

Decisions of the Health Overview and Scrutiny Committee

12 March 2014

Members Present:-

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

Councillor Geof Cooke	Councillor Barry Rawlings
Councillor Julie Johnson	Councillor Kate Salinger
Councillor Arjun Mittra	Councillor Brian Schama
Councillor Bridget Perry	

Also in attendance

Councillor Helena Hart – Cabinet Member for Public Health

Apologies for Absence

Councillor Maureen Braun

1. MINUTES

The Chairman updated the Committee in relation to minute items from the 12 December 2013 meeting as follows:

- i) Item 1 (Transport Services – Finchley Memorial Hospital) – the Chairman reported that she had undertaken a site survey with Peter Cragg, a member of the Finchley Memorial Hospital Estates Group, to gauge demand for an on-site bus service. At the invitation of the Chairman, Mr Cragg addressed the Committee. He reported that during the first 30 minutes of the survey it had been ascertained that 21 hospital users had driven. During the whole survey it was ascertained that five had arrived by bus, three by hospital transport, one by bike and five had been driven by relatives or carers. Of those that had driven themselves, only two had indicated that they might have used public transport and an on-site bus service to access the hospital instead of driving. It was emphasised that it would be difficult to gauge potential demand at this time because two new GP practices that were relocating to Finchley Memorial Hospital (FMH) had not yet come on site. The practices were expected to be operating in April or May. The Chairman reported that the following walking distances had been measured: Accessing the site from Ballards Lane (Bow Lane) would require hospital users to walk an additional 213 meters (over and above the distance from the old hospital entrance); Accessing the site from Finchley High Road would require hospital users to walk an additional 38 meters (over and above the distance from the old hospital entrance). A Member informed the Committee that there was an Age UK petition which had been calling for a bus service at FMH.
- ii) Item 5 (Members' Item – GP Services at Finchley Memorial Hospital) – at the invitation of the Chairman, Councillor Cooke addressed the Committee in relation to this minute item. He advised the Committee that it had been his understanding that it had been reported at the meeting on 12 December 2013 that Dr Thwe had been

given notice to leave her current premises by 31 January 2014. Councillor Cooke noted that Dr Thwe was still at the practice and questioned whether the committee's intervention had delayed the closure of the practice. He advised the Committee that it was Dr Thwe's preference to move to 110 Ballards Lane, but this had been prevented by NHS England who were forcing her to relocate to FMH. Councillor Cooke advised the Committee that this information had not been reflected in the minutes of the 12 December 2013 meeting. The Chairman advised the Committee that when these points had been discussed at the meeting on 12 December 2013, the Barnet Clinical Commissioning Group Chief Officer had reported that NHS England could only require GP contracts to be renegotiated if all of the practice partners had retired. As Dr Thwe was still a partner at the practice, NHS England would not be able to force her to move or end her General Medical Services (GMS) contract.

- iii) Item 7 (Barnet, Enfield and Haringey Clinical Strategy) – the Committee noted Barnet, Enfield and Haringey Programme Office had confirmed that the new car park at Barnet Hospital was now open.
- iv) Item 8 (NHS Quality Accounts – Mid Year Update) – in relation to the section on BEH MHT, the Chairman highlighted that the ward which had seen improvements was The Oaks Ward at Chase Farm Hospital. The Committee agreed that the wording of the minutes should be amended to reflect this.
- v) Item 8 (NHS Quality Accounts – Mid Year Update) – in relation to the section on Barnet, Enfield and Haringey Mental Health Trust (BEH MHT), the Chairman reported that a special meeting of the North Central London Joint Health Overview and Scrutiny Committee (NCL JHOSC) comprising Barnet, Enfield and Haringey Members only had taken place on 3 February 2014. The meeting had been attended by Clinical Commissioning Groups, Cabinet Members and local Healthwatch's. A follow-up meeting on issues relating to BEH MHT would be taking place on 24 March 2014
- vi) Item 8 (NHS Quality Accounts – Mid Year Update) – the Committee noted a correction to the spelling of the word RESOLVED and requested the minutes should be amended to reflect this.
- vii) Item 14 (Minutes of the NCL JHOSC – 4 October 2013) – the Committee noted that the requirements for the acquisition by the Royal Free London NHS Foundation Trust of Barnet & Chase Farm Hospitals NHS Trust had been considered at the NCL JHOSC on 7 February 2014.
- viii) The Chairman reported that she had been advised that 40 – 45 women per day were visiting the Breast Screening Unit at Finchley Memorial Hospital and that the backlog had almost been cleared.

RESOLVED that the minutes of the meeting held on the 12 December 2013 be agreed as a correct record, subject to the following amendments:

- i) **A reference to The Oaks Ward as detailed at item iv) above; and**
- ii) **A reference to Dr Thwe being given notice to quit by NHS England by 31 January 2014 as outlined in ii) above.**

2. ABSENCE OF MEMBERS

Apologies for absence had been received from Councillor Braun.

3. DECLARATION OF MEMBERS' INTERESTS

Member	Subject	Interest declared
Councillor Alison Cornelius	Agenda Item 7 (Barnet, Enfield and Haringey Clinical Strategy Update) and Item 8 (NHS Quality Accounts – Mid Year Update)	Non-pecuniary interest by nature of being on the chaplaincy team at Barnet Hospital
Councillor Arjun Mittra	Agenda Item 6 (GP Services at Finchley Memorial Hospital)	Non-pecuniary interest by nature of Dr Dodanwatwana being his family GP

4. PUBLIC QUESTION TIME (IF ANY)

None.

5. MEMBERS' ITEMS (IF ANY)

None.

6. GP SERVICES AT FINCHLEY MEMORIAL HOSPITAL

The Committee welcomed Tessa Garvan, Assistant Head of Primary Care & Pharmacy North East and Central London at NHS England for the item.

In relation to Dr Thwe's practice, Ms Garvan confirmed that GP contracts only expired when there were no partners remaining. She advised the Committee that in the case of Dr Thwe's practice, there was still a partner in-situ so the GMS contract would continue. She clarified that NHS England were not requiring Dr Thwe to relocate her practice. The current practice accommodation was below the Care Quality Commission (CQC) minimum standard meaning that the current accommodation would need to be improved or the practice would need to relocate. If the practice were to relocate, it could move to any location and the move would be supported by NHS England. She added that there had been no pressure from NHS England for Dr Thwe to move to GP space at FMH.

Referring to the relocation of practices onto the FMH site, Ms Garvan advised the Committee that the moves had taken longer than anticipated due to legal barriers, but were expected to be completed in April or May. It was noted that project managers had now been appointed to progress the moves. Ms Garvan undertook to report back to the Committee with more substantive information as and when it became available.

In relation to the impact on West Finchley of dispersing the patient lists of The Finchley Practice (110 – 112 Ballards Lane) and Dr Thwe's practice (209 Ballards Lane), Ms Garvan reported that the patient list of The Finchley Practice had been dispersed at the end of January 2014. Following consideration of patient opinions, NHS England had been unable to find an ideal solution, but had given patients a choice of practices. It was confirmed that there was no intention to disperse the patient list at Dr Thwe's practice.

A Member commented that it was disappointing it had taken so long to get GP practices onto the FMH site. It was suggested that there should have been a coordinated plan to get them on site when the hospital opened.

Councillor Cooke advised the Committee that Dr Thwe had attended his Ward Surgery last year and had advised him that she was under notice from NHS England and her contract would be terminated. Ms Garvan reported that NHS England had not served Dr Thwe with any notices. It was agreed that if correspondence between Dr Thwe and Councillor Cooke could be located, that it be circulated to the Committee for information.

The Committee commented that it was difficult to get an overview of GP services in the borough, particularly premises issues, the general adequacy of services to serve the population and the impact of GP services on accident & emergency services. Ms Garvan advised the Committee that the Barnet Primary Care Trust had undertaken a premises condition review in 2012 which had included compliance with CQC standards. It was added that the CQC regularly reviewed premises standards and highlighted areas on non-compliance. It was expected that the situation with Dr Thwe's premises would be replicated elsewhere in Barnet. It was reported that a Barnet, Enfield and Haringey Partnership Board (which had representation from the Clinical Commissioning Groups, NHS Property Services and Community Health Partnerships) had been established to plan for premises availability in the three boroughs. It was noted that this was an important part of delivering the Barnet, Enfield and Haringey Clinical Strategy which required investment in GP services to reduce hospital admissions. A Member suggested that consideration should be given to included patient views in the development of plans (e.g. Healthwatch and Patient Participation Groups).

Members of the Committee reiterated concerns relating to the lack of a bus service within or on to the FMH site. It was highlighted that when new GP services came on site, demand was expected to increase.

RESOLVED that:

- 1. The update on GP services at Finchley Memorial Hospital and in West Finchley as set out in the report and above be noted.**
- 2. NHS England be requested to circulate the terms of reference of the Barnet, Enfield and Haringey Partnership Board which were considering estates matters in the three boroughs.**
- 3. NHS England be requested to confirm the total number of patients and GPs transferring to Finchley Memorial Hospital from Cornwall House Surgery and Squires Lane Medical Practice.**
- 4. The Committee add an item to the future work programme on GP service planning to review NHS England's strategic plans for GP provision and linkages to the Barnet, Enfield and Haringey Clinical Strategy.**

7. SITE ISSUES AT FINCHLEY MEMORIAL HOSPITAL

The Committee welcomed Dean Patterson, Head of Property and Facilities Management at Community Health Partnerships for the item.

At the request of the Chairman, Councillor Kate Salinger, who had brought a Members' Item to the Committee in December 2013 on these issues, advised the Committee that she was pleased that the benches had been reinstated on a trial basis.

In relation to the public transport issue, Mr Patterson advised the Committee that he had been in attendance at meetings where the FMH bus service issue had been discussed. He advised the Committee that as the head leaseholder, he would commission a survey into this issue to gauge demand and then report the findings back to his peers at the Lift Co. It was noted that Transport for London (TfL) had made it clear that they were not prepared to divert any existing routes on to the site on the basis of cost. A Member commented that this was a TfL issue and not an estates issue. It was highlighted that NHS premises should be served by public transport and a collective solution was required. In relation to the comment made by Community Health Partnerships in their written submission that FMH has never been served by a bus, a Member highlighted that the new hospital was much larger now than prior to the redevelopment.

The Committee questioned whether all of the requirements of the Travel Plan (a constituent part of the planning permission for the hospital redevelopment) had been implemented. Mr Patterson reported that the Hospital had sought advice at the planning application stage and there had been no requirement to include a bus route in the Travel Plan. He added that all planning conditions had been met and signed-off.

In response to a question from a Member, Mr Patterson reported that Community Health Partnerships managed 301 sites which had been transferred from the Lift Co. The other 3,600 sites which had previously been under the control of Primary Care Trusts had been transferred to NHS Property Services. Both NHS Property Services and Community Health Partnerships were wholly owned subsidiaries of the NHS. It was noted that NHS Property Services tended to be responsible for operational management, while the Lift Co. was responsible for design and build.

RESOLVED that:

- 1. The update on site issues at Finchley Memorial Hospital as set out in the report and above be noted.**
- 2. Community Health Partnerships be requested to report back to a future meeting of the Committee on any progress made in securing an on-site bus service at Finchley Memorial Hospital.**

8. BARNET HEALTHWATCH ENTER AND VIEW REPORT

The Committee welcomed Julie Pal, Chief Executive of CommUNITY Barnet, who was in attendance for the item. Ms Pal presented an Enter and View report on Woodfield House in West Hendon which had been visited by Healthwatch Barnet at the request of the CQC. It was reported that the CQC had previously issued two improvement notices to Woodfield House following an inspection. A further CQC inspection had been undertaken in May 2013 when Woodfield House had met all of the required standards.

Enter and View volunteers had visited Woodfield House on two occasions in July 2013. Detailed findings and the response of Woodfield House were set out in the Enter and View report set out in the agenda. The visit had resulted in a total of 17 recommendations being made. It was acknowledged that whilst most of these were

minor, they did have an impact on the quality of life for residents. Ms Pal reported that due to the number of recommendations made, Healthwatch Barnet would be making a further unannounced visit, the findings of which would be reported to the Committee in due course.

A Member raised a query regarding staffing levels during the night shift. Ms Pal undertook to request this information and circulate it to the Committee.

The Committee noted that the objective of the home was to reintegrate patients back into society. It was highlighted that all of the residents had been living there for over three years. Ms Pal undertook to refer this back to the Enter and View team. It was suggested that Barnet, Enfield and Haringey Mental Health Trust should be questioned on their reintegration plans for the patients.

RESOLVED that:

- 1. The Committee note the Healthwatch Barnet Enter and View report into Woodfield House as set out above.**
- 2. Healthwatch Barnet be requested to provide written responses to the queries relating to staffing levels and the tenure of residents as outlined in the preamble above.**

9. ANNUAL REPORT OF THE DIRECTOR FOR PUBLIC HEALTH

The Committee welcomed the Councillor Helena Hart, the Cabinet Member for Public Health, and the Director of Public Health, Dr Andrew Howe, for the item.

Dr Howe advised the Committee that the Report was a top level overview rather than a detailed performance report. It was noted that statistics and trends were set out in the Joint Strategic Needs Assessment and detailed performance targets were set out in the Health & Well-Being Strategy and Public Health Outcomes Framework. As such, the Director of Public Health's Annual Report was a call to action on physical activity rather than a detailed strategy and action plan.

Responding to a question, the Cabinet Member for Public Health reported that the Council's outdoor gyms would have a variety of equipment to cater for all abilities and that the existing one at Oak Hill Park was well used. She advised the Committee that there was an average of eight to 10 pieces of equipment in each outdoor gym.

A Member questioned how physical activity in schools was being monitored. The Director for Public Health reported that Barnet had a Healthy Schools Programme. The Public Health team undertook outreach work to provide materials and review the school's curriculum. It was noted that this was primarily targeted at primary schools.

Members questioned how successfully public health had been integrated into the Council, particularly in relation to the design of residential developments and urban spaces. Dr Howe reported that integration into the Council had progressed well, adding that he had been in discussions with the Regeneration team regarding integration of the public health agenda into strategic planning. A Member highlighted that Health Impact Assessments should be integrated into planning at the correct stage.

RESOLVED that:

- 1. The Committee note the Director of Public Health's Annual Report 2013 as set out above.**
- 2. The Committee request that the Director of Public Health present a report to a future meeting to provide an update on the call to action on physical activity and delivery against targets in the Health and Well-Being Strategy.**

10. PUBLIC HEALTH COMMISSIONING INTENTIONS

The Committee welcomed the Councillor Helena Hart, the Cabinet Member for Public Health, and the Director of Public Health, Dr Andrew Howe, for the item.

Councillor Hart outlined achievements to date in relation to public health services. The Committee were informed that it was planned for overweight and obese residents to be supported to lose weight via obesity and weight management clinics. Further work was underway on cancer prevention with a plan to introduce cancer 'pop up shops'.

Dr Howe advised the Committee that 2013/14 had been a year of transition for the Public Health service and there had been some issues with the transfer of contracts from the Primary Care Trust, particularly in relation to sexual health services. It was reported that the re-commissioning of drugs and alcohol services was due to take place in the next eight to 12 months. The Committee were advised that there had been a focus on children's centres, early years and the healthy schools programme. It was highlighted that since public health services had come under local authority control, there had been a focus on initiatives to support people back to work and it was reported that these now included the allocation of a health coach. Public Health had also been working with the Barnet Clinical Commissioning Group on the self-care and integrated care agenda.

A Member questioned whether Public Health had been undertaking any dental hygiene promotional work in schools. Dr Howe reported that responsibilities in this area were split between public health and NHS England who were responsible for commissioning dental services. Public Health were promoting the "Brushing for Life" campaign and NHS England commissioned their own preventative work.

RESOLVED that the update on Public Health Commissioning Intentions as set out in the report and above be noted.

11. NHS HEALTH CHECKS SCRUTINY REVIEW

The Chairman welcomed Andrew Charlwood, the Overview and Scrutiny Manager, for the item. The Committee noted that it had been agreed at the 12 December 2013 meeting that the Committee would sign-off the NHS Health Checks Scrutiny Review via e-mail to enable the final report to be submitted to the Centre for Public Scrutiny in January 2014 to link to the body of work produced by the five NHS Health Checks Scrutiny Development Areas nationally.

At the request of the Chairman, Dr Howe provided an initial response to the Committee on the recommendations. He advised the Committee that the findings from the review would be used to guide the Health Checks programme in Barnet and Harrow. It was

noted that some of the recommendations were for Public Health England. Mr Charlwood confirmed that these recommendations would be submitted to Public Health England for response.

Councillor Hart advised the Committee that Cabinet were likely to accept the recommendations. The Committee were informed that she was supportive of Health Checks being undertaken in alternative settings. Members were advised that Dr Azim had been piloting a Health Checks outreach programme in West Hendon.

A Member highlighted that one of the recommendations proposed that Health Checks be offered to adults with learning difficulties from age 40 as this population cohort tended to suffer from a number of health conditions.

RESOLVED that the findings and recommendations of the NHS Health Checks Scrutiny Review be noted.

12. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME

RESOLVED that:

- 1. The Health Overview and Scrutiny Committee Forward Work Programme be noted.**
- 2. The Committee approve the addition of items to the Work Programme as detailed in the minute items above.**

13. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT

Acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free London NHS Foundation Trust

At the invitation of the Chairman, the Cabinet Member for Public Health updated the Committee on the acquisition of Barnet and Chase Farm Hospitals NHS Trust by the Royal Free London NHS Foundation Trust. She advised the Committee that final proposals would be considered by the Council of Governors of the Royal Free in June. All parties were supportive, including the Department of Health in relation to the financial aspects. Councillor Hart considered that the acquisition was vital to the health economy in Barnet. It was highlighted that the Royal Free London NHS Foundation Trust Council of Governors had not yet indicated their support. Councillor Hart advised the Committee that Camden patients needed to be persuaded that the acquisition would not be to their detriment.

The meeting finished at 9.22 pm