Decisions of the Health Overview and Scrutiny Committee

11 July 2019

Members Present:-

Cllr Alison Cornelius (Chairman)
Cllr Linda Freedman (Vice Chairman)
Cllr Golnar Bokaei
Cllr Felix Byers (Substitute)
Cllr Alison Moore
Cllr Anne Hutton
Cllr Barry Rawlings
Cllr Geof Cooke
Cllr Saira Don

Apologies for Absence

Cllr Lisa Rutter

1. **MINUTES OF THE PREVIOUS MEETING (Agenda Item 1):**

The Committee **RESOLVED** to **AGREE** the minutes as an accurate record.

Matters arising from the minutes:

The Governance Officer would contact Kate Wilkins of Central London Community Healthcare (CLCH) to request the outstanding information on the Quality Account.
Action: Governance Officer

The Governance Officer would follow up an action required of the North London Hospice (NLH). Note: following the meeting Fran Deane, Director of Clinical Services at NLH, confirmed that the two services that are fully funded are the Palliative Care Support Service and the Haringey Community Team. The North London Hospice had contacted Homeless Action in Barnet regarding the referral process to the Hospice.

A Member referred to the HOSC's feedback to CLCH (detailed on Page 9 of the Minutes of the HOSC meeting held in May 2019):

> *The Committee noted that the Trust had received a CQC rating of 'Requires Improvement' in the 'Safe' domain in Community Health Services for Children and Young People, which was due mainly to higher-than-recommended caseloads within the Health Visiting Service.*

Given the higher than average caseload how could it be ensured that families at risk are prioritised? The Chairman asked Cllr Hutton, as a Member of the Children, Education

and Safeguarding Committee, to note this. The Chairman would also email Cllr Longstaff about this.
Action: Chairman

2 **ABSENCE OF MEMBERS (Agenda Item 2):**

Apologies were received from Cllr Lisa Rutter, who was substituted by Cllr Felix Byers.

The Chairman welcomed Cllr Barry Rawlings as a new Member of the HOSC Committee.

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

None.

4. **REPORT OF THE MONITORING OFFICER (Agenda Item 4):**

None.

5. **PUBLIC QUESTION TIME (IF ANY) (Agenda Item 5):**

None.

6. **MEMBERS' ITEMS (IF ANY) (Agenda Item 6):**

None.

7 **MINUTES OF THE NORTH CENTRAL SECTOR LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (Agenda Item 7):**

Minutes of the meeting on 21 June were not published at the time of the meeting but would be circulated to the HOSC as soon as they were available and also would be included with the 28 October Agenda.

8 **ROYAL FREE LONDON NHS FOUNDATION TRUST (Agenda Item 8):**

- **CQC Report**
- **Quality Account 2018-19 update**

The Chairman invited the following to the table:

- Dr Chris Streather - Chief Medical Officer and Deputy Chief Executive, Royal Free London NHS Foundation Trust

Dr Streather reported that the final version of the RFH Quality Account was on the Trust's website with both Barnet and Camden HOSCs' comments incorporated. He presented his Briefing Paper on the CQC Inspection Report and referred to the HOSC's comments on their Quality Account.

Dr Streather noted that the Trust has a one-year contract with the Community Care Foundation which is working to help to formally engage patients in its improvement work.

The Chairman noted that it was helpful to see the actions outstanding but that some of the issues raised by the CQC were avoidable as they had already been noted as requiring action. Dr Streather agreed that some of the criticisms were 'own goals'. The 'must do's' from the recent CQC inspection were all complete – this included mandatory training and medicines management issues. Each of the three Trust's sites had developed an improvement plan following the report as detailed on his Briefing Paper.

At a meeting with the CQC following the publication of its Report, 'should do's' had also been discussed by the Trust. These were good practice but not compulsory; Trusts not doing the actions had to give reasons for not doing them. Unfortunately, the Trust had failed to provide these explanations in some areas.

The CQC had noted that staff were adequately trained and safeguarding was good.

The Chairman asked about actions and how the public would be notified, for example in an online report? Dr Streather reported that an Action Plan would be circulated to commissioners and this was discussed with the CCG monthly. He would respond following the meeting on what might be the best public forum for sharing the information.
Action: Dr Streather

A Member asked about the Trust's position on Never Events and equipment maintenance. Dr Streather responded that the CQC had fed back in its Report that the Trust did well in investigating serious incidents and this was an example of 'very good practice'. The Trust had had two Never Events in the past eight months and had previously gone a whole year without one Never Event, which was good for a large complex site. Previously there had been a cluster of Never Events so this demonstrated that the learning is embedded.

Dr Streather reported that money had been spent on equipment to ensure that patients could not be given air instead of oxygen, as this had previously been raised as a concern. As Chairman of the Medical Equipment Board, Dr Streather had secured a small increase in the budget for medical equipment. In addition, the Trust's Lead for Clinical Governance, who was in contact with the CQC, had been invited to sit on the Medical Equipment Board. New criteria for prioritising medical equipment had been adopted so that the 'should do's' could be prioritised. A Member asked about testing equipment and whether an Action Plan was in place. Dr Streather did not have details at the meeting but offered to respond afterwards.
Action: Dr Streather

A Member enquired about the impact that high staff turnover has on mandatory training. Dr Streather noted that the pressures were greatest in nursing and this could be difficult. The Trust was looking creatively at recruitment, but he said it did not have problems attracting staff. Due to the competitive market, retention of staff was a problem particularly in the first year of employment, whereas longer term staff tended to be loyal. The Trust had begun some initiatives to welcome staff and to provide some subsidised accommodation. It was working in partnership with the Institute for Health Improvement on improving staff morale and retention.

Dr Streather reported that the Trust had had discussions with the CQC about the behaviour of surgeons in operating theatres at the Royal Free Hospital. The Trust had

taken action regarding unacceptable behaviour. The Staff Survey had shown an improvement over the last year, with staff reporting improvements in how they felt they were being treated. A review of the behaviour of surgeons had also formed part of the response to the Never Events and none of the recent Never Events had taken place in operating theatres. The Trust has a comprehensive program of training videos showing scenarios where behaviour might cross a line and the CEO had attended meetings with over 30 staff groups to show the videos and discuss these. It was too early to see their impact on the reporting of bullying and harassment but early indications showed improvements.

A Member asked what the reasons were for the failure of all staff to complete mandatory training and was concerned about the impact on patient care. Dr Streather noted that the CQC report showed that staff were aware of the essential things they needed to know. He suggested the following reasons for non-completion of mandatory training by all staff: the leadership team needed to take training more seriously and communicate this to staff and also staff struggling to meet their targets should not neglect their own training.In the past, there had not been enough access to PCs for online training. This had been corrected. He noted that Chase Farm had performed better than Barnet and the Royal Free in this respect as they had new computers.

Dr Streather reported that there continued to be a growing number of patients attending A&E. The Trust had been receptive and learnt from best practice such as triaging patients. The Hampstead site was slightly ahead of the London average for A&E targets. Barnet Hospital was more difficult with often over 400 patients a day attending A&E whereas it was only designed for 3/5 of this number. It was hoped that some investment could be made ahead of the winter and discussions were ongoing with Barnet CCG. Attempts to get patients not to turn up at A&E when their condition did not warrant urgent treatment had not been successful so far. Sufficient capacity was needed in urgent Primary Care in the medium term.

Dr Streather also commented on the Cancer 62 Day Referral to Treatment Target not being met. He said that a Cancer Clinical Practice Group had been set up which he hoped would improve this.

The Chairman thanked Dr Streather for his open responses and invited him to attend the HOSC meeting on 12 December for an update on progress so far on the Quality Account and on the CQC. Dr Streather agreed to attend.
Action: Dr Streather

RESOLVED that the Committee noted the verbal report.

9. **SUICIDE PREVENTION IN BARNET (Agenda Item 9):**

- **Draft Suicide Prevention Plan 2019-20**
- **Report**

The Chairman invited the following to the table:

- Dr Jeff Lake - Consultant in Public Health, LB Barnet
- Dr. Patricia McHugh - Barnet, Enfield and Haringey Mental Health Trust

- Professor Liza Marzano – Associate Professor in Psychology, Middlesex University
- PC Carl Ford - Mental Health Police Liaison Officer, Metropolitan Police
- Ms Sharon Thompson – Community Services Manager, Barnet, Enfield and Haringey Mental Health Trust
- Ms Seher Kayikci – Senior Health Improvement Specialist, LB Barnet

Dr Lake reported that the National Suicide Prevention Plan appeared to have shown some improvements and a clearer picture had emerged on the most useful actions needed locally and regionally. Significant developments had been made as part of the London-wide Suicide Prevention Framework, including the development of the Thrive London information-sharing portal for partners to exchange information where possible suicide was suspected. Targeted help was available for individuals affected by suicide particularly given that such individuals were known to also be at increased risk of suicide.

Dr Lake presented Barnet's Action Plan which included work on self-harm and ideation, and a review of safety planning for discharge after an episode of self-harm or a suicide attempt. There was also support for those bereaved or affected by suicide and a review of the data would be undertaken to try to identify any hotspots in the Borough. A working group met annually and has six-month review meetings and workshops on particular topics.

Professor Marzano reported that Middlesex University was involved in several projects which make up a piece of work commissioned by the Samaritans and funded by the Rail Industry. Professor Marzano also worked with the media on its portrayal of suicide to try to avoid any unhelpful messaging. She was also keen to apply international work locally such as recommendations by the International Association of Suicide Prevention.

Ms Kayikci reported that as part of the Public Health Team in Barnet, her role is to contribute to the annual Suicide Prevention Report, review data and work with partners to make sure that actions set out are achieved.

Ms Thompson noted that she works directly with patients in collaboration with the CCG in Barnet and has operational responsibility for both inpatient and crisis patients. Her role involves ensuring safe discharge as well as producing support packages for affected families. She noted that a Serious Incident Review is undertaken for every suicide attempt, checking that the service had done all it needed to do including a review within 72 hours.

A Member asked about the risks in relation to SEND adults. Ms Thompson responded that a care coordinator was responsible for coordinating referrals and this depended on individual needs. Dr Lake added that some work had begun with the Lead Commissioner for Learning Disabilities on suicide with a report scheduled to be available around Autumn 2019.

A Member enquired about how referrals could be made. For example, the Samaritans were not able to make direct referrals. Ms Thompson noted that the highest percentage of referrals came from GPs and people could also self-refer. She added that the Samaritans' policy had changed recently in that if someone is thought of as an immediate risk the Samaritans can and should break confidentiality. However, callers were often anonymous. The Barnet Mental Health Team was working with Barnet Homes and other work was ongoing to find out what the barriers were to seeking help. For

example, some residents were not registered with GPs and for some their mental health needs were preventing them from accessing accommodation.

Dr Lake noted that the issue of confidentiality was reflected in the thematic review work that the working group had done. Families typically did not want schools to be notified of events or concerns and often they were not keen to share information. However, safeguarding concerns could override this.

Professor Marzano reported that Middlesex University has a Student Wellbeing Committee as suicide was something the University was very concerned about especially as there had been clusters of suicide at both Bristol and Canterbury Universities.

A Member asked how key performance indicators (KPIs) are driven. Dr Lake responded that these were not in relation to the number of suicides and no specific action was required by partners, although they were willing to do as much as they could. The workshops had been helpful in identifying opportunities. After a few years of creating Action Plans, clarity was appearing about appropriate actions. The Group was considering a KPI around training.

Ms Thompson reported that the Psychiatric Liaison Service had a KPI to hold a review within four hours of an incident. Middlesex University has a specific team that would deal with situations such as first presentation psychosis and this had strict KPIs. In addition, there were KPIs around the support of individuals affected by loss of someone to suicide. For example, these individuals were engaged in the investigation process and were asked how they felt their loved one was looked after.

Dr Djuretic noted suicide prevention should be seen as part of a continuum of mental health. She offered to consider possible wider KPIs with this in mind. Raising awareness of mental health was important. It was thought that one third of individuals with depression were not even registered with a GP.

Prof Marzano noted that Middlesex University was discussing how some of its metrics, for example on student engagement, might be used in suicide prevention. She was likely to have more information on this by the time of the next meeting.
Action: Governance Officer

A Member asked about red flags for suicide, for example, around eating disorders, drinking and self-harm? Ms Thompson responded that over half of suicides were a surprise and patients were not known to any services. Only one third of suicide patients were in contact with mental health teams prior to committing suicide. There are few strong indicators for risk factors, which makes preventing suicide a challenge, though there are a broad range of wider determinants. Safety planning rather than risk assessment was favoured, such as considering triggers that make individuals feel bad, support networks and plans to work with individuals to keep them safe. Ms Thompson reported that evidence-based psychological therapy and giving people support to manage behaviours when they need it were considered to be of benefit. She also stated that self-harm was on the increase.

Dr Lake reported that funding was in place for the intervention service due to be launched in March 2020. This would offer bereavement support and an information hub which should present opportunities. This should be helpful to the police who do not have the opportunity at present to see outcomes of their referrals even though every Met

Police Officer deals with someone in crisis. The service would link in with the Barnet Multi Agency Hub (MASH).

The Chairman enquired about suicide hotspots. Dr Lake responded that even though there was data, no suicide hotspots had been identified. The Transport Police were considering training its staff to help them to identify people at risk.

A Member asked about joint working with other Boroughs. Dr Lake responded that Barnet was collaborating and continuing to look for additional links.

The Chairman thanked all for attending and wished Dr Lake well in his new role as he would be leavingLB Barnet shortly.

RESOLVED that the Committee noted the Draft Suicide Prevention Plan and Report.

10. **URGENT CARE DEVELOPMENTS AND CRICKLEWOOD WALK IN SERVICE (Agenda Item 10):**

The Chairman invited the following to the table:

- Sarah D'Souza - Director of Commissioning, Barnet CCG
- Jenny Goodridge - Director of Quality and Clinical Services, Barnet CCG
- Beverley Wilding, Deputy Director, Urgent and Emergency Care, Barnet CCG

Ms D'Souza presented her report, together with a map and slides which are also part of the pre-consultation engagement.

She explained that the Cricklewood Health Centre comprises two contracts: one is an Alternative Personal Medical Service (APMS) and the other is a Walk In Service. Both contracts are coming to end in March 2020. The APMS contract is currently out to consultation and is managed through NHS England. Every five years, there is a standard process to either recommission as a GP Practice or to disperse the service. Many factors are considered such as capacity and demographics. The consultation ends on 19 July 2019. The Walk In Service decision making will take place after the decision regarding the GP practice is made.

The CCG's intention is to do some early engagement on wider national changes around urgent care. The consultation on the Walk In Service is scheduled to start on 29 July for 12 weeks, finishing on 18 October. A final decision is due to be made in December. Any concerns of the HOSC would be taken into consideration by the CCG as part of the public consultation.

It was pointed out that there was a description in the paper of the changing environment around urgent care and key facts on Cricklewood. Cricklewood Walk In Service is on the south west corner of the Borough close to both Brent and Camden.
Only 24% of the total number of patients using the Centre are registered with Barnet GPs whereas 58% are registered with Brent GPs, and the remaining 18% come from other boroughs. She also noted that the sort of care provided in the Walk In Centres was more limited than in other Walk In Centres as there are no diagnostics and the Centre can only provide episodic care in that it cannot refer to Secondary Care, provide prevention or access patient records.

Ms D'Souza noted that the CCG needs to consider the development of Primary Care Networks (PCNs) and the NHS Long Term Plan. Most of central Government additional funding would centre around PCNs. The funding would include additional community paramedics and pharmacists to support Primary Care and patients better. Care and Health Integrated Networks (CHINs) are already working well in Barnet. She added that the national picture involved changes to Urgent Treatment Centres including the renaming of Walk In and Urgent Care Centres. The national plan was for these services to become part of Community and Primary Care Services, with a focus on integration into local Primary Care networks. In addition, there had been heavy investment in additional Primary Care appointments with an extra 48,000 evening and weekend appointments being provided across ten hubs sites. There had been a 21% reduction in the number of people using the Cricklewood Walk In Service to under 20,000 annual attendances since 2016/17. She noted that the new Primary Care provision was probably absorbing some of the need for walk in care.

A Member enquired about the impact of the Brent Cross South development on the provision of a Health Care Centre in Cricklewood in light of this. Ms D'Souza noted that this would be considered as would the development in Colindale South. The Primary Care and Commissioning Team were working with the Council to ensure that Section 106 funds from developers are used effectively and in line with plans for a growing population. It would be important for the Primary Care Network in this area to be engaged in working in the context of this growing population.

Ms D'Souza noted that the current building for the APMS GP Practice was not ideal and there was no guarantee it would remain in the same location if the service was recommissioned.

A Member noted that £500,000 had been received by Barnet CCG for the Cricklewood Walk in Centre as the money follows the patient so, he was concerned at the idea that there is a problem if patients attend from other Boroughs. This would undermine the principle of the NHS which is based on need. The Brent Cross development was likely to take many more years to complete and there would need to be some provision in the meantime. Also, if the decision is made to move the Ravenscroft Medical Practice into Finchley Memorial Hospital, there would need be additional provision for any patients who did not wish to remain with the Practice.

The Member added that the developers' original plans for the corner site (currently occupied by the Walk in Centre) included a new Medical Centre, with some diagnostics. Also stopping these services in March 2020 would put more pressure on A&E. The area was known to have deprivation and was in great need. The Member was concerned that the report gave the impression that a decision had already been made. He also noted that the Walk In Service could be developed to include an X-ray. Ms D'Souza reiterated that the APMS consultation would be considered as part of the standard process required by NHSE but she understood the Member's concerns. She added that there were two excellent X-ray facilities in the Borough in community settings so the CCG would not look to replicate this elsewhere given the need, cost, staffing and estate required to develop such a facility.

A Member asked, that as Cricklewood had a growing and transitory population, why the CCG would not re-procure the GP Practice and use this to drive the provision of something like an Urgent Treatment Centre in the interim? Ms D'Souza responded that as there was currently a live consultation, it was difficult to respond on that issue but

opportunities to develop local urgent care would come with additional national funding into the Primary Care Networks.

The Chairman then invited the following to the table:

- Cllr Anne Clarke – Childs Hill Ward
- Cllr Peter Zinkin - Childs Hill Ward

Cllr Clarke reported that from her contact with residents it was clear that many used the Cricklewood Walk In facility and it was a well-loved Centre which, if closed, would make the community feel insecure. The main reason residents gave for using it was that they could not get GP appointments. 5500 patients had registered with the Walk In Centre in the last five years. She added she would prefer if it could be recommissioned until the building was demolished – it could then be relocated. Cricklewood has a growing population with thousands more residents due to move into the area and she could not see the point in the Walk In Centre being closed. Those residents had no association with Finchley Memorial Hospital and other areas of Barnet and would not look to go there for healthcare.

Cllr Zinkin reported that as the Walk In Centre is at the edge of the Borough, it seemed impossible to provide for the population without joint working with Brent. Cllr Zinkin had had discussions with members of this distinct population about possibly travelling to FMH. He made the point that FMH is in a completely different part of the Borough and therefore this was unrealistic. Clarity was needed on the type of journeys patients would be expected to make to access healthcare. He did not get the sense that the CCG understood this community which was fairly itinerant and so the Walk In Centre concept was important. It was also one of the main areas of population growth in Barnet. Together with the proposal to relocate the Ravenscroft Medical Centre into FMH, there was concern that groups would be disadvantaged. He added that he had spoken to the Chairman of the local GP Association on whether some surrounding Practices could take extra patients if the relocation went ahead but he was told that this may not be feasible without them recruiting more GPs. There was huge local concern about this.

Ms D'Souza noted that there would be an equality impact assessment which would focus on the needs in the area and be part of the information considered before a decision was made. The CCG had put forward its view on what should happen to this contract given the national picture and now wanted to receive views on this before it made a decision. She also noted that Brent and Barnet CCGs were working together on this as demonstrated by the overview of provision in that area set out in the map provided by the CCG.

A Member queried the accuracy of the information in the Consultation such as bus journeys from Cricklewood to FMH. A direct bus (number 460) was available to Granville Road but this then required a long walk to FMH from the bus stop. The number 13 Bus would also require a long walk.

RESOLVED that the Committee noted the written and verbal report.

11. **BARNET HOSPITAL - MEALS FOR PATIENTS (Agenda Item 11):**

The Chairman invited to the table:

- Annabel Eady - Contract Director, Medirest

Ms Eady explained that she was the Contract Director for Barnet Hospital (BH) Chase Farm Hospital (CFH) and Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), managing food, domestics and portering.

Ms Eady presented a sample of 'Steamplicity' packaged food ready for microwaving with a valve to help maintain nutrients. The meals were prepared centrally in collaboration with dieticians. She had already sent a variety of menus to be included in the agenda but gave some more to the Committee at the meeting. She reported that at CFH meals could be ordered at two hours' notice. She noted that BH has protected meal times. There is a choice of 29 hot meals, sandwiches and soups. Chilled food was delivered every other day and she said wastage is under 2%. She commented that as many of the ingredients as possible are locally sourced with around 60% being UK grown.

A Member was most impressed that there was also a choice of six vegan meals on the menu.

A Member reported that at CFH the coffee shop which had replaced the Staff/Visitor Restaurant was not ideal, with limited choice and poor signage. Ms Eady responded that at CFH hot food had not generated sufficient income. The limited amount of space in the shop was a serious problem and work was ongoing to find a solution. She informed the Committee that the Coffee Shop was run by Costa.

The Chairman reported that at BH she had found the food at the Staff/Visitor Restaurant to be correctly labelled and it looked appetising, with free water available. She also mentioned that three meals on the menu were healthy eating options below 500 calories. She thanked Ms Eady for attending the meeting and giving such an informative presentation.

RESOLVED that the Committee noted the verbal report.

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

It was agreed that the following items would be added to the 28 October agenda:

- Full update would be provided on the Ravenscroft Medical Practice
- Update would be provided on GP services at FMH
- Update and APMS/GP Practice in Cricklewood

It was agreed that the following items would be added to 12 December meeting:

- An update on the Cricklewood Walk in Centre consultation

- Half year updates on the three Quality Accounts: Royal Free Hospital NHS Foundation Trust, North London Hospice and Central London Community Healthcare NHS Trust.

RESOLVED that the Committee noted the Forward Work Programme.

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

- **Briefing note on Proposals to relocate Ravenscroft Medical Centre to Finchley Memorial**

The Chairman invited the following to the table:

- Sarah D'Souza – Director of Commissioning, Barnet CCG
- Jenny Goodridge – Director of Quality and Clinical Services, Barnet CCG
- Beverley Wilding, Deputy Director, Urgent and Emergency Care, Barnet CCG
- Councillor Anne Clarke - Childs Hill Ward
- Councillor Peter Zinkin – Childs Hill Ward

The Chairman introduced the Briefing Note (attached) which she had only received from Barnet CCG that afternoon and had immediately forwarded to the Committee. Hard copies were also provided at the meeting for the Committee as well as the two Childs Hill Ward Councillors. The Chairman invited questions and/or comments for the CCG from the Committee and the two Childs Hill Councillors but there were none.

The Chairman suggested that as the decision regarding Ravenscroft Medical Centre was due to be made by the North Central London Primary Care Committee in Common on 22 August 2019, the item was put on the 28 October HOSC Agenda.

RESOLVED that the Committee noted the Briefing Paper.

The meeting finished at 10.00 pm