

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 20TH OCTOBER, 2014

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4AX

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

Chairman: Councillor Alison Cornelius,
Vice Chairman: Councillor Graham Old

Councillors

Philip Cohen	Gabriel Rozenberg	Amy Trevethan
Val Duschinsky	Caroline Stock	
Arjun Mittra	Barry Rawlings	

Substitute Members

Shimon Ryde	Maureen Braun	Laurie Williams
Daniel Thomas	Kath McGuirk	Vacancy

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

Andrew Nathan – Head of Governance

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ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	1 - 10
2.	Absence of Members	
3.	Declaration of Members' Disclosable Pecuniary Interests and Non Pecuniary Interest a) Disclosable Pecuniary Interests and Non Pecuniary Interests b) Whipping Arrangements (in accordance with Overview and Scrutiny Procedure Rule 17)	
4.	Report of the Monitoring Officer (if any)	
5.	Public Questions and Comments (if any)	
6.	Minutes of the North Central Sector London Joint Health Overview and Scrutiny Committee	11 - 18
7.	Members' Items (If Any)	19 - 22
8.	London Ambulance Service - Update Report	23 - 40
9.	Royal Free London NHS Foundation Trust - Accident and Emergency: Winter Preparations	41 - 46
10.	Royal Free London NHS Foundation Trust: Update Report Upon the Acquisition of the Barnet and Chase Farm Hospitals NHS Trust	47 - 54
11.	GP Services at Finchley Memorial Hospital	55 - 68
12.	Healthwatch Barnet Update Report	69 - 72
13.	Health Overview and Scrutiny Forward Work Programme	73 - 80
14.	Any Other Items that the Chairman Decides are Urgent	

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Decisions of the Health Overview and Scrutiny Committee

7 July 2014

Members Present:-

AGENDA ITEM 1

Councillor Alison Cornelius (Chairman)
Councillor Graham Old (Vice Chairman)

Councillors:

Val Duschinsky	Amy Trevethan
Gabriel Rozenberg	Phillip Cohen
Caroline Stock	Arjun Mittra
Barry Rawlings	Paul Edwards

1. MINUTES (Agenda Item 1):

RESOLVED that the minutes of the meeting on 12 May 2014 be agreed as a correct record.

2. ABSENCE OF MEMBERS (Agenda Item 2):

None.

3. DECLARATION OF MEMBERS' INTERESTS (Agenda Item 3):

The Chairman declared a non-pecuniary interest by virtue of being a Chaplin's Assistant at Barnet and Chase Farm Hospital.

Councillor Barry Rawlings declared a non-pecuniary interest in relation to Agenda Item 9 (HealthWatch Barnet Enter and View Reports)

4. PUBLIC QUESTION TIME (IF ANY) (Agenda Item 4):

None.

5. MEMBERS' ITEMS (IF ANY) (Agenda Item 5):

(a) MEMBER'S ITEM: 18 WEEK REFERRAL TO TREATMENT TARGET

The Committee considered the Member's Item in the name of Councillor Trevethan, which requested an update report on the 18 week Referral to Treat Target at Barnet and Chase Farm Hospitals, to include any action that had been taken to:

- Reduce the number of patients having to wait more than 18 weeks for surgery
- Improve the accuracy of data

- Any further actions to be taken

A Member requested data provided by the Trust be separated between Barnet Hospital and Chase Farm Hospital.

The Chairman advised that the Committee could request a report from the Royal Free London NHS Foundation Trust which could be circulated to the Committee electronically and would allow Councillor Trevethan to determine if she wished to receive a full report at the next meeting of the Committee.

RESOLVED that:

- 1) The Committee note the Member's Item**
- 2) The Committee request that the Royal Free London NHS Foundation Trust provide a written report to be circulated by e-mail to the Committee, for their consideration in advance of determining if the Committee wished to receive a formal update at the next meeting.**

(b) MEMBER'S ITEM - BUS SERVICE FOR FINCHLEY MEMORIAL HOSPITAL

The Committee considered the Member's Item in the name of Councillor Arjun Mittra which sought an update on the possibility of a bus service at Finchley Memorial Hospital, including the status of the £20,000 agreed under Section 106 for TfL to use for bus shelters and whether this could be offered to Barnet Community Transport to run a pilot project to provide a bus service to the hospital.

The Chairman invited Martin Cowie, the Assistant Director for Strategic Planning, Regeneration and Transport at Regional Enterprise (Re) to the table.

At the invitation of the Chairman, Mr. Cowie advised the Committee that the funding referred to in the appended Planning Application Report was committed to be spent by TfL on works relating to the implementation of bus stop countdown displays and towards upgrading five bus stops within the vicinity of the hospital to ensure compliance with the Disability Discrimination Act.

A Member advised that he noted that the money was earmarked for a particular use, but commented that no work was ongoing, and requested that this be fed back to Transport for London. Mr. Cowie advised the Committee that he would pass this information on to TfL.

The Chairman questioned if it was possible for this Section 106 money to be transferred to Barnet Community Transport to provide a bus service for the hospital. Mr. Cowie advised that this was not possible.

Responding to a question from a Member, Mr. Cowie advised the Committee that the Section 106 money had been identified, in consultation with TfL, as part of the assessment of the hospital development for improvements to local transport facilities and therefore could not be used to fund a new bus service.

The Chairman noted that the issue of a bus service at Finchley Memorial Hospital would be considered by the Committee at Agenda Item 7 and suggested that the Committee give their instruction on this topic following the consideration this item.

RESOLVED that the Committee note the Member's Item.

(c) MEMBER'S ITEM - MENTAL HEALTH CHARTER

At the invitation of the Chairman, Councillor Barry Rawlings noted that the topics covered in his Member's Item as set out in the report were relevant to the Terms of Reference of the Adults and Safeguarding Committee. Councillor Rawlings advised the Committee that he intended to withdraw his Member's Item from the Health Overview and Scrutiny Committee and take the Member's Item forward to the next meeting of the Adults and Safeguarding Committee on 31 July 2014.

RESOLVED that the Committee note that Councillor Rawlings will submit the Member's Item in his name to the next meeting of the Adults and Safeguarding Committee.

6. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 6):

The Chairman introduced the minutes of the meeting of the North Central Sector London Joint Health Overview and Scrutiny Committee (JHOSC) which took place on 24 March 2014. The Chairman advised the Committee that at that meeting, the JHOSC had considered A&E performance and noted that the JHOSC had sought further information from the London Ambulance Service on the number of conveyances of people from care homes to A&E that had taken place during the inter period.

The Chairman advised the Committee that the JHOSC had also considered a Mental Health Strategies Report reminded the Committee that any Member was able to attend JHOSC meetings.

A Member noted that the minutes had stated that Barnet and Chase Farm Hospitals NHS Trust was in the lowest performing five acute Trusts in London in terms of its A&E performance and 18th out of 22 Trusts in London.

7. FINCHLEY MEMORIAL HOSPITAL BUS SERVICE: PRESENTATION FROM THE FINCHLEY SOCIETY (Agenda Item 7):

The Chairman invited Mr. Robert Newton and Mr. Mike Gee from the Finchley Society Environment & Transport Committee and Ms. Gill Green from Friends of Finchley

Memorial Hospital to the table to present the results of a survey undertaken by The Finchley Society and the Friends of Finchley Memorial Hospital in relation to the distance between Finchley Memorial Hospital and existing bus stops in the area.

In introducing the report, Mr. Newton advised that the aims of the survey were in line with the Mayor of London's Local Implementation Plan.

Outlining results from the survey, Ms. Green noted that most GP Services have a bus stop nearby, and noted that the future GP Services on site at the Finchley Memorial Hospital would increase demand for a bus stop.

Mr. Gee advised the Committee that in order to reduce the number of people using cars to get to the hospital, the transport arrangements needed to be improved. Mr. Gee noted that whilst a bus diversion would be unlikely, a dedicated service could be considered. Referring to the report, Mr. Gee advised that Finchley Community Transport had proposed the idea of a circular "hoppa" bus route that could include the North Finchley Bus Station.

The Chairman informed the Committee that she had undertaken a mini survey with Peter Cragg, a member of the Finchley Memorial Hospital Estates Group in early March, and that the survey had noted the following:

- That a large proportion of people attended the Walk-in Clinic in cars;
- That if it was raining, people would be more inclined to use a car than a bus or walk.

The Chairman noted that the survey undertaken by The Finchley Society and the The Friends of Finchley Memorial Hospital had not asked how long people had had to walk from their home to the bus stop where they had begun their journey.

A Member of the Committee noted that the survey showed that there was a clear desire for a bus service.

A Member of the Committee noted that he had walked from the nearest bus stop to Finchley Memorial Hospital and advised that the walk could be challenging for people with physical problems.

A Member advised that he had walked from the nearest bus stop to Finchley Memorial Hospital in 3.5 minutes.

The Chairman advised the Committee that the GPs had not yet moved into the site at Finchley Memorial Hospital and noted that that the GPs being in residence was key to the viability of a self-sufficient bus service. The Chairman also suggested that any professional surveys conducted into the possibility of a bus service should be conducted once the GPs had moved in to give an accurate picture of demand.

A Member questioned when the GPs would be moving into the premises at the Finchley Memorial Hospital. The Chairman advised that this date was still not known, but that she was continuing to raise this question with NHS England, who are responsible for commissioning GP Services. The Chairman reminded the Committee that at the meeting of the Health Overview and Scrutiny Committee on 12 March 2014, Dean Patterson, the Head of Property and Asset Management at Community Health Partnerships had advised the Committee that as the Head Leaseholder, he was prepared to Commission a survey to gauge demand for a bus service when the timing was appropriate.

RESOLVED that:-

- 1) The Committee thank Mr. Robert Newton, Mr. Mike Gee and Ms. Gill Green for their presentation;**
- 2) The Committee request that the Environment Committee consider this topic and the reports as set out the agenda item.**

8. ROYAL FREE LONDON NHS FOUNDATION TRUST HOSPITAL ACQUISITION OF BARNET AND CHASE FARM HOSPITALS NHS TRUST (Agenda Item 8):

The Chairman introduced the report, which provided an update on the acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free London NHS Trust.

Mr. Kim Flemming, the Director of Planning at the Royal Free London NHS Foundation Trust advised the Committee that the acquisition had become effective from 1 July 2014.

Referring to the report, Mr. Flemming advised that, as part of the acquisition, one of the next steps would be to introduce “The Royal Free way of doing things” Mr. Flemming outlined that this meant working towards a clinically led organization.

The Committee noted that the issue of waiting times was a top priority at Barnet and Chase Farm Hospital.

Mr. Flemming advised the Committee that he wished to see continued improvement in Accident and Emergency.

Responding to a question from a Member, Mr. Flemming advised that he would be able to provide current and historical statistics on the number of people waiting on a trolley at A&E for over 12 hours.

A Member expressed concern that whilst she was at Barnet General recently, she had seen at least seven ambulances waiting outside the hospital.

A Member asked for more clarity on “The Royal Free way of doing things” as set out in the report. Mr. Flemming advised the Committee that there were currently four clinical divisions at the Royal Free London NHS Foundation Trust. The Committee noted that the head of each division was a working clinician, whose role would involve both looking after patients and management of the division.

Responding to a question from a Member, Mr. Flemming informed the Committee that the vast majority of staff were in post by 1 July 2014 and that the Trust had made efforts to ensure that staff knew who their manager would be.

A Member questioned how the Trust would be governed following the acquisition. Mr. Flemming advised the Committee that the Board of Governors would become much bigger and that there would be elections in the Autumn for the new Council of Governors.

A Member questioned how in practice the Trust worked with social care organisations to keep people out of hospital. Mr. Fleming advised that today people had a much better understanding of social care and noted that The Better Care Fund would also assist with providing more integrated care.

The Chairman questioned how much money the Royal Free London Hospital NHS Trust would receive should the acquisition go ahead. Mr Flemming advised that the figure was expected to be approximately £263 million, the majority of which would come from the Department of Health. The Committee noted that some money was earmarked to deal with the financial deficit. The Committee were also advised that some of the money would fund the new Chase Farm Hospital.

The Chairman invited Selina Rodrigues, the Head of Healthwatch Barnet to the table in order to provide Healthwatch Barnet's perspective on the proposed acquisition. Ms. Rodrigues advised the Committee that Healthwatch Barnet was concerned about the issues surrounding Referral to Treatment and A&E waiting times. The Committee noted that Healthwatch Barnet also planned to scrutinise trolley waits.

Ms. Rodrigues advised the Committee that the Healthwatch Barnet would be keen to see formal structures for patient engagement in relation to the proposed acquisition.

RESOLVED that:

- 1) The Committee note the update from the Royal Free London NHS Trust on the potential Acquisition of Barnet and Chase Farm Hospitals NHS Trust**
- 2) The Committee note the Update from Healthwatch Barnet**
- 3) The Committee request to be provided with the current and historical statistic's on the number of people waiting on a trolley at A&E for over 12 hours**

9. HEALTHWATCH BARNET ENTER AND VIEW REPORTS (Agenda Item 9):

Selina Rodrigues, the Head of Healthwatch Barnet introduced a report conducted by the "Enter and View" team concerning Woodfield House. In introducing the report, Ms. Rodrigues advised the Committee that the aim of Healthwatch Barnet was to be the voice of Barnet residents.

The Committee noted that the visit undertaken to Woodfield House was a re-visit, where the Enter and View Team were able to see if recommendations from their previous visit had been implemented.

Julie Pal – CEO for CommUNITY Barnet informed the committee that Healthwatch Barnet had won the 'Best Healthwatch Volunteer' Award from Healthwatch England and that the team was also highly commended for 'Outstanding Healthwatch Team' at the same awards ceremony. The Chairman offered her congratulations and those of the Committee.

RESOLVED that the Committee note the report.

10. BARNET, ENFIELD AND HARINGEY MENTAL HEALTH TRUST: ADDRESSING QUALITY AND SAFETY ISSUES (Agenda Item 10):

Mary Sexton, the Executive Director of Nursing, Quality and Governance – Barnet, Enfield and Haringey Mental Health Trust provided the Committee with a verbal update in relation to quality issues at the Trust.

Ms. Sexton advised the Committee that in respect of the following:-

1) Inappropriate use of seclusion rooms at St Ann's Hospital:

The Committee noted that the CQC had revisited the Trust on 11 April 2014 and that the Enforcement Notice had been rescinded.

2) Dementia and Cognitive Impairment Service Line:

The Committee noted that the CQC had visited the older adults mental health wards at Chase Farm Hospital in September 2013 and judged the Trust to be non compliant in the areas of Outcome 4 (Care and Welfare), Outcome 10 (Safety and Suitability of Premises), Outcome 16 (Assessing and Monitoring Quality of Services) and Outcome 21 (Records). The Committee were informed that an action plan was put in place and submitted to the CQC. The Committee noted that in April 2014, the Trust advised the CQC they were fully compliant and the CQC were invited to re-inspect. The Committee were informed that the Trust was awaiting a further re-inspection of the services by the CQC.

The Committee were advised that over the last 9 months, the Trust had demonstrated improved compliance, which is a reflection in moving from a position of 11 areas of non compliance to 4 (at the time of this meeting) and that those 4 were awaiting re-inspection by the CQC. The Committee noted that the Trust was working closely with the three Clinical Commissioning Groups.

Vivienne Stimpson, the Director of Quality and Governance at Barnet Clinical Commissioning Group (CCG) noted that there was an on-going level of concern about quality at the Trust and advised that the CCG would continue to work with the Clinical Quality Review Group (CQRG) to assess the service. Ms. Stimpson noted that effort had been made to make improvements at the Trust.

The Committee noted that some services at the Trust were commissioned by NHS England and others by the CCG, which presented a need to share joint commissioning intelligence.

Ms. Stimpson advised the Committee that Barnet CCG would be working closely with the Trust and through NHS England and advised that the Trust were on "enhanced monitoring."

Referring to the report, a Member noted that the CQRG had agreed to extend the role of the Task and Finish Group (TFG) to Project Manage the "Bay Tree, Cornwall Villas, Silver Birches Improvement Plan" and questioned if CQRG were confident that the TFG would show the outcomes as they should be. Ms. Sexton advised that the Task and Finish Group was meeting regularly and that assurance had been sought that an action plan was in place.

A Member noted the seclusion rooms had been used partly because of pressure. The Member questioned how confident the Trust could be about holding onto the improvement with decreasing money because of tariffs. Ms. Sexton advised that she shared that concern and noted that any patient who had needed the seclusion room would have been able to use it. She also pointed out that the organisation had to balance funding with demand.

A Member noted that the role of commissioners in making the right decision at the right time and commented that demand could increase as people live longer.

A Member commented that as a Committee, this was a topic that they would be likely to want to review in future.

RESOLVED that the Committee note the robust approach in dealing with quality and safety issues at the Barnet Enfield and Haringey Mental Health Trust and request to kept updated.

11. REPORT OF THE DIRECTOR OF PUBLIC HEALTH (Agenda Item 11):

Dr. Andrew Howe, the Director of Public Health for Barnet and Harrow Councils, introduced a report which provided an update on the Outdoor Gyms within the Borough, and Outdoor Gym Activators. The Chairman also invited the Chairman of the Health and Well-being Board to attend the table.

The Committee noted that there were between seven to nine pieces of equipment at each gym.

A Member of the Committee commented that there was a gap in outdoor gym facilities in the Finchley area and requested that the area be considered as a priority for future gyms.

Responding to a question from a Member, Dr. Howe advised the Committee that the Outdoor Gym Activator Programme used volunteers who had undergone training to encourage people to use the gyms with the correct technique. The Committee noted that the training undergone by the volunteers could be used in other gyms, which would in turn help people to get jobs in the fitness industry.

A Member commented on the benefit of “measured walks”, noting that that they were suitable for people of all ages. Councillor Helena Hart, the Chairman of the Health and Well-being Board, advised the Committee that there could be problems with signage for such walks. The Director for Public Health advised the Committee that walking was a good preventative activity.

RESOLVED that the Committee note the report from the Director for Public Health.

12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (Agenda Item 12):

The Committee considered the work programme as set out in the report. The Chairman noted that the Committee could request a report from the Royal Free London NHS Foundation Trust which would then be circulated to the Committee electronically and would allow Councillor Trevethan to determine if she wished to receive a full report at the next meeting of the Committee.

The Chairman noted that there was an item on the Forward Work Programme for the October meeting on Accident and Emergency and Winter Preparations. The Chairman commented that Fiona Smith, the Chief Operation Officer at Barnet and Chase Farm

Hospitals NHS Trust, had undertaken a piece of work on the number of elderly people attending A&E from care homes. The Chairman suggested that the Committee request an update report on the progress of that piece of work, outlining which homes had been identified as having high numbers of elderly people attending A&E, the diagnoses that they were being admitted with and what measures were being put in place for the coming winter.

RESOLVED that the Committee note the Work Programme and request that the Governance Service arrange for the reports to be received as set out above.

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 13):

None.

The meeting finished at 10.00 pm

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North Central London Sector Joint Health Overview and Scrutiny Committee

19 September 2014

AGENDA ITEM 6

Minutes of the meeting of the North Central London Joint Health Overview and Scrutiny Committee held at Haringey Civic Centre on 19 September 2014

Present

Councillors

Gideon Bull (Chair)
Alev Cazimoglu (Vice Chair)
Alison Cornelius
Graham Old
Anne-Marie Pearce
Pippa Connor
Martin Klute
Jean-Roger Kaseki

Borough

LB Haringey
LB Enfield
LB Barnet
LB Barnet
LB Enfield
LB Haringey
LB Islington
LB Islington

1. WELCOME AND APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Alison Kelly (LB Camden).

2. DECLARATIONS OF INTEREST

The following personal interests were declared:

- Councillor Bull declared that he was an employee of Moorfields Eye Hospital; and
- Councillor Cornelius declared that she was an Assistant Chaplain at Barnet Hospital.

3. URGENT BUSINESS

None.

4. MINUTES

In respect of the item concerning the acquisition of Barnet and Chase Farm Hospitals by the Royal Free (item 6), the Committee were of the view that it was important that site specific data was provided on performance so it was possible to monitor performance at each individual hospital site owned by the Trust.

RESOLVED:

1. That the minutes of the meeting of 27 June 2014 be approved; and
2. That a letter be sent to the Chief Executive of the Royal Free on behalf of the JHOSC requesting that site specific performance data continue to be

produced and shared for all hospitals that are now part of the Trust and that the letter be copied to relevant Healthwatches.

5. LONDON AMBULANCE SERVICE (LAS) – UPDATE

The Committee received a presentation from Steve Colhoun from the London Ambulance Service. He had been invited to attend in response to a number of issues that had been raised by JHOSC Members.

He presented data regarding handover performance at Barnet and the North Middlesex Hospital (NMUH). There had been a big difference in performance between the two hospitals in respect of the time from hospital arrival to trolley clear but NMUH had made significant improvement after work had been undertaken with them. The standard length of time that it should take was made up of two elements - hospital arrival to trolley clear 15 minutes and trolley clear to green and available 14mins. Any waits of over an hour for hospital arrival to trolley clear are reported upwards.

The standard length of time from trolley clear to green was intended to be 14 minutes. Current figures showed that the time for this being taken was getting longer due to increased pressures on the service. However, it was currently difficult for crews to get a rest break and times could not be reduced without unduly exhausting staff.

In answer to a question, it was noted that it was not possible for readings taken by ambulances to be automatically transferred to receiving hospitals.

Mr Colhoun acknowledged that staff were currently under immense pressure. The service was 480 staff short but measures had been taken to address the situation. He hoped that this would lead to improvements in 6 to 8 months time. The longest shifts that staff worked were for 12 hours. The service was not necessarily of the view that it was in the interests of staff to work such long shifts but most staff lived outside of London and preferred to work fewer but longer shifts. If staff on 12 hour shifts got a call towards the end of their shift which overran, this could result in them being at work for a very long time overall.

The service had considered reducing the length of shifts but this would not have been popular with staff. The service was nevertheless subject to the European Working Time Directive and could not schedule shifts longer than 12 hours. However, the LAS was an emergency service and allowances could be made for this. Staff could work up to five 12 hour shifts in a period. The current staffing rosters had been designed by the staff. Some stations, such as Edmonton, were able to offer shorter shifts and these could be popular with older staff. Younger staff generally preferred the longer shifts. He agreed to share the current staff rosters with Committee Members.

He reported that the shortage of staff was the biggest issue facing the service. Calls had risen by 10% per year whilst the service was 480 staff short of full establishment. The new role of Emergency Ambulance Crew had recently been advertised and there were now 200 candidates for positions. There would be a

26 week training process and the new staff would be available next spring. Recruitment of paramedics had also taken place. The service had been caught out by the level of demand for paramedics from services such as 111 call centres and had found themselves 350 short. They had sought to recruit from a range of countries, including New Zealand, Australia and Denmark. 180 offers of employment had already been made and it was hoped that the new recruits would be in post in two to three months time.

In answer to a question, Mr Colhoun stated that it was not clear why call levels had been increasing by 10% each year. However, it was likely that at least some of this was due to a lack of understanding amongst patients of where the right place to go was for particular ailments. It had been suggested that it was partly due to the ageing population but Mr Colhoun stated that highest service user group by age came from younger people.

The opportunities that had arisen for paramedics in the 111 service and urgent care centres had offered higher grading levels without the need to work nights. In response to this, a new paramedic post had been created which paid a higher grade and matched the grades being offered for paramedics elsewhere. All ambulances were staffed by a paramedic and a technician except where there were issues relating to staff sickness or leave.

Unfortunately, the service was having to use private ambulances. There would be large gaps in service without this. All providers were vetted and all staff were required to be at least at technician level. Private ambulances were generally used for lower level work, and there were LAS fast response units available to provide support.

Mr Colhoun reported that the LAS had taken action to manage demand. Paramedics were being used in call centres and could call patients back and refer them to the best service for addressing their needs. If need be, taxis could be sent to transport patients but only after consultation with a clinician.

Intelligent Conveyancing was concerned with managing surges in demand. It had met with varying degrees of success so far. It had worked well at the North Middlesex Hospital but had not been so successful at Barnet. Measures had been taken to address issues in relation to specific care homes. The establishment of the Older Persons Assessment Unit at Chase Farm had also been successful in reducing the need for ambulances.

The Committee thanked Mr Colhoun for his assistance.

AGREED:

1. That the LAS be invited to present an update on progress to the Committee in six months time;
2. That the new LAS staff rosters for the Barnet and Enfield be shared with Committee Members; and

3. That the LAS be requested to undertake further work to determine the reasons for the increase in demand for ambulances amongst young people and report back to the Committee in due course.

6. WHITTINGTON HEALTH NHS TRUST: FIVE YEAR PLAN/DEVELOPMENT OF INTEGRATED CARE

Siobhan Harrington, the Director of Strategy and Deputy Chief Executive of Whittington Healthcare, gave a presentation on future plans for Whittington Health and their development of integrated care.

The Trust employed over 4300 staff. In addition to being an acute general hospital, it provided community health services in Haringey and Islington. It had recently opened an ambulatory care centre which aimed to treat people and send them home without the need for admission. Based on Standard Hospital-level Mortality Indicators, the Whittington was now also one of the safest hospitals in the country

The trust included several centres that provided particularly good services, such as the Simmons House Adolescent Unit, the ambulatory care centre, the Michael Palin Centre and the TB service. Performance was also good against key national targets. There were several areas of innovative practice, such as the N19 project. This brought together health and social care and would be rolled out across Islington. Consideration was being given to extending it to Haringey in due course.

The Trust still faced challenges in respect of its financial situation but these were being addressed. It had a relatively new board and was in the process of building a new executive team. In addition, a number of high calibre non Executive members had recently joined the board.

In terms of the development of a five year strategy, she reported that a review was underway with the King's Fund exploring the integrated care journey and the progress that had been made to date. Engagement with staff, stakeholders and the public was planned as well as work with partners and commissioners. A draft of the strategy would be produced by December. A long term financial model would also be developed. Quality, safety and the patient experience would be at the heart of the future strategy for the trust. There would be a particular focus on prevention and self management.

In answer to a question regarding the prevalence of TB, she reported that one factor was the mobility of the population. The service provided by the Whittington provided direct access and was a partnership with UCLH. There was also another centre at the North Middlesex Hospital. In respect of district nursing, she reported that considerable improvements had been made to the service, including a large recruitment campaign. She acknowledged that there had been issues with the rheumatology service and an improvement plan was currently being worked on. The Trust had not yet been subject to a major Care Quality Commission (CQC) inspection done under the new format but were preparing for

this. They were currently categorised as low risk by the CQC and were not aware of when they might be inspected.

In answer to another question, she reported that time limited contracts had been offered to some senior staff as the Trust did not yet have a permanent Chief Executive. However, the Trust was working towards having a permanent senior management team. In respect of staff morale, she accepted that it had been quite low. However, the interim Chief Executive was of the view that good staff morale was critical to the organisation and was aware of where there were issues. The Trust was having to make savings of £15 million and this had an impact on morale. The aim was to bring the Trust back into balance and to achieve a surplus by the end of the process. In terms of the transition to foundation trust status, they had to go through the CQC inspection first. Having a stable senior management team was critical to progressing the transition.

In response to a question regarding foot care, she stated that the podiatry service was focussed on prevention. Consideration was being given to providing podiatry as part of integrated care. She would look at including it within the protocols of the service.

The Committee thanked Ms Harrington for her presentation.

7. WINTER A&E PRESSURES AT BARNET HOSPITAL - ADMISSIONS FROM CARE HOMES

Fiona Jackson from the Royal Free reported on work that was being undertaken by the Trust to minimise admissions from care home residents, particularly at Barnet and Chase Farm hospitals. There was now an Older Person's Assessment Unit (OPAU) at Chase Farm Hospital, which had been successful in preventing admissions. One particular element of this was a care homes hotline which provided access to an appointment with a consultant within 24 hours. There was also a care home assessment team that could go out and visit patients if necessary. The Trust now wished to extend the OPAU to five days per week.

She stated that there was a high turnover of staff in care homes, particularly in Barnet and therefore continued support was necessary to assist them. Barnet CCG had developed an enhanced service for care home residents which included a six monthly review for all residents. Care plans would be developed for all residents. It was hoped that work undertaken with care homes would help to increase the confidence of staff working in them to deal with issues themselves, thus reducing admissions. All care homes were now linked to a specific GP practice.

In answer to a question, Ms Jackson stated that discussion was needed with CCGs on what action it might be possible to take to put pressure on care homes to co-operate if they were not assisting sufficiently. The Trust discharged patients to a wide variety of care homes and there was high demand for placements. It was hoped that patients would choose the better homes but a bit of leverage over the less co-operative homes would be of assistance.

Councillor Cornelius reported that Healthwatch in Barnet had conducted “Enter and View” visits to care homes and, amongst other things, had specifically asked about hydration as dehydration had been common cause of admissions. She felt that it was important the relevant information about care homes was shared effectively.

The Committee thanks Ms Jackson for her contribution.

8. NORTH MIDDLESEX UNIVERSITY HOSPITAL - CARE QUALITY COMMISSION INSPECTION

Julie Lowe, the Chief Executive of the North Middlesex University Hospital, reported on the outcome of the recent inspection by the CQC of the hospital. It was necessary for a trust to be rated as either good or outstanding in order to obtain foundation trust (FT) status. 8 particular services had been inspected. Of these, 4 had been classified as good whilst 4 required improvement. The services that required improvement would need to be re-inspected. However, this did not mean that the 4 areas rated as good could not also be improved. She hoped that it would be possible to get all of the services requiring improvement up to good by December. It would not be possible for the trust to progress to foundation status without this. The inspection result was likely to delay progression to FT status by six months.

She stated that the process for the implementation of the BEH Clinical Strategy was not fully completed. There were a few other issues that required particular attention:

- The number of local residents that accessed healthcare through emergency care;
- The high number of outpatient appointments, which was up to 800 per day. Work was being undertaken with local CCGs to see if this number could be reduced through measures such as seeing patients in the community. Non attendance rates were high and a better system for follow up appointments was necessary;
- Ambulatory care. The Older Person’s Assessment Unit (OPAU) was not working as well at NMUH as at Chase Farm. Action needed to be taken to ensure that pathways were right and improved accommodation identified.

The level of support that had been provided by partners had been good and it was hoped that the trust would achieve the necessary “good” CQC rating. The outcome of the inspection had been disappointing though. The trust had already been addressing some of the issues raised and it was hoped that the others could be quickly brought up to speed.

In respect of palliative care, the trust had been surprised by the rating that was given. The Liverpool Care Pathway was no longer used following negative publicity but this had left staff with no framework to work with. A more individualised approach was now being used. A balance had to be struck between sending patients home too early or leaving it till it was too late. She reported that patients with dementia who were treated at NMUH generally went

home four days later than other patients. She noted that there was not the same difference at the Royal Free and this needed to be addressed.

Councillor Cazimoglu stated that NNUH was a good hospital but the impact of the implementation of the BEH Clinical Strategy had been as many people had feared. It had been accepted that the transition would be difficult but the trust had been insufficiently prepared. The issues raised by the CQC were linked to capacity. Local people wanted the hospital to remain good.

Ms Lowe responded that the implementation was always going to be challenging and all presentations beforehand had stated that there would be a period of transition. In particular, the trust had needed to recruit 500 new staff. A lot of additional activity had come from areas that had not been anticipated. For example, many additional patients had come from Haringey rather than being displaced from Chase Farm. In addition, Enfield had an ageing population.

In terms of staffing, Chase Farm had been carrying a high level of vacancies. Most remaining staff from Chase Farm had chosen to transfer to Barnet Hospital, which enabled them to remain with the same employer, rather than the North Middlesex. Training was being strongly encouraged for all staff and the trust was moving towards e-learning. However, many staff were not computer literate and the trust was now looking at providing greater choice of formats.

In answer to a question, Ms Lowe reported that delayed transfers of care remained an issue and could increase pressures on A&E. Discussions had taken place with CCGs to address the issue. In some instances, the trust had had to pay for nursing home accommodation.

The Committee thanked Ms Lowe for attending.

9. DISTRICT NURSING

Sarah Hayes from Whittington Health and Stephen Meechan from Central and North West London reported on district nursing services in Islington, Haringey and Camden respectively.

Ms Hayes reported that Whittington Health provided the district nursing services across Islington and Haringey. These were 24 hours per day and 365 days per year. There were 113 clinical staff in Islington and 87 in Haringey, with four daytime teams in each borough. Each team was linked to a GP network or collaborative. There was an evening team in each borough and a night team working across Islington and Haringey who had a particular focus on providing end of life care and interventions to avoid hospital admission and A&E attendance.

The teams were made up of nurses with a wide range of skills and knowledge. In line with national trends, service activity had increased over recent years. The service was committed to joint working with local GP practices, particularly through regular attendance at practice meetings, primary care enhanced

meetings, case finding and multi-disciplinary teleconferences. The service also worked as an integral part of the Whittington Health virtual ward team.

The issue of recruitment had been addressed with vacancies down to 7%. Measures were also being taken to increase productivity by the greater use of technology and reducing travel times. Mr Meechan reported that recruitment in Camden had also improved with vacancies now down to less than 5%.

Mr Meechan stated that the service in Camden worked along similar lines. The service was able to provide rapid response where necessary in order to avoid hospital admission. In addition, they also operated a hospital at home scheme in liaison with the Royal Free Hospital.

Ms Hayes reported that parking was a particular problem to district nurses. The Whittington had funded parking permits but had cost £80,000 per year. This money was needed for spending on clinical purposes now. Any help that could be provided by Members in response to this issue would be welcome. The Chair agreed to take up the issue with relevant boroughs and local authority organisations.

AGREED:

That the issue of parking for district nurses be raised by the Chair with relevant boroughs and local authority organisations.


10. WORK PLAN AND DATES FOR FUTURE MEETINGS

In reference to the proposed agenda for the next meeting, it was agreed that the issue of spend levels between primary and secondary care be subsumed into the item on Primary Care – Case for Change. It was also noted that the 5 year plan referred to CCGs across north central London rather than the Commissioning Support Unit. It was also agreed that the progress report on the acquisition of Barnet and Chase Farm hospitals by the Royal Free would not be considered at the next meeting as it was already on the agenda for the meeting in January.

AGREED:

That, subject to the above mentioned amendments, the work plan be approved.

Gideon Bull
Chair

	AGENDA ITEM 7
	<p>Health Overview and Scrutiny Committee</p> <p>20 October 2014</p>
Title	Member's Item – GP Numbers
Report of	Head of Governance
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Team Leader (Acting) Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary
The report informs the Health Overview and Scrutiny Committee of a Member's Item and requests instructions from the Committee.

Recommendations
1. That the Health Overview and Scrutiny Committee's instructions in relation to this Member's item are requested.

1. WHY THIS REPORT IS NEEDED

1.1 Councillor Cllr Amy Trevethan has requested that a Member's Item be considered on the following matter:

1.2 *The Labour Group have grave concerns about the lack of GP capacity in Barnet to deal with the increase in population, the further growth arising from planned regeneration and the increasing number of older people and those with long-term conditions. The policy of treating people at home and the increased role of GPs due to greater integration will place further strain on already overstretched surgeries. Nationally GPs are making nearly 340 million patient consultations every year - 40 million more than 5 years ago. Recent figures published by the Royal College of General Practitioners shows that in the last three years the number of unfilled GP posts has quadrupled in from 2.1 per cent in 2010 to 7.9 per cent in 2013. Estimates suggest that applications for GP training have meanwhile dropped by around 15 per cent.*

I ask that HOSC receives a report from NHS England on the current data related to unfilled GP posts in Barnet and their plans to ensure Barnet residents:

- a) can register with a local GP*
- b) are able to obtain a speedy consultation when requested*
- c) are assured that there will be sufficient GPs to cope with extra demand*
- d) are assured that plans are in place to ensure increased GP coverage takes account of the expected varied rise in population in different parts of the borough*

Please also provide data broken down by constituency and ward as follows:

- e) the current GP shortfall, missed targets on appointments and any gaps in cover.*

Link to RCGP statement: <http://www.rcgp.org.uk/news/2014/october/over-500-surgeries-at-risk-of-closure-as-gp-workforce-crisis-deepens.aspx>

2. REASONS FOR RECOMMENDATIONS

2.1 No recommendations have been made. The Committee are therefore requested to give consideration and provide instruction.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 Post decision implementation will depend on the decision taken by the Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 As and when issues raised through a Member's Item are progressed, they will need to be evaluated against the Corporate Plan and other relevant policies.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

5.3.1 The Council's Constitution Meeting Procedure Rules (section 6) illustrates that a Member, including appointed substitute Members of a Committee may have one item only on an agenda that he/she serves. Members items must be within the term of reference of the decision making body which will consider the item.

5.3.2 Clinical Commissioning Groups are required following the implementation of the Health and Social Care Act (2012) to provide primary medical services.

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 Equalities and Diversity

5.5.1 Member's Items allow Members of a Committee to bring a wide range of issues to the attention of a Committee in accordance with the Council's Constitution. All of these issues must be considered for their equalities and diversity implications.

5.6 Consultation and Engagement

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 Email to Governance Officer, dated 7 October 2014.

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	<p>AGENDA ITEM 8</p> <h2 style="text-align: center;">Health Overview and Scrutiny Committee</h2> <h3 style="text-align: center;">20 October 2014</h3>
<p>Title</p>	<p>Update Report – London Ambulance Service</p>
<p>Report of</p>	<p>Governance Service</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Enclosures</p>	<p>Appendix A – Update Report from London Ambulance Service</p> <p>Appendix B – PowerPoint Presentation from the London Ambulance Service to North Central London Joint Health Overview and Scrutiny Committee</p> <p>Appendix C - Information requested from the North Central Sector Joint Health Overview and Scrutiny Committee on 24 March 2014 on conveyances of people from care homes to A&E</p>
<p>Officer Contact Details</p>	<p>Anita Vukomanovic, Governance Service Officer anita.vukomanovic@barnet.gov.uk 0208 359 7034</p>

<h2>Summary</h2>
<p>This report provides the Committee with an update report from the London Ambulance Service NHS Trust covering the following:</p> <ul style="list-style-type: none"> • The staffing position and delivery of performance of the Trust. • An overview of activities taken to improve response times through better staffing levels. • Staffing matters. • How the Trust is modernising to improve the care delivered to patients. • How the Trust educating people to use appropriate care pathways <p>Representatives from the London Ambulance Trust will be in attendance at the meeting to present the report and respond to questions from the Committee.</p>

Recommendations

- 1. That the Committee note the update from the London Ambulance Trust and ask questions and make appropriate comments.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The Committee has requested to receive an update from the London Ambulance Service NHS Trust. Following a presentation by the London Ambulance Service to the North Central Sector Joint Health Overview and Scrutiny Committee on 19 September 2014, the Chairman has requested that the London Ambulance Service provide further detail on staffing issues, the use of private ambulances to supplement staffing levels, response times, and how the Trust educating people to use care pathways other than ambulances when appropriate.

2. REASONS FOR RECOMMENDATIONS

- 2.1 By receiving this update, the Committee will be kept up to date on the status of the Trust in relation to demand and delivery, performance and staffing.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 Following consideration of this update report, the Committee will be able to determine any further actions that they wish to pursue.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

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

- 5.3 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –
 - Promote responsible growth, development and success across the borough;
 - Support families and individuals that need it – promoting independence, learning and well-being; and

- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

5.4 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

5.5 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.6 None in the context of this report.

5.7 Legal and Constitutional References

5.7.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.7.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.7.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“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.”

“To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.”

“To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors.”

5.8 Risk Management

5.8.1 This report provides the Committee with an opportunity to scrutinise issues affecting the London Ambulance Service NHS Trust. Not receiving this report would present a risk to the Committee in that they would not be kept up to date on issues surrounding GPs at Finchley Memorial Hospital.

5.9 Equalities and Diversity

5.9.1 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.9.2 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.

5.10 Consultation and Engagement

5.10.1 None in the context of this report.

6.0 BACKGROUND PAPERS

6.1 None in the context of this report.

Appendix A

Report on London Ambulance Service NHS Trust for the Barnet Health Overview and Scrutiny Committee – October 2014

Introduction

The London Ambulance Service NHS Trust has been asked by the Barnet Health Overview and Scrutiny Committee to provide a fuller update on its staffing position and delivery of performance following a presentation at the North Central London Health Overview and Scrutiny Committee in September 2014. This document provides an overview of this information along with details of what we are doing to improve our response times through better staffing levels, how we are working to retain our staff, how we are responding differently to people that call us and how we are modernising our service to improve the care we deliver to our patients.

Demand and delivery

In Barnet comparing the period 1st April to 26th September of both 2013 and 2014 we have seen a 7% increase in the number of category A (most seriously ill and injured) calls responded to (7602 in the period during 2013 and 8129 in 2014). Our commissioned growth is 5.5% so it is above this level. In terms of overall demand this is below contracted levels for the same period but is reduced due to the way we have been working differently. Delivery of the category A target of 75% within 8 minutes, is a significant and real challenge to not only in Barnet but the Trust; with Barnet currently year to date delivering 58%. This is down 14% on the same period last year. In Barnet we achieve the 75% target at 10.55mins. We currently attend on average 46 category A calls incidents per day in Barnet so we are working on getting to another 8 calls a day, within 8 minutes, to achieve the target.

Barnet's care and nursing homes continue to be the biggest users of the London Ambulance Service compared to the rest of London. So far in this financial this year we have responded to Barnet care/nursing homes 1035 times. The next closest are the care homes in Bromley who so far have called us 863 times this year. From these responses we have not transported 15% of those patients meaning 85% of these have been taken to hospital or a care facility. The greatest reason for calling us so far this year is for a Health Care Professional requesting us to transport a patient to hospital. This has happened 218 times. We have been to 177 falls in these locations. In reviewing when we receive these calls throughout the week the greatest amount are received on a Saturday and Sunday and fewest on a Monday. We are working locally with the CCG to improve the number of appropriate care pathways as well as looking at better ways these calls could be managed.

Staffing

North Central London has unfortunately had 21 staff leave us in the period April to September 2014. Of these 19 have been paramedics. However, the attrition rate has improved significantly from the same period last year where we had lost 56 staff. The Trust is ensuring that exit interviews take place so we can learn more about the reasons for staff leaving us. Reasons are in the main are staff wishing to moving closer to their home, looking for career development by moving to other

ambulance trusts. Some of it is due to the high demand London sees and the high utilisation rate of our resources as well as the high cost of living in London.

What we are doing to improve response times and delivery

We have been implementing a modernisation programme for the last year and a half that has seen a number of improvements introduced. New shift rosters better reflect our demand and means more staff working at the times and places where our patients need us most. This project in terms of scale meant c 2500 staff started on a new rota over the last two weeks

We have also introduced a clinical career structure ranging from a Board level Paramedic Director down to an Emergency Ambulance Crew. For the first time there is a career structure that allows staff to progress through a clinical direction instead of a managerial one. All our ambulances now respond to a full range of calls. This means every ambulance has a qualified ambulance crew able to respond to all the calls we receive.

In addition to the changes already implemented we are doing the following:

- **Increasing our capacity to respond to calls:** Including making available an additional 4,400 hours of overtime for staff per week. We are recruiting c 220 paramedics and 150 Emergency Ambulance crew from October 2014 to April next year. We are reducing the number and type of vehicles we send to emergency calls meaning we are dropping our 'multiple attendance' ratio from 1.41 to 1.29. By doing this we get an additional 400 responses a day from our existing capacity. To aid in staff retention we are creating 500 band 6 senior paramedic posts that will be filled primarily by promotion of current staff. We have also asked our Clinical Team leaders to spend 90% of their week on the frontline with patients rather than undertaking managerial duties.

Reducing demand. We are extending the operating hours of our dedicated police desk. The Police are our biggest user and through this desk working 168 hours a week we will see 500 police calls not receiving a face-to-face response but the patient being managed in another way. In addition to this our clinical hub in the Emergency Operations Centres will manage up to an additional 500 patients per week by giving clinical advice over the 'phone through our 'Hear and Treat' Service. While the Service continues to prioritise its response to patients in life-threatening conditions, other people, with less serious injuries and illnesses, should call NHS 111 or make their own way to an urgent care centre, pharmacy or GP We are also changing how we respond to less serious calls; after an initial clinical triage, these callers will either be referred to NHS 111 or given additional clinical advice over the phone by a paramedic. This means that c 3500 calls, where appropriate, will not receive an ambulance response. Finally we are using alternative transport options for 'low acuity' patients, by doing this we should reduce ambulance attendances per week by 200 releasing an additional 600 hours

Paul Gates
T/Deputy Director of Operations – North Central London
September 2014.

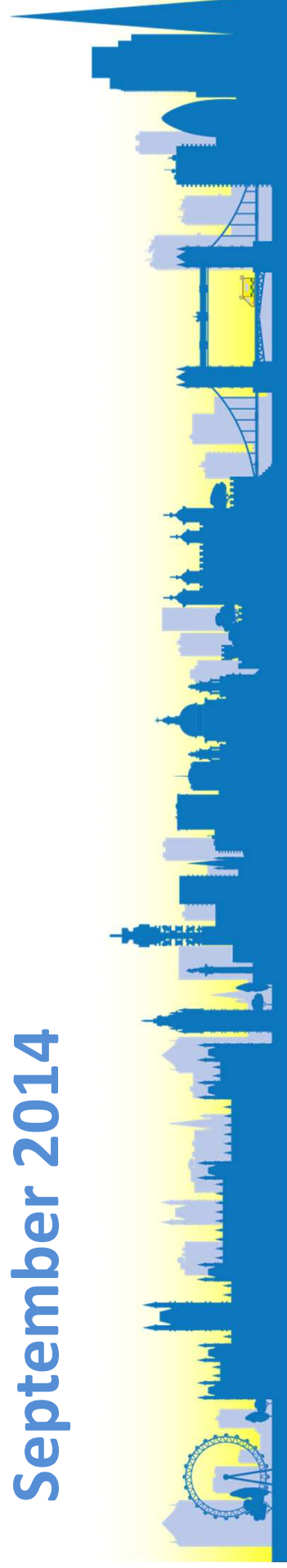
Presentation to Joint Health and Overview Scrutiny Committee

Steve Colhoun

Ambulance Operations Manager

London Ambulance Service NHS Trust

September 2014



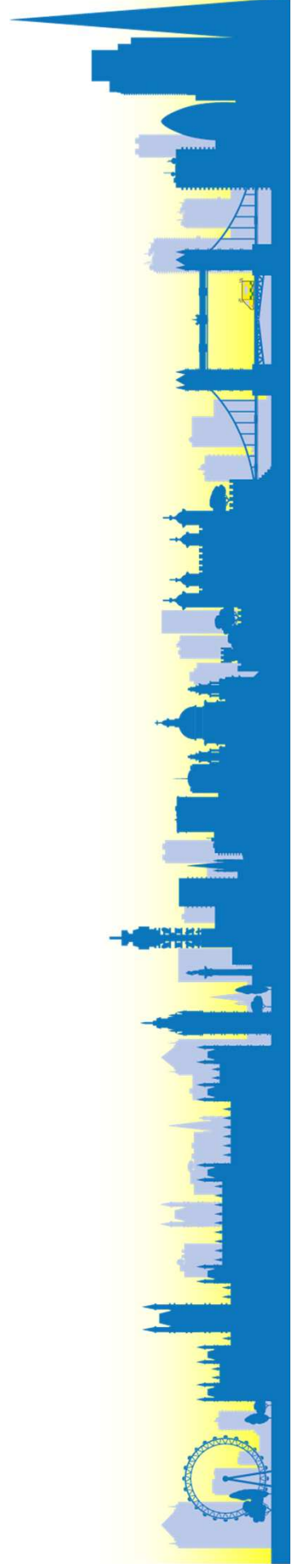
Handovers

Average Arrive Hospital to Trolley Clear

Hospital	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Barnet	14.9	19.6	15.9	12.4	11.7	11.8	12.6	11.9
North Mid	21.7	21.4	21.0	21.2	17.6	18.8	19.6	18.6

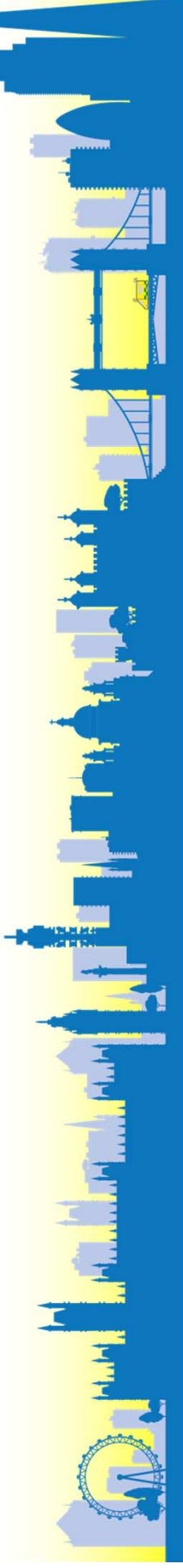
Average Trolley Clear to Green

Hospital	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14
Barnet	14.9	14.6	14.9	15.2	15.5	15.6	15.1	15.6
North Mid	13.9	13.7	14.1	14.2	15.1	15.2	14.4	15.5



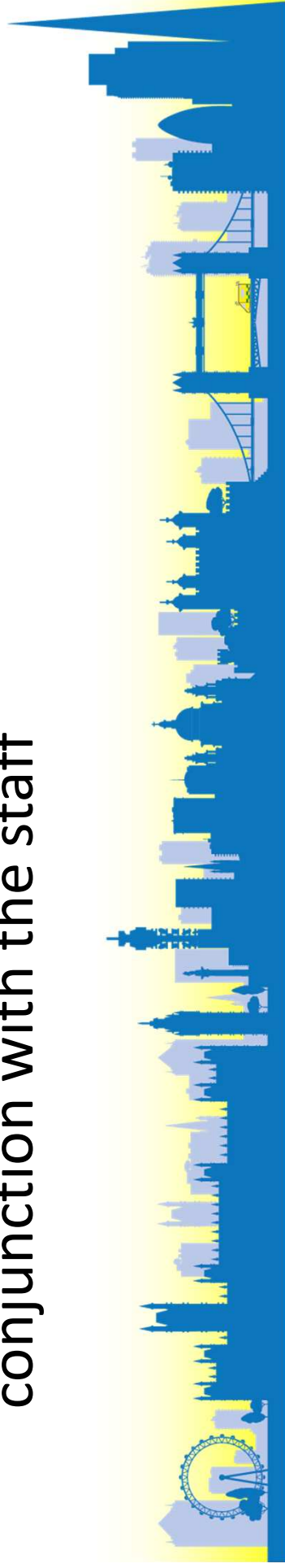
Deployment

- Recent remodelling of LAS demand has taken in to account the ambulance movements due to the reconfiguration of the Emergency Department at Chase Farm
- We have rostered the appropriate resource numbers to meet demand now and the future in the area
- Ambulance stations are now locations where staff start and finish their shifts – 90% of their time is spent mobile in the vehicle



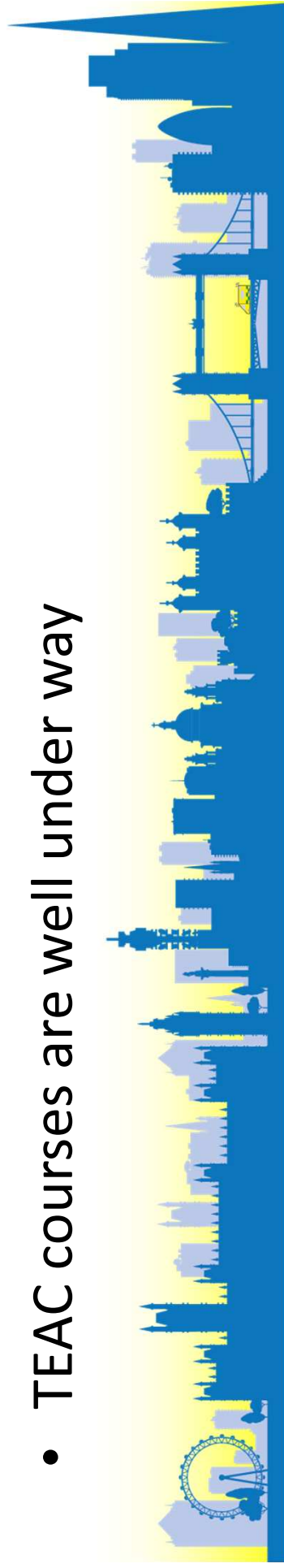
Shift Times

- We have developed new staff rotas that will ensure we have staff working when our patients need us most
- New roster implementation 08th September 2014
- Shift lengths at complexes within Enfield and Haringay CCGs vary from 7.5 hours to 12 hours
- These have been derived from the modelled call demand seen in these communities, in conjunction with the staff



Recruitment

- We have launched a recruitment campaign, both nationally and internationally, to recruit 500 frontline staff
- We have developed a clinical career structure to provide staff with opportunities to develop their skills and progress their career within our Service
- We continue to work with regional local education and training boards to secure funding for our clinical staff to develop
- TEAC courses are well under way



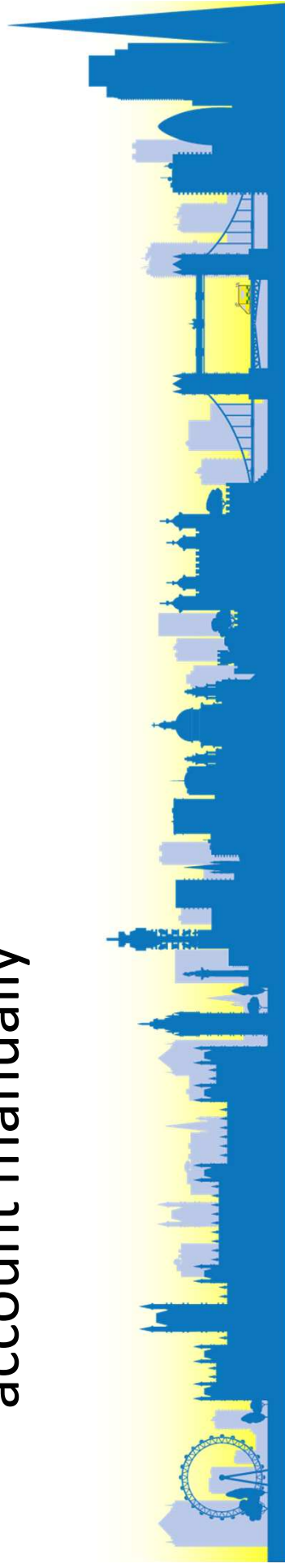
Use of Private Ambulances

- We are currently using approved private ambulance services to support our gaps until we recruit sufficient staff
- We have agreed this with our commissioners who are supporting the funding for this
- Private ambulances are targeted to areas where we have vehicle gaps – to ensure we are able to deliver a quality service



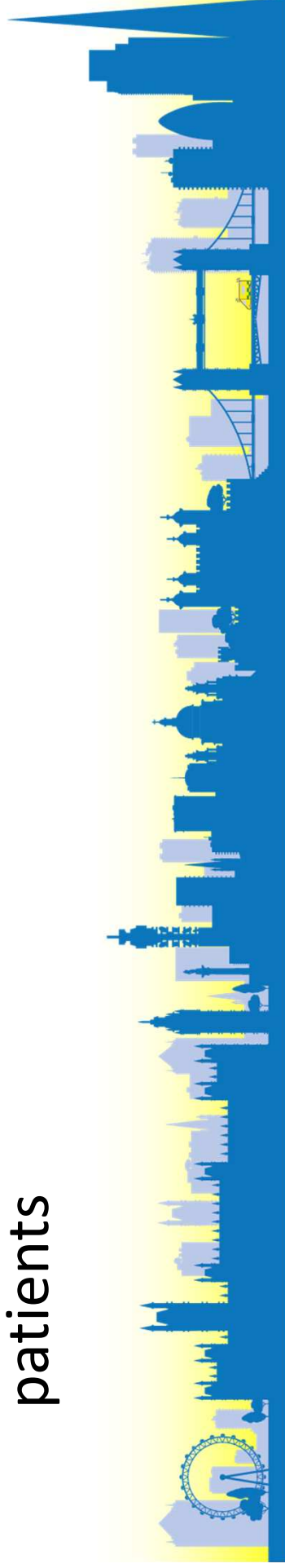
Intelligent Conveyancing

- One of the key issues for both Barnet and North Middlesex hospitals was the additional work that East of England Ambulance Service (EEAST) brings in
- LAS now sees the incoming ambulances from EEAST to both hospitals and is working on integrating their data into our systems as part of the IC review
- The data is monitored on a separate PC now and conveyance options are taking their vehicles into account manually



Nursing/Care Home / Palliative Care

- All CCGs have had the activity from these locations shared. Monthly updates are available from North West London
- Enfield and Haringey have two pathways in place and these are agreed by OPAU and ICT
- Staff now have confidence in their use so we are working with them
- Barnet have had a joint CCG/LAS pathway signed off in the last month for Nursing and care home patients



Appendix C –

At a meeting of the North Central Sector Joint Health Overview and Scrutiny Committee (JHOSC) on 24 March 2014, the following item was considered:

AGENDA ITEM 3: A&E PERFORMANCE ISSUES AT BARNET AND CHASE FARM AND THE NORTH (24 March 2014)

MIDDLESEX HOSPITALS

The JHOSC resolved to request that further information be sought from the London Ambulance Service on the number of conveyances of people from care homes to A&E that had taken place during the winter period.

This information has been provided by an Officer at the London Ambulance Service, and is attached for your information.

Care/Nursing Home and GP Surgery Data Barnet CCG and Enfield CCG

Care Homes in Barnet and Chase Farm CCGs

Of the 32 CCGs pan London, Barnet CCG ranks number 1 for utilisation by care/nursing homes. Enfield CCG is ranked at number 3. Barnet saw 213 incidents and Enfield saw 175 incidents in April 2014.

Of the 213 incidents in Barnet CCG, 172 were conveyed

Of the 175 incidents in Enfield CCG, 147 were conveyed

Of the top 50 care/nursing home users in London, six are in Barnet CCG and four are in Enfield CCG

There are 54 care/nursing homes in Barnet CCG. The top five locations are:

Apthorp Lodge-- 13 incidents

Clore Manor - 12 incidents

Sydmar Lodge - 12 incidents

Sage Nursing Home – 11 incidents

Candle Court – 10 incidents

=Glenholme Mental Health Care Ltd – 10 incidents

There are 46 care/nursing homes in Enfield CCG. The top five locations are:

Murrayfield Care Home – 15 incidents

Azalea Court – 13 incidents

Nairn House Care Centre – 11 incidents

Elizabeth Lodge – 10 incidents

Autumn Gardens – 9 incidents

In Barnet CCG, the chief complaint was HCP admissions (43/213), followed by falls (37/213). 23/213 were unknown

In Enfield CCG, the chief complaint was falls (39/175), followed by HCP admissions (32/175). 30/175 were unknown

The most frequent illness type recorded in Barnet CCG was other medical condition (42 incidents), followed by dyspnoea (20 incidents), generally unwell (17 incidents) and pain – other (16 incidents)

The most frequent illness type recorded in Enfield CCG was other medical condition (26 incidents), followed by generally unwell (18 incidents), pain – other (17 incidents) and dyspnoea (16 incidents)

GP Surgeries in Barnet and Chase Farm CCGs

Of the 32 CCGs pan London, Barnet CCG ranks number 7 for utilisation by GP surgeries. Enfield CCG is ranked at number 6. Barnet saw 50 incidents and Enfield saw 51 incidents in April 2014.

Of the 50 incidents in Barnet CCG, 49 were conveyed

Of the 51 incidents in Enfield CCG, all 51 were conveyed

Of the top 50 GP surgery users in London, two are in Barnet CCG and three are in Enfield CCG

There are 28 GP surgeries in Barnet CCG. The top five locations are:

Dr PJC Cuttell and Partners – 6 incidents
Torrington Park Group Practice – 5 incidents
Derwent Crescent Medical Centre – 3 incidents
Watling Medical Centre – 3 incidents
Dr Ila Thakkar – 3 incidents

There are 23 GP surgeries in Enfield CCG. The top five locations are:

The Bounces Road Surgery – 7 incidents
Eagle House Surgery – 5 incidents
Lincoln Road Medical Practice – 5 incidents
White Lodge Medical Practice – 4 incidents
Freezywater Primary Care Centre – 3 incidents

In Barnet CCG, the chief complaint was HCP admissions (47/50), followed by cardiac arrest (2/50) and chest pain (1/50)

In Enfield CCG, the chief complaint was HCP admissions (49/51), breathing problems (1/51) and psychiatric behaviour (1/51)

The most frequent illness type recorded in Barnet CCG was chest pain (11 incidents), followed by other medical condition (6 incidents), and pain – back (5 incidents)

The most frequent illness type recorded in Enfield CCG was pain -chest (10 incidents), followed by other medical conditions (8 incidents), and dyspnoea (8 incidents)

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	AGENDA ITEM 9 Health Overview and Scrutiny Committee 20 October 2014
	<p>Title Accident and Emergency: Winter Preparations</p> <p>Report of Governance Service</p> <p>Wards All</p> <p>Status Public</p> <p>Enclosures Appendix A –Trolley Wait Information Provided by the Royal Free London NHS Trust (as requested at Committee’s last meeting)</p> <p>Officer Contact Details Anita Vukomanovic, Governance Service Officer anita.vukomanovic@barnet.gov.uk 0208 359 7034</p>

<h3>Summary</h3>
<p>The Royal Free London NHS Foundation Trust will be attending the meeting of the Health Overview and Scrutiny Committee in order to provide an update on A&E preparations for the coming winter and highlights lessons learned from last winter in relation to Barnet and Chase Farm Hospital.</p> <p>This Trust have also been asked to provide the Committee with an update on a piece of work undertaken by the Trust to identify care homes which were sending large numbers of elderly people to A&E, and on-going work around this issue.</p>

<h3>Recommendations</h3>
<p>1. That the Committee note the update from the Royal Free London NHS Foundation Trust and ask questions.</p>

1. WHY THIS REPORT IS NEEDED

1.1 The Committee have requested to be provided with an update report from The Royal Free London NHS Foundation Trust on A&E preparations for the coming winter and highlights lessons learned from last winter.

1.2 At their meeting on 19 September 2014, the North London Central Sector Joint Health Overview and Scrutiny Committee, the Committee received an item on A&E and Care Homes. Following this meeting, the Chairman has requested that the Committee are provided with additional information on:

- A update on the piece of work referred to at 1.2, highlighting any patterns of high numbers of admission on elderly patients to A&E from care homes, and analysis of why this could be; and
- If any training had been facilitated for staff at care homes in relation to A&E when it was appropriate for patients to be admitted to A&E;

2. REASONS FOR RECOMMENDATIONS

2.1 By receiving this update, the Committee will be able to maintain an oversight A&E on preparations at Barnet and Chase Farm for the winter season, as well as lessons learned, and to be kept up to date on the piece of work highlighted at section 1.2 above on the admission of elderly patients to A&E from care homes.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not Applicable.

4. POST DECISION IMPLEMENTATION

4.1 Following consideration of this item, the Committee will be able to determine any further actions that they wish to pursue.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.2 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

5.3 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –

- Promote responsible growth, development and success across the borough;
- Support families and individuals that need it – promoting independence, learning and well-being; and

- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.
- 5.4 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:
- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
 - To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

5.5 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.6 None in the context of this report.

5.7 Legal and Constitutional References

5.7.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.7.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.7.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“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.”

“To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.”

“To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors.”

5.8 Risk Management

- 5.8.1** Not receiving this report would present a risk to the Committee in that they would not be kept up to date on issues surrounding Accident and Emergency matters.

5.9 Equalities and Diversity

- 5.9.1** Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

- 5.9.2** 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.

5.10 Consultation and Engagement

- 5.10.1** None in the context of this report.

6 BACKGROUND PAPERS

- 6.1** None

Appendix A:

The Below information was requested by the Health Overview and Scrutiny Committee following their consideration of an update on the Royal Free London NHS Trust's Acquisition of the Barnet and Chase Farm Hospitals NHS Trust at their meeting on 7 July 2014.

The Trust has provided current and historical statistics on the number of people waiting on a trolley at A&E for over 12 hours, which is below for your information.

12 hour trolley wait	13/14												14/15									
	Q1			Q2			Q3			Q4			13/14					14/15				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	14/15 YTD			
Barnet Hospital	0	0	0	0	0	0	0	0	14	14	0	0	0	0	0	0	0	0	0			
Chase Farm Hospital	0	0	0	0	0	0	0	0	2	9	3	0	0	0	0	0	0	0	0			
Royal Free Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			

4-hour performance	13/14												14/15									
	Q1			Q2			Q3			Q4			13/14					14/15				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	13/14	Apr	May	Jun	Jul	Aug	Sep	14/15 YTD		
Barnet Hospital	88.70%	88.5%	85.4%	89.2%	87.8%	85.4%	86.8%	94.6%	94.0%	91.5%	84.9%	90.3%	89.3%	96.0%	92.9%	94.7%	95.1%	95.9%	94.88%			
Chase Farm Hospital	92.6%	94.8%	94.4%	92.3%	90.6%	87.2%	86.0%	92.1%	97.7%	99.9%	100%	100%	92.3%	100%	100%	100%	100%	100%	99.99%			
Royal Free Hospital	95.8%	96.5%	97.9%	97.7%	96.4%	96.5%	96.3%	97.4%	95.5%	96.4%	95.0%	96.4%	96.2%	95.1%	95.7%	96.6%	95.3%	93.6%	95.29%			
Combined organisation																				95.83%		

	AGENDA ITEM 10
	<p>Health Overview and Scrutiny Committee</p> <p>20 October 2014</p>
Title	Update Report: Royal Free Hospital Acquisition of Barnet and Chase Farm Hospitals NHS Trust
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Appendix A – Update from Royal Free London NHS Trust
Officer Contact Details	Anita Vukomanovic anita.vukomanovic@barnet.gov.uk – 0208 359 7034

<h3>Summary</h3>
<p>In July 2012 the Barnet and Chase Farm Board concluded that it was not likely to become a Foundation Trust alone and invited competitive proposals from potential partners to create a larger Foundation Trust. The Royal Free NHS FT was subsequently formally accepted as its preferred partner.</p> <p>The Health Overview and Scrutiny Committee have requested to receive an update from the Royal Free London NHS Trust on the acquisition of Barnet and Chase Farm Hospitals NHS Trust. In addition to the update provided in Appendix A, a representative from the Royal Free Hospitals NHS Trust will be in attendance on the evening to provide a verbal update to the Committee and to respond to any questions.</p>

<h3>Recommendations</h3>
<p>1. That the Committee note the update from the Royal Free London NHS Trust on the acquisition of Barnet and Chase Farm Hospitals NHS Trust and ask questions.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 The Barnet Health Overview and Scrutiny Committee have requested to receive an update on from the Royal Free London NHS Trust following the acquisition of Barnet and Chase Farm Hospitals NHS Trust.

2. REASONS FOR RECOMMENDATIONS

- 2.1 Receiving this report will provide Members of the Health Overview and Scrutiny Committee with the opportunity to question senior Officers from the Royal Free London NHS Foundation Trust on the outcome of the decision of the proposed acquisition.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 None in the context of this report.

4. POST DECISION IMPLEMENTATION

- 4.1 This report is an update report. It is up to the Committee to determine if they wish to receive any future updates or request any additional information on this matter.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.11 The Health Overview and Scrutiny Committee must ensure that its work is reflective of the Council's priorities.

- 5.12 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –

- Promote responsible growth, development and success across the borough;
- Support families and individuals that need it – promoting independence, learning and well-being; and
- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

- 5.13 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and
- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

5.2 Legal and Constitutional References

5.2.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.2.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.2.1 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“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.”

“To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.”

“To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors.”

5.3 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.3.1 None in the context of this report.

5.4 Risk Management

5.4.1 To not receive this update report would present the Committee with a risk of not being kept abreast of the current status of the proposed acquisition by the Royal Free London NHS Foundation Trust. This could in turn hinder the Committee's ability to conduct effective scrutiny of this service.

5.5 Equalities and Diversity

5.2.1 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.

5.6 **Consultation and Engagement**

5.6.1 None in the context of this report.

6. **BACKGROUND PAPERS**

6.1 None.

Appendix A

INTEGRATION OF BARNET AND CHASE FARM HOSPITALS

1 Introduction

As members know the former Barnet and Chase Farm Hospitals NHS Trust was statutorily brought into the Royal Free on 1 July of this year. Whilst that process took exactly two years, all involved knew from the start that it would prove to be the easiest stage; far harder would be the tasks of returning local services to achieving national standards (of which more below) and of achieving financial stability for those local hospitals for the first time in recent memory. Together with our partners we have now started on those tasks.

This note offers a short summary of progress to date, although members will appreciate that we have not (at the time of writing) yet reached our first 100 days of the enlarged organisation.

2 Working with partners

One of the most important determinants of success for the acquisition is the extent to which working relationships with partners can be improved, and in particular how well partners work together on commonly agreed priorities. Alone the Royal Free cannot achieve sustainable improvement. The current NHS has a complex structure, there being two separate types of commissioners of our services (clinical commissioning groups and NHS England), and commissioners and trusts have different regulators; added to that, our local hospitals provide services for people living both in north London and southern Hertfordshire, and those areas come under different parts of the NHS. The Royal Free has therefore brought all those parties together, something that had never happened before, to agree how to work together most effectively and to support one another's priorities for the period ahead. In fact there is remarkably good strategic alignment between the Royal Free and its commissioners, mainly due to agreement on the Barnet Enfield and Haringey clinical strategy and on the development of integrated care for common conditions. We see this system level collaboration as continuing for the long term.

Working with local authorities is being strengthened too. The Royal Free appreciates being involved in the health and wellbeing boards of LB Barnet (as an attendee), of LB Enfield (as a non voting member) and of Hertfordshire CC (as an attendee); and, together with local authorities and other partners in north London and Hertfordshire, we are full members of the newly established system resilience groups which plan for the sustainability across

health economies of both elective care (especially waiting lists) and emergency care (especially accident and emergency services).

3 Practical priorities

We identified four major practical priorities that need our concentrated attention during the first period of the expanded Royal Free. These are as follows.

3.1 Waiting lists

As members know the former Barnet and Chase Farm trust's waiting list statistics had become confused in a way that affects patients and how long they waited. Additional operating lists, including at weekends both at Chase Farm Hospital and the Royal Free Hospital, are now being provided, and extra patients continue to be treated in other convenient hospitals that have capacity.

Meanwhile the long and complex process of correcting thousands of waiting list records is proceeding well and to plan, which means that the accuracy of the waiting list is improving every day. However we cannot yet say when this validation process (which will enable the Barnet and Chase Farm figures to be reported accurately once again) will be complete; and only after that will we be able to give an expected date by when at trust level we will reach the national standards, which are:

90% of admitted patients should have been treated within 18 weeks of referral;
95% of out-patients should have been treated within 18 weeks of referral; and
92% of patients still waiting should have been waiting within 18 weeks.

3.2 Emergency flows

As members know Barnet Hospital is a very busy emergency and maternity hospital, and that has meant that admitting significant numbers of elective patients from the waiting list has often not been possible. We do not envisage the demand for emergency services at Barnet Hospital reducing, and in fact if anything, despite various system level measures to abate demand, it may well increase due to demographic change (including both the increasing local population, and the changing structure of the population) and to other changes around us (for example the closure of the accident and emergency department and emergency admission service at the Queen Elizabeth II Hospital in Welwyn Garden City). The number of emergency ambulances arriving at Barnet Hospital has exceeded 90 per day (the expected maximum for a hospital of its size) on an increasing number of occasions, including on eight days in September 2014. To help manage this demand over the winter ahead, and so as to help reduce long waits for elective care, we are increasing the number of elective patients at Chase Farm Hospital (as per the paragraph above) where there is capacity, but this is an area where effective collaboration with our partners on prevention of emergency admission and on timely discharge is, though complex to achieve, enormously important.

From 1 July to 30 September Barnet Hospital alone very nearly achieved the 95% standard for the proportion of patients waiting four hours or less from arrival to admission, transfer

or discharge (the precise figure was 94.9%), but the target was met for Barnet and Chase Farm Hospitals taken together. The target was achieved at the Royal Free overall too.

3.3 Developing the Chase Farm Hospital site

Improving this hospital was an inherent part of the Royal Free’s plan for the acquisition. Plans for the new hospital are developing, and a business case is being compiled. This is important for Barnet people as many, especially across the northern half of the borough, make use of Chase Farm.

3.4 Developing a new culture

Just as working with external partners is essential, so is getting the culture right across the expanded trust. Introducing, and developing, clinical leadership across all clinical services is a fundamental part of our approach, and this has been in place from the start. The Royal Free’s world class care values (positively welcoming, actively respectful, clearly communicating, visibly reassuring) apply across the whole organisation. Communications with all staff is of course a very high priority since we want to increase staff engagement in all that we do. As well as the usual published and electronic means, the chief executive makes presentations to staff at each main hospital site every month.

3.5 Continuing priorities

Whilst those four are the most complex areas that need change, we will not neglect other priorities. One of those priorities is reducing hospital acquired infection. The former Barnet and Chase Farm trust reported higher than average numbers of such infections last year, but the numbers at those hospitals have lately been lower. Table 1 shows the figures for *Clostridium difficile*, including for the Royal Free Hospital.

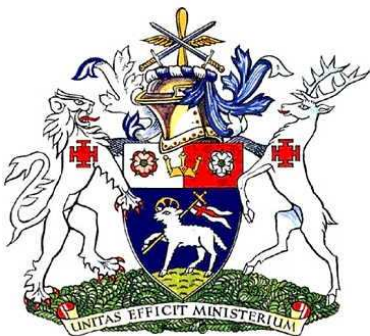
Table 1 – Cases of attributed *Clostridium difficile*

hospitals	Jan-Mar 14	Apr-Jun 14	Jul-Aug 14*
Barnet and Chase Farm	17	12	4
Royal Free	5	5	5
whole trust			9

*Note that this is for two months only, the September figures not being available at the time of writing.

1 October 2014

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	AGENDA ITEM 11 Health Overview and Scrutiny Committee 20 October 2014
	<p>Title GP Services at Finchley Memorial Hospital</p> <p>Report of Governance Service</p> <p>Wards All</p> <p>Status Public</p> <p>Enclosures Appendix A – Update Report from NHS England (As received by the Health Overview and Scrutiny Committee on 12 March 2014) Appendix B – Update Report from NHS England – October 2014</p> <p>Officer Contact Details Anita Vukomanovic, Governance Service Officer anita.vukomanovic@barnet.gov.uk 0208 359 7034</p>

<h3>Summary</h3>
<p>This report provides the Committee with a submission from NHS England on GP Services at Finchley Memorial Hospital (Appendix B)</p> <p>Representatives from NHS England will be in attendance at the meeting to present the report and respond to questions from the Committee.</p>

<h3>Recommendations</h3>
<p>1. That the Committee note the update from NHS England on GP Services at Finchley Memorial Hospital, and ask questions and make comments.</p>

1. WHY THIS REPORT IS NEEDED

1.1 At the meeting of the Health Overview and Scrutiny Committee on 12 December 2013, the Committee received a Members Item in the name of Cllr. Geof Cooke GP in relation to NHS England seeking to relocate local GP practices onto the Finchley Memorial Hospital site. The Committee received representations from Councillor Jim Tierney, Ward Member for West Finchley, and the Practice Manager at the surgery of at 209 Ballards Lane. Following the consideration of Cllr. Cooke's item, the Committee resolved the following:

1.2 Following the consideration of Cllr. Cooke's Members Item, the Committee resolved the following:

RESOLVED that:-

1. *The Committee invite NHS England to make a written submission and be invited to address the Committee at the March 2014 meeting on:
 - i) *The issues detailed above regarding the decision to move Dr Thwe's practice to Finchley Memorial Hospital; and*
 - ii) *Any progress made in relocating GP practices into the vacant GP space at Finchley Memorial Hospital.**
2. *The Committee receive a written submission in advance of the next meeting in relation to the impact of dispersing the patient list of two practices in the West Finchley area (Dr K Dodanwatawana, 110 – 112 Ballards Lane and Dr S S Thwe, 209 Ballards Lane).*

1.3 The written submission referred to in the above Resolution is contained at Appendix A. At the Committee meeting on 12 March 2014, the Committee resolved the following:

RESOLVED that:-

1. *The update on GP services at Finchley Memorial Hospital and in West Finchley as set out in the report and above be noted.*
2. *NHS England be requested to circulate the terms of reference of the Barnet, Enfield and Haringey Partnership Board which were considering estates matters in the three boroughs.*
3. *NHS England be requested to confirm the total number of patients and GPs transferring to Finchley Memorial Hospital from Cornwall House Surgery and Squires Lane Medical Practice.*

4. *The Committee add an item to the future work programme on GP service planning to review NHS England's strategic plans for GP provision and linkages to the Barnet, Enfield and Haringey Clinical Strategy.*

1.4 The written submission referred to in 1.3 above is set out in Appendix A.

1.5 The Committee have now requested to review an update from NHS England on the current status of GPs at the site. This update is provided at Appendix B.

1 REASONS FOR RECOMMENDATIONS

1.4 By receiving this update, the Committee will be kept up to date on the site issues affecting GPs moving into the premises. Representatives from NHS England will be in attendance on the evening to present the report at Appendix B and to respond to questions from the Committee.

2 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

2.4 Not Applicable.

3 POST DECISION IMPLEMENTATION

3.4 Following consideration of this item, the Committee will be able to determine any further actions that they wish to pursue.

4 IMPLICATIONS OF DECISION

4.4 Corporate Priorities and Performance

5.2 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

5.3 The three priority outcomes set out in the 2013 – 2016 Corporate Plan are: –

- Promote responsible growth, development and success across the borough;
- Support families and individuals that need it – promoting independence, learning and well-being; and
- Improve the satisfaction of residents and businesses with the London Borough of Barnet as a place to live, work and study.

5.4 The work of the Barnet Health Overview and Scrutiny Committee supports the delivery of the following outcomes identified in the Corporate Plan:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health; and

- To promote a healthy, active, independent and informed over 55 population in the borough to encourage and support our residents to age well.

5.5 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.6 None in the context of this report.

5.7 Legal and Constitutional References

5.7.1 Section 244 of the National Health Service Act 2006 and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013/218; Part 4 Health Scrutiny by Local Authorities provides for the establishment of Health Overview and Scrutiny Committees by local authorities.

5.7.2 Health and Social Care Act 2012, Section 12 – introduces section 2B to the NHS Act 2006 which imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area.

5.7.2 The Council’s Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following responsibilities:

“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.”

“To make reports and recommendations to Council, Health and Well Being Board, the Secretary of State for Health and/or other relevant authorities on health issues which affect or may affect the borough and its residents.”

“To scrutinise and review promotion of effective partnerships between health and social care, and other health partnerships in the public, private and voluntary sectors.”

5.8 Risk Management

5.8.1 Not receiving this report would present a risk to the Committee in that they would not be kept up to date on issues surrounding GPs at Finchley Memorial Hospital.

5.9 Equalities and Diversity

5.9.1 Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

5.9.2 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.

5.10 Consultation and Engagement

5.10.1 None in the context of this report.

6 BACKGROUND PAPERS

6.1 None

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APPENDIX A

REPORT TO BARNET HEALTH OVERVIEW AND SCRUTINY COMMITTEE 12 MARCH 2014

This report provides information requested by the London Borough of Barnet's Health Scrutiny Committee following their meeting in December 2013 in relation to

- i) the decision to relocate Dr Thwe's practice to Finchley Memorial Hospital;
- ii) progress made in relocating GP practices into the vacant space at Finchley Memorial Hospital; and,
- iii) the impact of dispersing the patient lists of two practices in the West Finchley area (Dr K Dodanwatawana, 110 – 112 Ballards Lane and Dr S S Thwe, 209 Ballards Lane)

NHS England's decision to relocate Dr Thwe's practice to Finchley Memorial Hospital (FMH)

It is important to note the following clarifications to the information provided by the practice to the Committee:

- NHS England has not made a decision to relocate Dr Thwe's Practice to FMH
- Dr Thwe, as the service provider, is responsible for finding and securing adequate premises for the delivery of her contract. These should be compliant with NHS and Care Quality Commission (CQC) standards.
- Dr Thwe is a GMS (General Medical Services) contractor and she holds the contract with NHS England in her own right after the retirement of her partner Dr Vyas. Her contract is substantive, not time limited and is not on a caretaking basis.
- NHS England cannot disperse a patient list unless the contract has ended in accordance with the provisions of the contract and a subsequent decision is taken that the future care of the patients of that practice is managed by asking the patients to register elsewhere (dispersal)

It may be helpful to explain that where NHS England establishes that a GP Provider is practising from premises that do not meet standards it must address this in the interests of patient quality and safety. In these circumstances if the provider does not take action, NHS England can issue a contract notice or request that they develop a plan that remedies the failure in standards. Providers would typically be allowed at least six months to develop their plans. The consequence of not submitting a plan is that NHS England can take formal action that may result in the removal (ultimately) of and/or contract sanctions.

Obviously in these circumstances the provider may need to consider relocation to new premises. These too must meet NHS standards and will be subject to NHS

APPENDIX A

England approval. NHS England would also provide feedback to contractors who are considering relocation when asked. This may include feedback that the premises they are considering would not meet standards, for example if they are too small. It is understood that Dr Thwe is currently reviewing options to relocate her practices and shall at some point submit these to NHS England for approval. In making any determination NHS England shall take into account the impact of void premises at Finchley Memorial Hospital on the health economy.

Progress on the relocation of GP practices into the vacant space at Finchley Memorial Hospital

NHS England is actively supporting two GP practices, Squires Lane and Cornwall House, in order to facilitate their move into Finchley Memorial Hospital. Meetings with the practices, the Clinical Commissioning Group and NHS England are held fortnightly to progress the move.

The landlord for the property, Community Health Partnerships (CHP), and the two GP practices are negotiating the lease arrangements to support the use of the premises. NHS England has worked with both of these parties to resolve issues where this was appropriate or requested. At the time of writing the report, the parties had advised that they had made good progress on resolving key issues.

Once the outstanding issues with the lease have been agreed between the two parties, the practices and NHS England will be in a position to consult with patients regarding their needs and preferences when accessing primary medical services at Finchley Memorial Hospital. This will determine the timing of any move of services into Finchley Memorial Hospital. The practices have also been mindful that the timing of any move should have minimal disruption to services and therefore should avoid periods of high activity.

The impact of dispersing the patients lists of two practices in the West Finchley area (Dr K Dodamwatawana, 110-112 Ballards Lane and Dr S S Thwe 209 Ballards Lane)

NHS England decided to disperse the patient list of The Finchley Practice, 110-112 Ballards Lane following consideration of the views of other stakeholders, the overall viability of the practice and the impact on patients and other services.

NHS England liaised with the patient group, the local MP, Mike Freer, and other stakeholders regarding the future plans for the patients on Dr Dodamwatawana's list. The plan to close the practice at 110-112 Ballards Lane took effect from 31 January 2014. Each adult patient has been written to regarding this and they have been

APPENDIX A

provided with details of all local GP practices in the area where they can register to receive GP services. The practice has provided NHS England with a list of vulnerable patients and in order to provide continuity for their care, these patients have been allocated to another practice. Patient choice is paramount and patients have been provided with details of how to access NHS Choices website where they can compare practices and a number to ring in Patient Support Services should they experience any difficulties registering with a new practice. To date NHS England is not aware of any patient concerns and has not received any correspondence from patients about the dispersal of the list and their requirement to register with another practice.

Prior to coming to the decision to disperse the patient list, NHS England had written to all GP practices within a 1.5 radius of the practice to ask whether they could register an influx of patients in their postcode area. NHS England is satisfied that there was capacity in excess of what is required within these practices to register all the patients, having been assured so by a sufficient number of local practices that confirmed that they did indeed have capacity.

It should be noted that improving quality and access can be cost effectively achieved by increasing the average list size of practices. As you will be aware practice patient list sizes in Barnet historically have been below average in London. As would be expected, smaller practices are less able to leverage economies of scale to develop and expand premises and workforce (key factors in improving access). For this reason, list dispersal is a strategic approach to improving quality and access as it encourages and supports practice expansion.

Post the closure of the practice, NHS England will review those patients that remain unregistered with a GP practice. Children under 5 and the elderly aged 75 and over will be referred to the Health Visiting and District Nurse teams in order that they can review these lists and follow up with the patient/parent/carers.

It is not unusual that when a patient list is dispersed that there will be some people who fail to register with another GP practice in the area. This may occur for a number of reasons – in London the main reason is often that the patient no longer lives in the area and has no need of local services.

Tessa Garvan
Assistant Head of Primary Care GP & Pharmacy North East and Central London
NHS England
February 2014

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Update Report: GP Services at Finchley Memorial Hospital

Document Title Briefing for London Borough of Barnet

Subtitle Update Report: GP Services at Finchley Memorial Hospital

Version number: 2

First published: 1 October 2014

Updated:

Prepared by: Fiona Erne

Classification: Official-Sensitive : Commercial

London Borough of Barnet Briefing Update Report: GP Services at Finchley Memorial Hospital

Issue

1. This briefing provides an update on the proposed relocation of two GP practices, Squires Land and Cornwall House, to the Finchley Memorial Hospital (FMH) Site.
2. The relocation was proposed and supported by the PCT and Shadow CCG to utilise the site and release savings for the CCG against current void costs.
3. Following a meeting between Barnet CCG and the practices on 24 September to discuss alternative options, the practices have advised that they are not minded to accept the CCGs proposals.
4. Barnet CCG's Board decision about the support to be offered to practices, which preceded the September meeting, is included below.

Next Steps

5. NHS England takes the view that the original proposal is the only option currently identified that is acceptable to the practices and which provides savings for the CCG.
6. NHS England has entered into discussions with landlords Community Health Partnerships (CHP) at a London level about their building costs and apportionment models, contending that it is unfair to apportion costs on square footage alone as services consume resources at different levels.
7. CHP have also been asked to reduce building and service costs through renegotiation of contracts and other options.

Background


8. Barnet PCT developed a business case to relocate existing local GP services and move them onto the FMH site. As part of financial planning, the PCT would be expected to set aside or plan for the required capital and revenue funding required under the business case.
9. The proposal identified savings against the void costs of up to £140K, based on the reduction on rent costs from the 2 practices and their contribution to services costs within the FMH site.
10. In March 2013, the PCT Cluster and Shadow CCG asked NHS England to implement their plans for the relocation of two practices. This involved an offer of financial support for a period of 15 years, which the CCG Chief Officer subsequently renegotiated to offer 30 years support. Funding for the proposal

was not transferred to NHS England and remained within the CCG's baseline to fund their void costs obligations.

11. NHS England agreed to implement the plans developed by the Shadow CCG and PCT Cluster, subject to transfer of CCG funds, and wrote to Barnet CCG in November 2013 setting out the recurrent revenue transfer needed to support the project, circa £205K pa.
12. NHS England established a task and finish group with the practices, CCG and representatives from the CCG's Commissioning Support Unit's GP IT team. This group was remitted with:
 - Agreement of leases between the practices and landlord (CHP);
 - Agreement of the contract to provide financial support (linked to the lease);
 - Ensuring that IT and telephony systems are functional and in place for the move;
 - Agreeing a date for the move that would have minimal impact on patients and the practices.
13. Lease negotiations were prolonged as a consequence of organisational change. In July 2014, NHS England organised a meeting with the practices and CHP to resolve the final outstanding issues with the lease.
14. The CCG became concerned about increases in services costs for the GP suite in the building, following a decision by CHP to apportion costs based on the percentage of floor space occupied, and referred the proposal to their Board meeting on 28 August 2014 along with other options for the use of the FMH void space. The outcome of the meeting was as follows;

“The Barnet CCG Board decided a meeting should be arranged with the GP practices to discuss possible options to vary lease terms and other previously planned arrangements for the inclusion of the GP practices at FMH, in ways that might fit better with the Board's view on the best utilisation strategy for FMH itself and on Barnet CCG's financial position. The Board also decided a process should be initiated immediately to explore other strategic options for inclusion of GP's at FMH, in case agreement cannot be reached with the Cornwall House / Squires Lane GP practices.

A meeting with the GP practices is accordingly being arranged, most probably on 24 September.”

	AGENDA ITEM 12
	<p>Health Overview and Scrutiny Committee</p> <p>20 October 2014</p>
Title	Healthwatch Update Report
Report of	Governance Service
Wards	All
Status	Public
Enclosures	None
Officer Contact Details	Anita Vukomanovic – Governance Service Officer anita.vukomanovic@barnet.gov.uk – 020 8359 7034

Summary
<p>The Chairman has invited representatives from Healthwatch Barnet to provide the Committee with an update on their recent activities, as relevant to the Committee’s Terms of Reference.</p> <p>Representatives will be in attendance on the evening to provide the update and also to respond to questions from the Committee.</p>

Recommendations
<p>1. That the Committee note the update from Healthwatch Barnet and ask appropriate questions.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 This update from Healthwatch Barnet will provide the Committee with an oversight of the work that Healthwatch Barnet are currently undertaking within the Borough.

2. REASONS FOR RECOMMENDATIONS

The recommendation provides the Committee with the opportunity to highlight issues of interest and concern, and to make recommendations on any arising matters to Healthwatch Barnet.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 Any recommendations made by the Committee will be followed up by the Governance Service with Healthwatch Barnet, with any requests for information being disseminated as appropriate.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

Healthwatch will be the primary vehicle through which users of health and care in the Borough will have their say and recommend improvements. These should lead to improved, more customer focused outcomes for the objectives in the Health and Well Being Strategy 2012-15 and in the Corporate Plan 2012-13, specifically under 'Sharing Opportunities and Responsibilities'.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The Healthwatch Contract was awarded by Cabinet Resources Committee on 25 February 2013 to CommUNITY Barnet. The Healthwatch contract value is £197,361 per annum. The contract commenced on 1 April 2013 and expires on 31 March 2016; the contract sum received is £592,083. The contract provides for a further extension of up to two years which, if implemented, would give a total contract value of £986,805.

- 5.2.2 There are no direct resource implications arising from this report.

5.3 Legal and Constitutional References

- 5.3.1 Sections 221 to 227 of the Local Government and Public Involvement in Health Act 2007, as amended by Sections 182 to 187 of the Health and Social Care Act 2012, and regulations subsequently issued under these sections, govern the establishment of Healthwatch, its functions and the responsibility of local authorities to commission local Healthwatch.

5.3.2 The Council's Constitution (Responsibility for Functions) sets out the terms of reference of the Health Overview and Scrutiny Committee as having the following role:

"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."

5.4 Risk Management

5.4.1 Update reports provide the Committee with the opportunity to maintain oversight on the work of Healthwatch Barnet. Ceasing to carry out the visits removes the opportunity for an additional level of scrutiny to assure the quality of service provision

5.5 Equalities and Diversity

5.5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the committee should consider:

- 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.

5.5.2 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 duties contained within legislation, most notably s149 of the Equality Act 2010; consideration of equalities issues should therefore form part of their reports.

5.6 Consultation and Engagement

5.6.1 None.

6 BACKGROUND PAPERS

6.1 None.

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	AGENDA ITEM 13
	<p>Health Overview and Scrutiny Committee</p> <p>20 October 2014</p>
Title	Health Overview and Scrutiny Committee Work Programme
Report of	Governance Service
Wards	All
Status	Public
Enclosures	Committee Work Programme June 2014 - May 2015
Officer Contact Details	Anita Vukomanovic, Governance Service Email: anita.vukomanovic@barnet.gov.uk Tel: 020 8359 7034

Summary
The Committee is requested to consider and comment on the items included in the 2014/15 work programme

Recommendations
1. That the Committee consider and comment on the items included in the 2014/15 work programme

1. WHY THIS REPORT IS NEEDED

- 1.1 The Health Overview and Scrutiny Committee Work Programme 2014/15 indicates forthcoming items of business.
- 1.2 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.
- 1.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

2. REASONS FOR RECOMMENDATIONS

- 2.1 There are no specific recommendations in the report. The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 N/A

4. POST DECISION IMPLEMENTATION

- 4.1 Any alterations made by the Committee to its Work Programme will be incorporated to the work programme and will be reflected in forthcoming agendas.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Committee Work Programme is in accordance with the Council's strategic objectives and priorities as stated in the Corporate Plan 2013-16.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 None in the context of this report.

5.3 Legal and Constitutional References

- 5.3.1 The Terms of Reference of the Health Overview and Scrutiny Committee are contained within the Constitution, Responsibility for Functions, Annex A.

5.4 Risk Management

5.4.1 None in the context of this report.

5.5 Equalities and Diversity

5.5.1 None in the context of this report.

5.6 Consultation and Engagement

5.6.1 None in the context of this report.

6. BACKGROUND PAPERS

6.1 None.

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**London Borough of Barnet
Health Overview and Scrutiny
Committee Work Programme
October 2014 – January 2015**

Contact: Anita Vukomanovic 020 8359 7034 anita.vukomanovic@barnet.gov.uk

Subject	Decision requested	Report Of	Contributing Officer(s)
20 October 2014			
Accident and Emergency: Winter Preparations	Update Report on A&E preparations.		
Ambulance Crews	To receive a lessons learnt report from the London Ambulance Service on queues from the Royal Free and Barnet and Chase Farm.		
GP Services at Finchley Memorial Hospital	Committee to receive an update on GP Services at Finchley Memorial Hospital.		
Healthwatch Barnet Update Report	Committee to receive and update on the activities of Healthwatch Barnet.		
Royal Free London NHS Foundation Trust: Update Report Upon the Acquisition of the Barnet and Chase Farm Hospitals NHS Trust	To receive an update from the Royal Free London NHS Foundation Trust on the acquisition of the Barnet and Chase Farm Hospitals NHS Trust.		

Subject	Decision requested	Report Of	Contributing Officer(s)
8 December 2014			
Liverpool Care Pathway: Replacement	Update report from the North London Hospice on the national government guidance on the Liverpool Care Pathway since its discontinuation.		
Healthwatch Barnet Enter and View Reports	Committee to receive an update on Enter and View Visits, including visits undertaken to Barnet Hospital.		
NHS Health Checks Scrutiny Review: Recommendation Tracking	To receive a six monthly update on the implementation of the recommendations from the NHS Health Checks Scrutiny Review.	Director of Public Health (Barnet and Harrow)	
Immunisation Rates in Barnet	Referral from Barnet Health and Wellbeing Board: Committee to receive an update report on Immunisation Rates in Barnet.	Director of Public Health (Barnet and Harrow)	
Screening Coverage and uptake in Barnet	Committee to receive an update on Screening Coverage and uptake in Barnet.	Director of Public Health (Barnet and Harrow)	
Performance Against Health and Wellbeing Strategy	Committee to receive and Update.	Director of Public Health (Barnet and Harrow)	

Subject	Decision requested	Report Of	Contributing Officer(s)
9 February 2015			
Annual Report of the Director of Public Health	To consider the 2014 Annual Report of the Director of Public Health; and to consider an update on the 2013 Annual Report (to include update on Call to Action on Physical Activity)	Director of Public Health (Barnet and Harrow)	
30 March 2015			
Healthwatch Barnet Enter and View Visits - Update Report	Committee to receive an update on the visits to Barnet Hospital as reported to Committee at their meeting in December 2014.		
11 May 2015			
NHS Trust Quality Accounts	To receive NHS Trust's Quality Accounts		
Unallocated Items			
Public Health Commissioning Intentions	To receive a report from the Director for Public Health on Commissioning Intentions	Director of Public Health (Barnet and Harrow)	