MINUTES OF NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE MEETING HELD ON FRIDAY, 1ST OCTOBER, 2021, 10.00 AM - 12.25 PM

PRESENT: Councillor Pippa Connor (Chair), Councillor Tricia Clarke (Vice Chair), and Councillors Alison Cornelius, Larraine Revah, Paul Tomlinson, and Derek Levy.

1. ELECTION OF CHAIR FOR 2021-2022

Councillor Pippa Connor was nominated for position of Chairman for 2021-22, which was duly seconded.

RESOLVED that Councillor Pippa Connor be elected as Chairman for 2021-22.

2. ELECTION OF VICE-CHAIR(S) FOR 2021-22

Councillor Tricia Clarke was nominated for position of Vice-Chairman for 2021-22, which was duly seconded.

RESOLVED that Councillor Tricia Clarke be elected as Vice-Chair for 2021-22.

3. FILMING AT MEETINGS

The Committee and public noted that the meeting may be filmed or recorded by the Council.

4. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Khaled Moyeed from Haringey Council and Councillor Linda Freedman from Barnet Council.

Councillor Christine Hamilton from Enfield Council and Councillor Osh Gantly from Islington Council were also absent from the meeting.

5. URGENT BUSINESS

None.

6. DECLARATIONS OF INTEREST

Councillor Connor declared an interest by virtue of being a Member of the Royal College of Nursing (RCN).

7. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

8. MINUTES

RESOLVED that the Committee approved the minutes of the meeting held on the 25th June 2021 as a correct record.

Post-meeting note: under item 5, Deputations / Petitions / Presentations / Questions, references to Professor Sue Richards should be changed to Brenda Allen.

9. DIGITAL INCLUSION AND HEALTH INEQUALITIES

Presenting Officers

- Sarah D'Souza: (Commissioning at Barnet CCG)
- Ruth Donaldson: (Director of Commissioning at Barnet CCG)

Sarah D'Souza (Commissioning at Barnet CCG) and Ruth Donaldson (Director of Commissioning at Barnet CCG) introduced the report which provided an update on the work being driven by the Communities Team, set up in place as part of the NCL CCG Borough Directorate. The committee were informed that the team had been developed to focus on inequalities and the delivery of plans to address these issues.

It was explained to the committee that one of the key questions being researched by the team was around the current use of data and whether the right data was being collected and used in the right way to understand the needs of residents. The team was focusing on developing interventions to address the health inequalities, however, to do so effectively, the wider determinants of inequalities needed to be understood. It was explained that understanding the needs of residents and empowering them would enable the right interventions to be put in place.

Officers said that it was important that as part of the work, they were able to demonstrate that local communities and residents had been listened to and their issues taken onboard, to make a difference. Resident empowerment was key to enabling residents to have more control over their lives and care and to avoid individuals reaching crisis. Officers explained that it was not always medical interventions that were required to address health inequalities, sometimes social interventions, employment opportunities or access to digital resources were needed and that through understanding the lived experiences of residents, these interventions could be better embedded into assessments. Officers advised that the team were looking into understanding all the complex elements that contribute to health inequalities.

The Chair enquired as to how the disbanding of the Public Health England and the replacement with the National institute for Health Protection (NIHP) fitted into the integrated care systems. Officers advised that public health would remain a key aspect of the work and that moving forward the team would continue to work closely with local public health departments, as this was integral to the work.

Councillor Tomlinson enquired as to how the Voluntary Community Sector (VCS) would be included in the work, as well as how the homeless would be identified and contacted. Officers explained that the VCS were integral to reaching out to local people, as well as ensuring the groups engaged with, were as diverse as possible.

Regarding identifying the homeless, officers advised that they would be working with hostels and street homeless and setting up networks across the programme to find the best way to support them. Weekly seminars for the homeless would also take place, with assistance from specialist teams and local GP organisations to ensure they were receiving the right vaccines, resources, and care. Councillor Clarke updated the committee that Islington Council had a policy in place which ensured all rough sleepers had access to a bed every night.

Councillor Clarke asked for clarification that work involving young people, particularly with learning difficulties was being investigated. Officers noted that that there were still improvements to be made in terms of working with young people, but that work was ongoing. Officers commented that learning difficulties was on the radar and they would be interested to see further submissions around that.

The Chair questioned the measurement criteria being used for the work and noted that there appeared to be no targets or measured outcomes set. The Chair also enquired as to how the areas identified as the starting point, had been decided on and what engagement had taken place around these decisions. Officers advised that an agreed set of criteria was in place and that this could be circulated to the committee. They also explained that a monthly report was produced which reviewed the criteria and evaluated how overarching and impactful on health equalities they were. Officers explained that strong guidance had been used to establish what interventions were needed and although not all of them would lead to a return on investment within the next year, that should not be used as a reason not to put interventions in place. It was explained that a balance between short term and longer-term interventions was important.

Members thanked the officers for the report and commented that it was an interesting piece of work. Members requested that once the project had been given some time to mature, in around a year, that an update report be brought back to the committee. It was requested that the update report include information on the next cohort of projects and how residents had been engaged with. Members suggested a lived experience case study would be useful, to see how this was being delivered. If possible, a young person living with learning difficulties could be incorporated into this case study, as well as the potential for someone to be invited to attend the meeting. Members further requested that the update report include an outline of the financing aspects of the work and how this linked to ongoing projects to ensure they maintained traction.

RESOLVED that the Committee noted and commented on the contents of the report and the direction of travel of the important work.

10. UPDATE ON MENTAL HEALTH

Presenting Officers

- Jinjer Kandola: Chief Executive of Barnet, Enfield and Haringey Mental Health NHS Trust (BEH).
- Darren Summers: Deputy Chief Executive at Camden and Islington NHS Foundation Trust.
- Ian Prenelle: Consultant Psychiatrist at Camden and Islington NHS Foundation Trust

Jinjer provided the committee with an overview of the NCL mental health programme, which particularly focused on the mental health response to the pandemic, investments in services, transformation activities and mental health system challenges.

Jinjer updated the committee that services had been set up in St Pancras, with two hubs for children in the North and South in response to the pandemic. She said these hubs had been vital in the first stages of the pandemic, when the full impact was not yet clear. The long-term impact on mental health was now much clearer and the long exposure to isolation had significantly increased cases of anxiety and negatively impacted mental health across the country. It was noted that eating disorders had significantly increased, as well as a general increase on demand in services. One of the biggest challenges arising from the increased demand was securing an adequate workforce to enable the expansion of services.

Darren explained that Covid had made the inequalities people living with mental health issues faced far more pronounced. It was noted that the Covid vaccine uptake, in this cohort of people, was significantly lower than the average and that this cohort already had a lower life expectancy. He outlined that outreach work was taking place to improve both physical health and increase the vaccine uptake in this cohort. It was also noted that the community transformation project would significantly transform the way work was conducted in partnership with primary care, the Local Authority, and the VCS.

Ian explained there had been a shift in the mental health care system, in that it was moving towards a whole population approach. The principles would be that the system would be universal, person centred, with a new focus on prevention for both physical and mental health outcomes. He said that initiatives would not just focus on combatting issues when they arise but would ensure required interventions were in place. This new holistic offer would be delivered by new population health nurses, which would work alongside GP practices, peer coaches and the VCS. Ian explained that working more closely with general practitioners would help to deinstitutionalise mental health care and that working and embedding care into the community, would help move towards normalising and destigmatising mental health within the community. Ian said that during the early phase of the pandemic this type of work had already been in place, for example Camden Council had worked closely with the VCS to help those suffering with severe mental health who rely on both social and emotional support. Ian said that moving forward the model would look to share the approaches and practices across the boroughs, with the next wave of implementation due to take place in April 2022.

Councillor Tomlinson asked if any data surrounding the significant increase on demand could be circulated to the committee. He also asked if schools were being worked with to help address eating disorders and other mental health issues experienced by young people. Jinjer advised that further information on the increased number of referrals, which would include information about diversion hubs which people in crisis could turn to, could be circulated. She also explained that work in partnership with both Local Authorities and schools would be done to build up good working relationships. Councillor Clarke raised a point that stigmatisation around

mental health had not gone away and that conversations on the topic with young people needed to be done sensitively. She noted that often medication was used to resolve problems, which often did not address the underlying issues. Jinjer assured Members that work was being done with young people to move away from relying solely on medication as a resolution.

Darren explained that working within communities via the community model was key to normalising mental health care, especially for those from ethnic minorities who often came into the system very late into their stage of crisis. Ian updated the committee on work that had already been taking place in boroughs within this model, including discussions with the Somali community in Islington on ways to reduce stigma and crisis houses having been set up in both Camden and Islington, as an alternative to hospital care. He advised that similar provisions would be put in place in Barnet, Enfield and Haringey.

Ian advised that social prescribing and peer support initiatives would help provide better long-term outcomes, rather than relying on medication. He said that often people come into the system from GPs at the point where they have reached severe decline or relapse in terms of their mental health, so more needed to be done to catch people at earlier stages. He also advised that there had been an increase in refugees being referred for care and so the team was running a series of educational talks with experts who work with refugees to help inform the care they were offered.

The Chair enquired as to whether partnership working was being focused on and whether it was evident that the right teams were getting feedback to the appropriate people at the appropriate time. Darren acknowledged there was improvement required in terms of liaising with Housing departments and the Police, as there were incidents where individuals had fallen through the gaps in the system.

The Chair asked how recruitment into new roles was progressing. Darren advised that recruitment was going well, but there were always some challenges faced in terms of recruiting new nurses. He said the advantage with the community programme was that a different type of workforce was being looked for, which opened opportunities outside of the normal professional routes, to find those with lived experiences.

Members agreed to receive an update briefing paper in 6 months' time, after which they would decide whether to request to bring back a full report to committee at that time or wait until a year had past for further scrutiny to take place. Members asked that wellbeing of staff as well as information on working with schools was included in the update report.

RESOLVED that the Committee noted the contents of the report.

11. UPDATE ON INTEGRATED CARE SYSTEMS (ICS)

Presenting Officers

- Frances O'Callaghan: Accountable Officer for North Central London CCGs.
- Richard Dale: Executive Director of Transition at North Central London CCG – North London Partners)

Frances provided an overview of the report and highlighted the benefits for residents of the new integrated care systems (ICS). She explained how the ICS would take on responsibilities which previously sat under the CCG and would be placed based. The new set up would enable continued engagement with residents and the ability to respond to their needs, which had changed following the pandemic. The Integrated Care Board (ICB) would be established to work with Local Authorities to understand the place-based partnerships arrangements and how the ICS could best deliver these.

Richard explained that the primary aim of the ICS was to streamline work and reduce unnecessary bureaucracy, as well as enabling funding to be moved around in a way that it previously had not been able to. It was noted that in response to the pandemic the system had already been acting as an ICS, helping to meet the community needs, for example having implemented new ways of providing care at home, introducing new technology to provide higher level of support and greater involvement within communities to ensure neighbourhood borough care was in place. Richard said clinicians would remain at the heart of the system, but services would be designed around local people.

Councillor Clarke asked whether the committees would continue to be open to the public. Richard advised that the bill had not been finalised yet, but that Local Authority involvement would remain key. The understanding was that the ICB would have a single Local Authority member on it, but specific arrangements were still being worked through. Frances said that Local Authority involvement would remain a key aspect of the ICS, as the group needed to understand how accountability for spend would take place collectively. She assured the committee that there was a commitment to collaborative working, which had already been evidenced over the previous 18 months.

Councillor Clarke asked if officers had received the seven recommendations put forward by the JHOSC. Frances confirmed that the recommendations had been read and that she envisaged there would be no change in terms of the role and engagement with the JHOSC moving forward. However, due to the bill not being confirmed, officers were unable to provide specific detail on arrangements, but acknowledged that to provide the best services for residents, scrutiny would continue to be a key element.

The Chairman questioned the decision to only have one Local Authority representative for all five boroughs on the ICS and felt that this individual would require extra support to understand the needs of each borough. Frances advised that the NCL Partnership Council would have all five Local Authority Chief Executives on it, which would feed into the ICB. It was also noted that once the CEO for the ICB had been appointed, arrangements to support the Local Authority representative on the ICB would be discussed. Officers emphasised that there would continue to be important links with Directors of Public Health and Adults, as well as several forums connected to the ICB to ensure close partnership working with Local Authorities. Members asked if an internal review would take place at an appropriate time, officers agreed that a review point was good practice and that discussions with the CEO and partners around this would take place.

Members queried whether the re-structure had resulted in any jobs loses for CCG staff, it was confirmed that no jobs had been lost as part of the process. Members also asked for clarity on whether private providers would be invited to sit on the board, it was noted that it was not envisaged that any private providers would be included.

Councillor Levy raised concerns about significant preparation work having taken place before the bill had been agreed. He also felt that in the past transformations had become top down heavy and not structured in a way to best serve residents. Councillor Levy stressed the role of Members to represent their constituents and ensure they received the best care, which meant it was crucial that they were properly engaged. He expressed the view that at least two Local Authority representatives would be required on the ICB, to provide contingency if one member was unable to attend. The Chairman emphasised that the committee was looking for confidence in the new system and to see evidence that services would be truly joined up, as well as opportunities being embedded for Members to raise their voices on behalf of residents, provide scrutiny, and be heard.

Members asked if all seven recommendations put forward by the committee at the last meeting had been received by officers. Officers confirmed that these had been read and would be considered, however they were unable to provide any certainty until after the bill had been passed. Councillor Clarke requested that recommendation 7 of the JHOSC be strengthened. The seven recommendations put forward were as follows:

1. The Integrated Care System (ICS) and its committees should be as open to the public as possible.
2. The NHS ICS Board should include local authority representation, local authority voting rights, and the ability to discuss and challenge decisions. It should also ensure that all agendas, minutes, and relevant documents are open to the public. It was considered that this would ensure transparency and accountability.
3. The role of the Joint Health Overview and Scrutiny Committee (JHOSC) should be maintained, including the ability to scrutinise all decisions made by the ICS. It was also considered that the JHOSC should retain the right of refer matters to the Secretary of State.
4. The ICS should consider how patient and resident voices would be included in its processes. The JHOSC felt that patient and resident voices should be included at all levels, including the top level.
5. The JHOSC also requested further detail on the arrangements for the NHS ICS Board, the governance and committee structure within the ICS, and the relationship between the different committees, and how the voices of patients and residents would be included.
6. The ICS should have an identified committee that was aware of any business relationships between primary, secondary, and tertiary providers to ensure openness and transparency.
7. To support the NCL NHS Watch recommendation.

The Chairman requested that an update on the complex financial arrangements be included within the next report, to enable Members to understand how the joint budgets would be shared across Local Authorities and the NHS, as well as the

governance arrangements surrounding this. Officers agreed to provide this within a report to be brought back in January 2022.

RESOLVED that the Committee noted the contents of the report.

12. WORK PROGRAMME

Following discussion on the work programme the following was agreed:

Items for the 26th November meeting:

- Fertility Review
- Elective Surgery and recovery results
- Winter pressures (to include London Ambulance Service)

Items for the 28th January meeting:

- Integrated Care System (ICS) financial arrangements and update report
- Dental care

Items for 18th March meeting:

- Mental Health care update
- Estates
- Lower Urinary Tract Symptoms (LUTS

RESOLVED that the Committee agreed the items for the work programme 2021-22 as outlined above.

13. NEW ITEMS OF URGENT BUSINESS

A Member raised the need to have an update on the London Ambulance Service brought to a future meeting. The Chairman agreed to discuss the most appropriate time for this to be brought to committee, under the work programme item on the agenda.

14. DATES OF FUTURE MEETINGS

The Committee noted the future dates of meetings:

26 November 2021
28 January 2022
18 March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……