



NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Dominic O'Brien, Principal
Scrutiny Officer

Friday 15th July 2022, 10:00 a.m.
Council Chamber (Camden), Crowndale
Centre, 218 Eversholt Street, London NW1
1BD

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Councillors: Philip Cohen, (Barnet Council) Anne Hutton (Barnet Council), Lorraine Revah (Camden Council), Kate Anolue (Enfield Council), Andy Milne (Enfield Council), Pippa Connor (Haringey Council), Tricia Clarke (Islington Council) 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. ELECTION OF CHAIR

To elect the Chair of the Committee for the 2022/23 municipal year.

3. ELECTION OF VICE-CHAIR(S)

To elect the Vice-Chair(s) of the Committee for the 2022/23 municipal year.

4. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

5. 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 14 below).

6. 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

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

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

8. MINUTES (PAGES 1 - 8)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 18th March 2022 as a correct record.

9. START WELL PROGRAMME

Report to follow.

10. QUALITY MONITORING IN NCL PRIMARY CARE SERVICES

Report to follow.

11. ENHANCED ACCESS TO GENERAL PRACTICE (PAGES 9 - 20)

To receive an update on upcoming national changes to 'enhanced access' to general practice – the additional provision of appointments outside of core hours.

12. FERTILITY POLICY REVIEW

Report to follow.

13. WORK PROGRAMME (PAGES 21 - 26)

This paper provides an outline of the 2022-23 work programme for the North Central London Joint Health Overview and Scrutiny Committee.

14. NEW ITEMS OF URGENT BUSINESS

15. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

- 30th September 2022 (10am)
- 25th November 2022 (10am)
- 3rd February 2023 (10am)
- 17th March 2023 (10am)

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Thursday, 07 July 2022

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**MINUTES OF MEETING OF THE NORTH CENTRAL LONDON
JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD
ON FRIDAY 18TH MARCH 2022, 10:00AM to 12:25PM.**

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-Chair), Alison Cornelius and Paul Tomlinson.

1. FILMING AT MEETINGS

The Chair noted that that was no filming at the meeting on this occasion.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Linda Freedman (Barnet), Cllr Khaled Moyeed (Haringey) and Cllr Lorraine Revah (Camden).

3. URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

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

Cllr Cornelius reported that she was a Council-appointed Trustee of the Eleanor Palmer Trust.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

6. MINUTES

Members noted that there were inconsistencies in the recording of those present at the previous meeting, with first names missing in some instances. It was agreed that this would be corrected. **(ACTION)**

Cllr Connor referred to the Dental Services Update item and noted that an action should have been recorded for the Chair of the Committee to write to Vin Diwaker and Jeremy Wallman about the need for long-term sustainable funding for NHS dentistry. **(ACTION)**

Cllr Connor noted that Cllr Cornelius had requested further information regarding oral health promotion in Barnet from Mr Biggadike. It was clarified that this action had not yet been completed and so this would need to be followed up. **(ACTION)** Cllr Connor also noted that the Committee had agreed to seek further information from each Director of Public Health in north central London regarding funding for oral health promotion and how this was allocated so this action would also need to be followed up. **(ACTION)**

RESOLVED –

That with the aforementioned amendments made, the minutes of the meeting of 28th January 2022 be approved.

7. MENTAL HEALTH SERVICES REVIEW

Dr John McGrath, an Islington GP and Clinical Representative on the NCL CCG Governing Body, introduced this item. Adding to the information already provided in the agenda pack, Dr McGrath observed that he saw this review as part of a bigger puzzle, along with the Community Services Review, about the link between how people experience good mental health and how people experience good physical health. Other elements included the community mental health framework transformation, which involved aligning mental health professionals with primary care services and working with providers on the intended outcomes from services. Through the baseline review of NCL mental health services, the current baseline position had been set out and a core offer developed to establish a minimum entitlement for NCL residents. The core offer included a single point of access with a single up-front holistic assessment of health needs, with multiple avenues of access, meaning that people did not necessarily have to go through their GP. Service users with complex needs would be provided with personalised care planning.

Dr McGrath added that, in a post-pandemic world, the societal consequences and the impact of the pandemic on mental health needed to be recognised and that support from the voluntary and community sector was important, as well as from statutory mental health services.

Dr McGrath and Sarah Mansuralli, Executive Director of Strategic Commissioning at NCL CCG, then responded to questions from the Committee:

- Asked by Cllr Tomlinson for further detail on the proposed 'single point of access', Dr McGrath said that the strategic view should be allowing a model that works, so that this could differ between boroughs. In Camden, for example, there was a website which hosted mental health resources and directed people into the different levels of mental health support that was available. Whichever model was used, the aim would be to ensure that a resident knows where to go to access support.
- Asked by Cllr Tomlinson for further detail on the use of technology to reduce the need for patients to explain their situation multiple times, Dr McGrath said

that the ambition was to progress this at pace, but that it was also important to ensure the safety of data transfer between organisations, particularly because of patient anxieties about where the information was stored. There were now digital platforms such as “Patient Knows Best” which enabled health information to be shared securely with healthcare professionals.

- In response to a query from Cllr Tomlinson about the role of GPs, Dr McGrath acknowledged that mental health was a huge part of the clinical workload of GPs, not just in terms of the conditions themselves, but also because of the impact of psychological ill-health on the management of long-term physical health issues. What was envisaged was a much closer linkage between GPs and the vast array of non-statutory mental health support provided by community and voluntary organisations and to make use of the links between physical health, primary care, early intervention and mental health support.
- Asked by Cllr Cornelius about the case for change, Dr McGrath responded that gap analysis had been carried out on existing conditions in the boroughs a which highlighted the differences between boroughs and the gaps that needed to be addressed. Cllr Clarke observed that deprivation was clearly linked with mental health and distress and emphasised the importance of community organisations in providing support to residents, as well as the role of talking therapies. Dr McGrath concurred with this, adding that the emphasis needed to be on community wealth building and relationships in the community, including cultural competency and an awareness of the lasting impact that the pandemic had caused on mental health and wellbeing.
- Asked by Cllr Connor about co-production and the role of residents, Sarah Mansuralli said that co-production was discussed a lot, for example when developing personalised care plans. The issue was then how to mainstream co-production and to do this in a more consistent way at different levels. There was further work to do, including by enabling experienced service users to actively participate in discussions.
- Cllr Connor noted that the report on page 5 of the agenda pack referred to Children and Adolescent services being particularly fragmented and requested that further detail on this be provided in the next report. **(ACTION)**
- Cllr Connor asked whether there were any plans to join up services provided by Barnet, Enfield and Haringey Mental Health Trust (BEH-MHT) with those provided by Camden and Islington NHS Foundation Trust. Dr McGrath said that he had noticed an increased ability for communication across the organisations about care and service design along with a clearer idea of trying to ensure a consistent offer across the NCL population. Sarah Mansuralli added that there was now closer collaboration the two organisations and, while they remained as two distinct organisations, they now had a joint Chief Executive and were moving towards a joint management team. This enabled better analysis of the available beds across both sites for example, which enabled mutual aid with patients in the north accessing services in the south and vice-versa. This collaboration would be built on through the review.
- Cllr Connor noted that the report on page 8 of the agenda pack referred to service users with complex needs being allocated a clinical case manager. She

added that local Councillors were often made aware about concerns relating to individuals with high mental health needs and it could be difficult for Councillors to know who to contact for assistance as the individuals were usually in contact with multiple agencies. Dr McGrath said that complex cases were often dealt with by multiple agencies, including through a MARAC, and that the intention of the coordination referred to in the report was to bring statutory and voluntary services together under a case manager so that people were not bounced around so much. Cllr Connor said that this case management aspect was an area of particular interest to local Councillors and requested that the Committee be kept updated on this at future meetings. **(ACTION)**

- Cllr Cornelius raised the use of 'mental health champions' within local authorities as a way of helping to raise the profile of the issue and to link local individuals and organisations with services.

RESOLVED –

That a future update report on the issues discussed should be provided to a future meeting of the Committee to include details on:

- **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.**

8. COMMUNITY HEALTH SERVICES REVIEW

Dr Josephine Sauvage, an Islington GP and NCL CCG Chair, introduced this item. Adding to the information already provided in the agenda pack, Dr Sauvage observed that the Community Health Services review was not dissimilar to the Mental Health Services review in that it dealt with differences across the NCL region in the service offer, staffing, workforce, resourcing and expected future needs. She noted that, if there was underinvestment in community resources, there may be a consequent equivalent increase in resources required for acute pathways. The process of the review had shone a light on what the differences were between the boroughs and what 'good' would look like in terms of the core offer in areas such as investment, hours of service, staffing models, integration and future-proofing.

Community services would need to evolve to work in a more preventative way, supporting people in their own homes. With a more integrated system it would be necessary to consider how community services were linked to other services and how integrated pathways for patients were established.

Following the review process, there was now an understanding of what the core offer should look like and of the required resource envelope. It was recognised that investment in community health services was needed and that resources may need to be reallocated within the system. The review had shown that different service providers operated slightly differently and so there were opportunities for them to learn from one another to solve problems and improve productivity.

Sarah Mansuralli added that there was a statutory Mental Health Investment Standard which increased incrementally each year, but that there was no equivalent standard for community health services. There had been discussions with partners about whether a similar approach could be adopted to enable this kind of incremental annual investment. This could contribute towards an expansion of care provided out of hospital and prevention/early intervention which would help to reduce pressure on acute services. Opportunities for collaboration would help to address fragmentation between providers. A population health approach had been taken to both community health and mental health services and the core offer was designed around the different needs of different population groups.

Dr Sauvage and Sarah Mansuralli then responded to questions from the Committee:

- In response to a question from Cllr Clarke about integration at a local level, Sarah Mansuralli said that this had to happen on a Borough Partnership basis so the implementation and financial plans were being developed at a borough level.
- Asked by Cllr Tomlinson about priorities, Dr Sauvage responded that the focus of a lot of the work had been on inequalities but also recognised that it was not fully understood what the priorities of residents were and that this may vary across boroughs. Borough Partnerships would therefore need to carry out further work to establish the priorities in their area.

Cllr Connor requested that a future update report to the committee should include additional details on the finances, the local offer and delivery through the Borough Partnerships, how the priorities of local population and the specific communities within that would be addressed, how co-production was embedded and workforce challenges. Sarah Mansuralli estimated that it would be possible to bring this update report to the September 2022 meeting of the Committee.

RESOLVED –

That a future update report on the issues discussed should be provided to a future meeting of the Committee to include details on:

- **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.**

9. ICS FINANCE/GOVERNANCE

Lara Sonola, Transition Programme Director at NCL CCG, introduced the transition element of this item, noting that the target date for the establishment of Integrated Care Systems (ICS) had been moved from 1st April 2022 to 1st July 2022, subject to the passing of the Health and Care Bill through Parliament.

Lara Sonola explained that the key work on developing the NCL ICS had focussed on recruitment to Executive posts, including the Chair designate Mike Cooke and the CEO designate Frances O'Callaghan. Three further appointments had also been made and it was hoped that all Executive appointments would be completed in the next few weeks. This would include a Chief People Officer role to tackle workforce challenges. There was a focus on improving outcomes, as opposed to a targets-based mentality, strengthening working together at Borough level, sharing best practice across Boroughs and benefiting from economies of scale where possible. The ICS constitution was in development and would need to be approved by NHS England.

On working with communities, Lara Sonola said that building co-production/co-design into the practices of the ICS would be facilitated by a number of emerging fora. These included a Community Partnership Forum, established in October 2021, which was chaired by Mike Cooke and brought together representatives from Healthwatch and community/voluntary services groups. There was also a Quarterly Partnership Council and a Steering Committee which were already operating in shadow form before the ICS was formally established.

Lara Sonola and Sarah Mansuralli then responded to questions from the Committee:

- Cllr Tomlinson asked whether the Councillors representing their local authority at ICS meetings would be able to nominate substitutes to attend on their behalf if they were unable to attend. Lara Sonola said that details such as this were still being worked through and so a response on this point would be provided at a later date. **(ACTION)** Asked by Cllr Clarke about the effectiveness of elected representatives on ICS bodies, Sarah Mansuralli agreed that this was an issue that the JHOSC may wish to monitor. She added that the approach was to bring in views from other partners and aim to avoid a health-only perspective.
- In response to a question from Cllr Clarke about non-executive members of the Board, Lara Sonola said that the role would be an independent one, working with the executive members on a part-time basis. Advertisements for the recruitment to these positions were already out. Cllr Clarke asked whether representatives of private corporations could be appointed to the Board, Sarah Mansuralli confirmed that this was not allowed, noting that the recruitment process was prescribed at national level.

- Asked by Cllr Connor which body the Community Partnership Forum would report into, Lara Sonola said that it would not report in anywhere but would work collectively alongside the Integrated Care Board (ICB) and the Health and Care Partnership. She reiterated that the Community Partnership Forum was chaired by Mike Cooke who was also the ICB chair. Sarah Mansuralli added that she was required to take all her papers through the Community Partnership Forum, as well as the other bodies, and to take on board their feedback. The ICB members were expected to attend all meetings and to actively engage with the different fora and with wider partners.
- Asked by Cllr Connor about the membership of the ICB, Sarah Mansuralli said that this wasn't yet available and so hadn't been included in the report. Lara Sonola added that there would be six partner members (including elected representative members) and two non-executive members. Cllr Connor requested that further information to be provided to the Committee at future meetings should include full details of the ICB membership. **(ACTION)**

Sarah Mansuralli introduced the finance element of this item noting that, as the ICS evolved and matured, the financial strategy would evolve as well to take those changes on board. She said that she would like to see the population health strategy and outcomes framework start to drive the financial strategy as this was not the case currently. The demand curve, the focus on early intervention/prevention and the approach on working better together also needed to be taken into account through the financial strategy.

The strategy had been beneficial in bringing providers together around an agreed framework with the various NCL Chief Finance Officers (CFOs) meeting fortnightly. The NCL was a net importer of activity which created additional complexity with patients attracted from outside of the NCL area. Moving forward, it would be necessary to consider further how best to resource delivering population health across the NCL area.

Sarah Mansuralli then responded to questions from the Committee:

- Cllr Clarke asked whether the arrangements for joint NCL ICS and Council funded projects, as described in the second supplementary agenda pack, would remain in place. Sarah Mansuralli said that everything would roll forward on 1st July but when the integration White Paper was developed further then there would be potential for joint arrangements to change. However, jointly delivered work would always be necessary when tackling issues such as the wider determinants of health, for example.
- Cllr Connor said that concerns remained over the debt within the CCG and the risk to service provision relating to this if the debt was not decreasing. Sarah Mansuralli said that the statutory responsibilities of the CCG would transfer to the ICS which would be working as a system to address these issues as they emerged and ensure that due process was followed. While this wouldn't change, there would be a focus with the new arrangements on managing money together differently as a system. However, there were still costs in

excess and so it would not be possible to come in at financial balance currently. There would be considerable discussion about addressing this which was a 'work in progress'. Cllr Connor observed that a particular concern was the risk of selling off assets to reduce the deficit.

10. WORK PROGRAMME

Cllr Connor noted that, as described in the second supplementary agenda pack, it was not yet possible to share a summary of financial figures for 2021/22 or 2022/23 for each of the Hospital Trusts within the NCL area so this would need to be carried forward to a future meeting. The Committee recommended that a paper on ICS finances to include figures from the main Hospital Trusts, an explanation of the strategic direction of travel and more detailed answers to the questions outlined in the second supplementary agenda pack, be brought to a future meeting. Sarah Mansuralli estimated that this information could be made available for the September 2022 meeting of the Committee by which time a CFO would be in post. **(ACTION)**

Referring to page 5 of the minutes of the previous meeting, Cllr Connor noted that further information on the Estate Strategy was due to be provided to a future meeting of the Committee. Sarah Mansuralli said that she would need to consult with colleagues to ascertain at what date this information could be provided, but it was suggested that it could be pencilled in for the November 2022 meeting for the time being. **(ACTION)**

In relation to the July 2022 meeting of the Committee, Sarah Mansuralli suggested that a paper on Start Well, a strategic programme for children and young people's services with a focus on secondary care and maternity services, could be included. **(ACTION)** Cllr Connor noted that the transitions from Children & Young People's services was an item on the Committee's work programme.

Sarah Mansuralli added that the final version of the fertility services review, which the Committee had previously considered at an earlier stage, would be likely to be available for the July 2022 meeting. Cllr Connor suggested that the workforce update could also be added to the July 2022 meeting. **(ACTION)**

Committee Members thanked the Chair and Vice-chair for their work during 2021/22.

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

'Enhanced Access' to General Practice

Stakeholder briefing

May 2022

- This slide pack provides an update on upcoming national changes to ‘enhanced access’ to general practice. Enhanced access is the additional provision of appointments outside of a GP practice’s core hours of 8am to 6.30pm (e.g. evenings and weekends).
- From October 2022, Primary Care Networks (groups of general practices working together) will take over the responsibility for providing enhanced access appointments for the patients in their area.
- A national specification, released by NHS England at the end of March 2022, describes the enhanced access service that must be provided by Primary Care Networks (PCNs).
- There are some differences between the national specification and current provision. In London, while the required service level (number of minutes of care) remains the same, current service opening hours exceed those set out in the national specification. There is also a greater emphasis in the national specification on pre-bookable ‘planned’ care, and less emphasis on same-day care.
- We are working with NHS England and our PCNs to develop plans in line with the national specification. We will be engaging with patients, stakeholders and staff over the coming months. As each PCN’s proposals develop, we will be assessing the implications for our current services and arrangements.

How is 'enhanced access' currently provided across North Central London (NCL)?

There are currently two forms of 'enhanced access' provision in general practice:

- Extended Access Hubs (weekday evenings 6.30-8pm, and weekends and bank holidays 8am-8pm):
 - The CCG currently commissions a number of extended access GP hubs in each borough, which can be accessed by any registered patient in that borough. Currently the hubs are run at borough level by our GP Federations or other primary care providers.
 - They offer both pre-bookable and on the day appointments, and NHS 111 can also book patients in.
 - There are some differences by borough reflecting different patterns of demand, use and investment.
 - London is the only region to consistently offer Sunday provision.
- Extended Hours access:
 - GP practices receive direct funding to provide 'extended hours' to expand their own practice's core opening hours and provide additional early morning, evening and weekend sessions.
 - The timing of these sessions is determined by the practice and must include emergency, same day and pre-bookable appointments.

Why are things changing?

- When the new GP contract was issued in 2019, it included an intention to deliver a single, combined access offer through the Network Contract Directed Enhanced Service (DES), bringing together: Extended Hours access funding and CCG commissioned Extended Access Hub services under a single national specification. The national aim is to remove variability (across England).
- During the COVID pandemic, the planned start date for this was delayed. In March 2022 NHS England released the national specification for Enhanced Access and confirmed that this transition will take place in October 2022.
- From 1 October 2022, national funding for these two forms of access will be combined and given to Primary Care Networks (PCNs) to provide an enhanced access service for their patients.
- PCNs are groups of practices working together – with each other and with other partners - to deliver nationally set services (we have 32 PCNs in North Central London).
- The national specification describes the enhanced access service that must be provided by PCNs.
- PCNs need to submit plans to show how they will deliver this access for patients by 31 July 2022 (draft plans) and 31 August 2022 (final plans).
- PCNs are required to show that the plans that they develop are based on engagement with patients, are responsive to known patient views, and reflect the patient need in their area.
- The CCG is responsible for assuring the PCN plans and ensuring that they form part of a cohesive Integrated Care System (ICS) approach.

Summary of what's required in the national specification

What's similar to our current provision?:

- **Capacity:** the overall number of hours that need to be provided for patients is similar to what's provided now.
- **Hub locations:** need to be convenient for the PCN's patients to access and, as a minimum, equivalent to the current number of hub sites.
- **Type of appointment:** PCNs will need to provide a mixture of face-to-face and remote (telephone, video, online) appointments and the ability to pre-book appointments in advance, as well as booking on the same day.
- **Staff that people will see:** Appointments will continue to be available with GPs and Practice Nurses in addition to other roles.

Summary of what's required in the national specification

What are the differences?:

- **Hours of operation required:** 6.30-8pm Monday to Friday, 9-5pm Saturday. The national specification does not include any requirement for services to be provided on a Saturday evening 5-8pm, or on Sundays and Bank Holidays. This would be a change for patients in London, even though the overall quantity of provision would be similar to what patients have now.
- **NHS 111:** Removal of the 'ring-fenced' appointments for NHS 111 to book into.
- **Telephony and IT** and how these work together between the GP practices within the primary care network may improve. The specification asks PCNs to make sure that all practices and the PCN have the ability to book into/cancel appointments, make referrals/request tests; view/update patients' records. This generally exceeds the digital capabilities of current provision.
- **Communication of service:** PCNs must actively communicate the availability of the enhanced access service – how it's accessed, what is available and when – through multiple routes.

Timeline and PCN plans

The timeframes for these changes have been set nationally and include:

- National specification for what PCNs need to deliver – 31 March 2022
- PCNs to submit draft proposals for how they will deliver enhanced access for their patients – 31 July 2022
- PCNs and CCG to agree final plans - 31 August 2022
- PCNs to start delivering the new service – 1 October 2022

PCN plans will need to set out a number of things including: how their plans have been informed by engagement, what services will be provided, the mix of appointment types available, where the location for face-to-face appointments will be and any plans they have to sub-contract services.

The CCG is responsible for assuring the PCN plans and ensuring that they form part of a cohesive Integrated Care System (ICS) approach. It is expected that a national template will be issued for PCNs to use to complete their plans, and commissioners will need to describe the principles and criteria they are using to assure plans locally. Commissioners across London are working together with London region to develop a consistent approach.

Potential implications and how we are trying to manage them

As this is a national specification, it does not fully reflect the approach that we have been taking in London and NCL over the last few years. Some of the risks we are aware of, are sharing with NHS England, and are trying to mitigate include:

- The national specification does not include any requirement for services to be provided on a Saturday evening 5-8pm, or on Sundays and Bank Holidays. This would be a change for patients in London, even though the overall quantity of provision and hours of care they would receive would be similar. This could impact services like 111 or emergency departments over the weekend, or increase demand on individual GP practices on Monday mornings.
- Timeframes do not allow for us or PCNs to engage as thoroughly as we would like and full consultation with patients if there are significant changes proposed would be very difficult within the national timeframe.
- A move away from a borough-wide model poses a risk of fragmentation and lack of clarity for patients and system partners about access points for general practice.
- Some workforce challenges – for example, PCNs may need additional staff to extend the working week, at a time when recruitment is particularly challenging.

To address these challenges, we are linking with NHS England and our London colleagues to escalate risks and develop some shared approaches for mitigating them.

We are also supporting our PCNs, along with our LMC and Federation colleagues, to consider fully the different options available for delivering the specification. We are also working with our Healthwatch colleagues and placing strong emphasis on responding to known patient feedback on access to services alongside supporting PCNs to engage with patient groups where possible.

How are we approaching the period to October 22?

This work is PCN-driven with support from CCG borough teams, underpinned by overarching NCL support and transparency regarding the approach to assurance. We will hold two NCL-wide workshops (May and June) to support PCNs in their planning, including a focus on consistency of service development, with the sessions anchored around understanding and meeting patient needs.

PCNs

- Develop local enhanced access plans that meet the requirements in the national spec and deliver high quality services to local populations.
- Ensure local patient voices are sought and their feedback is reflected in local plans.
- Take on learning and feedback from existing service providers.
- Two-way collaboration with borough partnerships to ensure engagement and fit with the system.

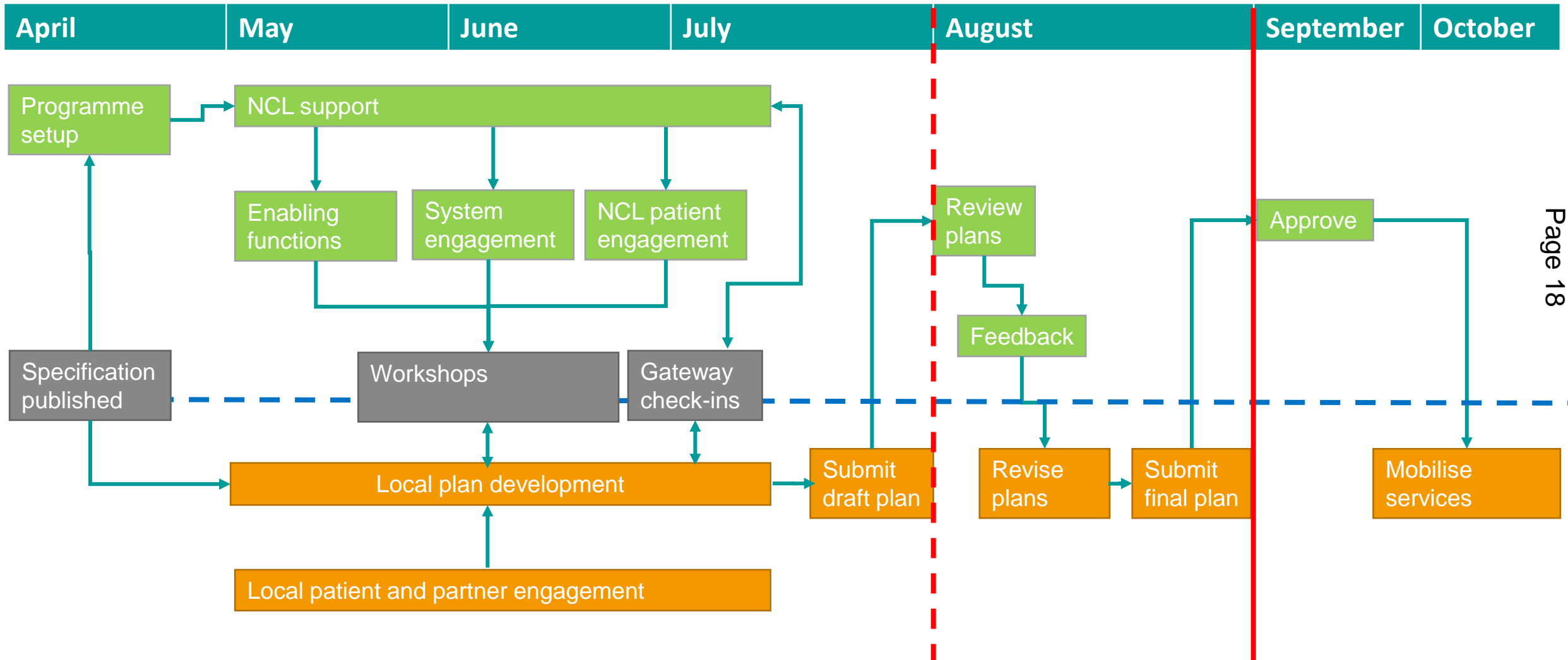
Borough teams and partnerships

- Offer support to PCNs to develop local plans and to situate these in local context.
- Adapt the NCL vision and ambition to local context and geography.
- Take a borough-wide view on PCN plans in the round, and work with the wider system to land these.
- Borough conversations with PCNs and current providers – informed by NCL approach.
- Feeding back issues and risks to NCL team early.

NCL system

- Collaborate with London ICSs and region on transparent criteria and a sign-off process for PCN plans.
- Set ambition for access across NCL informed by patient engagement.
- Support PCNs with setting up the necessary enablers to service delivery.
- Manage strategic risks and issues for the system in collaboration with system partners, including PCNs.
- Alignment and engagement with wider NCL system.

High-level roadmap



Communications and engagement plan

- National timescales mean the window for engagement is very tight, with responsibility shared between PCNs (responsibility to show how patient views have informed their proposed plan and model) and CCGs (responsibility to consult if PCN plans differ ‘significantly’ from current provision).
- A draft engagement plan has been developed which outlines our proposed approach, including how we will:
 - **Use known patient feedback**, insights, experiences and current service usage data to inform the development of plans, sharing this with PCNs at an early stage in the process.
 - **Provide support and opportunities for PCNs to engage residents** – e.g. through borough patient groups.
 - **Communicate and engage with a range of other partners and stakeholders** – this will include agreeing who is best placed to engage with each audience e.g. PCNs, borough teams or NCL colleagues. Consideration will also be given to how we can join up with those leading on the NHS 111 service re-procurement, as there are many shared patient groups and stakeholders who we both need to engage over the coming months.
 - **Involve patients or their representatives in our approach to assuring PCN plans**
 - **Consider what additional capacity and support is required for engagement over this period** – either where there are gaps in our existing knowledge or to help PCNs engage on the proposed service models they develop.

Feedback, questions and key contacts

- We hope this slide deck has been a helpful introduction to what's happening with enhanced access. We will be talking to lots of different stakeholders and partners over the coming months.
- In the meantime, if you have any comments or questions, or you would like to come and talk to us about this further, please let us know by emailing: nclccg.communications@nhs.net
- You can also contact the CCG colleagues listed below who would be happy to provide more information:

NCL:

- Becky Kingsnorth, Enhanced Access Programme Lead (rebeccakingsnorth@nhs.net)
- Sarah McIlwaine, Director of Primary Care (sarah.mcilwaine@nhs.net)

Borough Directors of Integration:

- Islington – Clare Henderson (clare.henderson4@nhs.net)
- Camden – Simon Wheatley (simon.wheatley2@nhs.net)
- Barnet – Colette Wood (colette.wood1@nhs.net)
- Enfield – Deborah McBeal (d.mcbeal@nhs.net)
- Haringey – Rachel Lissauer (r.lissauer2@nhs.net)

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 15 July 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. Contact Officer: Dominic O’Brien Principal Scrutiny Support Officer, Haringey Council Tel: 020 8489 5896 E-mail: dominic.obrien@haringey.gov.uk	
RECOMMENDATIONS The North Central London Joint Health Overview & Scrutiny Committee is asked to: <ol style="list-style-type: none"> 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 on 30th September 2022. 	

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 to consider any amendments that may be required.
- 1.2 This next meeting of the JHOSC is scheduled to take place on 30th September 2022 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:
- Finance update;
 - Workforce update.
- 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> For the Committee to scrutinise the final version of the Fertility Services Review. 	NCL partners
Enhanced Access to General Practice	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> An update on workforce issues in NCL. 	NCL partners

25 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 28 th Jan 2022.	NCL partners
TBC		

3 February 2023

Item	Purpose	Lead Organisation
TBC		

17 March 2023

Item	Purpose	Lead Organisation
TBC		

2022/23 Meeting Dates and Venues

- 15 July 2022 - Camden
- 30 September 2022 - TBC
- 25 November 2022 - TBC
- 3 February 2023 – TBC
- 17 March 2023 - TBC