

Decisions of the Health Overview and Scrutiny Committee

3 October 2013

Members Present:-

Councillor Alison Cornelius (Chairman)

Councillor Graham Old (Vice-Chairman)

Councillor Maureen Braun

Councillor Julie Johnson

Councillor Arjun Mittra

Councillor Charlie O'Macauley

(In place of Councillor Geof

Cooke)

Councillor Bridget Perry

Councillor Barry Rawlings

Councillor Kate Salinger

Councillor Sury Khatri

(In place of Councillor Brian Schama)

Also in attendance:-

Councillor Helena Hart - Cabinet Member for Public Health

Councillor Geof Cooke

Apologies for Absence:-

Councillor Brian Schama

1. MINUTES

The Chairman updated the Committee in relation to minute items from the 4 July 2013 meeting as follows:

- i) Item 6 (Barnet, Enfield and Haringey Clinical Strategy) – the Committee were advised that the agenda item on Health and Social Care Integration would provide an update on delayed discharges.
- ii) Item 7 (GP Services – Brunswick Park Health Centre and Finchley Memorial Hospital) – the Committee noted that a reference had been made to the Health and Well Being Board who had considered the issue at their meeting on 19 September 2013.
- iii) Item 8 (Transport Services – Finchley Memorial Hospital) – the Committee noted that a formal representation to the Greater London Assembly Transport Committee had not been made due to a meeting taking place between Transport for London and the Council on 24 September 2013, details of which would be considered later on the agenda.
- iv) Item 13 (Francis Report – Implications for the Health Overview and Scrutiny Committee) – the Committee were informed that the North Central London Joint Health Overview and Scrutiny Committee would be holding a seminar on the Francis Report on 18 November 2013. Committee Members were welcome to attend and full details would be circulated nearer the time.

RESOLVED that the minutes of the meeting held on the 4 July 2013 be agreed as a correct record (subject to references to the meeting taking place on 4 October 2013 being corrected to read 3 October 2013).

The Committee noted the minutes of the North Central London Joint Health Overview and Scrutiny Committee held on 19 July 2013.

The Chairman reported that a special meeting of the North Central London Joint Health Overview and Scrutiny Committee, comprising of Barnet, Enfield and Haringey Members only, had taken place on 13 September 2013 to consider the Barnet, Enfield and Haringey Mental Health Trust response to Care Quality Commission reports.

2. ABSENCE OF MEMBERS

Apologies for absence had been received from:

- Councillor Brian Schama who had been substituted for by Councillor Sury Khatri; and
- Councillor Geof Cooke who had been substituted for by Councillor Charlie O'Macauley.

An apology for late arrival had been received from Councillor Charlie O'Macauley.

3. DECLARATION OF MEMBERS' INTERESTS

Member	Subject	Interest declared
Councillor Alison Cornelius	Agenda Item 6 (Barnet, Enfield and Haringey Clinical Strategy Update) and Item 8 (Maternity Services – Caesarean Births)	Non-pecuniary interest by nature of being on the chaplaincy team at Barnet Hospital
Cllr Kate Salinger	Agenda Item 8 (Maternity Services – Caesarean Births)	Personal but non-prejudicial interest by nature of having two nieces who are midwives at Barnet Hospital
Cllrs Alison Cornelius, Kate Salinger, Bridget Perry, Helena Hart and Alison Moore	Agenda Items 12 and 12a (Members' Items – Breast Screening at Finchley Memorial Hospital)	Personal but non-prejudicial interest by nature of being users of the breast screening service at Finchley Memorial Hospital

4. PUBLIC QUESTION TIME

None.

5. TRANSPORT SERVICES - FINCHLEY MEMORIAL HOSPITAL

The Committee considered a report which provided an update on issues relating to transport services at Finchley Memorial Hospital. The Chairman advised Members that a meeting had taken place between Transport for London (TfL) and the Council on 24 September 2013. Notes of the meeting and actions arising had been published in the agenda supplement for the meeting.

John Barry (Head of Bus Development at TfL) acknowledged that there were less than adequate public transport facilities at the hospital, adding that there was no direct footpath from the TfL bus stop on the High Road to the hospital entrance. The Committee noted that diverting a TfL service onto the site would not be feasible due to the site layout, cost and impact on other passengers using existing routes. Mr Barry informed the Committee that a site visit had taken place on 3 October 2013 where it was confirmed by hospital authorities that there would be difficulty in accommodating a TfL service on-site. On that basis, an alternative solution would need to be investigated.

The Chairman updated the Committee on the meeting that had been held on 24 September 2013 where the Chairman, Vice-Chairman, Cabinet Member for Public Health, officers and TfL had considered the possibility of utilising an unspent section 106 contribution allocated as part of the Finchley Memorial Hospital redevelopment to fund the purchase of a shuttle vehicle instead of bus stop improvements.

Peter Cragg, representing the Finchley Memorial Hospital Estates Group, informed the Committee that he was investigating the possibility of the Friends of Finchley Memorial Hospital providing an on-site shuttle bus service for patients.

The Committee noted that some consideration had been given to Barnet Community Transport providing the service, but that this had not been pursued as an option due to the on-going revenue implications and uncertainty regarding who would fund the service.

RESOLVED that:-

- 1. The Committee note the update on Transport Services at Finchley Memorial Hospital as set out in the report, the supplemental papers and as detailed above.**
- 2. The Committee request that officers follow-up the actions set out in the supplemental papers detailing the outcome of the meeting between Transport for London and the Council, ensuring that Ward Members are involved in any further discussions and/or meetings on this issue.**
- 3. The Committee receive an update at the next meeting of the Committee on 12 December 2013.**

6. MEMBERS' ITEM - BREAST SCREENING AT FINCHLEY MEMORIAL HOSPITAL

The Committee considered two Members' Items in the names of Councillors Alison Cornelius and Barry Rawlings in relation to the recent relocation of breast screening services from Finchley Memorial Hospital to St Michael's Hospital in Enfield.

The Committee received public comments from Ms Stephanie Segal in relation to the item.

At the invitation of the Chairman, the Cabinet Member for Public Health addressed the Committee. She considered that the removal of the mobile screening service without notification was totally unacceptable. She highlighted that the Health and Well Being Strategy actually had a target to increase the uptake of breast screening services and improve coverage to exceed the national average of 70% by 2015. She reported that underperforming breast screening services had been an issue in Barnet for a number of years, with performance against the target having fallen at one point to 59%. although it had just recently managed to achieve 70%. The Committee was informed that the Cabinet Member for Public Health, the Chairman of the Health Overview and Scrutiny Committee and the Clinical Commissioning Group had not been notified of the decision to relocate the mobile breast screening unit and were advised that a Lessons Learned Report had been requested for reporting to the next meeting of the Health and Well Being Board.

The Committee welcomed Dr Kathie Binysh (Head of Screening at NHS England – London Region), Kim Stoddard (Programme Manager at the North London Breast Screening Service) and Steve Davis (Operations Manager at the North London Breast Screening Service) who were responsible for the breast screening service at Finchley Memorial Hospital. Dr Binysh reported that Community Health Partnerships, the owners of the Finchley Memorial Hospital site, had unexpectedly imposed a £100 (plus VAT) per day charge on the mobile screening service where previously there had been no charge. It was noted that there had also been some issues with electricity supply for the mobile unit. The Committee were informed that NHS England and North London Breast Screening Service had taken the decision to relocate the mobile screening unit following consultation with Barnet and Chase Farm Hospital NHS Trust who were the commissioners of the breast screening service.

The Cabinet Member for Public Health questioned why the decision to move the service had not been referred immediately to the Health and Well Being Board by NHS England, adding that where major service changes were proposed, there should always be prior consultation with and approval by the Board.

Dr Binysh acknowledged that greater consultation should have taken place and expressed regret for the inconvenience caused to patients by the relocation of the unit. She advised the Committee that they had been in discussions with Community Health Partnerships and had managed to negotiate a reduction the in daily charge levied from £100 (plus VAT) to £60 (plus VAT).

The Committee were informed that in the long-term, NHS England were seeking to develop a static unit on the Finchley Memorial Hospital site. NHS England were currently reviewing an old feasibility study with a view to developing detailed proposals. Members were advised that the mobile unit would be reinstated at Finchley Memorial Hospital by 1 November 2013 and that the additional charges would be underwritten by Public Health England until 1 April 2014.

It was noted that attendance of Barnet residents at the Enfield unit had been low and that the London Breast Screening Service would follow-up with the cohort of women offered services at Enfield to ensure that they were offered the service at Finchley Memorial Hospital when the service was reinstated.

RESOLVED that:-

- 1. The Committee note the submission from NHS England and the North London Breast Screening Service on breast screening services at Finchley Memorial Hospital as set out above.**
- 2. The Committee request submissions from:**
 - i) NHS England and the London Breast Screening Service; and**
 - ii) NHS Prop Co and Community Health Partnerships****on breast screening services at Finchley Memorial Hospital at the next meeting of the Committee on 12 December 2013.**

7. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY UPDATE

The Committee welcomed Siobhan Harrington (Barnet, Enfield and Haringey (BEH) Clinical Strategy Programme Director), Ian Mitchell (Medical Director at Barnet and Chase Farm Hospitals NHS Trust) and Cathy Geddes (BEH Clinical Strategy Programme Director at Barnet and Chase Farm Hospitals NHS Trust) who delivered a presentation on the BEH Clinical Strategy.

Siobhan Harrington thanked the Committee for their letter of support which had been considered at a joint meeting of the Barnet, Enfield and Haringey Clinical Commissioning Groups on 25 September 2013 where the Barnet, Enfield and Haringey Clinical Strategy had been approved.

The Committee were informed that building works were on schedule to be completed by November 2013, with Maternity services going live at the end of November and Accident & Emergency services in December 2013. It was highlighted that some Accident & Emergency services were currently underperforming, but it was expected that all performance targets would be met post-strategy implementation. The enlarged Accident & Emergency services would bring senior nursing and clinical staff together and increase consultant cover to 14 hour days per day on weekdays and 8 hours per day on weekends. Increased numbers of specialist departmental staff on site would improve clinical decision making and shorten patient pathways.

In relation to staffing, it was noted that 85% of nurses and consultants required at North Middlesex University Hospital had been offered positions following a recruitment campaign. The restructure consultation process at Barnet and Chase Farm Hospitals had been completed and it was expected that services would be fully staffed when service transfers took place.

The Committee noted that the new car park on the Barnet Hospital site was on target to be completed by 8 November 2013.

Responding to a question regarding the impact of a merger between the Royal Free London NHS Foundation Trust and Barnet and Chase Farm Hospitals NHS Trust, Ian Mitchell informed the Committee that the Royal Free were committed to the implementation of the BEH Clinical Strategy.

It was noted that London Ambulance Service had been consulted on the development of the BEH Clinical Strategy and were confident that their service could adapt to the changes.

RESOLVED that:-

- 1. The Committee note the update on the implementation of the Barnet, Enfield and Haringey Clinical Strategy as set out in the presentation and as referred to above.**
- 2. The Committee receive a further update on the Barnet, Enfield and Haringey Clinical Strategy at the next meeting on 12 December 2013.**

8. BARNET HEALTHWATCH ENTER AND VIEW REPORT

The Committee welcomed Julie Pal (Chief Executive of CommUNITY Barnet) and Lisa Robbins (Volunteer and Projects Officer at Healthwatch Barnet) to present an Enter and View report in relation to the Thames Ward, Dennis Scott Unit at Edgware Community Hospital.

The Committee noted that there were a large number of medical care settings that could potentially be visited by Healthwatch and questioned how the sites were selected. Lisa Robbins advised the Committee that sites were selected based on feedback from the public. It was noted that there were 25 trained Enter and View volunteers.

RESOLVED that the Committee note the Barnet Healthwatch Enter and View report for Thames Ward at Edgware Community Hospital as set out in the report.

9. HEALTH AND SOCIAL CARE INTEGRATION

The Committee welcomed Councillor Helena Hart (Cabinet Member for Public Health), Councillor Sachin Rajput (Cabinet Member for Adults), Dawn Wakeling (Adults & Communities Director) and Dr Sue Sumners (Chairman of the NHS Barnet Clinical Commissioning Group) who were in attendance to present the item.

A Member noted that training for care home staff in pressure care and dementia had been delivered and questioned the frequency and take-up of training in this area. Dawn Wakeling advised the Committee that the project was seeking to improve health interactions in care homes which could result in accident and emergency admissions. Members were informed that a Quality in Care Homes Team had been established who had been working to make high impact interventions.

The Committee questioned whether 7-day working in Health and Social Care to support patients being discharged and prevent unnecessary admissions at weekends had been achieved. Officers reported that not all services had achieved 7-day working. However, there had been an expansion of the council's Rapid Response Team resulting in more services being available outside of core hours.

Responding to a question relating to the integration of back office staff, Dawn Wakeling reported that a strategic joint commissioning team was already in place and there had

been a consolidation of front-line staff into the same building. The consolidation of support and back office staff was an on-going project which was being led by the Council's Deputy Chief Operating Officer and the NHS Barnet Clinical Commissioning Group Director of Finance.

The Committee emphasised that the early intervention approach, which would deliver financial benefits over time, was being constrained by the current financial situation which could result in costs being transferred from health to social care and vice versa. The Cabinet Member for Adults informed the Committee that the council had received £3.8 million of additional funding for Health and Social Care integration projects which was dependent on joint working between the Council and the NHS Barnet Clinical Commissioning Group.

RESOLVED that the Committee note the information set out in the report and above in relation to:

- i) the Health and Social Care Integration Programme;**
- ii) the work to develop a high level Health and Social Care Integration Target Operating Model to support Barnet's submission for the Integration Transformation Fund; and**
- iii) the work to date on national delayed transfer of care and support the progress made to date.**

10. DOLPHIN WARD UPDATE

The Committee considered a report which provided an update on the status of the former residents of the Dolphin Ward at the Springwell Centre on the Barnet Hospital Site.

The Committee welcomed Alan Beaton (Assistant Director for Dementia and Cognitive Impairment at Barnet, Enfield and Haringey Mental Health Trust (BEHMHT)), Oliver Treacy (Crisis and Emergency Service Director at BEHMHT), Maria O'Dwyer (NHS Barnet Clinical Commissioning Group Director of Integrated Commissioning) and Temmy Fasegha (Joint Commissioner, Mental Health & Learning Disability, NHS Barnet Clinical Commissioning Group & London Borough of Barnet) to present the report.

Members noted that the former residents of the Dolphin Ward had previously been located at Cornwall Villa and now resided at The Oaks on the Chase Farm Hospital site. The Committee questioned whether the move to The Oaks would be the end of BEHMHT patient relocations as frequent moves could be unsettling. Oliver Treacy reported that the bed base had not reduced and activity remained at The Oaks. It was noted that community services were being enhanced and that BEHMHT were working with the NHS Barnet Clinical Commissioning Group on rapid assessment and discharge for patients.

In relation to joint working between BEHMHT and the Council's Social Care Teams, the Committee were advised that integrated Community Mental Health Teams (CMHT) were in place covering four areas in Barnet. It was noted that 50-60% of patients in The Oaks were already under the care of a Community Mental Health Team (CMHT) prior to admission, with 100% of patients being followed-up by a CMHT post discharge. Weekly Borough review meetings took place to undertake patient care reviews and plan for the future.

Responding to a question relating to Memory Services and whether these were diagnostic or assisted in improving memory for the treatment of dementia and Alzheimer's, officers reported that Memory Services were used for assessment, diagnostics and to develop care plans. It was noted that the National Dementia Strategy was seeking to move patients from clinics to services. Members were informed that cognitive therapy was often as effective as some of the drugs used to treat dementia and Alzheimer's. Maria O'Dwyer reported that the NHS Barnet CCG were supporting an Alzheimer's group through the Dementia Cafés at hospital sites, as well as integrated care in the community.

The Committee noted the pressure on services, with an annual 7.5% increase in referrals, and the importance of carers as part of the patient pathway. Oliver Treacy highlighted that community services provided support to carers as well as patients.

RESOLVED that the Committee note the update on the former patients of Dolphin Ward (Older Adults Admissions Unit) at the Springwell Centre on the Barnet Hospital site as set out in the report and as detailed above.

11. MATERNITY SERVICES (CAESAREAN BIRTHS)

The Committee considered a report which presented information from the NHS Barnet Clinical Commissioning Group, the Barnet / Harrow Public Health Team, the Royal Free London NHS Foundation Trust and the Barnet & Chase Farm NHS Trust in relation to maternity services.

Councillor Kate Salinger, who had originally requested this information via a Members Item, noted that both the Royal Free London NHS Foundation Trust and the Barnet & Chase Farm NHS Trust were performing below the national performance targets in this area. She suggested that the rate of caesarean sections might be linked to the members of staff on duty and whether or not patients were induced.

RESOLVED that:-

- 1. The Committee request that the NHS Barnet Clinical Commissioning Group, the Royal Free London NHS Foundation Trust and the Barnet & Chase Farm NHS Trust provide updated maternity statistics for reporting to the 12 December 2013 meeting.**
- 2. The Committee request that the Clinical Director of Women's Services at Barnet and Chase Farm Hospitals NHS Trust be invited to the 12 December 2013 meeting for this item.**

12. NHS HEALTH CHECKS TASK AND FINISH GROUP

The Committee considered a report which provided an update on the progress of the joint Barnet / Harrow NHS Health Checks Scrutiny Review.

RESOLVED that the Committee note the update on the joint Barnet / Harrow NHS Health Checks Scrutiny Review as set out in the report.

13. MEMBERS' ITEM - SEXUALLY TRANSMITTED DISEASES

The Committee considered a Members' Item in the name of Councillor Julie Johnson in relation to sexually transmitted diseases (STDs).

At the request of the Chairman, Dr Andrew Howe (Joint Director for Public Health) responded to the questions set out in the Members' Item as follows:

The national press seems to suggest that there has been an increase in the number of people seeking treatment for sexually transmitted diseases (STD's):

1. Have Barnet's figures increased in the last two / three years and, if so, by how much?

Whilst Barnet has rates of STD infection below the national average, the rates have been increasing in recent years. The latest data shows that new diagnoses rose 4.3% in 2012 to 2,857 cases up from 2,739 in 2011.

2. Does Barnet have sufficient resources to deal with any extra demand?

There is open access to Genitourinary Medicine (GUM) services in the UK so residents are able to access services wherever they choose. The providers that the largest number of Barnet residents access are Barnet Hospital and the Royal Free Hospital.

3. As education about STD's is part of the national curriculum, can we have some feedback and how this is managed in our schools, including Barnet's looked after children?"

The 1996 Education Act indicates that schools must provide, and make available for inspection, an up-to-date policy describing the content and organisation of Sex and Relationship Education (SRE) outside of national curriculum science. This is a school governors' responsibility.

Historically SRE provision has been enormously variable. Curricular resources, training opportunities and 'clinic in a box' sexual health advice and contraception services are being made available to Barnet Schools as part of the School Wellbeing Programme funded by Public Health.

For looked after children, sexual health is incorporated in to the Health Assessment which all young people in care receive and advice/guidance is provided to residential care homes. In addition SRE workshops are delivered to the units that accommodate our looked after asylum seekers and a workshop is delivered in partnership with the Leaving Care Team as part of their outreach work.

The Committee thanked the Joint Director for Public Health for the information and **RESOLVED that no further action was required in relation to this Member's Item.**

14. MEMBERS' ITEM - GP SERVICES IN BARNET

The Committee considered a Members' Item in the name of Councillor Geof Cooke in relation to:

- i) the provision and location of GP services in Barnet; and
- ii) information on rent and service charge costs to GPs delivering services in NHS facilities like Finchley Memorial Hospital, Brunswick Park Health Centre and others.

In presenting the item, Councillor Cooke suggested that the charging policy in the NHS and other issues, such as transport limitations at Finchley Memorial Hospital, were acting as a barrier to GP practices relocating to modern premises.

RESOLVED that the Committee receive a report from NHS England and the Regeneration Service on GP Services in Barnet (to include details of locations, capacity, current provision, planned future provision and demand projections) at the next meeting on 12 December 2013. The Committee have requested that specific reference be made to the provision of GP Services (current and planned) in Barnet's regeneration areas.

15. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

RESOLVED that:

- 1. The Health Overview and Scrutiny Committee Forward Work Programme be noted.**
- 2. The Committee receive the following reports at future meetings:**
 - Finchley Memorial Hospital Transport Services – to receive an update on any further progress (12 December 2013).**
 - Breast Screening at Finchley Memorial Hospital – to receive an update on the reinstatement of breast screening services at Finchley Memorial Hospital (12 December 2013)**
 - Barnet, Enfield and Haringey Clinical Strategy – update following strategy implementation in November and December 2013 (12 December 2013)**
 - GP Services in Barnet – to consider a report from NHS England and the Regeneration Service on the provision of GP Services in Barnet (12 December 2013)**
 - Maternity Services (Caesarean Births) – to receive updated maternity statistics from the Royal Free London NHS Foundation Trust and the Barnet & Chase Farm NHS Trust (12 December 2013)**

16. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

None.

The meeting finished at 9.55 pm

