

Questions in the chat to be answered by Rachel Lissauer, NCLCCG following the meeting.

1. The NHS has a statutory duty to involve patients and the public in commissioning decisions. There is some excellent “Statutory Guidance for CCGs and NHS England” on the NHS website. Worryingly, under cover of COVID, much Patient Voice activity across London seems to have been halted or even discontinued. What arrangements has North London Partners put in place to recruit Patient Voice for commissioning panels and when will that information be put on the North London Partners website?

NCL CCG is committed to ensuring we involve and engage stakeholders, residents and service users in our commissioning decisions, service design and transformation in line with our statutory duties. Our Patient and Public Engagement Strategy is available here:

<https://northcentrallondonccg.nhs.uk/get-involved/patient-and-public-participation-strategy/>. Since the merger of the five CCGs in April 2020, we have recruited community members to sit on a number of our Committees, including the Patient and Public Engagement and Equalities Committee.

During the pandemic, and in the context of being at a level 4 national incident, we were unable to involve patients and the public in temporary changes made at pace in response to Covid-19. As we plan our system recovery, we remain committed to involving communities and patient voices in our work.

2. When, and if, the NCL ICS becomes a legal entity, how do you expect to work with Local Authorities on Social Care and Public Health issues? Will the ICS take on responsibility and budgets for some of Social Care and Public Health?

The ICS will work closely with social care and already does - for example councils are very closely involved in work around reablement and supporting discharge from hospital. Councils will be represented on the ICS Board. Public health will continue to provide leadership on population health

management. There are no plans for the ICS to take on new responsibilities for social care and public health.

3. How will the ICS arrange contracts for GP services in future? Will they have contracts with individual practices, or will they require GP practices to come together in Primary Care Networks?

There are no plans for any changes to GP contracts and contracts will continue to be with individual practices. GP practices are encouraged but not obligated to be part of Primary Care Networks. The contract for delivery of core primary care will remain with individual practices.

4. What's happening with Morum House Staunton? Who is going to be running the surgery? How were patients engaged about this? Are we able to access papers about this? E.g. Procurement process of Morum House.

Staunton Medical Practice has been in a caretaking arrangement for several years. A procurement exercise was undertaken recently to find a provider to run the practice in the long term. Unfortunately, due to ongoing legal proceedings with the previous partners at the practice, the CCG is not able to award the contract and whilst this is the position we are also unable to discuss the outcome of the procurement. A survey with patients was run as part of the procurement process and this informed the questions that bidders were asked. This is being discussed in detail with the practice PPG at their next meeting.

5. Following the Centene takeover, what is NCL's policy when future APMS contracts end?

This will be based on the legislation for primary care procurements at that point.

6. Will clinical pathways be imposed?

It is very important to us that any changes to clinical pathways are based on engagement with residents and co-produced with staff.

7. How will NCL deal with the negative impact of the wholesale switch to virtual consultations on diagnosis, treatment, and continuity of care, raised by doctors and patients -and not just the elderly and non tech savvy?

There is a very active project in Haringey to support people with digital access to healthcare appointments. Trained volunteers are available and are already helping people. Please contact owen.sloman@nhs.net for more information. All services are returning on a staged basis to face-to-face appointments.

8. As ICSs cover health and social care, why have local councillors, well informed about Social Care, not been more involved in planning discussions?

We have been working with local partners, including local authority officers, elected members, Healthwatch and the voluntary sector, over the past two years since the publication of the Long Term Plan in 2019. The formation of an Integrated Care System (ICS) builds on the roadmap set out in the NHS Long Term Plan, towards health and care joined up locally around people's needs. It commits renewed ambition for greater collaboration between partners in a place - across health, care services, public health and voluntary sector - to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people. These ambitions closely reflect those of the health and care system in North Central London.

9. Council representation with voting rights on CCG has been non-existent and ICS website gives only the CEO for Haringey as member of ICS NHS leadership and gold teams. So, it's not reassuring to hear that existing arrangements will continue. There is already democratic deficit that looks set to continue. What are plans to improve this situation and fully and meaningfully involve councils -it can't all be still to be

decided. How, if at all are councillors involved in these decisions?

At a 'place' level the Integrated Borough Partnerships will continue to be an important building block of integration. The borough partnerships will enable stronger relationships and collaboration between local government, the NHS, public health and social care, and where it makes sense to do so, decisions will be made at a place-based level. Across our five boroughs, we have seen throughout the pandemic that incredible results can be achieved when all parts of health and care work together towards clearly defined goals, reinforcing that this is the right direction of travel.