

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

WEDNESDAY 19TH OCTOBER, 2022

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

TO: MEMBERS OF HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Quorum 3)

Chair: Councillor Philip Cohen
Vice Chair: Councillor Anne Hutton

Zakia Zubairi
Caroline Stock
Matthew Perlberg

Rishikesh Chakraborty
Giulia Innocenti
Shuey Gordon

Alison Cornelius

Substitute Members

Sarah Wardle
Liron Velleman

Ammar Naqvi
Andreas Ioannidis

Mark Shooter
Michael Mire

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Friday 14 October 2022 at 10AM. Requests must be submitted to tracy.scollin@barnet.gov.uk Tel 020 8359 2315

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

Andrew Charlwood – Head of Governance

Governance Service contact: tracy.scollin@barnet.gov.uk Tel 020 8359 2315

Media Relations Contact: Tristan Garrick 020 8359 2454 Tristan.Garrick@Barnet.gov.uk

ASSURANCE GROUP

Please consider the environment before printing.

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 12
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer	
5.	Public Question Time (If Any)	
6.	Members' Items (If Any)	
7.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee	13 - 20
8.	User Groups - Carers	
9.	User Group - Mental Health Services Update To follow	
10.	Suicide Prevention Strategy Annual update – to follow.	
11.	NHS North Central London Integrated Care Board update	
12.	Winter Preparedness in North Central London Including preparation for 'flu season and Covid-19	
13.	Health Overview and Scrutiny Forward Work Programme	21 - 24
14.	Any Other Items that the Chairman Decides are Urgent	

FACILITIES FOR PEOPLE WITH DISABILITIES

Hendon Town Hall has access for wheelchair users including lifts and toilets. If you wish to let us know in advance that you will be attending the meeting, please telephone tracy.scollin@barnet.gov.uk Tel 020 8359 2315. People with hearing difficulties who have a text phone, may telephone our minicom number on 020 8203 8942. All of our Committee Rooms also have induction loops.

FIRE/EMERGENCY EVACUATION PROCEDURE

If the fire alarm sounds continuously, or if you are instructed to do so, you must leave the building by the nearest available exit. You will be directed to the nearest exit by uniformed custodians. It is vital you follow their instructions.

You should proceed calmly; do not run and do not use the lifts.

Do not stop to collect personal belongings

Once you are outside, please do not wait immediately next to the building, but move some distance away and await further instructions.

Do not re-enter the building until told to do so.

This page is intentionally left blank

Decisions of the Health Overview and Scrutiny Committee

6 July 2022

AGENDA ITEM 1

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 25th 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 30th 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 1st 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

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

AGENDA ITEM 7

PRESENT:

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

1. FILMING AT MEETINGS

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

2. APOLOGIES FOR ABSENCE

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

3. URGENT BUSINESS

None.

4. DECLARATIONS OF INTEREST

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

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

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

6. MINUTES

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

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

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

RESOLVED –

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

7. MENTAL HEALTH SERVICES REVIEW

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

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

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

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

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

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

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

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

RESOLVED –

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

- **How information on available services is communicated to residents;**
- **How co-design/co-production is embedded, with examples of how this was working in practice;**
- **Child & Adolescent mental health services and how the fragmentation of services (as referred to in the report) was being addressed;**
- **The closer working relationship between BEH-MHT and C&I NHS Trust;**
- **A single point of communication for queries relating to service users with complex needs.**

8. COMMUNITY HEALTH SERVICES REVIEW

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

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

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

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

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

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

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

RESOLVED –

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

- **The funding mechanisms to support community health services;**
- **The local offer and delivery through the Borough Partnerships;**
- **How the priorities of the local population and specific communities would be identified and addressed;**

- **How co-production would be embedded in the provision of community health services;**
- **How the required workforce would be recruited.**

9. ICS FINANCE/GOVERNANCE

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

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

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

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

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

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

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

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

Sarah Mansuralli then responded to questions from the Committee:

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

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

10. WORK PROGRAMME

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

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

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

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

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

CHAIR: Councillor Pippa Connor

Signed by Chair

Date

**Health Overview and Scrutiny
Committee
Forward Plan 2022-23**

Governance Services Contact: tracy.scollin@barnet.gov.uk

Title of Report	Overview of decision	Report Of (<i>officer</i>)
19 October 2022		
User groups	Carers Groups	TBC
User groups	Mental Health – feedback from NCL	Barnet, Enfield & Haringey Mental Health NHS Trust
Winter Preparedness in North Central London including preparation for ‘flu season and Covid-19	Annual Update	North Central London Integrated Care Board/Barnet Adult Social Care
NHS North Central London Integrated Care Board update	New work programme and implications of new structure	North Central London Integrated Care Board/Barnet Adult Social Care
Suicide Prevention Strategy	Annual Update	Barnet Public Health
8th December 2022		
Mid Year NHS Trust Quality Accounts	Progress Report	NHS Trusts
User groups	Topic TBC	TBC
Children and Young People’s Oral Health Assessment Report		Barnet Public Health
Sustainability in the NHS		NCL ICB
27th February 2022		
User groups	Topic TBC	TBC
17th May 2023		
NHS Quality Accounts 2021-22		

To be allocated		
Barnet Healthwatch Annual Report		Barnet Healthwatch
Solutions4Health update		Solutions4Health

This page is intentionally left blank