JOINT HEALTH OVERVIEW SCRUTINY COMMITTEE FOR NORTH CENTRAL LONDON SECTOR

Monday, 26th June, 2023 at 10.00 am in the Enfield Council Chamber, Civic Centre, Silver Street, Enfield EN1 3XQ

AGENDA – PART 1

1. AGENDA PACK (Pages 1 - 152)

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Agenda Item 1

NOTICE OF MEETING

NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Contact: Dominic O'Brien, Principal Scrutiny Officer

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Monday 26th June 2023, 10:00 a.m.
Enfield Council Chamber, Civic Centre, Silver Street, Enfield EN1 3XQ

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

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

AGENDA

1. FILMING AT MEETINGS

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

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

2. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

3. ELECTION OF CHAIR

To elect the Chair of the Committee for the 2023/24 municipal year.

4. ELECTION OF VICE-CHAIRS

To elect the Vice-Chair(s) of the Committee for the 2023/24 municipal year.

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. TERMS OF REFERENCE (PAGES 1 - 2)

To note the Committee's terms of reference.

9. MINUTES (PAGES 3 - 32)

To confirm and sign the minutes of the North Central London Joint Health Overview and Scrutiny Committee meetings on 20th March 2023, 6th June 2023 and 7th June 2023 as a correct record.

10. MATERNITY & NEONATAL SERVICES UPDATE (PAGES 33 - 54)

For the Committee to receive an overview of maternity and neonatal services in NCL including Ockenden Review assurance/compliance and the role of the Local Maternity Services Network.

11. CANCER PREVENTION PLAN (PAGES 55 - 120)

For the Committee to consider the development of a Cancer Prevention Plan for NCL.

12. SURGICAL TRANSFORMATION PROGRAMME (PAGES 121 - 140)

For the Committee to consider the detail of and rationale for changes in this area, the equality impact assessment, the approach to engagement and the travel analysis.

13. WORK PROGRAMME (PAGES 141 - 148)

To provide an outline of the Committee's 2023-24 work programme.

14. NEW ITEMS OF URGENT BUSINESS

15. DATES OF FUTURE MEETINGS

To note the dates of future meetings:

- 11th September 2023 (10am) – Islington Town Hall
- 13th November 2023 (10am)
- 29th January 2024 (10am)
- 18th March 2024 (10am)

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Friday, 16 June 2023

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Page 1

North Central London Joint Health Overview and Scrutiny Committee (JHOSC)

Terms of Reference

1. 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;

2. 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;

3. To respond to any formal consultations on proposals for substantial developments or variations in health services affecting the area 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;

4. 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;

5. 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

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

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Agenda Item 9

MINUTES OF THE MEETING OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 20th March 2023, 10:00am - 1:00pm

PRESENT:

Councillors: Pippa Connor (Chair), Tricia Clarke (Vice-chair), Larraine Revah (Vice-chair), Kate Anolue, Jilani Chowdhury, Philip Cohen and Chris Dey.

ALSO ATTENDING:

45. 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'.

46. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Kemi Atolagbe (Camden), Cllr John Bevan (Haringey), Cllr Anne Hutton (Barnet), Cllr Andy Milne (Enfield). Cllr Chris Dey (Enfield) attended the meeting as a representative in place of Cllr Andy Milne.

47. URGENT BUSINESS

None.

48. 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 Jilani Chowdhury declared an interest by virtue of his son working as a doctor in Margate.

49. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

50. MINUTES

The responses received so far to the actions from the previous meeting were noted and it was reported that further responses would be circulated by email shortly. Cllr Tricia Clarke referred to the information provided about the consultation on the St Ann's primary care contract and expressed concerns about the role of AT Medics and the use of physician associates. Claire Henderson, Director of Integration at the NCL ICB, responded that this issue had previously come up at other AT Medics practices. She explained that, given the current challenges associated with GP recruitment and retention, mixed skills in GP practices were being seen more often when procurement processes were carried out. However, the ratio of GPs on site was an important consideration as part of this process. Asked by Cllr Connor whether members of the public were able to observe discussions on this issue at the Primary Care Commissioning Committee (PCCC), Claire Henderson explained that the meetings included a 'Part 1' section held in public and a 'Part 2' section held in private. Public questions could be submitted to Part 1 of the meeting.

The minutes of the previous meeting were approved.

RESOLVED – That the minutes of the meeting held on 6th February 2023 be approved as an accurate record.

51. HEALTH INEQUALITIES FUND

Ruth Donaldson, Director of Communities at the NCL ICB, introduced this item, noting that further funds had been allocated since the previous overview that had been provided to the Committee 18 months previously. The original purpose of the scheme had been to develop innovative solutions to health inequalities and some details of the schemes had been provided in the pack.

The schemes highlighted included:

- The 'Supporting People with Severe & Multiple Disadvantage' scheme (Haringey) aimed at working with people with compounding inequalities (for example because of their ethnic background or their employment/housing status) and poor health outcomes. The scheme worked across services to offer proactive wraparound care with a small cohort of people which led to a reduction of 800 A&E attendances.
- The 'Peer Support for Cardiovascular Disease Prevention' scheme (Barnet) connected people of South Asian, African and Caribbean heritage and had led to reductions in blood pressure.
- The 'Black Health Improvement Programme' (Enfield) had included cultural competency training for GPs and the feedback had been positive.

Ruth Donaldson commented that the wider lessons learnt from the programme had included that resources were allocated at NCL level but then Borough Partnerships

determined how it was spent based on their local insights and understanding which had led to more collaborative and innovative solutions. In addition, the learning from the co-production and community empowerment work could be applied across the system in future, included by monitoring the level of equity in all standard measures and making the best use of limited resources in decision making.

Ruth Donaldson then responded to question from the Committee:

- Cllr Connor observed that this approach appeared to tie in with the Population Health Strategy for NCL. Ruth Donaldson agreed that there was a definite alignment, noting that the Population Health Strategy had five areas and that they were keen to improve outcomes through the delivery part of the strategy and by spending resource in the areas of highest need.
- Cllr Clarke referred to the smoking cessation programme and asked whether the issue of vaping and young people was being incorporated into the programme. Ruth Donaldson said that this had not yet come forward as a particular need and the evidence in this area appeared to be limited. However, she added that a key part of the scheme was about listening to local populations, including young people, about their priorities and then bringing in national evidence and local public health data to determine the use of resources.
- Cllr Cohen noted that the funding for some of the projects was time limited and asked for clarification on the funding situation at the end of those time periods. Ruth Donaldson explained that there were different reasons why schemes might finish. Some schemes came to end because they could not provide evidence of the intended outcomes. Others were time limited because they had completed certain objectives, such as the project on autism in Camden which aimed to bring lived experience expertise into the development of mental health strategies.
- Cllr Cohen referred to the table in the report which listed Barnet separately as part of NCL rather than receiving allocations as an individual area as was the case with the other Boroughs. He added that there were significant pockets of deprivation in Barnet and suggested that this needed to be addressed through the fund. Ruth Donaldson explained that 70% of the fund was linked to deprivation, based on the 20% most deprived wards, and that this criteria did not apply to wards in Barnet. However, the remaining 30% of the fund applied to NCL-wide schemes which did include Barnet and a focus on pockets of deprivation and other areas of particular need.
- Cllr Revah asked what projects were in place to support the disabled community and requested further details about engagement through the community empowerment and co-design process, including organisations covering issues such as youth justice and food poverty, as set out in the report. Ruth Donaldson said that there was not a specific project aimed at this community directly but that this was dependent on the networks in each Borough and the needs that were identified. There had been involvement with groups such as the Carers Forum on the needs of carers and other organisations were represented in groups such as the Enfield Inequalities

Delivery Group which looked at the interdependencies and outcomes by protected characteristics associated with conditions such as diabetes. There had been a particular emphasis on engaging with the highest risk populations. The Community Powered Edmonton scheme was an example of local voluntary and community organisations working alongside statutory services to understand the needs of under-served communities.

- Asked by Cllr Chowdhury about engagement with a diverse range of community groups, Ruth Donaldson said one of the approaches used was to ensure that funding was guaranteed for at least two years if outcomes were met. There had also been work with the communications team to focus more on producing videos in a range of languages which was more likely to reach people than the translation of leaflets.
- Cllr Connor asked how the commissioning of projects had changed based on the recent learning about what had not worked so well. Ruth Donaldson said that one of the biggest challenges had been on the length of time to recruit staff from under-served communities. This had included difficulties in recruiting from the eastern European and Kurdish communities for the smoking cessation and cancer screening projects. Where recruitment was successful, the benefits in outcomes did come through, but in areas where recruitment had been too difficult it had been necessary to look at alternative uses for the resource. The two-year funding guarantee that was previously mentioned had been introduced as a way of improving the situation for smaller community groups.
- Asked by Cllr Connor for further details about the process of partnership working and the evaluation work in this area being conducted by Middlesex University, Ruth Donaldson said that, in some cases, a large number of bids were received for relatively small pots of money. The local insight and innovation of Borough Partnerships was therefore important in helping to determine the best use of resource. The Middlesex University evaluation was looking at 10 projects selected due to the good levels of co-production. This involved an overarching steering group with various organisations contributing to the debate with discussion over different methods of co-production.
- Cllr Connor noted that the recent NHS Confederation report, ‘Unlocking the NHS’s social and economic potential’ was referenced in the agenda papers and observed that this emphasised stronger partnership work which could impact on areas such as housing and food poverty. She asked if this approach would be embedded in the next set of projects and on what the likely funding situation was likely to be. Ruth Donaldson agreed that a greater understanding of the wider determinants of health and root causes of health inequalities was the right direction of travel in this area. There was also a focus on the best use of limited resources with interventions such as smoking cessation typically providing a greater return on investment than secondary care interventions. This needed to be based on local insight as well as public health data.

Cllr Revah proposed a recommendation that there should be more focus on people with disabilities in the next set of projects as they faced a high level of health

inequalities which had not been addressed in the report. This recommendation was agreed by the Committee. **(ACTION)**

Cllr Connor proposed that a further report be provided to the Committee at a future date including details of the outcomes of the Middlesex University evaluation and a greater understanding of how the health inequalities work was being embedded in local authorities. **(ACTION)**

52. WINTER RESILIENCE UPDATE

Alex Smith, Director of Transformation at the NCL ICB, introduced the winter resilience update noting the following key points:

- The winter had been a particularly challenging period with a high level of flu and respiratory illnesses as well as industrial actions.
- Partners across the health and care system had been working closely together to manage safety and to support each other during a period of increased pressure. This included a focus on hospital handover times and discharge delays as these could sometimes be caused by something elsewhere in the system not working.
- Additional funding had been allocated from NHS England for additional capacity and from the Department for Health & Social Care to support hospital discharge and this had helped to get people home quicker when they were ready to do so.
- There had been collaboration with the London Ambulance Service (LAS) to improve the handover of patients. During the period of industrial action there had been the involvement of GPs and senior clinicians to provide the right advice over the phone which meant that, in some cases, it was not necessary to send an ambulance. There were challenges in doing this in the longer-term due to the demands on the workforce. There had also been collaboration between the LAS and the Urgent Community Response services to reduce the need for hospital admissions.
- There would be an evaluation process over the summer to provide learning over what had worked well and not so well in time for next winter.

Alex Smith then responded to questions from the Committee:

- Cllr Dey raised the difficulty of obtaining GP appointments which increased the demand on A&E departments. Alex Smith said that there were a myriad of reasons for this and, while sometimes this may be due to patients not being able to obtain a primary care appointment, it could also be about what patients knew about primary care and how they preferred to access the system. Extended access GP services was a part of tackling this but, in the longer term, a review of primary care services would be commencing soon to look at workforce challenges, how well the full range of primary care services were

working and the information available to patients about accessing primary care services.

- Cllr Cohen requested further details about the follow-up reablement care that was provided following discharge and the impact of the additional funding. Alex Smith explained that they worked closely with the five NCL local authorities that provided these services and all had felt that they could meet the financial demands over the winter. While the funding and workforce issues in this area were well known, additional capacity was added so far as was possible with the additional funding over the winter period. However, there were some areas that needed improvement and some further guidance on hospital discharge was expected soon.
- Asked by Cllr Anolue about the lack of resources for personal care in the home, Alex Smith said that this question would need to be directed to local authority colleagues but that the NHS worked closely with them on discharge issues including on putting together the right care team to support people in the reablement process.
- Cllr Connor observed that some patients who had just been discharged from hospital would not necessarily know who to raise issues and complaints with and asked what oversight NHS colleagues had over this. Alex Smith said that a written response would be necessary on this. **(ACTION)**
- Cllr Connor asked about the special NHS funding provided for short periods following hospital discharge and the impact on patients after this ended. Alex Smith explained that, until March 2022, there had been national arrangements in place which provided hospital discharge funding for the first 4 weeks of care. That funding had now stopped and so there were discussions with local authority partners about improving the provision of reablement costs at the point of discharge, though current arrangements varied by Borough. Cllr Connor requested further details on the financial circumstances for this, including self-funding arrangements and the circumstances in each Borough. **(ACTION)**
- Asked by Cllr Clarke and Cllr Dey about the impact of the industrial action, Alex Smith said that the main focus had been on safety issues but acknowledged that the action had been costly and had a significant impact on staff.
- Cllr Revah observed that patients were often provided with equipment to support them when discharged from hospital but that these were often not returned which seemed to be a waste of resources. Alex Smith said that around 60% of equipment was collected in some areas but agreed that it was necessary to do better and said that there was work ongoing with Borough Partnerships on how these arrangements could be made more effective.
- Cllr Revah asked how many people were sent to care homes if prolonged care was needed and requested a breakdown to be provided on this by borough. Alex Smith said that there were Better Care Fund (BCF) metrics available on

this in terms of reducing the number of people going into long-term care which could be provided to the Committee. **(ACTION)**

- Cllr Revah raised concerns about palliative care and said that there were no set times about visits for medication, injections and other treatments which was confusing for patients. Alex Smith said that he would take this feedback to the End-of-Life commissioner **(ACTION)** but noted that there was now a single point of access to palliative care with a 24-hour phone line. Cllr Connor added that it could be very difficult for people to access palliative care staff at weekends and that the public often did not realise how much work in this area was done by the charity sector.
- Cllr Revah reported that some elderly people could not get transport until late at night when being discharged from hospital. Alex Smith agreed that this should not be happening and said that there was some work being done on discharge during the day which was also important because it would make more of the capacity in the community. He noted that NCL had some of the better rates on this in London but that there was more that could be done.
- Cllr Revah suggested that 'geriatric wards' was inappropriate wording and that they should be renamed to something friendlier. Alex Smith agreed with this point.
- Cllr Connor raised the missed opportunity clinical audit undertaken at North Middlesex University Hospital with the aim of identifying patients who were not on the correct pathway following their attendance at the Emergency Department, noting that the outcome report was expected to have been completed by Feb 2023. Alex Smith agreed to provide further details to Committee on this report. **(ACTION)**
- Asked by Cllr Connor about the appropriate time the Committee to examine the winter resilience arrangements for next year, Alex Smith suggested November or December 2023 **(ACTION).**
- Cllr Clarke suggested that cutting down on agency staff would help to reduce costs. Alex Smith acknowledged the concern but noted that some colleagues worked on an agency basis to be able to afford to live in certain areas of London. He added that there had been a London-wide cap on agency rates and that recruitment could be improved by planning further ahead in partnership with local authorities.

53. PRIMARY CARE UPDATE

Clare Henderson, Director of Integration (Islington), provided an update on the primary care response to winter 2022/23. She explained that:

- Comprehensive plans had been developed but there had been additional challenges such as Strep A. There was always a lot of focus on primary care access and demand for face-to-face appointments which needed to be balanced against protecting capacity for proactive care and long-term condition management.

- Rates for face-to-face appointments in NCL were slightly lower than the national average but NCL was one of the best performers in terms of same day appointments. In Camden there had been a focus on high intensity users, while in Islington there had been an approach based on speaking to a PCN reception rather than an individual practice for triaging purposes.
- A shift in focus to same day access was anticipated and NHS England were expected to publish a document on this shortly.
- Primary care services still had a range of telephony systems which was a currently a significant topic of conversation.

Cllr Chowdhury raised the difficulties for patients in obtaining GP appointment by calling at 8am. Cllr Connor noted that there was often availability at GP hubs at evenings and weekends but that this was not widely known or communicated by GP practice reception staff. Clare Henderson acknowledged that there was scope for better communications about how people can access GP hubs. She added that the recruitment and retention of reception staff was an area where many practices struggled and this added to the challenges of primary care access.

Kristina Petrou, NCL Community Pharmacy Clinical Lead, provided an overview of community pharmacies, noting that there were just over 300 community pharmacies in the NCL area, 80% of which were independently owned with 20% provided by chains such as Boots or Superdrug. She also explained that:

- The Pharmacy Integration Programme was a drive from NHS England to improve services in community pharmacies. The aim was to increase the presence of pharmacists in primary care and to make pharmacists the first point of call in many situations to help people to self-care and to free up primary care capacity. This would also better utilise the clinical skills in community pharmacies that were currently underused.
- The table on page 56 of the agenda pack provided a list of community pharmacy services. From March/April the Community Pharmacy Consultation Service (CPCS) would be accepting referrals from Urgent or Emergency care settings which meant that a large amount of presentations could be managed through community pharmacies rather than GP practices or A&E.
- A hypertension case-finding service was being expanded to identify risk of strokes, heart attacks and cardiovascular disease. 204 pharmacies in NCL had signed up to this, of which 142 (as of Dec 2022) were actively providing appointments so far. They could also accept referrals from GP practices that did not have the capacity to monitor blood pressure which could help to identify long-term conditions at an earlier stage.
- Another service was the Discharge Medicine Service (DMS) which must be offered by all pharmacies. This was to ensure better communications of changes to a patient’s medication when they leave hospital. It was estimated

that 60% of patients had three or more changes to their medicines during a hospital stay which increased the risk of errors during the discharge process.

- A Smoking Cessation Service (SCS) was provided from Chase Farm hospital in Enfield to patients identified in hospital and then directed to a pharmacy of their choice.

Kristina Petrou then responded to questions from the Committee:

- Cllr Cohen asked whether the pharmacies that had signed up to new services had been supported with additional training and financial resources. Kristina Petrou explained that the central services must be offered by all pharmacies so this was part of their core payment. The advanced services (which included the CPCS, smoking cessation and hypertension services) were designed nationally but pharmacies could choose whether or not to opt into these. Pharmacies that opted in received a set-up payment based on the staff training requirements as well as the fees for services provided. While funding had been cut for dispensing prescriptions, pharmacies were being paid more for consultations and other services 'on the shop floor'.
- Members raised various concerns about communications issues:
    - Cllr Anolue expressed the view that public awareness about the new services needed to be raised and also expressed concern about the availability of pharmacies in some parts of the local community.
    - Cllr Revah said that communications from GP practices about these services may need to be improved.
    - Cllr Connor asked how GPs would know about patient interactions with pharmacists.

  Kristina Petrou agreed that there was untapped potential of the clinical skills of pharmacists but said that the public view of pharmacy services, in terms of awareness of the services that were available, was improving according to surveys that were carried out each year. The provision of services across population areas was typically addressed through the Pharmaceutical Needs Assessment which was published every four years by the Health & Well Board and assessed any gaps in need across the population in the Borough.

  Kristina Petrou added that the communications on the pharmacy services included a national approach as well as communications from individual GP practices through their websites, posters and display boards. GP practices were encouraged to work with pharmacies within individual primary care networks.

  Kristina Petrou agreed that the sharing of data between GP practices and pharmacies was the top stumbling block to rolling out services across pharmacies for IT and GDPR reasons. Pharmacies did not have the ability to

add entries to GP records and so the system relied on them sending messages to GP practices.

Cllr Connor addressed a matter arising from a previous meeting (raised by Cllr Bevan) which related to the improvement of the external condition of the premises of GP practices. A response had been provided to the Committee setting out the expenditure required to make the buildings fully compliant and Cllr Connor requested further details about the expected timescales for the completion of this work. Clare Henderson said that the improvement grants came from NHS England to improve GP practice premises, including disabled access but that she would provide a further update on the expected timeline. **(ACTION)**

Due to time constraints, Cllr Connor suggested that Committee Members submit any additional questions that they may have by email.

54. WORK PROGRAMME

The Committee then discussed possible items for inclusion in their work programme for 2023/24, with the following suggestions made:

- Cllr Revah proposed that an item could be included on loneliness and isolation, not just with regard to older people but also other demographic groups. This could include looking at the support available (including in relation to mental health and wellbeing), community activities and signposting to appropriate services and support organisations.
- Cllr Connor noted that further updates on population health and on health inequalities could be scheduled and it was agreed that it would be necessary to liaise with officers on the appropriate timescales for this. These issues could also be relevant to the item on social isolation.
- Cllr Connor noted that update reports on finance, workforce and estates would also be included in the 2023/24 work programme, with the estates item usually scheduled for November. Cllr Clarke suggested that the finance paper could include details of the financial impact of recent industrial action.
- Cllr Revah commented that the meeting on mental health in February 2023 had been positive and suggested that the issue could be revisited in the following year. Cllr Connor added that the involvement of local community groups had provided some strong evidence.
- Cllr Anolue suggested that concerns about paediatric services could be included in the work programme.
- Other topics raised included smoking cessation (including vaping and young people, potentially involving speaking to schools), diabetes and cancer.

55. DATES OF FUTURE MEETINGS

At the time of the meeting, the dates for 2023/24 were still to be confirmed. The meeting dates were subsequently confirmed as:

- 26th Jun 2023 (10am)
- 11th Sep 2023 (10am)
- 13th Nov 2023 (10am)
- 29th Jan 2024 (10am)
- 18th Mar 2024 (10am)

CHAIR:

Signed by Chair ……..

Date ……

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MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Tuesday 6th June 2023

PRESENT:

Councillors: Pippa Connor (Chair), Cllr Revah (Vice-Chair), Cllr Atolagbe, Cllr Milne and Matt White

ALSO ATTENDING:

1. 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'.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Tricia Clarke and Cllr Philip Cohen.

As the meeting was not quorate, it was noted that it could only continue as an informal briefing and that any formal decisions would need to be deferred to a future quorate meeting.

3. URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

6. SCRUTINY OF NHS QUALITY ACCOUNTS

Cllr Pippa Connor introduced the meeting, highlighting a useful definition of Quality Accounts set out on page 57 of the supplementary agenda pack as "an annual report including information about the quality of the services provided to service users and other stakeholders by the Trust."

Amanda Pithouse, Chief Nurse for Barnet, Enfield & Haringey Mental Health Trust (BEH-MHT) and Camden & Islington NHS Trust (C&I), presented slides on the Quality Accounts for the two Trusts, highlighting key points which included:

- The partnership between the two Trusts had been further developed with a single Chair, Chief Executive and Executive Team. A five-year joint strategy with four key strategic aims had been developed in consultation with staff, service users and others.
- The redevelopment of St Ann's Hospital in Haringey had been completed.
- A new inpatient building at Highgate East and a new community building at Lowther Road were due to open in late 2023.
- Progress was continuing in transforming community mental health services across all five boroughs.
- Enfield Community Services were transferred to North Middlesex University Hospital (NMUH) in April 2023.
- Specific actions taken on Quality Priorities at BEH-MHT and C&I including reductions in restrictive practices, suicide prevention, building the workforce around people with lived experience, launching a Recovery Strategy, supporting staff well-being and improving service experience and involvement.
- The 'Brilliant Basics' initiative was aimed at getting the fundamentals of care right for every person every time.
- The Partnership Quality Priorities identified for 2023/24 were patient safety, patient experience and clinical effectiveness.

Amanda Pithouse, Vincent Kirchner (Chief Medical Officer), Andrew Wright (Chief of Staff), Caroline Sweeney (Director of Nursing) and David Curren (Deputy Director of Nursing) then responded to issues raised by the Committee:

- Cllr Connor referred to the £25m three-year project to develop a new model of community services and wraparound care which every resident was expected to have access to by summer 2024 (page 55 of supplementary agenda pack) and asked what residents could expect to experience. Vincent Kirchner explained that this was a population health model with place-based community mental health teams that get to know their local populations and statutory/voluntary partners in that area. This involved working with people with complex needs but also had a social health aspect, helping to link people to appropriate services and networks as well as early intervention/prevention while considering the social determinants of mental ill-health. These multi-disciplinary teams include psychiatrists, psychologists and social workers but would also refer to housing, benefits or other staff where appropriate.
- Cllr Revah expressed concern about support for people with disabilities and mental health problems. She noted that some centres that provided acute services and drop-in centres in North Central London had been closed in recent years and queried how people dependent on such services would be supported. Vincent Kirchner explained that the model had been shifting towards providing services in the community rather than requiring people to come to far away clinics and this involved choices about where to spend limited resources.

The new model included seeing people at home where appropriate and also linking in via the voluntary sector to communities that had not always been reached very well in the past. He also noted that some of the centres that had closed had been local authority run.

- Asked by Cllr Revah about services for people from the deaf community, Vincent Kirchner agreed that this was a community that was under served at times and that St Georges was typically the only point of access for deaf people. He confirmed that access to sign language services could be provided when required.
- Cllr White queried whether all residents felt that they had sufficient access to mental health services when they needed it, including mild to moderate anxiety and depression issues, and whether this was linked to insufficient funding. Vincent Kirchner acknowledged that funding was always an issue as the demand for mental health services was so high, but said that, since the Covid-19 pandemic, an increase in the severity of mental health had been seen. He added that sometimes people escalated to a point of crisis before they reached the threshold to get access to mental health services. However, the NHS talking therapies service (previously known as IAPT) was aimed at those with mild to moderate mental health problems and people could self-refer to this service (unlike other types of mental health services). He agreed that people experiencing mental health problems for the first time would not necessarily know about the range of services, but they would typically go to their GP in the first instance for advice on this.
- Cllr Atolagbe observed that not all residents would necessarily visit their GP to speak about mental health and suggested that there should be greater visibility about services in community settings, such as schools/play centres to reach parents for example. Vincent Kirchner said that tackling health inequalities was an important priority in NCL and the aim was to think more creatively, including to reach communities in different ways. There were workers in schools as part of the children and young people's mental health approach and this was also part of the community 'place-based' approach that was previously mentioned. This also involved stronger collaboration with the voluntary sector and being spread out further across the local community. Cllr Revah suggested that other settings including community centres and food banks could also be considered. **(ACTION)**
- Cllr Milne added that, with GP appointments being difficult to obtain at present, some people suffering from mental ill-health might not persevere in getting the necessary appointment. Vincent Kirchner acknowledged that this was an issue but noted that there was also a crisis line that people could access as an alternative point of access to services.
- Cllr Atolagbe asked about the monitoring of in-patients and the serious incidents referred to in the report. Caroline Sweeney explained that, when admitted to services due to a mental health crisis, there were a team of nurses that were present 24/7 as well as a range of specialist staff available during the week. Overall, the teams would have treatment and care plans for individuals and the monitoring would depend on specific needs. Serious incidents could

include a deterioration of someone's condition in inpatient care resulting in harm or a completed suicide in the community for example. There was NHS England guidance on how to manage and report on such incidents and a focus on learning from them, including the involvement of service users and carers in incident reviews.

- Asked by Cllr Milne about recruitment and retention challenges, Vincent Kirchner said that there was a real shortage of mental health medical workers at present, not least because of the expense of living in the North Central London area. Efforts were therefore being made with staff wellbeing initiatives, recruiting further afield, bringing in international medical graduates and building the physician associate workforce as they could perform tasks that reduce the workload of doctors. In relation to nursing, Amanda Pithouse said that there had been a number of initiatives, including peer support workers and nursing associate roles with pathways for development into nursing. She added that some newly qualified nurses were sometimes lost at the end of the first year so there was more work to be done to support people during that period of time. The wellbeing strategy would help to support this.
- Cllr Connor said that the feedback she had received on the NHS talking therapies service was that, if the person was deemed to have risk factors relating to suicide/self-harm, then they were told that the service was not appropriate for them. In contrast, people contacting the crisis line were often not admitted to services unless their mental health crisis was deemed to be sufficiently serious. This led to some groups of patients being turned away from services and potentially having to go back to their GPs before any support would be provided. Vincent Kirchner acknowledged the risk of some patients falling between the middle of these types of service but said that this was an issue that the community mental health teams were designed to be able to address and to direct people to the right services (e.g. referral to a psychologist or other types of support).
- Cllr Connor requested further details on how the performance of services was monitored. Vincent Kirchner said that there were clinical strategies setting out how services should work along with a governance structure, performance indicators and deep dives into service delivery. Amanda Pithouse added that a recent CQC inspection had been carried out on BEH-MHT crisis services which had recognised recent improvements in staffing with more manageable caseloads. Cllr Connor said that, in future reports, it would be useful for details to be included about how these deep dives worked, how evidence was captured about how people were using services and how issues were identified when things were going wrong. **(ACTION)**
- Cllr Connor said that she was aware of concerns about access to mental health support for asylum seekers, including for PTSD, and their lack of access to translators when trying to access services. Vincent Kirchner said that interpretation services were made available to asylum seekers but that this was an issue that could be taken away for further consideration if there were concerns that the services provided were not sufficient. He also acknowledged

that it could be difficult to meet the demand for services from people who had experienced trauma in conflict zones. **(ACTION)**

- Cllr Connor referred to the new 78-bed Highgate East facility which would replace the wards at St Pancras Hospital and asked whether this represented an increase in the number of beds available. Vincent Kirchner explained that, though there were fewer beds at Highgate East compared to St Pancras, the refurbishment work at Highgate West meant that the overall number of beds was not being reduced.
- Asked by Cllr Milne for further details about the reduction in restrictive practices and the definition of this, Amanda Pithouse explained that, in some circumstances, restrictive practices were unavoidable included restraint and tranquillisation. A regional conference had recently been held which involved looking at new ideas to reduce the use of restrictive practices.
- Asked by Cllr Milne about longer term funding streams for voluntary sector organisations, Vincent Kirchner said that three-year contracts were now being provided.
- Referring to the ambition to reduce the average length of stay at acute wards (page 82 of supplementary agenda pack) and, given that this was usually for people with severe mental health issues, Cllr Connor asked how they would be supported following discharge. Vincent Kirchner noted that this was a national ambition set by the NHS Long Term Plan that the Trusts were aiming to meet. He explained that one of the concerns relating to discharge was the lack of supported housing available for people and that, if they were placed in a hostel instead, then this could be a difficult place from which to recover from a serious illness such as psychosis. Asked by Cllr White about the reasons for this, Vincent Kirchner explained that the provision of supported housing was a responsibility of local authorities but that the provision was quite limited, particularly for younger people. While local authorities were usually sympathetic to these concerns, the availability of resources to invest in this area was not typically available. Cllr White observed that investment in this area would arguably save both the local authority and the NHS Trusts money in the long-term, as well as improving quality of life. **(ACTION)**
- Cllr Connor noted that the Metropolitan Police had recently indicated that they were aiming to reduce their responses to mental health cases and asked what alternative arrangements were being put in place. Vincent Kirchner said that various places of safety were provided, including at Highgate East, and added that there was also a mental health crisis assessment service. Amanda Pithouse added that Police officers no longer take S136 cases to police cells. Cllr Connor said that a clearer understanding of how this was all joined up would be useful to see in future Quality Account reports. **(ACTION)**
- Referring to the section on suicide prevention and the involvement of carers in risk assessment and care planning (page 96 of supplementary agenda pack), Cllr Connor noted that some carers felt that they were kept out of the loop and were the last to know about ongoing concerns. Amanda Pithouse explained that the main challenge here was on consent and confidentiality because patients sometimes did not want certain information to be shared with their

carers. However, improved practices on engagement and involvement where possible was the objective.

- Cllr Revah highlighted the long waiting lists for mental health services, both for adults and for children & young people and requested that details of waiting times, and the progress against previous years, be provided in future Quality Accounts reports. **(ACTION)** Amanda Pithouse said that this information could be shared with the Committee and added that an integrated performance report, which included information on waiting times, could be found the Trust's public board papers. Cllr Revah said that it would be helpful for Members if it was clearer about where information such as this could be found.
- Referring to the section on the Local Clinical Audit Programme (page 75 of supplementary agenda pack, Cllr Atolagbe requested clarification on the point that "the carenotes outage affected the completion of several audits". Vincent Kirchner explained that a cyberattack on a provider of electronic patient records had meant that performance reporting could not be completed in that period.

On behalf of the Committee, Cllr Connor thanked the NHS Trust's officers for their attendance. She commented that a longer meeting would be required in future years as the time allotted had not been sufficient to scrutinise the Quality Accounts in full. With regards to this year's reports, she added that further questions from the Committee would be submitted to officers in due course. **(ACTION)**

<u>Statement provided from JHOSC to Barnet, Enfield & Haringey Mental Health Trust and Camden & Islington NHS Trust</u>

The Joint Health Overview and Scrutiny Committee for North Central London (NCL) would like to thank Barnet, Enfield & Haringey Mental Health Trust and Camden & Islington NHS Trust for their engagement and assistance regarding the Quality Accounts including the sharing of draft versions of the reports and attendance at a scrutiny meeting of the Committee. In recognition of the further development of the partnership between the two Trusts, which now has a single Chair, Chief Executive and Executive Team, the Committee considered the two Quality Accounts reports together and this statement addresses issues relevant to both documents.

The Committee also wishes to place on record its thanks for the hard work of staff throughout both Trusts in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee emphasised the need to continue to improve access to services for people with disabilities and mental ill-health, for people from the deaf community and for asylum seekers (including the availability of interpreters and difficulties in communicating via the helplines because of language barriers).

With regards to the monitoring of the performance of services, it was explained that there were clinical strategies setting out how services should work along with a governance structure, performance indicators and deep dives into service delivery. The Committee recommended that, in future Quality Accounts reports, it would be useful for details to be included about how these deep dives worked, how evidence was captured about how people were using services and how issues were identified.

While acknowledging that supported housing was an area of responsibility for local authorities rather than NHS Trusts, the Committee advocated increased provision of supported housing for people with serious mental health difficulties following discharge from hospital as provision was currently too limited, particularly for younger people. The Committee recommended that there should be further discussions between the Trusts and the NCL local authorities on how greater supported housing provision could be achieved, with details of these discussions and any progress made provided to the Committee and other scrutiny committees in NCL.

The Committee welcomed the shift towards a community 'place-based' approach to mental health services and would support additional visibility and presence throughout the community, including settings such as community centres and food banks. Additional points of access to services would also be welcome as, while people can self-refer to talking therapies or through the crisis line, not everyone with mental health issues necessarily meet the criteria for admission to these services (for example someone who was not deemed to be an immediate suicide risk but was nonetheless suffering from serious mental health issues). In addition, the current difficulties with obtaining GP appointments means that some people suffering from mental ill-health may be less likely to seek help via their GP.

The Committee highlighted certain areas where additional information could be included in future Quality Account reports. In particular, the Committee suggested that details of waiting times for mental health services both for adults and for children & young people, be provided along with the progress against previous years. In addition, the Committee recommended that details of the arrangements to support people detained under the Mental Health Act be provided including liaison with Police, places of safety and the mental health crisis assessment service. This was felt to be particularly relevant due to recent changes in the Metropolitan Police's approach in this area. Finally, the Committee felt that data should be provided on the monitoring of people being provided with support or signposted to other services following calls to the Crisis Helpline.

Other issues and areas of concern raised by the Committee included the monitoring of mental health inpatients and serious incidents, recruitment and retention challenges, the number of beds at the new Highgate East facility, efforts to reduce restrictive practices, longer-term funding streams for voluntary sector organisations and the involvement of carers in risk assessment and care planning.

The Committee looks forward to further engagement with the Trusts on these issues in 2023/24 and through the scrutiny of next year's Quality Accounts report.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON WEDNESDAY 7th JUNE 2023, 2:00pm-4:30pm

PRESENT:

Councillors: Pippa Connor (Chair), Andy Milne and Matt White

ALSO ATTENDING:

1. 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'.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Clarke, Cllr Chakraborty, Cllr Chowdhury, Cllr Cohen and Cllr Revah.

As the meeting was not quorate, it was noted that it could only continue as an informal briefing and that any formal decisions would need to be deferred to a future quorate meeting.

3. URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

None.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

6. SCRUTINY OF NHS QUALITY ACCOUNTS

Whittington Health NHS Trust

Sarah Wilding, Chief Nurse & Director of Allied Health Professionals at Whittington Health NHS Trust, provided a short summary of draft Quality Accounts for the Trust. She explained that the Quality Priorities established in 2020 had been extended from

three years to four years as it was recognised that, due to the Covid-19 pandemic, it would take longer to embed change. However, there had also been a stakeholder consultation process to ensure that the current priorities were reflective of the current need. Previous progress against the Quality Priorities was set out in section 3 of the report.

Sarah Wilding then responded to issues raised by the Committee:

- Asked by Cllr Connor about the reasons for changes to priorities and targets, Sarah Wilding explained that there had already been progress in some areas but also because of developing an understanding of where the organisation currently was, including through feedback from the consultation and other data.
- Cllr White highlighted services to help people manage long-term conditions such as type 1 diabetes which included contact with doctors, dieticians and other people with the same condition. He considered that investment in this kind of support network for people with long-term conditions could help to improve health outcomes and reduce future costs to the NHS and asked how this was addressed through the Quality Accounts. Sarah Wilding agreed that there were multiple examples of investing up front in health promotion and long-term support leading to people living longer and healthier lives. She said that this was only 'nodded to' in the Quality Accounts but that there was a lot of ongoing work with patient engagement and experience which was developing these kind of opportunities. A new Head of Patient Experience had recently been appointed to progress this work. Investment needed to be targeted and there were examples set out in the Quality Accounts such as improving quality of care for patients with sickle cell disease.
- Cllr Connor asked whether there was collaboration between hospitals on specific areas of work, such as those described in the previous answer on health improvement. Sarah Wilding responded that there were more opportunities to work at a system level across different organisations and that this was part of their ongoing work. She said that that there were strong links with UCLH on patient pathways, including the realignment of cancer pathways and having the right staff in the right place. Another example was partnership working with UCLH on patients having elective Caesarean sections where there was more capacity at the Whittington, so UCLH (University College Hospitals London) patients could choose to use the facilities at the Whittington and there were collaborative conversations between the two Trusts on improving these services. In addition, the Chief Nurses from different Trusts met on a regular basis with projects across the system (e.g. enhanced care for patients with mental health needs) looking at how best to standardise and learn from one another.
- Cllr Milne commented that engaging with 'hard to reach groups' had been a problem referred to in health interventions for decades. Sarah Wilding acknowledged that it could be exceptionally difficult, but that targeted work tended to make a difference. The CQC had recently delivered an inspection report on maternity services at the Whittington and they had since worked with the Maternity Voices Partnership to help understand all women that were giving

birth at the Whittington need so that they had the best experience possible. Another example was patients with mental health that were also linked to chronic disease as they were being seen in pathways, so it was necessary to ensure that staff are skilled in supporting these type of vulnerable patients. Cllr Milne added that not accessing services seemed to be crucial, perhaps due to transport issues or a poor understanding of the health system. Sarah Wilding responded that transport services were outsourced and this had not been without problems which is why it was important to ensure that vulnerable patients had the right support. The organisation had also lost many volunteers since the Covid-19 pandemic and so there was a need to replace these to improve support and wayfinding for patients.

- Referring to the summary of CQC report (page 19 of the supplementary agenda pack) Cllr Connor requested further details on the Trust's response and actions to improve services. In relation to the CQC report on maternity services, Sarah Wilding said that they had been disappointed with the overall rating but that there was some outstanding practice within the report. She added that only the safety and leadership elements had been rated and not the other three domains which would have resulted in an overall rating of 'good' rather than 'requires improvement'. However, there were areas to improve upon such as training so there had been catch up sessions and work to make training as easy as possible to access. Some policies and procedures were not as up to date as they should have been and so these were being modified as quickly as possible. Another issue was insufficient differentiation in triaging and so the team had worked to improve the system with a red/amber/green priority system. There were also issues around the condition of the estate, including the bereavement suite, and this was part of the ongoing refurbishment drive with maternity services. Finally, there had been a problem with hot water in Simmons House that had now been resolved. All of these issues were monitored through governance structures.
- Asked by Cllr Connor about the other CQC inspections referred to in the table on page 19, Sarah Wilding explained that the only recent inspection had been on maternity services, whereas the others referred to the existing rating status based on inspections from previous years. Cllr Connor commented that it would be useful to include a brief explanation of this in the report, including links to reports and details of actions being taken in response. Sarah Wilding explained that there was a regular governance meeting that oversaw all of the actions needed in response to the findings of the 2020 report, most of which had been completed. However, she accepted that more information about this would be useful.
- Referring to the section about clinical audits in 2022/23 (page 12 of the supplementary agenda pack) Cllr Connor requested further clarification on the End of Life Care Audit which was the only national audit that the Trust did not participate in. Sarah Wilding explained that this was because there was such a short timeframe between getting the results and making the improvements so it had been considered better to focus on the areas that were known about rather than to restart many other things. There were also staffing challenges at that time, though this had now improved. The expectation going forward was that

the Trust would comply with all the standards on all of the national audits, including end of life care.

- Referring to the CQUIN goals (page 18 of the supplementary agenda pack), Cllr Connor noted that the issues relating to CQUIN04 (Compliance with Timed Diagnostic Pathways for Cancer Services) were contained in a separate document linked to on that page. This stated that *"There is currently a lack of focus on the pathways. In many cases the required diagnostic tests and actions are currently happening, but not within the required timeframes and in some cases possibly not in the right order, making achievement of faster diagnosis standards less likely."* Cllr Connor suggested that issues such as this should be highlighted in the report itself as this was otherwise difficult to find. Sarah Wilding agreed to take this issue back to the Medical Director. **(ACTION)**
- Referring to the electronic booking system for the Wood Green CDC (Clinical Diagnostic Centre) (page 18 of the supplementary agenda pack), Cllr Connor said that some residents did not have access to electronic booking and asked if walk-in options could be made available. Sarah Wilding said that she would need to look into this and come back to the Committee. **(ACTION)**
- Referring to the aim of reducing unnecessary hospital admissions through supporting patients in their home environments (page 7 of the supplementary agenda pack), Cllr Connor noted that "up to 28 Virtual Wards would be utilised including 8 technology enabled virtual ward patients" and asked for further details, including whether this was a shared resource. Sarah Wilding confirmed that the Trust did provide services for NMUH and UCLH and the aim was to get patients out to their own homes where they clearly did much better and there had been some specific work on the delirium pathway which had good success rates in patients not having to be readmitted.
- Cllr Connor queried the low scores in many areas of the National Cancer Patient Experience Survey (page 37 of the supplementary agenda pack). Sarah Wilding acknowledged that the cancer patient experience was not where it needed to be and it was recognised that the timing of this was during the Covid-19 pandemic where there had been more fragmentation of services. The Trust was working with UCLH to strengthen the pathways. There had also been significant gaps in some of the senior nursing leadership posts but a new lead cancer nurse had been appointed which would help to drive improvements. There would also be a focus on hearing the lived experience of patients.
- Cllr Milne referred to a graph of referrals to the Trust's palliative care team (page 22 of the supplementary agenda pack) and asked why there had been a significant rise in 2022/23 both in terms of numbers of cases and complexity of cases. Sarah Wilding said that this was partly because of the decline of mental and physical health resulting from the Covid-19 pandemic and from people not accessing treatment and health networks, particularly people with long-term health conditions. The increase in referrals was positive in a way because it meant that symptoms were being controlled in patients with complex needs, including pain relief and psychological support.

Cllr Connor thanked Sarah Wilding for attending, acknowledging that there were many positive aspects to the report which there had not been time to cover, and said that some further questions would follow by email.

Statement provided from JHOSC to Whittington Health NHS Trust

The Joint Health Overview and Scrutiny Committee for North Central London would like to thank Whittington Health NHS Trust for their engagement and assistance regarding the Quality Accounts, including the sharing of a draft version of the report and attendance at a scrutiny meeting of the Committee. The Committee also wishes to place on record its thanks for the hard work of staff throughout the Trust in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee welcomed the focus on tackling health inequalities and further efforts in supporting 'hard to reach groups' to engage with services. The Committee commented that the quality of transport services available to vulnerable residents could be a key factor in this area along with their understanding of points of access to services.

The Committee also welcomed measures taken on health promotion and expressed support for the further development of support networks for people with long-term conditions which could help to improve health outcomes and reduce future costs to the NHS.

The recent opening of Community Diagnostic Centres in Finchley and Wood Green has helped to improve access to blood tests, x-ray, ultrasound and ophthalmology services. The Committee recommended that consideration be given as to whether accessibility could be further improved by providing additional options for patients who cannot access electronic booking systems.

The Committee highlighted certain areas where additional information could be included in future Quality Account reports. In particular, the Committee suggested that the Trust's responses to the findings of CQC reports and issues relating to CQUIN goals could be more clearly explained.

The Committee discussed the response to the CQC report on maternity services and noted that maternity services across NCL were due to be scrutinised by the Committee in more detail as part of its work programme for 2023/24. Other issues and areas of concern raised by the Committee included collaboration between hospitals, the End of Life Care audit, virtual wards, the National Cancer Patient Experience Survey and the increase in referrals to palliative care.

The Committee looks forward to further engagement with the Trust on these issues in 2023/24 and through the scrutiny of next year's Quality Accounts report.

North Middlesex University Hospital NHS Trust

Sarah Hayes, Chief Nurse and Vicky Jones, Medical Director for the North Middlesex University Hospital NHS Trust (NMUH) provided a short summary of draft Quality Accounts for the Trust. They highlighted Section 1 of the report which included the Patient First Strategy and Section 4 of the report which looked at progress made against the previous year's Quality Priorities, details of the Patient Experience Strategy and results from CQC inspection reports. It was noted that the draft Quality Accounts report and the draft annual report were merged as one document and some of the draft annual report had been redacted as it was not ready for publication.

Sarah Hayes and Vicky Jones then responded to issues raised by the Committee:

- Asked by Cllr Connor whether the Disability Ambassador roles (referred to on page 95 of the supplementary agenda pack) it was explained that this was a staff role resulting from the strengthening of staff networks. Sarah Hayes and Vicky Jones confirmed that this was linked to the work being done to promote better accessibility for people with disabilities.
- Cllr Milne asked for further clarification about the use of the A&E department at NMUH and observed that a culture of needing instant solutions was contributing to the increase in the number of Emergency Department visits. It was agreed that this could be a factor and that, in addition, the Emergency Department was sometimes used by people instead of accessing primary care, for example because of the difficulty in accessing or taking time off for a GP appointment or having come from a country where the structure and expectations of health services were different. Providing practical advice to promote self-management was an area of work aimed at improving this, including helping parents to self-manage but also to spot the signs where medical help was necessary.
- Cllr White referred to the aim of reducing the prevalence of smoking in Enfield and Haringey by 25% by 2025/26 page 95 of the supplementary agenda pack) including by providing evidence-based advice on stopping smoking. Cllr White suggested that people who smoke are typically aware of the health risks and that other interventions such as peer-based support would be more effective. Sarah Hayes and Vicky Jones explained that the focus in the previous year had been to train staff to have that conversation and to signpost people to support. While it wasn't possible to provide direct support within the hospital, it was possible to take the opportunity to have the conversation and direct people to support elsewhere in the community.
- Cllr Connor asked about data/performance measures, referring to the 25% smoking cessation target and the Key Performance Measures set out in the report (page 112 of the supplementary agenda pack), the majority of which

were red. Cllr Connor said that it was not clear how these measures would be addressed and suggested that this information should be included in the quality account reports. This also applied to the CQC ratings (page 122 of the supplementary agenda pack). **(ACTION)**

- Cllr Milne observed that the Trust had participated in a total of 57 national clinical audits and national confidential enquiries during 2022/23 (page 135 of the supplementary agenda pack) and noted that this must require significant staff resources to complete.
- With regard to “Never Events”, of which there were four incidents in 2022/23, (page 128 of the supplementary agenda pack), Cllr Connor asked for further details on the information that was collected to ensure that learning was embedded. It was noted that there had been a recent learning event on this topic and that there were also safety actions, observational audits and governance processes to drive improvement.
- Cllr Connor referred to the patient experience section of the report noting that, while the number of complaints seemed to be high, it would be useful to be able to compare this to pre-pandemic figures and requested that further data be provided in the following year’s Quality Accounts report. **(ACTION)**

Cllr Connor thanked Sarah Hayes, Chief Nurse and Vicky Jones for attending and said that there was a lot of positive information in the report. She added that any additional questions would follow by email.

<u>Statement provided from JHOSC to North Middlesex University Hospital NHS Trust</u>

The Joint Health Overview and Scrutiny Committee for North Central London would like to thank North Middlesex University Hospital NHS Trust for their engagement and assistance regarding the Quality Accounts including the sharing of a draft version of the report and attendance at a scrutiny meeting of the Committee. The Committee also wishes to place on record its thanks for the hard work of staff throughout the Trust in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee explored the considerable demand at the Emergency Department and advocated the promotion of self-management where appropriate and helping people to spot the signs of when medical help was or was not required.

With regards to complaints data, the Committee recommended that information should be provided on trends over a longer period of time in future Quality Accounts reports.

The Committee also noted that, as some targets were not being achieved according to Key Performance Measures set out in the report, further explanation of how these

measures were being addressed by the Trust should be included in future Quality Accounts reports.

Other issues and areas of concern raised by the Committee included the new Disability Ambassador roles, advice for patients on smoking cessation, the embedding of learning after the four 'Never Events' that occurred during 2022/23 and participation in national clinical audits.

The Committee looks forward to further engagement with the Trust on these issues in 2023/24 and through the scrutiny of next year's Quality Accounts report.

Royal Free London NHS Foundation Trust

Gillian Smith, Interim Chief Medical Officer at the Royal Free London NHS Foundation Trust, provided a short summary of draft Quality Accounts for the Trust noting that it included a continuation of some of the priorities from the previous year with a few new priorities added. There was a key theme of improving learning from incidents and other safety events and patient involvement was another area that would be a key priority for the year. She acknowledged that, while there was a priority around having no "Never Events", there were unfortunately a number of Never Events that took place during the time period of the report and so there had been a focus on capturing and embedding the learning from these, including through a large cross-Trust learning event in December. A new safety incident response framework would soon be implemented nationally and this would represent a big change in the way that quality issues were approached.

Gillian Smith then responded to issues raised by the Committee:

- Asked by Cllr Connor whether there had been any measurement of data on the patient experience priority, Gillian Smith responded that they were at the point of implementing some of the initiatives but there wasn't any data coming through yet.
- With regards to the eight Never Events (referred to on page 186 of the supplementary agenda pack), Cllr Connor requested further explanation on why there had been so many of these. Gillian Smith explained that there were some themes around the processes in place to prevent Never Events and it was recognised that these processes had not been sufficiently embedded and implemented. There was therefore renewed focus on strengthening these processes which included forms of checklists before interventional procedures for example. They had also reviewed how to audit these processes to ensure that they were being correctly implemented.
- Cllr White asked how the wider determinants of health, including health promotion and supporting people to manage chronic long-term health conditions, were reflected in the Quality Priorities. Gillian Smith responded that the two main areas in the report relevant to this were the embedding of primary

prevention and a significant potential impact of secondary prevention. The Trust was trying to use opportunities for secondary prevention when people were in contact with services, an example of this being the healthy living hubs. Secondary prevention methods were also embedded in digital care pathways. There was also work to drill down into waiting lists and identify health inequalities. Cllr Connor suggested that it would be useful to see details about this in future quality account reports. Gillian Smith agreed with this and noted that the details were included in other documents such as clinical strategies.

- Referring to Priority 1c on conversations with patients about care in the last year of life (page 174 of the supplementary agenda pack), Cllr Milne asked about the benefit of training and information for staff on this. Gillian Smith acknowledged that these were very difficult conversations and said that staff felt more confident and comfortable having those conversations after they had received the training. There was also evidence that patients and families felt better prepared for the final months of life if that conversation was had effectively and could minimise potentially unpleasant interventions such as inappropriate resuscitation calls for example.
- Referring to Priority 1b on nutrition and hydration (page 192 of the supplementary agenda pack), Cllr Connor asked who was responsible for patients eating properly in hospital settings. Gillian Smith said that attention to hydration and nutrition was an important part of the basic care offer to patients and feedback from patients, families and staff. She acknowledged that this was not always being done right which was why it had been identified as a priority so that processes on the wards were being delivered correctly. Cllr Connor requested that further details on how this was being carried out and who was responsible for ensuring that this was being done correctly on the wards be included in the following year's report. **(ACTION)**
- Cllr Connor noted that the Trusts had failed to meet the standard to see at least 93% of patients within two weeks of a GP cancer referral. Gillian Smith said that, in common with many other Trusts, they had not yet achieved the cancer standard in terms of the post-pandemic recovery. There was a Trust-wide cancer programme with various recovery interventions and they were working closely with the North Central London Cancer Alliance.
- Cllr Connor asked why the children and young people's patient experience survey had not been carried out in 2022/23 (referred to on page 244 of the supplementary agenda pack). Gillian Smith said that she would find out the reason for this and get back to the Committee. **(ACTION)**

Cllr Connor thanked Gillian Smith for her attendance and said that any additional questions would follow by email.

<u>Statement provided from JHOSC to Royal Free London NHS Foundation Trust</u>

The Joint Health Overview and Scrutiny Committee for North Central London would like to thank Royal Free London NHS Foundation Trust for their engagement and assistance regarding the Quality Accounts including the sharing of a draft version of the report and attendance at a scrutiny meeting of the Committee. The Committee also wishes to place on record its thanks for the hard work of staff throughout the Trust in 2022/23 in delivering positive health outcomes for our residents at a time when the NHS is under considerable pressure.

As part of our scrutiny, the Committee advocated the greater use of health promotion and supporting people to manage chronic long-term health conditions and suggested that further details on actions in this area should be included in future Quality Accounts reports.

The Committee welcomed the inclusion of improving nutrition and hydration for inpatients as a new priority for 2023/24 and recommended that it should be clearer as to who was responsible on wards for ensuring that patients were eating properly. The Committee suggested that further details on this should be included in future Quality Accounts reports.

The Committee raised the issue of the two-week cancer referral target of 93% not being met. This was understood to be an issue in common with many other Trusts in terms of the post-pandemic recovery. The Committee was assured that there was a Trust-wide cancer programme with various recovery interventions and that the Trust was working closely with the North Central London Cancer Alliance.

Other areas of concern raised by the Committee included measurement of data on the patient experience priority, procedures to reduce ‘Never Events’ (of which there were eight in 2022/23) and training for staff on conversations with patients in the last year of life.

The Committee looks forward to further engagement with the Trust on these issues in 2023/24 and through the scrutiny of next year’s Quality Accounts report.

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……

North Central London Integrated Care System

Maternity & Neonatal Services Update

Joint Health Overview & Scrutiny Committee
26th June 2023

Sumayyah Bilal, Head of Maternity Services & Commissioning
David Connor, Local Maternity System co-chair
Rachel Lissauer, Senior Responsible Officer
Deidre Malone, Director of Quality
Eileen Fiori, Director of Commissioning

North Central London Integrated Care System

Maternity Update

- Reviews the recent national focus on maternity services
- Presents an overview of the picture with maternity services in North Central London
  - Our units and demographics
  - Progress in relation to Ockenden and East Kent reports
  - An update on CQC visits
  - The role of the Local Maternity and Neonatal Service
  - Our key plans: Equity and Equality; Maternity Transformation Programme

Population demographics: pregnant women and birthing people in North Central London

North Central London Integrated Care System

The population of women of childbearing age in NCL is expected to remain stable up to 2041

The majority of deprived areas are found in east Haringey, east Enfield, and Islington

60% of women of child-bearing age in NCL identify as White, while approximately 16% identify as Asian and 12% as Black

7.8% of mothers in the 40% most deprived areas are smokers at the time of delivery compared to 3% of mothers in who live in the 40% least deprived areas

The number of live births in NCL has been declining across all boroughs. In 2020, there were 17,000 live births, compared to 18,800 in 2018

The teenage pregnancy rate in NCL is comparatively low compared to the England average and 7% of those who give birth are aged over 40

Over a quarter of the NCL population is currently women of childbearing age, defined as those aged 14-49 (403,000).

Pregnant women and people in NCL come from diverse backgrounds and there are differences in the social determinants of health.

Although the number of births to NCL residents is declining, the same decline is not mirrored in the number of births at NCL hospitals, this points to significant inflows of service users from non-NCL residents. This varies between hospital sites with UCLH and Barnet having over 35% of their deliveries from non-NCL residents.

Our population – what matters to women and pregnant people in North Central London?

North Central London Integrated Care System

Maternity care

- Good communication between all parties involved
- Partners being present at birth and after a baby is born
- Consistency – seeing the same team throughout pregnancy and birth
- Ensuring any problems with a baby are picked up soon after birth
- Having maternity and neonatal services co-located
- Being able to easily get appointments when needed
- Friendly and helpful staff

Neonatal care

- Neonatal services being co-located with maternity services
- Having all the technology needed for neonatal care, and staff with the right expertise
- When it is known that a baby will need neonatal care having continuity of care throughout pregnancy and birth to enable planning for the baby's needs
- Parents being able to stay with their baby so that they could learn how to care for them, and to help with bonding
- Having support for parents and other family members, including siblings
- Having facilities such as showers, tea and coffee machines available

Patients with a learning disability highlighted appropriate communication, access to an advocate, additional support to care for newborn babies and non-judgmental care as being important

Engagement with those who had experience of neonatal care highlighted the need to recognise that it could be a traumatic experience, the impact of travelling to hospitals that could be some distance from home and the need for ongoing support, post-discharge

NCL Maternity Services – Background & Strategic Context

North Central London Integrated Care System

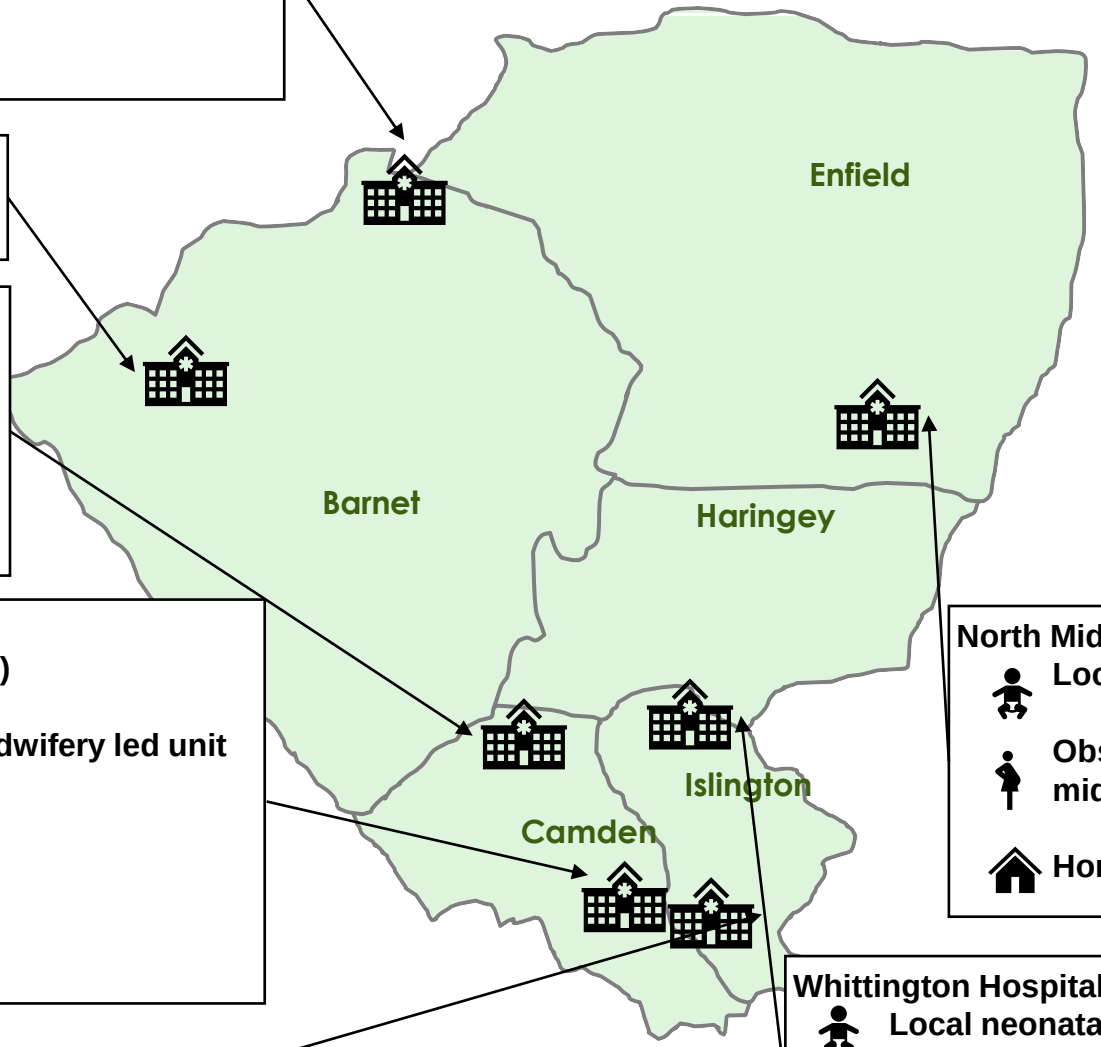
Barnet Hospital
- Local neonatal unit (level 2)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

Edgware Community Hospital
- Freestanding midwifery led unit

Royal Free Hospital
- Special care neonatal unit (level 1)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

University College London Hospital
- Neonatal Intensive Care Unit (level 3)
- Obstetric led unit and co-located midwifery led unit
- Maternal medicine specialist centre
- Home birthing service
- Foetal medicine centre

Great Ormond Street Hospital
- Neonatal surgical intensive care (level 3)



Key
- Hospital location
- Neonatal unit care provision
- Birth setting provision
- Maternal medicine specialist centre
- Offer home birthing
- Fetal medicine centre

North Middlesex University Hospital
- Local neonatal unit (level 2)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

Whittington Hospital
- Local neonatal unit (level 2)
- Obstetric led unit and co-located midwifery led unit
- Home birthing service

Inequality impacts on maternity and neonatal outcomes and experience in NCL

60% of women of child-bearing age in NCL identify as White, while approximately 16% identify as Asian and 12% as Black

Deprivation is linked to stillbirth rates

- The stillbirth rate in NCL is 55% higher in the most deprived 20% of areas compared to the least deprived 20%
- National data shows that between 2018 and 2020 Haringey had the highest stillbirth rate in England and was significantly higher than the London and England average

Ethnicity and deprivation are impacting on neonatal admissions

- Babies born to black women and people at NCL sites have twice the rate of admission to a neonatal unit than babies born of White ethnicity
- 60% of neonatal admissions at NCL sites are for babies in the 40% most deprived quintiles of the population

Different challenges between sites

- In 2019/20, 72% of women and people who delivered at North Middlesex Hospital lived in the 40% most deprived areas, compared to only 26% of deliveries at Barnet Hospital
- For some sites, use of midwifery-led units is 30% or under, whilst obstetric led units experience significant capacity pressures, closing during pressure

Significant national focus on maternity services

North Central London Integrated Care System

Key findings from Ockenden

North Central London Integrated Care System

https://www.donnaockenden.com/downloads/news/2020/12/ockenden-report.pdf

Key findings:

- Poor governance across a range of areas, especially board oversight and learning from incidents.
- Lack of compassion and kindness by staff.
- Poor assessment of risk and management of complex women.
- Failure to escalate.
- Poor fetal monitoring practice and management of labour.
- Suggestion of reluctance to perform LSCS - women's choices not respected.
- Poor bereavement care.
- Obstetric anaesthetic provision.
- Neonatal care documentation and care in the right place.

Ockenden – NCL themes

North Central London Integrated Care System

Areas of good practice

- Trust Boards were knowledgeable and invested in all aspects of its maternity service with a clear understanding of the issues affecting the maternity workforce
- The Maternity Voices Partnership (MVP) chairs are respected, listened to, and embedded within the structure of the Trust. Information for pregnant people and their families is available in a range of languages, in leaflet format and on our Trust websites
- Risk teams were very engaged and committed to their work, with many innovative ways of communicating with staff to share learning and ideas demonstrated. The LMNS host 'Learning Events' throughout the year where learning from Serious Incidents is shared across the system and where appropriate changes to pathways are made on an NCL footprint.
- Equality, diversity and inclusion is a priority within maternity services. For example, the visiting team met with a group of passionate, driven and dedicated midwives striving to improve inclusivity in one provider, where the Trust BAME network co-chairs, are midwives. It is too early to understand the impact of the Trust BAME networks on staff working within maternity services.
- Multi-disciplinary working was described as a key strength, with respectful relationships being apparent, which extended to the student and trainee population who described a positive, supportive working environment.
- Our maternity providers recognised the impact of the pandemic on staff, have been responsive to creating a number of opportunities to support staff health and wellbeing, with one Trust piloting the "project Wingman" which has been recognised nationally.
- Further work is required within one provider to develop the MVP team, the LMNS are supporting the Trust in question.

Areas for further development

- Workforce, recruitment and retention remains a key challenge across our maternity services.
- The work undertaken by our Trusts to make information more readily available was commended, however, the reviewers found some Trust websites difficult to navigate. One Trust is currently reviewing their website, with plans in place to refresh the content and make it easier for the public to navigate.
- A number of pregnant people and those who had recently given birth were interviewed by the team, feedback was generally positive. A small number of people identified the need for better communication as an area that could be improved.

Ockenden – learning from assurance visits for North Central London

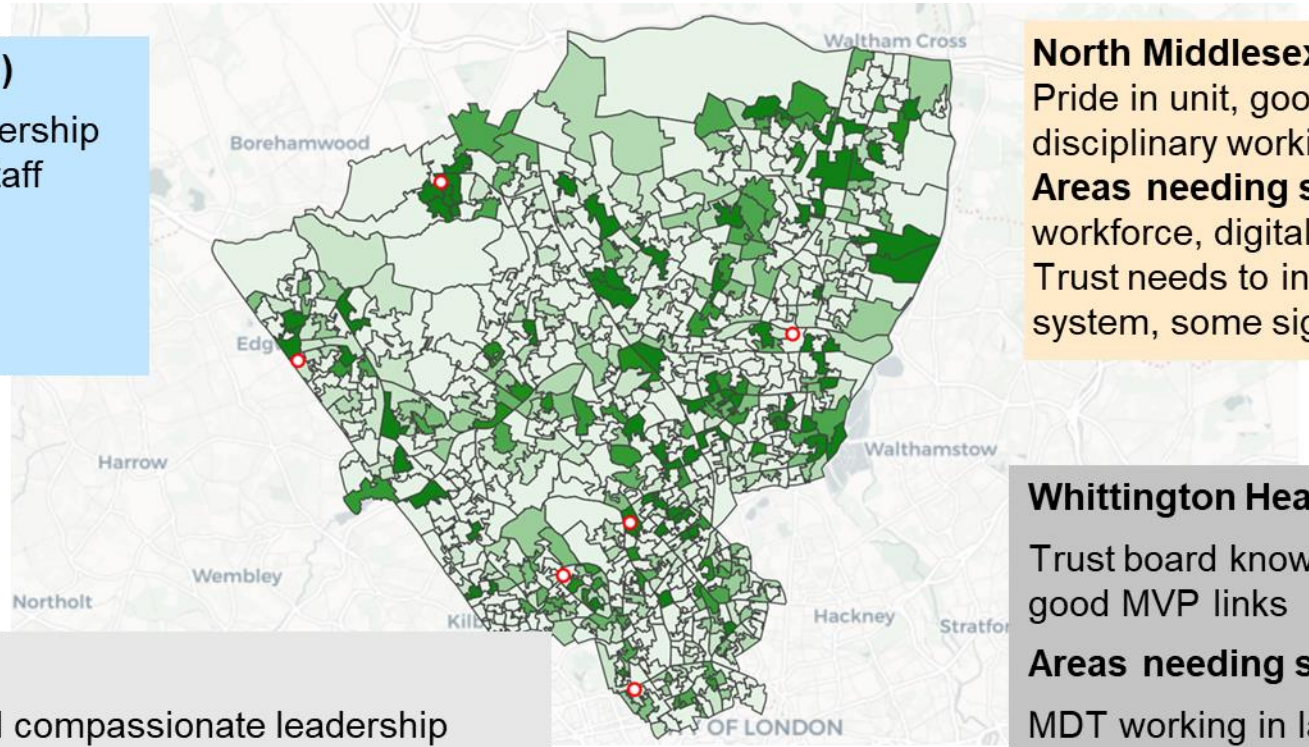
North Central London Integrated Care System

Royal Free London (emerging)

Strong and compassionate leadership team, good MDT working and staff support.

Areas needing support

Need better links with MVPs



North Middlesex Hospital

Pride in unit, good board support, strong multi-disciplinary working

Areas needing support:

workforce, digital capability, MVP

Trust needs to invest in new maternity info system, some signs teams are very stretched

UCLH

Strong and compassionate leadership team, good MVP links, strong safety culture, compliance from early stages

Areas needing support:

Postnatal care needs more focus

Whittington Health

Trust board knowledgeable and involved, good MVP links

Areas needing support

MDT working in labour ward, relatively high turnover of senior midwifery leadership. Information provided to women and pregnant people. Sharing from Serious Incidents could be stronger

East Kent Maternity Report

North Central London Integrated Care System

The panel examined maternity services at 2 hospitals: The Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate and the William Harvey Hospital (WHH) in Ashford between 2009 and 2020. These services were part of East Kent University Hospital FT.

Problems with the service were known to managers throughout the period 2009-2020.

Multiple opportunities were missed to tackle problems

The report has assessed that if the problems in the units had been addressed 25 of the 65 baby deaths could have been avoided and 97 or the 202 cases of injury/harm. The panel considers these numbers to be a minimum estimate.

The panel also found a repeated lack of kindness and compassion both when care was given and afterwards following injuries or death.

The panel found that there was a failure to recognise the scale and nature of the problems because the vast majority of births in the Trusts did not result in damage to either mother or baby.

East Kent: Key Findings and Actions

North Central London Integrated Care System

Key findings were sub-optimal clinical care that led to significant harm:

- Failures of teamworking
- Failures of professionalism
- Failures of compassion
- Failures to listen
- Failures after safety incidents
- Failure in the Trust's response – including at Board level

Multiple regulators were involved with the trust (the report lists 10 including CQC, NHSE, CCG, GMC etc) but the system as a while failed to identify shortcomings and ensure improvement.

Key areas for action:

- Monitoring safe performance – finding signs among noise
- Standards of clinical behaviour – technical care is not enough
- Teamworking – dysfunctional teamworking between professional groups caused risk to mothers and babies
- Organisational behaviour – looking good while doing badly

CQC follow up visits

North Central London Integrated Care System

CQC has been re-visiting all acute Trusts that had not had a visit since 2021. Whittington Health visit took place in April and results published. [CQC rates maternity services at the Whittington Hospital, London as requires improvement - Care Quality Commission]
NMUH and UCLH recent so no published results. Royal Free visit not yet announced. Inspections have focused on effectiveness of processes and the end-to-end pathway for women and pregnant people.

The aim of these visits has been to provide pointers to Trusts about areas for focus and improvement.

Trusts have also been responding to the findings of the Women's CQC Survey. This is carried out by the NHS Patient Survey Programme in February 2022 and posed survey questions relating to ante-natal care, labour and birth and postnatal care.

	Overall	Safe	Effective	Caring	Responsive	Well-led
Whittington April 2023	Good	Requires Improvement	Good	Good	Good	Good
NMUH Sept 2018	Good	Requires Improvement	Good	Good	Good	Good
Royal Free June 2021	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Barnet Aug 2016	Good	Good	Good	Good	Good	Good
UCLH Dec 2018	Good	Requires Improvement	Good	Good	Good	Good

Progress since Ockenden

North Central London Integrated Care System

- Funding allocated to all Trusts to support recruitment and retention (£4m for 23/24)
- All Trusts progressing recruitment of midwives, obstetricians and posts to enable MDT working
- Trusts have or are recruiting additional bereavement midwives to ensure 7 days/wk cover
- Work being led within the LMNS to support development of maternity support workers
- Quality and Safety forum in place across LMNS to share learning, review Serious Incidents, improve data quality
- All Trusts now have an allocated maternal medicine midwife to particularly support women or pregnant people with complex medical conditions
- The LMNS is working to explant neonatal representation and to incorporate neonatal experience within Maternity Voice Partnerships

NHS 3 Year Perinatal Delivery Plan

North Central London Integrated Care System

In response to these reports and recommendations the ‘NHS 3 Year Perinatal Delivery Plan’ was introduced.

The 4 themes of the plan are:

- Theme 1: Listening to and working with women and families with compassion
- Theme 2: Growing, retaining and supporting our workforce
- Theme 3: Developing and sustaining a culture of safety, learning and support
- Theme 4: Standards and structures that underpin safer, more personalised and more equitable care

The Three-Year Delivery Plan for Maternity and Neonatal care includes success measures that will be used to monitor outcomes and progress in achieving key objectives on the plan. Delivery of the 3 year plan will be the key focus for the Local Maternity and Neonatal service.

Organisation of Local Maternity and Neonatal Services

North Central London Integrated Care System

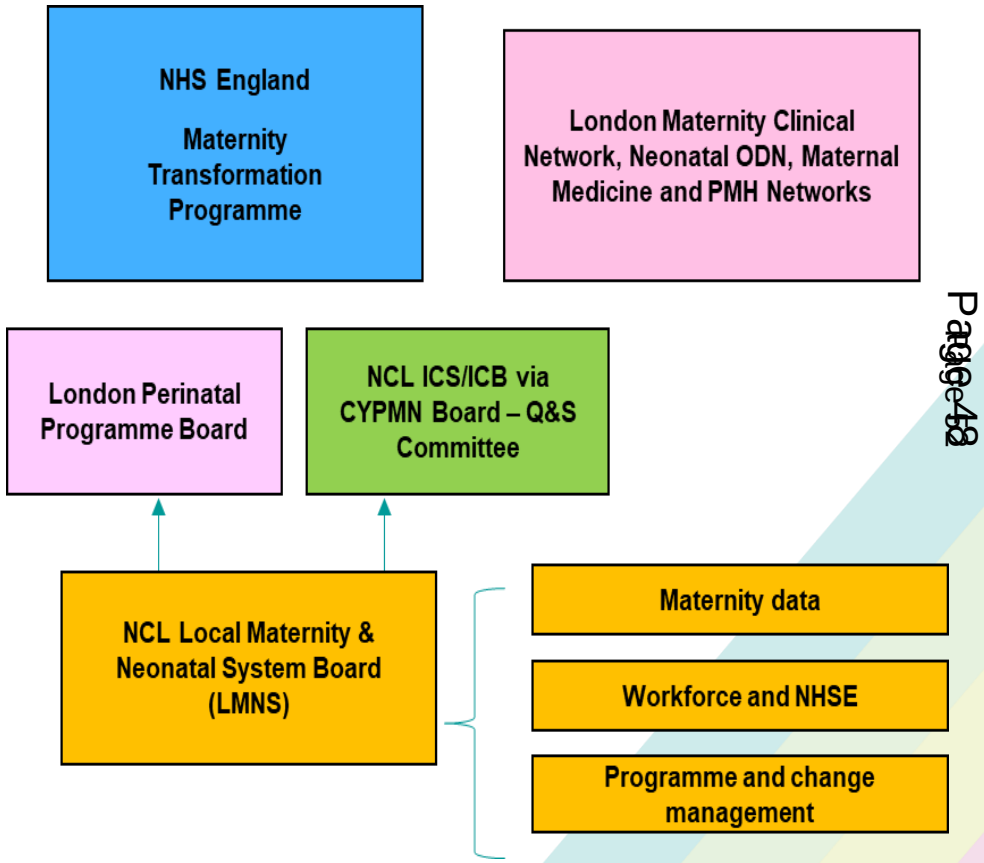
Local Maternity and Neonatal Service (LMNS)

The LMNS brings together the people who are involved in providing and organising maternity care such as midwives, obstetricians, service users, neonatal staff, managers and commissioners. Its job is to oversee and support improvements in the quality of service provision for North Central London.

We have a board, chaired by a midwifery and obstetric co-chair with input from ICB Directors and oversight from Chief Nursing Officer.

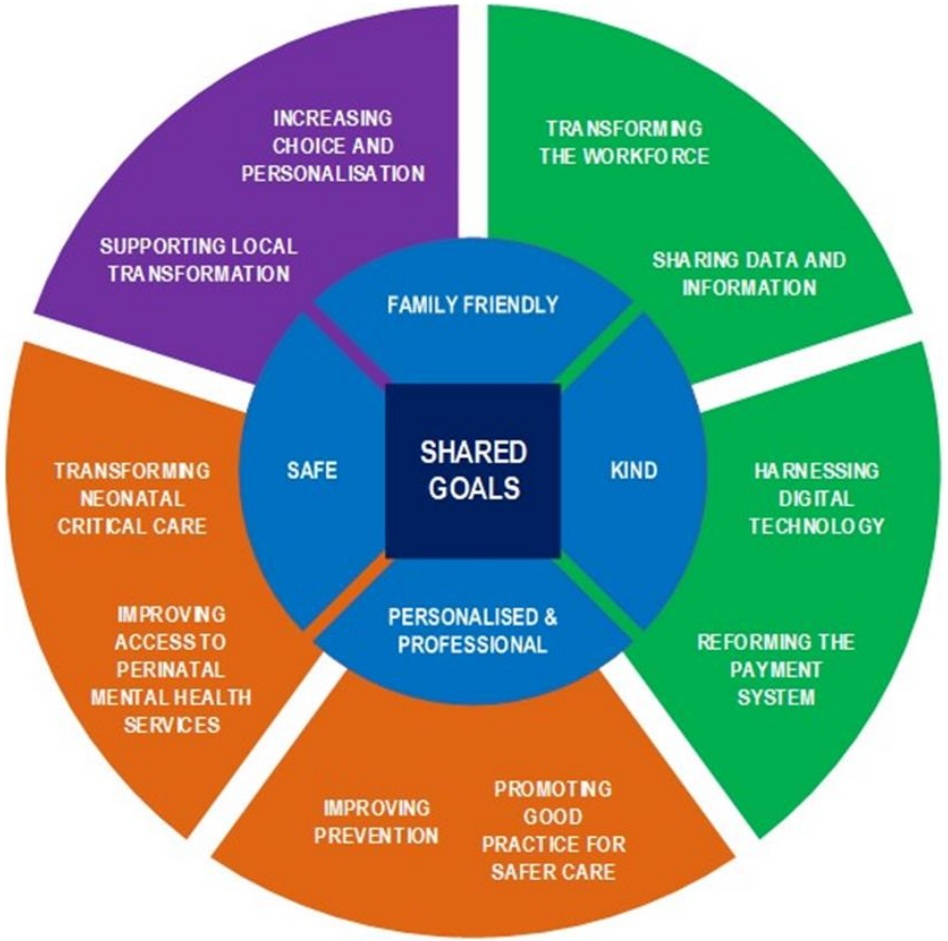
Within the LMNS is a Quality and Safety forum, with an obstetric clinical lead and lead midwife. The Q&S Clinical Lead role is responsible for escalating concerns – ensuring LMNS has strong response to national reviews. We regularly review data and risks and share learning from Serious Incidents / near misses.

The Head of Maternity is closely involved in all our Trusts; meeting regularly with Heads and Directors of Maternity in all units; supporting any improvement areas and attending Trust Quality meetings along with the Director of Quality.



Key areas of work for the LMNS

North Central London Integrated Care System



- Midwifery Continuity of Carer (MCoC)
- Digital and Data
- Workforce
- Pelvic health service development
- Three Year Delivery plan
- Personalisation & Choice
- Training

Example: Actions to support our workforce

North Central London Integrated Care System

Key themes from workforce analysis:

- Substantive midwifery numbers are in line with Birthrate plus, however all sites are relying on bank and agency to fill vacancies
- Overall, satisfaction with Obs and Gynae and Neonatal medical training is good in NCL
- Equity review work showed higher representation of clinical (non-medical) staff from Black, Asian and Minority Ethnic (BAME) backgrounds in the support grades than in middle or senior management grades
- Across all organisations, staff from BAME backgrounds report a lower perception of equal opportunities for career progression or promotion than white staff (83.3% of white staff report equal opportunities compared with 66.6% of BAME staff).

LMNS actions and innovation to support our workforce:

- The creation of a **joint recruitment model** with the **temporary staffing provider**, to offer **collaborative approach** to the provision of **bank midwifery opportunities**. This will include an agreed recruitment and selection process and harmonised payment rates. **Successful midwives can work at any of the Trusts in NCL**, rather than applying to multiple staff banks
- **International recruitment**, the NMUH hosts the OSCE preparation centre for London for midwifery
- **NCL Maternity Support Workers** (MSWs) **development programme** and apprenticeships for MSWs for those wishing to move into nursing or midwifery and appointing a **lead MSW** for the LMNS
- Developing **Deputy Matron roles** – pilot at UCLH and rollout to other Trusts to develop succession planning
- **Training and workforce development programmes** to develop core skills including central funding for external courses including CTG Masterclass and Advanced CTG Masterclass
- **Inclusion of all staff in the NCL wide learning** and sharing events to learn from Serious Incidents and Never Events. Human Factors training– rollout pilot to all maternity staff within a programme to be developed
- **Standardisation of mandatory and other training and assessment** through the NCL Workforce and Education working group led by the NCL Workforce Lead

Other key priorities and areas of work for the LMNS

North Central London Integrated Care System

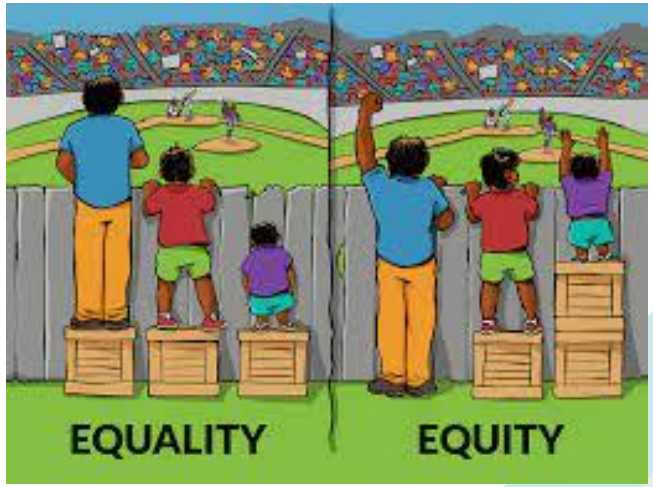
Listening to women and families and informed consent	Personalised Care and Support Plan which is described above is a key tool to be used to support choice around maternity care. It outlines for each point in a pregnancy pathway key decisions and choices that are available to pregnant women and people. This aim is for this to be used to support decision making and choice during pregnancy. We have recently launched the Mum and Baby App which contains a range of great info.
Managing complex pregnancies	There is an existing NCL maternal medicine network that reports into the LMNS. As it develops it will work to further define pathways for those with complex medical conditions to receive this expertise but also wherever possible continue to manage their condition at their hospital of choice Recruitment is underway for additional maternal medicine physician time to provide further outreach clinics at sites across NCL which will enable more pregnant women and people to access medical expertise for complex conditions during their pregnancy All Trusts are recruiting to named maternal medicine senior midwives posts jointly with the NCL maternal medicine network. These senior midwives will support coordination of care of pregnant women and people with a particular focus on those with complex medical conditions.
Risk assessment through pregnancy	All the NCL maternity units undertake risk assessments for all pregnant women and people who access care to be able to advise pregnant women and people on the most appropriate birth setting for their clinical need. This is done in a consistent way across NCL and in line with the recommendations of the initial Ockenden Report
Mutual aid across our system	The LMNS is working on the implementation of an Operational Pressures Escalation Levels Framework for maternity services. This will track staffing numbers, bed availability and Neonatal unit status to support better planning and use of mutual aid between maternity units. It will give the ICS greater oversight of the safety of each of the maternity units and ensure that they are better able to support each other maintain safe staffing and occupancy levels. This will be embedded within the existing Trust and ICS infrastructure to ensure there is risk is appropriately managed and there is improved transparency for maternity services

Equity and Equality

North Central London Integrated Care System

NCL's Equity and Equality Plan was produced in March 2023, in response to the Women's Health Strategy for England (2022).

- E&E Steering Group was launched in April
- Workforce: Cultural Awareness Training & Implementation of Anti-Racism Framework
- An audit of still-births for Haringey is underway
- Improved Public Health Outcomes
- Recruit NCL Inequalities Lead
- Improvement on Personalisation & Choice
- Reduce Communication Barriers
- Continued Implementation of Maternity Continuity of Carer
- Maternal Medicine



Review of Stillbirths in Haringey

North Central London Integrated Care System

The London Borough of Haringey is ranked as the fourth most deprived borough in London and one of the relatively more deprived authorities in the country (49 out of 317).

There are high levels of severe mental illness, people living in temporary accommodation and children living in relative poverty. Perinatal mortality reports highlight that stillbirth rates in Haringey are higher than other NCL boroughs.

The LMNS is funding a research midwife to undertake a review of stillbirths (a baby delivered with no signs of life known to have died after 24 completed weeks of pregnancy) in Haringey between January and July 2023.

The work includes an audit of the data for stillbirths that occurred between 2018 and 2022 and a review of case records held by the two hospitals providing most care to women and birthing people living in Haringey. Importantly, the views and experiences of women and birthing people living in Haringey, as well as maternity Health Care Professionals working in the borough, are being e sought to add context to the data.

Findings will be reported to the Quality and Safety Forum and the LMNS Board as well as the Local Authority and ICB

North Central London Integrated Care System

- Start Well case for change
- NCL maternal deaths research
- Continued implementation of the NHS 3 Year Perinatal Delivery Plan
- Implementation of updated Saving Babies Lives Care Bundle

North Central London Integrated Care System

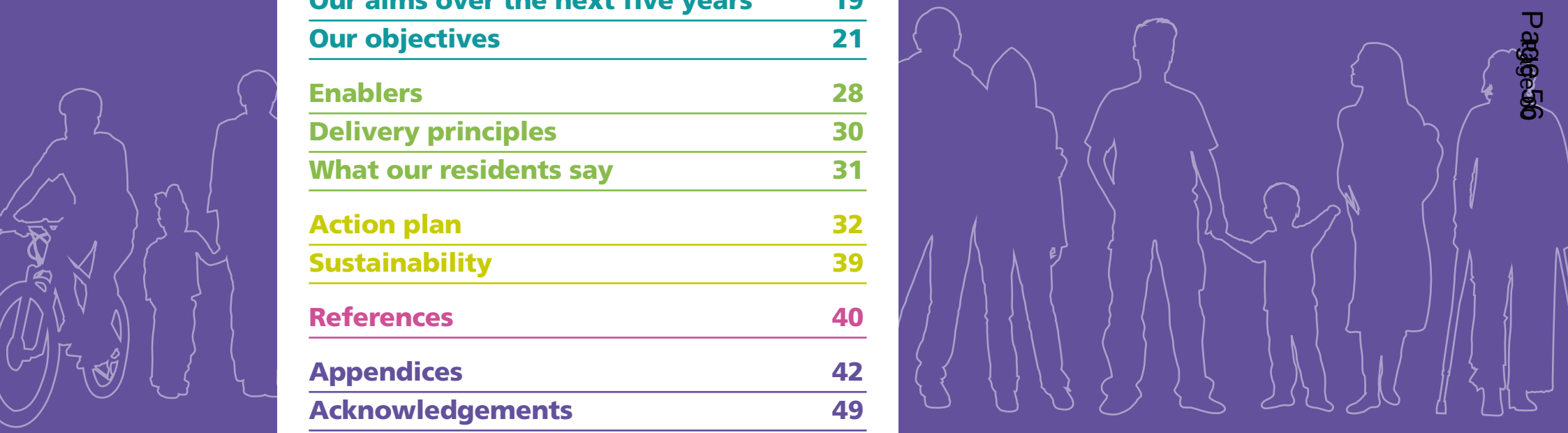
DRAFT

North Central London Cancer Prevention, Awareness and Screening

Strategy 2023-28

Action plan 2023-25

Contents



About this strategy

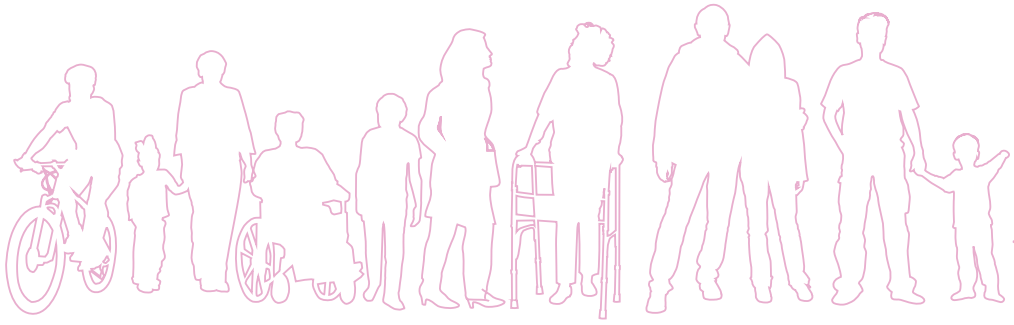
The cancer prevention, awareness and screening strategy was first drafted in 2019/20 by North Central London Cancer Alliance and its partners to set the direction and priorities for North Central London (NCL) on these topics.

We are now well into delivery of the strategy and it is being refreshed to align with the evolving health and care landscape, to reflect the current status of services and impact of the pandemic and to draw on learning from work already delivered. This updated strategy and action plan provides health, social care and community organisations across NCL working to improve the earlier diagnosis of cancer with key information to inform the design and delivery of initiatives.

The overall aim of the strategy continues to be supporting delivery of the Long Term Plan cancer ambitions (see page 4 - the 'Context: National ambitions'). Our objectives have been informed by the modelling carried out by NHS England and Cancer Research UK, which estimates the impact on early diagnosis rates of relevant interventions (see chart on the following page). Additionally, latest data and progress of delivery of the strategy, further informs our aims and objectives for the next five years. Appendix 1 also shows how the strategy will contribute to meeting our NCL cancer system strategic aims and objectives.

Whilst the strategy focuses on prevention, awareness and screening, there is recognition of a need for alignment with interventions on risk stratified case-finding as they are closely linked to the screening programmes or target a similar demographic. These include liver cancer case finding and surveillance as well as Lynch Syndrome testing and surveillance.

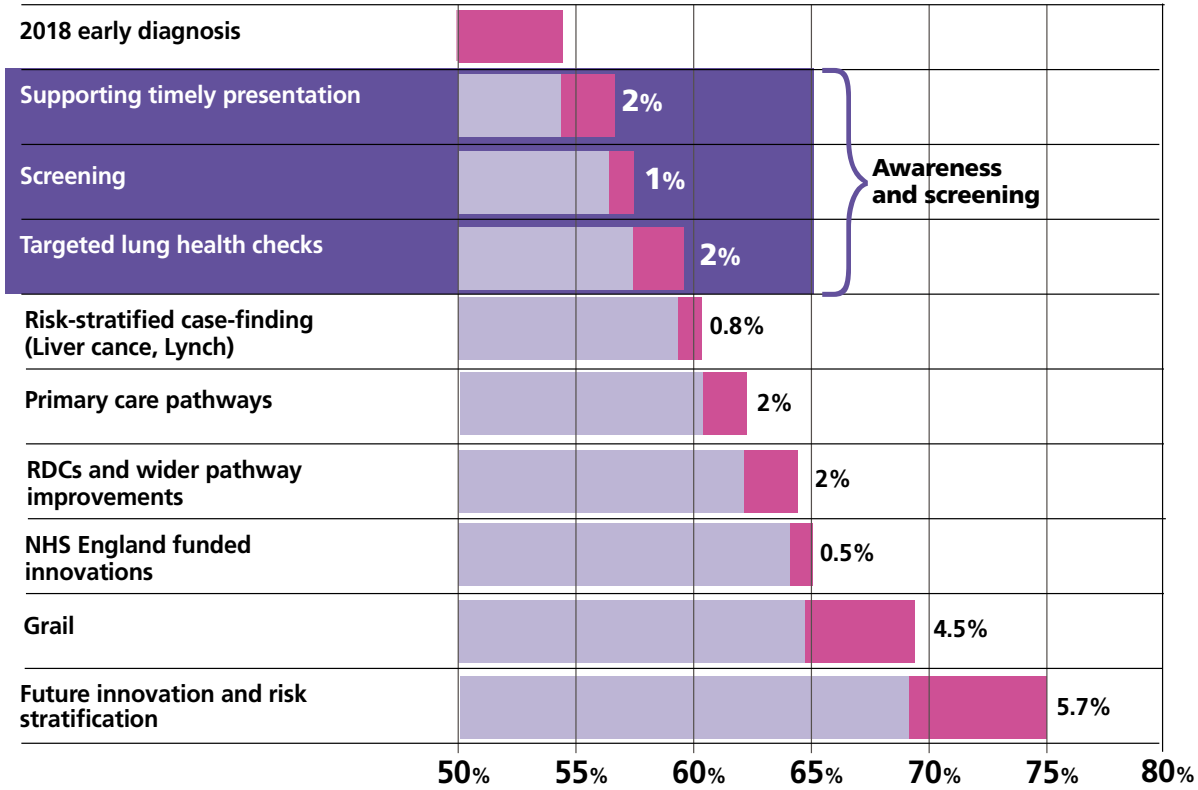
There are also a number of borough level, NCL, regional and national strategies that either feature cancer as a key priority or specifically focus on cancer. The NCL population health and integrated care strategy in particular highlights cancer as a key priority for the sector (see Appendix 2), which is aligned with the CORE20PLUS 5 framework for addressing health inequalities. We have aligned with all these strategies (see Appendix 3) as they present opportunities for further joint working to achieve better outcomes for NCL's diverse population.



We have listened to our residents and throughout this strategy, feedback is reflected through stories and testimonials.

About this strategy

Estimated impact of interventions on the early diagnosis rate



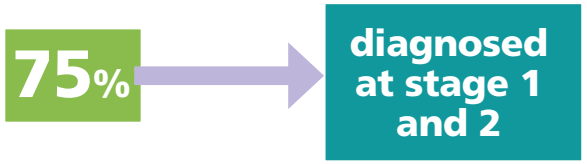
Source: NHS England and Cancer Research UK

The two year action plan sets out activities that will be delivered and evaluated or initiated within this timeframe where. The action plan will be further developed over the next two years, guided by local needs, the health and care landscape, evidence from existing and planned interventions, knowledge of what has worked in other areas, feedback from partners, evolving evidence of innovation as well as regional and national drivers. The action plan mostly focuses on activities that will be delivered to improve population awareness and screening as prevention initiatives are captured in multiple plans across NCL and will be coordinated by different organisations within the ICS.

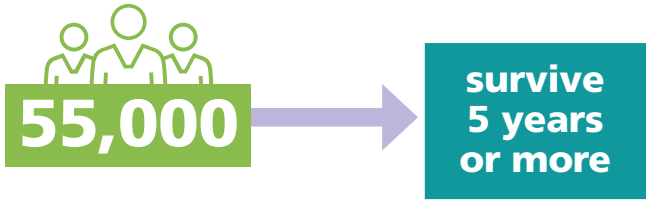
Context: National ambitions

The 2019 NHS Long Term Plan sets out two ambitions for cancer by 2028:

1. **75% of people with cancer will be diagnosed at stage 1 and 2 to improve survival outcomes**



2. **Each year 55,000 more people will survive for five years or more following their cancer diagnosis.**



Key elements to achieve these two ambitions include:

- **Optimising the national screening programmes,** such as continuing the lowering of the age for bowel screening from 60 to 50 by 2024/25.
- **Extending lung health checks nationally**
- **Improving awareness of cancer symptoms and encouraging earlier presentation**
- **Identifying those at increased risk of cancer for testing and ongoing surveillance**

The Long Term Plan puts prevention front and centre, recognising its importance as a means of helping people to stay well for longer, addressing health inequalities and reducing demand on overstretched health and care services. Understanding that upstream prevention and the NHS's future sustainability are closely bound together, the Plan calls for greater action on the prevention of ill-health across health and care systems.

In addition to recommendations in the Long Term Plan, the **Sir Mike Richards 2019 Review of Screening programmes** (Appendix 3) outlined a number of improvement recommendations for the three screening programmes nationally, regionally and locally, to aid achievement of the early diagnosis ambition.

Context: NCL population and health inequalities

Population profile

1.8 million residents live in NCL

5 boroughs:

Barnet
Camden
Enfield
Haringey
Islington

200,000 people living with a disability

25% of people do not have English as their main language

Ethnicity

60% White
20% Asian
20% Black

Health inequalities

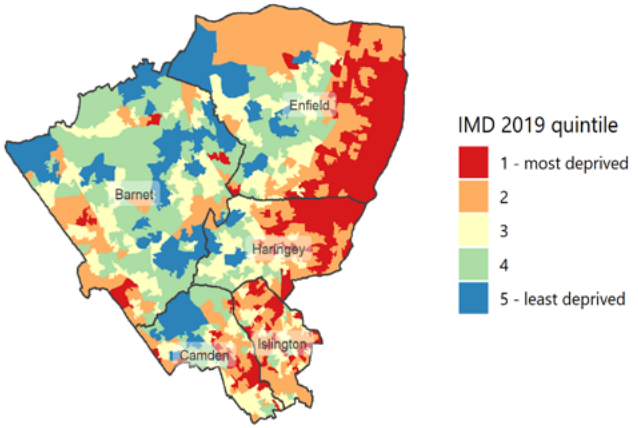
Across NCL there is a high level of population health need and inequalities. People living in the most deprived areas are more likely to be diagnosed with cancer and at a later stage of disease for some types of cancers. The Core20PLUS5 approach aims to support the reduction of health inequalities at both national and system level.

A key influencer on the current landscape is the continued impact of the pandemic. It shone a light on health inequalities that have existed within and across communities but also opened up opportunities to modify how services are delivered. These insights have been reflected in the updated priorities within the strategy.

Deprivation

Haringey, Islington and Enfield have, on average, higher rates of deprivation compared to London, although pockets of deprivation are dispersed across NCL. While not explaining all differences, the intersectionality between ethnicity and deprivation is very important.

Deprivation quintile by LSOA
North Central London boroughs, IMD 2019



Context: Partners working to improve cancer outcomes

National Organisations

- NHS England – cancer and screening teams
- UK National Screening Committee
- Macmillan
- Cancer Research UK
- Jo's Cervical Cancer Trust
- Bowel Cancer UK
- Breast Cancer Now

Regional and Local Organisations

- Transforming Partners in Health and Care
- Voluntary Care Sector Organisations
- Cancer screening services
- Healthwatch
- Cancer Alliances
- Local Authorities
- Hospital Trusts
- Integrated Care Boards
- Borough Partnerships
- Primary Care
- Sexual health services
- Learning disability teams
- Health inclusion teams
- Academia

What our residents say

Feedback from our residents on how services are working for them helps us gain a better understanding of changes that need to be made. This story is from a local resident on their experience of taking part in screening and the impact it has had on their life.

Dick Carruthers talks about his recent bowel cancer screening and subsequent diagnosis

Dick Carruthers had been enjoying a busy and healthy life and never imagined he would face a cancer diagnosis at this time. He is almost 57 and is a film maker working with some of the world's best-known music bands. He's the father of teenage children and a regular participant in many fitness activities.

Dick received the bowel screening FIT kit last June. He was part of the new cohort of 56-year-olds to be sent the test. "To be honest I thought it was something to do with research, partly because I'd signed up to be part of Covid research. I thought I was helping the NHS out, not the other way around."

He completed the test "which took five seconds" and returned the sample as instructed. Then he got a letter which said that further investigation was needed. He was phoned by the colonoscopy department at UCLH on the same day. "I had zero symptoms, but the colonoscopy immediately revealed something wrong. Things moved very fast from that point onwards, with CT and MRI scans and a biopsy."

"I was given all the facts about the type of tumour, grade and so on, and I did a lot of reading of all sorts of research papers. I was informed a resection would be needed to remove the 8cm growth, which turned out to be a stage three cancer."

"The speed at which things happened meant that I didn't get too emotionally carried away. I was deliberately stoic about it all."

"It was the first time I'd had any surgery, and the risks seemed scary, but I'm delighted that all went well, and I never felt any pain which is not what I was expecting."

Dick was discharged early following surgery due to his great fitness – he walked up 14 flights of stairs to get back to his hospital ward after taking a short walk for fresh air. Chemotherapy followed and he has had to deal with some side effects but has made very good progress. He continues with the fitness training, cycling and swimming. "For me it was important to carry on as normal and I've been inspired by people who are willing to talk in a frank, funny and informative way about bowel cancer.

"I can't thank the NHS enough for sending the kit, and all the subsequent amazing care I have received. It's not melodramatic to say I owe my life to the screening programme. Because I had absolutely no symptoms at all, I would never have thought there was anything wrong."

Where we are

The following pages provide an overview of the context that we are operating in and the challenges we are working to address.

From data on incidence of cancer, changes to our programmes and new services, participation levels in screening and cancer awareness across our population, it gives the background that shapes the aims, objectives and activities set out in this strategy.

Where we are

Incidence

In 2020/21 there were 456 new cancer cases per 100,000 population in England. In 2020/21, NCL had an incidence rate of 297 new cancer cases per 100,000.

All NCL boroughs had a lower incidence rate for new cancer cases when compared with England in 2020/21.

For breast cancer from 2015 to 2019, all NCL boroughs had an indirectly standardised incidence ratio, per 100 lower than England. However, Enfield (95.6) and Islington (94.0) had ratios higher than the other three NCL boroughs. For lung cancer from 2015 to 2019, the standardised incidence ratios in Islington (145.8) and Haringey (100.8) were higher than England.

North Central London
297 new cancer cases per 100,00

England
456 new cancer cases per 100,00

Source: The National Disease Registration Service, NHS Digital

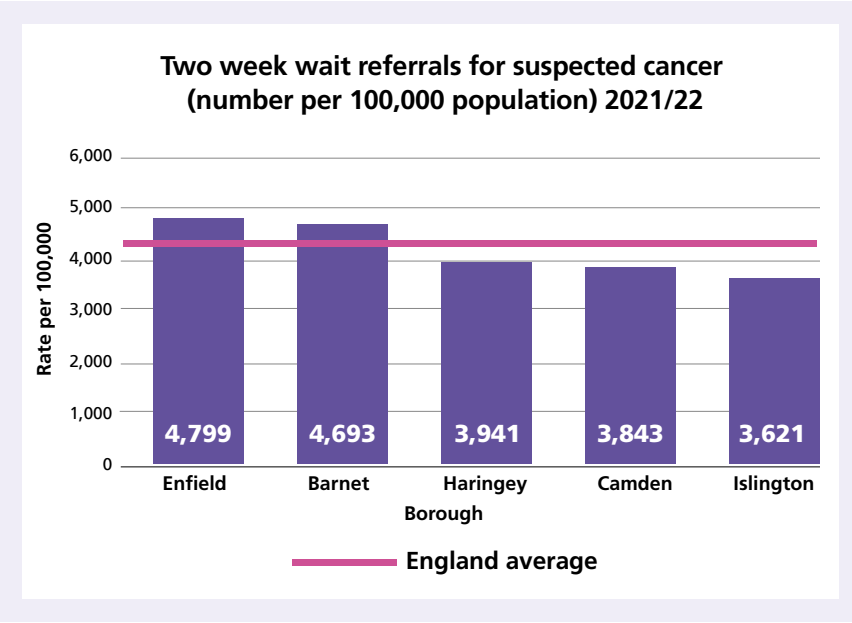
Cancer diagnosis routes

From 2009/10, NCL has seen a higher increase in urgent suspected cancer referrals (Two week wait) compared to London and from 2016/17, higher than the England average. In NCL in 2021/22, 55% of new cancer cases (or 2,784 cases in total) were treated which were referred through the urgent suspected cancer pathway This was similar to the England average of 54%.

In 2021/22, significant variations were evident relating to the rate of two-week wait referrals for suspected cancer across NCL boroughs. Enfield (4,799 per 100,000) had the highest rate of two- week wait referrals and Islington (3,621 per 100,000), the lowest. Enfield and Barnet both had a referral rate which was above the average for England which was 4,323 per 100,000.

The rate of emergency presentation in NCL in 2021/22 was 56 per 100,000, equating to 983 emergency presentations in that period. The rate was below the England average of 88.

The rate of cancer diagnosis via a non-emergency route in 2021/22 for NCL was 235 per 100,000, equating to 4,111 presentations. The rate was below the England average of 365.



Source: NHS England Cancer Waiting Times Database, as held by the National Disease Registration Service, NHS Digital

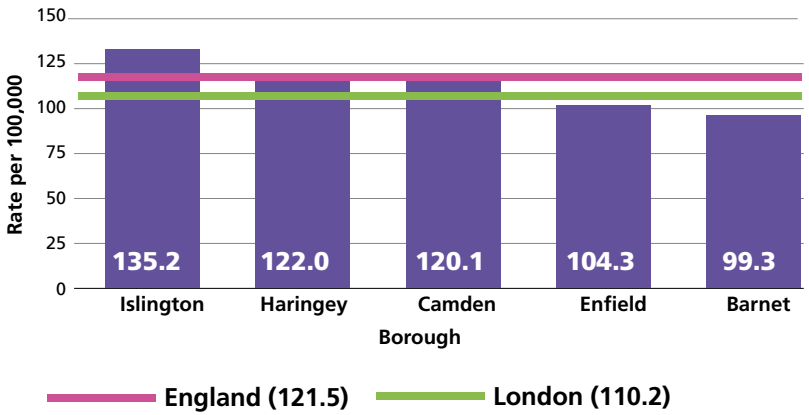
Where we are

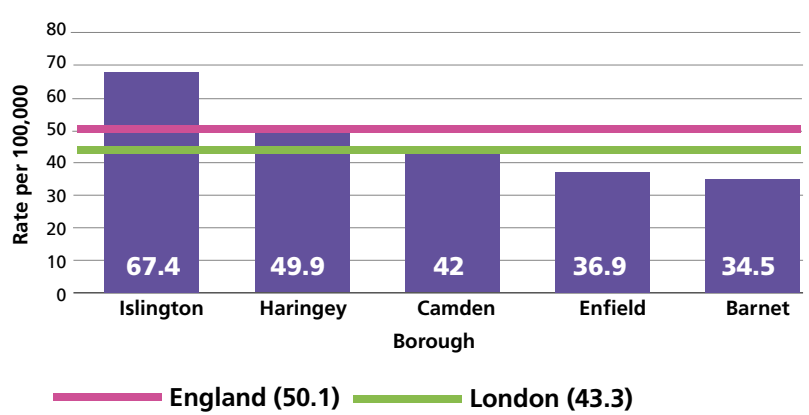
Mortality

Cancer causes more than 1 in 4 of all deaths in the UK. NCL (22.6%) has a lower mortality rate when compared to England (24.3%).

Islington has the highest premature under-75 mortality rate due to cancer in 2021 (135.2 per 100,000). This equates to 171 deaths. However, this varies by gender with males (174.2) having a higher rate than females (100.4). In 2020, the percentage of deaths with an underlying cause of cancer decreased across NCL. This may be related to the pandemic. The deaths from cancer considered preventable are lower in London (43.3) when compared with England (50.1).

Locally, there is no significant change to previous years. However, Islington has the second highest rate (67.4 per 100,000) across all London boroughs after Tower Hamlets (73 per 100,000).





Source: NHS Digital

Where we are

Prevention

Tobacco

- **In NCL, smoking prevalence is 11.4%, which is similar to the London average and below the England average.**

Smoking prevalence

NCL (2021)	London (2021)	England (2021)
11.4%	11.5%	13%

Source: Annual Population Health Survey

In Enfield (18.5%) has the highest smoking prevalence in Enfield compared to Camden (6.6%), which has the lowest prevalence.

NCL is working to deliver against the LTP ambitions to further reduce smoking prevalence. This is being done through undertaking work to ensure that all people admitted to hospital who smoke, are offered NHS-funded tobacco treatment services. This involves asking people about their smoking status, providing very brief advice and pharmacotherapy for nicotine withdrawal and an offer of referral to stop smoking specialist support.

Each hospital trust is also working to establish or continue their smoke free action group and a NCL Tobacco Board has been set up to oversee all this work.

Weight management

- **About 1 in 2 adults have excess weight in NCL.**

Adults aged 18 and over classified as overweight or obese (BMI greater than or equal to 25kg/m²), 2021/22

NCL (2021/22)	London (2021/22)	England (2021/22)
53.5%	55.9%	63.8%

Source: OHID Fingertips (based on Active Lives Adult Survey, Sport England)

In NCL, 53.5% of adults are classified as overweight or obese. Enfield is the only borough with a higher rate (59.7%) compared to the London and England averages.

An NCL weight management group has been established which brings together NCL partners to look at the weight management pathways across the sector and identify initiatives that could improve outcomes for the population.

Royal Free London Healthy Living Hub and the five local authorities have been awarded funding by the Greater London Authority to carry out work on a whole systems approach to tackling obesity. A mapping of local services is being carried out and an action plan will be developed to deliver activities across NCL.

Where we are

Prevention

Alcohol

- **The rate of alcohol consumption in NCL has increased since the COVID-19 pandemic**

Adults aged 18 and over classified as overweight or obese (BMI greater than or equal to 25kg/m²), 2021/22

NCL (2021)	London (2021)	England (2021)
1,401-2,126	1,740	1,734

Source: OHID Fingertips (based on Active Lives Adult Survey, Sport England)

A proactive approach has been taken to progress the NCL objective of preventing alcohol-related harm and the identification and support of people drinking at levels harmful to their health. The ambition is that through embedding prevention within all patient contacts, identifying risky drinking behaviour, and offering advice and signposting to services, patients will be supported to reduce their drinking.

Reducing variation in provision of alcohol services for patients within secondary care is a key objective that is being progressed. The aim is to establish an NCL alcohol network to support development and delivery of a work plan across NCL.

Programme developments

Several initiatives are underway across NCL to embed prevention to address three of the major modifiable health behaviour risk factors that influence mortality and health inequalities: tobacco, alcohol, and obesity.

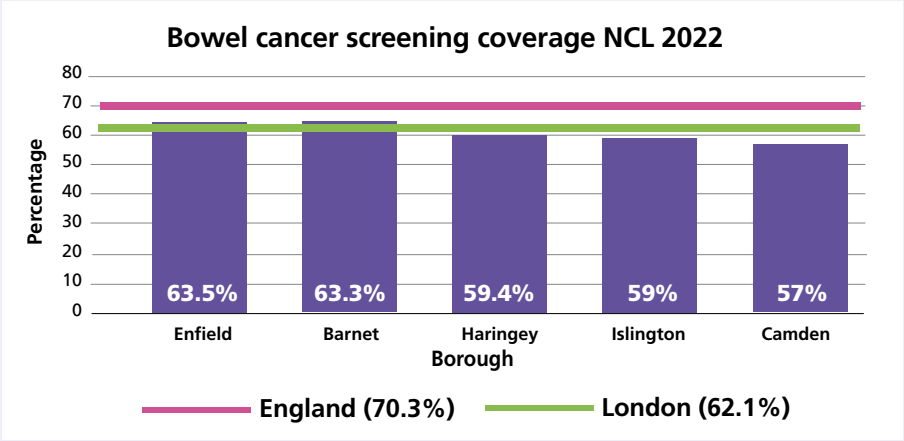
One initiative that aims to provide a seamless system-wide secondary prevention service, aligning with local and sector-wide primary prevention systems is the Royal Free London Healthy Living Hub. The hub is a pilot project and will be evaluated and scaled up across NCL if it proves to be successful. As part of this model, work has been undertaken to map smoking, obesity and alcohol services across NCL, to improve service delivery, equity of access and reduce health inequalities.

Where we are

Screening

Bowel

Across all NCL boroughs, bowel cancer screening coverage is below the England average (70.3%), ranging from 57% in Camden to 63.5% in Enfield. The national target is 60%. However, bowel cancer screening coverage is increasing over time, both nationally and across NCL boroughs.



Source: NHS Digital

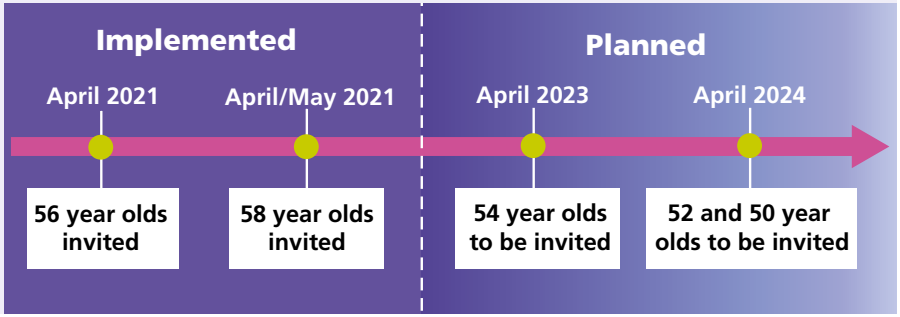
Whilst there has been a steady increase, coverage is still below average for some populations, such as people with a learning disability, people with a serious mental illness and individuals experiencing homelessness. For example, in Camden, 38% people with serious mental illness have significantly lower coverage than the general population (48%).

Changes to the bowel screening programme

Since April 2021, there has been a national expansion of the population eligible to receive a Faecal Immunochemical Test (FIT) as part of the bowel screening programme, to include 50-59-year-olds. This age extension will meet a key commitment of the NHS Long Term Plan, to modernise the programme and ensure alignment with the commitment to improve earlier diagnosis of cancer.

The age extension is being gradually rolled out across the country and age groups.

Personalised reminder calls for bowel screening have been implemented locally, as evidence has shown that together with endorsements by GPs, they are effective at increasing screening uptake, as noted in Sir Mike Richard's screening review report and recommendations.



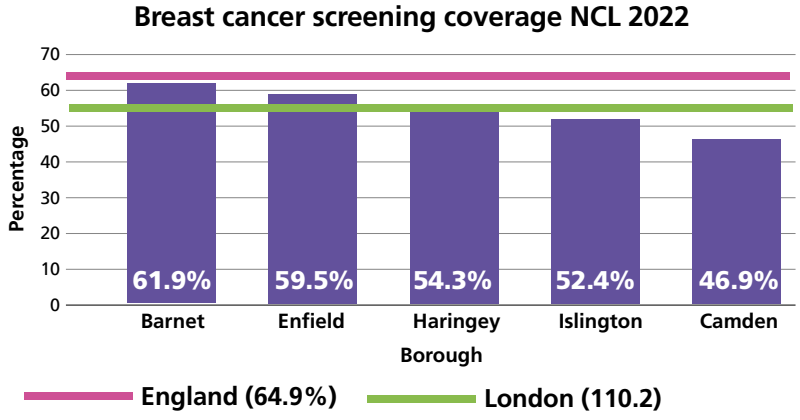
Where we are

Screening

Breast

Levels of coverage across all NCL boroughs were significantly lower than the England average 64.9%. Barnet and Enfield were the only boroughs in NCL where screening coverage was higher than London of 55.5%.

The highest breast screening coverage rate was in Barnet (61.9%) and the lowest in Camden (46.9%). The national target is 80%.



Source: NHS Digital

Changes to the breast screening programme

Significant changes have been made to the breast screening programme due to the impact of the COVID-19 pandemic. These include:

- **AgeX trial** – was set up to assess the benefits and risks of inviting women aged 47-49 and 71-73. The trial was paused at the height of the pandemic and will no longer invite new women. Women invited into the trial prior to this will continue to be followed up for a number of years.
- **Invitation process** – women were offered open invitations instead of timed appointments to help recover the backlog of invitations and screens that built up due to the pause. This has impacted on the number of people attending their screen. Breast screening services are transitioning back to timed appointments which is expected to improve uptake over time.
- **Screening by next test due date** – the programme is transitioning to inviting women based on when they are next due to be screened rather than by GP practice. This will align the programme with the bowel and cervical screening programmes. It will allow the programme to be delivered smoothly and women to be invited at the appropriate time according to their screening history.
- **Appointment capacity** – extra capacity (hours/days) has been provided by the screening services to make further appointments available. This includes offering evening and weekend appointments.

Where we are

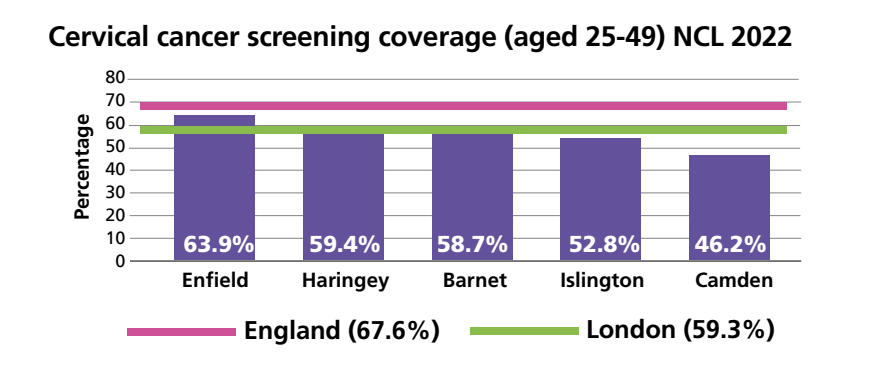
Screening

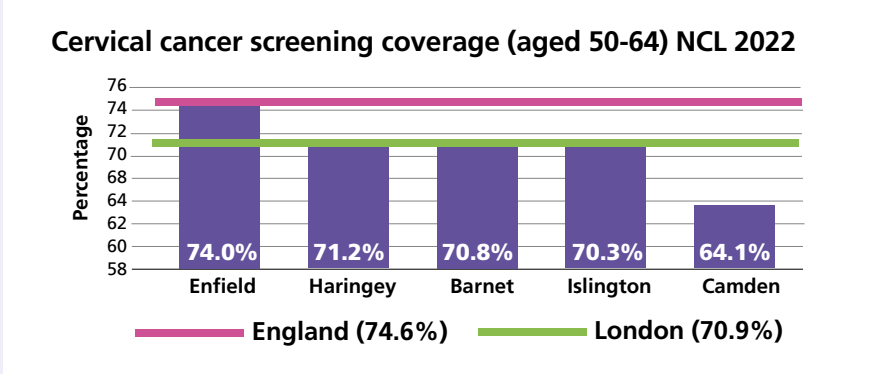
Cervical

Across North Central London, coverage of cervical screening is below the England average across both age groups. Enfield is the only borough with higher coverage than the London average across both age groups.
Over recent years, for those aged 25 to 49 years (screened every 3 years), there has not been significant change in cervical screening coverage in Barnet and Enfield, but it has decreased in the other three NCL boroughs. Screening for those aged 50 to 64 years (screened every 5 years) has decreased in all five NCL boroughs.

Screening coverage is lower amongst 25-49 year olds compared to 50-64 year olds. Coverage is also lower amongst some ethnic groups such as Asian and White Other. The national target is 80%.

Initiatives such as text reminders and additional appointments continue to be delivered by primary care and the screening teams to improve participation. Other initiatives that have been delivered locally to address health inequalities include translation of information into different languages and targeted social media engagement.





Source: NHS Digital

The data is for the proportion of women for the two age groups who were adequately screened within the previous 3.5 or 5.5 years to 2022.

Where we are

Screening

Targeted Lung Health Checks

The aim of the Targeted Lung Health Checks programme is to diagnose lung cancers earlier when treatment is more likely to be successful. People aged 55 to 74 years with a smoking history, that are at risk of developing lung cancer in the future, will be invited to take part in the programme. Lung cancer continues to be the leading cause of cancer mortality in NCL and successful delivery of the lung health checks programme will help us make significant strides in improving outcomes for our population. Delivery of the programme across NCL is also an important step in the system's preparation for national implementation of targeted lung cancer screening.

The NCL programme is still at an early phase; there will be opportunities to trial initiatives that will improve uptake over time. Learning on uptake improvement will be drawn from work done in the SUMMIT Study (a lung cancer screening study delivered in NCL) as well as the other cancer screening programmes. Work continues to determine how uptake and/or coverage will be measured within the lung health checks programme. Currently uptake is used to measure performance and this is done by assessing the number of people that respond to their invitation. This metric will be refined over time as the programme grows and matures. In NCL, uptake is below the national average as well as the target of 50%. Uptake is around 30% but it is expected to improve as the programme continues to be rolled out and adjusted to meet varying needs.

Where we are

Population awareness

The Cancer Awareness Measure survey is a validated questionnaire designed to measure the public's awareness of the symptoms and risk factors of cancer as well as the barriers to seeking help. 4,755 respondents across NCL completed the survey between 2018 and 2020. Awareness of signs and symptoms was generally high across all boroughs.

Representation of respondents from ethnic minority and areas of high deprivation varied across each borough. Females and younger people were underrepresented across all boroughs whilst White British respondents were underrepresented in Haringey, Camden and Islington, and overrepresented in Brent and Enfield.

Further details of the results by borough can be found on Appendix 5.

Respondents were aware of the following signs & symptoms of cancer:	Respondents recalled the following as causes of cancer:	Respondents provided their preferred method of engagement/how to access information.
• A lump / mole • Change in weight/ unexplained • Weight loss • Persistent cough • Change in bowel habits • Difficulty in swallowing • Pain • Bleeding • Tiredness/fatigue • Unhealed sore	• Smoking • Eating processed foods/ not enough fruit & vegetables • Age • Being overweight • Alcohol • Infection with genital warts	(Order: most preferred to least preferred): • Social Media • Posters at GP or Pharmacy • Face to face • Public Transport • Council Newsletter/website • Through the door • Community Centres • Magazines • Radio • YouTube

Further details of the results by borough can be found in Appendix 4.

Representation of respondents from ethnic minority and areas of high deprivation varied across each borough. Females and younger people were underrepresented across all boroughs whilst White British respondents were underrepresented in Haringey, Camden and Islington, and overrepresented in Brent and Enfield.

What our residents say

The experiences and feedback from our residents on how services are working for them helps us gain a better understanding of the improvements that need to be made. These testimonials are from residents that have been engaged in activities delivered in their boroughs to improve awareness of cancer, encourage people to seek help early and take part in screening when invited.

"Having this workshop has made me understand better what cervical cancer is and how to look out for symptoms. I was not aware of cervical cancer at all, I was aware of breast cancer and liver cancer as I had family members suffer from it".

Female, 25-49 years, Islington

"Talking about women's problems is a bit taboo in our family and in our society as well. Visits and talks with the gynaecologist is a discussion that we try to always avoid. I feel embarrassed to talk about any problems that are related to women's health. However, being aware of the symptoms now and knowing that with a simple test it can be detected, I will definitely be more open about how I feel and more confident in discussing these issues with my friends and family."

Female, 50-64 years, Islington

Our aims over the next five years

Based on the current data and progress in delivery to date, the following pages set out our aims over the next 5 years relating to prevention, awareness and screening.
We have also identified specific objectives and enablers linked to the three areas of focus. These are broken down into:

- **All cancers (related to multiple cancers)**
- **Bowel cancer**
- **Breast cancer**
- **Cervical cancer**
- **Lung cancer**

The objectives mostly focus on population awareness and screening as those relating to prevention cut across multiple areas and are captured in other ICS plans.

Ensuring that we are working to address health inequalities is an important thread that runs through the objectives identified.

Our aims over the next five years

2023 → 2028

Prevention

- Develop a new universal smoking cessation offer.
- Work to minimise the impact of alcohol on the most vulnerable in our communities.
- Develop and embed a standardised Making Every Contact Count (MECC) approach across the system.
- Develop a new in-house support offer for expectant mothers, and their partners.

Population awareness

- Develop and deliver activities that drive timely presentation to the health system when people have worrying symptoms.
- Improve awareness of cancer signs and symptoms across NCL.
- Reduce inequalities in awareness of cancer signs and symptoms between different population groups.
- Embed cancer awareness raising as part of our work and future strategies that get developed.

Screening

- Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
- Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
- Adapt screening improvement activities in line with national and regional work to meet local needs.
- Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
- Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

Our objectives

The approaches we used to formulate the objectives of this strategy include:

Our objectives

All cancers

Prioritising prevention, improving screening participation and promoting early healthcare seeking across our population is a key priority of this strategy. Local data also shows there is variation across these three areas. For instance screening participation varies markedly at practice, neighbourhood and borough level. Addressing this variation requires flexible, creative and locally driven solutions to ensure they are tailored to the needs of the population.

Local and regional data shows that screening participation is lower amongst people experiencing homelessness, people with serious mental illness (SMI) or those with a learning disability. Reasonable adjustments are required to support individuals that experience multiple barriers, to access cancer screening and other services early. The adjustments to be made will depend on the collective barriers that are identified.

National and regional campaigns are disseminated via multiple digital and print media. NCL has a diverse population therefore additional channels and approaches need to be utilised to ensure campaign messages reach all communities. This may include translating campaign materials in the most preferred languages across NCL. These insights inform our objectives.

Engage PCNs with low screening uptake to improve patient participation	**Augment national and regional campaigns and utilise community engagement and social media platforms**	**Incorporate cancer awareness education in the prevention programme**
PCNs will have access to timely, granular data as well as guidance on effective interventions that improve screening uptake. PCNs will deliver local improvement activities and increase screening participation towards the national target.	Increased awareness of cancer screening programmes, signs and symptoms as well as the importance of timely presentation. Cancer awareness raising will be embedded in the agenda of place and neighbourhood teams.	The prevention priorities are set at NCL - level and cut across multiple health areas. For cancer awareness education for secondary care, local authorities and the 'wider public health workforce' will be incorporated into the Making Every Contact Count (MECC) offer.

Our objectives

All cancers

Improve screening participation for people experiencing homelessness	Improve screening awareness for people with SMI and mental health teams	Include cancer screening as part of annual health checks for people with a learning disability
Reasonable adjustments will be identified for the three screening programmes and piloted in NCL. Learning will be drawn from the pilot and rolled out across London in collaboration with NHS England and screening providers.	Increasing screening participation will be incorporated into the local strategy to improve the physical health of people with SMI. Work led by NHS England and screening providers will be supported to ensure there is effective implementation in NCL.	People with a learning disability will be supported to access cancer screening through the annual health checks. Resources to support informed decision making on screening participation will be available as well as guidance on reasonable adjustments that can be requested and provided.

Our objectives

Bowel cancer

The bowel screening programme will continue to undergo changes beyond lowering of the starting age to 50 years. These national changes will be made as more evidence becomes available on diagnosing cancers earlier particularly amongst the populations at most risk. Adjustments to the programme will be carried out in a phased approach over the coming years to ensure there is sufficient capacity and resilience in the health and care system, to meet the increased demand for services.

In NCL, supporting the implementation of these changes locally will enable activities to be delivered in a format that meets the needs of our diverse population. Part of the local support for implementation will also include priming people and raising awareness of the changes that will be made to the programme and how the NCL community can access services.

Support bowel screening age extension to ensure good uptake in younger age cohort	**Support integration of Lynch Syndrome pathway into bowel screening programme**	**Support introduction of risk stratification within the screening programme**	**Support lowering of the FIT test threshold from 120ug/g to 80ug/g**
Uptake of bowel screening will be at a similar level to the older age cohort and in line with the national target.	An established pathway within the bowel screening programme in NCL, where people are routinely offered testing and surveillance for Lynch Syndrome if they meet the criteria of the service.	Risk stratification protocols are effectively implemented within the bowel screening programme. People at higher risk are identified and engaged for routine follow-up.	Sufficient colonoscopy capacity is available in NCL hospitals to meet the projected increased demand for appointments resulting from the lower threshold. Cancers are detected at an earlier stage.

Our objectives

Breast cancer

Building on the primary care and NCL breast transformation strategies, our work will focus on increasing uptake of breast screening, and encouraging people to present early to primary care if they have concerning symptoms. We will build resilience in the system and, through the use of quality data, target populations with low screening participation.

Support implementation of the call and recall administration system to improve uptake	**Develop a network of champions to target population cohorts with lower screening uptake**	**Create a paper light breast screening pathway through regional collaboration**
GP practices in collaboration with the breast screening provider, are able to identify patients that do not take up their invites and support them to participate. Interventions will be tailored to the needs of local communities and patient groups.	Work with and build on the network of champions that work across NCL to ensure breast screening health promotion is an integral part of the activities delivered. Targeted approaches will be used, that are co-produced with the local communities being engaged.	GP practices will receive patient results from the breast screening service in an electronic format, that is seamlessly reflected in patients records. GP practices will hold better quality data on breast screening outcomes to inform the design of improvement interventions.

Our objectives

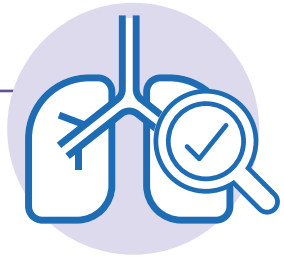
Cervical cancer

Encouraging cervical screening participation continues to be a priority not just in NCL but across London and nationally as there continues to be a decline or no significant increase in participation. Insights gathered on barriers that influence participation highlight the need to offer flexibility in when, where and how screening is offered. Continuing to raise awareness of cervical screening generally and the value it provides also remains important. Eliminating cervical cancer remains an ambition in England.

Support adoption and roll-out of HPV self-sampling within the programme	**Increase uptake of the HPV vaccine amongst school-aged children**	**Support implementation of extension of screening recall frequency**
Increased participation in the cervical screening programme particularly amongst women that experience difficulties in having a conventional screen.	Decrease over the longer term, the incidence of cervical cancer. More women and people with a cervix will have protection through the vaccination programme.	Release of capacity in primary care to ensure those requiring more frequent appointments are able to access it. People invited for a screen attend at the appropriate time for their screening history.

Objectives

Lung cancer



As the Targeted Lung Health Checks programme is still in its infancy in comparison to the three cancer screening programmes, more work is required to fully establish and embed it across the sector. This includes expanding the programme to fully cover the NCL population as per national requirements. Raising the profile of the programme to make sure people are aware of it will be key.

The programme also enables us to address key health inequalities linked to smoking, cancer and other diseases, all of which are key priorities for NCL's population health and integrated care strategy.

Expand delivery of the Targeted Lung Health Checks programme to cover the full population	**Support over 50% of the invited population to attend a lung health check (uptake)**	**Increase uptake amongst people living in deprived areas and other populations not taking up their invites**
Early diagnosis of lung cancers as well as equity of access to the programme. The NCL health and care system is prepared for national implementation of targeted lung cancer screening. People that smoke are supported by smoking cessation services to quit.	Early diagnosis of lung cancers through the programme, leading to increased chances of successful treatments. NCL achieve the national target for the programme and close the gap to meeting the national average.	Reduction in lung cancer outcomes gap between the most and least deprived areas in NCL. Reduction in uptake variation between population groups.

Enablers

Beyond the need to work together as system partners across NCL to deliver activities that are joined up, there are key factors that will act as enablers, to ensure the identified objectives can be delivered. The enablers have been drawn from learning gained through previous and current work. They aim to inform how activities will be delivered, highlight areas of improvement and help demonstrate outcomes.

Enablers

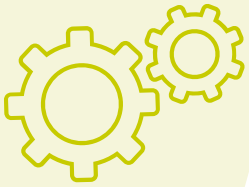
The enablers have been selected to allow the strategy to be progressed at pace. They are focused on the utilisation or generation of evidence. In NCL and at London-level, more granular data is being made available to service delivery leads to support better targeting of interventions. Tools such as HealtheIntent, the NCL PCN dashboard, Shape Atlas and NHS Digital screening dashboards, provide access to data that offer varying insights on our population and where the greatest needs lie. Further developments are planned for some of these tools which will enable us to access data consistently and at the level of detail needed to inform our work.

Whilst many interventions locally and in other areas are evaluated in some form, many of the reports are not readily available. This limits the learning that can be drawn from these initiatives and applied to our work. Evaluating interventions will help drive efficiencies in how we deliver our work.

Enablers of delivery

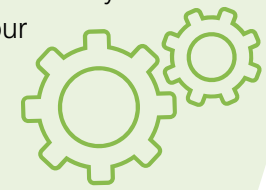
Analysis of service level data to enable better targeting of interventions

Data from activities being delivered as well as services such as screening, will be used to help refine the design of activities that will be delivered and continuously shape them based on emerging data.



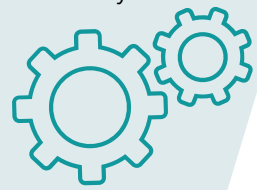
Learning and applying research insights to improvement interventions in a timely manner

A lot of research evidence already exists that will be drawn on to scope out activities. As more evidence comes to light, delivery of activities will be adjusted accordingly. Where opportunities exist to carry out research alongside our activities, these will be progressed.



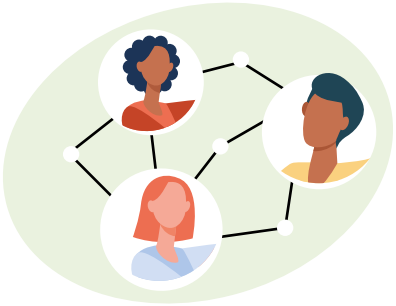
Evaluation of interventions that are delivered

Evaluating key interventions will allow us to make timely changes to the strategy. Evaluations of previous interventions will not only guide our work but also provide a strong foundation to build on. This is also essential in informing sustainability plans and future work done locally, regionally and further afield.



Delivery principles

In addition to the enablers identified that will support delivery, the following principles will further underpin our approach.



Partnership working

- Work in partnership with people, communities, organisations and groups to deliver the right activities for the population.

Integration

- Work to join up activities in line with the NCL ICS strategy, wider regional strategies and approach to integrated work.

Equity and accessibility

- We will help identify and address barriers that might deter or disadvantage our population from accessing cancer services or activities.

Sustainability

- Identify avenues for making our work sustainable and deliver long-term outcomes.

What our residents say

The experiences and feedback from our residents on how services are working for them helps us gain a better understanding of the improvements that need to be made. These quotes are from residents that have been engaged in activities delivered in their boroughs.

"I attended a cancer awareness workshop in Harringay along with other women from the local community and the cancer champions who Bridge Renewal Trust and associate organisations employed to work with their respective communities to improve knowledge about cancer, its prevention and treatments.

The workshop consisted of a cancer awareness film and discussion followed by a session with two doctors who gave us an excellent overview of cancer treatments available through the NHS and how to access them. I found both parts of this workshop very informative. The film and discussion were an excellent start to it, allowing all participants to share their concerns and experiences around the workshop's topics, while the presence of two medical professionals who answered all our questions in a fair, non-judgemental manner was an extra bonus. Cancer is a difficult topic of discussion, and both doctors handled it well while providing us with information that is often difficult to reach.

I left this workshop feeling more confident I will be able to take care of my health regarding cancer if and when I need it and with the information I need to be able to do so. I was informed of various routes I can take if I worry I have cancer, and also assured that should this ever be needed, it won't be a death sentence. The doctors did an excellent job of stressing this point while encouraging us all to seek medical attention as soon as we detect worrying symptoms. They also informed us how, specifically, we should do this. This made me more confident that if I had to, I would be able to take care of my health. I think such sessions are much needed in cancer prevention, and I would attend them again and encourage others to do so."

M.C, Haringey resident

"I enjoyed the workshop as it was the first of its kind that I can remember that appealed to me for personal and professional reasons. I was glad I attended, as I was able to share some of the points that were discussed in relation to cervical and breast cancer with my friends and family.

The GPs that were present were also very informative and relatable and made us all feel at ease to ask questions, and also allay some people's fears around such delicate topics; I feel this type of session would help some seek appropriate and timely medical attention and support. I do feel there definitely needs to be more workshops like this, and on other topics, on a regular basis, especially in different community languages to help raise awareness in the local and wider community.

I do hope this will not be the one and only workshop of its kind."

R.K, Enfield resident

Action plan

The following pages set out our two year action plan.

Our approach to delivering activities against the objectives set out will be determined by our evolving understanding of what works, resources available, learning from ongoing initiatives, feedback from residents, changing population need and shifts in the health and care landscape. This will result in an evidence-based offer delivered at borough, NCL or regional level.

Where there is limited evidence, it will provide opportunities to innovate and ensure the required learning is gathered and taken forward.

Also set out within the action plan is the approach that we will take to sustain activities that need to be delivered over a longer period.

Action plan – All cancers

Objective	Engage PCNs with low screening uptake to improve patient participation	Augment national and regional campaigns and utilise community engagement and social media platforms	Incorporate cancer awareness education in the prevention programme
Key initiatives we will deliver	• Prime people being invited to bowel screening for the first time according to the age extension roll out. • Work with primary care and VCS organisations to localise the delivery of national and regional screening campaigns. • Support PCNs to deliver uptake improvement activities as per the Good Practice Screening Guide. • Develop an approach to work with primary care to deliver activities in line with the PCN DES and cancer prevention, awareness and screening strategy.	• Work with primary care, local authorities, NCL ICB, VCS organisations, community groups, faith organisations, borough partnerships and Trusts to disseminate materials and messages across their networks. • Work with community pharmacies to design specific activities for delivery via their channels. • Utilise campaign resources to target specific demographics based on need (e.g. BAME, people with LD, SMI, LGBTQI+, most deprived areas).	• Review current MECC and other education packages to identify areas of development and adjustments required according to needs of our population. • Incorporate cancer awareness topics within the standardised Making Every Contact count (MECC) training programme. • Work with the NCL prevention team to promote the MECC training to staff groups identified as part of the prevention programme across the sector.
How we will measure success	• Outcome data in project reports. • Screening data via OHID Fingertips or NHSD.	• Outcome data in project reports. • Screening data via OHID Fingertips or NHSD.	• Outcome data from the MECC training programme and/or other education delivered where cancer awareness is included.
Partners that will be engaged	**NCL Cancer Alliance, NCL ICB, local authorities, VCS partners, screening providers, screening commissioners, primary care and borough partnerships.**		

Action plan – All cancers

Objective	Improve screening for people experiencing homelessness	Improve screening awareness for people with severe mental illness (SMI) and mental health teams	Include cancer screening as part of annual health checks for people with a learning disability (PWLD)
Key initiatives we will deliver	• Develop and deliver training packages to promoting cancer screening and reasonable adjustments. • Develop and tailor resources for people experiencing homelessness and disseminate across London. • Pilot short-term priorities in NCL and share learning with NHSE regional team to develop initiatives for wider implementation across the programmes.	• Support delivery of cancer screening training to mental health teams identified as best placed and family carers. • Support development of resources for people with SMI to increase awareness and reasonable adjustments that can be made. • Facilitate process of embedding cancer screening into SMI Health Checks where feasible ensuring that broader support can be accessed from VCS organisations. • Support delivery of the recommendations in the NCL strategy for improving the physical health of people with SMI. • Support primary care to deliver recommended activities in the PCN DES.	• Support primary care to deliver recommended activities in the PCN DES. • UCLH bowel screening team to work with primary care and LD and Autism teams to include bowel screening in the health action plan.
How we will measure success	• Screening data from providers specifically for the target group. • Screening data via OHID Fingertips or NHSD.	• Outcome data in project reports. • Screening data via OHID Fingertips or NHSD.	• Report via NCL LD and Autism team on number of completed Annual Health Checks in primary care.
Partners that will be engaged	**NCL Cancer Alliance, NCL ICB, local authorities, VCS partners, screening providers, screening commissioners, primary care, borough partnerships, mental health teams, Learning Disability and Autism teams and patient partners.**		

Action plan – Bowel cancer

Objective	**Support integration of Lynch Syndrome pathway into bowel cancer screening programme**	**Support bowel screening age extension to ensure good uptake in younger age cohort**
Key initiatives we will deliver	• Map out-patient pathway for testing and referral into the bowel cancer screening programme. • Agree protocol for ongoing management of patients. • Work with clinical teams to raise awareness of programme and ensure patients get identified. • Ensure adequate capacity is made available to provide the ongoing follow-up and management required.	• Develop and deliver targeted communications via primary care bulletin and clinical and non-clinical forums, to reach out to people being invited to their first screen. • Increase awareness in the community through NCL communications and engagement newsletter to VCS organisations and local authority teams. • Work with VCS organisations to develop and deliver key messages promoting the programme, via their existing channels and forums. • Bowel screening calls to prime 50 to 54-year-olds about their first invites. Additionally, deliver targeted activities to support people with LD or SMI within this age group to participate.
How we will measure success	• Surveillance hub and integration with the bowel screening programme fully established in NCL. • Surveillance colonoscopies carried out (data captured by UCLH).	• Uptake data including breakdown by age group. • Screening uptake data via HealtheIntent (specifically for LD and SMI).
Partners that will be engaged	**UCLH bowel screening centre, NCL Cancer Alliance, NCL Colorectal Expert Reference Group, NCL ICB, VCS partners, screening commissioners, primary care and borough partnerships.**	

Action plan – Breast cancer

Objective	Create a paper light breast screening pathway through regional collaboration	Support implementation of the call and recall administration system to improve breast screening uptake	Develop a network of champions to target population cohorts with lower breast screening uptake
Key initiatives we will deliver	• Work with NCL GP IT team and the breast screening team to build framework for results to be sent electronically to GP practices from the screening service. • Share learning with other breast screening services for implementation in their areas to ensure a consistent approach across London.	• The breast screening team will work with PCNs that have low uptake, to identify patients not taking up their invites and pro-actively contact and book them in for an appointment.	• Map out current assets and champion networks across NCL that could be built on for breast screening awareness activities. • Work with established champion networks to include cancer awareness raising as part of their work. Champions will deliver engagement activities to encourage breast screening uptake amongst the communities and/or areas they target.
How we will measure success	• Breast screening outcome data available in EMIS in accessible formats. • Adoption of solution built by other breast screening teams in London.	• Screening data accessed via OHID Fingertips or NHSD.	• Asset map with details of resources and networks available. • Project reports outlining reach, activity and feedback. • Screening data accessed via OHID Fingertips or NHSD
Partners that will be engaged	**RFL breast screening service, NCL ICB, Cancer Alliance, screening commissioners, primary care and VCS partners.**		

Action plan – Cervical cancer

Objective	**Support adoption and roll-out of HPV self-sampling (for cervical screening) within the programme**	**Increase uptake of the HPV vaccine amongst school-aged children**
Key initiatives we will deliver	• Co-develop and deliver the London pilot in collaboration with NHSE and other Cancer Alliances. • Roll out HPV self-sampling to all areas identified within the NCL geography. • Work with primary care, other London areas, NHSE screening commissioners and cervical screening providers to raise awareness of the pilot and encourage uptake of HPV self-sampling. • Identify populations and areas with low uptake of self-sampling and work with NCL ICS partners to develop and deliver activities to improve participation.	• Raise awareness of the programme in areas and communities that have low uptake through working with vaccine providers, local authorities, NCL ICB, schools and other partners. • Raise awareness of the vaccine to school-aged children and support informed decision making. • Raise the profile of the programme amongst headteachers and provide support to staff and parents to enable informed decision-making. • Support embedment of the programme as part of wider school curriculum e.g., through the Personal, Social, Health and Economic (PHSE) education.
How we will measure success	• Screening data via OHID Fingertips. • Pilot data via primary care records and NHSE reports.	• Borough level vaccine uptake data. • Project reports highlighting awareness levels following delivery of activities.
Partners that will be engaged	**NCL Cancer Alliance, NCL ICB, local authorities, primary care, screening commissioners, vaccination providers, VCS partners, borough partnerships and colposcopy teams.**	

Action plan – Lung cancer

Objective	Expand delivery of the Targeted Lung Health Checks programme to cover the full population	Support over 50% of the invited population to attend a lung health check (uptake)	Increase uptake amongst people living in deprived areas and other populations not taking up their invites
Key initiatives we will deliver	• Secure third delivery site for the programme to improve accessibility for parts of the Haringey and Enfield population. • Support UCLH to ensure sufficient capacity is in place to meet projected activity. • Work with UCLH to implement adjusted pathways for vulnerable populations (e.g. people with a learning disability, SMI or experiencing homelessness). • Work proactively with smoking cessation services to ensure people referred for support to quit, engage.	• Work with communications agencies to develop and deliver communications and engagement strategy that targets areas and groups with low uptake. • Pilot offering timed appointments for lung health checks and scale up if successful. • Pilot priming participants via primary care prior to invites being sent and scale up if successful. • Identify other successful initiatives that could be piloted and rolled out in NCL.	• Carry out insights work with Enfield team as part of CORE20PLUS5 programme, to understand reasons for low uptake in deprived areas and strategies to address it. • Work with communications agencies to develop and deliver communications and engagement strategy that targets areas of deprivation and other groups not taking up their invites.
How we will measure success	• Participation at borough level and population groups. • Programme roll-out against projection.	• NCL uptake data by geography and demographics via the programme's reporting structure. • Pilot activity data.	• Insights gathered from Enfield residents that inform engagement strategy. • NCL uptake data by deprivation and demographics via the programme's reporting structure.
Partners that will be engaged	**UCLH, NCL Cancer Alliance, NCL ICB, primary care, local authorities, borough partnerships, VCS organisations.**		

Sustainability

Sustainability plans will be put in place to ensure activities continue running and improvements are made.

Continued investment

- Investment to deliver activities in the action plan will be from varying sources across the sector. Some of these resources will be available for short/medium term periods therefore, there is be a requirement to secure long-term funding for a number of activities. Some activities such as population awareness typically need to be delivered over longer periods of time, to embed learning and ensure continuity where feasible once funding ceases.
- For some interventions to continue to be funded, it will be important to ensure the right information is being collected, to support the development of business cases.

Capacity building and embedding in other strategies or initiatives

- Where activities can be led by other organisations or networks e.g. PCNs, GP federations, borough partnerships, VCS organisations, capacity will be built within them to ensure they are able to deliver the interventions alongside other activities or as business as usual.

Sharing our learning

- Sharing what is learnt through the delivery of activities will be a key component of ensuring there are opportunities for scaling up work, avoiding duplication and utilising resources more efficiently.

References

Sub-category	Full indicator name	Data source definition*	Original data source (not publicly available)	Latest time period
Prevalence	Cancer:QOF prevalence (all ages)	OHID Fingertips		2021/22
Incidence	New cancer cases (Crude incidence rate: new cases per 100,000 population)	OHID Fingertips		2020/21
	Incidence of breast cancer standardised incidence ratio	OHID Fingertips		2015-19
	Incidence of lung cancer, standardised incidence ratio 2015-19 indirect standardised ratio	OHID Fingertips		2015-19
Bowel	Bowel Cancer screening coverage: bowel cancer	OHID Fingertips	NHS Digital data not in the public domain, from the Bowel Screening Programme	2022
Cervical	Cancer screening coverage: cervical cancer (aged 25 to 49)**	OHID Fingertips	NHS Digital data not in the public domain, from the Cervical Screening Programme	2022
Cervical	Cancer screening coverage: cervical cancer (aged 50 to 64)	OHID Fingertips	NHS Digital data not in the public domain, from the Cervical Screening Programme	2022
Breast	Cancer screening coverage: breast cancer	OHID Fingertips	NHS Digital data not in the public domain, from the Breast Screening Programme	2022
Presentation	Number of emergency admissions with cancer (number per 100,000)	OHID Fingertips		2021/22

*Sources labelled

**This indicator has since been removed from OHID Fingertips since time of extraction

References

Sub-category	Full indicator name	Data source definition*	Original data source (not publicly available)	Latest time period
Mortality	Percentage of deaths with underlying cause Cancer (all ages)	OHID Fingertips		2020
	Under 75 mortality rate from cancer (Persons - directly standardised rate per 100,000)	OHID Fingertips	Office for Health Improvement and Disparities (based on Office for National Statistics source data)	2021
	Under 75 mortality rate from cancer considered preventable (Persons - directly standardised rate per 100,000)	OHID Fingertips	Office for Health Improvement and Disparities (based on Office for National Statistics source data)	2021
	(Inequalities) Under 75 mortality rate from cancer (Persons- directly standardised rate per 100,000)	OHID Fingertips	Office for Health Improvement and Disparities (based on Office for National Statistics source data)	2021
Two-week Wait	Two-week referrals for suspected cancer (number per 100,000 population), 2020/21		NHS England Cancer Waiting Times Database, as held by the National Disease Registration Service, NHS Digital	2020/21
Smoking prevalence	Smoking Prevalence in adults (18+) - current smokers (APS)	OHID Fingertips	Annual Population Health Survey	2021
Weight management	Percentage of adults (aged 18 plus) classified as overweight or obese	OHID Fingertips	Active Lives Adult Survey, Sport England	2021/22
Alcohol	Alcohol related hospital admissions	OHID Fingertips	Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates	2021/22

*Sources labelled

**This indicator has since been removed from OHID Fingertips since time of extraction

Appendices

Appendix 1

NCL Cancer System Five Year Aims and Objectives

Mission statement	Our mission is to continuously improve cancer outcomes for the whole of our population through a high performing, innovative and sustainable cancer system that delivers the best patient and staff experience		
Strategic Aims	**SA1. Improve survival, focusing on early diagnosis, and prevention**	SA2. Deliver the highest standards of patient experience and improve quality of life	SA3. Support the operational delivery of high performing, innovative and sustainable cancer diagnostic and treatment services
	SA4. Reduce health inequalities across our whole population		
	SA5. Ensure we have the right workforce in place and that we deliver the highest standards of staff experience		
	SA6. Foster innovative approaches and practice in cancer diagnostics, care and treatment		
Strategic Objectives	**SO1a. Consistently improve five year survival, in line with the 2028 NHS Long Term Plan ambition** **SO1b. Detect 75% of cancers at Stage I or II by 2028** **SO1c. Reduce smoking rates, rates of alcohol consumption and the number of people who have excess weight in NCL.**	SO2a. Continually improve our performance in the CPES to be in the top quartile nationally by 2028 SO2b. Consistently improve quality of life for all cancer patients	SO3a. Deliver and sustain compliance with the 62 day standard by 2028,and 28 day standard by March 2024, with continuous improvement up to then SO3b. Reduce variation in clinical practice across the whole pathway
	SO4a. Continually reduce inequalities across the whole cancer pathway until services are on par across our population		
	SO4b. Deliver year on year improvement in our staff satisfaction survey and retention		
	SO4c. Identify, support and evaluate a suite of clinical innovations with the aim of contributing to improved outcomes		

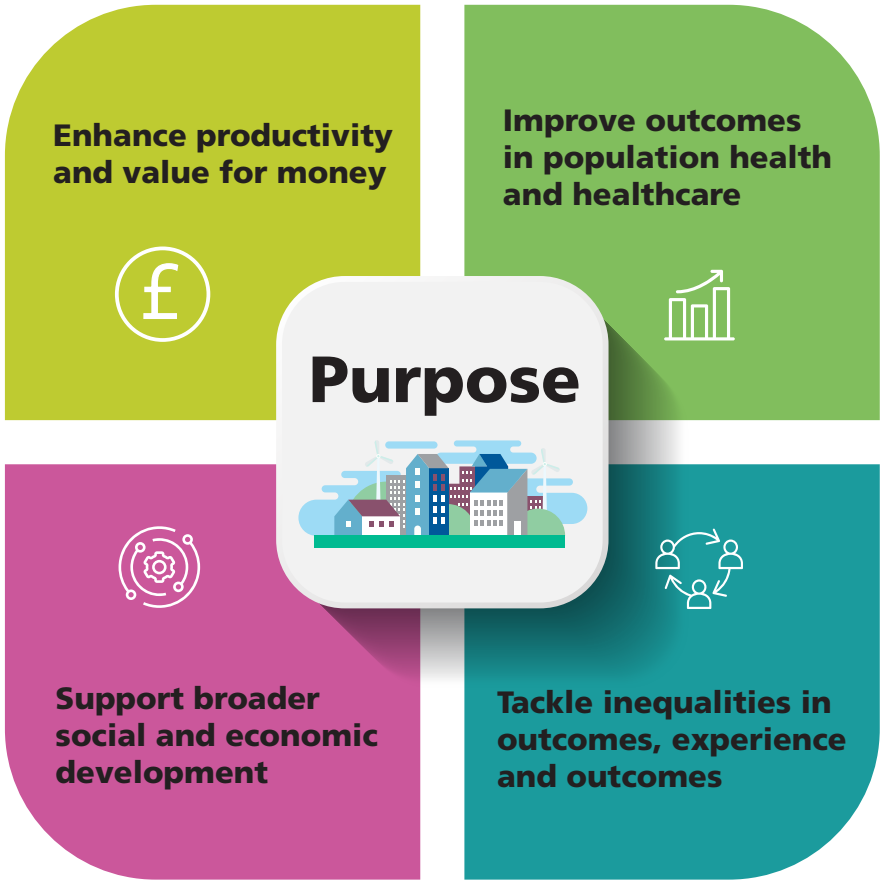
Appendix 2 - NCL integrated care priorities

Recent and emerging changes to the health and care landscape provide an opportunity to examine how to deliver health improvements to the NCL population. The purpose of the North Central London Integrated Care System (NCL ICS) is on provide care and support in ways that most benefit patients and improve the health and wellbeing of everyone living in NCL. All the NHS organisations and Councils in Barnet, Camden, Enfield, Haringey and Islington have been working in partnership for some time and the establishment of the NCL ICS and Integrated Care Board (ICB) formalises these partnerships and ways of working.

NCL ICS is focusing on:

- **single strategic commissioning arrangements for health services**
- **ensuring residents voices are heard at all levels of work**
- **fully establishing five borough-based integrated care partnerships**
- **supporting the continued development of primary care networks and**
- **working collaboratively to address challenges to meet the needs of the population.**

The NCL population health and integrated care strategy sits at the heart of the work that will be delivered across the sector. The ambition of the strategy is to ensure all residents have the best start in life, live more years in good health and be economically active, age within a connected and supportive community and have a dignified death.



Appendix 3 - Other strategies featuring cancer

NCL primary care cancer strategy

Key priorities include: communication of campaigns; work with communities to improve screening uptake; support primary care networks to implement robust recall system for screening; electronically feedback breast screening results to primary care.

National strategies from cancer charities

Key priorities include: supporting research development on early diagnosis interventions and its translation to service delivery; championing the importance of investing in cancer early diagnosis and care; raising awareness of cancer in different communities; developing policies that support the cancer agenda.

NCL population health and integrated care strategy

Key priorities include: Investing in interventions that prioritise prevention; diagnosing 75% of cancers at Stage 1 or 2; ensuring good quality care for all.

Joint Health & Wellbeing Strategies for Barnet, Camden, Enfield, Haringey and Islington

Key priorities include: Investing in interventions that prioritise prevention; promoting screening uptake; diagnosing cancers at early stage.

NHSE London screening programme recovery and uptake improvement strategies

Key priorities include: supporting the breast screening programme to fully recover and meet its key performance indicators; delivering interventions aimed at improving uptake across the three screening programmes and in particular, target communities with lowest uptake and those experiencing health inequalities.

Other activities are delivered by local VCS organisations that may not be captured in the strategies outlined. These activities aim to improve early cancer diagnosis for the populations they serve and provide support throughout individuals' cancer journeys

Appendix 4

The Independent Review of Adult Screening Programmes – Review by Sir Mike Richards

Below are recommendations that have been implemented or are still in progress.

Recommendation 10	Local commissioners should work closely with cancer alliances, local authorities, and emerging primary care networks to ensure close join up at local level, particularly where planned implementation of screening will impact on related service delivery. An example of this is the expected temporary increase in the number of colposcopies needed as a result of the move to primary HPV testing within the NHS cervical screening programme.
Recommendation 13	High priority should be given to spreading the implementation of evidence-based initiatives to increase uptake. This will require an integrated system approach and should include: • Implementing text reminders for all screening programmes • Further pilots of social media campaigns with formal evaluation and rollout if successful • Spreading good practice on physical and learning disabilities • Encouraging links with faith leaders and community groups and relevant voluntary, community and social enterprise organisations that work with the NHS at national, regional and local levels to reduce health inequalities and advance equality of opportunity • Increasing awareness of trans and gender diverse issues amongst screening health professionals • Consideration of financial incentives for providers to promote out of hours and weekend appointments.
Recommendation 14	Breast screening providers should aim to invite people at 34-month intervals after their previous appointment so that all participants can be screened within 36 months and therefore avoid slippage.
Recommendation 15	Across all screening programmes, getting the results of screening to patients within the standard timeframes should be achieved. This is particularly important for cervical screening where performance has fallen markedly.
Recommendation 16	Time to assessment and where necessary, further treatment, should be closely monitored across all programmes and publicly reported as part of faster diagnosis standards.
Recommendation 17	NHSE should urgently consider how best to use financial incentives to increase uptake of cancer screening services and to encourage providers to prepare for the future, especially with regard to bowel screening.
Recommendation 18	National guidance should be provided to allow local commissioners and providers to plan for the required changes in colonoscopy and any future screening programme changes. Commissioners of screening and symptomatic services will need to work together on this. Cancer Alliances can facilitate this working in collaboration with the NHSE public health commissioning teams.

The full report can be accessed here: www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf

Appendix 5 - Cancer awareness measure survey summary 1/2

Population awareness

CAM Indicators	Camden (n=661)	Islington (n=638)	Barnet (n=1049)	Haringey (n=748)	Enfield (n=1659)
Awareness of signs & symptoms of cancer	Respondents from Camden recalled the following potential signs of cancer more than nationally: A lump, change in weight, bleeding and pain. 77% of Camden's respondents recognised sign of cancer included in the survey	Respondents from Islington recalled the following potential signs of cancer more than nationally: A lump, change in weight, bleeding and pain. 80% of Islington respondents recognised sign of cancer included in the survey	Among the most common responses include noticing unusual lumps or moles, unexplained weight loss, persistent cough, tiredness or fatigue, changes in bowel movement or blood in the stool	Respondents were less likely to recognise the signs of cancer compared to the national findings, especially for awareness of persistent change in bowel habit, a cough lasting longer than 3 weeks and difficulty in swallowing that does not get better.	Respondents had least awareness of (from least to most awareness): change to bowel habits (least aware/greatest knowledge gap),unhealed sore, unexplained weight loss, cough, difficulty swallowing
Awareness of causes of cancer	Smoking was the most frequently recalled potential cause of cancer in Camden (69%) 64% of Camden's respondents recognised each cause of cancer included in the survey.	Smoking was the most frequently recalled potential cause of cancer for Islington (80%). 61% of Islington's respondents recognised each cause of cancer included in the survey.	58% aware of 'not eating enough fruit or vegetables', 70% aware of 'eating too much processed or red meat', 47% aware of infection with genital warts, 58% aware of being older as a risk	In Haringey, the causes of cancer were recognised by around 73% of survey participants, which was higher than the ONS 2017 survey. The potential causes of cancer recalled with more frequency: • Smoking (98%) • Family history and being overweight (87%) • Diet (80%) • Alcohol (78%) • Getting older (67%) • Lifestyle (63%)	Black and Mixed ethnic groups were most disadvantaged with the former reporting poor awareness of all symptoms/ measures. Those with Mixed ethnicity had awareness of swelling as indicative of potential cancer but not other potential indicators.

Appendix 5 - Cancer awareness measure survey summary 2/2

Population awareness

CAM Indicators	Camden (n=661)	Islington (n=638)	Barnet (n=1049)	Haringey (n=748)	Enfield (n=1659)
Screening Awareness	Since COVID-19 lockdown started, about half of respondents think cancer screening is more important (50%) or have not changed their opinion (41%). There are some differences by ethnicity detailed on the specific slides.	Since COVID-19 lockdown started, about half of respondents think cancer screening is more important (47%) or haven't changed their opinion (42%). There are some differences by age group and ethnicity. About two thirds of White & Black African ethnic groups now think cancer screening is more important while only 20% haven't changed their mind about the importance of screening.	Only 20% were able to identify the 3 cancer screening programmes available in England (bowel, breast, cervical) – biggest gaps in awareness were for bowel and cervical cancer. There were disparities in awareness of cancer screening programmes between wards	Since COVID-19 lockdown started, just over half of respondents think cancer screening is more important (53%). One in five respondents now think that screening is less important than before COVID-19 (19%).	24.6% of residents were not aware of any of the three cancer screening programmes, 20.2%, 36.9% and 18.3% were able to correctly identify one, two or all three cancer programmes respectively. Younger people and people from Turkish Cypriot, Greek, Black and Asian ethnic groups were less likely to be aware of all three screening programmes
How to access information/ engagement channels	Posters at GP Surgery or Pharmacy was the most preferred option in Camden across all categories of respondents regardless their Age, Gender or Ethnicity. Social Media was a joint preferred option at 54% with White Respondents. Social Media and Leaflets through the door were second and third most preferred options except when broken down by ethnicity then Notices on Public Transport is third option most picked by White respondents. Least preferred options were Face to Face, Radio and YouTube.	Young people (under 35s) preferred social media as their campaign channel (57%) whereas older age groups (35 and over) preferred posters at GP Surgery and Pharmacy (52% and 55% respectively). Face to face was the least preferred option for under 35s (17%). For people aged 34-55 the least preferred option were the Council website (9%) and YouTube (16%). For the over 55s, the least favourite option was YouTube with only 4% of respondents choosing this method.	21% preferred face to face communications via GP or community organisations, 15% leaflets, 12% posters at GP or Pharmacy, 10% via social media. The channels least preferred were, radio, local newspaper and magazines, YouTube and the council website.	Young people under 35 preferred social media as their campaign channel (57%) whereas older age groups (35 and over) preferred through the door. Mixed ethnic groups preferred social media (31%) as a method of campaign compared to all other ethnic groups (4% -14%). YouTube, Community centre and Council Newsletters were least preferred options for engagement.	Preferred medium for receiving information by symptom: Change in toilet habit – face-to-face, unhealed sore – newsletter, cough – face-to-face or posters in e.g., pharmacy. Participants who lacked awareness of at least one 'potential cancer' symptom, expressed a preference for campaign messages delivered locally, via General Practice or Council newsletters.

Acknowledgements

Many people have contributed to the development of the strategy and action plan. It has benefited from the hard work of the Cancer Prevention, Awareness and Screening Working Group.

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- Candice Bryan, Public Health Strategist, London Borough of Barnet Public Health
- Dr Deborah Jenkins, Consultant in Public Health, Barnet Council

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For any queries or further information, email uclh.nclcaniance@nhs.net

North Central London Integrated Care System

NHS North Central London Cancer Alliance

DRAFT Cancer Prevention, Awareness & Screening Strategy Refresh

JHOSC meeting

26th June 2023

Dr Fanta Bojang – Programme Lead: Prevention, Awareness and Screening

Ali Malik – Managing Director NCL Cancer Alliance

About the Cancer Prevention, Awareness and Screening Strategy

NHS North Central London Cancer Alliance

- The cancer prevention, awareness and screening (PAS) strategy was drafted in 2019/20 to provide a framework for NCL to work towards achieving the ambitions set out in the NHS Long Term Plan. The strategy is being refreshed to **continue delivering against the NCL Cancer System Five Year Aims and Objectives** (see page 3) **and the NCL population health and integrated care strategy**, and **CORE20PLUS5** where cancer is one of the main priority areas.

- The refreshed strategy is co-written by the Cancer Alliance (see page 5) and local authority public health leads across the five boroughs with extensive engagement across the system (see page 7)

- The refreshed PAS strategy primarily focuses on activities that will support **timely presentation** (to primary care), **screening participation** and **delivery of the Targeted Lung Health Checks programme**, all of which contribute towards **diagnosing cancers earlier** (pages 10-13). Whilst it focuses on these three areas, there is recognition of a need for alignment with other interventions focusing on populations that have a high risk of developing cancer and are managed through other cancer programmes/pathways (e.g. surveillance of people with Lynch syndrome).

- The NCL **prevention ambitions and objectives** (see page 9) that relate to cancer are referenced in this strategy however, granular details of how they will be delivered is held in multiple plans across the ICS as they will be coordinated by different organisations.

- The **PAS strategy is accompanied with a two-year action plan** (see page 14) which sets out activities that will be delivered and evaluated, or initiated within this timeframe where an extended length of time is more effective or required to embed activities properly. The action plan will be delivered by multiple partners across NCL and in collaboration with regional colleagues (e.g. NHSE London regional teams). **This delivery model aligns with the approach that is planned for the NCL population health and integrated care strategy** (see page 4).

We have listened to our residents and throughout this strategy, feedback is reflected through stories and testimonials.

Background: NCL Cancer System Five Year Aims and Objectives

DRAFT

North Central London Cancer Alliance

Mission statement

Our mission is to continuously improve cancer outcomes for the whole of our population through a high performing, innovative and sustainable cancer system that delivers the best patient and staff experience

Strategic Aims

SA1. Improve survival, focusing on early diagnosis, and prevention

SA2. Deliver the highest standards of patient experience and improve quality of life

SA3. Support the operational delivery of high performing, innovative and sustainable cancer diagnostic and treatment services

SA4. Reduce health inequalities across our whole population

SA5. Ensure we have the right workforce in place and that we deliver the highest standards of staff experience

SA6. Foster innovative approaches and practice in cancer diagnostics, care and treatment

Strategic Objectives

SO1a. Consistently improve five year survival, in line with the 2028 NHS Long Term Plan ambition

SO1b. Detect 75% of cancers at Stage I or II by 2028

SO1c. Reduce smoking rates, rates of alcohol consumption and the number of people who have excess weight in NCL.

SO2a. Continually improve our performance in the CPES to be in the top quartile nationally by 2028

SO2b. Consistently improve quality of life for all cancer patients

SO3a. Deliver and sustain compliance with the 62 day standard by 2028,and 28 day standard by March 2024, with continuous improvement up to then

SO3b. Reduce variation in clinical practice across the whole pathway

SO4a. Continually reduce inequalities across the whole cancer pathway until services are on par across our population

SO4b. Deliver year on year improvement in our staff satisfaction survey and retention

SO4c. Identify, support and evaluate a suite of clinical innovations with the aim of contributing to improved outcomes

This slide summarises the NCL Cancer System's draft mission, strategic aims and objectives.

The strategic aims and objectives being addressed by the Prevention, Awareness and Screening Strategy are outlined in red.

These link into the national cancer strategy and other local priorities.

Background: NCL population health and integrated care strategy:
Draft delivery approach & alignment to PAS strategy

NHS North Central London Cancer Alliance

Levers for change

- Making Pop Health
- Aligning resources to need
- Strengthening integrated delivery
- Becoming a learning system
- Root causes of poor health
- Creating 'one workforce'

Delivery areas

Inflight transformation programmes

Programmes covering ICB, LA and provider organisations

System or place leaning

System-leaning – creating the context and conditions for delivery

Place-leaning – building on and aligning to existing BP plans

Inflight transformation programmes – test and learn approach

The two year action plan that accompanies the PAS strategy aligns to the draft delivery approach for the NCL Population Health and Integrated Care Strategy, with a focus on system and place learning.

Background: Role of the NCL Cancer Alliance

NHS North Central London Cancer Alliance

Strategic Objectives

SO1a. Consistently improve five year survival, in line with the 2028 NHS Long Term Plan ambition

SO1b. Detect 75% of cancers at Stage I or II by 2028

[To add: SO on prevention]

SO2a. Continually improve our performance in the CPES to be in the top quartile nationally by 2028

SO2b. Consistently improve quality of life for all cancer patients

SO3a. Deliver and sustain compliance with the 62 day standard by 2028,and 28 day standard by March 2024, with continuous improvement up to then

SO3b. Reduce variation in clinical practice across the whole pathway

SO4a. Continually reduce inequalities across the whole cancer pathway until services are on par across our population

SO4b. Deliver year on year improvement in our staff satisfaction survey and retention

SO4c. Identify, support and evaluate a suite of clinical innovations with the aim of contributing to improved outcomes

Programme Management

- Prevention, Awareness and Screening
- Case Finding and Surveillance
- Primary Care
- Patient Engagement and Experience
- Personalised Cancer Care
- Optimising Diagnostic and Treatment Pathways
- Performance Improvement
- Inequalities
- Workforce
- Innovation

Cross Cutting functions

- Analytics / Centre for Cancer Outcomes
- Strategy development
- Clinical leadership and expertise
- Programme management, governance and communications
- Assurance (performance and quality) (led by ICB)
- Commissioning (led by ICB)

NCL Cancer Alliance brings together clinical and managerial leaders from different hospital trusts and other health and social care organisations, to transfer the diagnosis, treatment and care for cancer patients. These partnerships enable care to be more effectively planned across local cancer pathways.

The Alliance is also responsible for overseeing/co-ordinating a range of Cancer Programmes (including, Prevention, Awareness and Screening) and developing strategies.

Building the cancer PAS strategy

NHS North Central London Cancer Alliance

Identification of objectives

The long list of objectives were identified through:

1. Examining available data, reviewing evidence of what works, liaising with providers to understand challenges, gaps and needs.
2. Assessing relevant national, regional and local priorities
3. Reviewing priorities in the previous version of the strategy that need to be taken forward

Process for shortlisting objectives

Each of the priorities identified were discussed using the below questions as a guide, and scored according to the following:

1. Will the priority improve awareness to help increase participation in cancer screening and earlier presentation?
2. Will the priority improve screening participation?
3. Does it align with / support the NCL prevention agenda?

Scores were allocated based on the four priority levels below. For objectives that could not be scored, they were indicated as requiring further information or defer until next strategy refresh.

1 – Critical	2 – Important	3 – Desirable	4 – Not an objective for the strategy

For each objective, a suggestion was made of the delivery approach (borough, NCL, regional or national level) as well as whether it should be taken forward within the next 2 years or from 2025/26 onwards.

Stakeholder engagement

Various stakeholders at local and regional level were engaged throughout the process of identifying and shortlisting the objectives.

The strategy was co-written by the Cancer Alliance and local authority public health leads across the five boroughs.

Strategy ambitions

NHS North Central London Cancer Alliance

2023 → 2028

Prevention

1. Develop a new universal smoking cessation offer.
2. Work to minimise the impact of alcohol on the most vulnerable in our communities.
3. Develop and embed a standardised Making Every Contact Count (MECC) approach across the system.
4. Develop a new in-house support offer for expectant mothers, and their partners.

Awareness

1. Develop and deliver activities that drive timely presentation to the health system when people have worrying symptoms.
2. Improve awareness of cancer signs and symptoms across NCL.
3. Reduce inequalities in awareness of cancer signs and symptoms between different population groups.
4. Embed cancer awareness raising as part of our work and future strategies that get developed.

Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
2. Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
3. Adapt screening improvement activities in line with national and regional work to meet local needs.
4. Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
5. Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

Strategy objectives - **Prevention**

North Central London Cancer Alliance

2023 → 2028

Ambitions: Prevention
1. Develop a new universal smoking cessation offer.
2. Work to minimise the impact of alcohol on the most vulnerable in our communities.
3. Develop and embed a standardised Making Every Contact Count (MECC) approach across the system.
4. Develop a new in-house support offer for expectant mothers, and their partners.

Objective

Incorporate cancer awareness education in the prevention programme

Delivery partners: NCL ICB, local authorities, NCL Cancer Alliance

Strategy objectives - **Awareness**

NHS North Central London Cancer Alliance

2023 → 2028

Ambitions: Awareness
1. Develop and deliver activities that drive timely presentation to the health system when people have worrying symptoms.
2. Improve awareness of cancer signs and symptoms across NCL.
3. Reduce inequalities in awareness of cancer signs and symptoms between different population groups.
4. Embed cancer awareness raising as part of our work and future strategies that get developed.

Objectives

- Augment national and regional campaigns and utilise community engagement and social media platforms
- Develop network of champions to target population cohorts with lower breast screening uptake
- Increase uptake of the HPV vaccine amongst school-aged children
- Increase uptake amongst people living in deprived areas and other populations not taking up their invites (Targeted Lung Health Checks)
- Improve screening awareness for people with SMI and mental health teams

Delivery partners: Alliance, NCL ICB, local authorities, NHSE (vaccine team), primary care, mental health teams, VCS organisations, patient partners

Strategy objectives - **Screening**

North Central London Cancer Alliance

2023 → 2028

Ambitions: Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
2. Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
3. Adapt screening improvement activities in line with national and regional work to meet local needs.
4. Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
5. Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

Objectives

- Engage PCNs with low screening uptake to improve patient participation
- Improve screening participation for people experiencing homelessness
- Support bowel screening age extension to ensure good uptake in younger age cohort
- Support integration of Lynch Syndrome pathway into bowel screening programme
- Support introduction of risk stratification within the bowel screening programme
- Support lowering of the FIT test threshold from 120ug/g to 80ug/g (bowel screening)

Delivery partners: primary care, screening providers, Alliance, screening commissioners, NCL ICB, patient partners

Strategy objectives – **Screening** (continued)

NHS North Central London Cancer Alliance

2023 → 2028

Ambitions: Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
2. Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
3. Adapt screening improvement activities in line with national and regional work to meet local needs.
4. Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
5. Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

Objectives

- Support adoption and roll-out of HPV self-sampling within the programme (cervical screening)
- Support implementation of extension of cervical screening recall frequency
- Expand delivery of the Targeted Lung Health Checks programme to cover the full population
- Support over 50% of the invited population to attend a lung health check (uptake)

Delivery partners: primary care, UCLH, Alliance, screening commissioners, NCL ICB, local authorities, VCS organisations , patient partners

Strategy objectives – **Screening** (continued)

NHS North Central London Cancer Alliance

2023 → 2028

Ambitions: Screening

1. Increase participation in the bowel, breast and cervical screening programmes towards the national targets and closer to the national average.
2. Reduce inequalities in uptake of screening across NCL particularly amongst groups that have lower participation rates.
3. Adapt screening improvement activities in line with national and regional work to meet local needs.
4. Fully roll out the Targeted Lung Health Checks programme and increase participation to achieve the national target.
5. Support the creation of greater alignment between risk stratified case-finding and surveillance services and relevant screening programmes.

Objectives

Include cancer screening as part of annual health checks for people with a learning disability

Create a paper light breast screening pathway through regional collaboration

Support implementation of the call and recall administration system to improve uptake (breast screening)

Delivery partners: RFL breast screening team, primary care, Alliance, screening commissioners, NCL ICB, learning disability & autism teams, patient partners

Two year Action Plan

NHS North Central London Cancer Alliance

- An action plan has been drafted and will be scoped out further with stakeholders to finalise the **delivery models, resources required, roles and responsibilities as well as governance arrangements**.
- The action plan will **enable delivery of activities against each objective**, and this will be determined by our evolving understanding of what works, resources available/required, learning from ongoing initiatives, feedback from residents, **changing population need and shifts in the health and care landscape.**
- As noted earlier, a **devolved delivery approach** will be taken to ensure activities are localised according to the needs of the communities being targeted. Some activities will be jointly delivered with the regional screening and cancer teams whereas others will be at NCL or place-level.
- A number of **key initiatives will be evaluated** to draw out key learning for application to future work.
- Also set out within the action plan is the **approach that will be taken to sustain activities** that need to be delivered over a longer period.

Resources to deliver the strategy

North Central London Cancer Alliance

Established funding

The Cancer Alliance has funding earmarked this financial year to support delivery of the strategy. Funding will also be made available next year and the allocation will be increased in line with the expected uplift from NHSE.

The Royal Free London Charity recently invited NCL NHS organisations to submit proposals in collaboration with VCS organisations, for the delivery of initiatives in line with the cancer PAS strategy over the next three years.

The NCL Inequalities Investment Fund have also provided funding of some local projects that are directly linked to this strategy.

Other resources

There is already great support for delivery of the cancer strategic aims and objectives from ICS partners through ensuring there are leads with responsibility for this work e.g. local authorities have public health consultants and strategists that lead on cancer prevention and early diagnosis for the borough. This resource will continue to support delivery.

The strategy will also benefit from the delivery of other work that is related to cancer, specifically, the prevention strands.

Support and input from JHOSC

NHS North Central London Cancer Alliance

Support and input is sought from the JHOSC on:

1. Whether the PAS strategy and action plan meet the requirements for our system?
2. Whether further approaches should be considered in delivery of the strategy (including additional partners that should be engaged).
3. Thoughts on how to optimise the delivery model which will be devolved but collaborative.
4. Any other reflections or comments about the strategy or action plan.

North Central London Integrated Care System

NCL Surgical Transformation Programme: Ophthalmology Surgical Hub Proposal

JHOSC Briefing Pack

June 2023

Summary and Discussion

North Central London Integrated Care System

1. NCL is exploring ways to further reduce waiting lists for specialties with a large amount of activity. We are starting with ophthalmology.
2. We want to build on the great work and significant public engagement to develop elective orthopaedic centres, which have made significant contributions to delivering more capacity in NCL.
3. A key theme often repeated from a variety of relevant patient engagement reports and events across NCL, London and nationally (see slide 6) is that patients report that they are willing to travel further for surgery if they are treated quicker and better.
4. The proposed changes are on slides 9 to 12.
5. Of the approximately 25,000 ophthalmology surgical procedures delivered a year in NCL, the proposed changes would affect approximately 5,000 procedures (20%). The proposals are creating extra capacity for an additional 3000 procedures a year which could reduce waiting times by approximately 10 weeks and improve the quality of services.
6. Our Health Equality Impact Assessment (HEIA) has identified groups to target with patient engagement to develop our proposals further: older patients aged +65; Black or Asian ethnic groups; people living in more deprived areas.

JHOSC members are asked to:

- **Note** the progress of plans for the Ophthalmology Surgical Hubs Proposal
- **Feedback** on the outcomes of the HEIA and plans for engagement
- **Agree** to receive an update report following the proposed public engagement

North Central London Integrated Care System

Introduction

1. Introduction

North Central London Integrated Care System

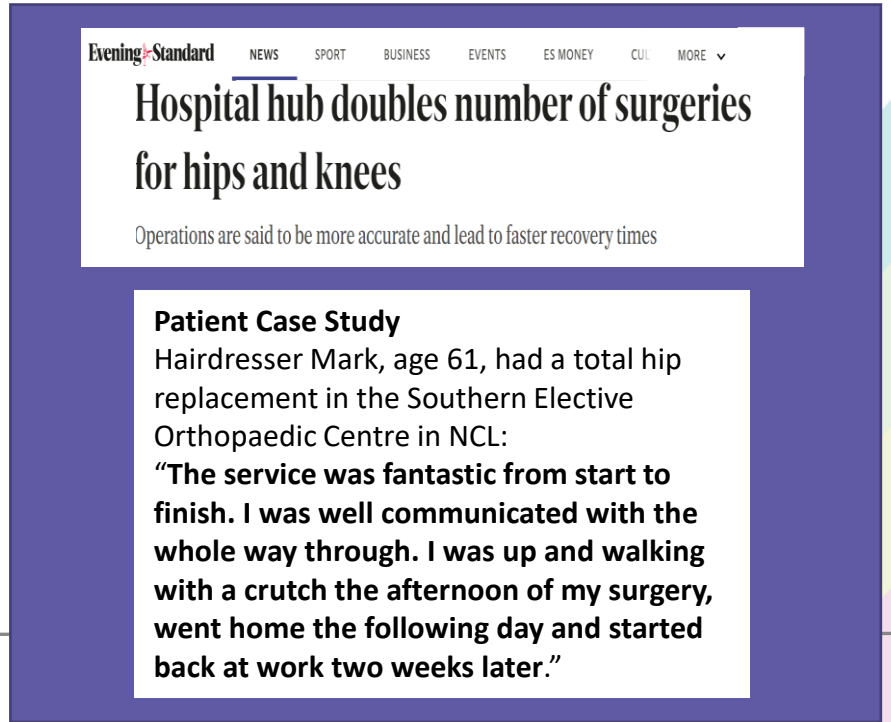
- Currently there are 270,000 patients waiting for elective care in NCL. Of those 38,000 patients are waiting for elective surgery. 75% of surgery is within six specialties, one of which is ophthalmology.
- We know that the longer people wait there is more risk of health deteriorating and complexity of care increasing. These risks can impact on people's ability to work, connect to their community, care for others and live their life to the fullest.
- NCL cannot keep up with demand. Surgical waiting lists have grown by 30% between 2016 and 2022, whilst surgical activity has grown by 8%. Covid has made a significant impact on waiting lists and has added to this challenge.
- So far NCL has been one of the top performing sectors nationally for elective activity and has significantly reduced the number of patients waiting longer than 78 weeks. This has been achieved through a combination of a number of different initiatives including: weekend and evening appointments; using capacity in the independent sector; and trusts offering mutual aid to each other.
- In spite of all this great work and improvements in our activity it is still not enough to meet the growing demand we have in NCL.

2. What do we want to do next?

North Central London Integrated Care System

- NCL has a history of innovation in the organisation of surgery. Over 1200 patients and members of the public were engaged and consulted on proposals to change planned surgery for bones, joints and muscles (planned orthopaedic surgery). This led to the development of surgical hubs, known as Elective Orthopaedic Centres, which has doubled the number of surgeries for hip and knees, as well as operations being more accurate with faster recovery times.
- From June 2022 – June 2023, due to the impact of COVID and strikes, London saw a 20% growth in its waiting lists for orthopaedics whilst NCL saw a 10% growth and making good progress in reducing long waits and improving theatre efficiency. So even in challenging times the Elective Orthopaedic Centres are making a good impact.
- NCL wants to build on this great work, and the significant engagement already undertaken with patients and the public, as part of a Surgical Transformation Programme. We want to explore the possible expansion of surgical hubs into other specialties to see if we can replicate the success of the Elective Orthopaedic Centres in NCL and make a bigger impact on waiting times.
- The first proposed programme of change being planned is in ophthalmology as this is a very high volume area for surgery.
- National evidence shows surgical hubs can deliver:

- We believe that the best way to improve waiting lists/times is to use theatres and staff more effectively by consolidating surgery onto fewer sites



3. What is important to patients and staff?

North Central London Integrated Care System

We have drawn on relevant insight from the findings and recommendations of a number of public consultations, equalities impact assessments and feedback events to understand what matters most to patients and staff[1]:

I want a **short waiting time** for my surgery.

I need to **discuss** my care needs with a consultant so they can answer my questions

I need clear and detailed information about what to do to **manage my own care** and rehabilitation

I need **help with travel** due to my mobility and financial situation

I am willing to travel further for my surgery if I am **treated quicker and better**

I need **information** about what happens before, during and after surgery

I don't want to be put at risk of **infection** during my surgery

I want a wider **range of appointment times** so I don't have to travel in rush hour.

I want to go somewhere with the **best expertise and equipment** for my surgery

I want **support** with my care needs prior to surgery

I don't want my surgery **cancelled** last minute

I need help (e.g. clear signage) to **access** my appointment

Staff Feedback

I want to work somewhere **efficient and effective** in surgery

I want to develop my **knowledge and skills** around surgery

I am looking for opportunities to try **new roles**

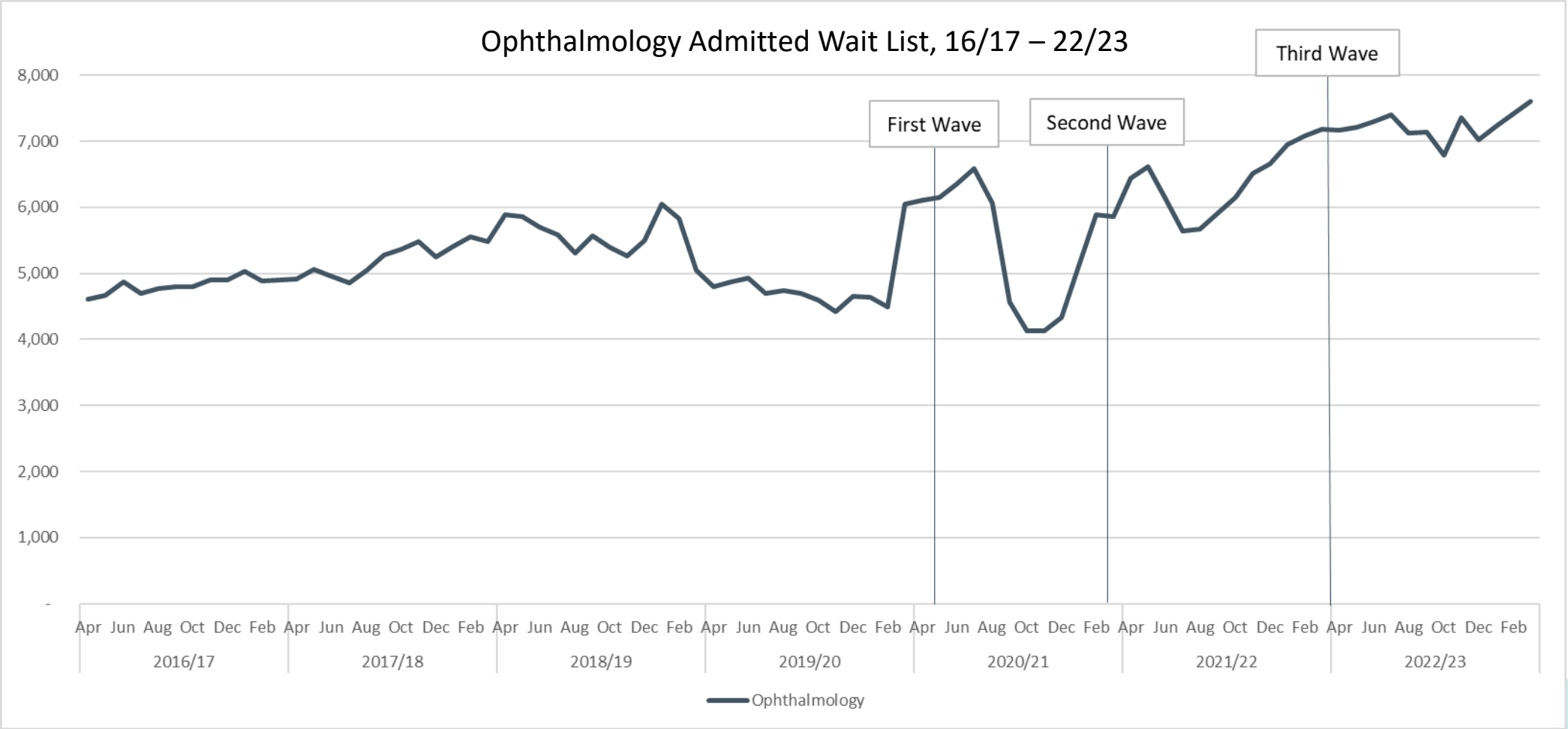
[1]EIAs undertaken on the fast-track surgical hubs for the six HVLC specialities (Health Innovation Network, NHS London, and Imperial College Health Partners; 2021); (2) EIA undertaken on the NLP Planned Orthopaedic Surgery for Adults (Verve Communications, North London Partners in Health and Care; 2020); (3) London Covid-19 Deliberation Report (Imperial College Health Partners, and Ipsos MORI; 2020), (4)Project Oriel "Proposed Move of Moorfields Eye Hospital's City Road Services" Consultation Findings Report (Participate Ltd., 2019); (5) Centralisation of specialist cancer surgery services in two areas of England: the RESPECT-21 mixed-methods evaluation (Health and Social Care Delivery Research;2023)

North Central London Integrated Care System

Ophthalmology: Proposed Changes

4. How Ophthalmology surgical waiting lists have grown in NCL

North Central London Integrated Care System



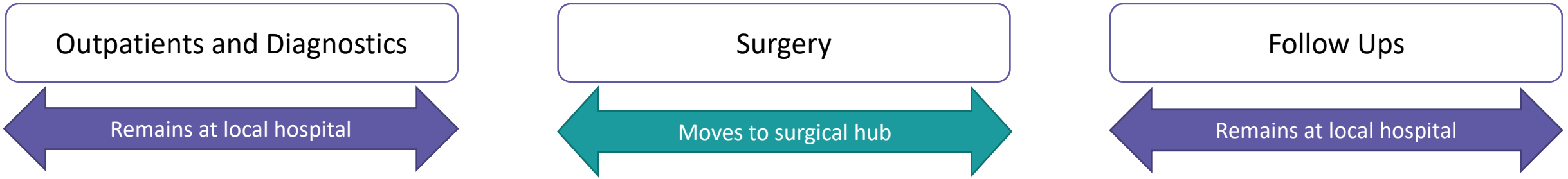
There is year on year growth of the ophthalmology surgical waiting list, which has grown by 48% between 2016 and 2023. NCL has some of the largest ophthalmology waiting lists in London.

A person waiting for an ophthalmology procedure at any of the RFL sites could currently be waiting 20-25 weeks on average.

Chart shows total surgical waiting list for Ophthalmology across the three trusts that provide this service: MEH; NMUH; RFL

5. The Proposed Changes

North Central London Integrated Care System



- To help tackle waiting lists for eye surgery and improve service quality, the NHS in NCL is proposing to make a number of changes to where some adult patients have their eye surgery. No changes are proposed to where patients have tests or go for their outpatient and follow up appointments related to their eye surgery.
- The first part of the proposal is to create a hub for eye surgery at Edgware Community Hospital. The hub would provide eye surgery for common, usually straightforward (low complexity) conditions like cataracts, which would enable us to carry out a higher number of procedures. This would bring together some eye surgery services at Chase Farm Hospital, Royal Free Hospital, Whittington Hospital and Edgware Community Hospital into one hospital site.
- The second part of the proposal is for a small number of more complex eye surgery procedures to move from Chase Farm Hospital, Edgware Community Hospital, and Whittington Hospital to the Royal Free Hospital.
- Patients currently waiting for eye surgery at Whittington Hospital, Chase Farm Hospital, Royal Free Hospital or Edgware Community Hospital will be offered the option to move their care to either Edgware Community Hospital or Royal Free Hospital, depending on complexity, where they could be seen sooner. Patients currently waiting for eye surgery at any other hospital site will not be affected by these proposals.
- New patients will continue to have a choice of three trusts for eye surgery in NCL. Patients who require eye surgery will be informed at the point of referral of the sites that offer surgery. Any changes made to the sites offering eye surgery will initially be communicated out to all GPs and optometrists in NCL.

6. We will create extra capacity for surgery

North Central London Integrated Care System

The proposals are creating extra capacity for an additional 3000 procedures a year which should reduce waiting times and improve the quality of services.

- Of the approximately 25,000 ophthalmology surgical procedures delivered a year in NCL, the proposals would affect approximately 5,000 procedures (20%). (N.B. Some patients have more than one procedure so it is not an exact measure of the numbers of people).
- By doing more procedures on fewer sites the evidence suggests that we can improve the efficiency and productivity of theatres.
- An additional 3000 procedures a year will help to potentially reduce waiting lists by approximately 10 weeks for ophthalmology across NCL.
- Where we move services from Whittington Hospital and Chase Farm Hospital this will free capacity to reduce the waiting lists in other surgical specialties.
- NCL ICS are considering how best to use the additional theatre capacity at Whittington Health and Chase Farm Hospital to support system elective recovery. We will start to develop plans for other specialities e.g. orthopaedics, gynaecology, general surgery, and will update the JHOSC as plans develop.

7. Clinician Support for Proposals

North Central London Integrated Care System

Moorfields Eye Hospital is a major international tertiary care and training centre in ophthalmology based in NCL. Moorfields have already led a number of clinical developments and innovations in ophthalmology across London and have developed plans with a number of NCL residents for their new and innovative integrated facility, Oriel, based in Kings Cross and due to open in 2027. Moorfields accounts for 43% of London's Ophthalmology waiting list. Despite this, they have managed to eliminate all waits over 65 weeks and currently have just 6 patients waiting longer than a year. Currently 70% of admitted patients wait less than 18 weeks to be treated. Their work rate is so efficient that both wait times and the number of patients on their list continue to reduce.

The Clinical Director at Moorfields Eye Hospital, Dilani Siriwarena has led the discussions on the surgical hubs proposal for ophthalmology as Chair of the NCL Ophthalmology Board. Dilani is also the London Clinical Lead for Ophthalmology which helps to ensure that the proposals are aligned to broader developments in ophthalmology across NCL and London. The Ophthalmology Board members represent both Clinical and Operational leads across: Moorfields Eye Hospital; North Middlesex University Trust; Whittington Health; Royal Free London; and University College London Hospital Trust. All the clinical and operational leads on the board have helped to shape the plans.

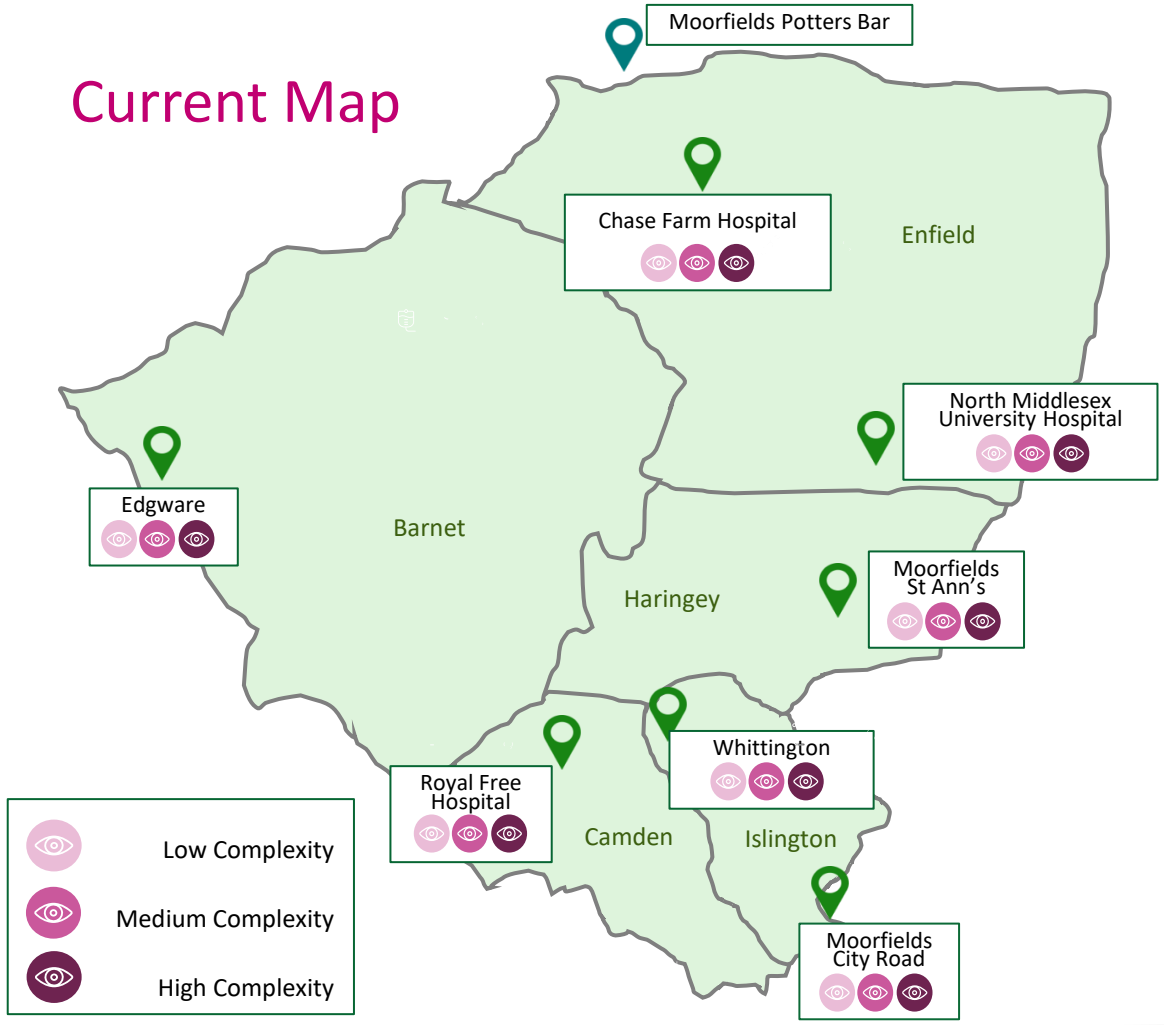
As the proposed changes affect sites operated by Royal Free London they have already started to engage staff in the development of proposals. The direct impact on staff has been assessed as low, with only a handful of surgeons who operate at Whittington Hospital, Chase Farm Hospital and Edgware Hospital at the moment. These surgeons have all been involved in developing the plans and are all fully on board with the proposal. As outpatients at Chase Farm Hospital and Whittington Hospital are unaffected there are likely to be few tangible impacts on nursing and admin teams, however there are plans to do some further engagement work with these staff groups regarding the proposals as they develop further.

8. Map of proposed Ophthalmology changes in NCL

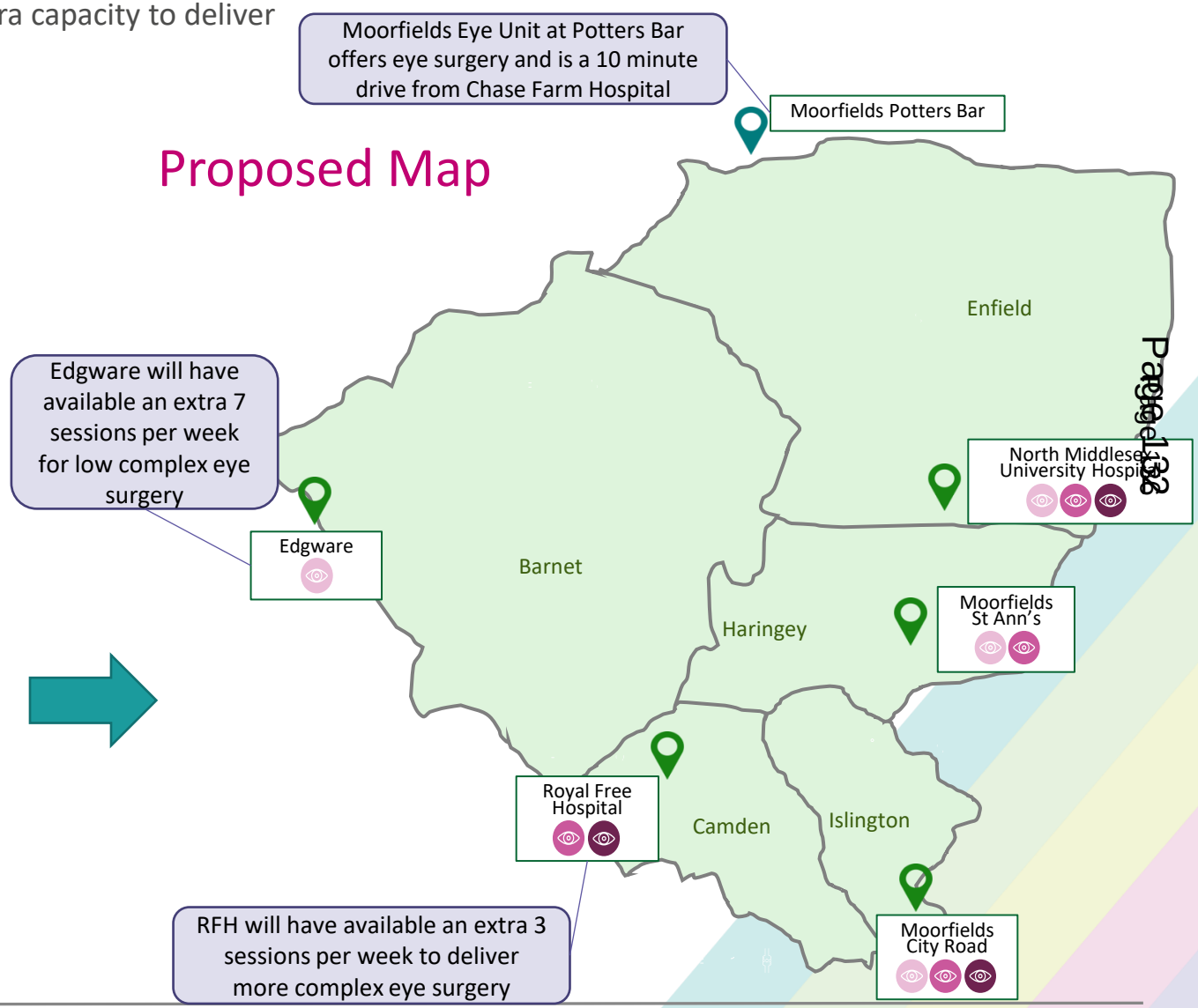
North Central London Integrated Care System

The map below shows the Trusts that currently provide eye surgery by complexity and the proposed changes to where this surgery will be offered. These changes will release extra capacity to deliver more eye surgery.

Current Map



Proposed Map



Note: Ophthalmology surgery delivered on Whittington site is RFL activity

9. Ophthalmology Equality Impact Assessment: Summary of findings

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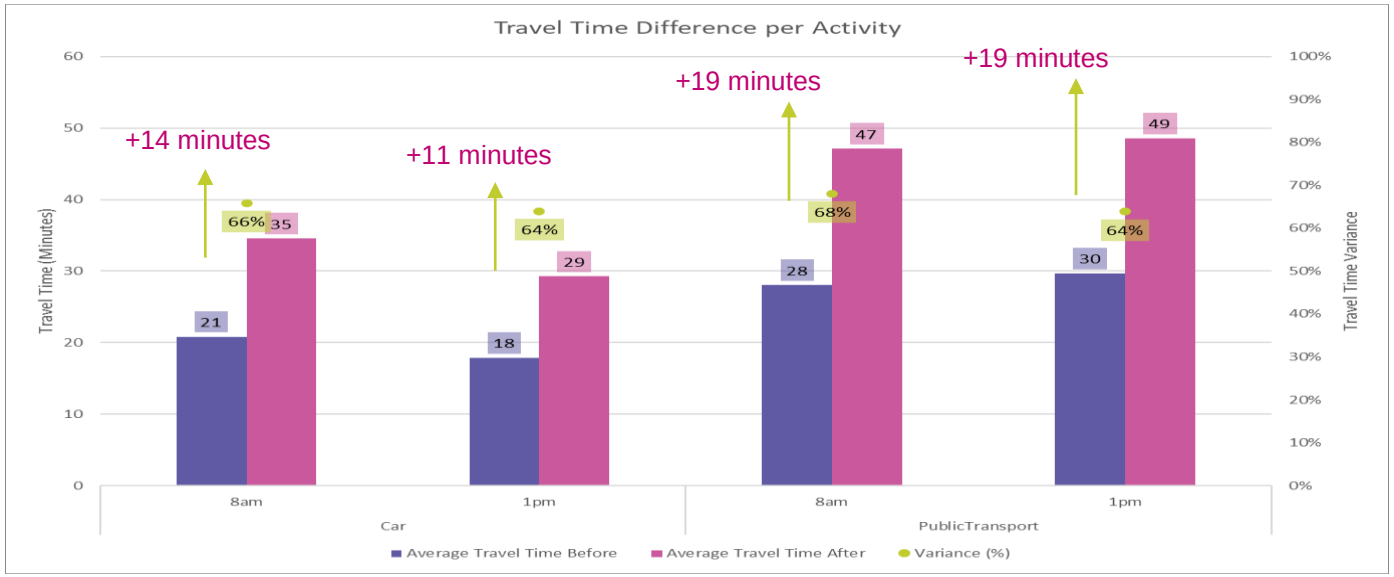
Key Findings

- Elective activity rates increase substantially with age, particularly **over 65s.**
- Ophthalmology is the only speciality that has **recovered to pre-Covid levels** across all ethnic groups.
- Ophthalmology rates are significantly higher in **Black and Asian** populations than White populations. Black community resides in higher concentrations in Enfield. Asian community resides in higher concentrations in Barnet.
- Ethnicity coding **Unknown** is higher in Ophthalmology compared to the other specialities.
- Ophthalmology is notable for higher activity rates and shorter waits in the **most deprived quintiles**.
- NCL's **20% most deprived** population is mostly concentrated in Enfield. About 75% of North Middlesex Ophthalmology activity is drawn from the **40% most deprived** population.
- The percentage of the NCL population living with **co-morbidities** is spread primarily evenly across NCL. There are higher rates of co-morbidities in the over 65 population.

Key Possible Impacts (Positive & Adverse)

- The proposed service changes at **Chase Farm Hospital** would require further consideration with regards to their potential adverse impact in particular on those aged 65+ based in Barnet and Enfield; the Black community in Enfield and the Asian community in Barnet; and those with long term conditions.
- The proposed service changes at **Whittington** would require further consideration with regards to their potential adverse impact in particular on those whose ethnicity coding is Unknown, and those from the most deprived areas.
- The proposed increase in provision at **Edgware Hospital** may have a positive impact on the 65+ age group based in Barnet, those with long term conditions, and the Asian community in Barnet.
- Additional capacity that will be made available at **St Ann's** following the movement of activity to Stratford may have a positive impact on the Black community in Enfield and those living in the most deprived areas in Enfield.

10. Ophthalmology Travel Time Variance - Summary



Note: This analysis is looking at patients staying within their current provider footprint (e.g. RFL patients at Chase Farm or Whittington moving to RFL sites at Edgware or Hampstead).

- Patients who are moving may travel an average of **19 minutes more per activity** using **public transport** at **8am**, and **14 minutes more per activity** using a **car** at **8am.**
- For approximately 0.2% of patients, who currently live near Chase Farm and will need to travel to Edgware, they may need to travel a max. 70 minutes more by public transport.
- The patients most affected are those patients moving from **Chase Farm to Edgware or Hampstead**, or moving from **Hampstead to Edgware**, or moving from **Whittington to Edgware**.
- Patients who may travel disproportionately longer to Edgware or Hampstead are more likely to be aged **65+**, be of **White or Unknown** ethnicity, and be from **more deprived** quintiles.
- Approx. 20% of ophthalmology surgical activity is being proposed to move to another NCL site. The majority of these patients will be going to Edgware for **cataract surgery**. These patients are likely to only make this journey to and from Edgware on the day of the surgery, once or twice within their lifetime.
- The potential cost implications from the proposed reconfiguration shows that, on average: (a) by public transport the there would be no increase in costs; (b) by car the costs would increase by under £1; and (c) by taxi the costs would increase by £2-£3.

11. What are the benefits for patients and staff?

North Central London Integrated Care System

The proposed changes to ophthalmology will address the issues that are most important to patients and staff, and look to mitigate any impacts on health inequalities.

We are creating extra capacity for an additional 3000 procedures a year which could **reduce waiting times to under 15 weeks**

Patients should be **treated quicker and better**

Bringing together clinical teams across NCL develops the **best expertise and equipment** for surgery

All clinicians clearly informed about the care pathway for patients to enable **discussion** with patients

Ensure patients have accessible **information** about what happens before, during and after surgery

Explore if care co-ordinators could **support** patients and carers with care needs prior to surgery

Ensure patients have accessible information about what to do to **manage their own care** and rehabilitation

Separating staff, beds and theatres from urgent care should reduce the risk of **infection** during my surgery

Separating staff, beds and theatres from urgent care should reduce the risk of surgery being **cancelled** last minute

We will provide information on available **help with travel** for those in need

Patient can make choices on a **range of appointment times** across providers in NCL.

Train staff on how to identify and record equality information and **access** needs of patients

Staff Benefits

Carrying out similar high volume low complexity procedures is more **efficient and effective**

Bringing together clinical teams helps develop **knowledge and skills** around surgery

More opportunities to observe and try **new roles**

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Communication and Engagement

12. Next Steps

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Engage

Jul/Aug

Over the summer we will conduct a range of engagement activities with our stakeholders. We aim to reach between 130 and 200 residents as a result of this engagement. The engagement includes:

- **Targeted engagement -** Working with partners with links to the community, we plan to bring residents together via focus groups based on sites due to undergo changes:
  - Those living in Enfield and near Chase Farm Hospital.
  - Those living in Haringey and Islington near the Whittington Hospital.

  Residents for the targeted engagement will be drawn from the groups identified within our HEIA, which are:
  a) older people aged +65 (due to higher activity);
  b) Black or Asian ethnic groups (due to higher activity levels);
  c) those living in more deprived areas (due to the increased travel time and, potentially, cost).
- **Patients** –we will engage with as many patients as possible to ensure we have heard from patients within the nine protected characteristics, those whose first language is not English, carers, as well as those identified in the Health Equality Impact Assessment (HEIA) as being more impacted by the proposed changes. We will reach out to the community groups listed on slide 19.
- **Trust Staff** – led by Trusts and targeting staff at all levels affected by the changes
- **Wider Partners** – this includes: broader health and care clinicians (including GPs); Directors of Public Health; NCL MPs; Council leaders; Cabinet leads for health; HWBB Chairs; VCSE leads.
- **General Communications** - establish a web-page and opportunities for online engagement, materials in accessible formats.

12. Next Steps

North Central London Integrated Care System

Review

Sep/Oct

Following the engagement, the ICB will produce a report outlining:

a) A summary of what participants have said about the proposed changes to ophthalmology

b) Feedback and ideas from participants for mitigations for impacts identified, as well as any impacts not previously identified, with a particular focus on the following areas:

   a) Travel and transport
   b) Accessibility
   c) Communications
   d) Support for patients with vulnerabilities (e.g. disabilities) and/or carers
   e) Staff training

The site teams will be responsible for reviewing the feasibility of these mitigations and implementing them. This will be monitored through a gateway approach by clinical and non-clinical leads across NCL.

Implement

Nov/Dec

As part of the implementation planning there will be a robust communications plan to inform the public, patients, GPs and optometrists that there have been changes made to the sites available in NCL. This will support patients to make informed choices about where to get their surgery and access the most appropriate service for them.

New patients will continue to have a choice of three trusts for eye surgery in NCL. Patients who require eye surgery will be informed at the point of referral of the sites that offer surgery.

13. Community groups we will engage with

North Central London Integrated Care System

Below is the list of groups and fora that we will reach out to over the summer. Please note this list applies to NCL groups and is non-exhaustive. Please note that some of the organisations listed below will work across multiple demographics.

Older people aged +65

- Age UK Barnet
- Age UK Camden
- Age UK Enfield
- Age UK Islington
- Alpha Care Specialists
- Barnet Seniors Association
- Claremont Project
- Enfield Over 50 Forum
- Haringey Over50s Forum

Black Asian and Minority Ethnic groups

- Caribbean and African Health Network
- Enfield Caribbean Association
- Turkish Cypriot Women's Project
- Enfield Saheli
- African Caribbean Leadership Company

Borough Groups

- Boost Barnet
- Community Barnet
- Enfield Voluntary Action
- Enfield Women's Centre
- Bridge Renewal Trust
- Camden Healthwatch
- Camden Voluntary Action
- Enfield Healthwatch
- Enfield Voluntary Action
- Haringey Healthwatch
- Healthwatch Camden
- Healthwatch Enfield
- Healthwatch Barnet
- Healthwatch Haringey
- Healthwatch Islington
- Octopus Community Network
- Voluntary Action Camden

Carers and Disabilities

- Barnet Carers
- Camden Carers
- Haringey Carers Forum
- Enfield Carers Centre
- my AFK
- One-to-One Enfield
- Camden Disability Action
- Deaf Plus Barnet
- Resources for Autism
- Disability Action Enfield
- Enfield Disability Action
- Inclusion Barnet
- Haringey Wheelchair User Group
- Alzheimer's Society

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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 2023-2024	
REPORT OF Committee Chair, North Central London Joint Health Overview & Scrutiny Committee	
FOR SUBMISSION TO NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE	**DATE** 26 June 2023

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 proposals for reports to be included in the 2023/24 work programme.

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 current work programme for 2023-24;

b) Propose further agenda items for the 2023-24 work programme.

1. Purpose of Report

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

1.2 Meetings of the JHOSC are scheduled to take place on 11th September 2023, 13th November 2023, 29th January 2024 and 18th March 2024. The Committee is requested to consider possible items for inclusion in the 2023-24 work programme.

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

2. Terms of Reference

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

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

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

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

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

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

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

3. Appendices

Appendix A –2023/24 NCL JHOSC Work Programme

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Appendix A – 2023/24 NCL JHOSC work programme

26 June 2023

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

11 September 2023

Item	Purpose	Lead Organisation
Finance Update	For the Committee to receive a detailed finance update to include latest figures from each Hospital Trust in NCL and the overall strategic direction of travel. Risks to services or capital projects associated with inflation/energy costs should also be included.	NCL ICB
Start Well	For the Committee to receive an update on Start Well which is a long-term change programme focusing on children & young people's and maternity & neonatal services in a hospital context. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73506	NCL ICB
Diabetic Services		NCL ICB

13 November 2023

Item	Purpose	Lead Organisation

Estates Strategy Update	To receive an update on the NCL Estates Strategy including finance issues. This follows on from the previous discussion on the Estates Strategy at the meeting held in November 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=74648	NCL ICB
Workforce Update	An update on workforce issues in NCL, including details on whether sufficient safety levels were being met for staff and patients. A staff representative to be invited to speak at the meeting.	NCL ICB

29 January 2024

Item	Purpose	Lead Organisation
Fertility policy review	For the Committee to receive an update on the fertility policy review. The most recent previous update was considered by the Committee in July 2022: https://www.minutes.haringey.gov.uk/mgAi.aspx?ID=73504	NCL ICB
Population Health issues		NCL ICB

18 March 2024

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

Possible items for inclusion in future meetings

- Camden Acute Day Unit (ADU)
- Smoking cessation & vaping
- Update on funding for NHS dentistry for both adults and children.

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

2023/24 Meeting Dates and Venues

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

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