

## Decisions of the Health Overview and Scrutiny Committee

16 May 2016

Members Present:-

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

Councillor Val Duschinsky  
Councillor Arjun Mittra  
Councillor Gabriel Rozenberg

Councillor Caroline Stock  
Councillor Philip Cohen  
Councillor Laurie Williams

Also in attendance

Councillor Helena Hart

### 1. MINUTES (Agenda Item 1):

The Chairman introduced the minutes of the last meeting and noted that at that meeting, the Committee had considered a report on health tourism. The Committee noted that they had subsequently requested to be provided with the final amount invoiced to non-British patients for the financial year of 2015 – 2016. She mentioned that the figures provided by the Royal Free London NHS Foundation Trust had been circulated to the Committee that afternoon and that the data had be broken down into:

1. What had been invoiced: £2,347,219
2. What had been paid: £508,447
3. If the payment had been received, was it i) on the spot or ii) afterwards: no figure received

The Chairman expressed shock at the huge amount of nearly £2 million relating to outstanding invoices. The Committee had requested a further report on health tourism from the Royal Free London NHS Foundation Trust to be brought to their meeting in either July or October 2016.

The Chairman commented that the Governance Service had arranged a site visit at the Barnet, Enfield and Haringey Mental Health Trust. The Chairman noted that one Member who had expressed an interest was unable to make the agreed date and requested that the Governance Service see if another date was available to accommodate all Members wishing to attend.

The Chairman noted that, following consideration of The Annual Report of the Director of Public Health, the Committee had requested to be provided with additional information regarding the provision of psychological therapies within Barnet. The Chairman advised that this information had been circulated to Committee Members via e-mail on 10 May 2016.

Referring to the issue of car parking at Barnet Hospital, the Chairman informed the Committee that she had attended a site visit with Councillor Stock and Councillor Zinken, who is on the Board of Governors at the Royal Free, and had made some suggestions to the Officer in attendance about urgently increasing the number of parking spaces.

**RESOLVED that the minutes of the meeting dated 8 February 2016 be agreed as a correct record.**

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

None.

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

Councillor Caroline Stock declared a non-pecuniary interest in relation to Agenda Item 9 (NHS Trust Quality Accounts) 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 (Agenda Item 4):**

None.

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

None.

The Chairman paid tribute to Amy Trevethan, who had resigned as a Councillor and had previously been a Member of the Health Overview and Scrutiny Committee. The Chairman noted the work and contribution of former Councillor Amy Trevethan on the Committee. The Chairman noted that she had been in correspondence with Ms. Trevethan regarding the report scheduled on the agenda on Children's Mental Health and Eating Disorders, which had arisen as a result of a Member's Item in Councillor Trevethan's name.

**THE CHAIRMAN ANNOUNCED A VARIATION IN THE ORDER OF THE AGENDA TO POSTPONE AGENDA ITEM 6 (MEMBER'S ITEMS) TO FOLLOW AFTER AGENDA ITEM 9 (NHS TRUST QUALITY ACCOUNTS) AND TO TAKE ITEM 11 (ANY ITEMS THE CHAIRMAN DECIDES ARE URGENT) NEXT.**

**6. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (Agenda Item 11):**

The Chairman informed the Committee that she wished to bring an urgent item to the attention of the Committee following a referral from Barnet's Health and Wellbeing Board on the issue of poor childhood immunisation rates in Barnet.

The Chairman noted that Barnet Council's Director of Children's Services, the Clinical Commissioning Group Chairman and the Director of Public Health had sent a joint letter to NHS England on 1 April 2016 expressing their concern and frustration in relation to this issue but that they had not received a response.

The Chairman invited Councillor Helena Hart, Chairman of Barnet Health and Wellbeing Board (HWBB), Mr. Chris Munday, Director of Children's Services and Dr. Andrew Howe, Director of Public Health (Barnet and Harrow Councils), to the table.

The Committee noted that the issue of immunisation rates for Barnet had previously been referred from the HWBB to the Health Overview and Scrutiny Committee in December 2014, when, at the time, NHS England had given assurance that reported childhood immunisation rates in Barnet were not an accurate reflection of immunisation uptake in the Borough. The Committee were informed by NHS England that a Task and Finish Group had been established to ensure the transfer of immunisation data to the new data system, "System One"

The Chairman informed the Committee that when considering that item, the Committee had amended a recommendation as set out in the report considered by the Committee on the evening, as below:

**Recommendation 3: That the Committee will continue to seek assurance is satisfied that appropriate governance arrangements are in place within NHS England in relation to immunisations to protect the health of people in Barnet and to this effect requests an update report in March 2015 to inform on the progress of the Task and Finish Group**

The Committee noted that the above amendment was carried and became the substantive item, which was then subsequently approved by the Committee.

The Chairman noted that on March 2015, the Committee received the requested report from NHS England on the work of the Task and Finish Group and that NHS England advised that the recent data on immunisations was more positive, although there was more work to be done around immunisations, particularly in relation to five year olds for MMR.

Councillor Helena Hart addressed the Committee. Councillor Hart expressed her thanks to the Chairman for taking the referral as an urgent item and commented that the issue of childhood immunisations had warranted concerted action at the Health and Wellbeing Board. The Committee noted that there had been continual low reporting rates of child immunisations and that the issue had been going on for two years.

The Committee noted that the HWBB had a discussion on the issue at their meeting on 10 March 2016 and that they had requested a full report and action plan from NHS England. Councillor Hart noted that the Officers from NHSE in attendance at the Health and Wellbeing Board had commented that there was no need for concern because there had not been any outbreaks. The Committee noted that the HWBB had taken exception to this and felt that it was an inadequate and inappropriately complacent response.

Mr. Munday informed the Committee that the lack of information on immunisation uptake was a significant and worrying issue for Barnet. The Committee noted that NHS England had advised that they had audited 20 General Practices but that the details of those audits had not been made available. The Committee also noted that there are a total of 62 Practices across Barnet and so therefore two thirds had not been audited. Mr. Munday informed the Committee that as the Statutory Director of Children's Service, he was extremely concerned about the performance of NHS England in relation to childhood immunisations.

Dr. Howe noted that there had been no progress on the data, although NHS England had repeatedly insisted that it was a data problem rather than a lack of immunisation uptake. Dr. Howe also expressed concern at NHS England's performance in relation to tri-borough immunisation.

The Chairman, who had attended the HWBB meeting, expressed concern at NHS England's lack of professionalism when dealing with the issue. The Chairman advised the Committee that she wished to refer the issue to the Secretary of State for Health and sought the Committee's support in doing so.

A Member of the Committee put on record his agreement with this action and suggested that the letter should make the point that NHS England should be taking the issue much more seriously.

A Member questioned if NHS England were responsible for the whole range of childhood immunisations. Dr. Howe informed the Committee that they were and expressed concern about recent cases of Measles being reported which he said was very worrying.

The Chairman suggested to the Committee that she draft a letter to the Secretary of State on the issue which could then be circulated to Members of the Committee. The Committee agreed with this action.

**RESOLVED that the Committee expresses their concern at the poor rates of childhood immunisation in Barnet by NHS England and that the Committee refers the matter to the Secretary of State for Health.**

## **7. CHILDREN'S MENTAL HEALTH AND EATING DISORDERS (Agenda Item 7):**

The Chairman invited the following Officers to the table:

- Chris Munday – Commissioning Director for Children and Young People and Statutory Director for Children's Services
- Eamann Devlin – Children and Adolescent Mental Health Services Joint Commissioning Manager (interim), Barnet CCG
- Dr Mark Berelowitz, Lead Clinician for the Eating Disorder Service at the Royal Free London NHS Foundation Trust
- Dr Andrew Howe, Director of Public Health (Harrow and Barnet Councils)
- Ruth Ouzia, Senior Consultation Manager

The Chairman noted that the report had arisen as a result of a Member's Item in the name of Councillor Amy Trevethan. The Chairman commented that as Councillor Trevethan was particularly interested in this matter, she had been in touch with her following her resignation as a Councillor in order to put forward any questions on her behalf.

Referring to the report, the Chairman noted that an allocation of £198,000 was made available to Barnet and that the decision was made to place £100,000 against development of the existing service, with the remainder being invested in Out of Hours and Crisis Care related works. The Chairman questioned if the £100,000 was just going to crisis care, or if it would include self harm care as well. Dr. Berelowitz informed the Committee that the £100,000 was being invested in order was to reduce waiting times. The remaining £98,000 would be used for out of hours and crisis care including suicide

and self-harm. Ms. Ruth Ouzia commented that extra recruitment was underway to appoint more specialist staff members to the existing team.

The Chairman noted that the report stated that: "As part of the Transformation Plan Barnet will roll out training for all eating disorder staff as part of the "Improving access to Psychological Therapies for children" (CYP-IAPT), provide outreach education training for eating disorders and provide telephone support for General Practitioners." The Chairman questioned who was included in the outreach education and whether GPs could access the telephone support line during as well as after a consultation. Mr. Devlin informed the Committee that feedback had been obtained from many Headteachers to the effect that teachers often found it hard to have conversations with pupils or even identify the signs and symptoms of eating disorders. The Committee noted that a training session had recently been held so that staff would know what to do if they were worried about a child. The Committee also noted that GPs could access the telephone line either during a consultation or afterwards.

Mr. Devlin informed the Committee that there is less stigma than there used to be about eating disorders although stigma is a much bigger issue for boys than girls.

The Committee noted that The Royal Free London CAMHS eating disorder service covered the five North Central London Boroughs plus the London Borough of Brent. The Committee noted that Brent did not commission the Royal Free Hospital's "intensive service" but they buy-in when they need to.

The Committee commented that the Psychiatry reviews that were being undertaken by service being very positive.

Referring to the report, the Chairman noted that a study by King's College London and the UCL Institute of Child Health in 2011 had shown a 60 per cent increase in females with the types of eating disorders known as Eating Disorders Not Otherwise Specified (EDNOS), and a 24 per cent increase in males. The Chairman questioned if EDNOS would be taken as seriously from a treatment point of view and if it could be a stepping stone to anorexia, bulimia or binge eating. The Chairman further questioned if patients would only get treatment when fully diagnosed with one of the three disorders mentioned above. Dr. Berelowitz informed the Committee that the term EDNOS would be applied to someone who doesn't meet all the criteria of other eating disorders. The Committee noted that EDNOS could be a misleading term and it didn't mean that the condition was less severe. Dr. Berelowitz informed the Committee that a patient would not be denied treatment because they did not have all of the symptoms of anorexia, bulimia and binge eating.

The Chairman noted that most patients wait over a year from first symptoms before seeking treatment and questioned how best to reach these people. Dr. Berelowitz informed the Committee of the importance of ensuring that schools, GPs, youth groups and other such organisations are as aware of the issue as they can be. Dr. Berelowitz commented on the importance of ensuring that primary care providers in particular are aware of the risks. Dr. Berelowitz also informed the Committee that eating disorders were often perceived as a more predominately female illness. The Committee noted that because boys do not menstruate, it could be harder to tell the difference between Orthorexia and Anorexia in males.

Referring to the report, a Member commented on the higher rate of referrals to the eating disorders service in Barnet compared with Camden. Dr. Berelowitz informed the

Committee that there were more than twice as many young people in Barnet as in Camden, which would account for the higher figure. Dr. Berelowitz also noted that the higher rate of referrals in Barnet could also reflect better education and detection.

A Member questioned if it would be possible to do further work to see if the high number of Barnet patients being referred to the eating disorder service was not only due to Barnet's greater population, but also good diagnosis and early detection. Dr. Berelowitz informed the Committee that a study could be done, but that it would not be worth doing unless it was to a very high standard and that such a study would be very expensive. The Committee noted that the Eating Disorders Service would not be able to fund it from their own treatment resources.

The Chairman noted that the report stated that a depressed mood is often a common feature of an eating disorder and questioned if a GP would consider this diagnosis if a young person presented with depression. Dr. Berelowitz commented that diagnosis in such circumstances was difficult because there would be so much else to rule out. He also commented on the need to ensure good education concerning dietary issues at primary care level.

A Member questioned if people are being sent out of the Borough for treatment if there is not a bed available locally. Dr. Berelowitz said that it was hard to say what the exact capacity for treatment was in Barnet, because NHS England requires that every bed for eating disorders is open to every person in the country, so a Barnet calculation cannot be done. He believed that there were 400 adolescent beds in England. Dr. Berelowitz commented that the number of patients being sent out of Borough per year had been no more than five patients from all the five NCL Boroughs combined. He stressed that it was most important to keep them in school as much as possible.

A Member commented that the fact that Barnet has a higher rate of referrals than other Boroughs could indicate that other Boroughs should have higher referral rates. The Member questioned if the service was content that Barnet schools have the right policies in place to spot the warning signs of an eating disorder and to make a referral. Mr. Munday referred to the CAMHS transformation plan and noted that work with schools was planned to help schools understand how good their policies are. Mr. Munday noted that many school are academies and so will have their own policies. Mr. Munday further commented that he would be very happy to work with Dr. Berelowitz and colleagues in Education and Skills in order to progress the issue.

Responding to a question from a Member, Dr. Berelowitz informed the Committee that some schools are better at calling the service when they have an issue of concern and stressed the importance of the service making a link with every school in the Borough.

The Chairman sought the Committee's support to receive a future report on the issue of eating disorders. The Committee supported this.

**RESOLVED that:**

- 1. The Committee notes the report**
- 2. The Committee requests to be provided with an additional report on eating disorders at a future meeting.**

**8. NORTH WEST LONDON, BARNET & BRENT WHEELCHAIRS SERVICE REDESIGN (Agenda Item 8):**

The Chairman introduced the report, which provided the Committee with an update on the North West London, Barnet and Brent Wheelchair Service redesign.

The Chairman invited Garrett Turbett, Senior Business Planning & Commissioning Manager (Interim) at Barnet CCG, to the table.

Mr. Turbett informed the Committee that following the award of the contract to ADM Healthcare, the contract was now moving into mobilisation. The Committee noted that the service re-design had involved service users, clinical advisors and the independent standards body for disability equipment and wheelchair services.

The Committee noted the focus on getting the service right going forwards and also, on getting the right equipment at the right time for the user. The Committee noted that the successful bidder, ADM Healthcare can provide a “Chair in a Day” which can be modified on the spot to make it suitable for the user.

The Committee noted that the contract would also include a breakdown service, so, if a user was out at any time with an issue, for example a puncture, the provider would provide a breakdown service for rescue at no extra charge.

Mr. Turbett informed the Committee that the contract would go live on 1 July 2016 and that the project was on track.

The Vice Chairman questioned the timescale for the delivery of the “Chair in a Day”. Mr Turbett informed the Committee that it would vary because for example, motorised chairs will have a schedule of maintenance and that it wouldn’t be necessary for all service users to be provided with a new chair.

A Member commented that there could be improvements in technology in future years and questioned if there would be money to pay for it, rather than bulk buying and having to use the same equipment for many years. Mr. Turbett informed the Committee that the contract was for three years with the option to extend for two years, which is not too long. Mr. Turbett also noted that it is in the provider’s interests to make sure that they are up to speed with wheelchair technology and that they work their contacts to make the best deals.

Responding to a question from a Member, Mr. Turbett informed the Committee that whilst you might expect a contract to be awarded on the basis of 70% importance on quality and 30% on financial consideration, this contract had been awarded on a basis of 90% quality, and 10% finance.

**RESOLVED that the Committee notes the contents of the report, the proposed direction of travel in relation to awarding the contract to the new provider and the required timescales.**

**9. NHS TRUST QUALITY ACCOUNTS (Agenda Item 9):**

**The Committee scrutinised the Central London Community Healthcare NHS Trust's Quality Account 2015-16 and wish to put on record the following comments:**

- The Committee were pleased to note that CLCH had appointed Angela Greatley OBE as their new Board Chair and that they were currently recruiting a new Chief Executive.
- The Committee congratulated the Trust on being ranked 'Outstanding' in the first annual 'Learning from Mistakes' league which was published in March 2016 and noted that the Trust is one of only eighteen providers in the country that has achieved this ranking in one of the latest quality initiatives launched by NHS Improvement.
- The Committee noted that when scrutinising a previous Quality Account, they had requested a response to the patient stories. The Committee were pleased to note that this had been done in this year's Quality Account under the heading of "Learning from the Story".
- The Committee congratulated the Trust on their "good" rating from the CQC.
- The Committee welcomed Quality Priority 1 – Positive Patient Experience, Preventing Harm – Developing a Quality Alert Process for Stakeholders. The Committee were pleased to note that the Trust would develop a mechanism by which clinicians in other organisations will be able to quickly alert CLCH to issues within their service. The Committee noted that a secure e-mail system would be established to assist with this.

**However:**

- The Committee had expressed their concerns about pressure ulcers to the Trust during the consideration of last year's Quality Account. The Committee noted that CLCH was a large Trust, with patients being treated across many areas, both at home and on wards. The Committee welcomed the new initiative on pressure ulcers which would involve input from nurses and healthcare providers.
- The Committee also expressed concern that there were several areas in which CLCH was failing to hit its KPIs in relation to pressure ulcers and that there was a lack of a specific section on pressure ulcers within the Quality Account. The Committee noted that the issue of pressure ulcers was an area of concern for the Trust and welcomed the re-launch of another pressure ulcer working group and making pressure ulcers part of staff appraisals.
- The Committee commented that Graph 17, which showed the proportion of patients who did not have pressure ulcers could be clearer and that it did not match the Key Performance Indicator.
- The Committee noted that there had been complaints about staff communication which the Trust felt could be down to waiting times at Walk in Centres.
- The Committee noted that in October and November 2015, the number of complaints the Trust received had spiked. The Committee noted that the Trust believed this was down to the onset of the winter season and requested to be provided with further information on this.



- The Committee expressed concern at the staff survey results showing the percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. The Committee noted that the score for 2015 was 24%, down from 28% in 2014. Whilst the Committee appreciate that this is an improvement of 4% within one year, the Committee noted that this figure is above the national average for community Trusts which is 21%.
- The Committee noted that in relation to “End of Life Care”, CLCH had received “requires improvement” markers in the respect of the care being: Safe, Effective, Well Led, and Overall. The Committee welcomed however, that the overall rating was “Good”. The Committee were pleased to note the recent recruitment to an End of Life care post
- The Committee noted that a percentage for the number of complaints upheld was not included in the Quality Account and suggested that it would be a useful statistic.
- The Committee commented that not many members of the public would know what the term “cold chain incidents” meant and suggested that an explanation be included in the final version of the Account.
- The Committee expressed their concern that there were 58 incidents reported (5.0%) resulting in severe harm, which was higher than the cluster rate of 0.7%. The Committee were very concerned to note that there was one incident which resulted in the death of a patient whilst in the Trust’s care.
- The Committee requested that the Trust define the acronyms “MUST” and “AGULP” within the Account because they would not be clear for members of the public who might be reading the document.
- The Committee noted the achievements of the Trust against the Commissioning for Quality and Innovation (**CQUIN**) payment framework goals for 2015/16, and expressed concern at the forecast drop in income for dementia, value based commissioning and children’s safe transition into adult services. The Committee noted that the figures within the draft Quality Account were not the final figures.

**The Committee scrutinised the Royal Free London NHS Foundation Trust Quality Account 2015-16 and wish to put on record the following comments:**

- The Committee welcomed the new £2 million endoscopy unit which opened in December 2015 at Chase Farm Hospital.
- The Committee were pleased to note that in December 2015, the Dementia Implementation Group launched a new 12 month strategy for dementia care. The Committee noted that it comprised three work streams each focussed on one of the main stakeholders in world class dementia care: the patients and their carers, the staff and the organisation.
- The Committee welcomed the following continuing actions being taken in relation to making the Trust more dementia friendly: introducing Dementia boxes; introducing tiptree tables, involvement in “John’s Campaign”, providing parking

discounts, the “Forget-me-not” scheme being built into electronic records, and welcoming carers 24/7.

- The Committee were pleased to note that Dementia awareness is now part of the routine induction for all staff with over 850 staff having been trained.
- The Committee were pleased to note that the Trust would be looking into increasing the ability of Dementia advocates or “anchors” to care.
- The Committee were pleased to note that the Trust’s goal is to reduce severe sepsis-related serious incidents by 50% across all sites (A&E and Maternity) by 31 March 2018 and welcomed the delivery of the following milestones: Staff training in sepsis recognition in Maternity and Barnet ED; Testing of improvement tools: sepsis trolley, sepsis safety cross, sepsis grab bag, sepsis checklist sticker; Introduction of sepsis improvement tools: Severe sepsis 6 protocol; Monitoring of data and PDSA cycle improvements; Review of improvement to attain 95% compliance
- The Committee welcomed the work that the Trust was doing to recruit more A&E Consultants and staff.

**However:**

- The Committee noted that the winter had seen unprecedented pressure on accident and emergency departments and urgent care pathways and acknowledged that the 4 hours A&E target was challenging.
- The Committee expressed concern that the Trust has reported 10 “Never Events” during 2015/16, 8 of which related to surgery. The Committee noted the Trust’s new goal to improve compliance with the “5 steps to safer surgery” to 95% and to reduce the number of surgical never events by 31 March 2018. The Committee were informed that when a “never” event has taken place, often, junior Members of staff have felt something was wrong but felt unable to speak up. The Committee requested the Trust to put measures in place to encourage staff to feel able to voice concerns.
- The Committee noted that regarding falls the Royal Free acknowledged that they were “worse than the average, so there is room for improvement”
- The Committee were concerned to note that the rate per 100,000 bed days of cases of C.diff infection that have occurred within the Trust amongst patients aged 2 or over had increased from 17.5 in 2014/15 to 20.4 in 2015/16.
- The Committee noted that the Trust would look to improve their performance in relation to Delayed Transfers of Care and welcomed closer working with colleagues in care homes and in the community.
- The Committee were concerned about the lack of data in relation to re-admissions to the Trust within 28 days of discharge.
- The Committee were alarmed that the issue of staff/colleagues reporting being bullied, harassed or abused was raised in the Quality Account again this year. The Committee wished to put on record their concern that 34% of colleagues had reported recent experience of harassment, bullying or abuse. The Committee noted the five suggestions to improve the staff experience: a strong campaign on

bullying and harassment; working closely with leadership teams in the units with worst outcomes from the staff survey; setting clear expectations of managers in relation to appraisal, staff engagement and team communication activity; rapid improvement of the intranet with clear and easy ways to find policy, procedures and forms; delivering leadership training to support managers.

- The Committee wished to put on record their concern regarding the insufficient amount of patient parking at Barnet Hospital and disappointment that a quarter of the visitor/patient parking had been changed to staff parking.
- The Committee wished to put on record their shock at statistics provided by the Trust which show that a deficit of approximately £2 million as a result of unpaid invoices from overseas visitors not entitled to free NHS services. The point was made that the Committee were referring to invoices that the Trust had issued and did not take into account people accessing the hospital who had not been invoiced therefore the £2 million deficit could be much greater.

**The Committee scrutinised the Draft Quality Account from the North London Hospice for the year 2015-16 and wish to put on record the following comments:**

- The Committee welcomed the fact that the North London Hospice would be trying to reduce the length of their Quality Account which would make the document more public friendly.
- The Committee welcomed the “easy read” literature produced by the Hospice and noted the pertinence of having “easy read” literature for people with learning disabilities. The Committee were pleased to note that a number of staff employed at the Hospice had previously worked with people with learning disabilities and were able to bring those skills into providing palliative care. The Committee were also pleased to note that people with learning disabilities are invited to visit the Hospice before they stay in order to make them more comfortable with the environment.
- The Committee welcomed the significant reduction in closed bed days from 116 in 2013-14 to 30 in 2015-16.
- The Committee welcomed the use of “Hello, my name is...” badges.
- The Committee welcomed the actions taken to improve the personal safety of patients, which included the access code number being changed more frequently, printing of paper being undertaken in secure areas, and confidential waste being stored in secure bins before collection for destruction.
- The Committee welcomed the “Come and Connect” scheme which was available for registered patients as well as those who had been discharged from Outpatients and Therapy, which provides a means of meeting socially which can be compromised by illness.
- The Committee were pleased to note that Key Performance Indicator 1, *“Did you feel / the patient was referred to the hospice at the right time”* would be changed to *“Do you feel staff treat you with compassion; understanding; courtesy; respect; dignity?”*

- The Committee noted that there had been an increase in “minor” category clinical incidents from 68 in 2014-15 to 153 in 2015-16. However the Committee acknowledged that the Hospice had introduced a new risk management database and that this increase could likely be down to an increase in reporting.
- The Committee were pleased to note that patients did not contract any of the following infections whilst in the care of the North London Hospice Inpatient Unit: C.Diff, Pseudomonas, Salmonella, ESBL or Klebsiella pneumonia; MRSA.
- The Committee welcomed the fact that “Oyster” training to volunteers to help develop emotional competence and resilience was taking place and would be continuing.
- The Committee welcomed the inclusion of user feedback and noted that the feedback was very moving.

However:

- Whilst the Committee applauded the efforts of staff working at the Hospice, the Committee expressed concern about staff working with patients being required to “tick boxes” and suggested that project outcomes were clearly defined.
- The Committee noted that the Hospice was continuing offer free “Sage and Thyme” training but thought it would be helpful to define the term more clearly so that members of the public reading the document would understand.
- The Committee expressed concern at the fact that the Handwashing Audit at the Winchmore Hill Site had seen a significant decrease in compliance since the first audit. The Committee expressed their disappointment in noting that 2015-16 compliance was 61% compared with 77% for the first audit. The Committee noted that the developments at Winchmore Hill had also seen an increase in the number of staff and volunteers within the service and that despite the completion of induction training, the theory of infection control and hand hygiene is not being put into practice as much as it should be. The Committee welcomed the fact that further training has been, and will continue to be provided for staff and volunteers. The Committee were pleased to note that the audit will be completed again in 6 months to continue to monitor compliance and requested to be provided with the results.
- The Committee noted that 14 of the 15 patients who developed Grade 3 or 4 pressure sores were admitted with pressure sores which progressed under North London Hospice care but acknowledged that the Hospice client group is prone to increased incidence and vulnerability to pressure ulcers.
- The Committee expressed surprise and concern that GPs and clinicians were unaware of the extent of the Hospice’s services and the support

available for those with a Long Term Condition and sought assurance that the Hospice was developing a marketing plan to get the message out.

**RESOLVED that:**

- 1. The Committee requests that the above comments be included in the final version of the respective Trust's Quality Accounts.**
- 2. The Committee requests to be provided with the results of the next handwashing audit at the Winchmore Hill site from the North London Hospice.**
- 3. The Committee requests to be provided with the percentage of patients at the Hospice who had Alzheimer's or Dementia from the North London Hospice.**
- 4. The Committee requests to be provided with information on the "Gold Standard" for Hospice care.**

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

At the invitation of the Chairman, Councillor Philip Cohen introduced his Member's Item on Community Pharmacies. Councillor Cohen outlined the rationale to his Member's Item, which included the following points:

- *"The Government wants to reduce total funding for pharmacies amounting to £170 million as part of what it calls 'efficiency savings' which is essentially the contribution to the austerity drive in the economy. At the same time it wants to streamline the prescribing system by increasing online ordering of prescriptions and 'click and collect' systems as well as home delivery. Other reforms proposed are to locate more pharmacists in GP practices and other settings like care homes.*
- It seems clear to me (Councillor Cohen) that will be the effect of the cuts ie many smaller pharmacies will face closure. At this point I want to refer to the views of an expert, ie a community pharmacist, Brian Isaacs, who is manager of the Brand Russell Pharmacy in East Barnet Village, in my ward. We have discussed this issue and he wishes to make the following comments:
  - "The government wants to reduce the number of pharmacies by attrition by reducing their basic establishment payments and their reimbursement costs, thus the weakest go to the wall. That is not the way to reduce costs. The government are intent on reducing costs without appreciating the consequences. There are other ways to reduce spending for instance checking whether patients need all their repeat medication, thereby reducing waste. There are many others."*
- Pharmacies are ideally placed to reduce the GP workload, due to easy access with no appointment, dealing with minor ailment treatments and influenza vaccinations."

Councillor Cohen requested that the Committee consider submitting a joint response to the consultation.

A Member commented that many people were shifting their activities online and that further efficiencies shouldn't be opposed.

A Member commented that they had noticed a large number of pharmacies opening up in certain areas in very close proximity to each other in certain areas and expressed concern that this was an over-supply of provision.

Councillor Cohen expressed his concern that if pharmacists were located in GP practices the public might experience the same problems of access and appointment as they currently face seeing a GP. The Chairman noted that patients often used a GP pharmacy for a one-off prescription following a consultation but would go to a high street chemist to purchase a whole range of non-medicinal and beauty products as well as repeat prescriptions.

The Vice Chairman noted that there had been an increase of 20% in the number of pharmacies since 2003 and that this had been much higher than the percentage increase in the population. He considered that it would be important to scrutinise the proposals after the consultation.

Councillor Cohen informed the Committee that the purpose of his Member's Item was to ask the Committee to:

*"Express its concern that the reduction in the overall funding package for pharmacies in 2016-17 could lead to the closure of community pharmacies in Barnet and elsewhere. It agrees that while pharmacies perform a valuable public service and are well placed to reduce the workload of GPs and A&E departments, they can be more efficient in prescribing, customer access and in working more closely with GPs and care homes. The Committee would wish the Government to have further discussions with the Pharmacy profession to find other ways to make efficiency savings while protecting existing payments to pharmacies"*

The Chairman sought clarification as to whether there was consensus on the issues raised by Councillor Cohen in his Member's Item. The Chairman noted that there was not and suggested that the Committee move to the vote on whether to contribute to the consultation as a Committee.

The Chairman moved to the vote and asked Members to vote FOR or AGAINST submitting a Committee response to the consultation. Votes were recorded as follows:

For	3
Against	5
Abstentions	0

The vote was lost.

The Chairman informed the Committee that individuals or political groups could contribute to the consultation outside the meeting, should they wish.

The Vice Chairman suggested that the Committee keep a watching brief on the issue.

**RESOLVED that the Committee note the Member's Item.**

**11. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME  
(Agenda Item 10):**

The Chairman invited Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board, and Dr. Andrew Howe, Director of Public Health (Harrow and Barnet Councils) to the table.

Councillor Hart provided the Committee with an update on the work of the Health and Wellbeing Board. She drew the Committee's attention to a long term item on the Board's agenda, the Strategic Framework for Primary Care for Barnet.

The Committee noted that proposals would be going to Barnet CCG's Clinical Cabinet to have an Older Person's Assessment Unit and a specific GP Practice with an emphasis on the frail elderly based at Finchley Memorial Hospital. The Committee also noted that a permanent breast screening unit on site was now likely to go ahead.

Dr. Howe informed the Committee that both the Primary Care Strategy and the Sustainability and Transformation Plan would be significant strategies for the provision of healthcare in the Borough.

The Governance Officer in attendance noted that the Committee would receive reports on the following issues at the July 2016 meeting:

- An update report on the utilisation of space at Finchley Memorial Hospital.
- An update report on the work of Healthwatch Barnet
- An update report on the Colindale Health Project
- An update report on Ear, Nose and Throat (ENT) Adult Audiology and Wax Removal Service Redesign.

The Vice Chairman requested that it be put on record the Committee's thanks to the Chairman for her superb chairmanship of the Committee. The Vice Chairman noted that the Chairman always went the extra mile to keep Members of the Committee informed on health issues.

The Chairman thanked the Vice Chairman and the entire Committee for their valuable contributions to the meetings during the past year. She also thanked the Governance Officer.

**RESOLVED that the Committee notes the Forward Work Programme.**

The meeting finished at 10.00 pm

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