

## **Decisions of the Health Overview and Scrutiny Committee**

6 July 2022

Members Present:-

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

Councillor Zakia Zubairi  
Councillor Caroline Stock  
Councillor Matthew Perlberg  
Councillor Rishikesh Chakraborty

Councillor Giulia Innocenti  
Councillor Shuey Gordon  
Councillor Alison Cornelius

Apologies for Absence

None.

### **1. MINUTES**

**Resolved that the minutes of the meeting held on 25<sup>th</sup> May 2022 be agreed as an accurate record.**

### **2. ABSENCE OF MEMBERS**

None.

### **3. DECLARATION OF MEMBERS' INTERESTS**

None.

### **4. REPORT OF THE MONITORING OFFICER**

None.

### **5. PUBLIC QUESTION TIME (IF ANY)**

None.

### **6. MEMBERS' ITEMS (IF ANY)**

None.

### **7. MINUTES OF THE NORTH CENTRAL LONDON SECTOR JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

None.

## 8. USER GROUP - MENTAL HEALTH SERVICES

- Eve Byers, User Voice Project Lead, Inclusion Barnet

Ms Byers introduced four service users who gave an account of their experiences of mental health services in Barnet.

Speaker A is a facilitator of the Barnet Voice Support Group. He commented that the support group had encountered problems due to funding struggles and it closed down during lockdown. Previously it was open for two hours a week, and helped to reduce loneliness for people, and gave them a focus such as art classes. Up to 40 people attended every week and these people now have nowhere else to go for support. During lockdown there were some online meetings, but many without internet were left alone.

Speaker A noted that he joined Barnet Voice in 2017 and he had noticed several other services open and then be closed down after a couple of years. The services give hope to people so it is doubly disappointing when they close and this pattern had been happening for many years.

Speaker B introduced herself. She is a service user of the Meritage Centre and volunteer with BOOST. The Meritage Centre is useful for teaching computer skills and helping people return to work. Also the Better Together Café was started there and had continued online during lockdown and then reopened after the pandemic. They also hold Tai Chi classes once a week and April noted that she had gained a lot from attending the Meritage Centre and felt strongly that it should continue.

Speaker C introduced herself. She is also a volunteer at the Meritage Centre, and had joined in 2012 with the 'Mind and Mood' Group, who had put her in touch with Barnet Voice. She had joined this and then been disappointed soon after as it had closed. Inclusion Barnet had promised that Barnet Voice would continue, but it hadn't, and a lot of people with special needs had lost out. If a group could be set up for them to attend weekly, that would be helpful. She added that it enabled people to laugh and be themselves. Speaker C said that she felt strongly that funding should be available for this type of support.

Speaker D introduced himself as an attendee at the Meritage Centre and a user of mental health services for three decades. He noted that mental health services in the UK are archaic and flawed; it is a chronic condition that can only be properly maintained if services are available. Peer support is one way of providing this as it is semi-autonomous and empowers people. The fact some services have gone is costing lives, and there is a huge untapped resource in peer support, which is being ignored. Speaker D added that the support provided by the Meritage Centre is effective and he has seen a change in some people attending, mainly men.

Another speaker attended to represent her family. She reported that she has had 27 years of problems accessing services for her son, and noted that there is little connectivity across mental health services and she experienced repeatedly being prevented from accessing services. The health service works in silos making it more difficult for people on the outside. She added that she hadn't known that legally Barnet Council was responsible for her son's care until he reached age 26. By not empowering families funding is being wasted as health issues go unaddressed, which costs more. She said there is an astonishing level of discrimination. In addition she said that the police are untrained to deal with the issues and

sometimes turn matters into criminal issues. Paramedics had asked her about a care plan but she said she was never given one for her son. Without a diagnosis this is very difficult.

A Member enquired where the funding had previously come from. A speaker noted that it was from Barnet Voice which also had some donations. Ms Wakeling noted that it was provided by Adult Social Care at LBB, which had funded a number of groups that represent the voice of people who use its support services. This became Inclusion Barnet, which was set up to facilitate and represent the voice of people who use care and support services in Barnet. Also LBB provides infrastructure support to local groups about fundraising.

A Member noted that the Barnet web pages are not up to date if the monthly meetings no longer happen.

Cllr Stock declared an interest by virtue of the fact that one of her close relatives works in a local Crisis Team.

A Member noted that funding is not the only issue; as the users had pointed out mental health services relied too much on theory and fell short of understanding patients' experience. Patients not fitting certain criteria appeared to be offered little help.

The Chairman reported that the speakers would be sent a copy of their verbal report and this could be circulated to service providers who could hopefully take the comments on board. He added that unfortunately the Committee could not make promises regarding funding but the issue about user groups needed to have regular meetings could be taken back to the council to look at possible options.

Ms Wakeling suggested that the information be passed on to Barry Day, Managing Director, Barnet, Enfield and Haringey (BEH) Mental Health Trust, and Natalie Fox, Deputy CEO of the BEH Mental Health Trust. Dr Djuretic noted that she would take back the comments about funding for community groups also.

**Action: Dr Djuretic, Governance Officer**

A Member asked whether officers could be asked to attend the HOSC to report solutions. The Chairman noted that these are deep-rooted issues that extend beyond Barnet but the messages would be passed on.

A Member noted that clear information should be available to the public on the structures around services so that they know how to access them. He requested that officers be invited to provide some information on this. The Chairman noted that in the first instance he would seek a response from officers.

A Member asked whether residents to suggest forming groups for themselves. Ms Wakeling responded that the Mental Health Trust is implementing a wide-ranging community transformation programme. This could be added to the HOSC Forward Plan. Access and waiting times would be reviewed as part of the programme. The Mental Health Trust is employing peer support workers, including people from the voluntary and community sector to try to increase community-based local projects.

A Member enquired about 'Andy's Man Club' which is in operation in Barnet. Dr Djuretic responded that this is held in the Meritage Centre once a week and is commissioned by Barnet Public Health. This provides a platform for people to talk to scrutiny, providing mechanisms to feed back concerns to senior people in the NHS.

## 9. PUBLIC HEALTH OVERVIEW

- Dr Tamara Djuretic – Joint Director for Public Health and Prevention, LBB
- Ms Jen Ross, Senior Communications and Campaign Manager for Public Health, LBB

Dr Djuretic spoke to her slides. She reported that only 10% of health outcomes are related to access to health care. Other vital determinants are good employment, transport, housing, and other factors, many of which local authorities can influence. The statutory and discretionary services provided by the Barnet Public Health team are detailed in the slide pack, including sexual health services, National Child Measurement Programme, the Healthy Child Programme, Health Protection and Drug and Alcohol Services.

Dr Djuretic reported that there are pockets of deprivation across Barnet but the Borough has a higher than average life expectancy for England and London though years in later life are typically spent in poor health.

Several recent initiatives had been developed in Barnet to improve the health of residents. This included Andy's Man Club, Healthier High Streets, a Community Vaccines Champions Programme campaign to increase vaccination rates for Covid-19 and other illnesses, social prescribing and Mental Health First Aid in schools.

Jen Ross, Senior Communications and Campaign Manager for Public Health reported that she is developing a Communications Strategy for Public Health to support the team to encourage people to make healthier choices. This will focus on cardiovascular disease prevention, smoking cessation, diabetes prevention, Andy's Man Club, anti-idling to improve air quality and health protection including immunisations for winter flu.

The Chair enquired how successful communication would be measured. Ms Ross reported that robust metrics gathering is being developed to ascertain the reach and awareness of the messaging. This may include adding trackable links to digital communications to find out whether people have followed up. There would also be engagement by the team at events.

A Member asked how much input the Communications Team could have on the Brent Cross development and the North Finchley Partnership Board in terms of Healthier High Streets.

Dr Djuretic responded that a health impact assessment is often carried out for new developments, which involves reviewing the plans and using a methodology to work out the likely impact on the health of the population. Recommendations are then made to the planners. Also health indicators have to be taken into account as part of the Local Plan. The Public Health team is represented on the Brent Cross Development Working Group, which has developed a Wellbeing Index to look into whether health will improve or deteriorate. Dr Djuretic noted that she was unsure whether public health has a seat on the North Finchley Partnership Board, though they had provided input into the town planning, so she would investigate this.

**Action: Dr Djuretic**

A Member asked what avenue of redress there is if the health impact assessment brings negative results. Dr Djuretic responded that Public Health had provided a plan at an early stage with a health impact assessment, but mitigations would be recommended if these were insufficient. She added that planners have a statutory duty to publish the environmental and health impact assessment and to take into account the recommendations. In the past these had not been published with committee papers but the council could take this into account. It would usually be discussed at the Health and Wellbeing Board.

A Member asked whether there is a recognised obstacle to overcome to increase vaccination for Covid-19 in Barnet. Dr Djuretic responded that most of the population now has immunity so the impact of infection and severity is not as it was two years previously. The council continues to promote both vaccination and safety measures.

A Member enquired whether text message reminders could be sent regarding vaccination. Ms Ross noted that the council continues to promote vaccination and is also targeting lower uptake areas. However the text messaging sits within the remit of the NHS.

## **10. FUTURE OF HEALTH CHAMPIONS**

- Ms Kerry Littleford, Specialty Registrar in Public Health
- Ms Gail Laser, Barnet Health Champion
- Dr Julie George, Deputy Director, Public Health

Ms Littleford gave an overview of the Health Champions Programme which had been officially launched in November 2020, funded by Public Health and delivered by Groundwork London.

Bespoke Communications has been provided by Barnet for Health Champions to share with their wider networks including friends, family and neighbours to inform them on guidance and changes to policy during the Covid-19 pandemic. Feedback from champions was requested to ensure that this responded to the needs of our residents, and experts were invited to regular information evenings with Health Champions and the Public Health Team.

Over the course of the programme over 200 Health Champions have been recruited, there are currently 278.

The Health Champions also supported the Covid Vaccine Bus in 2021, helping with locations, dates and times. Later in 2021 Health Champions transitioned from a sole focus on Covid-19 to wider health needs in the Borough, including mental health, cardiovascular disease prevention and childhood immunisations.

In early 2022 a bid to Department for Levelling Up, Housing and Communities (DLUHC) was successful in securing £485,000 to tackle vaccine inequity and to expand the Health Champions Programme. There are several workstreams within this programme including training for the Health Champions on having conversations around vaccine hesitancy. The Public Health team continues to work with the Health Champions to produce communication materials and continues to hold fortnightly information evening sessions. Currently 278 Health Champions are registered across the Borough.

Ms Laser commented that she had found the weekly Health Champions' Zoom meetings informative during the pandemic, as well as enjoyable. She said that Health Champions are

a great vehicle for learning and sharing information, and provide an opportunity for communities to work together.

The Chair enquired whether the group has resources to expand the brief, for example into mental health and heart disease. Ms Littleford responded that they are currently being trained on this topics and continue to work on health issues that present as priorities for the borough.

A Member commented that it would be good if Ward Councillors and Health Champions could meet. Ms Littleford responded that she could share information with Ward Members on where face-to-face events will take place and other opportunities for Members to meet their local Health Champions.

**Action: Ms Littleford**

Cllr Hutton noted that she had signed up as a Health Champion and this had been an excellent programme which she thanked officers for. Any further way of encouraging people to take part would be helpful.

A Member asked about continued funding. Dr Djuretic noted that the Covid containment funding had ceased but a public health grant had been secured. She thanked Dr Julie George for mobilising and commissioning the programme. Dr George noted that the current level of activity remains the same although the brief is wider. When there is evidence of further effectiveness and value for money, decisions on future work will be made. Health Champions would be involved in supporting implementation of the Health and Wellbeing Strategy.

Ms Laser noted that the Barnet Town Team has a space on Barnet High Street that could be used to support the programme. Dr Djuretic would speak to Ms Laser outside the meeting.

**Action: Dr Djuretic**

## **11. INTEGRATED CARE UPDATE**

- Dawn Wakeling, Executive Director, Adults & Health, LBB
- Colette Wood, Director of Integration, Barnet Directorate, NCL CCG
- Lara Sonola, Transition Programme Director, NCL ICS
- Richard Dale, Executive Director, Performance and Transformation, NCL ICB

The Chairman noted that the Clinical Commissioning Groups (CCG) had been abolished from 30<sup>th</sup> June 2022. This could mean changes to the delivery of services so the above officers had been invited to provide an update. Slides would be circulated following the meeting.

Mr Dale reported that the North Central London Integrated Care System (ICS) is not a statutory body but includes all the partners working together to provide healthcare. The Integrated Care Board (ICB) is a statutory body and aims to help the fantastic collaborative work across health and social care, and with the voluntary sector, that had been undertaken during the pandemic to continue and to provide it with a statutory footing. Similar to the Health and Wellbeing Board, it will set the strategy to improve health and wellbeing across NCL.

Ms Sonola commented that the ICB would maintain a broader view of residents' lives as part of its strategic aims, in line with the usual local authorities' view. A Forum will sit alongside the healthcare partnership, and community participation would be embedded into the ICS, with clear access to information and an understanding of residents' cultural needs.

Ms Wood reported that the pandemic had not inhibited partnership working but allowed it to flourish. It allowed a local approach, with faith groups, and communities had used their Health Champions. This had all helped to break down silos and join up the healthcare and voluntary sector. For example the One Care Homes Team which had enabled a model for care homes during the pandemic yielding positive outcomes, for which ongoing funding had been secured. A Multidisciplinary Team for Frailty had also been set up which reduced hospital admissions and provided positive experiences for patients. Also a large programme of work was being carried out around mental health and dementia. All partners in the ICS had committed to the Barnet Innovation Fund which helped to identify funding and provide the voluntary sector with the opportunity to bid for this.

A Member enquired whether services users would notice a difference with the creation of the ICS and how far GPs were involved. Ms Wood responded that it is a long-term process so changes wouldn't be noticeable straight away. She noted that General Practice is key to the changes with seven Primary Care Networks (PCN) involved in Place-based Partnerships, and neighbourhood working remaining around the PCN footprint. The GP model had not changed in 70 years so this would continue to be reviewed, including digital transformation, whilst keeping in mind that access to GPs can be an issue.

A Member asked how recruitment of GPs could be improved. Ms Wood responded that the model of care is changing; whereas traditionally all patients were seen by a GP when 80% of patients do not need to, the PCNs have built a team around General Practice who can cover all patient care. Clinical pharmacists, dieticians, nurse practitioners and others can all manage patients.

A Member enquired how patients who spoke earlier in the evening around mental health could be supported. Mr Dale responded that a Mental Health Review had been undertaken by NCL prior to the ICB's inception, to look across each borough and understand what the core offer needs to be. Investment in mental health had been increased and this would continue in accordance with the Mental Health Investment Standard (MHIS).

A Member requested that the item return to the HOSC in six months' time. The Chair responded that the committee would revisit the topic.

Ms Wakeling noted that the Health and Wellbeing Board (HWB) receives updates on mental health. It may be that HOSC and the HWB may want to collaborate on this in some way to avoid duplication. Officers would think about a way forward and add it to the Forward Plan.

**Action: Ms Wakeling, Dr Djuretic**

## **12. SOLUTIONS4HEALTH**

- Kishore Sankla, CEO, Solutions4Health
- Lavinia Liburd, Deputy Director of Nursing and Safeguarding
- Cathy Honnah, Associate Director of the Healthy Child Programme in Barnet.

Ms Honnah spoke to the paper which was published with the agenda.

Ms Honnah stated that Solutions4Health is a CQC registered provider of a range of health services nationally.

Solutions4Health had taken over the management of Barnet's Healthy Child Programme from 1<sup>st</sup> April 2022 following engagement with all stakeholders. Solutions4Health was keen to ensure a seamless transfer of care so that services were not interrupted. This included induction of TUPED staff to ensure that the staff competencies matched the expectations of Solutions4Health. The service vision of the organisation for the Healthy Child Programme was outlined in the paper.

Mr Sankla commented that staff are at the heart of Solutions4Health and a process of change management had been undertaken so that the organisation could understand how the transition has been for staff. This involves the leadership team being provided with any findings so that they can follow up with actions and so that key learnings can be implemented.

A video had been provided but due to a technical issue could not be shown at the meeting. The Governance Officer would follow up after the meeting and circulate this.

**Action: Governance Officer**

A Member enquired about the number of staff transferred to the organisation. Mr Sankla responded that it was a major transition and that staff had expressed anxiety about this. However since moving across they had provided positive feedback and felt supported.

The Chair enquired whether the Integrated School Nurse and Health Visitors were in place. Mr Sankla responded that there is a national shortage of health visitors but Solutions4Health had recruited 34 and have more interviews coming up. Recruitment is via networks and word-of-mouth, with the organisation receiving feedback on their professionalism and positive outcomes for patients. Solutions4Health also have a reputation for being non-hierarchical with staff having open access to the senior management team.

The Chair would invite the Solutions4Health team back to the HOSC in the future to see how the service is developing.

**Action: Governance Officer**

### **13. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME**

Solutions4Health would be invited to a future meeting – date to be confirmed.

**Resolved that the Forward Plan was approved.**

### **14. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT**

None.

The meeting finished at 9.55 pm