Meeting
Joint HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Date and time
Wednesday 23RD NOVEMBER, 2022
At 10.00 AM
Venue
Islington TOWN HALL, UPPER ST, N1 2UD

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

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Friday 18th November 2022 at 10AM. Requests must be submitted to fiona.rae@haringey.gov.uk/rob.mack@haringey.gov.uk Tel: 020 8489 3541/020 8489 2921

You are requested to attend the above meeting for which an agenda is attached.

Andrew Charlwood – Head of Governance

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Assurance Group

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Order of Business

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AGENDA ITEM 1

NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday 23rd November, 10:00 a.m.
Council Chamber, Islington Council, Town Hall, Upper Street, London N1 2UD

Contact: Dominic O'Brien, Principal Scrutiny Officer

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

Councillors: Philip Cohen and Anne Hutton (Barnet Council), Larraine Revah **(Vice-Chair)** and Kemi Atolagbe (Camden Council), Kate Anolue and Andy Milne (Enfield Council), Pippa Connor **(Chair)** and John Bevan (Haringey Council), Tricia Clarke **(Vice-Chair)** and Jilani Chowdhury (Islington Council).

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

AGENDA

1. FILMING AT MEETINGS

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

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

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. URGENT BUSINESS

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

4. DECLARATIONS OF INTEREST

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

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

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

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

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

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

6. MINUTES (PAGES 1 - 12)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 30th September 2022 as a correct record.

7. ESTATES STRATEGY UPDATE (PAGES 13 - 26)

To receive an update on the NCL Estates Strategy including finance issues and an overview of key projects.

8. PRIMARY CARE SERVICE UPDATE (PAGES 27 - 68)

To receive an update on NCL Primary Care Services including on previous JHOSC recommendations.

9. ST PANCRAS HOSPITAL - MENTAL HEALTH PATIENTS (PAGES 69 - 74)

To provide responses to questions concerning the moving of mental health patients from St Pancras Hospital to facilities elsewhere in London due to construction delays to Camden & Islington Foundation Trust's new Highgate East hospital.

10. WORK PROGRAMME (PAGES 75 - 84)

To provide an outline of the 2022-23 work programme for the North Central London Joint Health Overview and Scrutiny Committee and an opportunity for Committee Members to propose additions/amendments.

11. NEW ITEMS OF URGENT BUSINESS

12. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

- 6 February 2023 (provisional date)
- 20 March 2023 (provisional date)

Dominic O'Brien, Principal Scrutiny Officer
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Fiona Alderman
Head of Legal & Governance (Monitoring Officer)
1st Floor, George Meehan House, 294 High Road, Wood Green, N22 8JZ

Tuesday, 15 November 2022

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Agenda Item 6

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

PRESENT:

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

15. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein'.

16. APOLOGIES FOR ABSENCE

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

17. URGENT BUSINESS

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

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

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

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

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

18. DECLARATIONS OF INTEREST

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

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

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

19. MINUTES

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

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

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

20. NCL ICS FINANCIAL REVIEW

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

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

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

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

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

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

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

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

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

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

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

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

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

21. NCL WORKFORCE REPORT

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

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

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

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

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

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

more unified way. In each area, the GP Practices were brought together in Primary Care Networks (PCN) and each PCN had a Clinical Director who were linked into the Federation and the GP provider alliance leading to a networked approach. This provided greater opportunities to improve integrated working, local understanding and continuity of care.

- Cllr Atolagbe expressed concerns about patients from some parts of the community being unable to access GP services at all, meaning that they would often have to attend A&E units for treatment. Dr Sauvage said that all patients should be able to access GP services although demand was recognised to be very high currently. GP practices had therefore had to triage patients according to need in some circumstances.

The Committee than discussed recommendations on workforce issues based on the information received (ACTION):

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

22. NHS 111 PROCUREMENT UPDATE

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

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

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

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

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

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

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

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

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

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

The Committee then made the following recommendations (ACTION):

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

23. WORK PROGRAMME

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

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

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

24. DATES OF FUTURE MEETINGS

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

CHAIR:

Signed by Chair ……..

Date ……

North Central London Integrated Care System

JHOSC estates update

23rd November 2023

Agenda

North Central London Integrated Care System

- Context and vision for estates in NCL
- Overview of estates delivery across NCL – 2022/23
- NCL funding envelope and investment decisions – 2022/23 (Adrian)
- NCL's prioritisation process and criteria
- Key projects in NCL
  a) St Pancras and Project Oriel (Colin)
  b) Finchley and Wood Green Community Diagnostic Centres
  c) £25m investment in primary care
- Specific asks of the JHOSC

Context of NCL estates

North Central London Integrated Care System

Headline estate metrics

1) NCL occupies 920,000 sq. m* of acute space across 5 boroughs, 73% of that is PFI assets
2) This total estates costs is £513m pa*, 50% is finance costs, 20% soft FM, 30% hard FM
3) The average cost of occupancy is £500 per sq. m pa*
4) We have £187m of acute backlog maintenance, of which £69m is critical*
5) NCL's community space costs £44m pa, made up of 25 assets
6) NCL's primary space costs £25.5m pa, made up of 182 assets

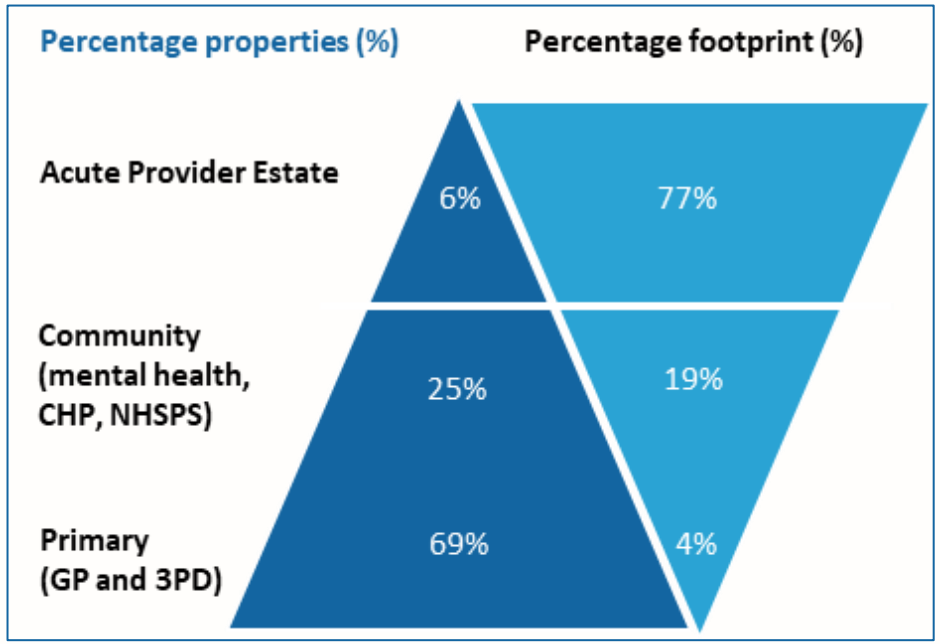
NCL's strategic estate objectives are to:

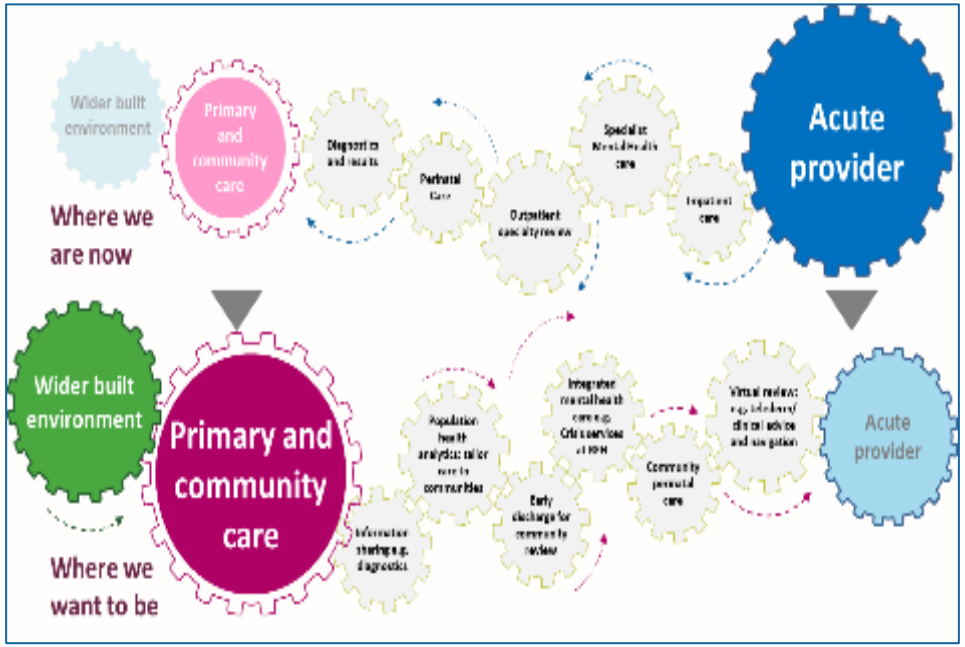
1) Improve and maintain existing buildings and make better use of existing assets
2) Balance our investment spend across acute, community and primary care estate
3) Invest in those areas of population growth supporting health improvements
4) Utilise all sources of capital to achieve overall system affordability
5) Ensure any new investment supports new models of care, incl digital capacity
6) Co-ordinate our use of the wider public estate

* taken from NHS model hospital. All numbers are indicative, as per 2019/20 – current numbers being updated. There may be some minor overlap

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NCL vision and estates priorities





Our estates priorities remain:

1. Developing **a place based approach** to allow us to optimise use of our estate in each locality to support service delivery, drawing on One Public Estate principles.
2. To **respond to** care requirements and changes in **demand** by putting in place a fit for purpose estate.
3. To increase the **operational efficiency** of the estate
4. To enhance **delivery capability**
5. To enable the delivery of a portfolio of estates **transformation projects**

Overview of estates delivery in NCL 2022-23

North Central London Integrated Care System

A year of continued significant investment across NCL

- £25m* + invested in primary and community estates
- £50m* + invested in the Community Diagnostic Centre programme
- £2.5m* + enabling funding from One Public Estate
- £5m + landlord funding across primary care
- £2.4m of national funding converting patient records space
- 100 + new or refurbished clinical and clinical support rooms delivered
- £8m* + secured through the planning system to improve primary care
- Investing in sustainability agenda part of investment decisions

Improved partnership working

<u>Council representation at</u>

- ICS Estates Board and Local Care Infrastructure Board
- At each Borough Local Care Forum (planning, regen. and asset teams)

<u>Strong partnerships now established with</u>

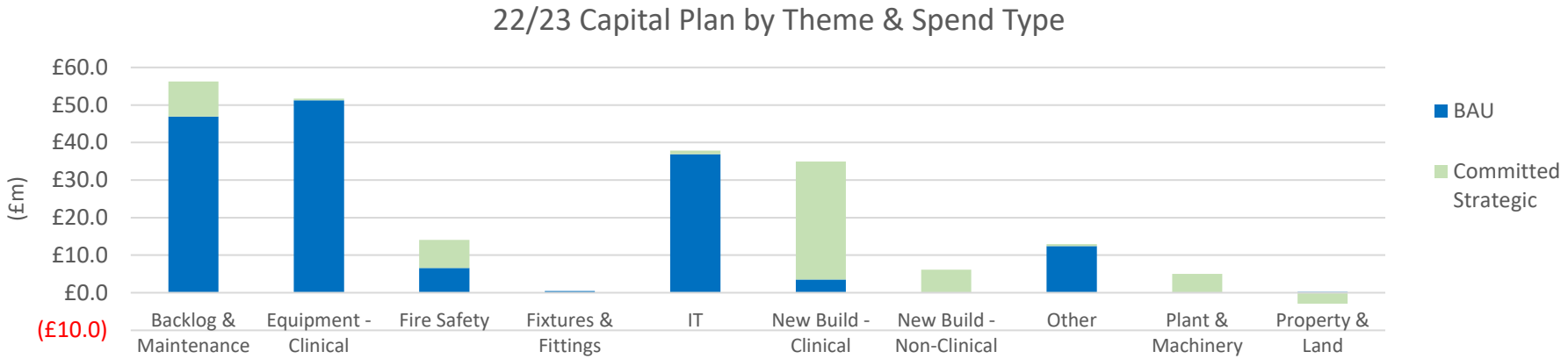
- Council colleagues in development and planning
- Community Health Partnerships/ NHS Property Services (the NHS Arms' Length Bodies)
- Primary Care Networks & primary care

*multi-year amount

NCL Funding Envelope & Investment Routes 22/23

North Central London Integrated Care System

- NHSE awarded **3yr allocations** to systems (22/23 to 24/25);
  - **NCLs allocation reduces each year** as the national funding algorithm directs more funding to backlog maintenance; NCLs is comparatively low nationally
- NCL 22/23 Capital allocation of c. £202m was **over-subscribed** by £15m; Primary Care Estate/Digital not included

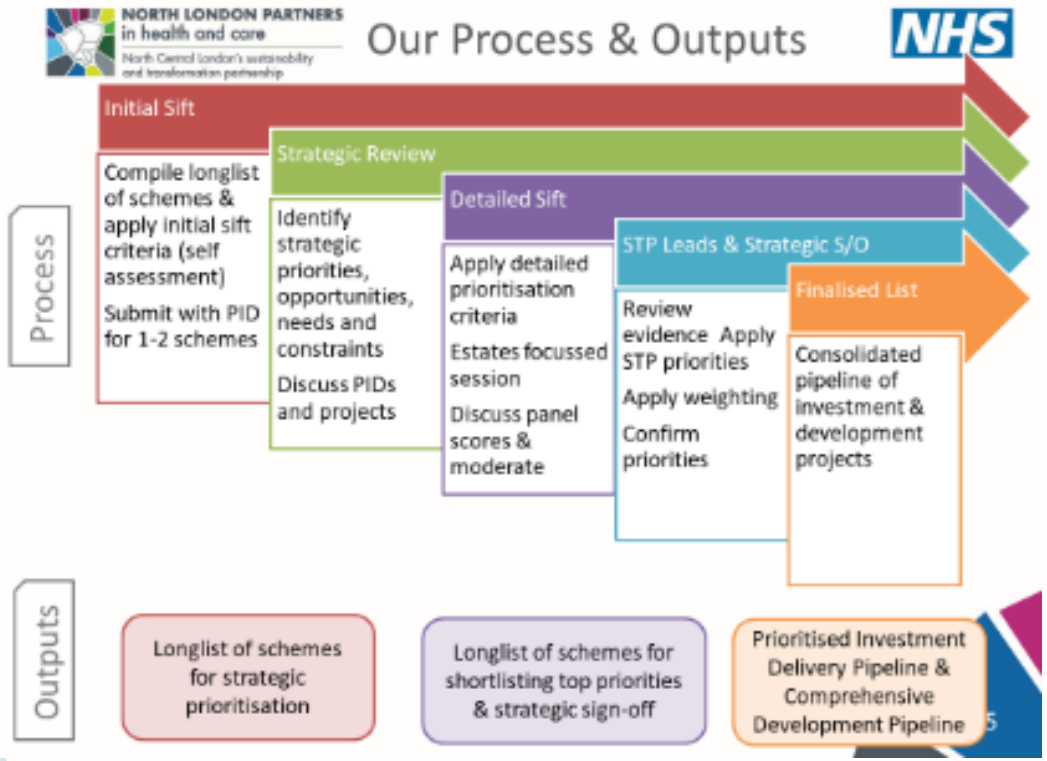


- It did however provide some opportunity to **recycle funding** for non-Acute schemes as;
  - Some Acute schemes were under discussion for separate national funding
  - It is common to see slippage against planned schemes throughout the year
- At M5 there was a **£40m underspend vs. plan**, we performed a deep-dive w/Providers which resulted in;
  - £4.6m being committed to **Primary Care** in-year with potential against any further slippage
  - **Early identification of slippage risk** to prevent sub-optimal use of NCL funding

NORTH LONDON PARTNERS in health and care
North Central London's sustainability and transformation partnership

NCL's capital planning & prioritisation process

North Central London Integrated Care System



Initial Sift		Initial Sift Criteria	Weight	Good evidence consists of:
	1	Leadership	10	Strong evidence of stakeholder engagement and/or plan. High degree of support from the proposing organisation
	2a	Activity & Demand	10	Evidence and explanation of current activity / baseline and future demand assumptions
	2b	System Demand Management	20	Demonstration of how scheme supports system approach to managing activity & demand at the appropriate level of acuity. Demonstrates positive impacts on managing demand
	3	Transformation, patient benefit and workforce benefit	40	Scheme will substantially transform the service model, patient care or integration; enables transformation across clinical pathways; enables new ways of working
	4	Estates / Infrastructure Issues	20	The scheme offers improvements to the estate or releases value to support clinical priorities. This does not exclude schemes aimed at resolving backlog or compliance issues

- NCL's process has developed over time to include strategic and clinical leadership to ensure funding is targeted at NCL system priorities.
- Last updated to support 2021 planning round, using criteria identified. Work underway to further develop for 22/23 + planning rounds

St Pancras and Project Oriel 22/23

North Central London Integrated Care System

- The St Pancras hospital site in Camden will be entirely redeveloped.
- The site is 5 acres in size and lies to the NW of St Pancras station
- A new building for Moorfields Eye Hospital to replace their existing City Road site will be built on 2 acres of the site
- The remaining 3 acres will be redeveloped with a mixture of NHS buildings, office, retail and residential spaces
- The new Moorfields Eye Hospital is expected to be ready in early 2027
- Planning permission for the Moorfields building has been granted and the business case is currently progressing through the final stages of approval
- The redevelopment of the remainder of the site is anticipated to start in 2025
- Highlights importance of improvements to mental health, dialysis, in patient beds and primary care

NCL Community Diagnostic Centres (CDC)

North Central London Integrated Care System

CDC choice driven by:

1) pace, to support system diagnostic & elective recovery;
2) tackling of inequalities of access & outcomes, focus on accessibility;
3) Improve productivity/efficiency to deliver at scale;
4) Deliver a better & more personalised patient experience;
5) Integration of care across primary, community & secondary care.

18 Month Programme (Early 2021 start)	**2 bids + 5 business cases**	**£52.4m funding secured**	**2 New Sites:** (Finchley Memorial Hospital & Wood Green)	**FMH Phase 1 Live: Aug 2021** (CT, MRI, US, Cardio + respiratory, Ophthalmology Phlebotomy, Microvascular)	**WG Phase 1 Live: Aug 2022** (X-ray, US, Phlebotomy, Ophthalmology)	**50,000 patients seen** (September 2022)	**FMH Phase 2 Live: Sep 2023** (2nd MRI, CT, X-ray, Minimum respiratory tests)	**WG Phase 2 Live: Sep 2023** (MRI, CT) *

£25m invested in NCL primary & community schemes

North Central London Integrated Care System

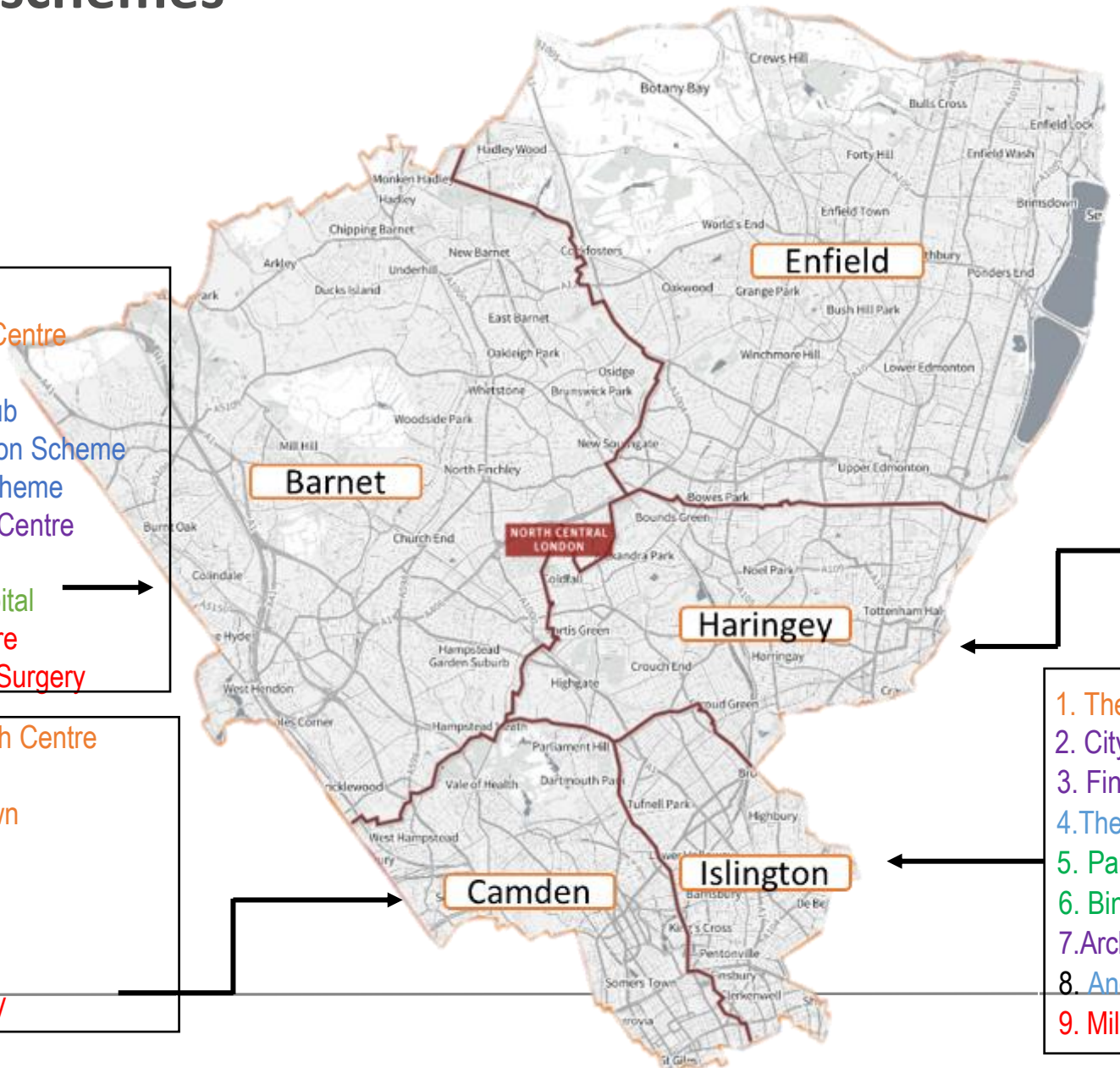
In delivery

Approved and/ or priority projects

Community Integration Programme and LIFT

London Improvement Grant 22-23

Complete



1. Evergreen PCC and Forest Road
2. Firs Lane (new development)
3. Meridian Water (new development)
4. Angel Surgery
5. Alma Road
6. White Lodge
7. East Enfield/ Brick Lane (merger)

1. Cressingham Road
2. Grahame Park Health Centre
3. Stone X Stadium
4. Colindale Integrated Hub
5. Brent Cross Regeneration Scheme
6. Osidge Library OPE Scheme
7. Torrington Park Health Centre
8. Vale Drive Clinic
9. Finchley Memorial Hospital
10. Waitling Medical Centre
11. The Old Court House Surgery

1. Charlton House Surgery
2. Muswell Hill
3. Green Lanes
4. Well Bourne
5. Wood Green CDC
6. Morum House
7. Bounds Green

1. Belsize Priory Health Centre
2. Sommers Town
3. Belsize Somers Town
4. Kentish Town HC
5. Hunter Street
6. Roy Shaw
7. Gower
8. Bloomsbury Surgery

1. The Village Practice
2. City Road Medical Centre
3. Finsbury Health Centre
4. The Miller Practice
5. Partnership Primary Care Centre
6. Bingfield Primary Care Centre
7. Archway Medical Centre
8. Andover Medical Centre
9. Mildmay Medical Practice

Somers Town Medical Centre - 77-83 Chalton St, Investing Camden, supporting Oriel

North Central London Integrated Care System

- Collaboration to acquire new headlease of existing practice to create a new modern health centre
- Working with the GPs to provide a new suitable facility and enable closer working for the local community
- Closely supporting the Camden & Islington Trust (C&I) to enable a relocation in good time for the St Pancras Hospital redevelopment
- Joint working to use sales proceeds from previous NHS PS disposal to recycle into a fit-out of new
- NHS PS and NCL ICS worked together to prioritise recycled funding into Somers Town
- Further NHS PS recycled funding projects to follow such as Hunter Street Health Centre

Village Practice: Increasing the capacity & quality of primary care provision across North Islington

North Central London Integrated Care System

Project Impact:

The completed works at The Village Practice have:

- ✓Provided an additional 500 appointments per week
- ✓Increased clinical consulting space by 40%
- ✓Refreshed the estate so it is compliant
- ✓Reconfigured the layout so it is operationally effective
- ✓Reduced pressures on the surrounding healthcare estate & North Islington 1 PCN

The Village Practice is now able to provide the following additional services, increasing the quality of local care provision across North Islington:

- ✓Islington GP Federations (IGPF) IHUB service provides out of hours service to the local population
- ✓Facilitate the 'ARRS' workers. The practice has stated a clear intention to house the following community workers: two pharmacists, MH nurse, physio, minor surgery and a health and wellbeing coach.
- ✓GP Training Practice: from September '22 the practice will house year 3 Imperial student alongside Junior Doctors from 'Health Education England' (UCLH) at a FY2s, FT1 and FT3 level of rotation.
- ✓Other wider services the practice plan to deliver from the new space include:
  - Health Visitors
  - Social Prescribers
  - Additional IGPF services, notably Paramedics and blood clinics
  - Mental Health workers, namely psychologists and social workers

Estates ask of Council colleagues – Autumn 2022

North Central London Integrated Care System

Support development of primary & community care estates by…

- To note our thanks to partners, S106/CIL contributions has supported primary care estates delivery (see following page), we are keen to build on these successes, with additional ongoing contributions budgeted to create consistency across NCL boroughs/projects
- Supporting Local Estate Forums, involving wider Council teams with a clear route to Cabinets incl finding affordable & creative ways of bringing primary care into housing schemes, as anchor tenant
- For Councils to provide a single, senior, representative to the Estates Board or Local Care Infrastructure Board. This co-ordinated role would represent all five councils, with structure behind for wider consultation

Support development of integrated health and social care in NCL neighbourhoods by…

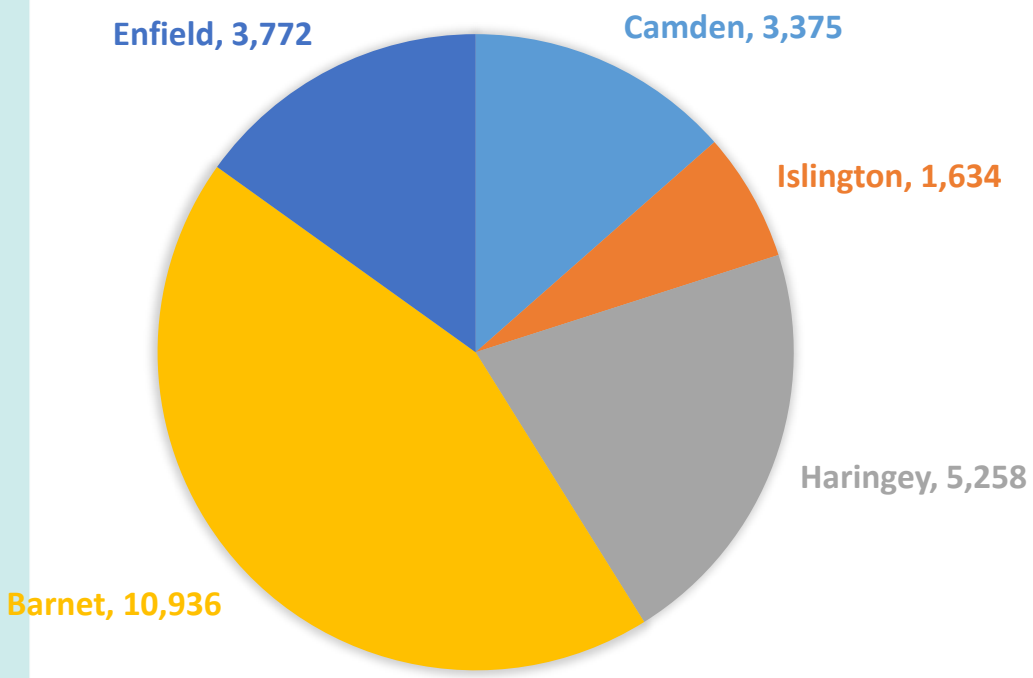
- Considering how members want to be involved in / champion development of integrated neighbourhood working in NCL in response to recommendations in the Fuller report.

NCL Residential Pipeline & S106/CIL

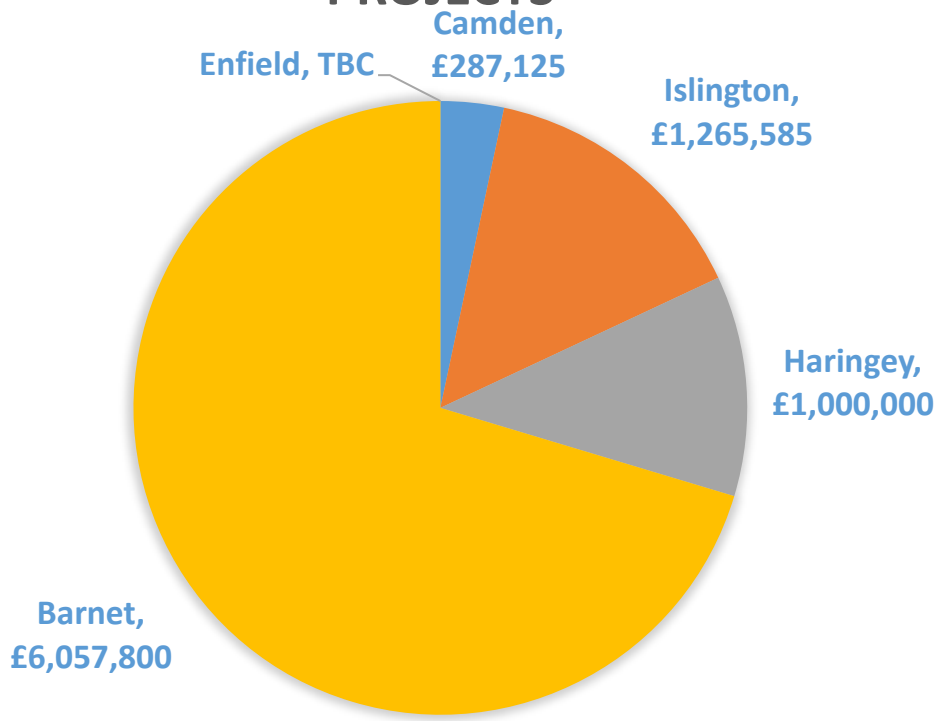
£8.6m allocated for primary care – Significant more sought, to be received once development starts

North Central London Integrated Care System

NET RESIDENTIAL PIPELINE NCL



S106/CIL ALLOCATED TO HEALTHCARE PROJECTS



Borough	s106/CIL sought	s106/CIL allocated to healthcare projects	s106/CIL per housing unit	Note
Barnet	£6,653,580	£6,057,800	£554	£1,951,000 of s106 allocated to health. £4.1m earmarked for schemes in planning
Camden	£1,440,615	£287,125	£85	Includes £119,600 of Local CIL
Enfield	£12,336,660	TBC	TBC	IDP needs to be updated linking with the NHS strategy in order to allocate s106. Discussions regarding Meridian Water
Haringey	£5,156,480	£1,000,000	£190	Use of £1m of Strategic CIL towards the Wood Green health hub project
Islington	£2,096,940	£1,265,585	£775	Includes £1,185,585 of s106 earmarked for a new health centre as part of the Finsbury Leisure Centre development
Total	**£27,684,275**	**£8,610,510**		

North Central London Integrated Care System

JHOSC Primary Care update

23rd November 2023

Update on JHOSC recommendations from July 2022

North Central London Integrated Care System

Primary care contracting

Recommendation	Response
The Committee recommended that the reporting from GP practices on the GP FTE workforce ratio into the National Workforce Reporting System should be a requirement that was enforced.	The National Primary Care Regulations were updated to include the requirement for GP practices to report in the National Workforce Reporting System. The ICB have started identifying practices where their workforce data does not appear to be correct and are working with those practices to improve the reporting.
While Members of the Committee welcomed the publication of concerns relating to a specific practice on the ICB website, they felt that most patients would not necessarily know where to find this information. The Committee recommended that there should be greater clarity on how this information would be communicated to patients and suggested that this could include a link to the relevant information on the website of the GP practice concerned.	Practice cases are discussed at the Primary Care Contracting Committee (PCCC) meeting in public. Where a particular practice is on the agenda, the ICB will ask the practice to include the meeting link on their website and notify patients that they can view the papers and refer any questions to the Committee prior to the meeting. This step will be taken in addition to any wider patient and stakeholder engagement that has occurred prior to the case being referred for a decision. The Committee meeting notification and papers are published on the ICB website and we are looking at ways to highlight information of interest to all for example the practice level Quality & Performance report.

Update on JHOSC recommendations from July 2022

North Central London Integrated Care System

Enhanced access services

Recommendation	Response
The Committee recommended that the availability of hub services, or any other appropriate services, should be more clearly communicated by GP. This should include wider dissemination of information about alternative service provision to the GP practice staff that deal with patient appointments.	Our patient engagement also reinforced the need for greater awareness of these services and how patients can access them. The ICB is providing communications support to practices on this. This includes: • Sharing national resources with practice teams alongside tailored local messages for use with patients and asking practices to adopt standardised telephone messaging about hub services and (where possible) call diverts to hub telephone numbers out of hours •Reviewing practice websites and alongside digital colleagues supporting practices with standard content and advice on where to place this information on their websites •Clear messaging about hub services on the NCL ICB website and social media platforms •Stakeholder packs for providers and partners documenting changes and noting how patients can contact their local hubs •Working with secondary care providers on how they can also advertise these services to patients We will continue to promote this across staff teams and engage patients as part of our evaluation.
The Committee also recommended that, with regards to the proposed bridging service running from October to March, the number of patients likely to use this service should be carefully considered. If these figures were low then it would not necessarily represent an efficient use of resources and so patients could otherwise be treated by different services.	Activity monitoring for these services is in place, and will be reviewed regularly to ensure that services are still being well-used once the new arrangements are in place. If data shows appointments are not being utilised as expected, we will work with service providers to ensure that this capacity is repurposed and ensure our medium term arrangements reflect this new trend in utilisation. We anticipate that these services will continue to be busy – especially over the winter period.
Further information to be provided on the financial implications of the changes to enhanced access hours.	The Enhanced Access PCN DES specification is nationally funded and is paid to PCNs from 1st October 2022 via the delegated primary care budget which is reported at PCCC. The annual cost of bridging arrangements for evenings, weekends & bank holidays is approximately £4million and will be supported by ICB access funding previously allocated to the hubs. The overall financial impact & value for money of these arrangements will be monitored.

Response to JHOSC questions November 2022

North Central London Integrated Care System

Request	Topics Covered	Slide reference
Details of how practices signpost patients to other services when they are unable to offer appointments. Arrangements for training practice receptionists to provide signposting or offer other support.	• Community Pharmacy Consultation Service (CPCS) • GP administrator training • Social prescribing	**26** **28** **30**
Examples of how social care and mental health teams are co-locating in Haringey and how they link with GPs / Primary Care Networks.	• This work is currently in the planning phase, but an update on plans, and some examples of MDT working in primary care been included.	**32**
Update on neighbourhood development or locality hub work – the response to the Fuller Report and how this will be implemented in NCL.	• Fuller response slides	**38**
Summary of the contracting process for GP practices including commissioning criteria. Focus on patient feedback and engagement, and how this determines whether we go to procurement	• Contracting update	**40**

Key updates for JHOSC (1/3)

North Central London Integrated Care System

Access to General Practice

- The number of primary care appointments in NCL continue to rise. Rates of face to face appointments are slightly lower than national average but NCL offers one of the highest rates nationally of same day appointments.
- Age, deprivation and number of long-term conditions are important factors driving practice utilisation in NCL with 27% of the registered population accounting for 80% of GP appointments.
- All Primary Care Networks (PCNs) in NCL have successfully launched their Enhanced Access services and the ICB continues to commission additional appointments from extended access hubs for evenings, weekends and bank holidays – this represents an overall increase in out of hours primary care capacity.
- These slides include examples of work to improve access by optimising other appropriate primary care services (for example Community Pharmacy) and social prescribing.

Primary Care Workforce

- GP numbers have risen in NCL - although the overall GP 'whole time equivalent' remains static. GP nursing numbers continue to decline. NCL performs very well nationally in recruitment of wider roles that now form a key part of the practice team e.g. pharmacists, social prescribing link workers, healthcare assistants.
- Workforce challenges include recruitment, retention and burnout amongst primary care staff. We are working with the NCL Training Hub and our provider teams to mitigate these risks.

Winter planning

- Our winter plan is being developed in collaboration with providers. It will blend additional primary care capacity (additional staff and appointments for winter) with service development linked to borough needs (clinics for under 5s in Enfield, over 65s in Barnet) and proactive care.

Key updates for JHOSC (2/3)

North Central London Integrated Care System

The wider primary care team

- NCL GP practices are referring thousands of patients with minor illnesses to the Community Pharmacy Consultation Service (CPCS). This collaboration between practices and pharmacies optimises our workforce, supports easy access to care and offers a positive patient experience.
- Social prescribing is also flourishing in NCL and is a key route through which to support people presenting to primary care, however demand is starting to outstrip supply of PCN-based Social Prescribing Link Workers so we need support to continue to grow and develop this workforce.

Primary care transformation

- The NCL Training Hub is running a broad programme of workforce development. They focus on both implementation of national workforce policy and place-based responses to local workforce challenges and priorities. They are currently supporting training of reception and admin staff, PCN workforce development, training to support digital transformation and the development of workforce skills and approaches that support proactive care and long-term condition management.
- In Summer the *Next Steps For Integrating Primary Care – the Fuller Stocktake Report* was published. This is a national document which will inform our system plans for integrated care at place and neighbourhood. The recommendations require a whole system response. It's three main areas of focus are:
    - Streamlining access and a more joined up model to access in each neighbourhood, in particular for same day care
    - Proactive and personalised care for those who will benefit the most
    - A joined-up approach to prevention of ill health.

Key updates for JHOSC (3/3)

North Central London Integrated Care System

Contracting

- The ICBs new Primary Care Contracting Committee (PCCC) has met twice with a refreshed Terms of Reference and new membership. The Committee is Chaired by a Non-Executive Member of the Board. Its membership includes our Chief Medical Officer and an Independent GP. There is a lead from every Borough. We also have membership from a Director of Public Health, Healthwatch, the VCS and two community members. The Committee meets in public and Cllrs and members of the public regularly attend.
- Our management of the GP contract is conducted via PCCC under delegation from NHS England. The Committee takes key decisions in relation to these contracts and monitors performance and quality. We have 3 types of contract set nationally (GMS, PMS, APMS). Primary care contracts are managed with due regard to national legal and procurement frameworks, local commissioning information and engagement with providers, patients and stakeholders. The procurement/reprocurement process is an area of particular interest and is described in this pack.

Our ask of JHOSC

North Central London Integrated Care System

Work with NCL ICB to promote awareness of…

- The significant amount of work being supported by our GP practices and wider primary care providers
- The successes, innovation and transformation described in this pack;
- The range of clinical and non-clinical roles that form part of the practice team and are critical to the services offered at our GP Practices and help us build the confidence of patients and residents in these models;
- The centrality of Borough Partnership efforts to accelerate the development of integrated neighbourhood working in NCL – recognising this is key to the future of general practice and primary care as described in the Fuller report.

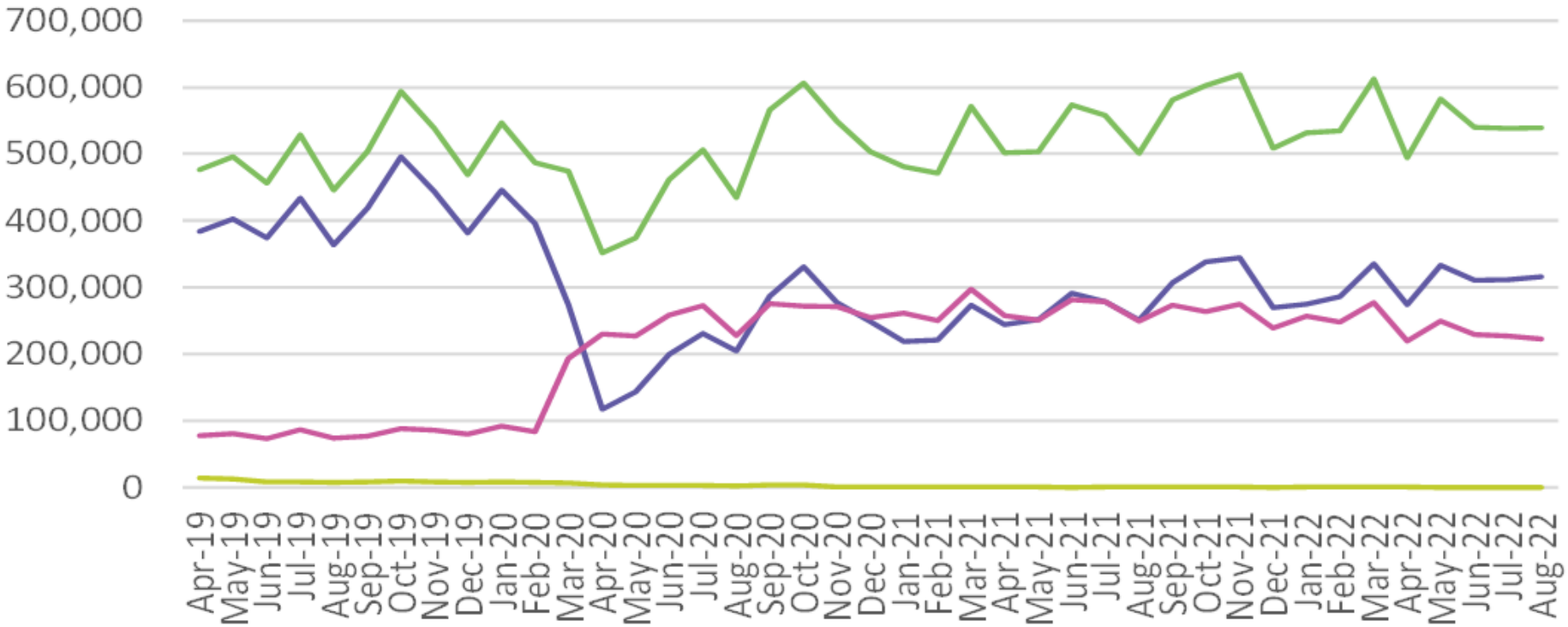
North Central London Integrated Care System

Appendix 1: Primary care activity, pressures and winter planning

- GP appointment data
- GP patient survey response
- Digital inclusion
- Enhanced access
- GP workforce data
- Workforce challenges and initiatives
- Primary care winter planning

GP appointment numbers – Face to face / virtual

North Central London Integrated Care System



Key

All appointments

Face to Face

Virtual

Unknown

Notes on GP appointment numbers

- In August 2022, GP practices in NCL delivered **587,954 appointments** (*excluding* vaccination activity) This is 36,109 more appointments than in August 2021 and reflects the trend of increased overall appointment numbers.
- There is an ongoing increase in the % of appointments being delivered face to face from the initial drop when the Pandemic hit
  - 60% appointments in August 2022 were delivered face to face, which is lower than the national average of 66% (range 51% to 81%)
  - 51% appointments were booked and delivered on the same day - above the national average of 45% and one of the highest rates in the country (range 38% - 53%)
- The NCL primary care team continue to work with NHS England on efforts to improve granularity and quality of appointment data

Source: GP Appointment Dataset (GPAD)

Local primary care quality & performance data

North Central London Integrated Care System

Practice				Practice Demographics				Healthchecks		Practice Survey				Workforce				Quality	
Borough	Practice Name	PCN	QOF Score (2019)	List Size - August 2022	List Size - age 40+	List Size Change - July/Sept (Q2)	% of Patients with a Long Standing Condition	No. of Patients who have received an LD Healthcheck - Jun 21-Aug 22	No. Patients that have had an SMI Healthcheck - Oct 20-Sept 21	% who have a positive experience of their GP practice	% satisfied with phone access	% satisfied with practice appointment times	% reporting good overall experience of making an appointment	FTE GPs	FTE GPs Rate Per 1000 (UK Average - 0.45)	FTE GP Nurses	FTE GP Nurse Rate Per 1000	CQC Overall Rating	Date of Last Inspection
Barnet	Collindale Medical Centre	BARNET 1D PCN	543	10658	3,490	0.0%	37%	2.06	1.22	81%	61%	55%	71%	3.09	0.29	0.53	0.05	Good	12/06/2018
Barnet	Hendon Way Surgery	BARNET 1D PCN	545	8860	3,552	0.4%	36%	2.03	0.57	71%	57%	53%	62%	3.28	0.37	ND		Good	20/10/2021
Barnet	Jai Medical Centre	BARNET 1D PCN	530	9019	4,216	-0.2%	44%	4.32	4.10	80%	72%	72%	78%	1.32	0.15	2.80	0.31	Good	22/06/2017
Barnet	Mulberry Medical Practice	BARNET 1D PCN	521	8896	4,401	-0.6%	44%	2.02	1.90	54%	37%	36%	37%	5.57	0.63	1.52	0.17	Good	26/10/2016
Barnet	Oak Lodge Medical Centre	BARNET 1D PCN	555	17737	7,490	-0.2%	33%	4.00	2.53	88%	44%	62%	66%	12.34	0.70	3.08	0.17	Good	29/09/2021
Barnet	Wakemans Hill Surgery	BARNET 1D PCN	524	4321	2,025	0.5%	41%	1.16	4.42	80%	69%	69%	75%	1.28	0.30	0.24	0.06	Good	30/03/2017
Barnet	Parkview Surgery	BARNET 1W PCN		6501	2,762	-0.4%	46%		1.53	85%	83%	77%	81%	2.00	0.31	0.60	0.09	Good	13/07/2017
Barnet	The Everglade Medical Practice	BARNET 1W PCN	541	10720	3,567	1.2%	46%	4.48	1.04	74%	54%	55%	64%	6.73	0.63	1.01	0.09	Good	13/06/2017
Barnet	Watling Medical Centre	BARNET 1W PCN	546	17365	7,990	0.5%	40%	0.17	1.74	85%	62%	62%	72%	16.04	0.92	4.00	0.23	Good	21/06/2018
Barnet	Brunswick Park Medical Practice	BARNET 2 PCN	552	8502	4,690	0.5%	46%	7.17	2.01	63%	61%	34%	41%	8.24	0.97	1.97	0.23	Good	14/12/2016
Barnet	Colney Hatch lane Surgery	BARNET 2 PCN	540	5229	3,627	-0.9%	47%	7.27	2.65	88%	78%	72%	79%	2.16	0.41	0.72	0.14	Good	20/02/2018
Barnet	East Barnet Health Centre	BARNET 2 PCN	540	11387	5,900	0.0%	45%	3.60	0.97	81%	59%	55%	65%	7.01	0.62	1.28	0.11	Good	05/07/2002
Barnet	Friern Barnet Medical Centre	BARNET 2 PCN	551	9854	4,695	0.9%	48%	4.47	1.64	78%	59%	53%	66%	6.61	0.67	1.00	0.10	Good	16/01/2017
Barnet	St Andrews Medical Practice	BARNET 2 PCN	550	11353	6,028	-0.3%	52%	0.26	0.88	79%	56%	52%	63%	8.39	0.74	2.64	0.23	Good	23/06/2016
Barnet	The Clinic (Oakleigh Rd North)	BARNET 2 PCN	488	9244	4,797		43%		0.00	82%	85%	63%	74%	7.07	0.76		0.00	Good	22/11/2017
Barnet	The Village Surgery	BARNET 2 PCN	529	5321	2,798	1.3%	39%	1.50	0.57	85%	81%	66%	71%	2.63	0.49	0.69	0.13	Good	13/09/2018
Barnet	Addington Medical Centre	BARNET 3 PCN	541	9462	4,972	1.1%	43%	8.88	0.21	88%	74%	65%	74%	3.88	0.41		0.00	Good	12/05/2016
Barnet	Cornwall House Surgery	BARNET 3 PCN	529	5754	3,196	0.6%	39%	4.34	0.87	69%	46%	45%	53%	4.80	0.83	0.29	0.05	Good	06/12/2021
Barnet	Derwent Crescent Medical Centre	BARNET 3 PCN	558	5601	2,848	0.5%	38%	2.50	1.61	88%	83%	56%	76%	3.43	0.61	0.53	0.10	Good	30/06/2021
Barnet	East Finchley Medical Centre	BARNET 3 PCN	494	7752	4,014	0.1%	40%	2.45	0.00	74%	60%	46%	65%	2.53	0.33	0.85	0.11	Good	23/05/2017
Barnet	Gloucester Road Surgery	BARNET 3 PCN	487	1222	1,150	-29.6%	40%	4.91	0.00	83%	83%	53%	69%	1.10	0.90	0.09	0.08	Good	06/12/2021
Barnet	Lichfield Grove Surgery	BARNET 3 PCN	551	6583	2,849	0.1%	46%	4.86	2.28	93%	72%	65%	87%	2.24	0.34	0.32	0.05	Good	04/10/2017
Barnet	Longrove Surgery	BARNET 3 PCN	537	17458	9,185	0.3%	48%	8.48	1.21	78%	63%	50%	67%	10.77	0.62	2.09	0.12	Good	18/03/2022
Barnet	Rosemary Surgery	BARNET 3 PCN	552	6082	2,429	-0.7%	45%	0.66	1.14	86%	84%	70%	74%	4.16	0.68	0.00	0.00	Good	27/07/2016
Barnet	Squires Lane Medical Practice	BARNET 3 PCN	553	5574	2,863	-0.6%	41%	0.00	1.61	66%	37%	39%	51%	2.63	0.47	0.21	0.04	Good	12/05/2017
Barnet	The Mountfield Surgery	BARNET 3 PCN	536	4944	2,725	0.2%	47%	0.40	0.20	87%	85%	82%	78%	2.03	0.41	1.20	0.24	Good	08/11/2018
Barnet	The Old Court House Surgery	BARNET 3 PCN	557	8724	4,622	1.4%	44%	1.60	1.51	83%	78%	71%	80%	7.81	0.90	0.96	0.11	Good	N/A
Barnet	The Speedwell Practice	BARNET 3 PCN	544	11394	5,640	0.8%	37%	1.49	5.39	66%	47%	46%	54%	6.33	0.56	1.65	0.15	Good	15/01/2018
Barnet	Torrington Park Group Practice	BARNET 3 PCN	524	12418	6,504	-0.2%	52%	0.64	2.01	85%	56%	57%	66%	7.64	0.62	1.97	0.16	Good	01/09/2015
Barnet	Vale Drive Medical Practice	BARNET 3 PCN	538		6,266		38%		0.00	68%	45%	38%	49%					Good	N/A
Barnet	Wentworth Medical Practice	BARNET 3 PCN	527	12985	6,318	0.4%	42%	2.16	2.24	71%	44%	57%	52%	5.71	0.44	4.81	0.37	Good	17/10/2017
Barnet	Woodlands Medical Practice	BARNET 3 PCN	550	4760	2,238	0.5%	47%	3.57	1.90	70%	52%	45%	47%	2.11	0.44	0.40	0.08	Good	13/10/2021
Barnet	Lane End Medical Group	BARNET 4 PCN	540	14396	6,177	0.7%	51%	8.54	2.80	80%	65%	54%	57%	9.68	0.67	1.00	0.07	Good	21/03/2019
Barnet	Langstone Way Surgery	BARNET 4 PCN	521	9127	3,772	0.5%	42%	1.64	1.87	64%	39%	45%	56%	4.13	0.45	3.91	0.43	Requires Improvement	28/06/2022
Barnet	Millway Medical Practice	BARNET 4 PCN	558	20127	9,163	0.8%	41%	3.08	2.10	81%	44%	48%	68%	11.93	0.59	2.63	0.13	Good	08/08/2019
Barnet	Penshurst Gardens Surgery	BARNET 4 PCN	544	6186	3,377	-0.6%	45%	2.91	1.77	66%	23%	37%	36%	4.01	0.65	0.91	0.15	Good	20/07/2021
Barnet	Cricklewood Health Centre	BARNET 5 PCN	481	4053	1,531	1.6%	43%	1.73	0.75	78%	64%	63%	68%	2.07	0.51	0.96	0.24	Good	N/A
Barnet	Dr Asim and Partners	BARNET 5 PCN	469	8820	3,586	0.2%	33%	3.40	2.05	56%	36%	41%	42%	3.59	0.41	0.81	0.09	Good	22/06/2017

PCCC - Primary Care Quality& Performance Report

Locally collected and assured primary care data is available via the NCL primary care quality & performance report.

This provides practice-level data against a set of key indicators.

This report is refreshed for each Committee and is available via the publicly available Primary Care Commissioning Committee papers on the NCL ICB website.

This report is being iteratively improved to enhance its utility in identifying and monitoring trends over time.

Borough teams act on this data, actively reaching out to practices who may be outliers and/or where we see key changes

What we know about GP appointment utilisation

North Central London Integrated Care System

This year NCL's HealtheIntent team reviewed trends in utilisation following the Covid-19 pandemic. Based on a broadly representative sample (just under a third of NCL GP practices) they found that:

- 27% of the population accounted for 80% of GP attendances
- Just 1.5% of the population account for 1 in every 9 attendances
- GP practices saw a smaller drop in activity than other services and this recovered more quickly that it did in many other services during the first wave of Covid.
- Despite there being an increase in the NCL population, there are now *more GP appointments per person* on average than there were in 2019.
- As expected, there are far greater rates of GP practice utilisation by the younger and older age groups. The analysis found that the age at which utilisation rates increase in adults is younger in General Practice than in Acute settings suggesting effective 'primary care'.
- During Covid reduced utilisation of general practice was most significant in more deprived areas within NCL and there was slightly faster post-Covid recovery of utilisation rates in more affluent areas.
- Analysis by ethnicity shows the lowest return to pre-Covid appointment levels amongst Chinese and Black communities.
- We know GP attendances increase in line with the number of long term conditions someone is managing. The reduction in activity in Covid wave 1 was primarily seen in patients with no long term conditions. Recovery after the 2nd Covid wave is more complex, with conditions such as Diabetes and Asthma accounting for less appointment activity post-Covid.

Source: HealtheIntent

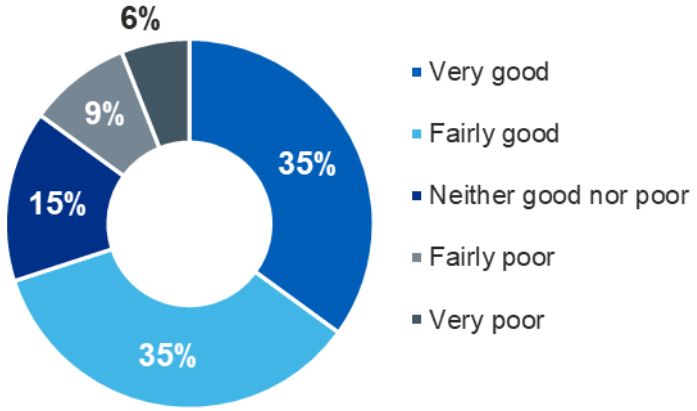
NCL GP patient survey results – July 2022 (1/2)

North Central London Integrated Care System

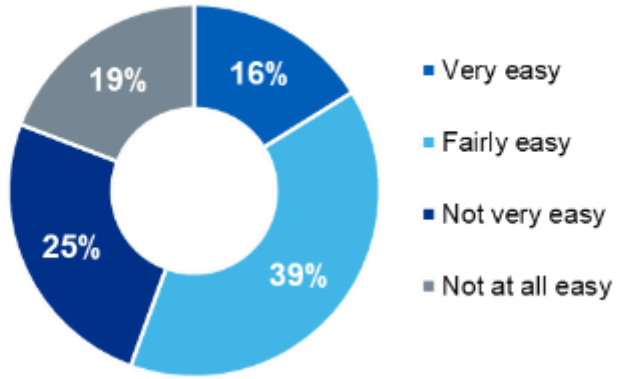
Headlines

- Nationally, but especially in London, patient reported experience of general practice has deteriorated over the last year.
- The average survey results for NCL as a whole are in line with this national picture and the overall London picture.
- Although average performance for NCL is in line with the rest of London, taking averages of the scores of ~180 individual practices hides significant variation. For each question reviewed there are practices who have scored much higher than the NCL and the national average, and there are practices who have scored much lower.
- Variation between the highest and lowest scoring practices has increased since the 2021 survey for key measures such as 'ease of getting through to the practice on the telephone'.
- In this variation we recognise an opportunity to learn from practices who have improved their performance, or who have performed higher than the NCL / national average for these measures of patient experience, and to directly work with those who are struggling the most.

NCL results: *Overall, how would you describe your experience of your GP practice*? (national avg. 70% very or fairly good)



NCL results: *Generally, how easy is it to get through to someone at your GP practice on the phone?* (nat avg. 53% very or fairly easy)



Source: IPSOS MORI

NCL GP patient survey results – July 2022 (2/2)

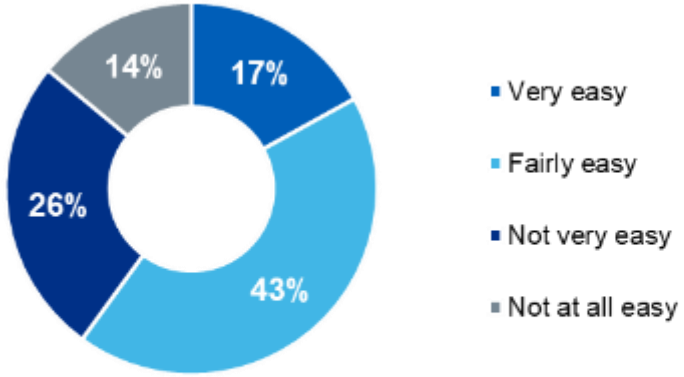
North Central London Integrated Care System

Survey response

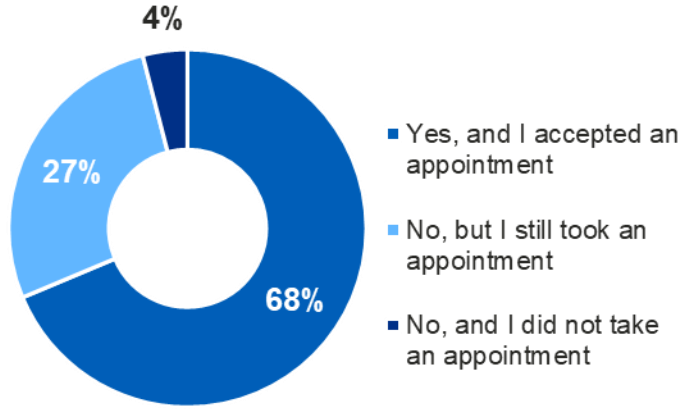
NCL ICB has already taken a number of actions to support primary care to respond to the GP survey results and other insights for example from several recent HealthWatch reports:

- Promotion and support to practices to sign up for the funded national *Access Improvement Programme* run by NHS England – additional waves of the programme are anticipated in future, and GP survey results will be used to identify those who would most benefit from participation.
- Funded offer for practices from Digital First and Redmoor Health to improve the quality of practice websites and use of social media to communicate with patients.
- Survey results being used to inform winter planning conversations in boroughs, specifically in allocating borough-based practice resilience and GP retention funding.
- The 2022-23 Quality Outcomes Framework (QOF) requires that all practices participate in a locally led quality improvement project to improve patient experience of accessing general practice. NCL survey analysis has been shared widely to support practices in identify areas for improvement.

NCL results: *How easy is it to use your GP practice's website to look for information or access services*? (nat avg. 60% very or fairly good)



NCL results: Were you satisfied with the appointment (or appointments) you were offered? (nat avg. 72% yes)



Source: IPSOS MORI

Update on enhanced access arrangements

North Central London Integrated Care System

Recap from previous JHOSC paper

- From 01/10/22 national funding for practice-based *extended hours* appointments was combined with funding for *extended access hubs* and a new national specification for out of hours primary care appointments was issued to primary care networks (PCNs).
- Our 32 PCNs are being funded to deliver weekday evening and Saturday appointments for their patients offering a full range of GP services.
- NCL ICB has worked with PCNs on this. Work has included engagement with patients on their appointment preferences. All 32 PCN plans were approved by the ICB Executive in August with set up in September and go live in October.
- Given London has long had 7 day Primary Care, the ICB has maintained additional local access hub capacity to cover Sundays, Bank Holidays and additional slots for 111 bookings. Overall primary care appointment capacity has increased as a result.

Next steps

- PCN services launched 01/10/22 and are now delivering in line with their agreed plans. Extended access hubs are providing 111 bookable appointments and Sunday / Bank Holiday capacity.
- The mobilisation has largely been smooth. Some PCNs are making adjustments to services based on early patient feedback. Some issues with IT are also being addressed locally to ensure effective running of the service.
- The ICB continues to support PCNs with communications materials for use with patients and local stakeholders. We will also be supporting ongoing patient engagement to raise awareness of 7 day primary care amongst patients.
- In response to pervious JHOSC feedback, we will continually review patient engagement as we monitor these services. Should monitoring show an under-utilisation of extended access services we work with providers and other urgent care stakeholders to take appropriate action.

Our approach to digital inclusion in NCL

North Central London Integrated Care System

Issues of digital inclusion affects around one 1 in 7 people in the UK and it is possible to 'segment' & identify the groups of patients most affected. As digital approaches become key to delivering services, there will need to be a parallel exercise to mitigate digital exclusion amongst residents and patients.

NCL ICS has produced a digital inclusion framework shaped collaboratively by Councils and NHS organisations across NCL. This helps us:

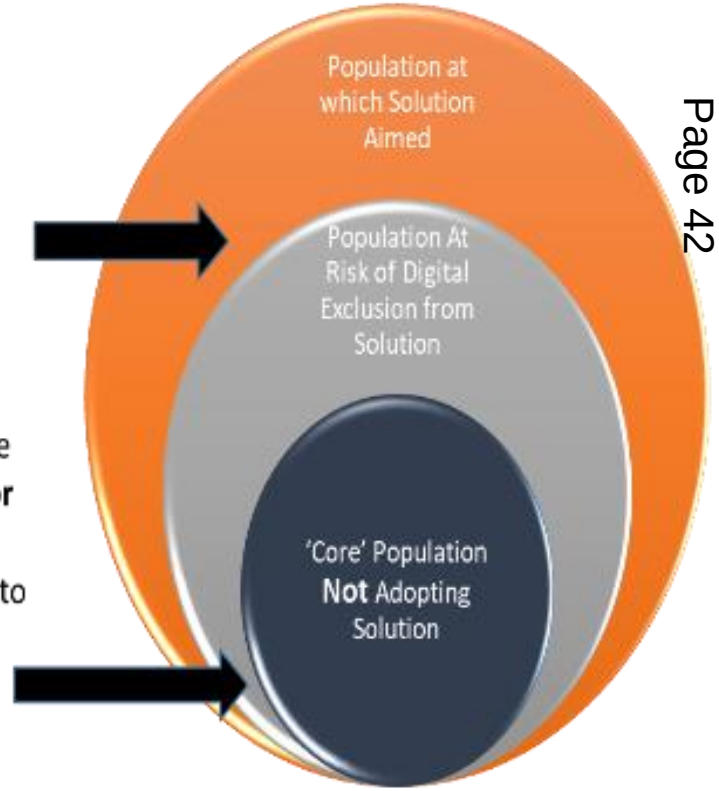
- Identify people likely to be at risk of digital exclusion
- Understand the barriers people face
- Recognise a 'digital hierarchy of needs'
- Collaborate with others to address these needs

Plans across NCL will be developed around this digital inclusion framework in 2022/23.

What is the Goal?

For those at risk of digital exclusion, we want to improve people's ability to successfully access digital solutions across NCL to support their health, wellbeing, independence & life chances.

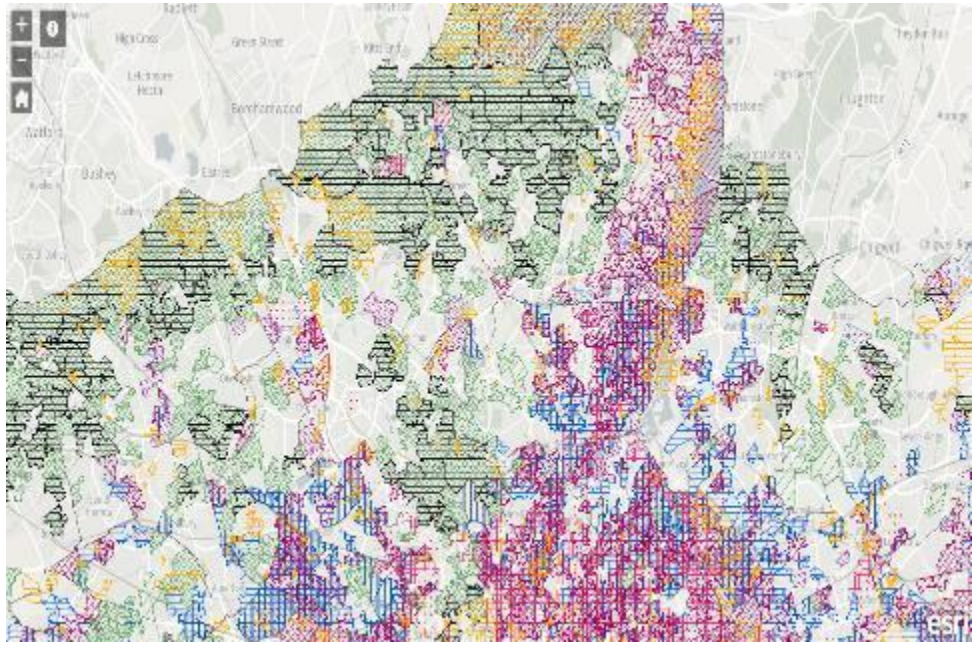
- We are seeking to do is to *reduce* the number of people *not* able, willing or motivated to use digital solutions in population, even if mediated by others
- However, we should acknowledge there will remain a **core of people who can or will not be able to use the specific solution** – and we need to decide how to respond to their equivalent needs to reduce the risk of the digital divide exacerbating variations in access, outcomes and experience



Source: HealtheIntent

Mapping digital exclusion in primary care

North Central London Integrated Care System



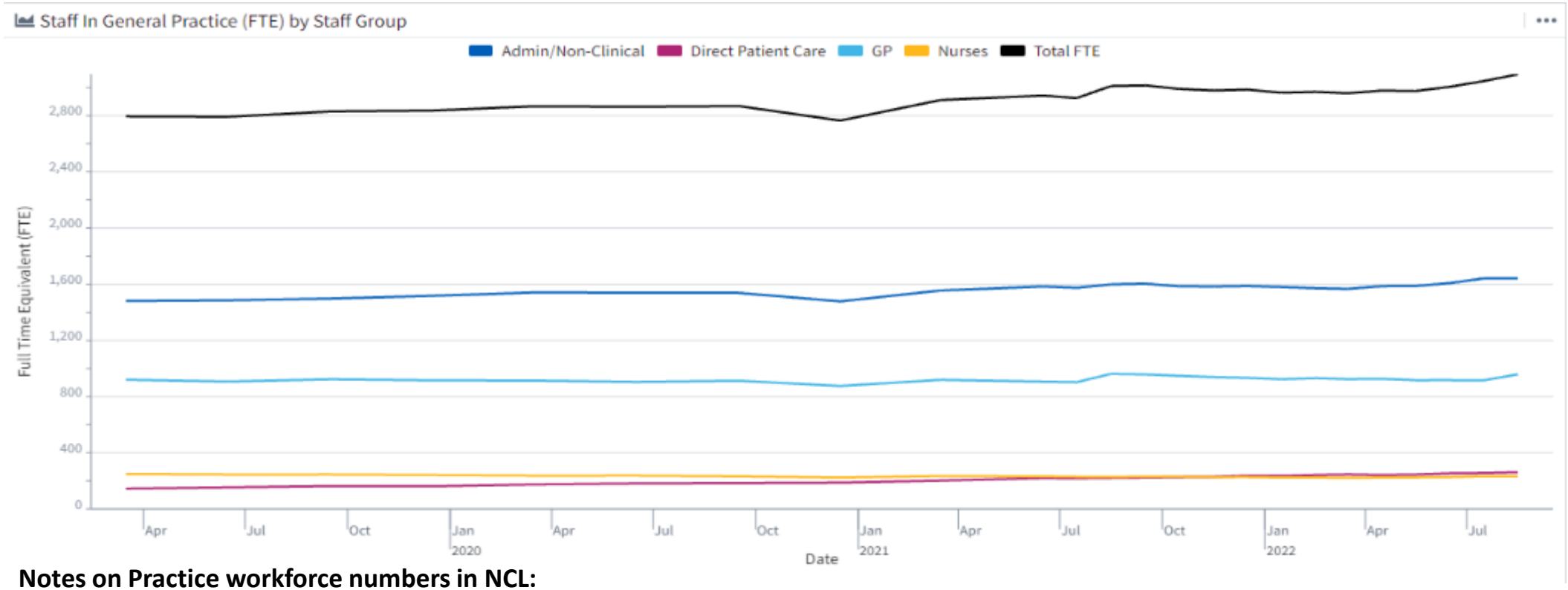
- Extract from *London Office of Technology and Innovation* Map of communities likely to be digitally excluded.
- Colours/shading represents different densities of population groups at risk of digital exclusion, e.g. concentration of deprivation or low income families, older people, those with disabilities etc.
- There is often a perception from patients that virtual appointments are not suitable for them

Next steps

- Work with PCNs to review existing F2F/virtual consultation ratios & look at consultation mode used with particular key groups (e.g. older people) pre & post pandemic;
- Use combined intelligence to identify groups of patients within a PCN who may be at risk of digital exclusion;
- Gain local insight from PCNs & patients & consider how to respond through support and/or a different offer to patients;
- Solutions might include:
  - Work between partners (ICB, Councils, PCNs & VCSE organisations) to engage and improve peoples use of existing digital offers where they are willing (this will also provide an opportunity for some health promotion work);
  - Work with existing services and teams (e.g. social prescribers) and others (e.g. VCSE) to shape and deliver digital enablement schemes e.g. 'Coffee & Computers' in Haringey

Practice workforce in NCL

North Central London Integrated Care System



Notes on Practice workforce numbers in NCL:

- In NCL 'direct patient care' roles (clinical roles employed by practices other than GPs and Nurses e.g. Pharmacists) are increasing at the highest rate nationally.
- Our GP headcount has grown 6%, but FTE has remained static. This is reflective of an increase in GPs wanting flexible working & having a 'portfolio' career which aids retention of GPs.
- London's patient:clinician ratio is higher than the national average. Deprived areas tend to have a lower ratio of clinicians to patients.
- GP Nursing numbers have been in steady decline for the last 5 years. Work continues to address this with the ICS Chief Nursing Officer now in post
- In 2022/23 NCL has approx £350k of retention funding to fund borough-based schemes including fellowship roles, nursing development and retention schemes delivered by the NCL Training Hub.

Source: National Workforce Reporting System

Primary Care Network (PCN) Workforce

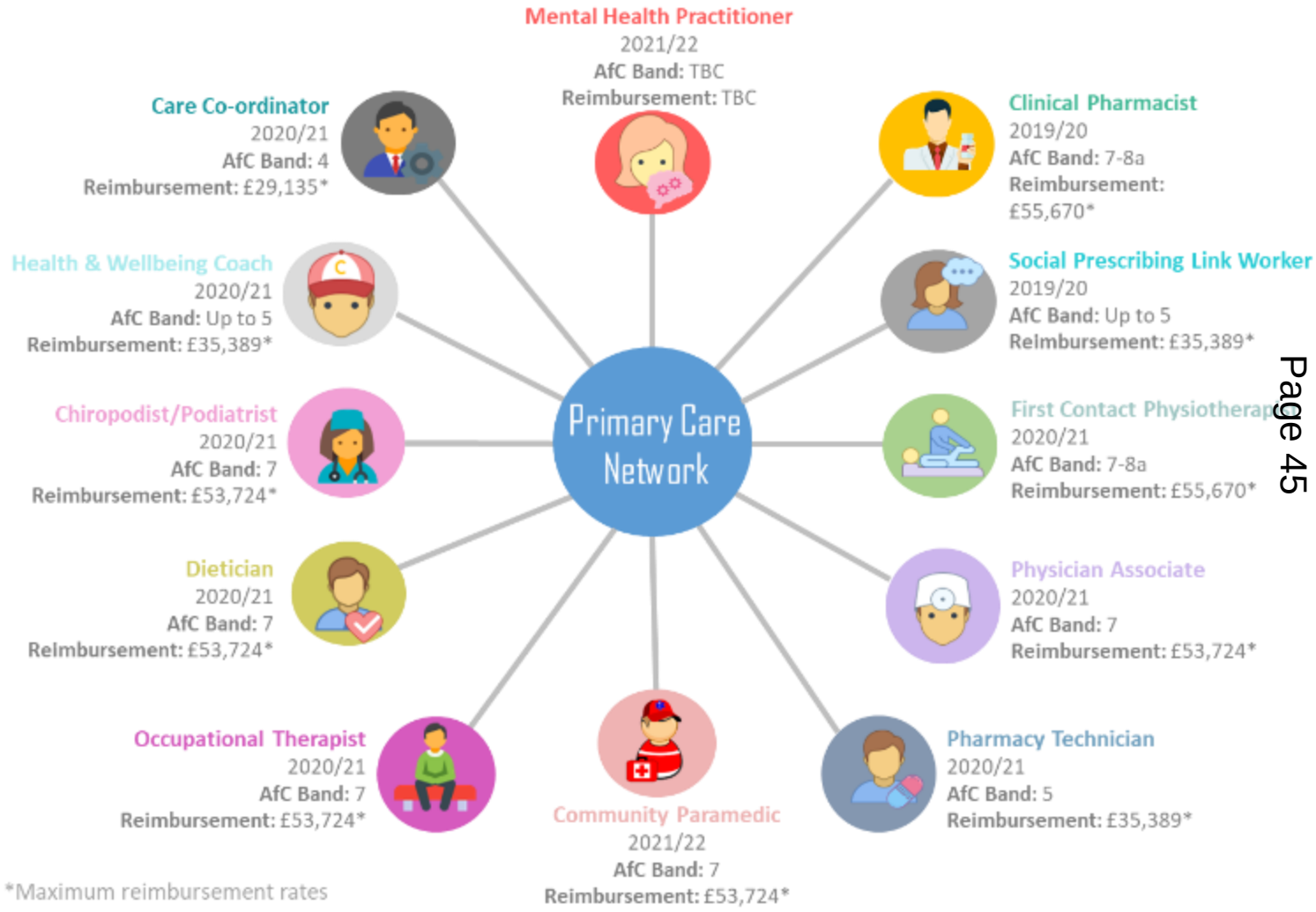
North Central London Integrated Care System

Background

- A range of primary care roles are available through the **PCN additional roles reimbursement scheme (ARRS).** ARRS-employed staff work across PCNs, and PCNs can choose how they spend their ARRS budget based.
- In 2022/23 ARRS was expanded to include two new roles: GP Assistants and Digital and Transformation Managers.
- PCNs are required to develop and submit regular recruitment intention plans to NHS England.
- ICBs have a responsibility to support PCNs with recruitment of ARRS staff to meet their plans and ensure they are maximising use of their allotted funding.

Challenges recruiting additional roles for PCNs

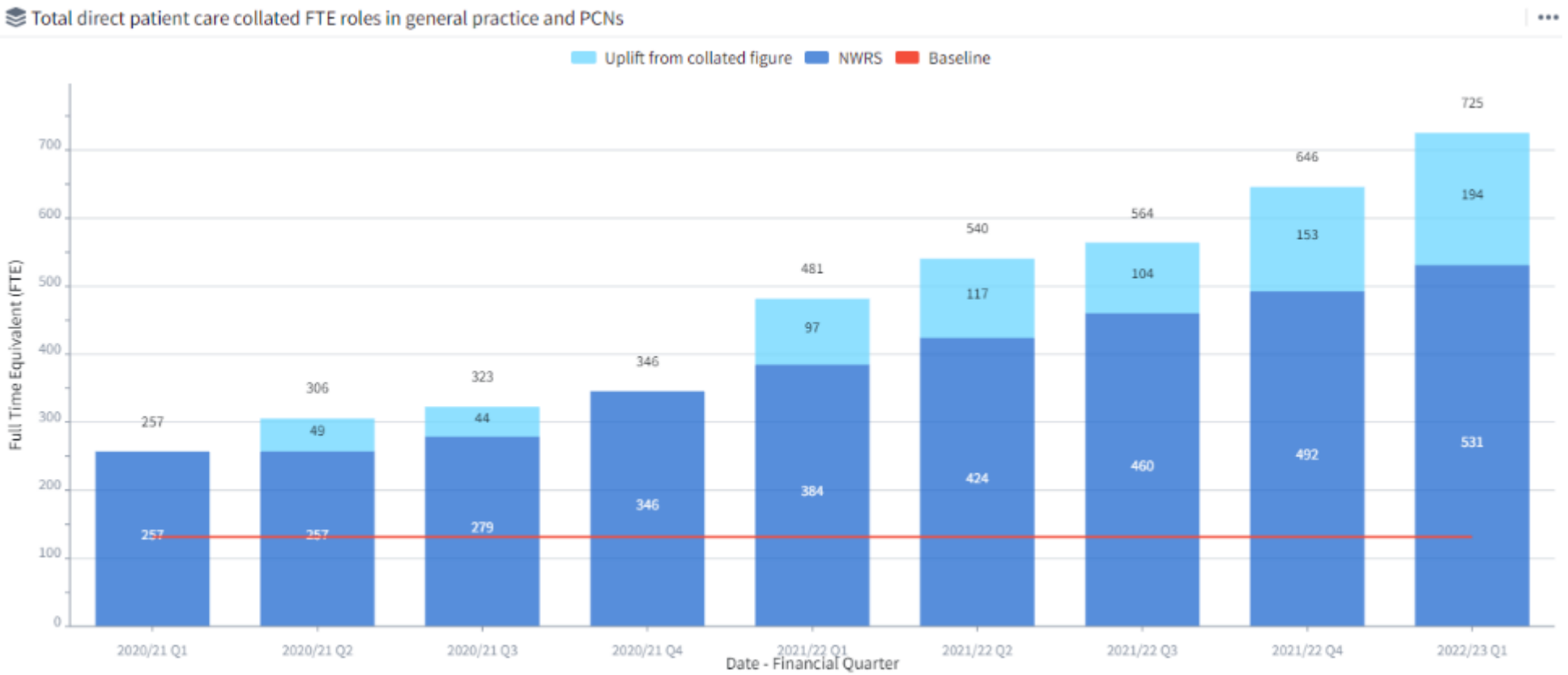
- Current reimbursement scheme doesn't offer London weighting or cover costs of IT equipment or estates.
- Cost / time needed for supervision and training is not built into the reimbursement scheme but is a requirement for all roles
- Understanding of the opportunity in these roles e.g. how paramedics can best be integrated into the practice team is still being generated
- There is variation in pay and employment terms across NCL although Agenda for Change helps manage this for new roles.



Source: Healthy London Partnership

Primary Care Network workforce in NCL

North Central London Integrated Care System



Note:

Total PCN workforce in NCL is a combination of:

PCN-reported staff

Adjustment for data quality using other sources

Notes on PCN workforce numbers

- Since its introduction in 2020/21, NCL currently has seen 725 staff employed in primary care networks through *the Additional Roles Reimbursement Scheme* (ARRS).
- PCNs have all refreshed their recruitment intentions (Oct 22). They receive support from the ICB and NCL Training Hub to recruit, train and retain ARRS staff.
- NCL performs very well nationally on claiming its allocated share of ARRS funding.

Source: National Workforce Reporting System

Additional workforce information

North Central London Integrated Care System

General Practice Nursing

- Our GP Nurse numbers continue to decrease with an 11% decrease in FTE GP Nurses over the last 5 years
- ***Response:*** *through Training Hub GP Nursing Strategy and initiatives such as trainee nursing associate programme and Islington practice nursing hub but instability of funding for posts to deliver this work*

Workforce data quality & corresponding funding

- Data is collected monthly for practices and quarterly for PCNs via National Workforce Reporting System (NWRS)
- 43% of our practices have not logged on (and therefore not updated) in the last 3 months.
- For our PCNs this is 37% - with 5 PCNs never having submitted any workforce data
- ***Response:*** *through targeted work underway with PCNs and Practices to improve recording with support from boroughs*

Additional Roles Reimbursement Scheme (ARRS) & other Direct Patient Care workforce support & retention

- In NCL we have had the highest % increase nationally of Direct Patient Care roles employed by practices. This is additional to ARRS recruitment –this volume of recruitment requires development of supervision and peer support models.
- ***Response:*** *all roles are individually supervised and managed with responsibility for this resting with Practice Partners. Workforce development through Training Hub supports the practices, with contractual oversight via the Primary Care Contracting Committee*

Pace of change

- Model of care has evolved and continues to evolve at a rate never seen before in General Practice
- Further change to come with the development of Integrated Neighbourhood Teams
- In addition to this, General Practice is seeing more patients (NCL 23% increase in booked appointment between Feb 2020 and Feb 2022 with practices exceeding pre pandemic appointment levels)

Workforce initiatives

North Central London Integrated Care System

EXAMPLE successful workforce schemes

- **GP Fellowship Scheme -** national scheme with local implementation, 100% offer to newly qualifying GPs with high uptake – will continue to be funded through Training Hub and GP retention funding.
- **Mentoring Scheme -** national scheme in place & local scheme extended to cover broader workforce.
- **ARRS budgets utilisation** – NCL is significantly higher than national average, which means our PCNs are maximising the opportunity to bring additional clinical staff into primary care.
- **Wellbeing pilot** delivering a 20% increase in Primary Care staff support referrals to '*Keeping Well NCL*' with plans developing to support primary care staff through winter.
- **Trainee Nursing Associate programme** covering recruitment into health & social care – on track to exceed 22/23 target – this is seen as a flagship initiative for London.

EXAMPLE Initiatives with challenges

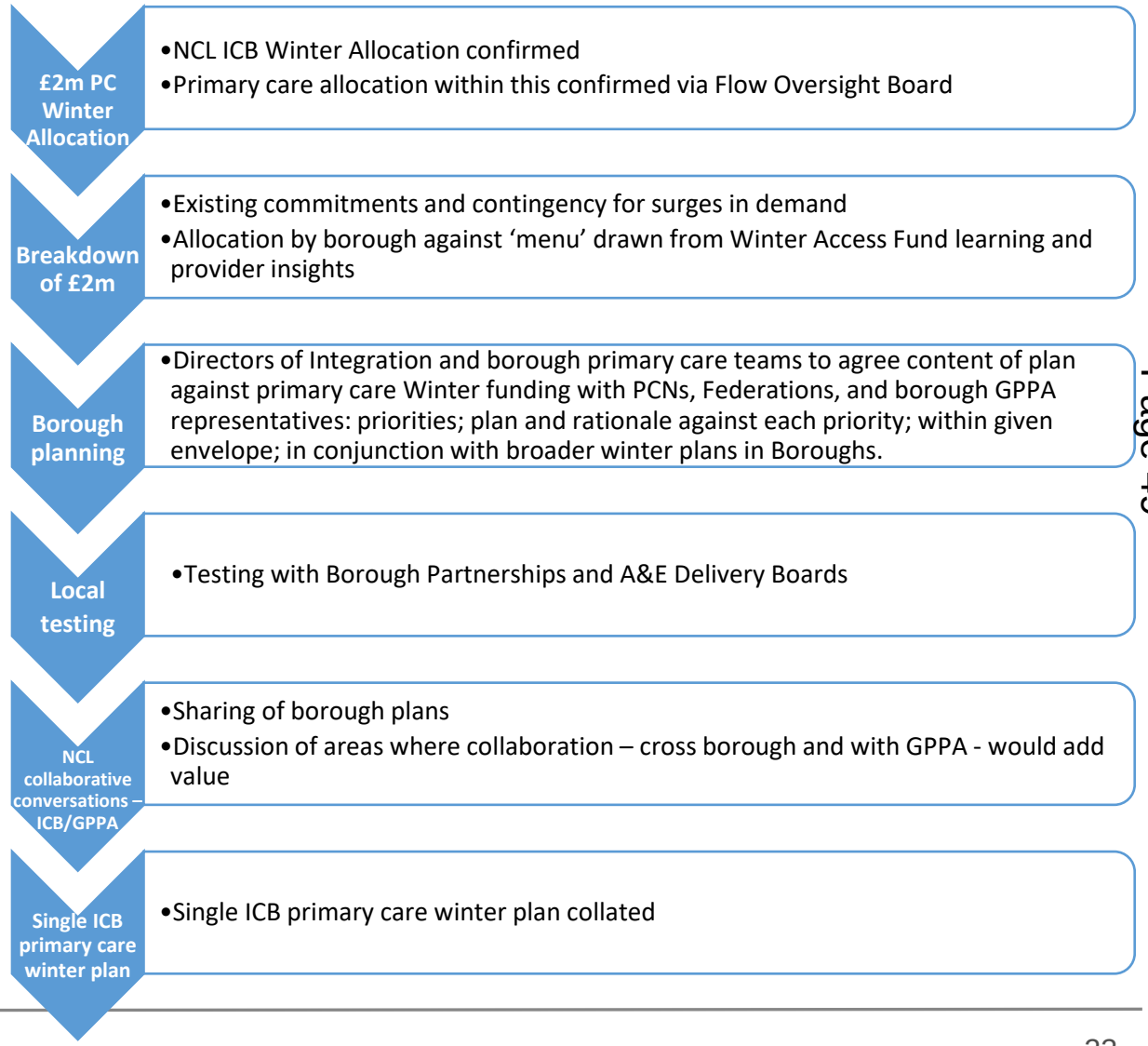
- **GP Nursing –** take up of nursing fellowships is very low as it was only open to newly qualified nurses. However, noting General Practice tends not to be the first destination for newly qualified nurses, this programme has recently been extended as an offer to any career stage nurse transitioning into General Practice. Wider work to reverse the declining trend in GP nurses (e.g. Islington practice nursing hub) is also in progress and being shared across practice leads.
- **Building peer networks** – to reduce professional isolation e.g. where a lone professional may be responsible for a PCN and lack peer support. Some areas of good practice now exist (e.g. social prescribing link worker peer support, PCN Pharmacist networks, ARRS roles being hosted by organisations with larger workforces and developments offers) but this needs further expansion.

Primary care winter planning for 2022-23

North Central London Integrated Care System

Principles and approach.

- Build from learning and evaluation of the 2021/22 Winter Access Fund which used data to focus resources on areas of greatest activity, need and deprivation
- Recognises priorities from Fuller Review and wider policy context e.g. urgent care and same day access to primary care;
- Plans built collaboratively with GP Provider Alliance, Borough Partnerships & system clinical colleagues;
- Recognises the value of sustained focus on prevention (for example immunisations) but also key areas of delivery during Winter (e.g. additional workforce capacity, access, workload management);
- Considers scalability of initiatives for where further funding may be made available at short notice nationally.



Draft primary care winter plan

North Central London Integrated Care System

Focus area	Description	Leadership
Extended access hubs	Additional ICB funded capacity for Saturday evenings, Sundays, Bank Holidays and 111 bookings to provide additional out of hours primary care appointments and 7 day cover during winter and beyond.	NCL ICB primary care team
Access	Primary Care support to front door at our most challenged ED - the North Middlesex	Enfield & Haringey Borough Partnerships with GP Provider Alliance
	Contingency for spikes in demand and activity plus work to mitigate activity for example Pulse oximetry courier services to deliver devices to patients	NCL ICB primary and urgent care teams
Borough allocation: menu of options for review	• Accelerating PCN models for Integrated Urgent Care & prioritising specific pathways e.g. respiratory, palliative care rapid response; • Working with High intensity users (building on established model in Camden); • Dedicated paediatric clinics to manage urgent 0-5 demand (building on Enfield & Haringey model); • Sustainable model of proactive care for clinically and socially vulnerable patients – data driven approach • Telephone triage at PCN level; • Implementation of digital tools; • PCN online consultation hubs; • Community pharmacy developments; • Targeted capacity increases (e.g. admin, HCA, locum, social prescribing link worker) • Other – with rationale	ICB Directors of Integration and borough primary care teams Plan shared with Borough Partnerships and A&E Delivery Boards Plans collated for NCL-wide conversation with GP Provider Alliance re: areas where collaboration would add value

Primary care access project	• Further development of weekly practice SITREP process to capture quantitative and qualitative data providing more in depth reflections on patterns of demand and activity, includes:
	  • impact of advice and guidance on primary care
	  • understanding demand - what prevents today's work being done today?
	  • Note Secretary of State priorities includes general practice SITREPs and telephone access audit
	• Response to access recommendations from HealthWatch and wider public engagement – models and principles of primary care access
	• General Practice Impact assessment of Advice and Guidance
		GP Provider Alliance

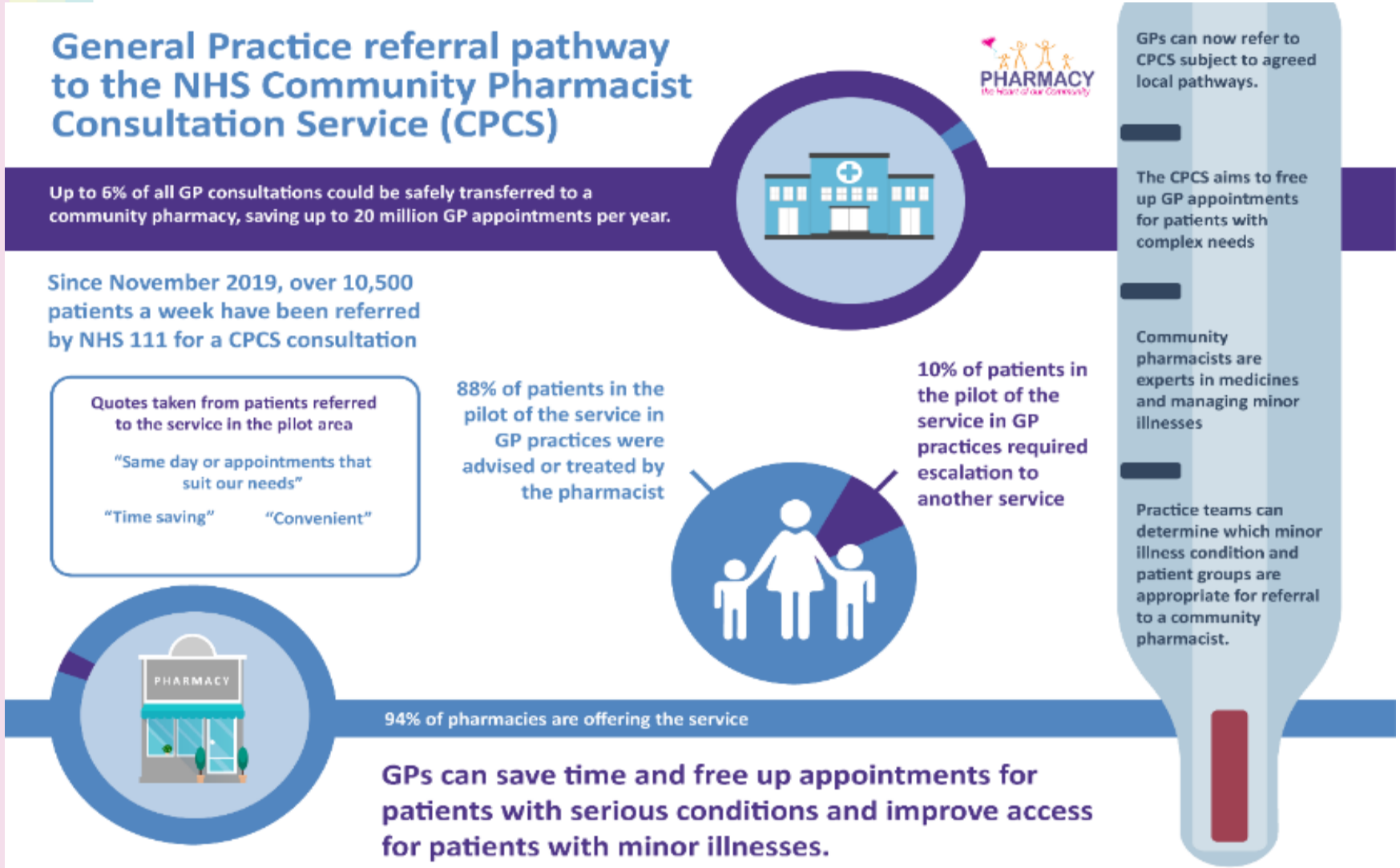
North Central London Integrated Care System

Appendix 2: broadening primary care access – case studies

- Community Pharmacy Consultation Service
- How Community Pharmacies support GP access
- Signposting and administration
- Social prescribing
- Case study – co-location of mental health and primary care services

Community Pharmacy Consultation Service

North Central London Integrated Care System



Community Pharmacy Consultation Service (CPCS)

- CPCS launched in North Central London July 2021.
- Practices identify which patients are most suitable for referral to the community pharmacy
- Referrals have been increasing with 5,400 referrals since April 2022 across North Central London, (approx. 1000 referrals per month)
- Referral rate is second highest in London
- Local Pharmaceutical Committees have supported implementation with local practices
- Further work being undertaken with practices ahead of winter pressures to increase referrals.

How Community Pharmacies support GP access

North Central London Integrated Care System

Nationally commissioned pharmacy services

- Discharge Medicines Service
- Blood Pressure Screening : opportunistic, GP Referred routine BP monitoring & Ambulatory
- Flu/Covid vaccination delivery. Polio also commissioned in London
- New Medicines Service
- 111/GP Referrals
- Oral Contraception Service (from Jan 23)
- Signposting of patients to wide variety of services including public health (smoking, obesity etc) and support for cost of living crisis

Locally commissioned pharmacy services

- Self Care Pharmacy First Pilot (see opposite)
- Sexual Health Services: Emergency Hormonal Contraception; piloting oral contraception services
- Substance Misuse services: supervised self administration scheme, needle and syringe exchange

Pilot self-care pharmacy first

- Pilot scheme provides over the counter treatments free of charge to socially vulnerable patients
- Patients can self-refer or be referred via GP
- Criteria for social vulnerability similar to scheme operating in City and Hackney borough
- Pilot operating in Camden, Islington and East Haringey
- Activity approx 800 consultations per month
- Non-recurrent funding for pilot - scheme will run until 31 March 2023 as it stands
- Aims to reduce workload on practices and make effective use of local offer from pharmacies

Workforce signposting and admin training

North Central London Integrated Care System

Since 2016/17 NCL has offered training to Reception & clerical staff. This has included dedicated training on active signposting to ensure front of house practice staff can direct patients to the most appropriate service and clinician. For 2021-22, this offer was further enhanced via the Winter Access initiative as below. There is a high degree of turnover in this workforce so training is an ongoing need via Training Hub .

What did you do?	1) Training offered to admin staff on secondary care banks to support them to work in General Practice 2) Offer open to existing primary care admin staff and includes managing difficult conversations, dealing with aggression or abuse and customer service etc. 3) Bolt-on wellbeing support offer for primary care administrative staff regarding difficult conversations / managing violent patients

Impact on the lives of patient's accessing or staff members delivering primary care:	How do you know this? What additional *quantitative* evidence / data has been collected?	How do you know this? What *qualitative* evidence or feedback has been collected?	Lessons learnt on boosting capacity and improving access:
Improved staff ability to manage patient conversations, increased staff resilience and improved patient experience. Improved incident reporting leading to reviews in practices, using incidents as learning opportunities.	Four courses were held and fifty places offered on each with a total of 109 attendees. Understanding the role of the organisation in the reduction and management of patient conflict (PMs and senior partners) . Improving interpersonal skills and dealing with common patient scenarios (all staff). Employer and organisational responsibility following serious incidents Sessions were evaluated. All elements relating to the content of the course were rated either strongly or mostly agree.	Delegates valued the content and being listened to. Many have felt their stories go unheard and little is done to support them. Practical training such as this was well received by the attendees and they felt better equipped to manage patient conflict and to refresh policies relating to duty of care and incident reporting. Delegates valued the opportunities to reflect on their own behaviour and how this could impact on situations, by either inflaming or calming.	• Last session had a lower attendance, contributing factors for March event were QAF and holidays. • Virtual events offered significantly better access due to staff attending at work hours without paid release however quality of learning was impacted as some attendees were still working and other lacked suitable a/v equipment for full engagement. Additional training on triage is being arranged and will be offered later in the spring.

Source: HealtheIntent

Further training planned 22-23: GP Assistants

North Central London Integrated Care System

What are General Practice (GP) Assistants?

General Practice Assistants provide a support role - carrying out administrative tasks, combined in some areas with basic clinical duties. They can help to free up GPs time and contribute to the smooth running of appointments, improving patients experience in the surgery. They form part of the wider team in general practice.

What does a GPA do?

GP Assistants support doctors in the smooth running of their surgery by handling the routine administration and some basic clinical duties enabling the GP to focus on the patient. Depending on your practice's needs, a GP Assistant can be trained to help with:

- Sorting all clinical post and prioritising
- Extracting information from clinical letters that needs coding
- Dealing with routine clinical post directly e.g. DNA letters, 2WW etc.
- Arranging appointments, referrals and follow up appointments of patients
- Preparing patients prior to going in to see the GP, taking a brief history and basic readings in readiness for the GP appointment.
- Dipping urine, taking blood pressure, ECGs & phlebotomy
- Completing basic (non-opinion) forms for the GP to approve and sign such as insurance forms, mortgage forms e.g. ESA113 etc
- Explaining treatment procedures to patients including arranging follow up appointments
- Helping the GP liaise with outside agencies i.e. getting an on-call doctor on the phone to ask advice or arrange admission while the GP can continue with their consultation(s)
- Support the GP with immunisations/wound care

Support available for GP Practices and Primary Care Networks (PCN)

- Salary reimbursement for the GP Assistant role as part of the PCN Additional Roles Reimbursement Scheme (ARRS)
- Health Education England (HEE) funded training programme
- HEE developed competency framework

Social prescribing

North Central London Integrated Care System

Social prescribing is… *a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners. Social prescribing works for a wide range of people, including people: with one or more long-term conditions; who need support with their mental health; who are lonely or isolated; who have complex social needs which affect their wellbeing.*

Social prescribing numbers (latest data from Q1 22-23)

- Social prescribing link workers are predominantly funded through the PCN ARRS scheme to work in primary care.
- Primary Care Networks in NCL have recruited 47.1 FTE social prescribing link workers (against a 2022-23 target of 35 FTE).
- Since the launch of the PCN DES in 2020-21, at least 33,600 residents have been referred to a PCN-based social prescribing link worker.
- We know that significant social prescribing activity is also taking place outside of the PCN DES, e.g. council or voluntary sector funded, but the NHS does not record data on this activity.

Key messages

- Social prescribing staff and referrals continue to increase ahead of our NHS England set targets, though referrals continue to outstrip supply, and PCNs will consider this as part of their recruitment intentions for future funding.
- Further expanding capacity will need to be a system-wide effort rather than a purely primary care offer.
- A training and peer support offer is available to for link workers, led by the NCL training hub to improve retention of staff and develop skills and capacity of the workforce.
- Evaluating the impact of social prescribing is complex but national evaluations demonstrate a reduction in healthcare usage following a successfully completed SP intervention.

Social prescribing development in NCL

North Central London Integrated Care System

Proactive social prescribing - PCN DES requirements

From 1st October 2022 the PCN DES specification required each PCN to identify an initial cohort for a proactive social prescribing offer:

- Identify a patient cohort with unmet needs who could be better supported through social prescribing, care-coordination and health and wellbeing coaching.
- Deliver a proactive social prescribing service which reaches out to this cohort, with plans to expand to other cohorts in March 2023.
- Note: As part of winter planning, PCNs are being encouraged to expand the rollout of this work to other cohorts, specifically to high intensity users of healthcare services (including EDs) to allow redirection of activity that can better sit in primary care.

NCL response

- We are planning a workshop with PCNs and other stakeholders to support them with delivering of the specification by sharing data, best practice case studies and examples of local schemes that can support the work.
- We will also work with PCNs to link their work up to other NCL initiatives tackling inequality of outcomes and wider determinants of health such as CORE20PLUS5 to ensure maximum impact.

Children and young people's social prescribing pilots in NCL

The challenge

As Social Prescribing (SP) Services have expanded to every PCN in London, there remains very few services which are available for children and young people (CYP) specifically. Interest in scaling provision of CYP Social Prescribing is growing across London. SP services for CYP require a different approach to adult services.

The solution

- Funding has been secured from NHS London to support some pilots and testing of new models of CYP SP services across 3 ICS areas in London (NCL, NEL, SEL).
- Healthy London Partnership are supporting 3 new pilots in NCL and the management of an CYP SP working group which meets monthly. The pilots are in the early stages in Camden, Haringey and Barnet, with pre-existing projects already in delivery in Enfield and Islington.
- The aspiration is to reach all London boroughs by 2023/24 and ensure local systems are better informed on setting up and scaling CYP SP services.

MDT working in primary care

North Central London Integrated Care System

Multidisciplinary Team (MDT) working has long been a feature of primary care, but as the pace of integration accelerates, and neighbourhoods and localities develop across NCL we are seeing greater development of integrated MDTs centred around primary care. MDT working adds capacity and expertise into primary care and allows teams to be creative about how they support their most complex patients.

Integrated Paediatric MDTs

Integrated Paediatric MDT are now running across NCL as part of a collaborative quality improvement programme of work with the *Institute for Healthcare Improvement.* Boroughs are working with local stakeholders to run MDTs, and use data to target these towards children and young people where they can add the greatest value.

Long Covid MDTs

All NCL boroughs have active Long Covid MDTs, where primary care clinicians join specialists from the UCLH Post-Covid Clinic, and bring together representatives from local community and mental health trusts to support patients in out-of-hospital settings.

Frailty / Anticipatory Care MDTs

Frailty-focused MDTs bringing together primary care with specialists in medicine for the elderly have been well-established in some NCL boroughs for years. This work is now spreading across NCL through to deliver the ICS aging well strategy. Primary Care Networks will drive this work as they deliver the incoming anticipatory care PCN specification.

Development of Mental Health MDTs in Haringey MDTs

Haringey borough partnership are preparing to launch integrated mental health MDTs in the coming months. These will target their work based on inequalities and need data, and will include peer support and community roles alongside mental health and primary care professionals.

North Central London Integrated Care System

Appendix 3: Primary care transformation

- NCL Training Hub programme
- NCL response to the Fuller Stocktake

NCL Training Hub - overview

Vision (as set by NCL Training Hub)
We enable the "placed based" delivery of high quality health and social care to our community across North Central London. We build, support and develop a skilled diverse and inclusive workforces who are empowered to reach their full potential.

Values:

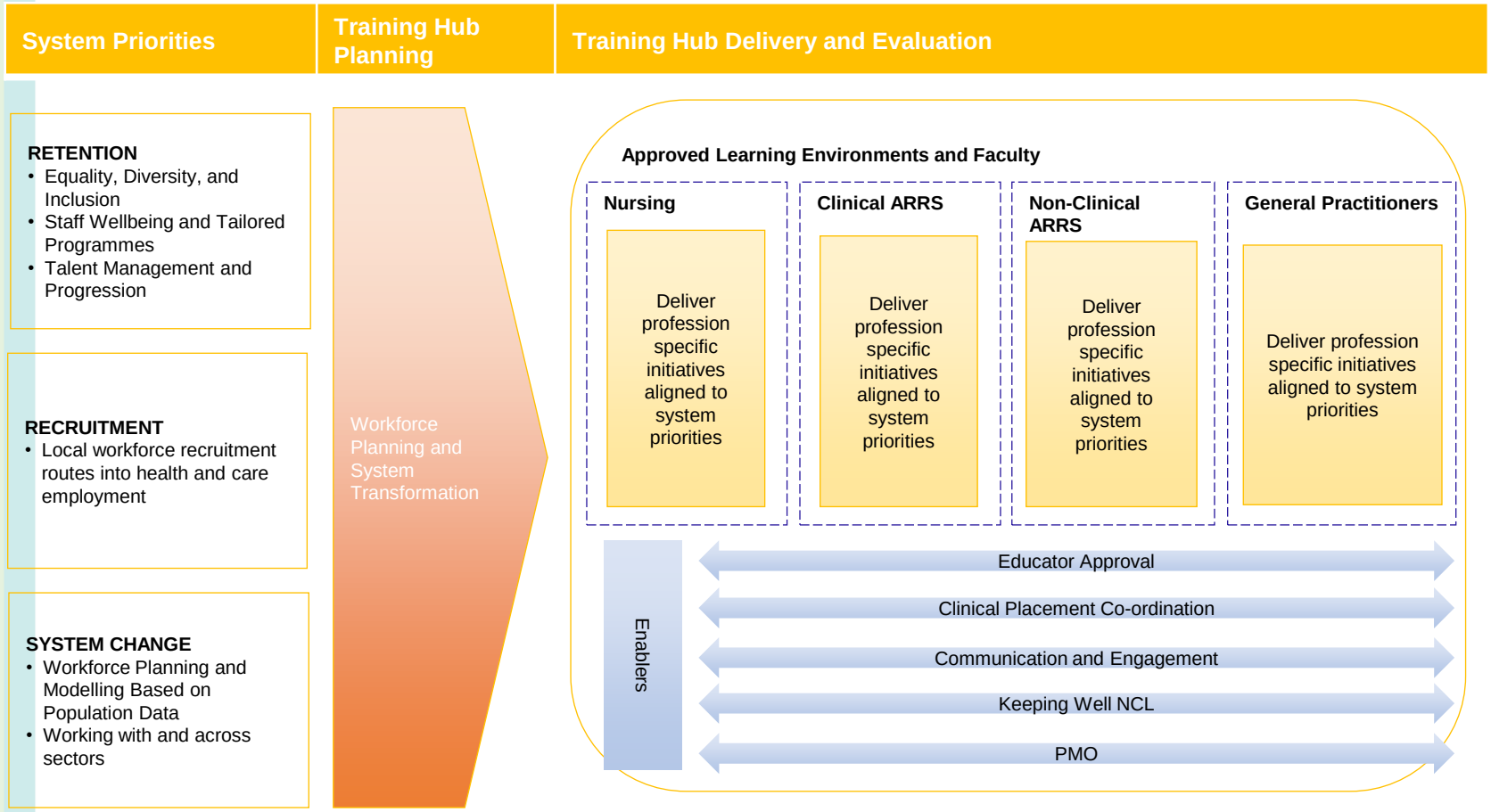
- **Partnership:** With a distributive leadership model that recognises the importance of system, place and neighbourhood, operating across professional teams
- **Excellence:** With cost-effective and evidence-based interventions that respond to existing needs and anticipate and develop services to meet emerging needs
- **Responsibility:** With interventions that reflect the economic and social needs of our communities and our core responsibility to reduce health inequalities & improves health outcomes
- **Inclusivity:** With an approach which recognises and celebrates difference, provides space for all to fully participate and realise their full potential and is resolutely anti-racist

HEE & NHSE/I objectives (as per spec & operational guidance)

- Primary Care workforce planning
- Supporting the development of educational programmes
- Supporting Equality, Diversity & Inclusion
- Expanding and managing innovative and high-quality learning environment
- Increasing capacity and capability of educators
- Embedding new roles as part of the Additional Roles Reimbursement Scheme, supporting retention

NCL training hub – delivery model

North Central London's Training Hub has been established to ensure that it can support the delivery of NCL high-impact workforce priorities through a distributed leadership model. The diagram below illustrates the way in which NCL Training Hub ensures that these high impact priorities can be met:



The NCL Training Hub Delivery Model Explained

- The diagram to the left illustrates NCL Training Hub's Delivery Model. This demonstrates how the system high-impact priorities are understood, and plans for their delivery developed, before being implemented across professional groups.
- To ensure that all people receiving support from NCL Training Hub receive high quality education and training, all delivery and evaluative work takes place within a framework of approved learning environments, supported by appropriately skilled and trained faculty.
- The delivery of training programmes, to support system ambitions of recruitment, retention, and system change, are aligned to professional groups. This means that NCL Training Hub is highly responsive to the needs and requirements of discreet professional groups.
- This work is underpinned by key enabling workstreams which ensure that the training hub can focus on ensuring the high-impact workforce priorities can be delivered.
- Activities are co-ordinated at an NCL level and leadership is distributed to Boroughs to ensure local needs and priorities can be met.

NCL training hub – current programme

Project plan period	April 2022 – March 2023
Project Lead	Michael Fox / Dr Sarah Morgan
Enablers / Dependencies	NCL ICS Nurse Programme; NCL Social Care Workforce Plans; ICP developments

Desired outcomes

We enable the "placed based" delivery of high quality health and social care to our community across North Central London. We build, support and develop a skilled diverse and inclusive workforces who are empowered to reach their full potential

Programme area	Core deliverables	Description (incl. Objective)	Target sector
Infrastructure	• Core staff infrastructure including clinical, programme management & management costs	• Core infrastructure for 5 borough Training Hubs and NCL Training Hubs to discharge core functions.	N/A – supports delivery across sectors
Workforce Planning	• Workforce plans with PCNs • Workforce plans aligned to ICP & population needs identified	• Using HEE Workforce Planning Masterclasses methodology, engagement with GP Practices & PCNs • Facilitate interface with boroughs to support integrated neighbourhood teams agenda	• GP Primary Care
Recruitment	• Clinical Placements • GP & GPN Fellowship Scheme • Primary Care Anchor Networks	• Promotion & expansion of clinical placements & management of placement tariffs • Delivery of National GP & GPN Fellowship Scheme • Expansion & promotion of entry point roles & Anchor Network agenda into local communities	• Primary + Social • GP Primary Care • Primary + Social
Career support & retention	• Equality, diversity & inclusion • Staff wellbeing & tailored support • GPN Toolkit Delivery • GP Mentoring Scheme • Local GP Retention Scheme • Nursing CARE leadership programme	• Co-ordination of Primary Care into EDI Network & training • Health and Wellbeing Lead & Steering Group to promote Keeping Well NCL across sector • Delivery of GPN initiatives for preceptorship, wellbeing, masterclasses, leadership development • Delivery of National GP Mentoring Scheme matching mentors and mentees in first 5 years • Delivery of local leadership development and mid-career retention initiatives with borough teams • Delivery of local training offer in partnership with National Association of Primary Care	• Primary + Social • Primary + Social • Primary + Social • GP Primary Care • GP Primary Care • Primary + Social
Embedding new roles	• PA Ambassadors • Peer support, induction & mentoring offers for ARRS roles	• Hosting of PA Ambassadors to promote role across NCL • Programme of initiatives to assist PCNs in recruiting ARRS roles	• NCL Workforce • GP Primary Care
Education & Training Programme Development	• Workforce development funding • AHP & Nursing £333 CPD • Digital Care Homes Training • LTC LCS Training • Personalisation • HEE Clinical Fellow – Place MDT Training	• Programme of NCL & borough initiatives aligned to HEE star • Programme of initiatives for Primary Care GPNs & AHPs • Programme to support Digital Journey (Remote monitoring, Acoustic Monitoring, DSPT) • Programme to support Primary Care LTC LCS Readiness and Training • Promotion of NHSE model or personalised care across ICS – 5 target groups agreed through ICB oversight group • HEE Clinical Fellow - Development of multiprofessional training opportunities at place level	• GP Primary Care • GP Primary Care • Social Care • GP Primary Care • NCL Workforce • NCL Workforce
Education Faculty & Quality Assurance	• Local Faculty Groups • Approved Learning Environments • Faculty of multiprofessional educators	• Establishment of faculty board and borough multiprofessional faculty groups building on existing GP VTS Trainers • Development of Assessments of learning environments and for new trainers in transfer from HEE Quality Team	• Primary + Social

NCL training hub – supporting transformation

North Central London Integrated Care System

NCL Training Hub is currently actively involved in 3 areas of Change Management Support within NCL

- Remote monitoring technology in care homes. Using NHSx Funding we host teams to roll out remote monitoring technology for monitoring early warning scores, DSPT compliance, digitisation of medical records and acoustic monitoring for falls prevention.
- Long-term conditions support. Hands on support for GP practices in preparation for launch of the planned Locally Commissioned Service. A team of quality improvement facilitators, business change facilitators and clinical leads, working with ICB and NCL GP practices
- PCN Digital Champions. Working with ICB Digital First Team and Redmoor, we have established a community of practice for PCN digital leads to support tech innovations aligned to Digital First priorities (e.g. demand /capacity analysis, update of websites / social media, cyber security, call & recall solutions, e-consultation and video consultations)

Support offer to primary care networks

The Training Hub has a longstanding core offer to support PCNs in embedding new ARRS roles. This has included peer support, induction, recruitment and training.

Borough Training Hub teams proactively engage PCNs to provide workforce planning support, link in with system partners (e.g. mental health and community trusts) and promote best practice to ensure all groups well supported (e.g. borough peer support groups for Physician Associate, Pharmacy, Social Prescribing etc).

NCL Training Hub works closely with the ICB, to identify further opportunities to align work in support of PCN DES delivery.

Expansion of primary care support offer for 2022-23

Additional priorities identified for 2022-23 includes

- Further support to training and recruitment of trainee nursing associates and pharmacy technicians
- Support to align PCN plans for new ARRS workforce roles into priorities set by Fuller
- Extending existing training offers to cover the new GP assistant roles, and exploring PCN digital champions into the new ARRS-funded digital and transformation leads

Primary Care Transformation - Fuller report

North Central London Integrated Care System

In November 2021 NHS chief executive Amanda Pritchard asked Dr Claire Fuller, of Surrey Heartlands Integrated Care System, to identify the next steps for general practice within new Integrated Care Systems. Out of scope of the review was funding and contracting of General Practice.

Engagement was broad with over 12,000 individual visits to the engagement platform, over 1.5 million Twitter impressions of #FullerStocktake, and close to 1,000 people directly involved through workstreams, roundtables and one-to-one meetings.

Claire Fuller's **Next Steps For Integrating Primary Care Fuller Stocktake Report** was the output of this work. At the heart of this report is a new vision for integrating primary care, improving the access, experience and outcomes for our communities, which centres around three essential offers:

- streamlining access to care and advice for people who get ill but only use health services infrequently
- providing more proactive, personalised care with support from a multidisciplinary team of professionals to people with more complex needs
- helping people to stay well for longer as part of a more ambitious and joined-up approach to prevention

The new vision for integrating primary care is bringing together previously siloed teams and professionals to do things differently to improve patient care for whole populations.

This work will be progressed in NCL under the umbrella of our Population Health Strategy and through our work with Borough Partnerships to develop Neighbourhood working and support primary care. The ICB is working closely with Local Councils and providers on next steps.

Fuller report – London launch July 2022

North Central London Integrated Care System

This brought together health and local govt to consider how Fuller recommendations might be delivered in NCL.

Objectives of the launch:

1. Absorb content & recommendations
2. Consider actions we need to take as a system
3. Decide if there are any areas we want to go further or faster in London
4. Focus on Integration of Primary Care within broader system & system actions needed for implementation

Key messages from the launch:

- Fuller is a **report for whole system change** – not a General Practice or Primary Care Report, focus on whole system ownership
- **Context setting** – where we are starting from in London (workforce, digital, estates, borough identity & infrastructure)
- **Covid response as an enabler** – how we harness & build on relationships built during Covid with system partners & with our communities as partners in healthcare and prevention response
- Focus on Neighbourhoods and a **shared definition of neighbourhood** across the system
- **Learning from previous London 2018 framework** – financial incentives alone don't work, nationally defined contractually prescribed implementation doesn't work, driving change through General practice alone doesn't work
- Approach same day access and Continuity of Care as 'two sides of the same coin' - need robust infrastructure as **enabler to same day access to free up capacity for continuity of care**.

Case studies:

- Harrow Integrated Neighbourhood Teams
- Lambeth Child Health Multidisciplinary team

Breakout rooms focusing on

- Estates
- Digital
- System Infrastructure
- Urgent same day access
- Continuity of care *(facilitated by NCL)*
- Preventative Healthcare

North Central London Integrated Care System

Appendix 4 – Contracting

- APMS update – process and timelines

Process for procuring APMS contracts

North Central London Integrated Care System

Current Procurement process

- The NCL Primary Care Contracting Committee (PCCC) oversees all GP core contracts (GMS, PMS, APMS). APMS contracts are time limited.
- NCL ICB can shape the outcomes and services it is seeking and must conduct procurement processes in accordance with the *Public Contracts Regulations* (2015) – the current national legal fmwk
- NCL ICB APMS procurements are published nationally through the e-procurement portal ProContract. Local NCL Providers are also notified directly through the CCGs communication routes and are informed when the tenders will be published. See next slide for process.
- Prior to the procurement being published the ICB carries out patient and Stakeholder engagement over 6-8 weeks. Patients are notified via letters, website, text message and in practice via forums. Our patient survey focuses on a range of topics i.e. Surgery Opening times, appointments, receptions, support to manage their health, involvement in decision making, website, support for patients with disability
- Stakeholders are notified and requested to share their views on the changes to the practice.
- In a recent review of 4 APMS contracts local engagement was undertaken & patient and stakeholder views were included in the report to the PCCC to inform the decision on whether to extend or procure the contracts

National Procurement Regulations

- Following National consultation by NHS England the Procurement Regulations will be updated
- Under the PSR it provides more emphasis on identifying and selecting providers based on the following criteria;
  - Quality, safety and innovation
  - Value for money
  - Integration and Collaboration
  - Access, Inequality and Choice
  - Service sustainability and Social Value
- Although the PSR will not be implemented until 2023, NCL ICB will be reviewing the current processes to identify where the ICB can reflect some of the PSRs key criteria into the current procurement processes

Process for procuring APMS contracts

North Central London Integrated Care System

Current Procurement process

- The patient survey is tailored to capture patients views on service delivery and what they would like to see in the future
- Stakeholders are also notified in advance of the changes to the practice and requested to share their views
- The Stakeholders who are engaged with are Healthwatch, MPs, Local Councillors, Community local providers, Londonwide LMC etc.
- The outcome of the patient and stakeholder survey is shared with the bidders who are required to respond via the procurement questions to demonstrate how they will address the patients needs
- To ensure the strategic fit to the local area and demographics of the population, bidders are invited to provide a response to a range of generic and specific questions for example;
    - Access needs and Health Inequalities
    - Strategic fit to the local area and Integration with local partners
    - Support for carers and Social Value
    - Continuity of Care, Preventative medicine, Mental Health, Prescribing
    - Safety management such as Safeguarding, Medical emergencies
    - Workforce, capacity and capability (performance)
- The bidder responses are evaluated by subject matter experts, which include Clinicians (GP, Nursing etc), patient representatives, lay members of the ICB, Commissioners, Quality, Finance, GPIT etc. This involves a formal scoring and moderation process with feedback to bidders. Interviews are also held with the bidders and the subject matter experts are also the panel members
- The ratification of the procurement process, decision and approval of contract award is taken by the NCL ICB Primary Care Contracting Committee who meet bi-monthly with involvement of the ICB Procurement Oversight Group.
- APMS contracts are procured under an initial 5 year term with an option to extend up to 10 years. At each 5 years there is a break whereby the ICB can take a decision to extend the existing contract or re-procure a new contract. This provides the ICB greater flexibility to monitor and drive performance over the term of the contract

Joint-HOSC briefing for 25 November 2022

Contents

St Pancras Transformation

Through the St Pancras Transformation programme, Camden and Islington NHS Foundation Trust (C&I) are improving mental health inpatient and community facilities for our service users. The programme delivers a brand-new inpatient facility at Highgate East, improvements to our existing Highgate West site and new community mental health hubs for Camden and Islington boroughs. In addition, and in partnership with University College London (UCL), we are also creating a new centre of excellence for mental health research, education and training on the St Pancras site where we will also deliver regional, specialist and local mental health services.

The programme also facilitates Oriel, which will deliver a new purpose-built centre of excellence for eye care, research and education. Oriel is a joint initiative between Moorfields Eye Hospital NHS Foundation Trust, the UCL Institute of Ophthalmology and Moorfields Eye Charity. Alongside Oriel and the new Trust facility at St Pancras, there will be new residential and commercial developments, plus enhancements to existing heritage buildings, led by our development partner, KCCLP. These developments are key enablers to our mental health transformation programme that extends beyond the St Pancras Hospital site.

Due to the unpreceded effects of the COVID pandemic, our original project timescales have been impacted - particularly the originally consulted on plan that the Highgate campus would have been ready to take inpatients directly from St Pancras Hospital. In addition, changes were made to our services in direct response to the pandemic, and in particular trying to better support people experiencing a mental health crisis and the impact this has on Emergency Departments. As a result, we opened our Mental Health Crisis Assessment Centre (MHCAS) on the St Pancras Hospital site. This has proved to be a success, such that the service is now part of our core mental health offer. Because of this, a new location needed be found for the service, which was not part of the original Transformation Programme.

Oriel and the wider St Pancras Transformation Programme has the full support of North Central London (NCL) Integrated Care Board. There is a high level of oversight of, and interest in the programme, indeed NCL plays a key role in ensuring that the objectives of the programme are delivered in a way that remains sensitive to the fact that St Pancras Hospital continues to deliver NHS services for physical and mental health patients.

There is a dedicated Site Patient Safety Group, led by the C&I Medical Director and Chief Nurse, that has a formal role in signing off any works on the St Pancras site that have a potential impact on patient safety. This ensures the interests of patients receiving care and treatment from C&I, Central North West London NHS Trust and the Royal Free Hospital are balanced against the wider delivery objectives from Oriel and the investment in mental health services.

Oriel status update

Full planning consent was granted by Camden Council in August 2022 and Moorfields' full business case was approved by NHS and Government regulators on 9 November 2022. This included approval from the New Hospitals Programme Investment Committee, the DHSC Joint Investment committee and HM Treasury.

Design work on the centre continues with the preferred contractor, Bouygues UK, and there was partial vacant possession of part of the St Pancras Hospital site at the end of October 2022. Early enabling works are due to begin soon. Full vacant possession is due in early 2023.

Local Camden community engagement has recently started on the construction plan. Construction is due to start by the end of the year with demolition works beginning in early 2023.

Mental Health Crisis Assessment Service

The MHCAS was introduced as a new service by C&I during the first COVID-19 lockdown to provide care for people with mental health illness away from busy local emergency departments (EDs).

The success of the MHCAS has led to system wide support for the continued funding of this service. MHCAS has developed into a valuable North Central London resource, accepting direct London Ambulance Service conveyances from across the sector with a view to reducing A&E attendances for patients with mental health conditions across NCL acute hospitals.

Planning permission and capital funding has been approved for a new purpose-built MHCAS facility at Highgate Mental Health Centre which we expect to be completed in readiness for winter 2023. The capital funding was only approved early October and the lack of certainty about this settlement has led to a delay in being able to confirm the future status of the service with the committee. The procurement exercise to deliver the new facility has now commenced.

C&I services have now started to move from the St Pancras Hospital site to enable the first phase of redevelopment to begin. Oriel will cover the area where MHCAS is currently located. As a result, from 24 October 2022, MHCAS vacated the St Pancras Hospital site.

To ensure that C&I continues to provide support through this period, we have enhanced our psychiatric liaison offer across EDs in North Central London

Specialist nurses who previously worked in MHCAS are being deployed to work in EDs for this period, providing Royal College of Psychiatry standards of staffing. The impact on service users has been considered and mitigated to ensure that local people experiencing a mental health crisis can continue to receive the care they need through a mental health professional.

The communications and stakeholder engagement plan in support of temporary changes to MHCAS has had oversight and input from NCL and has sought to link with partners and our communities across NCL to explain the need for the change as we move to implement a new and permanent ‘best in class’ solution

Interim MHCAS model

Systems partners across NCL undertook a thorough review of potential estates options to provide an interim solution. Unfortunately, following this extensive search a clinically suitable location could not be found for the interim period.

Therefore, MHCAS will operate a digital hub at the Highgate Mental Health Centre with 24/7 access available for all acute referrals from A&E. The interim service will:

- Maintain a single referral number for all EDs - staffed by a senior clinician
- Offer oversight of activity and pressures across the system
- Provide a high-level triage function to referrers and backroom clinical support function to mental health staff on the ground
- Ensure minimal disruption to referral systems
- Support 24/7 staffing - to be deployed to pressure points.

The predicted impact on EDs has been modelled and shared with acute trust providers at strategic and operational levels with plans to mitigate risks via the interim model and focus on reducing inpatient occupancy/length of stay.

The interim model cannot fully replicate the physical environment and effectiveness of the current MHCAS and there will be some impacts on EDs and partners that cannot be entirely mitigated. However, we are committed to ensuring that the loss of MHCAS causes the least possible disruption until we re-provide the full service in its new location. Advice covering this interim period has been provided to GPs and service users.

Reprovision of ADU

The COVID pandemic impacted on the Camden Acute Day Unit (ADU) based at the Jules Thorn Building on the St Pancras Hospital site. The ADU was suspended in April 2020, during the first wave of COVID, due to it not being possible to provide a safe service. The building was subsequently occupied by the MHCAS. The intention had been to reopen the ADU in a different location, however, given the changing profile of needs and progress towards implementing the Community Mental Health Framework, it seems sensible to produce a transformed service which seeks to:

- Address gaps that currently exist in the borough e.g., intensive support outside of hospital and support for people who have experienced trauma (including people experiencing social instability).
- Provide evidence-based interventions (including peer support) in an environment that is trauma-informed and psychologically safe.
- Maximise access and links to wider community support.
- Improve integration with community teams, the crisis pathway including the Crisis Sanctuary and the MHCAS, the Resilience Network, individuals' existing support networks and wider community assets.
- Improve integration with day opportunity services (Greenwood Mental Health Service and Phoenix Wellbeing and Recovery Service).
- Achieve efficiency and remove risk of duplication in overall provision by bringing together overlapping and complementary offers into a single service within the overall borough mental health offer.
- Progress the commitment shared by C&I and borough partners to advance joint working and improve integration of services at the 'place' level.

It is essential that any future service retains the elements of the ADU which the research shows result in better outcomes in terms of service user experience and satisfaction, wellbeing, depression, reduced usage of acute services and reduced overall health costs. These benefits are outlined in a study published in 2021 (*Acute day units in non-residential settings for people in mental health crisis: the AD-CARE mixed-methods study, National Institute for Health Research, 2021*) which found that while ADUs are not provided routinely in the NHS, they are highly valued by staff and service users. The study showed that:

- ADUs result in better outcomes in terms of satisfaction, wellbeing and depression compared to Crisis Resolution Teams (CRTs).
- There are no significant differences in risk of readmission or increased costs between ADUs and CRTs.
- ADUs have the potential to:
  - Alleviate pressures on other local crisis services.
  - Help to avoid and reduce length of inpatient stays.
  - Complement home-based crisis care.
- Staff have a positive experience of working in ADUs.

C&I's involvement in this research has made it possible to review the specific data relating to the Camden ADU, which shows that people who accessed the ADU were

25% less likely to be admitted over a 6-month period (figure derived from the people who took part in the cohort study).

Significant work involving clinicians, VCS partners, the Local Authority and service users has already taken place to consider options for the future of the ADU. Further co-production of these options is planned and a paper will be brought back to JHOSC to determine whether full public consultation is required. In the meantime, the service remains suspended with service users being supported through existing community, crisis and inpatient provision.

ENDS

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NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**London Boroughs of Barnet, Camden, Enfield, Haringey and Islington**
REPORT TITLE Work Programme 2022-2023	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 23 November 2022

SUMMARY OF REPORT

This paper reports on the 2022-23 work programme of the North Central London Joint Health Overview & Scrutiny Committee and also requests confirmation of the reports for the next meeting.

Local Government Act 1972 – Access to Information

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

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RECOMMENDATIONS

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

a) Note the work plan for 2022-23 and consider any updates that may be necessary;

b) Confirm the agenda items for the next meeting which is currently scheduled to take place in February 2023.

1. Purpose of Report

1.1 This paper outlines the areas that the Committee has chosen to focus on for 2022-23. The Committee is asked to note the list of topics that have been identified as a potential agenda items for the year and consider any amendments that may be required.

1.2 This next meeting of the JHOSC is scheduled to take place in February 2023 and the Committee is also asked to confirm the items for this. The items currently scheduled to be on the agenda for this are as follows:

- Mental Health Services Review
- Community Health Services Review
- Health Inequalities Fund

1.3 Full details of the JHOSC's work programme for 2022/23 are listed in **Appendix A**.

2. Terms of Reference

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

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

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

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

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

- The joint committee will seek to promote joint working where it may provide more effective use of health scrutiny and NHS resources and will endeavour to avoid duplicating the work of individual HOSCs. As part of this, the joint committee may establish sub and working groups as appropriate to consider

issues of mutual concern provided that this does not duplicate work by individual HOSCs; and

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

3. Appendices

Appendix A –2022/23 NCL JHOSC Work Programme

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Appendix A – 2022/23 NCL JHOSC work programme

15 July 2022

Item	Purpose	Lead Organisation
Start Well programme	• For the Committee to receive an overview of Start Well, a strategic programme for children and young people's services.	NCL partners
Update on Fertility Services Review	• For the Committee to scrutinise the final version of the Fertility Services Review.	NCL partners
Enhanced Access to General Practice	• An update on upcoming national changes to 'enhanced access' to general practice (the additional provision of appointments outside of core hours).	NCL partners

30 September 2022

Item	Purpose	Lead Organisation
Finance Update	• For a detailed finance update to include latest figures from each Hospital Trust in NCL, the overall strategic direction of travel and responses to the Committee's supplementary questions published in the March 2022 agenda papers.	NCL partners
Workforce Update	• An update on workforce issues in NCL.	NCL partners

23 November 2022

Item	Purpose	Lead Organisation
Estates Strategy Update	To receive an update on the Estates Strategy including finance issues. This follows on from the discussion on the Estates Strategy at the meeting held on 28th Jan 2022. The specific points to be addressed are: • Vision and priorities; • Context (an overview of the NCL health and care landscape); • The state of the current estate;	NCL partners

	• Drivers of change – clinical requirements, population change and efficiency; • The potential scale of estates change; • Barriers to achieving change; • A summary of devolution asks – drawing from our emerging devolution case for change which is being prepared to a slower timescale and will include options analysis; (for this paper the new ICB Estates strategy) • Timeline; • Governance; • Risks and dependencies – including risks to capital due to current economic circumstances (e.g. higher building costs, general inflationary pressures, higher borrowing rates); • The Targeted Improvement Fund.	
Primary Care Services	To receive a report on the current issues with GP services including: • Difficulties that patients are experiencing in accessing services; • Workforce issues; • Signposting of patients to alternative services such as out-of-hours hubs when GP Practices have limited availability of appointment slots; • An explanation of the current primary care commissioning process including Alternative Provider Medical Services (APMS) contracts and the changes made following the lessons learned from the recent issues relating to Operose Health.	NCL partners
St Pancras Hospital	To provide responses to questions concerning the moving of mental health patients from St Pancras Hospital to facilities elsewhere in London due to construction delays to Camden & Islington Foundation Trust's new Highgate East hospital. The St Pancras site was reportedly due to be used instead by operations transferred from Moorfields Eye Hospital. The specific questions were: 1) Why couldn't Moorfields wait to move their operations to St Pancras so that patients would only need to be moved once (from St Pancras to Highgate East)? 2) Why were Camden & Islington Foundation Trust having to pay for the additional costs incurred by temporarily moving patients rather than Moorfields?	Camden & Islington Foundation Trust Board and Moorfields Eye Hospital Board

6 February 2023 (provisional date)

Item	Purpose	Lead Organisation
Mental Health Services Review	Update on the progress of the Review following the previous agenda items on this topic at the meeting in March 2022 including: • How information on available services is communicated to residents; • How co-design/co-production is embedded, with examples of how this was working in practice; • Child & Adolescent mental health services and how the fragmentation of services (as referred to in the report) was being addressed; • The closer working relationship between BEH-MHT and C&I NHS Trust; • A single point of communication for queries relating to service users with complex needs.	NCL partners
Community Health Services Review	Update on the progress of the Review following the previous agenda items on this topic at the meeting in March 2022 including: • The funding mechanisms to support community health services; • The local offer and delivery through the Borough Partnerships; • How the priorities of the local population and specific communities would be identified and addressed; • How co-production would be embedded in the provision of community health services; • How the required workforce would be recruited.	
Health Inequalities fund	To provide details of the £5m health inequalities fund supported by all the Trusts in the NCL area and the impact that this has had.	NCL partners

20 March 2023 (provisional date)

Item	Purpose	Lead Organisation
TBC		

Items for inclusion in 2022/23

- Further update on Start Well programme to be scheduled. Last update in July 2022.

Items for inclusion in 2023/24

- Fertility policy review. Last update in July 2022. Next update scheduled for January 2024.
- ICB finance update report. Last update in September 2022. Next update scheduled for late summer 2023. Next update to include further information about the funding to address health inequalities and evidence on how this was working. Risks to services or capital projects associated with inflation/energy costs should also be included.
- ICB workforce update report. Last update in September 2022. Next update not yet scheduled but likely to be in 2023/24. Next update to include Future update report on workforce issues to include a discussion on the need for a strong understanding at senior level of the realities on hospital wards where there are staff shortages and whether sufficient safety levels were being met for staff and patients. A staff representative to be invited to speak at the meeting.

Possible items for inclusion in future meetings

- Strategic role of GP Federations.
- Vaccination initiatives tailored to specific local needs in each NCL Borough including outreach work with community pharmacies.
- Ambulance waiting times and pressures across the system including A&E Departments.
- Pediatric service review.
- Primary care commissioning and the monitoring of private corporations operating in this area.
- The efficacy of online GP consultations, how the disconnect between the public and the medical profession could be addressed, how the public could be reassured that outcomes would be equally as high as face-to-face consultations and how capacity can be improved in this way.
- Health inequalities and the impact of cuts to public health budgets.
- Increases in number of people being charged for services that they were previously able to access free of charge through the NHS (e.g. dentistry/ear wax syringing)
- Update on funding for NHS dentistry for both adults and children.

2022/23 Meeting Dates and Venues

- 15 July 2022 - Camden
- 30 September 2022 - Haringey

- 23 November 2022 - Islington
- 6 February 2023 – Haringey (provisional date)
- 20 March 2023 – Barnet (provisional date)

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