

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

## 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 28<sup>th</sup> 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 1<sup>st</sup> April 2022 to 1<sup>st</sup> 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 1<sup>st</sup> 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 .....