

MEETING

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

DATE AND TIME

MONDAY 2ND OCTOBER, 2017

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BQ

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

Chairman: Councillor Alison Cornelius
Vice Chairman: Councillor Graham Old

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

Substitute Members

Maureen Braun	Anne Hutton	Kath McGuirk
Barry Rawlings	Shimon Ryde	Daniel Thomas

In line with the Constitution's Public Participation and Engagement Rules, requests to submit public questions or comments must be submitted by 10AM on the third working day before the date of the committee meeting. Therefore, the deadline for this meeting is Wednesday 27 September 2017 at 10AM. Requests must be submitted to Anita Vukomanovic, anita.vukomanovic@barnet.gov.uk, 020 8359 7034

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

Andrew Charlwood – Head of Governance

Governance Service contact: Abigail Lewis, abigail.lewis@barnet.gov.uk, 020 8359 4369

Media Relations contact: Sue Cocker 020 8359 7039

ASSURANCE GROUP

ORDER OF BUSINESS

Item No	Title of Report	Pages
1.	Minutes	5 - 14
2.	Absence of Members	
3.	Declaration of Members' Interests	
4.	Report of the Monitoring Officer	
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6.	Members' Items (If Any)	
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Decisions of the Health Overview and Scrutiny Committee

3 July 2017

Members Present:-

AGENDA ITEM 1

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 notes 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.

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	AGENDA ITEM 6a
	<p>Health Overview and Scrutiny Committee</p> <p>2 October 2017</p>
Title	Member’s Item – Councillor Cohen: Finchley Memorial Hospital and the One Public Estate Programme
Report of	Head of Governance
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	Anita Vukomanovic, Governance Team Leader Email: anita.vukomanovic@barnet.gov.uk Tel: 0208 359 7034

Summary
The report informs the Performance and 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 Phil Cohen has requested that a Member's Item be considered on the following matter:

The Naylor Report commissioned by the Department of Health is asking health bodies to sell off surplus estates to raise money for investment in the NHS. One approach it suggests is building accommodation for nurses and other health staff as it is very difficult to recruit them due to the lack of affordable housing in London, and this affects the quality and provision of health care for patients. This links to Sustainability and Transformation Plans (STPs) being advanced by the NHS in the North Central London area, where councils like Barnet are being asked to give their support but have little say in what the NHS does eg selling off its estates.

For example, there appear to have been discussions about the future of land around Finchley Memorial Hospital, on the One Public Estate Programme which involves the council, Barnet Clinical Commissioning Group and other health bodies. Emails recently obtained under Freedom of Information state that, 'At the OPE Board meeting last week, John Hooton pressed for action on FMH and a timetable to move the OPE project forward (development of part of the open space land for housing.) He also pressed for action on utilisation of the hospital. It would be useful to look at a plan to see if there is any conflict between the OPE project and your proposed enforcement action.'

The 'enforcement action' is thought to relate to previous proposals to use the land as playing fields for local schools and residents, which was thought to be a condition of planning permission but never provided. In reply to questions by email from Cllr Phil Cohen Mr Hooton replied that, 'The NHS are part of this (One Public Estate programme) and it has been very difficult to get any progress on what is going on with their land in the Borough. We know that Finchley MH is under-utilised, the site at Edgware could be used differently which would free up land for other uses and I have been pressing them to get on with it.' He said there were several options for using the FMH land and at present there was little further information.

I would like the CCG, Mr Hooton and others involved in the OPE programme to give evidence to the committee to find out if there are plans to build much-needed accommodation for nurses, doctors and other NHS staff, how much would be affordable and what the implications are for the future provision of health care in Barnet.

2. REASONS FOR RECOMMENDATIONS

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 Social Value

5.3.1 None in the context of this report.

5.4 Legal and Constitutional References

The Council's Constitution Meeting Procedure Rules (section 6) states 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.

5.4.1 There are no legal references in the context of this report.

5.5 Risk Management

5.5.1 None in the context of this report.

5.6 Equalities and Diversity

5.6.1 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.

5.7 Consultation and Engagement

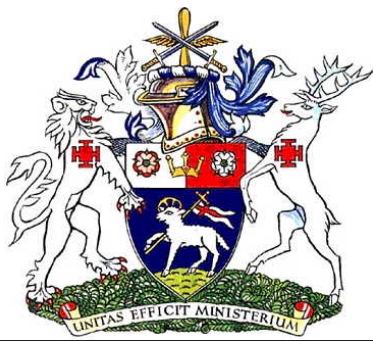
5.7.1 None in the context of this report.

5.8 Insight

5.8.1 None.

6. BACKGROUND PAPERS

6.1 Email to the Governance Service dated 20 September 2017



Barnet Health Overview and Scrutiny Committee

2nd October 2017

Title	Royal Free London DeepMind update
Report of	Royal Free London NHS Foundation Trust
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A – Royal Free London DeepMind Update
Officer Contact Details	Anita Vukomanovic Anita.Vukomanovic@barnet.gov.uk

Summary

The report provides an update on the new Streams technology being used at the Royal Free London.

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

The Committee requested a paper outlining the new Stream technology being used at the Royal Free London.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 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.

- 5.4.2 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.”

5.5 Risk Management

- 5.5.1 There are no risks.

5.6 Equalities and Diversity

- 5.6.1 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 fulfil its equality duty 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.

- 5.6.2 The specific duty set out in s149 of the Equality Act is to have due regard to need to:

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- 5.6.3 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation. 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.

5.7 Consultation and Engagement

Not applicable.

6. BACKGROUND PAPERS

- 6.1 None.

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Royal Free London DeepMind update

Background

In November 2016 the Royal Free London entered into an exciting five-year partnership with the British technology company DeepMind.

The landmark agreement brought together some of the best minds in healthcare and technology to help transform care through the use of a mobile app called Streams.

The app delivers improved care for patients by getting the right data to the right clinician at the right time. Similar to a breaking news alert on a mobile phone, the technology notifies nurses and doctors immediately when test results show a patient is at risk of becoming seriously ill with acute kidney injury (AKI), and provides all the information they need to take action.

How it works

Work on Streams started in 2015 and the app is now helping clinicians detect AKI at its earliest stages. AKI affects one in six in-patients and is an indication that a patient is deteriorating but it can be difficult to diagnose. Streams uses a range of patient data to determine whether a patient is at risk of developing AKI and sends an instant alert to clinicians who are able to take appropriate action promptly.

Because patient information is contained in one place – on a mobile application – it reduces the administrative burden on staff and means they can dedicate more time to delivering direct patient care.

Using patient data

The Royal Free London provides DeepMind with NHS patient data in accordance with strict information governance rules and for the purpose of direct clinical care only.

We used our standard data sharing agreement, which is in line with the legislation and policy requirements as published by the regulators. Over 1,500 third party organisations have undergone similar NHS information governance processes.

All information sent to, and processed by, DeepMind is encrypted both in transit to, and at rest within, the DeepMind Health cluster.

The data used to provide the app has always been strictly controlled by the Royal Free and has never been used for commercial purposes or combined with Google products, services or ads – and never will be. It can and will only ever be used to help improve hospital care, under the control of the Royal Free.

All data is shared with the purpose of improving patient safety and care. The Streams app uses data to provide diagnostic support and track patient outcomes. Therefore, a range of patient data must be analysed.

Historical data is used to analyse trends and detect historical tests and diagnoses that may affect patient care.

The partnership introduces an unprecedented level of data security and audit. All data access is logged, and subject to review by the Royal Free as well as DeepMind's nine independent reviewers. In addition, DeepMind's software and data centres will undergo deep technical audits by experts commissioned by its independent reviewers.

Furthermore, DeepMind is developing an unprecedented new infrastructure that will enable ongoing audit by the Royal Free, allowing administrators to easily and continually verify exactly when, where, by whom and for what purpose patient information is accessed.

You can learn more about how the Royal Free London uses patient information here: <https://www.royalfree.nhs.uk/patients-visitors/how-we-use-patient-information/>

The Information Commissioner's Office investigation

The ICO has been looking at the way patient data was used to test Streams for safety. This process was first governed by a partnership agreement signed between DeepMind and the Royal Free NHS Foundation Trust in September 2015, which has since been superseded by an agreement signed in November 2016. The ICO have not been investigating the live clinical use of Streams which is being carried out under the existing agreement between the Royal Free London and DeepMind and is delivering improved outcomes for patients with acute kidney injury.

The focus of the investigation has been on the Royal Free London as the data controller and the ICO raised concerns about whether we could have done more to inform patients that their information was being processed to test the safety of Streams app and the amount of information that was processed.

The ICO concluded that we had not done enough to inform patients that their information was being processed by DeepMind during the testing phase of the app.

The ICO said there was a lack of transparency about how we were using patient information to test the new app and therefore patients could not exercise their statutory right to object to the processing of their information.

They have asked us to deliver five undertakings (we have not received an enforcement notice or a fine) and we have agreed to address all of them and will be reporting back to the ICO soon. However we are of the opinion that the use of five years of data during the testing phase of the app was critical to ensuring it could safely be deployed on our wards. We have asked for greater clarity about how trusts like ours can test new technology to ensure it is safe without using real data.

Who Streams is helping

One patient who has benefited from Streams is Afia Ahmed, 38, from Hampstead, who suffered complications following the birth of her daughter Aleeza by emergency caesarean in January 2017.

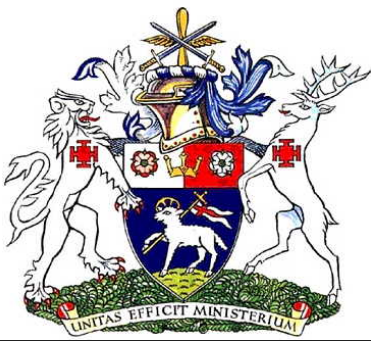
Afia developed sepsis (an infection in the blood) during her labour, which then led to AKI. Using data from Afia's blood test, the Streams app detected a problem with her kidney function and an alert was sent to a specialist kidney doctor.

The kidney specialist was able to provide guidance to the obstetric team on Afia's condition and advised them to adjust the antibiotics, intravenous fluid treatment and pain killers that might put a strain on her kidneys. Afia continued to be monitored by a kidney specialist until her kidney function recovered and she was discharged home with baby Aleeza.

It is thought that the number of extra deaths in England each year associated with an episode of AKI may approach 40,000. The financial burden of AKI on the NHS in England alone is also believed to be in excess of £1 billion every year, which is greater than the annual cost of treating breast cancer.

The next stage of the partnership with DeepMind will see Streams being developed to help clinicians diagnose conditions such as sepsis and organ failure.

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Barnet Health Overview and Scrutiny Committee

2nd October 2017

Title	Barnet Hospital Car Park Update
Report of	Royal Free London NHS Foundation Trust
Wards	All
Status	Public
Key	No
Urgent	No
Enclosures	Appendix A – Barnet Hospital Car Park Update
Officer Contact Details	Anita Vukomanovic Anita.Vukomanovic@barnet.gov.uk

Summary

The report provides an update on the car parking provision at Barnet Hospital

Recommendations

1. That the Committee note the report.

1. WHY THIS REPORT IS NEEDED

The Committee requested an update on the provision of parking at the Barnet Hospital site

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

The strategic objectives set out in the 2015 – 2020 Corporate Plan are: –

The Council, working with local, regional and national partners, will strive to ensure that Barnet is the place:

- Of opportunity, where people can further their quality of life
- Where people are helped to help themselves
- Where responsibility is shared, fairly
- Where services are delivered efficiently to get value for money for the taxpayer

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

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 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.

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“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.”

5.5 Risk Management

- 5.5.1 There are no risks.

5.6 Equalities and Diversity

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5.7 Consultation and Engagement

Not applicable.

6. BACKGROUND PAPERS

- 6.1 None.

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Barnet Hospital car park update

As part of the Royal Free London's estates and capital strategy, car parking provision at Barnet Hospital is a key topic. As a result we have had regular discussions and correspondence with key stakeholders including local councillors.

This committee has also shown a keen interest in car parking at Barnet after a new parking management system was put in 2014. This followed several years of non-enforcement of parking at the hospital.

The trust installed an automatic number plate recognition service (ANPR) in September 2014 which highlighted issues with regard to blue badge holders. The change of service in registering the blue badges caused confusion with some users. More signs were placed in the disabled area to make the process clearer.

Following our attendance at previous HOSC meetings, we agreed to redesign signage and public information leaflets.

A site visit was also arranged for some Barnet councillors when it was noted that there were 44 bays had been removed from visitor use and were being used by staff. The councillors were concerned by this.

On 24 July 2017, Andrew Panniker, RFL group director, capital & estates, met with the deputy planning manager for Barnet Council and the following requests were made regarding the 44 bays in car park B that had been changed and the placement of the portable cabins in car park A which had resulted in the loss of 9 spaces. The instruction delivered was to

- a. Within 14 days, convert 22 staff bays located within car park B back into visitor bays. **Completed**
- b. Within 14 days, temporarily convert the cycle lane into 19 staff bays. The deputy planning manager, Tanusha Naidoo, has confirmed no enforcement action will be taken against this temporary change of use from cycle lane to parking bays, subject to compliance with identified actions. **Completed**
- c. Within 14 days, provide full contact details of appointed planning consultant to submit a planning application for the temporary retention of portable cabins and a revised parking layout, as discussed. **See below**
- d. Within one month, the appointed planning consultant to confirm a pre-application meeting with local authority officers. **See below**
- e. Within two months, the council must receive a valid planning application for the previously mentioned development. **See below**

RFL has appointed GL Hearn to act as planning consultants and are working with Barnet Council to address points c,d and e above. They are working with Barnet Council to produce a masterplan for the site which will focus on car parking and replacement accommodation for those essential staff currently working in the portable cabins.

	<p align="center">Barnet Health Overview and Scrutiny Committee</p> <p align="center">2nd October 2017</p>
<p align="center">Title</p>	<p>Finchley Memorial Hospital Update</p>
<p align="center">Report of</p>	<p>Barnet CCG</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>Appendix A – Finchley Memorial Hospital Update Report from Barnet CCG</p>
<p align="center">Officer Contact Details</p>	<p>Anita Vukomanovic Anita.Vukomanovic@barnet.gov.uk</p>

Summary

At their meeting in July 2017, the Committee considered a report from Barnet CCG which provide an update on NHS property Ltd charging market rents

The Committee noted that the issues surrounding Finchley Memorial Hospital were still not yet resolved and requested to be provided with a further update report at their October 2017 meeting. The details of the discussion had at the Committee’s July meeting are outlined in the minutes of the last meeting (Agenda Item 1 in this agenda pack)

The report provided at Appendix A provides this update report on Finchley Memorial Hospital. Representatives from Barnet CCG will be in attendance at the meeting and will be able to respond to questions from Members.

Recommendations

- 1. That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

The Committee requested an update on the issue of Finchley Memorial Hospital.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The report provides the Committee with the opportunity to be briefed on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

- 4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

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

- 5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

5.4.1 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.

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5.5 Risk Management

5.5.1 There are no risks.

5.6 Equalities and Diversity

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5.7 Consultation and Engagement

Not applicable.

6. BACKGROUND PAPERS

6.1 None.

Report to Barnet Health Overview and Scrutiny Committee – October 2017

Update on Barnet CCG plans for Finchley Memorial Hospital

1. Introduction

Barnet CCG have been working to improve the use and occupation of Finchley Memorial Hospital (FMH) and have now developed a program of work with a series of projects to be implemented over the next 6 months.

The Health Overview & Scrutiny Committee has previously received reports from Barnet CCG discussing some of these projects although some have proved difficult to resolve and/or expensive to fund. The CCG is confident that solutions are now being put in place that will ensure delivery of these new services, improving utilisation and also reducing the financial costs of FMH to the local health care system.

2. The CCG's Priority Projects

The CCG's list of priority projects is set out below:

- Open Adams Ward as "Discharge to Assess" ward alongside existing rehabilitation ward
- New GP service
- Breast Screening
- New CT Scanner
- Move of CCG Headquarters from NLBP to FMH

In addition there is an ongoing focus on improving utilisation in the bookable spaces and clinical rooms.

3. Adams Ward

The CCG is working with Central London Community Health Services NHS Trust, the provider that also manages Marjorie Warren Ward, to open Adams Ward as a Discharge to Assess ward on the 1 December 2017. There will be 17 beds and these will be used to discharge of patients from various hospitals, mainly Royal Free London. Patients will be discharged for rehabilitation and /or further assessment to support long term care. This will reduce delayed discharges in hospitals and will support shorter length of stays. The alignment of the two inpatient wards at FMH will ensure that the beds are managed in the most effective way to support the local health system, especially over the winter months.

4. General Practice

The CCG is now developing a specification for a GP service at FMH. This will be used in a procurement exercise for local GPs to apply to move into FMH to deliver GP services. It is likely that this will included some additional services beyond core primary medical services, for example providing medical support to the two older people inpatient wards in the building. This will allow the CCG to select a local practice with the aims and abilities to offer enhanced services from FMH.

5. Breast Screening

The HOSC will be aware that plans for a permanent Breast Screening service at FMH have been discussed for some time and have not yet been concluded. The main reason for this has been financial - securing agreement on both the capital costs to create a new mammography unit and also to get agreement on the revenue consequences of moving from a mobile unit to a permanent facility.

In addition, the Breast Screening service is commissioned by NHS England rather than the CCG thereby necessitating another level of negotiation.

This work is nearing completion and the CCG is confident that we will soon be able to reach agreement to proceed with the aim of completing the capital work by the end of the financial year.

6. Research project - CT Scanner

The CCG has been working with University College Hospital to locate a CT scanner at FMH as part of an international research project. This will support the increased utilisation in FMH and reduce the financial pressure on the CCG.

7. Move of CCG headquarters from NLBP to FMH

The CCG is completing a feasibility study regarding the move of its headquarters to FMH. This will report by the end of October 2017 so the Governing Body can make a decision.

8. Timelines

The CCG executive is aware that the HOSC has requested timelines for the CCG's programme of works. The current projects are all being reviewed by the new senior program manager and these will be shared with HOSC by the end of October 2017.

The CCG has appointed a senior program manager to deliver this program at pace. He has taken up post on the 11 September 2017. Going forward there will be a fortnightly steering group chaired by the new Director of Commissioning. This will ensure traction on all projects and efficient decision making.

9. Summary

The Finchley Memorial Hospital program has been a complicated and financially challenging issue for the CCG to address and none of the possible options have been easy or financially simple to implement. However, the CCG is committed to ensuring that this building is better used to deliver high quality services to local people and we believe that we are now finally making progress in implementing these new projects.

Maria da Silva
Director of Commissioning
Barnet CCG
19 September 2017

	<p align="center">Barnet Health Overview and Scrutiny Committee</p> <p align="center">2nd October 2017</p>
<p align="center">Title</p>	<p>Pressure ulcer review update</p>
<p align="center">Report of</p>	<p>Barnet CCG</p>
<p align="center">Wards</p>	<p>All</p>
<p align="center">Status</p>	<p>Public</p>
<p align="center">Key</p>	<p>No</p>
<p align="center">Urgent</p>	<p>No</p>
<p align="center">Enclosures</p>	<p>Appendix A – Pressure Ulcer Report from Barnet CCG</p>
<p align="center">Officer Contact Details</p>	<p>Anita Vukomanovic Anita.Vukomanovic@barnet.gov.uk</p>

Summary

At their meeting on 5 May 2017, the Committee considered NHS Trust Quality Accounts.

Following the consideration of the accounts, the Committee resolved to The Committee request a report on pressure ulcers, with an analysis of where they originate. Public Health suggested this would involve an audit of admissions and would need to be conducted by the CCG or Public Health over a six month period.

The report provided at Appendix A provides this update on the issue of pressure ulcers from Barnet CCG.

Recommendations

- 1. That the Committee note the report.**

1. WHY THIS REPORT IS NEEDED

The Committee requested an update report on pressure ulcers.

2. REASONS FOR RECOMMENDATIONS

2.1 The report provides the Committee with the opportunity to be briefed on this matter.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 Not applicable.

4. POST DECISION IMPLEMENTATION

4.1 The views of the Committee in relation to this matter will be considered by the Health Overview and Scrutiny Committee.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.11 The Overview and Scrutiny Committee must ensure that the work of Scrutiny is reflective of the Council's principles and strategic objectives set out in the Corporate Plan 2015 – 2020.

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

5.2.1 There are no financial implications for the Council.

5.3 Social Value

5.3.1 Not applicable.

5.4 Legal and Constitutional References

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5.7 Consultation and Engagement

Not applicable.

6. BACKGROUND PAPERS

6.1 None.

Title:	Update on Pressure Ulcers acquired at the Royal Free London NHS Foundation Trust and the Central London Community Healthcare NHS Trust
Date:	19 th September 2017
Submitted to:	Health Overview and Scrutiny Committee
Author:	Jenny Goodridge, Director of Quality and Clinical Services, Barnet CCG

1. Purpose

The purpose of this paper is to provide the Health Overview and Scrutiny Committee (HOSC) with more information on pressure ulcers. This follows a request – made by the HOSC in May 2017 – for an update on pressure ulcers at the Royal Free London NHS Foundation Trust and the Central London Community Healthcare NHS Trust.

2. Background

Barnet CCG collects and reviews pressure ulcer data from the Royal Free London NHS Foundation Trust and Central London Community Healthcare NHS Trust. This report focuses on pressure ulcers acquired whilst a patient is in care at these two providers and presents an analysis of the numbers and trends over time.

Please note this report does not include pressure ulcers identified in primary care as this data set is not currently recorded.

All pressure ulcers identified by the Royal Free London NHS Foundation Trust and Central London Community Healthcare NHS Trust are reported using the trust incident reporting system.

3. Pressure ulcers – an introduction

A pressure ulcer is defined as a localised injury to the skin and or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with sheer.

There are four grades of pressure ulcers. These are:

Grade 1

Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Other signs of the area such as discolouration, oedema, warmer or cooler as compared to adjacent tissue may also indicate pressure injury. (Category 1 may be difficult to detect in individuals with dark skin tones. May indicate “at risk” persons.)

Grade 2

Damage to the epidermis and/or dermis. The ulcer is superficial and may be visible as a blister on or an abrasion of the skin.

Category 3

Involves damage to the full thickness of the skin and includes injury to, or necrosis of, the subcutaneous tissue layer, and may extend down to but not through the underlying fascia.

Category 4

Deep tissue damage, necrosis or damage to the muscle, bone or connective tissue with wound cavitations.

The data sets within this update focus on acquired grade two, three and four pressure ulcers.

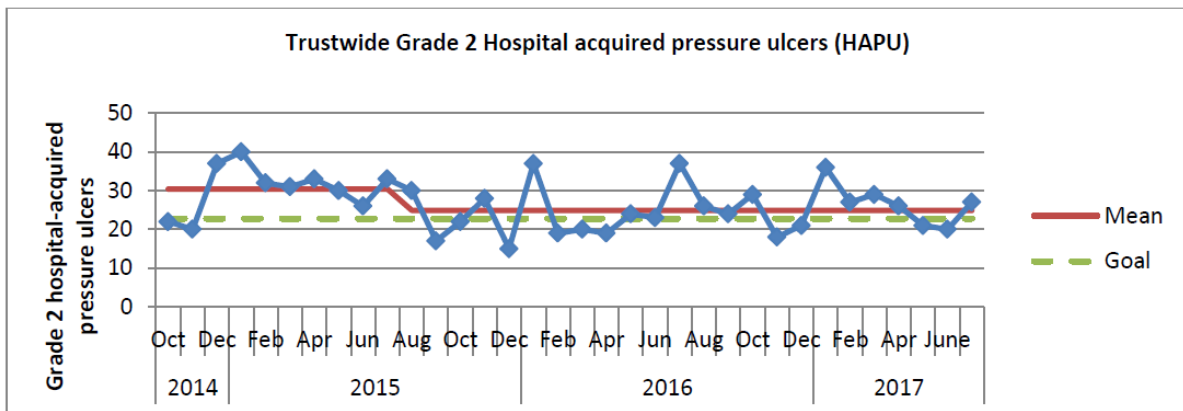
Pressure ulcers present costs both to patients and the wider NHS. For patients they can be life-threatening and debilitating, potentially leading to severe disabilities, amputation, infection and osteomyelitis. These can result in extended hospital stays and prolonged immobility for the patient.

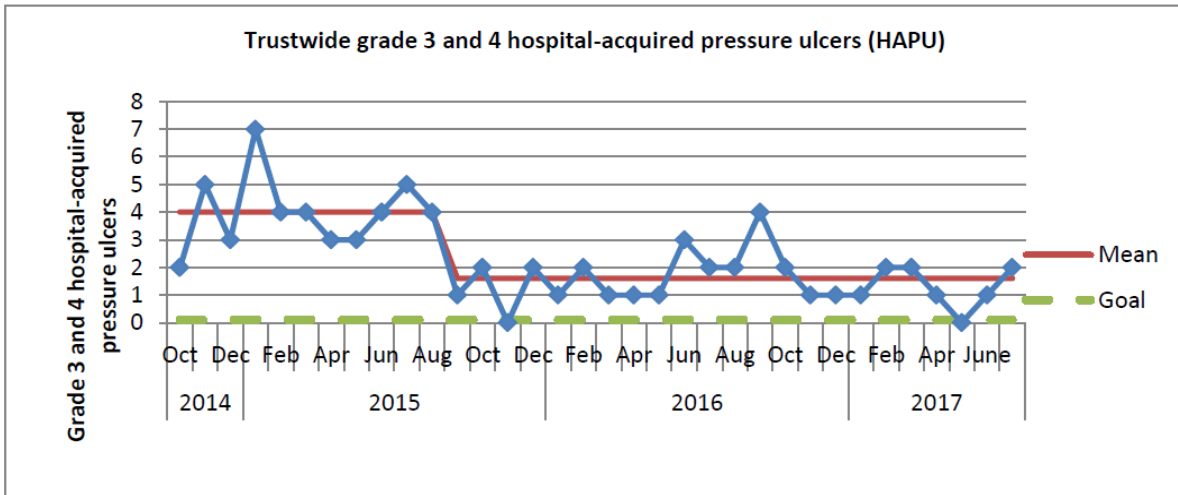
4. Provider acquired pressure ulcer data

Provider acquired pressure ulcers relate to pressure ulcers obtained during a patient's care at that provider. This section includes data around pressure ulcers acquired at the Royal Free London NHS Foundation Trust and the Central London Community Healthcare NHS Trust.

Royal Free London NHS Foundation Trust

The following two graphs outline the number of grade two, three and four pressure ulcers acquired at the Royal Free London NHS Foundation Trust demonstrating the trend from October 2014 until June 2017.





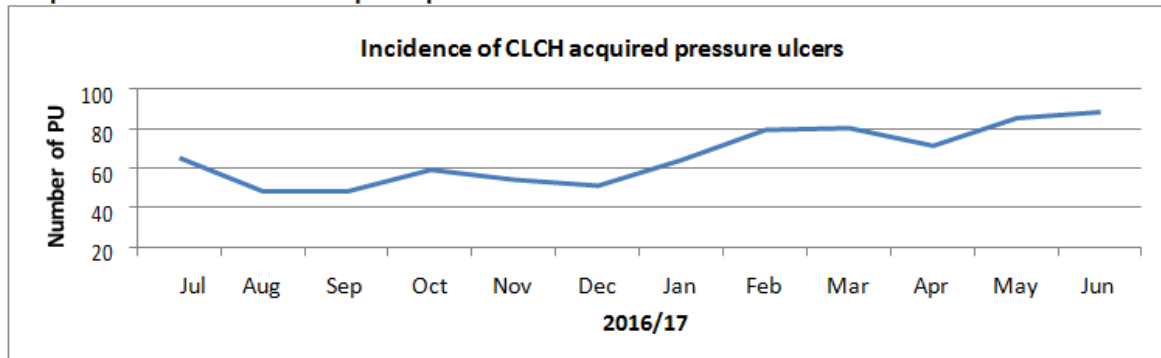
The step change in the second graph in August 2015 shows that not all grade three and four pressure ulcers needed to be reported as serious incidents as the national serious incident framework was revised.

The ongoing clinical focus of the Royal Free London NHS Foundation Trust is to:

- reduce grade two hospital acquired pressure ulcers by 25% between July 2016 and 31 March 2018.
- aim for zero grade 3 and 4 HAPUs by 31 March 2018.
- celebrate wards achieving 100+ days without a grade 2, 3 or 4 hospital acquired pressure ulcer.

Central London Community Healthcare NHS Trust

Graph 1: Incidence of CLCH acquired pressure ulcers trust wide.



The overall incidence of pressure ulcers acquired at the Central London Community Healthcare NHS Trust has increased slightly, but this is not statistically significant. No Community Nursing teams in Barnet CCG have shown any significant increase in incidence.

5. National pressure ulcer incidence

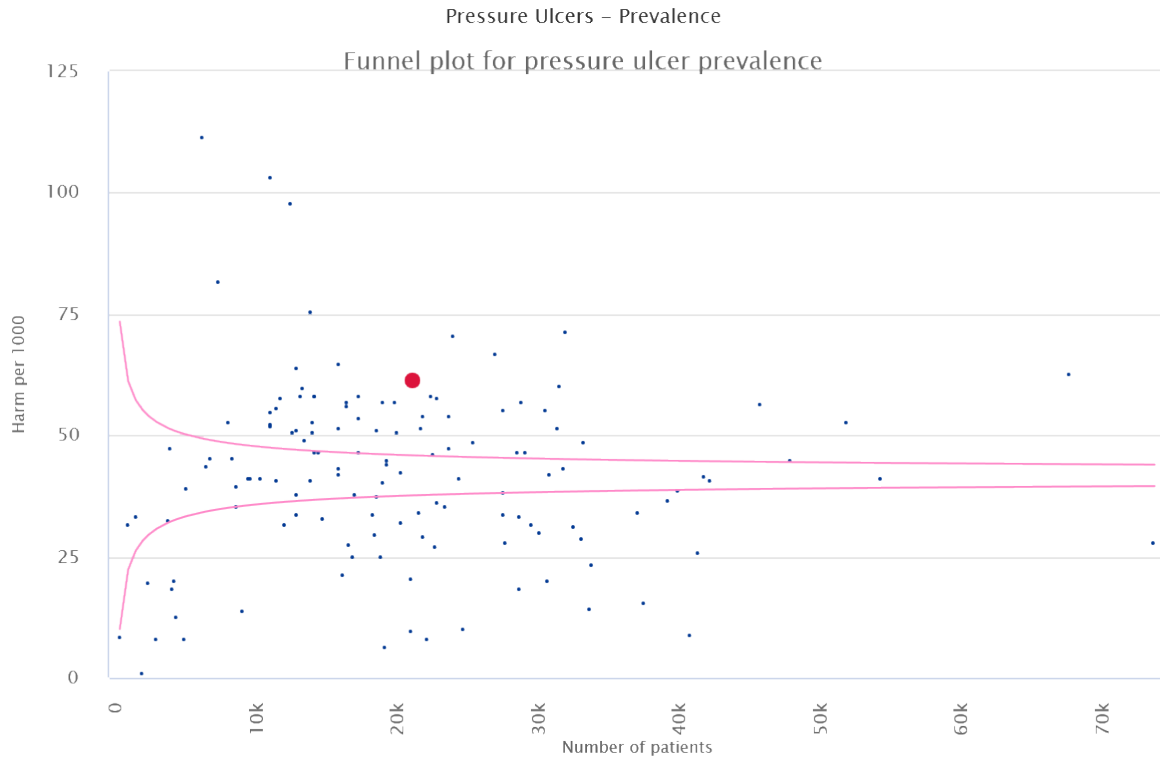
NHS Safety Thermometer

The NHS Safety Thermometer is a national prevalence survey. It is conducted on one day each month when trust nurses review all relevant patients to determine if they have experienced any harm as a result of their healthcare. This prevalence survey includes pressure ulcers from grades two to four. This prevalence data provides a benchmark to

compare the reported data from both the Royal Free London NHS Foundation Trust and Central London Community Healthcare NHS Trust against.

The following graphs are based on data from the NHS Safety Thermometer, showing acquired pressure ulcer prevalence for the Royal Free London NHS Foundation Trust and Central London Community Healthcare Trust and how they benchmark nationally.

Royal Free London NHS Foundation Trust



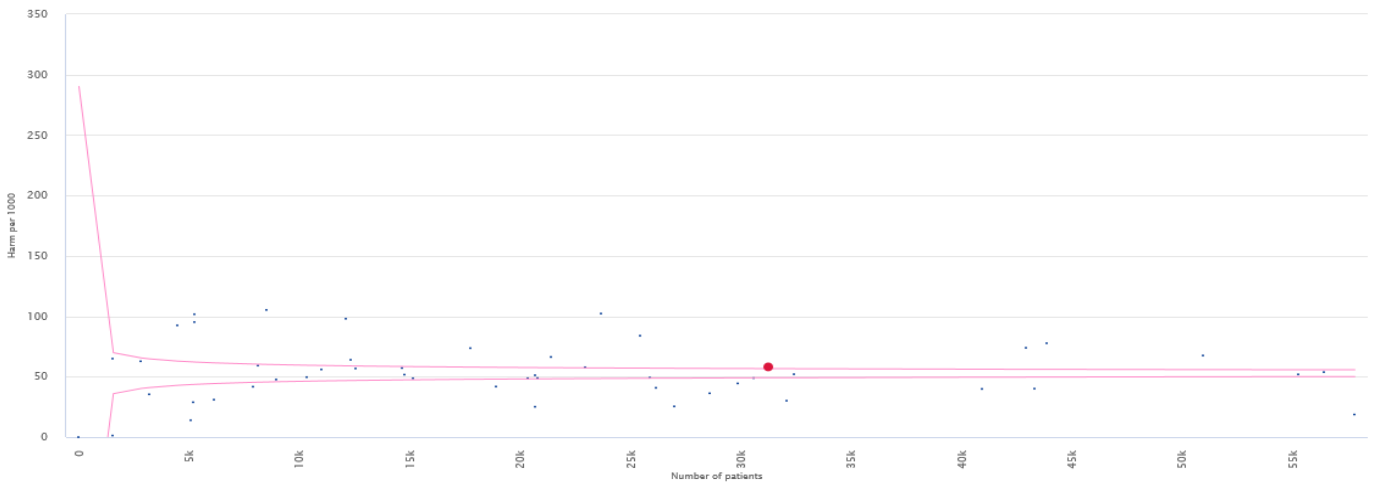
The pink dot represents the Royal Free London NHS Foundation Trust – the smaller blue dots represent data sets from similar acute NHS trusts in England.

This graph shows that the Royal Free London NHS Foundation Trust has a high prevalence of pressure ulcers.

Funnel plot for prevalence of acquired pressure ulcers (selected) at the Central London Community Healthcare NHS Trust compared to other community trusts



Pressure Ulcers – Prevalence
Funnel plot for pressure ulcer prevalence



The overall incidence of acquired pressure ulcers at the Central London Community Healthcare NHS Trust has increased slightly, but this is not statistically significant.

6. Next steps

This report is for the Health Overview and Scrutiny Committee to note and to note the ongoing work being undertaken with both providers to reduce the number of provider acquired pressure ulcers.

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**London Borough of Barnet
Health Overview and Scrutiny
Forward Work Programme
September 2017 - December
2017**

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Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
October 2017			
Streams Technology	Update on the new 'Streams' Technology being used at the Royal Free.	Royal Free London NHS Foundation Trust	Non-key
Pressure Ulcers Report	Report on the issue of Pressure Ulcers in care homes. From Barnet CCG.	Barnet CCG	Non-key
Update on parking at Barnet hospital	Committee to receive a report from the Royal Free London NHS Foundation Trust on this issue	Royal Free London NHS Foundation Trust	Non- Key
Update on Finchley Memorial Hospital	Update report on the issues surrounding Finchley Memorial Hospital from Barnet CCG.	Barnet CCG	Non-Key
December 2017			
Deep dive of children's dental health in Barnet		TBC	Non-Key
February 2018			

Title of Report	Overview of decision	Report Of (<i>officer</i>)	Issue Type (Non key/Key/Urgent)
Thrive LDN - Government's response to the Health Select Committee enquiry into Suicide Prevention paper	Committee to receive a report from Public Health on Thrive LDN - Government's response to the Health Select Committee enquiry into Suicide Prevention paper	Public Health Team	Non-key
To be allocated			
Enter and Revisit reports	Report on the enter and revisit reviews by Healthwatch.		Non-key
STP	Committee re receive an update report regarding the Sustainability and Transformation Plan		Non-Key

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