

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

WEDNESDAY 12TH SEPTEMBER, 2012

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, NW4 4BG

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

Chairman: Councillor Alison Cornelius (Chairman),
Vice Chairman: Councillor Graham Old (Vice-Chairman)

Councillors

Maureen Braun	Arjun Mitra	Kate Salinger
Geof Cooke	Bridget Perry	Reuben Thompstone
Julie Johnson	Barry Rawlings	

Substitute Members

John Hart	Kath McGuirk
Sury Khatri	Charlie O'Macauley

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

Aysen Giritli – Head of Governance

Governance Services contact: John Murphy 020 8359 2368 john.murphy@barnet.gov.uk

Media Relations contact: Sue Cocker 020 8359 7039

CORPORATE GOVERNANCE DIRECTORATE

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	
2.	Absence of Members	
3.	Declaration of Members' Interests and Prejudicial Interests	
4.	Public Question Time (If Any)	
5.	Members' Items (If Any)	
6.	JHOSC Minutes	1 - 12
7.	Service provision and implementation updates from health partners	13 - 46
8.	Health Overview and Scrutiny Forward Work Programme	47 - 54
9.	Cabinet Forward Plan	55 - 64
10.	Any Other Items that the Chairman Decides are Urgent	

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Meeting	Health Overview & Scrutiny Committee
Date	12 September 2012
Subject	North Central London Joint Overview and Scrutiny Committee (JHOSC) Minutes
Report of	Overview and Scrutiny Office
Summary	For the Committee to note the minutes of the JHOSC meeting held on 9 July 2012.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Minutes of the JHOSC meeting of 9 July 2012
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: John Murphy, Overview and Scrutiny Officer, 020 8359 2019

1. RECOMMENDATION

- 1.1 That the Committee note the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting held on the 9 July 2012.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

- 3.2 The three priority outcomes set out in the 2012/13 Corporate Plan are: –

- Better services with less money
- Sharing opportunities, sharing responsibilities
- A successful London suburb

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None in the context of the report.

7. LEGAL ISSUES

- 7.1 None in the context of the report.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9. BACKGROUND INFORMATION

9.1 The North Central London Joint Health Overview & Scrutiny Committee met on 27 February 2012. The minutes are attached for the Committee's consideration.

10. LIST OF BACKGROUND PAPERS

10.1 None.

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North Central London Joint Health Overview and Scrutiny Committee 9th July 2012

Minutes of the meeting of the Joint Health Overview and Scrutiny Committee held at Hendon Town Hall, The Borroughs, Hendon, London, NW4 4BG on 9 July 2012 at 10.00am

Members of the Committee present: Cllr Martin Klute (Chairman), Cllr Alison Cornelius, Cllr Graham Old and Cllr Barry Rawlings (L.B. Barnet), Cllr John Bryant (L.B. Camden), Cllr Alev Cazimoglu and Cllr Anne-Marie Pearce (L.B. Enfield), Cllr Dave Winskill (Vice-Chairman) and Cllr Reg Rice (L.B. Haringey). Cllr Arjun Mittra (L.B. Barnet) present in the audience

Officers present: Rob Mack (L.B. Haringey), Mike Ahuja (L.B. Enfield) and Rachel Stern (L.B. Islington) and Andrew Charlwood (L.B. Barnet)

The minutes should be read in conjunction with the agenda for the meeting. They are subject to approval and signature at the next meeting of the Joint Health Overview and Scrutiny Committee (JHOSC).

MINUTES

1 WELCOME AND APOLOGIES

The Chairman, Cllr Klute, welcomed the attendees to the meeting.

Apologies for late arrival were received from Cllr Reg Rice (L.B. Haringey) and Mark Easton, Chief Executive Barnet and Chase Farm Hospitals NHS Trust.

Apologies for absence were received from Cllr Peter Brayshaw (L.B. Camden) and Cllr Alice Perry (L.B. Islington).

2. DECLARATIONS OF INTEREST

Cllr Alison Cornelius (L.B. Barnet) declared a personal but non-prejudicial interest in the items on the agenda as she was an assistant chaplain at Barnet and Chase Farm Hospital.

3. URGENT ITEMS

The Chairman reported that, as requested at the last meeting of the Committee, NHS North Central London had provided information on the Primary Care Investment Strategy within Barnet, Enfield and Haringey with particular reference to the three hospital sites and clarification of land sales at the hospitals.

The Committee noted that this information had been tabled at the meeting. Members agreed that there had been insufficient time to consider the information contained therein and that the tabled report was not as comprehensive as had been expected. It was moved that consideration of the item be deferred and that a full report be presented to the September meeting.

RESOLVED:

- 1) that NHS North Central London be requested to provide a full report to the September meeting of the Committee on the Primary Care Investment Strategy within Barnet, Enfield and Haringey with particular reference to the three hospital sites and clarification of land sales at the hospitals.
- 2) that NHS North Central London be requested to submit the above report in time for publication of the agenda for the meeting to enable the Committee to give due consideration to the information contained therein.

4. MINUTES – 28 MAY 2012 MEETING

- *Estates Management (Item 7):* The Committee noted that NHS North Central London had provided further details on sites, their current ownership, whether the site would be retained or transferred and, if transferred, the provisional transferee. Members considered that the list of sites did not provide all the information requested as percentage occupation figures were missing.

It was noted that the Chair had written to the Secretary of State to express concern that a joint application by the three trusts currently on the St Pancras Hospital site to be granted the building had been turned down on a technicality.

RESOLVED;

- 1) That a copy of the letter from the Chair to the Secretary of State regarding the St. Pancras site be circulated to Committee Members.
- 2) That, when appointed, the lead officer for NHS Property Services Limited (PropCo) for London be invited to the JHOSC and local health overview and scrutiny committees.

- *Barnet, Enfield and Haringey Clinical Strategy – Implementation:* Cllr Alison Cornelius (L.B. Barnet) raised concerns that the Transport Impact Assessment for the Barnet Hospital site has only identified a requirement for an additional 21 car parking spaces. She reported that at the previous meeting Mark Easton, Chief Executive Barnet and Chase Farm Hospitals NHS Trust, had stated that a multi-storey car park could not be accommodated on the site. The Committee were informed that this had not been discussed with the L.B Barnet Head of Planning and she requested that the minutes of the 28th May 2011 meeting be amended to reflect Mr Easton's comment.

The Committee were informed that there had been no consultation so far with local Members on the planning application. It was noted that Cllr Alison Cornelius and Cllr Graham Old had undertaken a site visit at Barnet Hospital on 3rd July 2012 and had identified that the staff car park was full and 150 staff were parked in visitor parking bays. Due to the shortage of parking on site, staff were being forced to park outside of the site, in some cases illegally.

Mark Easton tabled a briefing on the current status of the planning application and parking at the site. He advised the Committee that they had been working with the L.B Barnet planning department on planning considerations including parking and the development of a Green Travel Plan. He added that if planning permission was not achieved by 29th August 2012, there would be an impact on the November 2013 service transfer date. Members were informed that parking, including the possibility of having a multi-storey car park, was an issue that was being considered regularly by the Board. The Committee would be updated with any progress on this issue.

The Chairman advised the Committee that Barnet and Chase Farm Hospitals NHS Trust were considering a merger to enable NHS Foundation Trust status to be achieved. The Committee were disappointed that this information had been obtained via the media rather than directly from the Trust. It was noted that the full report commissioned by NHS London on the feasibility of Chase Farm Hospital merging with the North Middlesex Hospital had not been made public as yet. Members requested further information on the changes that had led to Barnet and Chase Farm Hospitals to seek a merger. In addition, they felt the implications for the North Middlesex Hospital needed to be taken into account.

Mr. Easton reported that the board of Barnet and Chase Farm Hospitals were considering possible merger partners in the light of an external review that had been commissioned by them on future options. The conclusion had been reached that the Trust would not be able to achieve foundation trust status as a single entity. There were likely to be considerable financial challenges in the forthcoming years and, in particular, commissioners were likely to require large cost savings. A detailed report on this issue would be

considered by their board on 12 July. If the board agreed to proceed, there would be an options appraisal on possible merger partners. Preferred partners would be identified by October 2012. A full consultation would take place if a formal merger was proposed as a result of the options appraisal.

RESOLVED:

- 1) that the NHS London Director of Finance, Hannah Farrah, be invited to the September meeting of the Committee to provide an update on the financial viability of NHS Trusts within the cluster, with particular reference to the implications of PFI contracts.
- 2) that the minutes of the meeting held on 28th May 2012 be agreed.

5. CHILD AND ADOLESCENT MENTAL HEALTH SERVICES – TRANSFORMATION OF IN-PATIENT SERVICES IN BARNET, ENFIELD AND HARINGEY

Ceri Jacob, Acting Borough Director, NHS NCL Barnet, Phil DiLeo, Head of Additional Needs and Disabilities Service, Haringey and Brian Davis, Principal Educational Psychologist, L.B. Barnet presented reports on: Barnet, Enfield and Haringey Child and Adolescent Mental Health Services (CAMHS) Tier 4 Service Development; and Achieving an Education Model Integrated with CAMHS Provision.

Ceri Jacob advised the Committee that the Trust were implementing the Integrated CAMHS 3.5/4 Service. She added that the Young Peoples Board (YPB) continued to meet and were being supported at the current time by NHS NCL Communications Team. It was noted that the YPB were assisting in developing an evaluation framework. Members were informed that there were three representatives on the YPB and they met every two months.

Brian Davis presented a report which had been tabled on the maintenance of education provision for children and young people with serious emotional wellbeing and mental health concerns as CAMHS reforms were being implemented. The Committee were informed that there was uncertainty regarding future funding arrangements at the Northgate Pupil Referral Unit as a result of the loss of the clinic which had seen a reduction in funding of £115,000. It was noted that there had been a recent agreement with Haringey regarding joint block commissioning and that Enfield would possibly join in 2013 when the new funding model was implemented.

The Committee emphasised the importance of collaborative working between education and health to ensure that current service provision was not destabilised.

RESOLVED that detailed funding and service models proposed for the PRU at Edgware Hospital Barnet be presented to a future meeting of the Committee.

6. NHS NORTH CENTRAL LONDON STRATEGIC COMMISSIONING AND QIPP PLAN

Sylvia Kennedy, Associate Director Strategy and Planning, NHS NCL and Nick Day, Head of Programme Office NHS NCL delivered a presentation on the NHS NCL Commissioning Strategy and QIPP Plan 2012/13 to 2014/15.

The following points were noted in relation to questions:

- In some areas, GPs were not fully complying with their Personal Medical Services (PMS) or General Medical Services (GMS) contracts. Analysis of PMS contracts were currently being undertaken to detail costs in specific areas. Post 2013, these would transfer to commissioning and support services. The Committee agreed that JHOSCs and HOSCs should be consulted to consider whether contracts had been commissioned correctly.
- Budget allocations for CCGs would not be available until October. It was reported that financial plans were being based on current PCT budget allocations. Members were informed that CCGs and local authority public health functions would individually commission services. Other services would be commissioned by a Central Board. The Committee highlighted the importance of all commissioning bodies signing up to a co-ordinated plan.
- The Committee queried whether there would be a review of GP contracts and whether this information would be made available to the National Commissioning Board.
- GPs would commission two types of GMS contracts – standard or enhanced services (such as increased hours). Commissioning would be informed by patient participation groups.

RESOLVED: that referral management, with particular reference to borough integrated service proposals and issues relating to the re-tendering of services, be discussed at a future meeting.

7. PRIMARY CARE STRATEGY; UPDATE

Dr Henrietta Hughes, Acting Medical Director, NHS NCL and Denise Tyrrell, Programme Director Primary Care Strategy, NHS NCL presented a written summary on the Primary Care Investment Strategy for the north central London cluster.

The following points were noted in relation to Members questions:

- In relation to the commissioning strategy for blood tests, it was expected that tests would be undertaken close to where the patient lived.

- To address the issue of overtrading of acute services and preventing hospital admissions, post-graduate salaried GPs would be deployed to look at groups of patients (e.g. in care homes) to ensure that medicines were being managed appropriately and that there was communication between carers. GP networks would share good practice.
- Funding allocations were based on the number of GP practices and this would be reflective of population size.

RESOLVED that NHS NCL be requested to take account of concerns relating to medicines management with particular regard to shortage as a result of supply chain issues.

8. INTEGRATED CARE

Sylvia Kennedy, Associate Director Strategy and Planning, NHS NCL and Graham McDougal, Associate Director of Integrated Care, NHS NCL delivered a presentation on integrated care in North Central London.

The following points were noted in relation to Members questions:

- In relation to cultural barriers that had historically prevented service integration, the Committee were advised that there were some elements of services that could be integrated effectively. Sylvia Kennedy reported that service providers were taking a more systematic approach and it was recognised that long-term solutions were required.
- Managing multiple care pathways would be dependent on the conditions being managed. Enhanced levels of collaborative working would be required for patients with complex or multiple conditions. Approaches would need to change as the patient moved through the system. The Committee emphasised the importance of having coordinated care plans.
- Integrated services would be governed by strict information sharing protocols. Only direct care providers would have access to patient records.

9. TRANSITION UPDATE

Patsy Ryan, NHS NCL Interim Deputy Director of Communications presented a paper updating the committee on developments within North Central London as part of the NHS national transition process.

The Committee noted that:

- Anne Rainsberry, the NHS Commissioning Board's London's Regional Director, would be visiting NHS North Central London on 12 July for a session with staff, the executive team and CCG chairs.

- Proposals for joint Harrow and Barnet public health functions and for joint Camden and Islington public health functions will be discussed at the NHS North Central London's Joint PCT Board meeting on 20 July.
- Development of the Full Business Plan (FBP) for the Commissioning Support Service covering North Central London was now underway for submission to the NHS Commissioning Board in August 2012.
- Accountable Officers had been appointed by Camden Clinical Commissioning Group (CCG), Enfield CCG and Islington CCG. The posts for Barnet and Haringey CCG were being advertised nationally currently.

RESOLVED:

- 1) that NHS NCL be requested to provide a half day briefing to JHOSC Members in November 2012 on:
 - CCG transitional arrangements; and
 - The role of CSS and NCB London regional office so that the Committee is able to consider its future role
- 2) that a further update be provided at the next meeting of the Committee.

10. FUTURE WORK PLAN

The Committee were asked to consider the future work plan. It was agreed that the items referred to above be added to the Committee's work programme.

11. PFI FUNDED HOSPITAL DEVELOPMENTS

The Committee had requested information on any PFI schemes that were currently in operation within the cluster and, in particular, any that were a source of concern in respect of their long term affordability. It was noted that NHS North Central London did not hold such information. However, NHS London and the Department of Health would have access to it. Information was available on the Treasury website although there appeared to be some omissions. It was noted that the North Middlesex Hospital had a PFI scheme and that concerns had already been expressed about its long term affordability in the event of there being issues with the implementation of the BEH Clinical Strategy. It was also noted that both the Whittington and Barnet and Chase Farm Hospitals also had PFI funded developments.

CLOSE 13.00 hrs

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Meeting	Health Overview and Scrutiny Committee
Date	12 September 2012
Subject	Service provision and implementation updates from health partners
Report of Summary	<p>Overview and Scrutiny Office</p> <p>The attached reports from NHS partners provide updates of health service provision in the borough in relation to:</p> <ul style="list-style-type: none"> • BEH Clinical Strategy • Primary Care • CCG Implementation • Urgent Care Pathways • Maternity Services (to follow)

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Health Overview and Scrutiny Committee
Enclosures	<p>Appendix A – BEH Clinical Strategy Update (Presentation)</p> <p>Appendix B – Developing Primary Care in Barnet</p> <p>Appendix C – CCG Implementation</p> <p>Appendix D – Urgent Care Pathway in Barnet</p>
Contact for Further Information:	John Murphy, Overview and Scrutiny Officer, Tel: 020 8359 2368

1. RECOMMENDATIONS

- 1.1 That the Committee note the information provided by health partners and make comment and recommendations as appropriate.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Health Overview and Scrutiny Committee – 16 May 2012 – Decision Item 9 – Health Overview and Scrutiny Forward Work Programme

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2012/13 Corporate Plan are: –
- Better services with less money
 - Sharing opportunities, sharing responsibilities
 - A successful London suburb
- 3.3 The work of the Health Overview and Scrutiny Committee supports the Corporate Plan 2012/13 objective of supporting residents to live healthy and independent lives through its role as a "critical Friend" reviewing the provision of health and social care services by the council and health partners as they seek to deliver the Health and Well-being Strategy, promoting prevention and the integrated commissioning of services.

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
 - The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None in the context of this report. The appendices to this report are produced by health partner organisations and set out the current and projected status of service provision in relation to those organisations.

7. LEGAL ISSUES

- 7.1 The Health and Social Care Act 2012, Part 5, Chapter Two makes amendments to the NHS Act 2006. It includes an amendment concerning the power to make regulations on review and scrutiny of health by local authority overview and scrutiny committees. The amendments enable those regulations to authorise the local authority to arrange for an overview and scrutiny committee to discharge its health scrutiny functions. The health scrutiny functions may involve making reports and recommendations to relevant NHS bodies or relevant health service provider, Secretary of State or the regulator.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:
- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
 - (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
 - (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

9. BACKGROUND INFORMATION

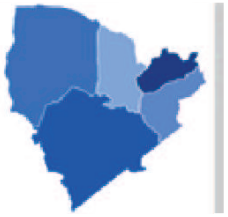
- 9.1 At the Health Overview and Scrutiny Committee meeting of the 16th May 2012 the Committee requested health partners provide information on the current status of the following items:
- Urgent Care in the borough
 - CCG implementation
 - primary care provision
 - the development and implementation of the Barnet, Enfield and Haringey Clinical Strategy

The enclosed reports provide the Committee with the requested information.

10. LIST OF BACKGROUND PAPERS

- 10.1 None.

Cleared by Finance (Officer's initials)	MC
Cleared by Legal (Officer's initials)	HP



Better Healthcare... in Barnet, Enfield and Haringey

Purpose:

- To provide an update on the changes that will be implemented across Barnet, Enfield and Haringey from autumn 2013
- To describe how Finchley Memorial and Edgware Community Hospital fits into the BEH Clinical Strategy

Audience: Barnet Overview and Scrutiny Committee

Date: 12th September 2012



Clinical service changes across BEH

- The Barnet, Enfield and Haringey (BEH) Clinical Strategy Programme is responsible for delivering the changes agreed in 2007, to provide safer, closer, better healthcare for the populations of Barnet, Enfield and Haringey.
- Over the next 18 months there will be:
 - expansion and redevelopment of emergency services at Barnet Hospital and North Middlesex University Hospital (NMUH)
 - expansion and redevelopment of maternity and neonatal services at Barnet and NMUH
 - development of urgent care services at Chase Farm Hospital, including assessment centres for children and older people
 - expansion and redevelopment of planned surgery at Chase Farm Hospital
 - improvements to local primary care and community services



What will it mean for Barnet residents

From autumn 2013:

If you ...	you should...
Want to see your GP	Phone, or go online, to book an appointment
Have a major emergency	Phone 999, or go to the A&E at Barnet or North Middlesex Hospitals
Have a child that is unwell, but not seriously ill	Take them to their GP, who might advise they attend a local paediatric assessment unit to be monitored, but not be admitted
Have a child taken seriously ill	Take them to the A&E at Barnet or North Middlesex Hospital
Are having a baby	Book ante-natal appointments early; choose where you want to have your birth (depending on your risk level) and attend outpatient appointments at your chosen location
Are having a routine planned operation	Choose where you want to go from your local NHS providers
Have an outpatient appointment	Check if there is a clinic close to home – many services (such as diagnostics) and clinics are now being provided in the community
Have a minor illness/injury overnight	Call 111 – they will direct you to the appropriate service, which may be visiting an out-of-hours GP
Have a minor illness/injury during the day	Visit your GP or call 111 (who will direct you to the right service)



Barnet and Chase Farm

In April 2012 NHS London approved the BCF Outline Business Case(OBC) for capital investment:

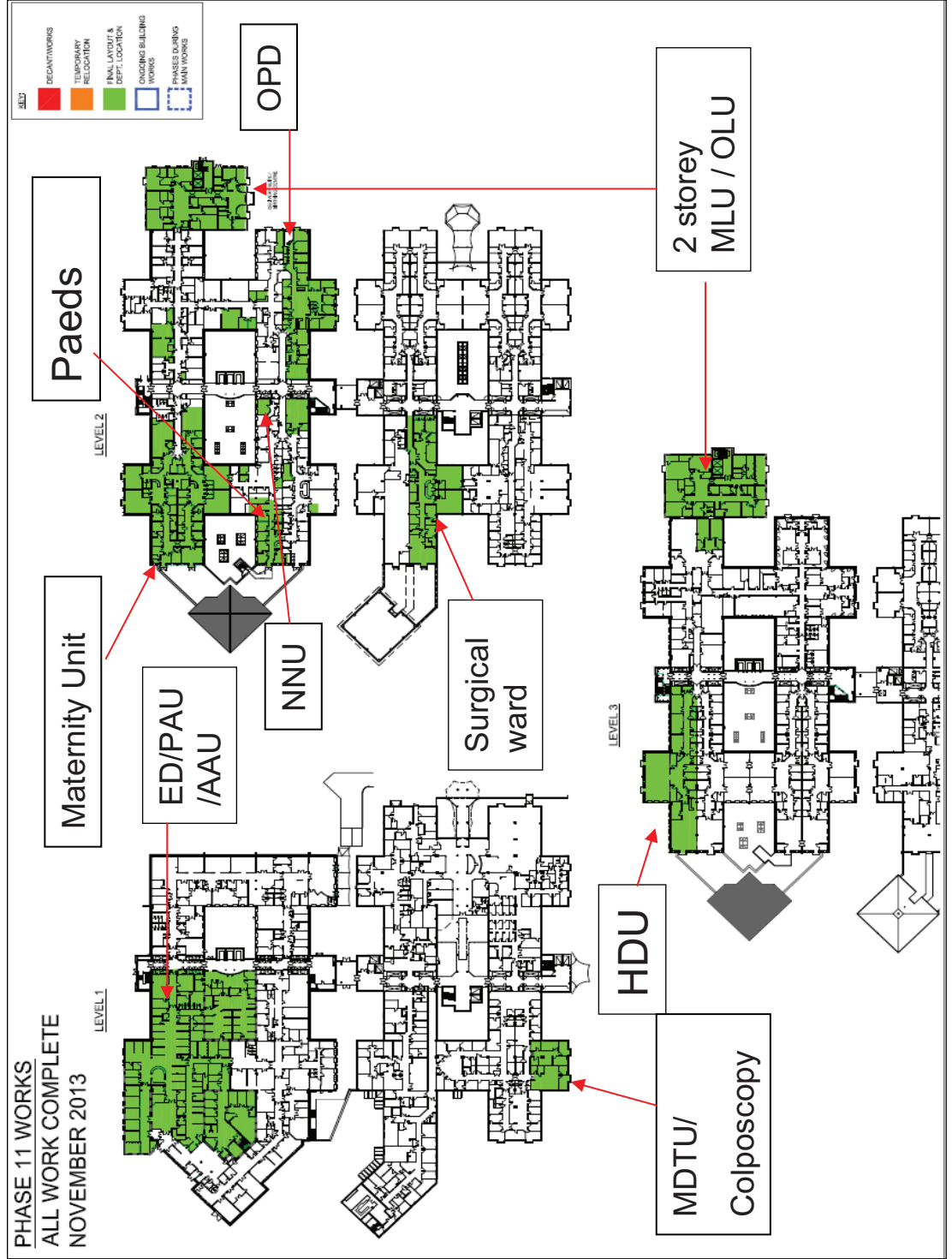
Barnet Hospital: £17.4m

- Relocation of Genito-Urinary Medicine for ward use
- Develop A&E to include sufficient resuscitation and paediatric facilities
- Develop an Urgent Care Centre
- Expansion of ITU/HDU capacity
- Increase in single room accommodation
- Additional CT scanner
- Changes to paediatric in- and out-patient areas
- Remodelling of women's outpatients
- New and remodelled maternity and neonatal facilities
- Additional car parking

Chase Farm Hospital: £11.8m

- Develop existing A&E into Urgent Care Centre (including paediatric UCC and Paediatric Assessment Unit)
- Creation of Older People's Assessment Unit within Highlands Wing
- Consolidation of beds onto Highlands Wing
- Refurbishment of maternity building for outpatients
- Conversion of ITU/HDU to an enhanced recovery area

APPENDIX A Barnet Hospital Layout Post BEH Clinical Strategy





Chase Farm Hospital Layout

Post BEH Clinical Strategy

APPENDIX A





North Middlesex University Hospital

In April 2012 NHS London approved the NMDUH Outline Business Case for capital investment:

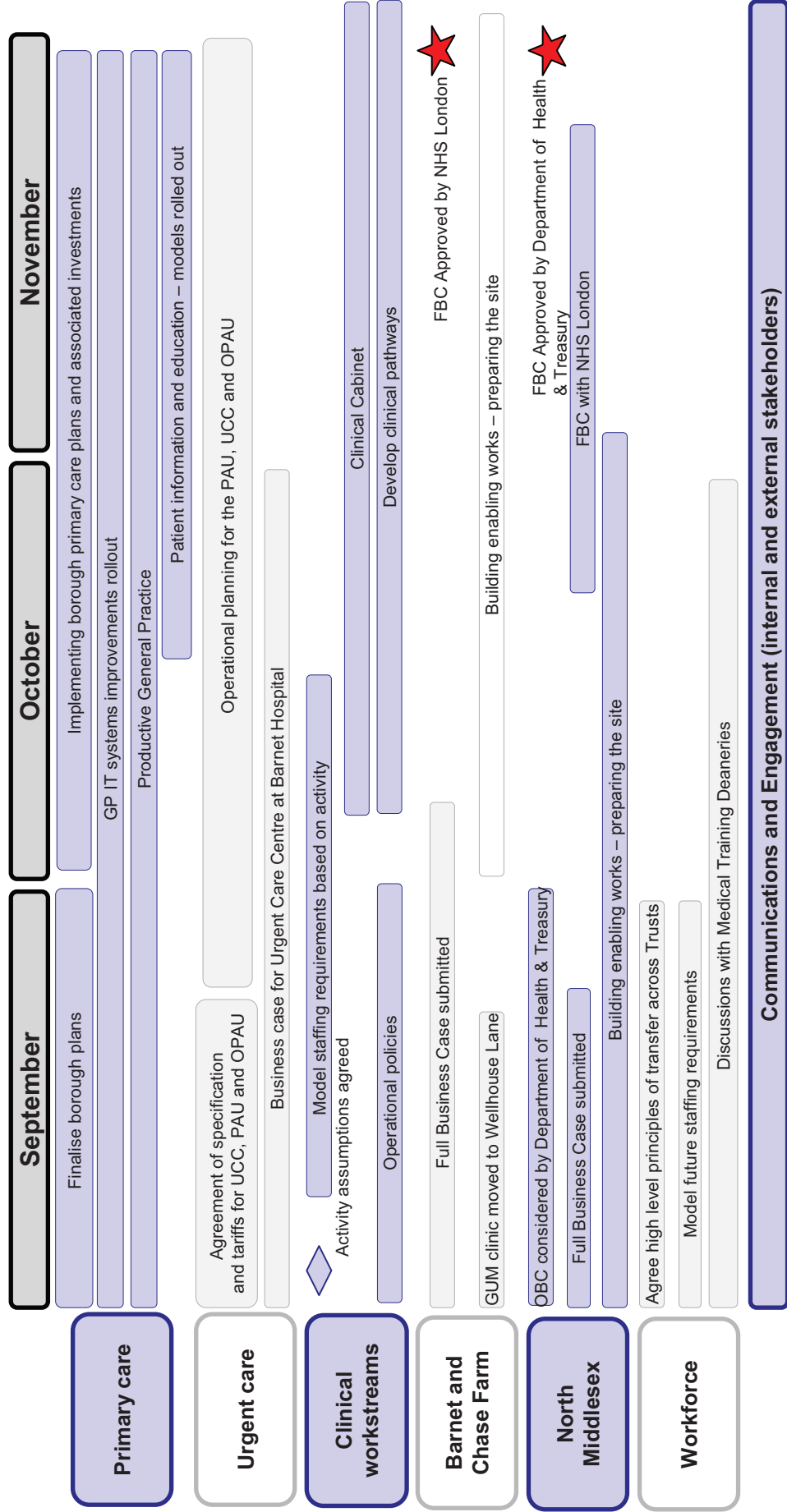
North Middlesex University Hospital: £80m

- Reconfiguration and expansion of women's & children's services, including:
 - additional paediatric, maternity and neonatal beds
 - triage and related assessment facilities
 - a new midwife-led maternity unit and expansion of consultant-led birthing centre including 2 new theatres.
- Expansion and improvement of outpatient facilities for women's services
- Expansion of general and acute bed capacity to cater for the increase in emergency inpatients
- An improvement of both clinical and functional adjacencies to allow the new service to be delivered efficiently
- Provision of sufficient administration space
- Additional car parking



The next three months

Detailed plans are being drawn up across the programme to support the Full Business Case (FBC) and provide clarity on tasks to deliver the changes

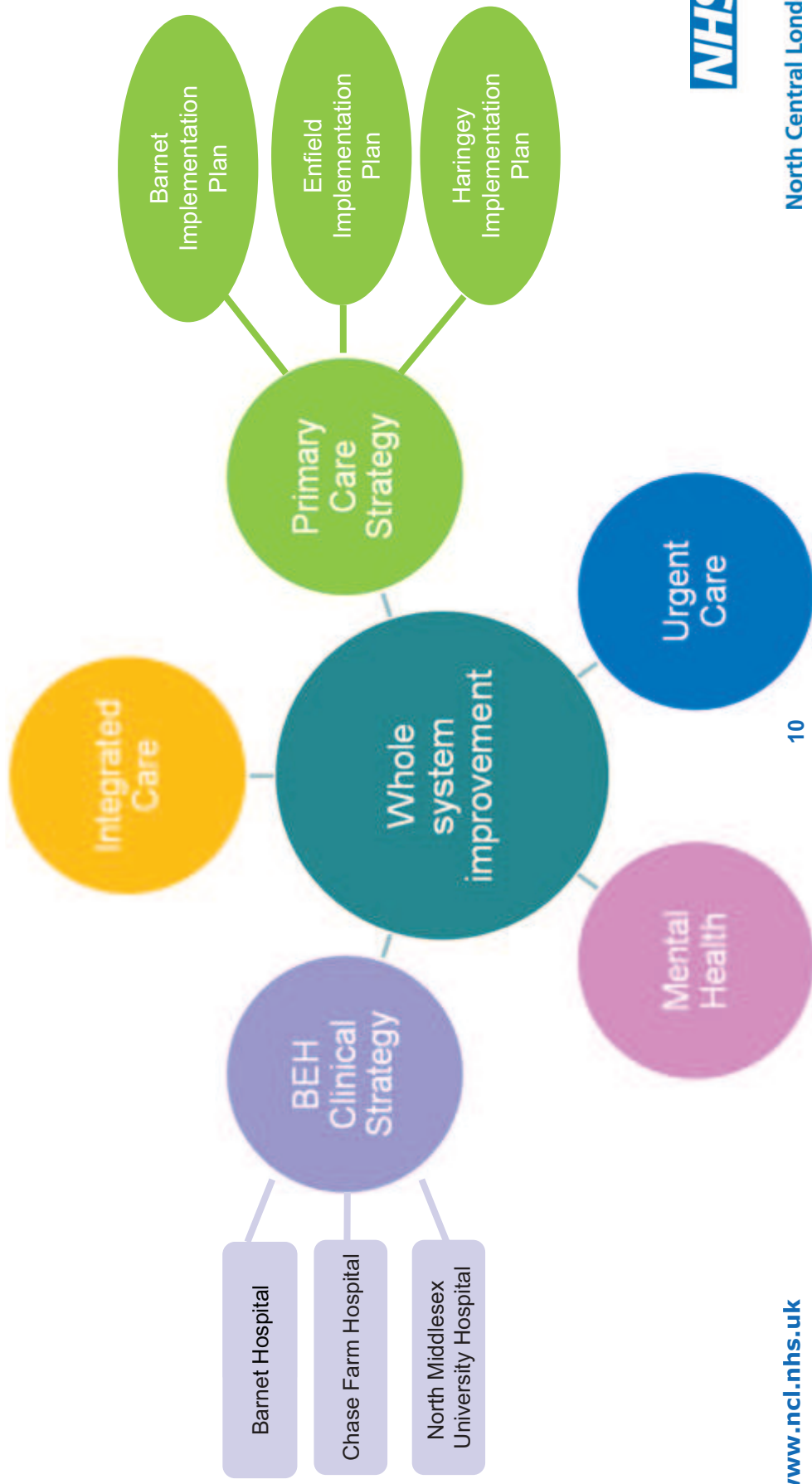




BEH Clinical Strategy links with Primary Care and Community Services

APPENDIX A

The BEH Clinical Strategy is part of a whole system improvement process that is aimed at improving quality of care delivered in North Central London.





APPENDIX A Finchley Memorial Hospital & Edgware Community Hospital

- Will significant increase the community capacity and will support the shift of acute care and the implementation of the BEH Clinical Strategy

	Finchley Memorial Hospital	Edgware Community Hospital
BEH Clinical Strategy	<ul style="list-style-type: none"> • Hospital outpatients • Avoid hospital admissions • Diagnostics • X-rays and Ultrasounds 	<ul style="list-style-type: none"> • Hospital outpatients • Diagnostics • Day Surgery
Primary Care	<ul style="list-style-type: none"> • Walk in centre • Pharmacy • GP Practices 	<ul style="list-style-type: none"> • Walk in centre • Pharmacy
Integrated Care	<ul style="list-style-type: none"> • All providers work together • Beds for rehabilitation • Musculoskeletal services 	<ul style="list-style-type: none"> • All providers work together • Beds for rehabilitation

Finchley Memorial Hospital

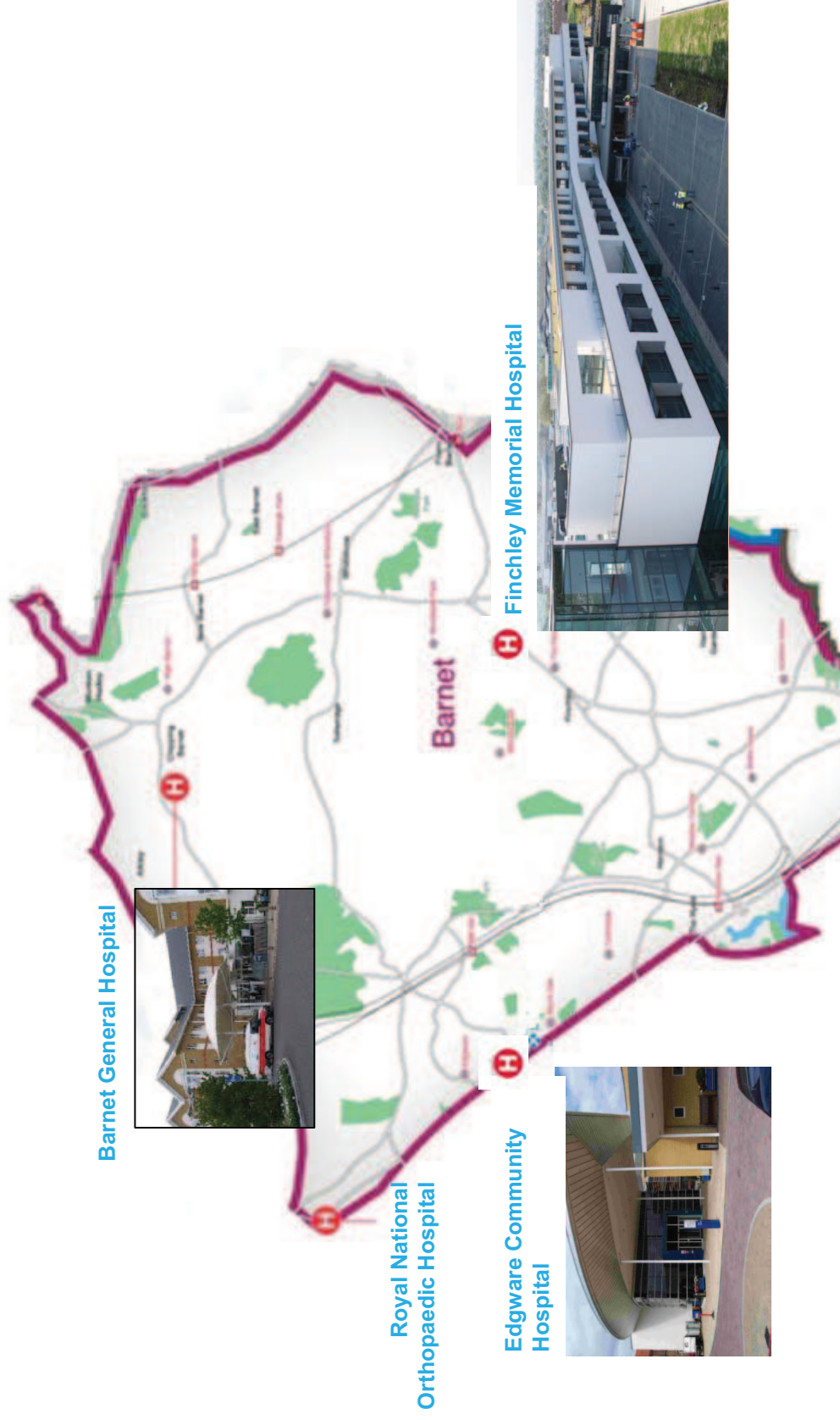


Opening
September
2012

Edgware Community Hospital



APPENDIX A Your Health, Your Future Safer Closer Better



More information can be found NCL website: www.ncl.nhs.uk

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Developing primary care in Barnet

Introduction

In January 2012, the Joint Boards of NHS North Central London (NCL) approved a NCL Primary Care Strategy, which describes development of the primary care sector over three years. The strategy has acted as a catalyst for change, and is supported by three years of additional investment in primary care, in particular general practice, to achieve sustained improvements in quality and outcomes for patients, and a sustained reduction in reliance on acute hospital care.

This report describes the initial approach that will be taken in Barnet, to developing primary care up until March 2015, and progress made between approval of the Barnet implementation plan in June 2012, and August 2012. The planned approach to implementation will be built on as work with practices commences and as groups of practices, with health and social care partners, begin to drive and shape progress.

Leadership for implementation

Barnet CCG will lead all aspects of implementation that do not relate to primary care contract management; this will include provider development i.e. support with productivity, workforce development, engagement with patients, and relationships between practices and with other providers; and commissioning of enhanced services where they are best provided in a primary care setting.

The management of primary care contracts remains a function of NHS North Central London that will pass to the National Commissioning Board in April 2013. This plan looks beyond the requirements of the national primary care contracts, to develop the primary care sector to:

- support achievement of the vision of Barnet Clinical Commissioning Group (CCG) – currently set out by the Board of Barnet CCG and to be further developed through engagement by the Board with the wider CCG;
- support the health and wellbeing of the population of Barnet; and
- move away from the current reliance on acute hospital-based care.

A Barnet Primary Care Strategy Implementation Group has been put in place to drive progress with implementation. The group includes membership from GP Clinical Commissioning Group (CCG) Board members – representing each of the three CCG Localities, the Local Involvement Network, the Barnet Practice Managers Group, the Local Medical Committee, community pharmacy, the London Borough of Barnet and the NHS North Central London (NCL) Barnet borough team. The Board members representing each CCG Locality are responsible for liaising with their locality colleagues to ensure their views are represented on this group.

The local professional committees (Local Medical Committee, Local Pharmaceutical Committee, Local Optometric Committee and Local Dental Committee) will provide the formal forums for consultation with the professional groups. Practices in Barnet have indicated enthusiasm for leaders for particular pieces of work to be drawn from among practices, with dedicated time to work with practices and develop proposals for new ways of working.

Investment in primary care

£11.7m will be invested in primary care and community services in Barnet over three years; £2.9m in 2012/13. This investment has been approved by NHS London and is allocated from the 2 per

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cent of recurrent funding that has been set aside for non-recurrent expenditure purposes¹. This will include investment in IT infrastructure, workforce development and support to primary care to work in an integrated way. The change achieved during this period is intended to lead to improved quality and experience for patients and a sustained rebalancing of the health system, allowing continued investment in primary care.

Approach to implementation

Development of integrated care networks – groups of practices working together with community health, social care, and other Local Authority services, and with closer links to hospital specialists – is at the core of this implementation plan. Integrated care networks will enable provision of a greater range of services in a primary or community setting, improve access to primary care, and allow greater focus on the needs of local communities.

Practices will be supported through this process in two ways:

- **A focus on selected clinical priorities, identified from the Barnet Joint Strategic Needs Assessment (JSNA), practice public health profiles (once available), and the Quality, Innovation, Productivity and Prevention (QIPP) plan** – initially, care for the frail elderly, primary care mental health, and urgent and unscheduled care, plus the topics that the groups of practices meeting for ‘learning through peer review’ will be working through. This will provide groups of practices with the opportunity to support the design of, and take on local enhanced services as a group, to support joint work to improve outcomes and patient experience in the selected area². Prioritisation of focus areas will be based on the needs of the Barnet population and the extent to which service changes support the QIPP plan; in this way the Primary Care Strategy will support development of a financially sustainable health system;
- **Support to practices to understand the implications of formalising network arrangements** – groups of practices may wish to work towards a more formal network arrangement to support changes to practice processes and structures, for example sharing staff and taking collective responsibility for outcomes.

Programme work streams:

The programme has been structured into a number of initial work streams. These are described in Table 1 below with a summary of progress to date.

What does this mean for patients in Barnet?

Delivery of this implementation plan is intended to result in tangible changes to the patient’s experience of primary care, for example, through the initial steps outlined in this plan, and subject to further planning with practices and development of business cases where required:

- Patients with long term conditions will receive a greater proportion of their care in primary care, and an improved quality of care. This may include lifestyle sessions;
- Frail elderly patients will receive more integrated care focused on supporting them to maintain independence;
- Patients who no longer need secondary mental health care will be supported in primary care by their GP and mental health professionals working together;
- Patients who do not pay for their prescriptions will be able to go direct to the pharmacy for particular medicines;
- Patients will be supported to access health information in different ways;
- Patients will receive text message reminders of their doctors appointment if they wish;
- Subject to the evaluation of the Doctor First pilot, patients will be able to access same-day telephone advice from a doctor;

¹ Department of Health (2011) The Operating Framework for the NHS in England 2012/13

² NHS North Central London is currently exploring contractual and payment mechanisms, however it is likely that payment will be split between an aspiration payment to individual practices, and an additional payment based on collective achievement of outcomes across the group. Targets set for achievement of outcomes will be deliberately challenging to drive identification of new ways of working across practices. It is anticipated that groups of practices will wish to use part of the available payment to access additional staffing or put in place new schemes (for example lifestyle clinics for those with diabetes).

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- Practices will make some appointments available for booking on line for patients who have access to the internet.

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Work stream	Description of work stream	Achieved to date	Current priorities	Current risks / issues
Stakeholder engagement	<ul style="list-style-type: none"> Practice engagement; Primary care and community provider representation in implementation; Patient / public involvement Patient / public involvement by primary care providers Identification of partnership opportunities with the Local Authority. 	<ul style="list-style-type: none"> Events with practice staff in each CCG locality to discuss areas for development in primary care, and how practices can be supported to lead implementation. Blog on primary care strategy published³ Initial planning with communications team regarding support to practice patient participation groups. 	<ul style="list-style-type: none"> Identify options for supporting patient participation groups and discuss with practices. 	<ul style="list-style-type: none"> Recruitment of CCG communications lead underway but delay until start date – limits capacity to progress public / patient involvement.
Patient information / education	<p>Scope to be agreed with practices. Likely to include:</p> <ul style="list-style-type: none"> Information display in primary care Practice websites information, advice and advocacy <p>Could also include:</p> <ul style="list-style-type: none"> Social marketing: use of NHS services; Peer education – e.g. peer educators about end of life / health champions; Lifestyle sessions for particular cohorts 	<ul style="list-style-type: none"> Clear indication from practices that this is seen as a high priority. Agreement to identify and fund leads from among practices to take forward this piece of work (invitation issued for expressions of interest). Initial meeting with Local Authority regarding join work on information, advice and advocacy. 	<ul style="list-style-type: none"> Develop opportunity with Local Authority for information, advice and advocacy based in practice / within network 	<ul style="list-style-type: none"> Requires project management support - recruitment underway. Once scoped, may require specialist expertise NB Must look wider than general practice – pharmacy in particular has a role.
Networks	<ul style="list-style-type: none"> Development of networks of general practices – support with the process of integration Development of integrated care networks (community services linked to general practice) 	<ul style="list-style-type: none"> Practices have formed into 11 groups that meet monthly for 'learning through peer review' (LPR) Expressions of interest have been sought from the LPR groups or other groups that would like to work on the NHS Institute Productive General Practice Programme. 12 practices have expressed an interest. Invitation issued to practices that have expressed an interest in networks, to attend an event focused on the practicalities of closer working. 	<ul style="list-style-type: none"> Describe key milestones that would support a move toward a network model. Identify speakers from other areas to share experiences. 	<ul style="list-style-type: none"> Need to keep up pace with supporting networks to emerge Dependent on clarity with regard to preferred model for primary care in priority clinical areas.
Improving access / productivity	<ul style="list-style-type: none"> Practice / patient communication about care (telephone system & first point of contact, email consultations with self-monitoring tools, web-cam / skype, access to test results with GP comments, online appt. booking & text messaging) NHS Institute for Innovation and Improvement Productive general practice 	<ul style="list-style-type: none"> Twelve practices have expressed interest in PGP; two signed up. Fifteen practices have asked to sign up to patient text messaging. Previous work on minor ailments scheme obtained – invitation issued to practices / pharmacists to form a small working group to take forward. Clear support from 	<ul style="list-style-type: none"> Identify practices / groups of practices wanting to test different approaches to communicating with patients. Develop proposal for Minor Ailments Scheme (N.B. may need to seek consistency across NCL in advance of 	<ul style="list-style-type: none"> Minor ailments scheme & practices testing new ways of communicating with patients require project management support - recruitment underway.

³ See <http://barnetgps.wordpress.com/2012/07/12/getting-excited-about-the-future/>

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Work stream	Description of work stream	Achieved to date	Current priorities	Current risks / issues
	<p>programme (PGP)</p> <ul style="list-style-type: none"> • Development of a scheme for pharmacies to issue patients exempt from prescription charges with medicines for minor ailments free of charge • Joint work between general practice and community pharmacy 	<p>practices at Locality events.</p> <ul style="list-style-type: none"> • Invitation issued to form task and finish group to look at use of technology to improve communications. 	<p>passing management to National Commissioning Board).</p>	
Clinical services	<ul style="list-style-type: none"> • Expanding range of services available in primary care • Respecification of LESs to operate on a network basis (super LES) • Long term development of agreed list of primary care services 	<ul style="list-style-type: none"> • Frail elderly, mental health and urgent care confirmed priorities. • Locality events have signalled clear next steps. • Commissioning leads and clinical leads asked to formulate proposals to present to QIPP, for use of primary care strategy money this financial year. • Invitation issued for unscheduled care working group to look at models of clinical triage, and shared resources to cope with unscheduled appointments. 	<ul style="list-style-type: none"> • Agree timeline for completion of design of frail elderly and mental health primary care models. 	<ul style="list-style-type: none"> • Need to ramp up pace of some existing programmes • Need to maintain focus on a small number of agreed priorities.
Public health	<ul style="list-style-type: none"> • Provision of public health information to practices 	<ul style="list-style-type: none"> • Job description for fixed-term (to March 2013) Primary Care Health Intelligence Facilitator agreed with clinical leads. • Exploring direct recruitment and option of working with University College London Partners (UCLP) on similar piece of work. 	<ul style="list-style-type: none"> • Recruitment to Primary Care Health Intelligence Facilitator post to work with practices / agreement of a project with UCLP. 	<ul style="list-style-type: none"> • Need for rapid progress to achieve impact in this financial year.
Workforce, leadership and team development	<ul style="list-style-type: none"> • For all practice staff • Clinical and process (e.g. telephone consultation) skills • Scope to be determined 	<ul style="list-style-type: none"> • First meeting of NCL task and finish group to scope work and provide support for assessing development needs – indicates potential for joint work with Deanery / UCL partners. • Workforce development needs highlighted at locality events. • Barnet practice nurses took up a number of development opportunities made available across NCL. 	<ul style="list-style-type: none"> • Complete recruitment of Borough Practice Nursing lead. • Recruit practice manager to lead workforce development approach for non-clinical practice staff; Consider similar approach with pharmacy; • Online survey for GPs of workforce development needs, drawing on proposals for urgent care, mental health and frail elderly. • Meet with Deanery / UCL partners. 	<ul style="list-style-type: none"> • Risk of both setting scope to wide (focus on strategy over action), or too narrow (ad hoc training)

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NCL-wide work streams – for information

Work stream	Description	Achieved in reporting period	Current priorities	Immediate risks / issues
Information technology	<ul style="list-style-type: none"> • Installation of web-based GP information systems • On-line appointment booking • Text messaging to patients 	<ul style="list-style-type: none"> • Text messaging offered to practices; 15 interested. • Continued installation of web-based information systems 	<ul style="list-style-type: none"> • Information governance arrangements for practices with web-based GP IT • Development of local web system user group to advise practices yet to transfer 	<ul style="list-style-type: none"> • Local IT project manager to be recruited.
Premises	<ul style="list-style-type: none"> • Ensuring compliance with minimum premises standards (via contract team) • Supporting practices to identify third party developers to enable developments 	<ul style="list-style-type: none"> • Procurement of premises audits complete – supplier and start date for Barnet to be confirmed • Improvement grants process launched 	<ul style="list-style-type: none"> • Initiation of premises audits to support review of bids for improvement grants 	<ul style="list-style-type: none"> • Lack of clarity with process has been highlighted.

MEETING:	Barnet Health Overview and Scrutiny
DATE:	
TITLE:	Clinical Commissioning Groups Implementation
LEAD DIRECTOR:	Sue Sumners Chair Barnet Clinical Commissioning Group
AUTHOR:	Lucy Botting Deputy Director of Clinical Commissioning
CONTACT DETAILS:	lucy.botting@nclondon.nhs.uk

SUMMARY:

In April 2012 the NHS National Commissioning Board (NHS NCB) ratified the *Clinical Commissioning Group: Draft Guidance for Authorisation*. The document sets out the process and timeframes for statutory authorisation including the evidence that CCG's will be required to provide to the NCB.

Barnet a Wave 3 CCG will commence the formal process from October 1st 2012, with a decision taken by the NCB in December 2012.

This paper outlines the process for Barnet, updating key actions in relation to the above timeframe.

SUPPORTING PAPERS (available from NHS Barnet CCG):

Barnet CCG Authorisation Report August/ July 2012

Barnet CCG: Borough Directors Report June 2012.

Clinical Commissioning Group: Draft Guidance for Authorisation (NHS CBA April 2012).

Clinical Commissioning Group: governing body Members: Role outlines, attributes and skills (NHS CBA April 2012).

Authorisation Readiness Template NHSL (April 2012).

Clinical Commissioning Authorisation: Draft Guide for Assessors undertaking desk top review (June 2012)

RECOMMENDED ACTION:

Health and Overview Scrutiny Committee (HOSC) are asked to note this report

LINKS TO NHS NORTH CENTRAL LONDON STRATEGY

This paper supports the implementation of the NHS North Central London strategic commissioning plan and operating plan 2012/13.

LINKS TO THE AUTHORISATION PROCESS

This paper is key to the CCG authorisation process: supporting all 6 clinical domains

Objective(s) / Plans supported by this paper:

To ensure that the HOSC are provided with an update from NHS Barnet CCG on the key milestones for authorisation.

Appendix C

Audit Trail: as identified above. CCG Board August 2012: Authorisation Report

Patient & Public Involvement (PPI): None specifically in relation to this paper.

Equality Impact Assessment: None specifically in relation to this paper.

Risks: None specifically in relation to this paper.

Resource Implications: None specifically in relation to this paper.

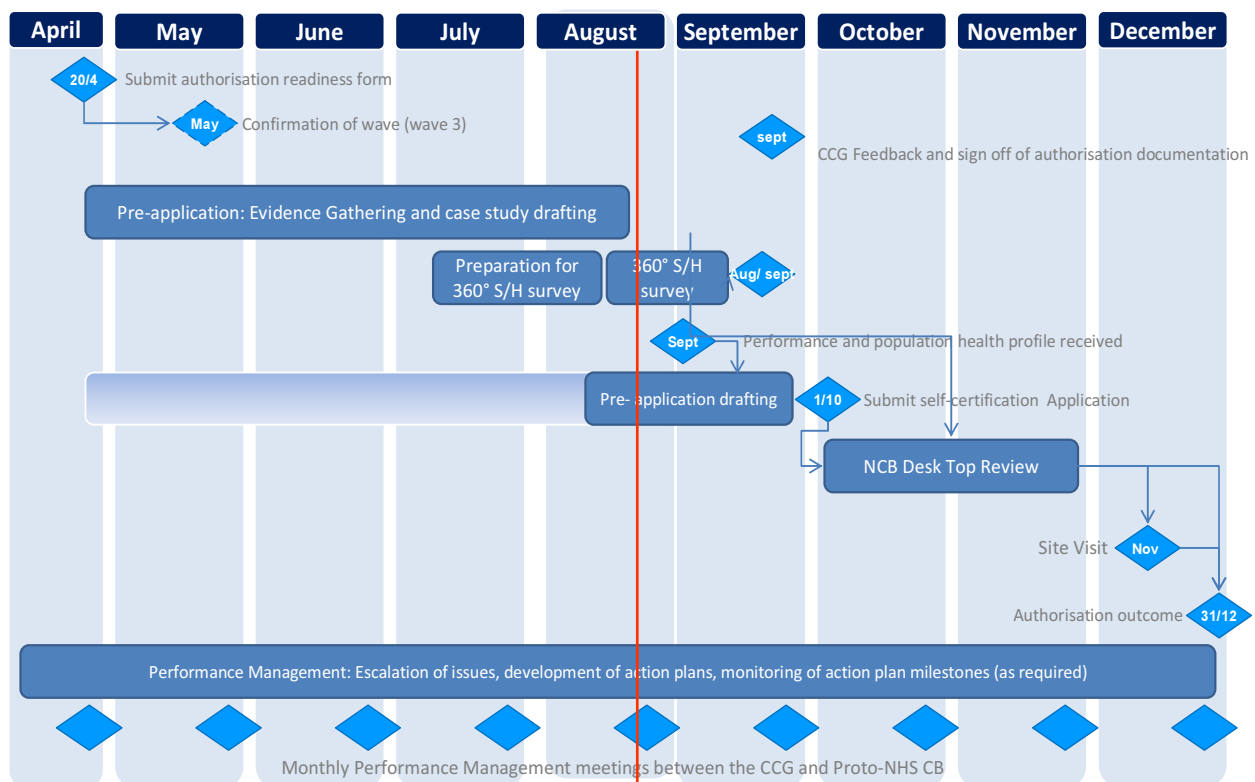
Next Steps.

Introduction

1.1. Authorisation Process for Barnet CCG

NHS Barnet CCG is working towards key milestones to achieve wave 3 authorisation submission. This formal process commences on the 1st October 2012. In accordance with the timeline highlighted below, NHS Barnet CCG must ensure that they complete a number of key outputs before the October deadline. The following report outlines an update of the steps undertaken to achieve these milestones.

NHS Barnet CCG: progress against the authorisation plan: August



Appendix C

1. Pre application; Domain evidence

1.1 Evidence Collation

Work continues on the collation of evidence which is required by the NCB as part of the authorisation assessment. Specific evidence required within each of the 6 domains is clearly documented within the *CCG Draft Guide for Applicants* (NHS NCBA April 2012). The latest document from the NHS NCBA *Clinical Commissioning Authorisation: Draft Guide for Assessors undertaking desk top review* (June 2012) outlines the thresholds that the CCG have to achieve. Evidence consists of strategic documents such as the NHS Barnet Constitution, strategic operational plan 2013/14 (SOP), commissioning plan, as well Terms of Reference for committees and minutes of relevant meetings.

Work also includes the development of 5 clinical case studies to inform the achievements made by the CCG in the first year.

Timeframe for completion September 10th 2012.

1.2 NHS Barnet CCG Constitution

The draft constitution based on the NHS NCBA model constitution and, in accordance with LMC guidance has now been developed.

This legal document is a series of regulations and orders which confer specific legal powers to an organisation and will depict how the CCG formally operates as an organisation. It can therefore be assumed that this is one of the most important documents in the authorisation process.

The LMC have been involved in the process and together NHS Barnet CCG and the LMC will be hosting an evening with GP's on the 22nd August 2012 to discuss and work through the finer points of the constitution. As a member led organisation the document must be approved by all practices and thus it is important to ensure that all GP's are sighted on the document and have the opportunity to comment.

The constitution will have final sign off by the CCG Board in September 2012.

1.2.1 CCG member engagement, empowerment and enablement

In accordance with the Health and Social Care Act 2012, clinical commissioning groups are membership organisations. Therefore Barnet CCG will need to work closely with primary care colleagues (CCG members) to ensure that commissioning processes are transparent and members have an opportunity to be part of the decision making process. This includes ensuring that CCG members are satisfied with and approve the NHS Barnet CCG constitution and 2013/14 commissioning plan.

Following constitution sign off an engagement plan for member practices (October-March 2013) will be developed (in alignment with work on the primary care strategy and practice provider status) to explore locality structures and processes to ensure that the link between the governing body and member practices is made explicit and active. This will include an emphasis on patient representation and engagement within these groups. The NHS Barnet CCG is keen to ensure patients are truly represented in the decision making process.

1.2.2 Commissioning Plan 2013/14

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The CCG governing body held two development days in July and August 2012 to start to explore NHS Barnet CCG's commissioning intentions for 2013/14 based on the Joint Strategic Needs Assessment (JSNA) and in alignment with the NHS North Central London Strategic Commissioning Plan, Barnet Health and Wellbeing Strategy (HWBS) and Integrated Commissioning Plan

Following these two days the commissioning plan for 2013/14 and 2013-2016 will be developed. This will be shared with CCG member practices for approval and with the Health and Wellbeing Board for final approval in accordance with the Health and Social Care Act.

1.2.2.1 Finchley Memorial Hospital

The intention to bring care closer to patient's own homes through the development of services in the community that offer a safe and viable alternative to acute hospital admission or attendance remains unchanged and will be included in the Barnet CCG Commissioning Plan.

The redevelopment of Finchley Memorial Hospital, alongside the existing Edgware Community Hospital, is seen as central to the ability of Barnet CCG to commission services in this manner and to deliver capacity in the community needed to support implementation of the Barnet Enfield and Haringey Clinical Strategy.

The availability of high specification community facilities provides Barnet with a unique opportunity to redesign current pathways of care to improve outcomes and experience for patients. The ability to co-locate a number of services in one building will increase the range of one stop style clinics where people with more than one condition or in need to diagnostic input can be seen once rather than through multiple visits.

An open day has been held which was well attended and positively received by local stakeholders and services are expected to move in from early September.

1.2.3 Quality and Patient Safety (inclusive of child and adult safeguarding)

As required by the Health and Social Care Act (2012) the CCG are formally required to put in place structures that support the governance of quality, clinical risk and patient safety.

Work is currently underway to develop NHS Barnet CCG's vision for Quality as well as define the terms of reference for the Quality and Clinical Risk Committee (a sub committee of the CCG governing body). This committee will take over statutory quality and governance functions from NHS North Central London and Barnet Professional Executive Committee (PEC-Barnet PCT). This will take into account the transition period between October- March 2013.

2.0 Preparation for 360 degree stakeholder survey

The 360° stakeholder survey commenced on August 13th 2012. This survey (undertaken through IPSOS MORI) has been sent to all stakeholders inclusive of primary care.

A letter sent by the Chair of NHS Barnet CCG, was sent to all stakeholders in July (with a reminder in August), informing them of the need to complete the survey and offering them support from NHS Barnet CCG. The survey closes on August 24th and NHS Barnet CCG will be sent the results (for commentary) with a two week return window. This informs stage 1 of the authorisation process.

3.0 Next Stage

3.1 Application Phase.

The wave 3 application phase will commence on October 1st 2012 with a signed self certification from the Chair and Accountable Officer. This will certify that the CCG is ready, willing and has plans

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in place to discharge its duties and responsibilities in key areas. This stage will also include the upload of all key evidence to the NHS NCBA portal for review by assessors who will formulate key lines of enquiry (KLOE) preceding their site visit and assessment of the CCG in November. These key lines will be used to inform the questioning and challenge of the board.

3.2 Board to Board Challenge from NHS London

In preparation for Wave 3, NHS London will be hosting a mock board to board challenge for NHS Barnet CCG on the 18th October 2012. This will simulate the event to be held by the NHS NCBA in November and provide the CCG with recommendations for preparedness.

Equally as part of this preparation NHS Barnet CCG will develop a readiness plan which will ensure that development sessions and preparation for these two key events commences from September 1st 2012. These development sessions will include key partners and stakeholders who will inform the process such as the local authority and acute trusts.

3.3 NHS NCBA Board to Board Challenge

November 2012 is the date which has been approved by Barnet CCG for the Board to Board challenge by the NHS NCBA board to board challenge. As suggested above preparation is underway.

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Urgent Care Pathway in Barnet Report for Barnet Health Overview and Scrutiny Committee

1. Introduction

NHS Barnet CCG is currently exploring options that will support redesign of the Urgent Care Pathway. The case for change is set against a back drop of urgent care services that are provided by a range of individual provider organisations, with significant service duplication at certain times of the day; the changing expectations of patients in a 24/7 culture and escalating costs and activity year on year in a Borough with a significant deficit.

This paper sets out for the Health Overview and Scrutiny the current pathway and activity and factors that will be taken into consideration in any pathway redesign.

2. National and Local Context

The Government's White Paper Liberating the NHS sets out a commitment for 24/7 urgent care services in every area of England that makes sense to patients when they have to make choices about their care. The expectation is that this service will also incorporate GP Out-of-Hours services.

The first step in the development of 24/7 services is implementation of a single point of access phone number NHS 111, which will direct patients to the most appropriate service for their needs. NHS 111 will replace NHS Direct and will substantially reduce call handling provided by Out of Hours Services. North Central London has awarded the contract for the provision of NHS 111 services to London Central West. The new service will commence operation across North Central London Boroughs from the middle of January 2013.

In line with North Central London's strategic commissioning intentions and proposals within the Barnet Enfield and Haringey Clinical Strategy (the Clinical Strategy), NHS Barnet has been in discussion with Barnet Hospital about the potential introduction of an Urgent Care Centre (UCC) for people who attend at A&E with primary care needs. The service would be primary care led and intended to divert activity that would be better managed primary care clinicians, thus providing a more cost effective service. Ultimately the provision of the face to face element of the GP out-of-hours service could also be co-located within the UCC.

Working collaboratively with Enfield and Haringey Boroughs, Barnet is re-procuring its GP Out-of-Hours service with effect from 1 April 2013 and the requirement to relocate to Barnet Hospital will form part of the new OOHs service specification.

2.1 Current Local Urgent Care Services

Patients can currently access urgent care from a number of points within the borough of Barnet:

- A&E at Barnet Hospital and the Royal Free Hospital
- Walk-in Centres at Edgware Community and Finchley Memorial Hospitals

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- GP Led Health Centre, Cricklewood, NW2
- GP Practice in-hours, and from the GP Out of Hours Service after 6.30pm, weekends and Bank Holidays

24/7 urgent care provision is provided by the A&E Departments of Barnet's two main acute Hospitals B&CF and RFH. The RFH already operates a GP Led Urgent Care Centre. In addition Barnet has two Walk-in-Centres managed by Central London Community Health Services (CLCH) which are open 8am – 10pm 7 days a week. Two years ago NHS Barnet commissioned a GP Led Health Centre which is open 7 days per week 8am –8pm managed by Barndoc Healthcare Ltd that both registers new patients and sees unregistered patients that walk-in.

Out of Hours services are also provided by Barndoc Healthcare Ltd; patients are triaged over the phone and then either:

- Given telephone assessment and advice and then discharged
- Given an appointment to be seen for a face to face appointment at either FMH or ECH Walk-in-Centre
- If clinically necessary, offered a home visit

A number of GP practices, 59 out of 68 practices, provide extended hours each week as a Directed Enhanced Service offering additional appointments after 6.30pm weekdays or at Weekends at a cost of £898,000pa

Even with GPs offering more appointments and three Walk-in-Centres in the East, West and South of the Borough, attendances at Barnet A&E Department for minor routine treatment has continued to grow year on year by approximately 6% per year. There is also no evidence to show that WICs have led to shorter waits in general practice or lower admission rates at other health care providers.

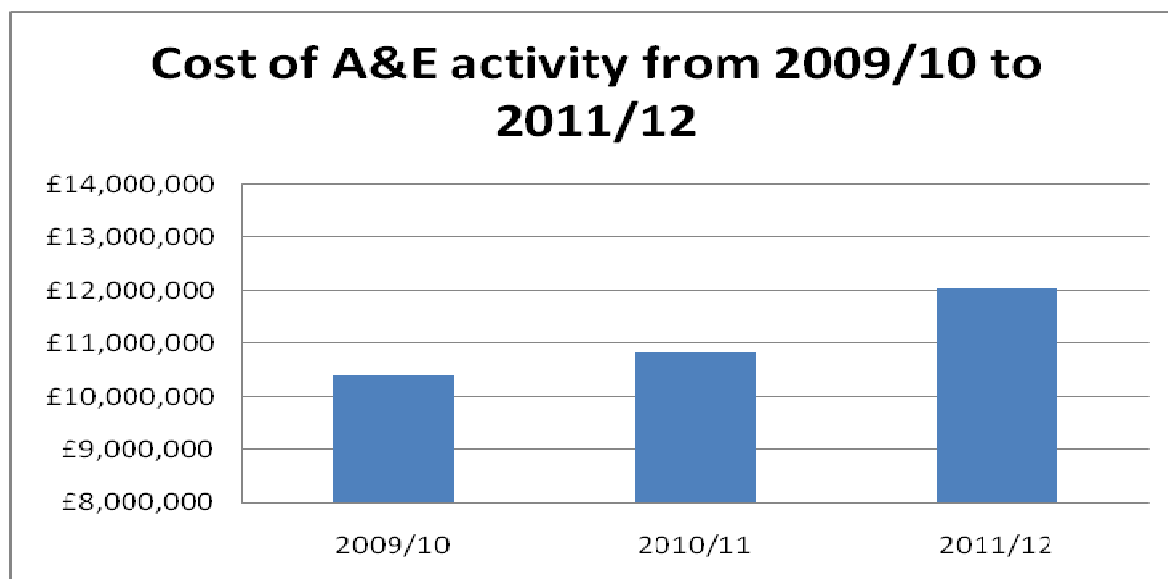
During the year 2011/12 Barnet spent an average of £32.66 per registered patient on attendances at A&E and or WICs. Barnet pays an average of £6.95 per registered patient for the provision of out-of hours services, making a total payment of £39.61 per registered patient for the provision of urgent care services. In addition GPs are paid a global sum payment of £68pa for providing essential services to their registered patients, which includes the provision of in-hours urgent care services i.e. emergency appointments and home visits.

2.3 A&E & WIC Activity

A&E activity increased by approximately 6% during the year 2011/12, which was an 11% increase in cost with Barnet spending just over £12 million pounds on patients attending the A&E department during that financial year. At the same time there have been increases in WIC attendances with almost 100,000 patients seen within the three Barnet walk-in-centres.

The reasons for patients to attend A&E or a WIC rather than their own GP are varied; our own analysis has found that there is very little correlation between practice proximity to A&E or a WIC, or the number of GP appointments available to patients and the level of attendances at A&E or WICs.

An increase in A&E activity during the first quarter of 2012/13 at both B&CF and RFH has been attributed to changes to A&E and WIC services in neighbouring Boroughs.



2.4. Primary Care Strategy

NHS Barnet CCG is currently in the process of implementing the NHS NCL Primary Care Strategy. The strategy focuses on the development of GP networks that will provide a range of services either provided by or commissioned by the networks that will encourage greater provision of services managed within primary care, aimed at improving patient access to and experience of general practice services. This will include releasing capacity in general practice by adopting new ways of working, making greater use of other services for patient and urgent care for example, through better use of pharmacy within the area i.e. developing a minor ailments scheme clinical triage as the first point of contact across a number of GP practices and implementing the Productive Practice project, an evidence based tool to improve productivity and ensure that demand and capacity are aligned.

3. Stakeholder Feedback

Discussions with a small group of patient stakeholders earlier this year about the development of a UCC and changes to urgent care access points identified that:

- Members of the public are not clear about the differences between Out of Hours services, Walk-In Centres, Urgent Care Centres
- Travelling across the Borough can be difficult, particularly from west to east. The availability of appropriate transport was seen to be significant in considering any changes in provision, but recognising that south to north links are good.
- Concern was expressed as to whether Barnet hospital infrastructure could cope with an increased patient flow through the inclusion of an Urgent Care Centre. However, overall the concept of integrated Urgent Care Centres was viewed positively - if the quality and quantity of service could be maintained through this delivery route.

3.1 WIC Audit

A patient audit across both ECH and FMH WICs was undertaken by CLCH during June 2012. 1800 patients were surveyed the key findings were:

- 95% of respondents were registered with a GP

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- One third of respondents had tried but were unable to obtain a suitable appointment with their own GP
- Just under a third of patients had attended with an injury
- Almost 30% reported that during the OOHs period, their second choice for accessing care (after the WIC) would be an A&E rather than GP OOH's providers
- 50% of patients that attended resided or worked within 2 miles and 90% within 5 miles of the WIC

4. Next Steps

Over the next two months, the Barnet CCG Board will be asked to consider options for changes to the Urgent Care Pathway in Barnet. These options will be based on the level of activity of registered patients using urgent care services, duplication of service provision across the pathway, the cost of urgent care services and will also take account of patient feedback and progress made against implementation of the Primary Care Strategy.

Beverley Wilding
Head of Commissioning Development
22 August 2012

Meeting	Health Overview and Scrutiny Committee
Date	12 September 2012
Subject	Health Overview and Scrutiny Committee Forward Work Programme 2011/12
Report of	Overview and Scrutiny Office
Summary	This report outlines the Committee's work programme during 2012/13.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Health Overview and Scrutiny Committee Forward Work Programme 2012/13
Reason for urgency / exemption from call-in	N/A

Contact for further information: John Murphy, Overview & Scrutiny Officer, 020 8359 2368

1. RECOMMENDATION

- 1.1 That the Committee consider and comment on the items included in the 2012/13 work programme of the Health Overview & Scrutiny Committee, as set out in the Appendix.**
- 1.2 That the Committee discuss and identify items to be taken forward for inclusion in the 2012/13 Forward Work Programme.**

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Annual Council, 17 May 2011 – Council agreed the scope and terms of reference of the Overview and Scrutiny Committees.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2012-13 Corporate Plan are: –
 - Better services with less money
 - Sharing opportunities, sharing responsibilities
 - A successful London suburb

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
 - The Council's leadership role in relation to diversity and inclusiveness; and
 - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None in the context of this report.

7. LEGAL ISSUES

- 7.1 None in the context of this report.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are

included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9. BACKGROUND INFORMATION

- 9.1 The Health Overview & Scrutiny Committee's Work Programme 2012/13 indicates forthcoming items of business for consideration by the Committee.
- 9.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.
- 9.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

10. LIST OF BACKGROUND PAPERS

- 10.1 None

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**London Borough of Barnet
Health Overview and Scrutiny
Committee
September 2012**

Contact: John Murphy 020 8359 2368 john.murphy@barnet.gov.uk

Subject	Decision requested	Lead Member	Author
BEH Clinical Strategy - Urgent Care	To receive a report on Urgent Care in the Borough incorporating Finchley Memorial, Barnet and Chase Farm and Royal Free Triage services within the context of the BEH Clinical Strategy	N/A	External health partners
BEH Clinical Strategy - CCG Implementation	To receive a report updating the committee on the implementation of the CCG with reference to the broader implementation of the clinical strategy	N/A	External health partners
BEH Clinical Strategy - Maternity Services Provision	To receive a report on maternity services across the Borough, including details of the situation at Barnet and Chase Farm and placing these services within the context of the clinical strategy.	N/A	External health partners
BEH Clinical Strategy - Primary Care	To receive briefing updating the committee on the implementation of primary care across the borough within the context of the clinical strategy.	N/A	External health partners
Aging Well Programme Update	To receive updates on the progress of the Aging Well Programme	Councillor Graham Old	N/A
CLCH Quality Stakeholder Group Update	To receive updates on the work of the stakeholder group	Councillor Barry Rawlings, Councillor Kate Salinge	N/A

Subject	Decision requested	Lead Member	Author
Foundation Trust Status updates	<p>To receive updates on the attainment of Foundation trust status from NHS partners:</p> <ul style="list-style-type: none"> • Barnet and Chase Farm Hospitals • BEH-MHT • CLCH 	N/A	External health partners

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Meeting	Health Overview & Scrutiny Committee
Date	12 September 2012
Subject	Cabinet Forward Plan
Report of	Overview and Scrutiny Office
Summary	This report provides Members with the current published Cabinet Forward Plan. The Committee is asked to comment on and consider the Cabinet Forward Plan when identifying future areas of scrutiny work.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A - The Cabinet Forward Plan
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: John Murphy, Overview and Scrutiny Officer, 020 8359 2368

1. RECOMMENDATION

- 1.1 That the Committee comment on and consider the Cabinet Forward Plan when identifying areas of future Scrutiny work.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 None.

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

- 3.2 The three priority outcomes set out in the 2012/13 Corporate Plan are: –

- Better services with less money
- Sharing opportunities, sharing responsibilities
- A successful London suburb

4. RISK MANAGEMENT ISSUES

- 4.1 None in the context of this report.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 None in the context of the report.

7. LEGAL ISSUES

- 7.1 None in the context of the report.

8. CONSTITUTIONAL POWERS

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

9. BACKGROUND INFORMATION

- 9.1 Under the current overview and scrutiny arrangements, the Health Overview & Scrutiny Committee will ensure that the work of Scrutiny is reflective of Council priorities, as evidenced by the Corporate Plan and the programme being followed by the Executive.
- 9.2 The Cabinet Forward Plan will be included on the agenda at each meeting of the Health Overview & Scrutiny Committee as a standing item.
- 9.3 The Committee is encouraged to comment on the Forward Plan.
- 9.4 The Committee is asked to consider items contained within the Forward Plan to assist in identifying areas of future scrutiny work, particularly focussing on areas where scrutiny can add value in the decision making process (pre-decision scrutiny). The Committee will receive an updated Forward Plan when available.

10. LIST OF BACKGROUND PAPERS

- 10.1 None.

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**London Borough of Barnet
Forward Plan of Key Decisions
July 2012**

**Contact: Jeremy Williams, Governance Service, 020 8359 2042
Jeremy.williams@barnet.gov.uk**

Subject	Decision requested	Cabinet Member	Consultation	Last date for reps	Documents to be considered
Cabinet, 27 September 2012					
Parking Review	To approve changes to current car park charges and addition of new charges/vouchers	Environment			
Early Intervention and Prevention commissioned contract variations	<ul style="list-style-type: none"> Approval to extend early intervention and prevention service contracts (1 Nov 2011 – 31 Mar 2012) for three months until 30 Jun 2012 to allow for re-commissioning and prevent a gap in services. Approval to waive Contract Procedure Rules: <ul style="list-style-type: none"> 5.6.2.2 to allow for additional expenditure to exceed 10% of original contract values, and; 5.6.1.2 to allow for a second extension for two of the 21 contracts 	Education, Children and Families			
Cabinet Resources Committee, 27 September 2012					
Leisure Strategic Review	Approval of Strategic Outline Case	Customer Access and Partnerships			
Early Intervention and Prevention Strategic Review	Approval of Strategic Outline Case	Education, Children and Families			
Mental Health Day Opportunities	Approval to award the contract	Adults			
Quarter 1 Monitoring and Performance Report 2012/13	To seek the Committee's approval of the recommendations and forecast within the report and to approve virements and transfers.	Resources and Performance			

Granville Road New Housing Development	To report on the competitive dialogue process to procure a developer partner, to recommend a developer partner, to authorise Officers to enter into contract with the recommended developer for the new housing development at Granville Road.	Resources and Performance			
Older Adults Day Opportunities		Adults			
IS Contract Waivers	Agreement to waive contract procedure rules in relation to a number of IS contracts including the 2e2 managed service provider.	Resources and Performance			
Asset Management Plan	Approval of Asset Management Plan.	Resources and Performance			
Music Service	Approval to move towards a new model.	Resources and Performance			
Cabinet, 7 November 2012					
Business Planning 2013/14-2015/16	Approval of Budget Headlines	Leader / Resources and Performance			
Strategy for investment in school places	To agree strategy for investment	Education, Children and Families			
West Hendon Regeneration Scheme		Leader			

Cabinet Resources Committee, 7 November 2012

Waste and Street Scene Strategic Review	Approval of Options Appraisal and Business Case	Environment		
Corporate Procurement Forward Plan	Approval of all future procurements listed on the forward plan for 2013/14.	Resources and Performance		

Cabinet (Special Meeting) Date TBC

New Support and Customer Services Procurement	Approval of Preferred Bidder and Final Business Case	Resources and Performance		
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Cabinet, 17 December 2012

Edgware Town Centre Strategy	To approve the Strategy.	Leader		
Sustainable Design and Construction Supplementary Planning Document	Adopt Supplementary Planning Document on Sustainable Design and Construction	Planning		
Residential Design Guidance Supplementary Planning Document	Adopt Supplementary Planning Document on Residential Design Guidance	Planning		
Council Tax Support	To consider results of the consultation and to agree a new scheme for publication and implementation	Resources and Performance		
Raising the Participation Age	Preparing for Raising of the Participation Age.	Adults		

Cabinet Resources Committee, 17 December 2012

Quarter 2 Monitoring and Performance Report 2012/13	To seek the Committee's approval of the recommendations and forecast within the report and to approve virements and transfers.	Resources and Performance		
Community Safety Strategic Review	Approval of Outline Business Case, including Options Appraisal	Safety and Resident Engagement.		
Leisure Outline Strategic Review	Approval of Outline Business Case, including Options Appraisal	Customer Access and Partnerships		
Preferred proposer for new school at Mill Hill East	To agree a preferred proposer	Education, Children and Families		

Cabinet (Special Meeting) Date TBC

Development and Regulatory Services Procurement	Approval of Preferred Bidder and Final Business Case	Environment		
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Cabinet, 25 February 2013

Business Planning 2013/14-2015/16	Report setting out Corporate Plan, Budget, Council Tax and MTFS	Leader / Resources and Performance		
Fees and charges (Children's Service)	To agree fees and charges	Education, Children and Families		
Independent schools joining the maintained sector	To take decision on independent schools joining the maintained sector	Education, Children and Families		

Cabinet Resources Committee, 25 February 2013

Quarter 3 Monitoring and Performance Report 2012/13	To seek the Committee's approval of the recommendations and forecast within the report and to approve virements and transfers.	Resources and Performance		
Early Intervention and Prevention Strategic Review	Approval of Outline Business Case	Education, Children and Families		

Cabinet, 18 April 2013

Children and Young People Plan	To agree Children and Young People Plan	Education, Children and Families		
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Cabinet Resources Committee, 18 April 2013