

MINUTES OF MEETING NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE HELD ON Monday 3RD FEBRUARY 2025, 10.00am – 12.30pm

PRESENT:

Councillors: Pippa Connor (Chair), Kemi Atolagbe, Rishikesh Chakraborty, Philip Cohen, Chris James, Matt White and Chris Day

ALSO ATTENDING:

- Paul Allen – Assistant Director for Strategy, Communities & Inequalities (NCL ICB)
- Sarah D’Souza – Director of Strategy, Communities & Inequalities (NCL ICB)
- Sarah Morgan – Chief People Officer (NCL ICB)
- Dominic O’Brien – Principal Scrutiny Officer
- Serena Shani – Interim Principal Committees Co-ordinator

Community Group attendees.

- Dr Akudo Okereafor – ABC Parenting
- Lucy Robinson - ABC Parenting
- Christine Rahmen – Tottenham Talking
- Kwaku Agyemang – Tottenham Talking
- Dr Geoffrey Ocen – Bridge Renewal Trust
- Trevor Blackman – Enfield Community Partnership

50. FILMING AT MEETINGS

The Chair referred Members present to agenda Item 1 as shown on the agenda in respect of filming at this meeting, and Members noted the information contained therein’.

51. APOLOGIES FOR ABSENCE

Apologies were given for Cllrs Clarke, Milne and Revah. Cllr Milne had sent a substitute Cllr Chris Day who attended the meeting on behalf of Enfield Council.

Apologies for lateness were received from Cllr Atolagbe.

52. URGENT BUSINESS

None.

53. DECLARATIONS OF INTEREST

The Chair declared an interest in that she was a member of the Royal College of Nursing and also that her sister was a GP in Tottenham.

54. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

None.

55. MINUTES

That the minutes of the NCL JHOSC meetings on 9th September 2024 and 11th November 2024 were agreed as an accurate record.

It was also noted that the Action Tracker would be circulated to Committee members after the meeting. **ACTION**

56. HEALTH INEQUALITIES FUND

The Director and Assistant Director of Strategy, Communities & Inequalities at NCL ICB, introduced the report. The beneficiaries of the Health and Inequalities Fund were also present and introduced to the Committee.

The Director emphasised that the experiences of COVID had highlighted a health disproportionality within the population. Deprivation was cited as a key determinant of health. It was also noted that there had been a shift in government policy to funding projects within the community. It was stressed by the Director that the Health Inequalities Fund was reviewed every year, but that input was needed to improve.

The Assistant Director began by highlighting that a £5m investment came from the NCL ICB to address health inequalities through projects in the community. He highlighted that money tended to flow to boroughs where there were larger numbers in deprivation – therefore Haringey had more projects in the area.

The projects all built on community power. There were more than 50 projects being funded by the NCL ICB. The team had produced an evaluation process based on findings from individual projects. Examples of Key Performance Indicators (KPIs) included the numbers of people helped, how many from the target populations and whether projects were making a major impact on diverting patients or potential patients away from NHS services.

In totality, the Assistant Director stated, NCL ICB Health Inequalities projects have helped over 26,000 people – this represents 10% of people living in the 20% most deprived areas nationally. In addition, 75% of project objectives had been met however there had been less success when it came to health determinants.

Commissioned research by Middlesex University indicated to the NCL ICB that co-production needed to be strengthened across the board. It was noted that community groups were successful in achieving project aims as the populations involved were already known.

ABC Parents

- Project founder Dr Okereafor introduced her charity. Through her work in a Paediatrics department, she stated, she observed that approximately 50% of her patients attended hospital because of parental feelings of fear and powerlessness when their child was ill. This was brought on by a lack of basic medical knowledge and confidence. In conjunction with Paediatrics, she developed first aid courses aimed at parents to build their knowledge and resilience. The outcome of the courses were to help avoid inappropriate attendances at hospitals - but also to provide support to those who needed it most. The Charity now delivers eight courses a week in a variety of languages, on topics vital for new parents.
- The project's Champions Lead built on co-production principles and encouraged parents who had been supported by the charity, to then become supporters of new parents and a wider network of knowledge in their communities. These new supporters were helping to spread the knowledge in communities that professionals traditionally found 'hard to reach'.

The floor was then open to questions.

- The Chair enquired whether funding was long term. She asked about the possibility of the pilot project being extended out to hospitals. Dr Okereafor stated that the funding was spread between the ICB, Bridge Renewal Trust and Every Parent and Child charity. She stated funding was annual and this had presented obstacles for the charity as staff could only be hired for short periods of time leaving gaps in resource towards the beginning of the year as funding was renewed. However more planning has enabled funding to be sought earlier - meaning there was a stronger cohort of staff this year and less gaps in resources. Dr Okereafor stated that the charity had been approached by more Trusts to roll out the project.
- Cllr Atolagbe then asked about target setting and annual checks. Dr Okereafor stated that mid-year reviews occurred in October. KPIs included the delivery of 2,500 activities throughout the year and tracked the number of beneficiaries' living in areas of deprivation. The charity also screened for individual poverty amongst its service users.

Tottenham Talking.

Mr Kwaku Agyemang and Geoffrey Ocen introduced the case study from Haringey. The Committee learned that:

- Haringey had particular issues with deprivation and a lack of mental health funding even though demand in the borough is very high.
- Tottenham Talking is a partnership between the North London NHS Foundation Trust and the Bridge Renewal Trust. Tottenham Talking produce a range of preventative services for Haringey residents struggling with mental health. They provide support to residents without direct diagnosis, and provide early intervention services, so that primary and secondary services aren't needed.
- Tottenham Talking goes back to 2018, and operated out of the Chestnuts Community Centre, where those who suffered mental health issues could engage with social therapeutic activities such as cooking and art to try to change the mindset of the beneficiaries. This approach has been successful, and many have gone on to train and gain jobs in different sectors.
- Co- production and peer support was a vital element of the programme.
- The centre ran activities and one to one sessions, run by art therapists, occupational therapists, and psychologists – to support mental health. Other activities include trips and podcasts to keep connected.
- The charity is targeting mental health particularly amongst men and have recently started a men's group which has been well received. Topics cover relationships, medication and more. The charity's targets include men in the 18-25 age range and the LGBTQ+ community.

The floor was open to questions.

- The Chair enquired about funding - and whether evidencing was adequate to ensure sustainability. She also asked how the charity quantified whether beneficiaries were engaging with the service to the extent that primary and secondary services were not needed. The Assistant Director responded that outcomes were monitored by the ICB. The Return On Investment (ROI) was calculated to be that for every pound spent on Tottenham Talking, one pound fifteen was saved. Mr Ocen affirmed that work was being done in partnership with the ICB to define meaningful outcomes within the community. He also emphasised there was a need for more support with knowledge of funding and also a need to move from a one year to a three-year settlement to allow for more impactful work.
- Cllr White commented that it wasn't just impact on NHS services that should be considered but its effect on Policing and other public services. He enquired whether research opportunities had been investigated to see how projects had saved money across the public sector, as a good argument could be made for rolling similar projects out more widely. The Assistant Director responded that some work had been done in partnership with universities to look at the wider impact of a homelessness project. This had helped to make the case for longer term funding. They would consider applying these techniques to the Health and Inequalities Fund. However, funding was locked up in crisis care. Creating a clear Return on Investment

(ROI) would help with accessing this money for projects moving away from the clinical model.

- Cllr Cohen commented that Tottenham Talking clearly did impactful work with reducing stigma faced by those with mental health issues. He enquired whether this was something that mainstream services could replicate. Mr Agyemang responded that the Tottenham Talking model could be replicated easily within acute settings, however funding was a factor. He stated that the Tottenham Talking model was a socially creative approach to mental health however the medical model of dealing with mental health issues was still dominant in clinical thinking and funding. However, he stated, there had started to be a shift in thinking -as more NHS professionals were conducting workshops in the community. Mr Ocen added that the project worked closely with psychiatrists, however, more could be done with Integrated Level Teams (which included social services, housing etc) to inform practices and address the stigma faced by many.
- Cllr Chakraborty enquired what the criteria was to qualify for the Health and Inequalities Fund and what factors determined where a project was, and what the focus should be. The Assistant Director explained that projects were loosely scored. Sustainable funding was deemed as problematic, however good evidencing and qualitative research can help with longer term funding. The Assistant Director also added that the criteria focus was still on the 20% nationally most deprived areas. If a project was to become part of mainstream Inequalities work, then the team had to ensure that deprived communities were still being reached as part of their remit. The Assistant Director also added that the ICB did not make decisions as to where the funding was distributed. This was done through Borough Partnerships. The ICB provided broad outcomes as to what success would look like in each borough. However, the main decisions were made at the Borough Partnership meetings which included local authorities, local community organisations as well as the NHS .
- Cllr Atolagbe enquired whether there were any groups with protected characteristics that were not being targeted. Ms Robinson responded on behalf of ABC Parents. They had identified audiences and carried out extensive co production with the neurodiverse community around the training programmes. Other target areas were single parents. Ms Robinson stated that Champions had pointed out training programmes should also be tailored to those who had experienced loss or infertility. She stated that statistically those with neurodiverse or mental health issues traditionally have less support, so the project was responding to this by setting up peer support groups.
- Cllr Chakraborty pointed out that only two out of the 56 projects that the ICB had funded was in Barnet. He enquired further about the criteria for funding of projects. He stated that there had been highlighted in the report that there

was difficulty with engaging in scattered geographies. He enquired whether there averages of deprivation were taken from areas and if this was the criteria.

- As time was short, the Director offered to write a written response to Cllr Chakraborty. **ACTION.**

Health Heroes United/Edmonton Community Partnership Alliance

- Mr Trevor Blackman, spoke on behalf of the Edmonton Community Partnership Alliance, which was a coalition of 20 primary, Special Educational Needs and secondary schools in Edmonton and the Ponders End area. The charity's aim was to improve the life chances of children and families in the area – and was especially focused on education, health and social mobility.
- He explained to the Committee that the charity had conducted two reports around health inequalities experienced by Gypsy, Roma and Traveller (GRT), Bulgarian and Black residents. The Committee learned that there had been a historic lack of trust in public services from these areas. Moreover, many GRT communities were under the radar as far as public health services and more were concerned. He stated that many were not registered with a doctor and used the A&E department to see to medical issues. Language barriers and awareness of services available was cited as an issue. Residents cited that activities such as after school events and health workshops would be beneficial. The charity has worked with the communities to produce events such as a showcase of services with professionals from North Middlesex Hospital. The charity has helped support 2,800 residents this way. The remit has now been widened to the South Asian residents. In addition, the Alevi Community had set up their own men's group, which had included three LGBTQ+ men talking about common issues. The result has been the Alevi Community's first LGBTQ+ awareness day. Mr Blackman then made a case to the ICB and beyond for wider help with public research, to help inform KPIs and make a positive impact to long standing health issues in the community.

The floor was opened to questions.

- The Chair asked what the charities needed to be able to support their aims in the community. Mr Blackman responded on behalf of the Edmonton Community Partnership Alliance and stated that although work had been ongoing with the Research Engagement Network to give insight into communities, resources were needed the most to research, manage coproduction, support events and create relationships within groups. Translators were also needed to break down language barriers and budget needed for promotions and printing.
- Cllr Atolagbe enquired whether targets had been met and what the goals were for next year. Mr Blackman stated that the project had aimed for 3,000 to be reached – so far 2,800 had been reached this year. Goals next year included work with the Kurdish community, and further work with the black community –

- specifically targeting Somali and East African groups. Also, more in-depth work with the Gypsy, Roma and Traveller and Bulgarian residents.
- The Chair explained the Committee's capacity to make recommendations, and asked the charities to input what they would like to see.
 - Dr Okerefor stated that more support was needed in reaching communities earlier, as well as funding help with embedding projects.
 - Geoffrey Ocen emphasised the need for longer term funding to help with project sustainability. He also suggested that opportunities for 'mainstreaming ; or opportunities for funding within mainstream public sector's aims towards addressing inequalities needed to be exploited. He emphasised help was needed to promote the importance of the social offer alongside the medical offer within mental health.
 - In addition, Trevor Blackman emphasised that for his charity measuring impact was vital, as well as a better overall understanding amongst funders that in terms of co-production one size doesn't fit all - and more robust research is essential. Help with funding for this would be welcome.
 - The Chair suggested that the community projects return within a years' time to update the Committee about their activities. **ACTION**
 - A written response from the NCL ICB was requested by the Committee to explain more about the projects' activities, performance metrics and what happens to projects which do not deliver on the ICB metrics. **ACTION**
 - The Committee requested sight of the report on the evaluation conducted by Middlesex University on the programme's approach to co-production project. **ACTION.**
 - The Committee also requested further clarity from the ICB on how it was decided that projects should be funded in given areas and the decision-making process at Borough Partnership level. More information was requested as to who was on the Borough Partnership Boards. **ACTION**

57. WORKFORCE UPDATE

The Chief People Officer to the NCL ICB introduced the report.

In addition to the report, the Committee learned that:

- It was a challenging year for people managers. Industrial action and a spike in respiratory illnesses nationally had put strain on the workforce.
- With regards to medical and dental clinical and nursing roles, vacancies had dropped and there was good sustainability in the workforce currently.
- The WorkWell project had enabled better joint working between medical departments. Patients who needed support were automatically being referred to a Health and Wellbeing Coach for extra support.
- The Shaw Trust had supported 3,000 residents into work.

- There was work to support care leavers and care experienced young people into employment with the NHS. Forty care leavers had been engaged. The project was funded by Drive Forward and NHS England would be supporting 25 extra places.

The floor was opened to questions.

The Chair enquired for further information on Health and Social Care Hubs. The Chief People Officer explained that the General London Assembly had funded five Health and Social Care academies across London to support the least represented in the workforce in London. In addition, work was carried out with every employment hub to support those in care.

The Chair pointed out that although 40 care leavers had been supported only 10 had been offered employment at the end of the year- she questioned whether this was value for money. The Chief People Officer responded by stating that the Care Leavers Programme is funded by the third sector. She explained that intensive support into work was needed for those in care, as many had mental health issues, and were transitioning from a life in care into work. She added that Line Managers needed support to help keep Care Leavers in work – the ICB had created training programmes to address this.

The Chair then asked further about access to the extra micro funding to help care leavers into work -such as free prescriptions, help with transport costs and interview costs. The Chief People Officer explained that councils and multiagency groups were responsible for these.

Cllr Atolagbe enquired how long this extra support was given to care leavers. The Chief People Officer explained that the line manager training should support care leavers throughout employment, however the intensive mentoring programmes for those entering employment was twelve-weeks. She added that there was a challenge around the availability for entry level jobs in the NHS, which is why 10 employment placements was considered a success.

Cllr Atolagbe referred to the metrics in the WorkWell report. She enquired as to why there was a 'Did not start' category (on page 58). The Chief People Officer responded that some did not qualify for the programme. For example, those who worked but did not live in North Central London would not qualify. She added that residents would also have to commit to time with the Work and Health Coach - who would support them in or back into work if needed.

Cllr Chakraborty highlighted the positive steps that had been made in decreasing vacancy rates. He enquired what policies work well to reduce these rates. The Chief People Officer responded that the main driver for filling vacancies was reducing bank and agency staff. Managers enjoyed the flexibility (especially in terms of budget) when employing agency staff however there was a balance between this flexibility and

providing and monitoring more substantive roles. Performance in these more substantive roles, was also key, as the ultimate aim would be to reduce the work force through increasing productivity as budgets were tight. Cllr Chakraborty responded that productivity was only part of the puzzle, he asked whether the ICB had sufficient platforms to talk to government about policies that effect domestic supply. The Chief People Officer responded that there was still heavy reliance on international recruitment especially for areas such as mental health and advanced medical practice. Steps to grow domestic supply was hampered by the curriculum in higher education in the UK, as changes to the curriculum can take up to five years . She added that work with NHS Change had identified this. She also added that there were very high rates of anxiety and mental health issues amongst young people in London, which led to low rates of employment. Also, the NHS was not seen as an attractive career choice by many.

Cllr White commented that there was a disconnect as to what the Committee scrutinised in terms of policies and strategies and what was experienced everyday by the NHS. Cllr White asked how the Committee could scrutinise the theory that reducing staff would increase productivities and not lead to reduction in services. The Chief People Officer replied that there was a shift in providing care - from a Hospital to a Neighbourhood Model, where changes to funding meant more projects and care being provided in community settings, more focus on prevention and more focus on digital services. This would ensure that reducing staff did not mean a reduction in services. She added that since the COVID pandemic, the UK particularly had seen more direct links of the determinants of health as wealth. She stated in this sense the UK was the opposite to Europe.

Cllr White suggested that next year, the Committee should consider more in-depth information about productivity and the shift to the Neighbourhood Model. The report should focus more on what is meant by 'productivity' and what the effects are on the wider outcomes - namely have patients quality of life improved in anyway as a result of this. **ACTION**

Cllr Atolagbe enquired about the metrics in the report. The Chief People Officer clarified that the metrics dashboard was actually indicative as it was under development. She clarified that some metrics especially on the Workforce Race Equality Standard, and Workforce Disabilities Equalities Standard was only measured during a time period, once a year.

The Chair requested that next year more information about the Neighbourhood Model be presented as part of the Workforce presentation and in addition other service delivery partners should be involved. This was in order to understand how the shift to the Neighbourhood Model would affect the outcomes to patient in greater depth. She stated that this should be given a minimum of an hour on the agenda to allow for greater scrutiny. **ACTION**

Cllr Chakraborty added that more information was needed on what was being done to make the NHS more attractive to job seekers. He acknowledged the increase of training of domestic talent but highlighted that conditions had to be attractive for people to stay. He asked for more information around working conditions, and what could be offered to those graduating as an incentive as it was acknowledged that the pay was not competitive. **ACTION**

The Chair added that information be provided on the kind of mentoring that could be offered to help those at entry level grow within the organisation and across the public sector. **ACTION**

Ms Morgan suggested bringing this information back to the Committee when the NCL ICB ten year plan had been approved. She added that she felt there was much more that could be offered by the ICB to become an attractive employer to young people especially when it came to flexibility.

58. WORK PROGRAMME

The Chair stated that the April JHOSC meeting would be themed as a community-based meeting.

It was proposed that the topic of mental health should be covered again and that the report should cover progress from last year and actions from the previous meeting. It was pointed out that metrics should be presented by borough. **ACTION**

It was also suggested that more information was needed from the ICB as to what difference was being made to patients/residents and whether information was being shared with central government. **ACTION**

The London Scrutiny Network was then discussed, and an invite was extended to the rest of the Committee.

59. DATES OF FUTURE MEETINGS

- Mon 28th April 2025 (10am)

CHAIR: Councillor Pippa Connor

Signed by Chair

Date