

Decisions of the Health Overview and Scrutiny Committee

3 July 2017

Members Present:-

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

Councillor Philip Cohen	Councillor Ammar Naqvi
Councillor Val Duschinsky	Councillor Caroline Stock
Councillor Rohit Grover	Councillor Laurie Williams
Councillor Alison Moore	

Also in attendance
Councillor Helena Hart

1. MINUTES

The Committee agreed that the minutes of the last Committee held on the 15th May 2017 be approved as a correct record.

2. ABSENCE OF MEMBERS

Councillor Ammar Naqvi gave his apologies for being late.

The Chairman took the opportunity to welcome Councillor Rohit Grover to the meeting and thanked Councillor Gabriel Rozenberg for his hard work and contribution to the Committee.

3. DECLARATION OF MEMBERS' INTERESTS

Councillor Caroline Stock declared a non-pecuniary interest in relation to agenda item 8 and item 11 by virtue of her husband being an elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust.

4. REPORT OF THE MONITORING OFFICER

None.

5. PUBLIC QUESTION TIME (IF ANY)

None.

6. MEMBERS' ITEMS (IF ANY)

Councillor Cohen introduced his Member's item on the Capped Expenditure Process for North Central London NHS. He said the proposals suggested further cuts, longer waiting times and job cuts which were worrying prospects. Councillor Cohen asked that the NCL Commissioners and providers come to the Committee and explain the impact of these

plans to the Borough. He also asked that Barnet host a proper and full public engagement on the issue.

The Chairman explained that the JHOSC meetings had included presentations and consultations on the STP and these had been attended by Councillors and were public meetings. The Chairman explained the STP covered five Boroughs and it would be for Barnet CCG to provide information on how this would directly affect Barnet. The Chairman said that the exact plans were not yet known and any changes proposed would be first subject to equalities impact assessments and public consultations which would be organised by the CCG's.

Councillor Moore said adult social care funding would be affected and she felt it would be useful to know what the impact would be in each Borough.

The Chairman said that once the exact financial proposals were known, a paper could be brought back to the Committee. Councillor Old said that if, at this point, the public consultation was deemed to be insufficient then the Committee could press for additional consultation to be carried out, but currently the timing was not right. The Chairman agreed the STP would be put back on the agenda to return to a Committee meeting at a more appropriate time.

RESOLVED THAT the Committee noted the Members Item.

7. CHILDREN AND YOUNG PEOPLES ORAL HEALTH IN BARNET (AGENDA ITEM 7)

The Chairman invited to the table:

- Ms Natalia Clifford – Consultant in Public Health, London Borough of Barnet
- Councillor Helena Hart – Chairman of the Health and Wellbeing Board, Barnet

Ms Clifford introduced the report to the Committee and flagged up that Barnet has some of the highest rates of tooth decay compared with children in the rest of London and England. She said that in Barnet the average child with tooth decay requires treatment on four teeth. Ms Clifford told the Committee that those living in deprived communities had worse dental health, diet and overall health and that comparatively lower numbers of these children visited the dentist.

Ms Clifford told the Committee that oral health promotion was currently funded by Public Health with support and education packs being sent out, however there is a possibility that there will be no budget for this in 2018/19. She informed the Committee that in September a clinically led review would be held to assess the problems regarding availability, education and training of dental health in children.

Councillor Hart told the Committee that dental services had previously come under the CCG and were now under NHS England. She said it was important to find out from NHS dentists how many under 18s were struggling to access treatment. Councillor Hart also said that education on dental health should be incorporated into education at Primary School and via health visitors.

Councillor Moore asked whether there was any evidence to suggest that children living in families residing in temporary accommodation appeared to be visiting the dentist less. She also asked whether there was a shortage of dental practices available in deprived areas or whether the cost of travel had an impact on visits. Councillor Moore suggested

out-reach work with other types of clinic might help maximise the message of good dental health whilst children were young.

Ms Clifford said more research would need to be done in order to answer these questions fully. She confirmed that the data did not include private dentists. Councillor Hart said that often children were seen at little or no cost at their parents' private dentists. She said that there was no longer continuity of visits to the same dental practice as registration no longer takes place.

Councillor Cohen asked what the impact would be on dental health once the oral health promotion activity had been lost. Ms Clifford said that the plan was to conduct a deep-dive activity in September and that recommendations from this would be considered seriously and conversations held on how to deal with the impact. Councillor Moore requested a follow up report be brought to the Committee once the deep-dive research had been completed.

The Chairman queried whether parents were aware that treatment was free for children on the NHS. Ms Clifford said that the deep-dive research would enable them to look deeper into identifying any potential issues. The Chairman also asked whether cultural backgrounds appeared to be an issue. Ms Clifford said that this was not something she had noted as an issue and that diet, sugar and bottle feeding were higher concerns.

RESOLVED that:

1. **The Committee noted the report.**
2. **The Committee requested an update report once the deep-dive had been completed.**

8. VERBAL UPDATE ON THE DIABETES STRATEGY (AGENDA ITEM 13)

The Chairman invited to the table:

- Ms Nila Patel – Barnet Diabetes, UK
- Ms Beverly Wilding – Head of Primary Care Commissioning, Barnet CCG

Councillor Stock updated the Committee on the events that had taken place in Barnet during Diabetes Awareness Week. She explained that the first event had been organised at Brent Cross Shopping Centre where free diabetes tests were available all day. Numerous doctors and nurses had volunteered their time and both of the Council's diabetes champions had attended.

She informed the Committee that out of those tested eight people had been diagnosed with Diabetes and ten diagnosed as pre-diabetic. Councillor Stock said anyone who had been flagged as being high risk had been immediately referred to a GP practice in Mill Hill where those who had been diagnosed would receive a full diabetes test.

Ms Patel thanked Councillors for supporting the event. She said that many of the people who had been identified as at risk had been shocked at the results and this showed the importance of getting tested. Councillor Stock confirmed that a 'wash up' meeting would be held and thanked all the team for their efforts. She said the event highlighted the dangerous lack of awareness regarding diabetes.

Councillor Stock then updated the Councillors on the 5 km run/walk event held in Oak Hill Park. She said the aim had been to raise awareness that exercise can be done without cost and it is an important way to help combat diabetes and obesity.

Ms Wilding said the CCG were conducting the second wave of the national pre-diabetic programme and had recognised that it is a big issue. She said that all GP practices had been incentivised to become part of the scheme and were being encouraged to call in those at risk and introduce them to the national programme. She said that they did acknowledge however, that this only worked when people were willing to submit to testing and that there are cohorts of people who do not engage for various reasons. Ms Wilding said the CCG had invested more money in the programme and had put more investment in 'face to face' programmes. She also said that although the programme currently targeted the newly diagnosed, the CCG were also trying to bring in those who had been diagnosed for a long time. Ms Wilding said there had been an increase in new patients and the number of patients in the structured educational programmes.

Ms Wilding informed the Committee that within the STP there were models emerging to move care closer to home and vary the way GP practices use their services. She said national money had been received to focus on three treatments to target the poorest outcomes and these would be commissioned in General Practices.

Councillor Naqvi queried whether patients suffering from diabetes became less concerned about their diet once prescribed medication. Ms Patel said that this was often the case and this demonstrated why delivery of education and services are so important. Councillor Naqvi said there was a lot of emphasis on what you eat and not so much on what you are not eating e.g. fibre. Ms Patel said that information on what you should do has changed over the years and those diagnosed years ago may not have been kept up to date with changes. Ms Patel said the whole approach of education and understanding needs to be looked into.

The Chairman read out a statement from Dr Debbie Frost, Chair of Barnet CCG, praising the success of the Brent Cross event. Dr Frost made the following comments 'I would want to say we were involved and screened quite a few patients at the surgery- it was a really wonderful feeling that we were all working together. We also checked blood pressure and pulse rates for atrial fibrillation. I so look forward to doing this kind of prevention work together again!'

RESOLVED that the Committee noted the report.

9. STP UPDATE (AGENDA ITEM 8)

The Chairman invited to the table:

- Mr David Stout - STP Programme Director

Mr Stout apologised on behalf of Ms Kay Matthews, Chief Operating Officer Barnet CCG, who was unable to attend the meeting.

Mr Stout explained that scrutiny of the STP was being carried out by the JHOSC and that a plan would be brought to Barnet's HOSC for comments and questioning once it had been drafted. He said the national requirement was to devise a plan up to 2021 and for this to then be revised when necessary. He told the Committee that the draft plan that had been submitted in November 2016, had been updated in February 2017 and had

been due to be finalised in April. He said this plan was now ready to be presented to the NCL CCGs, the NCL Health and Wellbeing Boards and the Scrutiny bodies.

Mr Stout said that the plan covered aspects of the governance structure and how decision makers will be held to account. It would also include further details in regard to what they aim to do this financial year and on the different types of communication and engagement they will use. He said at present the document was still very much a technical one but a public facing document, which would be much easier to read, would be available. However he explained the plan currently did not provide a financial breakeven and that there is currently a gap. He told the Committee that NHS England and NHS Improvement will at some point instruct the CCG to look into how the plans can be balanced.

Mr Stout addressed Councillor Cohen's Member's Item and explained that the Guardian newspaper article made reference to proposals which he confirmed are not part of the STP and are not current.

Councillor Old asked when the Committee would receive notification of specific proposals and a timetable of when things will be implemented. Mr Stout said that the plan was to centralise some commissioning and to look at ways of saving costs there. He said the main aim is to find the best way of delivering care. Councillor Old asked what level of investment would be required and whether, in the short term, this could potentially make the situation worse. Mr Stout said that £15 million would be invested into services which would have an overall beneficial effect. The Chairman asked whether this funding had already been raised. Mr Stout said funding for the STP was intended to offset the deficit, but only if it is able to meet its financial targets. Councillor Cohen commented that the financial gap had not been closed yet and asked what the time frame for this would be. Councillor Cohen suggested a time line of priorities and an explanation of how the closing of the gap would be achieved. He said that currently it appeared that everything was being compressed into a very tight time scale.

Mr Stout said that it would be nice to be able to plan in a longer term way. However, the STP decision makers had set themselves three goals: to improve quality, improve outcomes and to save money. He said that to be able to reduce the financial gap in the first year would involve finding 7% savings overall and this cannot be done without damaging the quality of care. He said they had a duty to look into efficiency, but this would be impossible to undertake in a year, as the plans are very ambitious and a longer trajectory would make the goal more achievable.

Councillor Naqvi asked whether the Local Authority was accountable for the delivery of health care to its residents. Mr Stout said that it was the CCG that was accountable for this, however organisations needed to work together to improve the efficiency of the service.

The Chairman inquired whether additional Chief Executives had been appointed to Barnet Hospital and Chase Farm Hospital. Mr Stout said that there will still be a single Foundation Trust with one Chairman. However, Chief Executives will be appointed to run each Hospital in the Trust, but in such a way as to increase efficiency at a lower overall cost.

RESOLVED that the Committee noted the report.

10. UPDATE ON NHS PROPERTY LTD CHARGING MARKET RENTS (AGENDA ITEM 9)

The Chairman invited to the table:

- Mr Garrett Turbett – Programme Manager, Barnet Clinical Commissioning Group.

Mr Turbett confirmed that all of the services, temporarily located elsewhere, had now moved back to East Barnet Health Centre.

He said that in regard to Finchley Memorial Hospital, currently not all of the space was being utilised and a Reimaging Finchley Memorial Programme Board has been established to remedy this. Mr Turbett said the Board would engage in conversations with the landlord to try and improve the situation and had had positive conversations with GPs about moving into the site.

Councillor Stock asked for clarification on how much space was not being used. Mr Turbett said it was a key priority to reduce the unused space. He explained that a new research and development project would occupy some of the unused space. Councillor Stock expressed frustration that all the previous discussions concerning the site had still not led to a solution. Mr Turbett said the CCG had conducted trials on how best to use the space before making decisions. He said that he hoped he would be able to return in October to update the Committee with a success story. Mr Turbett said that the landlord had agreed to pay to re-configure some of the rooms so that the Royal Free could move the Breast Screening unit into the Hospital. The Chairman commented that the whole process appeared to be very inefficient.

Councillor Cohen said that all the project papers failed to provide any timelines and suggested that one be drawn up on each project and a plan on when they would be implemented. Councillor Cohen also asked whether it was being implied that inflexible rates had been causing issues and whether GPs were choosing not to move into the hospital because of the costs. Mr Turbett explained that they were not able to impose anything on the landlord, but would be working closely with them to have things implemented. He explained that there had been immense pressure on the acute services over the last seven to eight months, but Barnet CCG was now highly motivated to do something about Finchley Memorial.

Mr Turbett said that by October there will be a permanent plan in place. He said it had been a good idea to have a pilot scheme in place last year, but it is recognised that a permanent use for the space needs to be found.

Councillor Moore said that when this was first discussed, Members had been much more optimistic about the future but were now frustrated with the situation and lack of progress. She said that local residents had been hoping for a solution for a number of years and talks surrounding this had been going on far too long. The Chairman asked that the cost of the void space be communicated to the Committee. He said that breast screening would be moving into the building and that this would take up eight of the rooms and reduce the void by 7%. Councillor Old commented that the cost of void space was very wasteful and the CCG could have used the money elsewhere.

Councillor Williams asked why the CCG had not considered taking over the whole property. Mr Turbett explained that it was not the function of the CCG to manage properties.

On behalf of the Committee, the Chairman expressed the Committee's disappointment that yet again things seemed to be moving at a very slow pace. She asked that a timeline in regard to the projects be brought to the next meeting.

RESOLVED – That the Committee noted the report.

11. GP MISSED APPOINTMENTS (AGENDA ITEM 10)

The Chairman invited the following to the table:

- Ms Beverly Wilding - Head of Primary Care Commissioning, Barnet CCG.

Ms Wilding explained that nationally it is not a requirement to record 'Do Not Attends' (DNAs) and these are not collected on a local level. She said that to investigate it properly some work would need to be done and the report could only cover what was currently known anecdotally.

The Chairman explained that the Committee was concerned about how many appointments were being missed and that consequently other people were unable to book appointments and ended up attending A&E instead.

Ms Wilding said she was aware that a lot of practices do record and publicise information about missed appointments. However, whether this is having an impact was not known.

Councillor Moore asked whether text messaging systems were currently being rolled out in practices. Ms Wilding said that currently these services are funded; but practices are run as independent businesses and therefore are not obliged to use the system. She said they are supporting GPs to consider how they can work towards increasing use and achieve national targets for online bookings.

Ms Wilding said that an extra 36,000 GP appointments were being made available in Barnet. She said the information on how these extra appointments could be accessed would be publicised to residents. The Chairman asked whether it would be feasible to encourage people to cancel appointments if they no longer need them. Ms Wilding said that this could be looked into to, but success will depend on patient education.

Councillor Stock commented that it was often difficult for patients to get through to the Practice to enable them to cancel. Ms Wilding said that staffing costs and infrastructure issues did have an effect. She said the aim is to get services to be used appropriately and the CCG were interested in working with HealthWatch on this.

RESOLVED – That the Committee noted the report.

12. VERBAL UPDATE ON THE COLINDALE HEALTH PROJECT (AGENDA ITEM 12)

The Chairman invited the following to the table:

- Mr Neil Taylor – Strategic Lead, Development and Regeneration, London Borough of Barnet.
- Ms Beverly Wilding - Head of Primary Care Commissioning, Barnet CCG.

Ms Wilding explained that the existing Grahame Park Health Centre will be redeveloped and relocated in the new Community Hub building on plot 10a at Grahame Park.

Ms Wilding said that a new Health Centre was being built on the Peel Centre site in Colindale and that this will take seven years to deliver, thus a temporary Health Centre would be provided whilst this was built. Mr Taylor said that the temporary Health Centre facility to be built on plot 9 of Grahame Park would be required for seven to eight years as portacabins were not a suitable alternative.

Mr Taylor said that there was room for expansion at the temporary site and the surgery would be available for use in 18 months' time, as procurement was currently taking place.

RESOLVED that the Committee noted the verbal update.

13. VERBAL UPDATE ON PARKING AT BARNET HOSPITAL (AGENDA ITEM 11)

The Chairman gave a verbal update on the parking situation at Barnet Hospital. She told the Committee that the Head of Planning at Barnet Council had agreed to look into the spaces being taken up by Portacabins as well as the patient/visitor and staff parking ratio and he was in discussions with the Trust regarding the matters.

RESOLVED THAT the Committee noted the verbal update.

14. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (AGENDA ITEM 16)

The Chairman invited to the table:

- Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board.
- Natalia Clifford, Consultant in Public Health, London Borough of Barnet.
- Ms Rachel Hodge, Consultant in Public Health, London Borough of Harrow and Barnet.

Councillor Hart said that the five year inter-authority agreement with the London Borough of Harrow Health Service would be coming to an end in March 2018. She explained that it was going to be quite a long process to de-tangle the organisations. She said negotiations on possible new arrangements were taking place with other Boroughs in North Central London. She said that a new post of Director of Public Health for Barnet would be going out for recruitment.

Councillor Hart also updated the Committee on the Mental Health campaign taking place at Hendon School. She said that they had recently run their second 'Stamp out Stigma' day and that there was now a Mental Health Care Champion at every school in Barnet.

Ms Clifford updated the Committee on the Healthy School Awards and said that Barnet was currently one of the top gold award winners in London. A report on the subject would be brought to the Health and Wellbeing Board on the 20th July.

Ms Hodge said that the Town and Country Planning Agency were now working with Barnet in order to better promote public health outcomes in planning.

RESOLVED that the Committee noted the urgent item.

15. MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (AGENDA ITEM 14)

The Committee noted the minutes of the North Central London Joint Overview and Scrutiny Committee meeting held on the 21st April 2017.

16. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (AGENDA ITEM 15)

The Chairman told the Committee that there was an error on the plan and that the next meeting would be taking place on 2nd October rather than in September 2017.

Councillor Grover asked that within the STREAMs report the issues surrounding potential breaches of data protection law be included.

The update on Finchley Memorial Hospital would also be added as an item to the October meeting.

RESOLVED that the Committee noted the Forward Work Programme.

The meeting finished at 21.58.