councils)	Chair – SMD, ICB finance, NCL DOE & estates team Attendees – Representatives from DOI team & Estates Borough teams, Council + primary care & contracting, community providers, ALBs
ICS Estates Board (All Providers, Boroughs, Councils)	Chair – PW, ICB finance, NCL DOE & estates team Attendees – All providers, EDS&T, borough estates leads, Council, community providers
Barnet Estates Oversight Group	Chair – Borough DOI Attendees – primary care lead, contracting lead, borough estates lead
Borough Local Estate Forum Borough Partnership	Chair – Borough DOI Attendees – All providers, Borough estates leads, Council leads (planning, strategy), primary care lead

Questions?

North Central London Integrated Care System

'Estates are so much more than buildings. We must move to a model that makes estates a catalyst for integration rather than a barrier to it.'

The Fuller Stocktake Report

North Central London Integrated Care System

Greener NCL: Our plan to improve health and wellbeing through sustainable healthcare

AGENDA ITEM 11

Contents

North Central London Integrated Care System

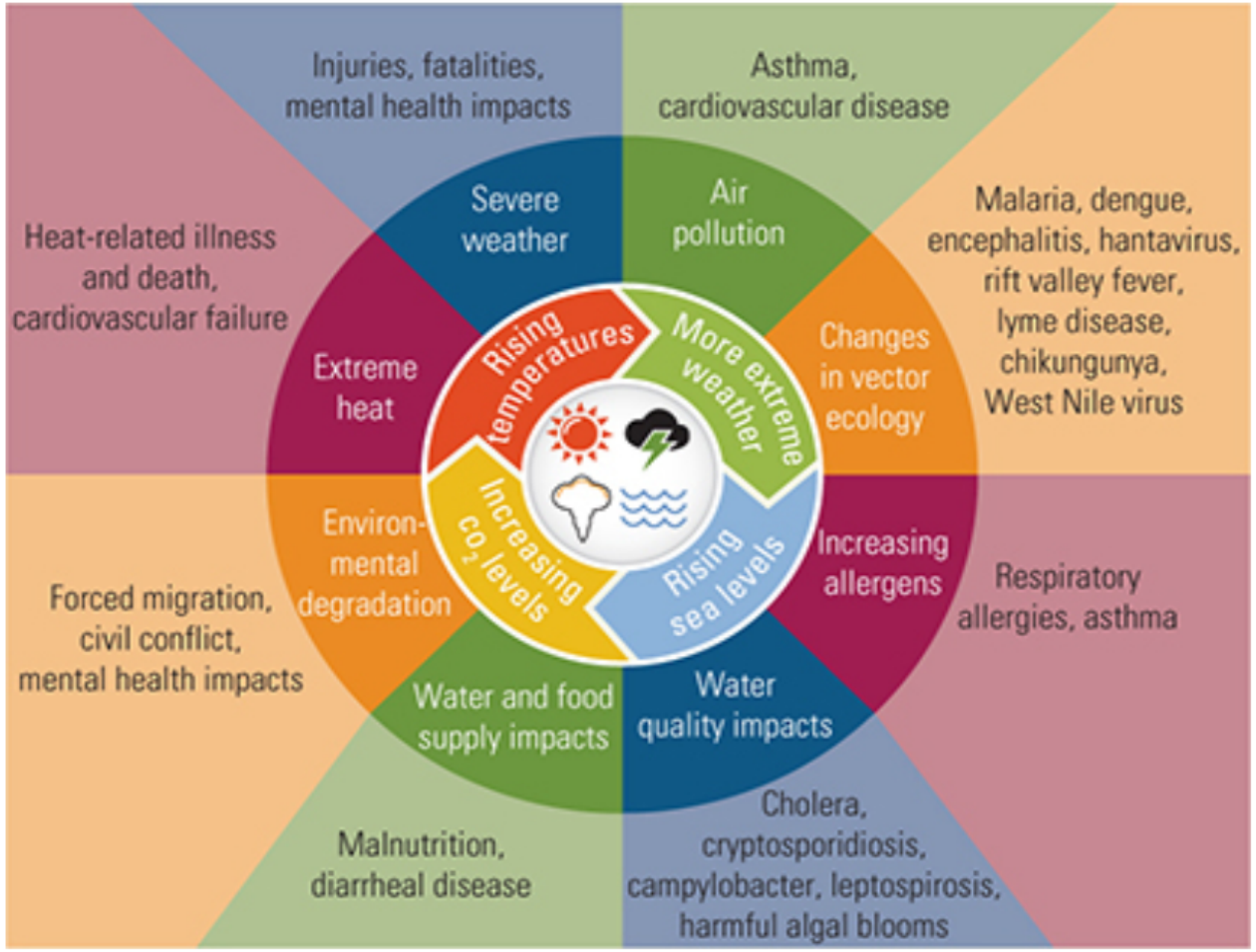
- Background & overview of climate emergency relevant to health & NHS responsibility and plans
- Overview of our programme
- Overview of London & UCLP working
- Reflection & discussion
- Appendix: overview of latest highlight report (December 2022) for noting unless there is interest in a particular area of the plan

North Central London Integrated Care System

Background

Addressing health inequalities

North Central London Integrated Care System



Air pollution is the single greatest environmental threat to human health in the UK, accounting for 1 in 20 deaths.

The UK heatwaves of 2020 claimed more than 2,500 lives. Nine of the hottest years on record occurred out of the last ten.

Reducing emissions will mean fewer cases of asthma, cancer and heart disease.

50% deaths in deprived areas are avoidable; Black communities more likely to die prematurely from preventable causes.

Air pollution at high levels across London; Fuel poverty highest in Enfield & Haringey

c. 25% children in London are obese by the time they leave primary school; Enfield at 27%.

Those living w/serious mental health illness & learning disabilities experience large inequalities, as do the homeless

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Figure 8.1, Impacts of Climate Change on Human Health - Injury Prevention and Environmental Health - NCBI Bookshelf (nih.gov)

NHS and the Climate Emergency

North Central London Integrated Care System

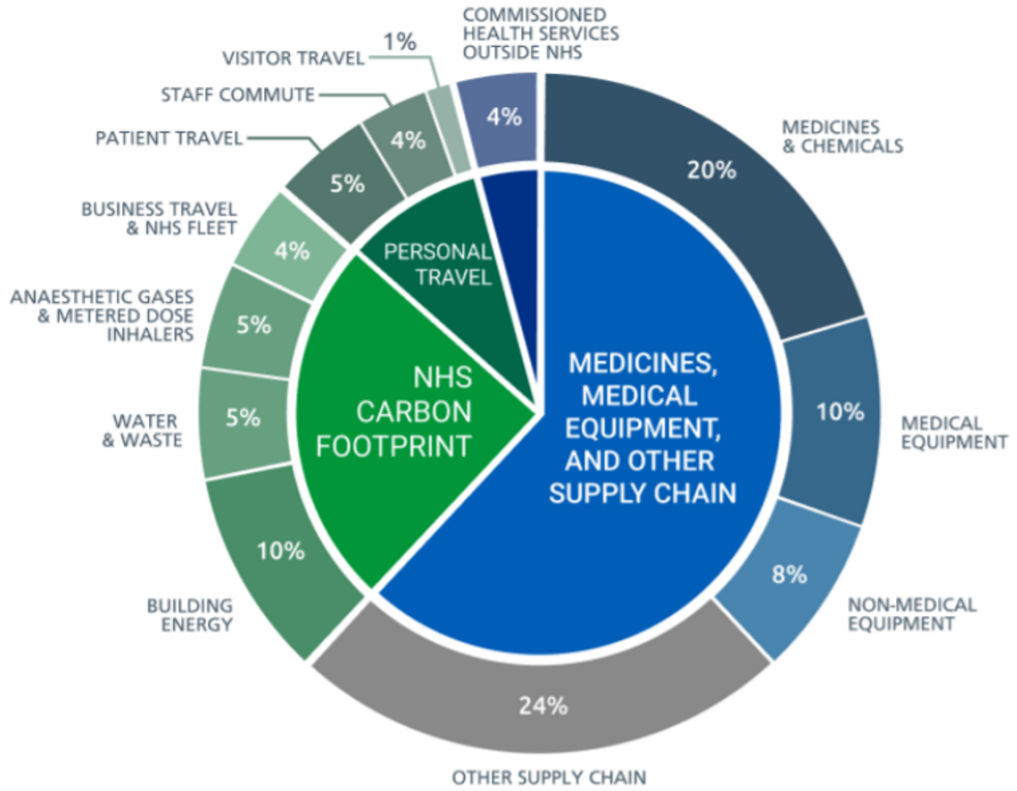
The NHS is currently responsible for **4%** of England's carbon footprint.

National Greener NHS plan launched October 2020:

- For emissions **controlled directly** by the NHS (NHS Carbon Footprint), **net-zero will be reached by 2040**, with an ambition to reach an 80% reduction by 2028 to 2032;
- For the emissions that the **NHS can influence** (NHS Carbon Footprint Plus), we will **reach net zero by 2045**, with an ambition to reach an 80% reduction by 2036 to 2039

Earlier action against these targets will result in greater impact over a longer time-horizon

Figure 2: Sources of carbon emissions by proportion of NHS Carbon Footprint Plus

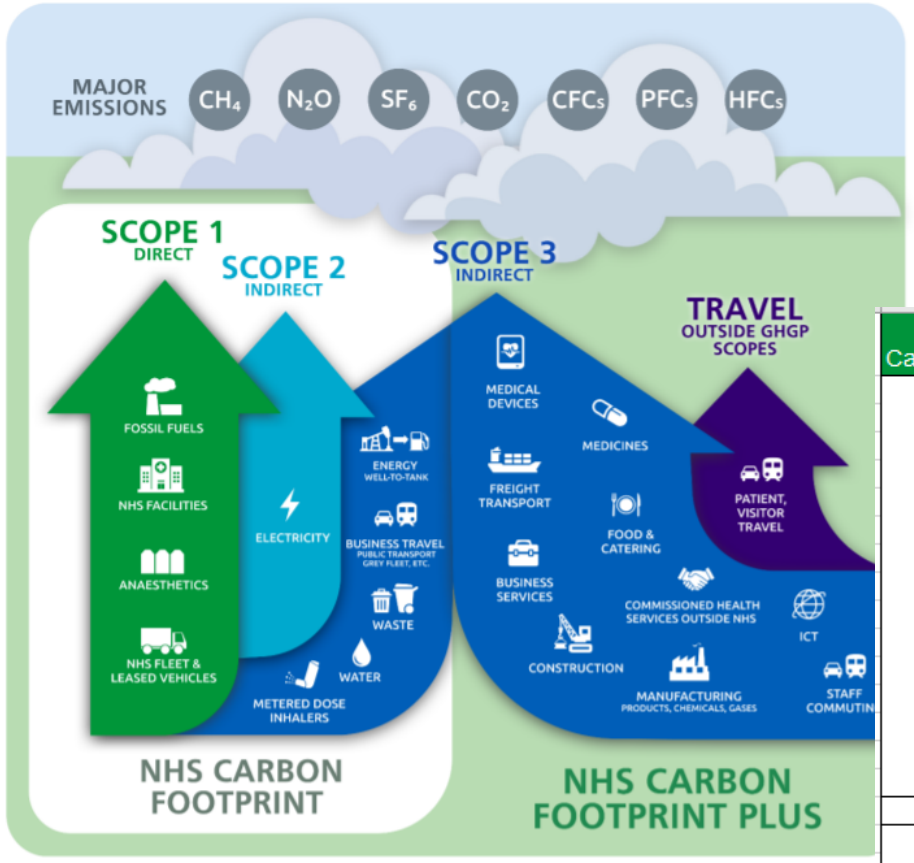


- Trusts required to sign-off Green Plans by January 2022
- ICSs required to sign-off the system Green Plan by March 2022

NOTE

Current NCL NHS Carbon Footprint

North Central London Integrated Care System



Carbon Footprint / Plus	Section	Area	Emissions Scope	Emissions (tCO_2e)
Carbon footprint	Medicines	Anaesthetic gases	Scope 1	10,760
		Metered Dose Inhalers	Scope 3	18,300
	Estates and facilities	Coal	Scope 1	0
		Coal	Scope 3	0
		Electricity	Scope 2	34,970
		Electricity	Scope 3	6,060
		Gas	Scope 1	56,780
		Gas	Scope 3	7,090
		Heat and steam	Scope 2	470
		Oil	Scope 1	1,710
		Oil	Scope 3	320
		Waste	Scope 3	6,010
		Water	Scope 3	1,650
	Travel & transport	Business Travel	Scope 3	27,270
		NHS Fleet	Scope 1	7,360
Carbon Footprint Total				**178,750**
Carbon footprint plus	Supply chain	Business services	Scope 3	98,810
		Food and catering	Scope 3	46,980
		Medicines and chemicals	Scope 3	158,120
		Medical equipment	Scope 3	70,620
		Construction and freight	Scope 3	65,800
		Non-medical equipment	Scope 3	94,920
	Travel & transport	Patient travel	Scope 3	32,930
		Visitor travel	Scope 3	9,620
		Staff commuting	Scope 3	35,110
	Commissioned health services outside NHS	Commissioned health services outside NHS	Scope 3	28,490
Carbon Footprint Plus Total				**820,150**

All values in tonnes of CO2 equivalent (tCO2e) and are rounded to nearest 10 tCO2e.

North Central London Integrated Care System

Programme & Plans

NCL Trusts

NCL ICS

ICB

London Region

UCLP

Our Greener NCL Programme

North Central London Integrated Care System

Key roles in NCL:

Senior Responsible Officer:
- Paul Fish, Chief Executive, RNOH

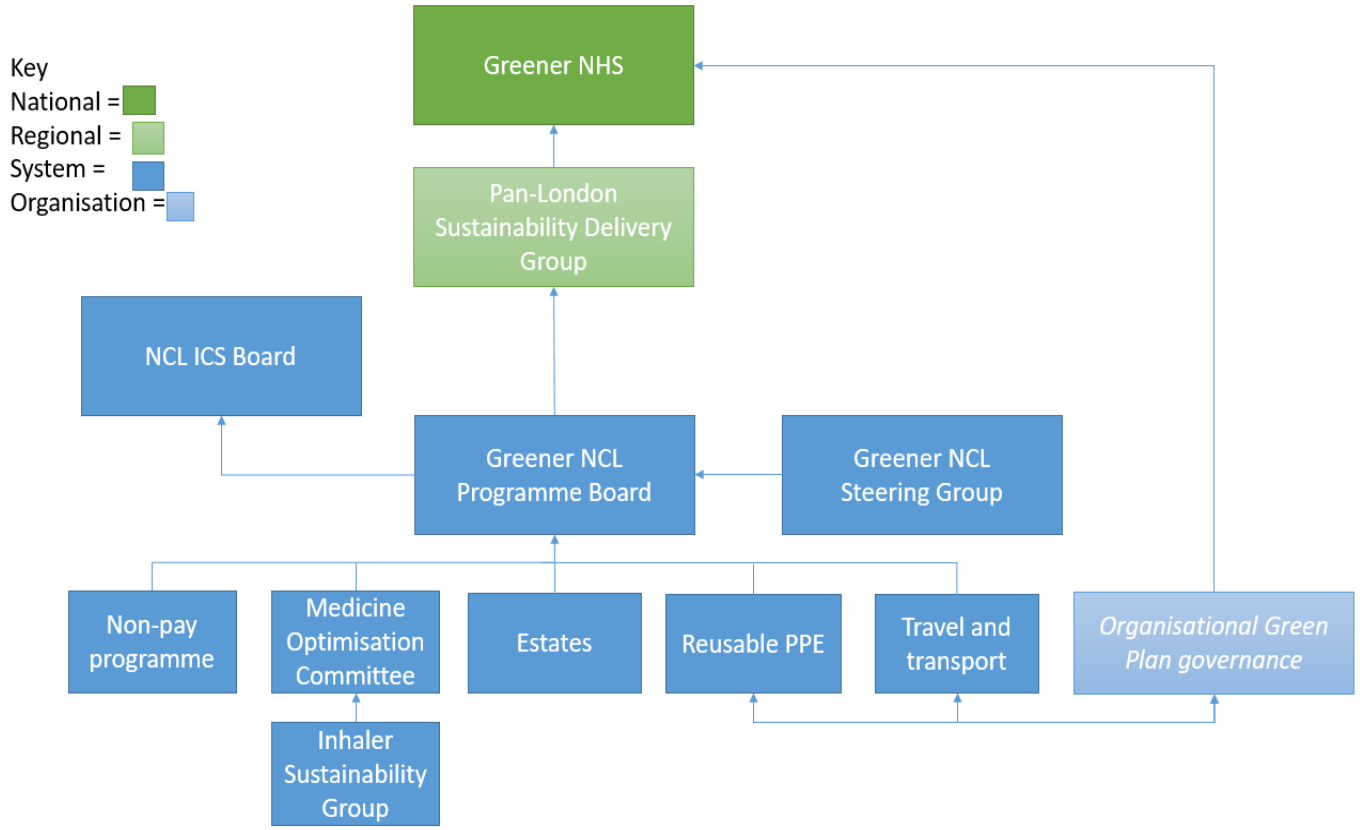
Primary Care leads:
- Vacant

Secondary Care lead:
- Mark Harber, Consultant Nephrologist, RFL

Programme lead:
- Zoë Garbett, Communities Team NCL ICB

Communication Lead:
- Chloe Morales-Oyarce, NCL ICB

Existing subgroups have been created to support the key priorities, others continue to be developed



- Greener NCL monitoring: quarterly
- MOU from NHSE to regional for delivery
- Quarterly regional programme boards

Overview of targets for 22/23

North Central London Integrated Care System

- Significant increase in workforce understanding and engagement with the agenda
- Roll out of training for primary care on safe and appropriate inhaler prescribing. DPIs as a total of inhaler use from 19.8% to 30%
- Desflurane less 5% overall use
- Reduce nitrous oxide use by 40%
- All organisations to have long-term climate change adaptation plans
- All trusts to have travel plans for significant increase shift to active / public transport
  Dockless bike network with safe cycle routes, cycle-to-work leads & schemes
- 90% vehicles are LEV (low emission vehicles) inc. 5% ULEV & ZEV (zero emission vehicles)
  Only ULEV and ZEV available on staff salary sacrifice scheme
- All trusts to have renewable energy
  6 / 10 trusts switched to all LED lighting
- 10% social value (inc. sustainability) in all procurements
- Procurement teams to identify ss suppliers requiring a carbon reduction plan to equality for NHS contracts (over £5m annual)
- Phase out fuel oil as primary heat source (secondary care) – business case for removal
- All new builds and retrofits over £15m are complaint with the Net Zero Hospital Buildings Standards (due to be published in Q1 22/23(
- Progress to reduce office paper and have all recycled paper (longer target, 2025)

Key:
Black text: ICS Green Plan & National target
Blue text: National target

NCL Capacity & Priority work (Baringa)

North Central London Integrated Care System

Background

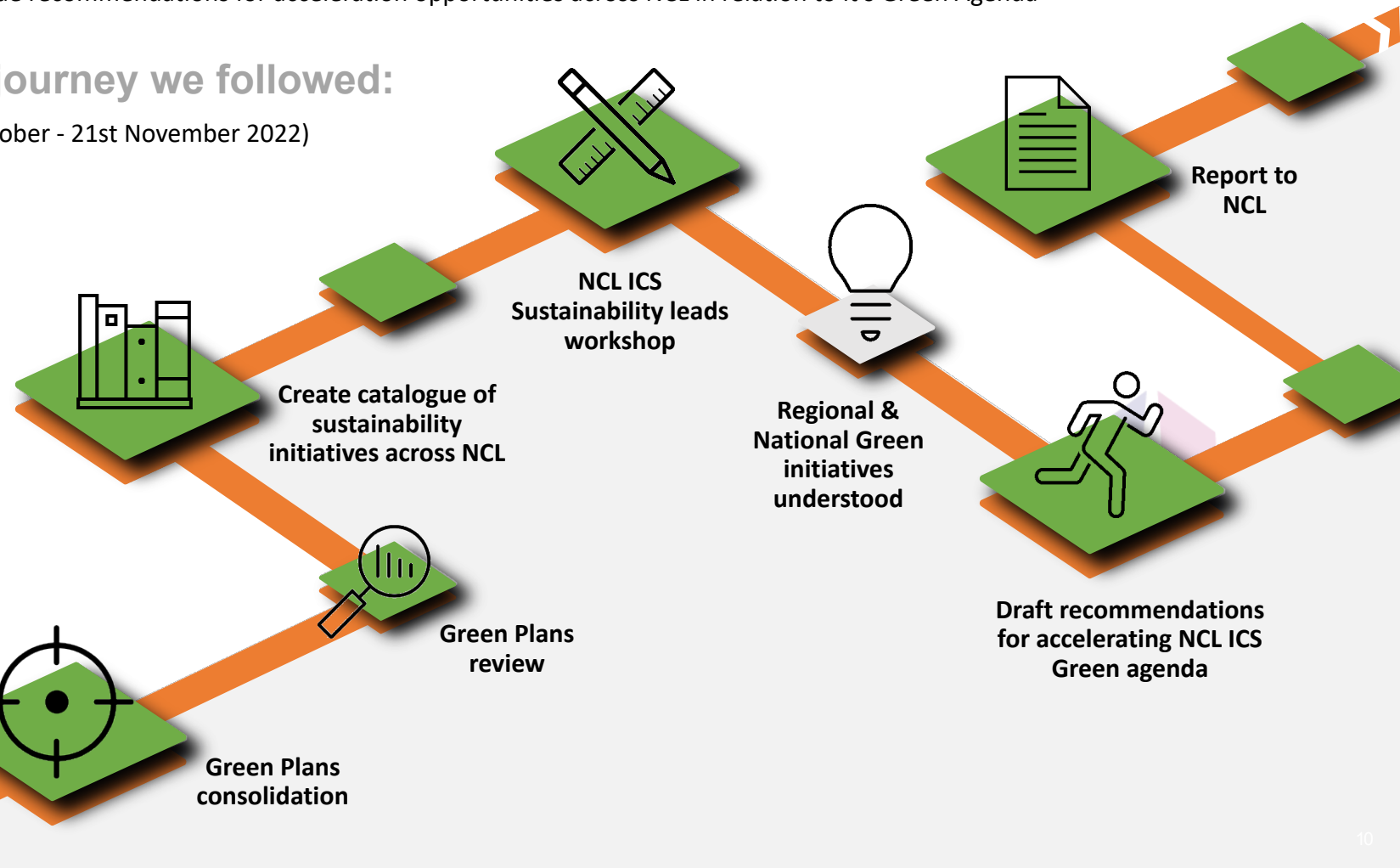
- To support the co-ordination of carbon reduction efforts across the NHS and the delivery of its national 2020 strategy, 'Delivering a net zero NHS', the 2021/22 NHS Standard Contract set out the requirement for trusts to develop a Green Plan to detail their approaches to reducing their emissions in line with the national trajectories
- Given the pivotal role that integrated care systems (ICS) play, this has been expanded to include the expectation that each system develops its own Green Plan, based on the strategies of its member organisations
- North Central London ICS, one of five ICS's in London, was keen to determine ways that it could prioritise its Green Agenda within its ICS and across its member trusts.
- Baringa were brought onboard for a short 8-week pro-bono project to review NCL's Green Plans.

The aim of the project was to:

- Review NCL's Green Plan and the Green Plans for the 11 member trusts
- Determine gaps in implementation of the Green Plans across the ICS compared to NHSE guidance
- Provide recommendations for acceleration opportunities across NCL in relation to it's Green Agenda

The journey we followed:

(3rd October - 21st November 2022)



Summary of plans

North Central London Integrated Care System

High Coverage	**Estates & Facilities**	• The sub theme of 'Energy' has the highest volume of initiatives across all 12 plans. However the type of initiative varies e.g. 8/12 plans include initiatives on LEDs, but only two mention heat pumps
Medium Coverage	**Supply Chain & Procurement**	• The majority of plans mention collaboration with other NCL members but only four mention PPS, LPP, PPP, or NHS Supply Chain • Establishing minimum standards for suppliers are only mentioned by three plans • Explicit CO2 reduction targets for procurement are only mentioned by one plan
	Travel and Transport	• Local measures, such as increased cycling, are included in ten plans and eight of the trusts include higher impact initiatives such as fleet electrification
	Workforce & System Leadership	• The majority of trusts have a sustainability network and designated champions in place but there are varying levels of available employee training and local engagement
	Sustainable models of care	• 8/12 plans include measures on providing care closer to home but a minority currently work with local partners or offer local community hubs
Low Coverage	**Digital Transformation**	• Digital Transformation has the highest number of gaps across Green Plans with no mention of the lever from five trusts • Only two trusts mention carbon implications relating to data and data storage
	Medicines	• Medicines is not mentioned as a sustainability lever by four trusts • Only one plan outlines measures beyond reducing inhalers and desflurane
	Food & Nutrition	• Reviewing catering suppliers or including packaging and waste requirements are only mentioned in three plans • Less than half the plans include initiatives on locally sourced food and healthy menus
	Adaption	• Five of the plans include measures to engage staff and communities with awareness of climate change effects however only two include specific mitigations beyond future risk assessments

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Prioritised Recommendations for NCL

North Central London Integrated Care System

Recommendations

- Utilising the insights from the NCL Green Plan review we have prioritised a set of recommendations across each 'Green Theme' for NCL to consider to help accelerate their implementation.
- The recommendations have been chosen from a long-list of potential 'carbon-levers' that we have seen being deployed cross sector.

- The recommendations are split between 'Quick Wins' and 'Medium term, high impact' defined as:
  - **Quick Wins** - The solution is available and well understood within the market. Delivery will need streamlining and coordinating to drive progress but is mainly dependent on capacity.
  - **Medium-term, high impact** – The solution is more complex and disruptive. Analysis and pilots required prior to roll out.

- The recommendations are also segmented by the scale on which they should be implemented defined as:
  - Local Trust Level
  - ICS Level
  - Regional
  - National Level

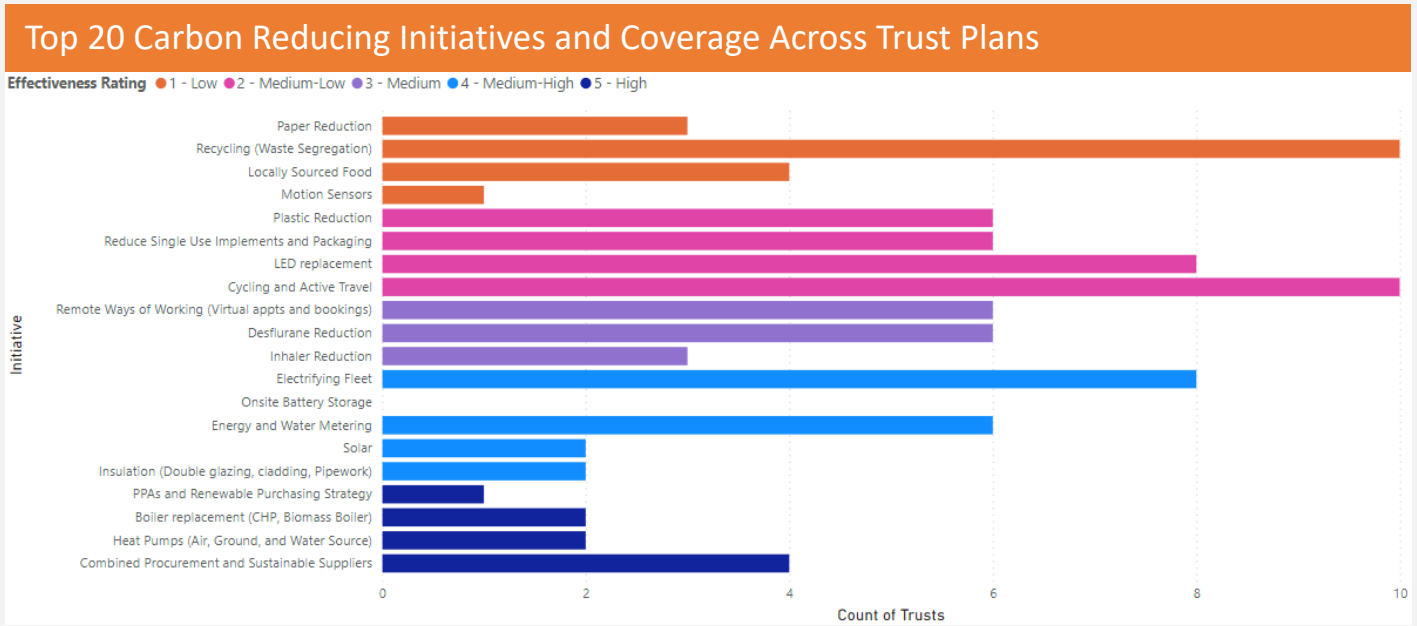


Fig. 2. Top 20 Carbon Reducing Initiatives and Coverage Across Trusts

The table above demonstrates the 'Top 20' Carbon reducing initiatives within NCL's Green Plans. It has been categorised by 'impact' of the initiative and coverage of the initiative within the Green Plans. The graph demonstrates that there is 'low coverage' across NCL for some of the highest reducing carbon initiatives

Executive summary of findings

- The ICS and trust level green plans demonstrate the North Central London have made significant progress in identifying carbon reduction initiatives. We believe that moving forward, NCL will need to introduce greater levels of collaboration and centralised governance over the continued development and implementation of the green plans.

	Today	Tomorrow
Data	No single source of the truth to guide NCL level decision making and resource allocation resulting in fragmented delivery and an inability to accurately track implementation and benefit realisation	A **single 'Sustainability Data' home** for the ICS holding information on: 1) resource allocation 2) Carbon foot-printing and tracking and sustainability spend. Data used to inform and drive ICS wide decision making through updated Governance. One data return from NCL as opposed to 11 trust returns
Procurement	No consistent and consolidated view of buying requirements across Trusts and primary care resulting in no clear supply chain strategy	Develop a **single sustainability and quality of care optimised supply chain and procurement strategy**. The strategy should be based on ICS level procurement spend analysis with a view to consolidating spend, challenging 'what' is being bought to minimise procurement volume and implementing the appropriate route-to-market based on category requirement e.g. Local, ICS, regional or national buying
Collaboration	NCL has taken a bottom-up approach to collaborating in Green development and delivery. This work has been led by a coalition of the willing and has resulted in good progress, especially in the Estates and Facilities theme	Collaboration should involve all Trusts - initiatives to collaborate on should be **decided at an ICS level** and introduced in a waved approach e.g. test collaboration on one ICS-wide initiative before expanding to a second e.g. ICS sustainable procurement review
Governance	Each Trust has their own governance model with decision making sitting at Trust level. Feedback is that there are 'too many meetings to attend, often with patchy attendance'	**Decision making for NCL ICS Green Implementation should sit at the ICS level** with a 'pooled sovereignty' approach e.g., doing the best for the ICS collective rather than for each individual trust
Resource	Resource allocation is varied across the ICS from full time roles to part time roles & side of desk implementation. Feedback from Sustainability Leads is that NCL should try to tackle the issues from a 'top-down' level rather than in a fragmented approach to reduce the duplication of effort and focus the implementation	NCL should consider the implementation of a **'lead trust'** for each longer term initiative. The role of the lead trust would be to pilot the initiative on behalf of NCL ICS and feedback feasibility for implementation for NCL to consider before recommending adoption across the ICS e.g. UCLH on reusable PPE, a focus on Primary Care
Funding	Funding is limited and allocated at a Trust level meaning a mixed approach and ability to Green implementation across NCL ICS	Sustainability funding and grant application is **'pooled' and managed at an NCL ICS** level allowing allocation to the carbon initiatives that will achieve the greatest outcome for NCL's net zero agenda

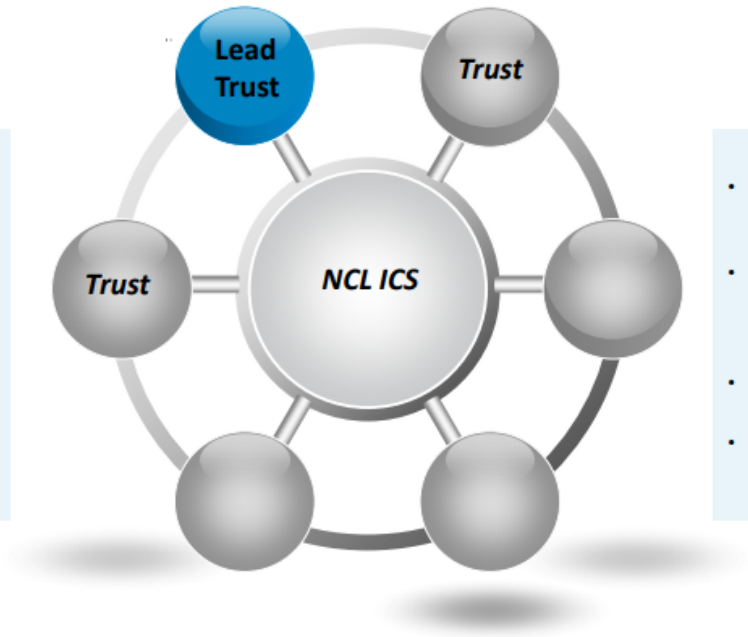
NCL ways of working

North Central London Integrated Care System

NCL should consider the implementation of a 'lead trust' hub and spoke model for each longer term initiative in order to reduce duplication of effort and focus implementation on high-impact, carbon-reducing initiatives

Lead Trust Model Approach

- NCL ICS choose the high-impact carbon lever to test and implement. A 'Lead Trust' is chosen by NCL ICS to own the pilot
- The role of the 'Lead Trust' would be to pilot the initiative on behalf of NCL ICS and feedback feasibility for implementation for NCL to consider before recommending adoption across the ICS e.g. UCLH on reusable PPE
- Sustainability resources across the NCL network could be 'deployed' to work on the pilot
- The is an outcome driven rather than process driven team



Benefits

- This agile initiative allows a 'fail fast' approach for incremental development and to determine the value of investment at trust and ICS level quickly
- Rolling out 'fail fast' pilots for carbon initiatives will help financial teams to understand the 'return on investment' quickly before scaling to an ICS wide initiative.
- This approach reduces duplication of effort for each trust and drive collaboration
- Collaboration will focus effort and accelerate green targets for NCL in a 'one team' approach

The overview of the lead role:

- Permission / authority to lead on behalf of NCL
- Pulling together groups to lead the work
- Authority to set direction for the system
- Permission to be innovative to achieve goals and to take a 'fail fast' approach of trailing for the system and sharing learning
- Respond to questions from other trusts to support implementation across the system
- Represent NCL in regional / national related work.

- Reusable PPE: UCLH
- Staff & patient travel
  - Active travel – North Mid
  - Staff travel – CLCH
  - Patient transport / fleet – ICB
- Medicines waste & wider medicines priorities – GOSH, support from UCLH and sharing from RFL

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NHS London Sustainability team

North Central London Integrated Care System

NOTE: Regional targets and focus currently under review

London Region sustainability team are supporting ICSs and Trusts with a focus on four areas

Area of support	Work to date
1. Travel and transport Support to decarbonise transport fleet, to reduce unnecessary patients journeys and to enable active patient and staff transport	• Established active travel group for London involving GLA, TFL and ICSs • Supporting NHS consultation for ULEZ expansion
2. Reducing utilisation of anaesthetic gases Focus on desflurane and nitrous oxidewhich are potent greenhouse gases	• Running workshops and facilitating shared learning across Trusts
3. Reducing carbon footprint of suppliers Supporting Trust procurement teams to begin to implement NHS net zero supplier roadmap	• Created a Social Value toolkit to support the uptake of the pan-London Social Value approach
4. **Improving local air quality**	• Developed toolkit for clinicians to help them talk with patients about the impact of air quality and work with the GLA to support their work

UCLPartners sustainability work

North Central London Integrated Care System

UCLPartners through Trust engagement has identified gaps where we can best add value which is complementary to these other offers

Available to all trusts to participate in

Area of support	Work to date
1. Supporting Trusts to secure cheaper and more renewable energy through **Power Purchase agreements**	We are acting as a critical friend to interested NHS Trusts in our geography as they explore, scope and procure PPAs. We draw in independent pro-bono advice and expertise from industry
2. Building Trust estates teams **retrofitting** expertise	We are running a pilot with two NHS estates teams where they have access to a retrofitting advisory panel who will co-design a package of capability building support. We will also support these teams to pick and choose between industry retrofitting solutions
3. Facilitating **NHS-academic collaborations** around net zero health care	Facilitating rapid research collaborations around sustainable buildings between Trusts and local academics with Greener NHS funding
4. Building Trust capability to **measure their carbon emissions**	Providing specialist training and free access to a carbon measurement platform for interested Trusts
5. Building exec board expertise to incorporate **carbon into decision making**	Designing and facilitating a workshop for the NCL ICS executive on how to incorporate carbon into decision making which will then iterate and roll out We are then developing a set of resources and training for commissioners on how to incorporate carbon impact into business cases

Appendix

North Central London Integrated Care System

- Highlight report from Dec 2022 – for noting

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NOTE

North Central London Integrated Care System

Greener NCL Programme Report November / December 2022

Targets to be delivered in year one are RAG rated in terms of their likelihood to be delivered within their timescale Targets beyond year 1 are not RAG rated	See slide 28 for glossary

Author: Zoë Garbett, Assistant Director for Communities, NCL ICB (Greener NCL Programme Lead)

NOTE

Our people

North Central London Integrated Care System

Action	Timescale (& RAG)	Update (Nov 22)	Update (Nov 22)	Lead
Create engaging content about the programme to share with staff across NCL	6 months	April 2023	Workforce programme under review whilst People Strategy is developed and agreed (Workforce PMO will provide ad hoc updates as required but no established reporting and comms rhythm agreed yet)	Lauren Gillings
Develop communication plan including developing content to share with staff, events	6 months		Sustainability to be included as a theme in the NCL People Comms plan; Comms plan under development to align with strategy launch.	
Provide Trusts and NCL organisations with wording on our sustainability values, to include as part of adverts for new roles.	Year 1	Update following meeting with NLP SS on likely timeframes [meeting date TBC – target: before Christmas]	ZG has drafted and shared with AB – inclusion in job ads to be discussed with Shared Services (as they list jobs and provide recruitment services across NCL trusts)	Ed Hime / Ali Burton
Add a focus on sustainability to processes that support our workforces as appropriate, for example to our staff annual appraisals, interview and induction.	6 months		For discussion with: internal • ICB HR (internal) • NCL Shared Services (NCL ICS) • HR Ds as Trust reps	Ed Hime / Ali Burton
Provide learning, development and training opportunities so that our workforce has the knowledge and skills to deliver healthcare for financial, social and environmental sustainability. For example, the Centre for Sustainable Healthcare Environmentally Sustainable Healthcare Programme e-learning.	Year 1	Update in March 2023	TBC following People Strategy sign-off and further clarity on system / partner skills and training responsibilities	TBC
Support, engage and promote Sustainability Networks including within Trusts, Greener Practice (for primary care) and Pharmacy Declares	Ongoing	Ongoing		All
Working with volunteer management services, create a network of volunteer climate advisors to support staff to reduce their own domestic carbon footprint	6 months	April 2023	RF Charity have established a network of volunteers to deliver advice to staff. Working on session for primary care staff. Learning will be shared with other NCL trusts.	Greener NCL Programme Lead

NOTE

Models of care (inc. digital)

North Central London Integrated Care System

Action	Timescale (& RAG)	Lead	Update
Share best practice prevention examples and scale-up where possible	Ongoing		
Increase the number of patients utilising safe management tools to support them in managing their own health	Year 2		Not due yet
Supporting patients to optimise their health whilst on elective waiting lists to optimise recovery and reduce elective length of stay, and avoid unnecessary on the day cancellations	Ongoing		
Develop a model for delivering virtual/remote care across primary, secondary and community services within the ICS with Net Zero principles in mind	Ongoing		
Develop diagnostic services closer to peoples home to support faster diagnosis and reduced patient travel	Ongoing		
Increase utilisation of remote monitoring to support step up/step down models of care	Ongoing		
Consider sustainability in Prescribing Policies to support care closer to home	Year 2		Not due yet
Utilising, where possible, Green methods of transport where staff travel or transportation of equipment to and from patients homes is a requirement of the service.	Ongoing		Trust healthier future action fund applications.

A

A lot of this work is business as usual within the ICS in terms of development programmes – narrative of sustainable healthcare principles needs to be stronger.

Working with UCLPartners on a review of outpatient models

The Long Term Conditions Locally Commissioned Service for primary care is in line with the principles of sustainable healthcare, focusing on prevention and lean use of resources. Discussions have taken place look at further opportunities for sustainable delivery.

NOTE

Travel & transport

North Central London Integrated Care System

Action	Timescale	Lead	Update
Active travel mapping available to all primary and secondary care sites	Year 1	Greener NCL	Modeshift commissioned. Trusts working on this. Primary care limited capacity
Work with councils, cycle providers and cycle leads to establish safe cycle routes for staff and patients	6 months	Trust leads	Modeshift resources provided.
Create non-dockable e-bike parking on or close to all NHS properties in NCL	Year 1	Trust leads	BEH est. at one site. GOSH establishing. Then roll out.
Organise staff (including hospital, primary care, pharmacy) events on cycling to introduce / refresh people's skills, confidence and knowledge of what is available to help	Year 1		*No capacity currently*
Increase salary sacrifice schemes to increase funding for bikes to £5000 to include electric bikes	Year 1	Trust leads	Shared RFL best practice. ICB scheme under review.
Consider alternative travel for primary care staff including pooled electric bikes and cars to change travel once at work	Year 1		*No capacity currently*
Review salary sacrifice schemes so that they are only applicable for the purchase of hybrid or electric vehicles	Year 1	Trust leads	Shared RFL best practice.
Review collective procurement route for electric vehicle charging	Year 1		*Huge potential but no capacity to look at currently*
Transition to 90% fleet to be ultra-low emission and zero-emission vehicles for owned and leased fleets	by 2028		Not due yet.
Review contracts for patient transport for opportunities to move to electric fleet	TBC		*Need to identify lead*
Undertake an NCL Courier procurement for Provider Trusts, ensuring at least 10% sustainability and social value weighting is included. Commence contract implementation and monitoring using the social value monitoring tool.	Year 1	Procurement	Included with climate emergency response as a mandatory indicator.
Undertake an NCL Taxi procurement for Provider Trusts, ensuring at least 10% sustainability and social value weighting is included. Commence contract implementation and monitoring using the social value monitoring tool.	Year 1	Procurement	Included with climate emergency response as a mandatory indicator.
Consider potential for cycling supply deliveries in primary care	Year 2		Not due yet.
Develop a supply and distribution model within NCL via the Distribution and storage Hub at Unit 2 Chalk Mill Drive	Year 1	Procurement	V good progress. 4 NCL Trusts consolidated NHS Supply Chain deliveries via hub, releasing 2 NHSSC vehicles per day from the road. On track to complete all NCL Trusts by the end of year.
Implement hospital Electronic Prescription Service	Year 1		
TBC - Consider ban on funding non-essential flights, any flights to be carbon offset with immediate effect	TBC		*To be discussed further*
TBC -Total ban on idling at all sites and implement clean air zones	TBC		*To be discussed further*

NOTE

Medicines

North Central London Integrated Care System

Action	Timescale	Lead	Update
Work with trusts with >5% desflurane use, sharing practice from other trusts to bring all use in all trusts to <5%	Year 1	Medicines Optimisation	Latest data (July '22) at 1.9%. All Trusts (except one) used <5% in July 22. The general trend is an overall decrease in volatile anaesthetic gases in NCL. We did note sporadic/ ad-hoc usage of desflurane, but recognise this would happen (we were informed anaesthetists do prefer desflurane in bariatric patients)*
Work with trusts to reduce nitrous oxide use by 40%	Year 1	Medicines Optimisation	No improvement yet in NCL (increase by 2.7% in 2021/22 compared with 2018/19). Some reduction in surgical units, though increases seen in maternity and A&E units. Requires further work and sharing of information across the network. To escalate to regional Greener NHS team for support.
Reducing the over-prescription of salbutamol inhalers by optimising adherence to preventer inhalers and improving inhaler technique	Year 1 - 3	Medicines Optimisation	A re-focused Sustainable Inhalers Group has been formed and an updated workplan has been drafted (which includes work to deliver the NHSE MOU). Asthma guideline has now been completed to compile list of formulary options to enable change in primary care. Latest data on IIF indicators shows a general reduction in carbon footprint relating to salbutamol devices; more work required in reducing MDI prescribing of non-salbutamol devices
Rationalising several separate inhalers to a single fixed combination inhaler			
Increasing the frequency of the greener disposal of used inhalers			
Link with work on clinically appropriate de-prescribing and polypharmacy to capture sustainability outcomes	Year 1	Medicines Optimisation	NCL Overprescribing Group working on this with UCL Partners and is a theme for discussion at December's Greener NCL Programme Board.

*Although desflurane use is small in each Trust, it still equates to a significant proportion of the overall carbon impact from volatile gases. However, as usage of desflurane is <5%, the overall carbon impact is still minimal.

Delivering education to primary care on inhalers to support the movement of patient choice to less carbon intensive inhalers where clinically appropriate

NOTE

Supply chain & use of resources (inc. waste)

North Central London Integrated Care System

Action	Timescale	Lead	Update
*10% sustainability and social value weighting in procurement exercises	6 months	Procurement	Ongoing with local procurement teams. Procurement working group under review.
Create an initial NCL ICS social value procurement framework for local adoption	Year 1	Procurement	Ongoing
*Commence engagement with local suppliers to understand the challenges they are facing, consider opportunities and build common purpose.	Year 1	Procurement	Embedded within procurement exercises as part of supplier engagement. De-prioritised for Q1-2 whilst the procurement team focus on embedding 10% sustainability and social value weighting in procurement.
Track use of recycled and non-recycled paper to support collaboration and action across NCL	Year 1	Procurement	Not started – to pick up in Q3. Regional work through LPP.
Consider trajectory for reduction and phase out of paper communication with the majority of patients (i.e. letters)	6 months		Not started
Switch to paper pharmacy bags	Ongoing		Not started
*Review opportunities to reduce single use plastics (clinical and non-clinical) and embed across all projects	Ongoing		Embedded within existing non pay consumable projects
*Commit to NHS Plastic Reduction Pledge Phase out plastic bottles for water unless health at risk (e.g. heat wave)	year 2		Not due yet
*Waste reduction schemes in Primary Care via repeat dispensing	Ongoing		NCL Overprescribing Group working on this
Implement an Inventory Management System within all acute Trusts to reduce excess stock and waste	year 2	Procurement	Good progress – 4 Trusts complete. Business cases completed for 2 other Trusts, one starting mobilisation. Further business case in development for additional NCL Trust.
Pilot the use of RFID solutions within two Trusts to aid medical device asset tracking	Year 1	Procurement	Good progress
*Implement a walking aid reuse policy and process across provider Trusts	Year 1	Trust Leads	ULCH pilot started. Whit pilot planned. LPP have scoped models to be agreed by systems.
Expand the current use of Warp-It to other providers and maximise opportunities through collaboration	Year 1	Procurement	Amendment to the plan – completing procurement due diligence before proceeding to ensure compliance
Develop and implement a harmonised NCL induction and refresher waste training package	Year 1	Procurement	Good progress
Scope the potential benefits for implementation of reverse vending in some acute Trusts and create a business case to implement	Year 1	Procurement	Completed – cost prohibitive. Agreed best option to pursue reverse vending when re-negotiating Soft Facilities Management contracts.

NOTE

Estate

North Central London Integrated Care System

Action	Timescale	Lead	Update
*Improve energy efficiency and reduce energy usage – we will work with Boroughs and Practices to support building a baseline of energy data with Landlords against which to measure change	Year 1		Not started yet. Need to identify funding for resource.
*Improve utilisation to ensure we have an estate no bigger than we need o Working with Primary Care Leads and PCNs to support the changes in working practice that will be needed o Conduct rigorous reviews of the need for additional space and ensure maximum flexibility in what is provided o Support Change Management, through identifying best practice and estate opportunities	6 months		PCN Infrastructure Review complete and presented to Greener NCL Programme Board for discussion in September.
Develop a matrix of sustainability interventions against considerations of costs, developer appetite, impact etc. required for Net Zero	Year 1		
Influence third-party developers in the design of the buildings our Practices will fit-out and occupy.	Year 1	Estates Delivery Team (NCL)	Part of the Draft Estates Development Toolkit – includes requirement for sustainable design
BREEAM excellent benchmark (secondary care current estate)	Ongoing		BREEAM Excellent already required for New Builds. For Refurbishments are Very Good
All new builds to meet BREEAM excellent benchmark (ambition)	Year 3	Estates Board	
Review of estate needs and consideration of sharing space with partners for borough based offices	Year 1		To identify SRO to lead

Business Climate Change (BCC) 2022

GPs in Camden and Islington can access free support to reduce their energy usage, energy bills and decarbonise their workplaces through the BCC. With rising energy prices, it is key for businesses to operate their workplaces more efficiently. NCL ICB Estates have a target of 10-15 practices per borough, each package of support has an estimated commercial value of £6k per practice.

Participating businesses will receive:

- A workplace audit and recommendations for key actions to reduce energy usage;
- Tailored trainings and engagement with peer businesses;
- Access to an online energy dashboard to track their data and;
- London Mayoral recognition.

NCL ICB Estates Sustainability Checklist

NCL Estates have undertaken an assessment of key sustainability and green guidance to inform an estates 'baseline' checklist, which will quantify what level of estates intervention is 'required' and 'best practice' for future newbuild and refurbishment projects. This will both standardise and promote sustainable intervention in estates management.

NOTE

Green space & energy

North Central London Integrated Care System

Action	Timescale	Lead	Update
Provide additional resource to primary care to develop and share green space initiatives	6 months	Greener NCL Programme Lead	Healthier Futures Action Fund for 1 practice. Working with Barnet estates & VCS to scope potential & apply for funding
Work in partnership with NHS Forest and local authorities to increase green health routes and tree planting	Year 1		*Not started*
Reducing and stopping the use of herbicides and pesticides on NHS estate	Year 3		Not due yet
Install smart meters across estates	Year 3		Not due yet
*Focus on reducing usage	Year 3		Not due yet
*Significant switch to LED lighting	Ongoing	Estates Leads	6 trusts significant LED schemes in 22/23
Explore on-site energy sources	Year 3	Estates Leads	Some consideration being given, needs funding. Not due yet

NOTE

Food

North Central London Integrated Care System

Action	Timescale	Lead	Update
*Set up catering / food subgroup to facilities procurement group to explore quick wins and projects	Year 1	Procurement	Lead stepped down so subgroup has not met.
Promoting ‘food first’ rather than oral nutritional supplementation	Ongoing		
Build into contracts a commitment to minimise food waste	Year 2		Not due
Secure additional funding for growing projects on primary and secondary care estate	Year 1	Greener NCL Programme Lead	Edible London working with NMUH.

NOTE

Adaptation

North Central London Integrated Care System

Action	Timescale	Lead	Update
*Undertake climate risk assessments for all estates	Year 1	Trust leads	ZG trying to identify template & guidance from NHSE
Establish a network of Adaptation Leads across NCL	Year 1	ZG	ZG to establish once template & guidance received
Invest in both mitigation and adaptation technologies.	Year 2		*Resource issue + review after risk assessments*

Greener NHS Regional Team held a session on adaptation for ICS Leads, slides shared with trust leads.

Glossary

North Central London Integrated Care System

BEH = Barnet Enfield Haringey Mental Health Trust
GOSH = Great Ormond Street Hospital for Children NHS Foundation Trust
ICB = Integrated Care Board
ICS = Integrated Care System
LPP = London Procurement Partnership
MOU = Memorandum of Understanding
NCL = North Central London
NHSE = NHS England
NLP SS = North London Partners Shared Services
RF Charity = Royal Free Charity
RFL = Royal Free London NHS Foundation Trust
UCLH = University College London Hospital NHS Trust

Health Overview and Scrutiny Committee Forward Plan 2023/4

Governance Services Contact: tracy.scollin@barnet.gov.uk

AGENDA ITEM 12

Title of Report	Overview of decision	Report Of *(officer)*
27th February 2022		
User groups	Age Friendly Barnet	Age UK and LBB Public Health User Groups
NHS Estates	Report on overall plan for Barnet's Estates including disposable assets	NCL Integrated Care Board
Post Covid Services	Update from Royal Free London NHS Foundation Trust - tbc	TBC
NHS Sustainability Plan		NCL Integrated Care Board
17th May 2023		
NHS Quality Accounts 2021-22	• Royal Free London NHS Foundation Trust • Central London Community Healthcare NHS Trust • North London Hospice	
Update on flu/covid and winter campaign and lessons learnt	Review following winter 2022-23 – including evaluation	Integrated Care Board Barnet Hospital
To be allocated (July, October, December 2023)		
Barnet Healthwatch Annual Report		Barnet Healthwatch
Solutions4Health update		Solutions4Health
Integrated Care Board update	Update on Transformation Plan	NCL Integrated Care Board

User Groups – Children and Maternity Services		Startwell? TBC for July meeting
Barnet, Enfield and Haringey Mental Health Trust	Mental Health Services update With mental health service users (tbc)	London Borough of Barnet & NHS North Central London Integrated Care Board
Winter pressures 2023/24	Looking at plans in place	NCL ICB

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