

## Decisions of the Health Overview and Scrutiny Committee

6 October 2016

Members Present:-

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

Councillor Val Duschinsky	Councillor Ammar Naqvi
Councillor Arjun Mittra	Councillor Barry Rawlings (as substitute)
Councillor Gabriel Rozenberg	Councillor Laurie Williams
Councillor Caroline Stock	

Also in attendance:-  
Councillor Helena Hart

Apologies for Absence:-  
Councillor Philip Cohen

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

The Chairman highlighted the following corrections to the minutes:

- That in the second resolution of Agenda Item 9 (Adults Audiology, Wax Removal and Community ENT Service) the date, 2016, be changed to 2017.
- That in the sixth paragraph of Agenda Item 12 (Healthwatch Barnet Update Report) the word, "if" be deleted so the sentence now reads "... *and if so, if it could be...*"
- That in paragraph two of Agenda Item 13 (Forward Work Programme) the word "the" be added to the first sentence so it reads "...*two GP Practices move onto the site*"
- That in paragraph two of Agenda Item 13 (Forward Work Programme) the word "it" be removed from the following sentence so it reads "...*she had been advised ~~it~~ would be in place*"

The Chairman referred to Agenda Item 6 which was a Member's Item received in the name of Councillor Philip Cohen and noted that a response from CLCH had been sent to the Committee with the agreement that Members would provide further instruction to the Governance Service should they wish for any further information. The Chairman noted that no Members had requested further information.

Referring to Agenda Item 9 (Adults Audiology, Wax Removal and Community ENT Service) the Chairman noted that the Committee had not yet received a response on the number of ENT sites run by Concordia Health in Haringey and requested that this information be chased.

The Chairman noted that during the consideration of Agenda Item 10 (Colindale Health Project), the report had advised that Burnt Oak Councillors had been consulted. However, the Burnt Oak Councillor on the Committee was not aware of any ward Member consultation. The Chairman asked the Burnt Oak Member if he or his ward

colleagues had subsequently been contacted for consultation on the matter. The Member advised that he was not aware of any consultation.

Referring to Agenda Item 12 (Healthwatch Barnet Update Report) the Chairman noted that Healthwatch Barnet had provided further information to the Committee. However, the Committee noted that the request for comment on the 6% of the maternity survey respondents who had reported that their baby had a tongue-tie condition, which they felt had not been taken seriously or recognised, was still outstanding. The Governance Service undertook to chase this information.

Referring to Agenda Item 13 (Forward Work Programme) the Chairman noted that Dr. Andrew Howe, Director of Public Health (Harrow and Barnet Councils), had advised that he would be taking forward with Public Health England the Committee's suggestion regarding writing to specific cohorts about the dangers of MMR.

Subject to the amendments outlined above, the Committee:

**RESOLVED that the minutes of the last meeting be agreed as a correct record.**

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

Apologies for absence were received from Councillor Philip Cohen, who was substituted by Councillor Barry Rawlings.

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

Councillor Caroline Stock declared a non-pecuniary interest in relation to Agenda Item 10 (Health Tourism) by virtue of her husband being an Elected Public Governor of the Council of Governors at the Royal Free London NHS Foundation Trust.

Councillor Alison Cornelius declared a non-pecuniary interest in relation to Agenda Item 9 (Barnet CCG Update Report) by virtue of being a Council appointed Trustee/Director of Eleanor Palmer Trust which owns Sheltered Homes and also 'Cantelowes' Care Home in High Barnet.

**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 - 10TH JUNE 2016 (Agenda Item 7):**

The Chairman introduced the minutes of the North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) from the meeting of 10 June 2016.

The Chairman noted that the JHOSC had made reference to a lack of GP provision for care homes across the NCL area and that the Committee would receive an update on this issue during Agenda Item 9 (Barnet CCG Update Report)

The Chairman informed the Committee that following the consideration of the NCL Sustainability and Transformation Plan and Estates Devolution Pilot, Councillor Anne Marie Pearce had undertaken to write to the Minister for Health expressing concern at the disparity in the provision of funding in Enfield and Barnet for mental health, as compared to other boroughs in the NCL region. The Committee noted that a response had not yet been received.

The Chairman advised the Committee that the JHOSC had received an update on the London Ambulance Service Quality Improvement Plan and the JHOSC had also noted that demand for the service has risen significantly; in 2015/16 the LAS attended 20,000 more incidents than in 2014/15.

The Chairman noted that the JHOSC would be considering a report on health tourism at their meeting in March 2017.

The Vice Chairman commented that the STP had so far had minimal political involvement.

**RESOLVED that the Committee noted the minutes on the North Central London (NCL) Joint Health Overview and Scrutiny Committee (JHOSC) from the meeting of 10 June 2016.**

**8. DEVELOPMENT IN MENTAL HEALTH CARE; THE REIMAGINING MENTAL HEALTH PROGRAMME: EXPLORING SOLUTIONS TOGETHER (Agenda Item 8):**

The Chairman invited Neil Snee, Interim Director of Commissioning, Barnet CCG, and Dr. Charlotte Benjamin, GP Board Member, Barnet CCG, to the table.

Dr. Benjamin provided the Committee with details of the work that had been undertaken in relation to the development of mental health care including the following points:

- In 2014, Barnet CCG and the London Borough of Barnet separately reviewed their Mental Health services. The key findings of both reviews highlighted:
  - The lack of effective crisis planning and community services
  - The lack of “early intervention for wellbeing” approaches
  - More calls to work in partnership in the community
  - The need to use resources more effectively
- From May 2015, Barnet CCG undertook a full engagement and consultation process with statutory providers, voluntary sector providers, people with “lived” experience and wider stakeholders to ‘reimagine’ mental health provision within a phased approach focussing on:
  - A co-production model to deliver better, more targeted health and social care services through a community-based approach;
  - Directing resources more appropriately through better collaboration between all organisations
  - Continued involvement of people with mental health needs and their carers as a key to shaping future services

- Extensive consultation was undertaken in transforming Mental Health services through a series of Co-design “Breakfast Clubs” and action learning Trailblazers with people with “lived” experience of mental health problems, the voluntary sector, the statutory sector including Public Health/ Barnet Enfield and Haringey MHT, as well as many others.
- A Needs Assessment was then undertaken with expert colleagues from UCL, which allowed for the determination of a vision for more integrated mental health provision in Barnet and to support commissioning intentions to deliver pathway remodelling as part of the programme.

Dr. Benjamin advised the Committee that she was very pleased with the new way of working with patients and noted that the challenge was the need to extend the system to the West and North of the Borough. The Committee noted that Dr. Benjamin wished for social workers to be embedded within the model.

A Member questioned the impact of the programme on younger and teenage patients. Mr. Snee replied that although the model being presented to the Committee was an 18 plus model, the Health and Wellbeing Board had recently received a paper on the Tier 4 service which highlighted the pressure on young people.

Dr. Benjamin informed the Committee that the model was evidence based and therefore not “new”. She noted that it was strategically very difficult for a Trust to change its way of working in one go, which was why it was decided to undertake the pilot in smaller parts of the Borough as opposed to borough wide.

A Member questioned if the model worked as a partnership. Dr. Benjamin advised the Committee that the model was very much about partnership working and that she felt that colleagues were unaware of the potential resources in Barnet. She added that previously it could take weeks to refer a patient to appropriate services, during which time the patient could deteriorate. Dr. Benjamin commented that the approach was about the patient being seen at the right place and at the right time.

Mr. Snee informed the Committee that he had been very impressed with how the team had brought together available resources and looked at what was available and that the prospect of working with Local Authority colleagues and bringing social workers into the model was very exciting. In many ways, the model was more a social model than a clinical one.

A Member referred to a section of the report which noted that *“for example, in Camden, complexity accounts for greater use of the highest cost services than in Barnet, but where the investment nearly doubles across all modalities”* and questioned what this meant in practice. Dr. Benjamin advised the Committee that Barnet and Camden were very different areas, with different needs and that whilst Camden invests more, the outcomes aren’t necessarily better.

A Member commented that the Committee had been invited to visit the Dennis Scott Unit earlier in the year and that it had made her realise the importance of patients being seen quickly and that the implications of a patient having to wait for treatment could be extremely serious.

A Member commented that often people with mental health issues can be upset by the lack of sympathy with their condition, especially when combined with the stigma around mental health issues. Dr. Benjamin advised that experts would be used to provide

training and that patients and service users would be consulted on their views concerning the most appropriate training.

Responding to a question from a Member on the difference between services for those with mental health issues and for those with learning disabilities, Dr. Benjamin advised that the two were distinct, but there could be an overlap in certain cases. The Committee noted that the CCG had identified Autism as an area for improving the Barnet offer.

**RESOLVED that:**

- 1. That the Committee noted the current development and possible future developments set out in this paper - Reimagining Mental Health: Exploring Solutions Together;**
- 2. That the Committee noted the commitment from all partners to support transformation of mental health pathways;**
- 3. That the Committee supported the ongoing commitment from stakeholders to continue to develop a dedicated model for sustainable service improvement in mental health pathways to well-being;**
- 4. That the Committee offered comments on the recommendations for the continued development.**

**THE CHAIRMAN ANNOUNCED A VARIATION IN THE AGENDA, WITH THE HEALTH TOURISM ITEM BEING CONSIDERED NEXT.**

**9. HEALTH TOURISM (Agenda Item 10):**

The Chairman introduced the report, which provided the Committee with an update from Barnet Clinical Commissioning Group on the issue of Health Tourism. The Chairman invited Leigh Griffin, Director of Strategic Development, Barnet CCG, to the table. Mr. Snee remained at the table.

Mr. Griffin noted that the report provided the outline approach for charging patients from overseas. The Committee noted that the CCG were pursuing further data from the Royal Free London NHS Foundation Trust and the Royal National Orthopaedic Hospital (RNOH) which would be provided to the Committee when it became available.

The Committee noted the following information in relation to the treatment of people not ordinarily resident in the UK:

**Hospital Care:**

NHS Trusts are required to invoice any patients who are not entitled to free NHS treatment. Where possible, the Overseas Visitor Team (OVT) takes payment prior to, but without delaying, treatment. Otherwise payment is requested immediately after treatment and before the patient leaves hospital. Both the Royal Free London NHS Foundation Trust and RNOH employ debt collectors to pursue outstanding debts. Any debts which are deemed non-recoverable are transferred to the responsible CCG within whose boundaries the Trust is located.

A Member noted the following statistics in relation to the Royal Free London NHS Foundation Trust as set out in the report:

### **Royal Free Hospital Overseas Visitors April 2016 – September 2016**

<b>Total no of invoices raised</b>	<b>Total monetary value</b>	<b>Paid</b>	<b>Outstanding</b>
311	£725,156	£128,800	£596,356

The Member questioned if the figures provided in the paper were unusual. Mr Griffin informed the Committee that he did not consider the figures as set out above to be abnormal for London and the South East and noted that the issue of outstanding payments would be an issue for the whole NHS.

The Member commented that the Royal National Orthopaedic Hospital (RNOH) was on the border with Harrow. Mr. Griffin noted that whilst it was on the border, Barnet was the responsible CCG. The Member questioned if all outstanding invoices would be re-paid by NHS England. Mr. Griffin informed the Committee that some outstanding money would continue to be pursued.

The Member requested to be provided with the following information from Barnet CCG:

- How much outstanding debt is re-paid to the RNOH by NHS England (NHSE)
- How many beds on average are occupied at the RNOH by patients not ordinarily resident in the UK
- How much money Barnet CCG is currently owed as a result of unpaid invoices from overseas visitors treated at the RNOH

The CCG undertook to provide this information to the Committee.

### **Primary Care:**

There is a duty on GPs to provide care to all patients who have been in the country for more than 24 hours. The Chairman invited Dr. Charlotte Benjamin to provide the Committee with her perspective as a local GP of treating those patients who are not ordinarily resident in the UK. Dr. Benjamin informed the Committee that previously GPs were able to ask for people's passports and visas to see if they were eligible for treatment and that receptionists had a list of reciprocal treatments provided to UK patients in other countries. Dr. Benjamin informed the Committee that, since then, guidance had changed and that she had experienced an increase in patients not ordinarily resident in the UK who had required emergency treatment. Dr. Benjamin expressed concern about the issue of resourcing such treatment and commented that she felt demand was higher than appreciated. The Committee noted that GPs were duty bound to register presenting patients and make necessary subsequent referrals as appropriate.

The Chairman informed the Committee that Dr. Debbie Frost, Chair of Barnet CCG, had given her apologies for the meeting, but had provided the following statement to be read out at the Committee:

“GP Practices are required to see patients who are residing in their practice area for over 24 hours. So if, for example, an American is on holiday and stays in Mill Hill where I am a GP for more than 24 hours with family, then we would be expected to treat him/her as any other patient that we have as far as GP services are concerned (Consultations and prescriptions). But, if they need to be seen in secondary care, then they need to pay. So even if someone has medical insurance and presumably is covered to pay for the service, we (GPs) should still see them on the NHS”

A Member expressed concerns about the pressure on resources that the treatment of those not ordinarily resident in the UK would put on General Practice and suggested that the Committee write to the Secretary of State for Health in order to outline their concern.

The Chairman informed the Committee that she had once attended a Barnet Hospital Board Meeting and that a Gynaecologist had been in attendance who had been asked to inform the Board about the issue of health tourism in his department. The Gynaecologist had advised that he had employed an officer who was responsible for ensuring receipt of payment from overseas visitors. The Gynaecologist had noted that the officer was very effective, but was only employed during office hours and so was not on duty to collect payment from patients at other times. He also stated that maternity departments probably had one of the highest incidents of ‘health tourism’ in hospitals.

The Chairman questioned the cost and method of debt collection and Mr Griffin advised that he would contact the Royal Free in order to ask for an estimate of their collection costs.

The Chairman noted that there are around 1400 hospitals in the UK and expressed her concern at the huge cumulative amount for outstanding treatment costs across the UK. Mr. Snee informed the Committee that CCG Officers were public servants and were employed to implement national policy.

A Member advised that whilst he felt some treatments should be chargeable to people not ordinarily resident in the UK, the NHS had been set up so that it was free at the point of access. The Member also expressed concerns about patients with particular medical conditions, such as heart attacks, maternity care, or infectious diseases, not receiving treatment. He said he would prefer to have to pursue a debt rather than sending a patient in need away.

The Chairman expressed concern about instances when pregnant women intentionally fly to the UK either to give birth or come into the country with pre-existing complex maternity conditions, such as foetal heart conditions, and deliberately leave the country afterwards without paying for the expensive treatment they have received. A Member commented that he felt that in the instance of a baby being born with a heart condition, there were two people needing treatment and that the cost was worth paying so that the principles of the health system were not lost.

A Member questioned if it would be possible to receive information on how much money the CCG charged back to European Union Countries. Mr. Snee advised that he believed there was a reciprocal agreement and undertook to provide the Committee information on the cost of treatment of EU citizens coming into the country.

A Member of the Committee noted that the NHS was founded on the principle of compassion and advised that he had not enjoyed the debate on the issue. The

Chairman commented that most non-UK residents entering the country would do so with travel insurance and therefore should be covered for any healthcare treatment.

The Chairman noted that the Committee had agreed to write to the Secretary of State for Health on the issues raised. She commented that the letter to the Secretary of State would be sent out in the name of the Chairman, but that a draft of the letter would be provided to Committee Members for comment prior to it being sent. Councillor Arjun Mittra advised that he did not wish to have his name associated with the letter. The Governance Officer in attendance advised the Committee that the letter would contain all Committee Members' names, except for the one Member who had specifically requested to be disassociated from it.

The Chairman MOVED to the recommendations as set out in the report. Votes were recorded as follows:

For:	8
Against:	1
Abstentions:	0

**RESOLVED that:**

- 1. The Committee noted the report.**
- 2. The Committee requested to be provided with information from Barnet CCG as set out above.**
- 3. That the Committee agreed, with the exception of Councillor Arjun Mittra, to write to the Secretary of State for Health.**

**10. BARNET CCG UPDATE REPORT (Agenda Item 9):**

The Chairman advised the Committee that she had invited Mr. Snee to provide the Committee with a verbal update on matters of interest relating to the CCG. Mr. Snee provided the update as follows:

**East Barnet Health Centre:** Mr. Snee noted that the issue of a number of services moving out of the health centre had already been considered by the Committee and advised that the CCG were very disappointed that the services had not been repatriated. Mr. Snee reported that after considerable discussion and, despite the issue between the landlord and Central London Community Healthcare, there was in principle now a way forward. He also advised that once the issues had been resolved, the services will be repatriated.

A Member commented that NHS Property Services were the landlord of East Barnet Health Centre and questioned if the GPs had been charged rent for the entire building. Mr. Snee advised the Committee that he was unable to comment on direct commercial factors, but noted that there has been a change in national policy to move to market funding.

The Chairman sought clarity as to whether progress was being made in respect of the repatriation of services. Mr. Snee advised that the issue appeared to be moving forwards.



The Chairman suggested that the Governance Officer contact CLCH to ask for an update from their point of view on the repatriation of services and that it be circulated to Committee Members.

**Primary care related support for Care Homes:** Mr. Snee informed the Committee that there were 2900 plus beds available for care across Barnet. The Committee noted that primary care support for care homes also benefitted from an integrated Quality in Care team, which was funded by the Better Care Fund. Mr. Snee highlighted the importance of best practice in primary care in care homes and noted the use of prevention tools and integration between multidisciplinary teams. The Committee noted that the CCG had put in place the first phase of providing an enhanced support service to care homes. Mr. Snee informed the Committee that the CCG also had a rolling programme of training in clinical care, including dementia and end of life care, available to all staff. The Committee noted that Barnet is in the upper quartile of people dying where they choose to.

Mr. Snee informed the Committee that Workforce Training and Development was a key deliverable in the Barnet Integrated Care Home Strategy (2015) and that a training needs analysis was carried out in Quarter 1 in collaboration with London Borough of Barnet. This resulted in key training being identified for delivery. The areas identified were: Dementia Awareness, End of Life Care (including Advanced Care Planning) and Communication Skills. The training programme will be delivered to all staff in the Care Sector in Barnet in order to improve their competence in care delivery.

Mr. Snee also commented on the Significant Seven (S7), a training tool which has been implemented in Barnet to support staff in the early identification of deterioration in the patient. The Committee noted that Barnet CCG, through collaborative working with the Local Authority Integrated Quality Team in Care Homes, is piloting the tool in ten Care Homes. The Committee noted anecdotal evidence suggesting that positive feedback has been received from the homes already trained in improving staff confidence and competence.

The Vice Chairman noted that the North Central London Joint Health Overview and Scrutiny Committee (JHOSC) had received an item on primary care in care homes at their meeting on 30 September 2016.

The Chairman expressed her delight that the “Significant Seven” was being implemented in Barnet. The Chairman referred to Care Homes Enhanced Support Service (CHESS), which is an integrated care model intended to deliver timely care to older people in care homes, reduce avoidable hospital admissions, reduce the need for unplanned care and improve the quality of care for the patients. The CHESS is made up of a multi-disciplinary team which consists of a geriatrician, pharmacists, nurses, a physiotherapist and a GP as the accountable clinician. Mr. Snee commented on the functionality of the CHESS team, with every patient having the right to access a GP.

The Chairman commented that there is a longer life expectancy in Barnet than in, for example, Islington and, as a consequence, there is a higher incidence of Dementia and Alzheimer’s in Barnet.

A Member questioned if people were tending to stay in care homes for longer or shorter amounts of time. The Chairman advised that theoretically, the stay is on average only three years because people now tend to go into care homes when they are significantly

older. Mr. Griffin advised the Committee that nationally the average length of a care home stay is decreasing.

**Finchley Memorial Hospital:** Mr. Snee informed the Committee that the Audiology service at Finchley Memorial Hospital was now confirmed to open on 10 October 2016, as opposed to the planned date of 1 October 2016, due to an issue with the audiology booth.

Mr. Snee advised the Committee that the mobile breast screening unit will remain at Finchley Memorial Hospital until the indoor breast screening unit is in situ. The Committee noted that there was a need to reconfigure the Walk in Centre at Finchley Memorial Hospital in order to accommodate the permanent, indoor breast screening unit and so the overall plans are more complex than the CCG expected. Mr. Snee advised that the CCG had mobilised their own Project Manager and that the unit would be in place as soon as possible. The Committee were informed that this was a top priority for the commissioning strategy this year.

The Committee noted that the CCG were continuing to pursue with local GPs as to how primary care could be brought into Finchley Memorial Hospital. The Committee noted that this was a difficult issue due in part to complexities surrounding payment refunding routes. Mr. Snee noted that the CCG had made a concerted effort to look at further options for primary care on site, such as via satellite or hub.

The Chairman requested that the CCG provide an update on the Older Persons' Assessment Unit (OPAU) Mr. Snee advised the Committee that the OPAU had been paused but not cancelled as it had been felt that the way it was originally intended to be configured was too stand-alone and that the design should take into account the frailty pathway. The Committee were informed that the pause would allow commissioners to consider what more could be done for the population from a frailty point of view.

The Chairman expressed her disappointment that the breast screening facility was still being delivered through the mobile unit and that the empty ward on site was still not in use and was costing a considerable amount every month. Mr. Snee commented that he had taken the time to visit the building and understood the disappointment. Mr. Snee further said that the focus this year would be to deliver on things in the building that provide health and social care for the population.

A Member advised that she had been informed that the blood testing unit at the Finchley Memorial Site might be closed. Mr. Snee advised that he was not aware of this but would look into the matter and respond to the Committee.

Mr. Griffin informed the Committee that Barnet was the best performing CCG in terms of Cancer survival rate but noted that the CCG would not become complacent and would seek to improve the rate further.

**RESOLVED that:**

- 1. The Committee noted the report**
- 2. The Committee requested that the Governance Service contact CLCH to ask for an update from their point of view on the repatriation of services to East Barnet Health Centre and that, once received, it be circulated to Committee Members.**

**3. The Committee requested that the CCG provide clarification as to the future of the blood testing unit at Finchley Memorial Hospital.**

**11. HEALTHWATCH BARNET ENTER AND VIEW REPORT - LADY SARAH COHEN CARE HOME (Agenda Item 11):**

The Chairman invited Lisa Robins, Manager, Healthwatch Barnet, to the table. Ms. Robbins advised that the visit was undertaken by four trained Enter and View volunteers. The Committee noted that questionnaires were left by the Enter and View volunteers to allow people who were unable to be there on the day the opportunity to contribute.

A Member advised that some of the issues to do with staffing appeared to be beyond the control of the care home and commented on the need to manage the relationship with relatives in a different way. The Member commented that, if he was a relative of a resident, he would expect to meet with a member of staff at a scheduled time every eight weeks to discuss the care plan.

Ms. Robbins advised the Committee that, on the date of the visit, the manager of the care home was an interim manager but that she had now been made permanent. Since then, she had put in place procedures to provide better structure.

Ms. Robbins informed the Committee that Healthwatch had met with both the Care Home Manager and the Area Manager and that Healthwatch would go back to the home in 6 - 8 months. A Member commented on the importance of scheduling meetings with relatives to discuss care. Ms. Robbins agreed and commented that one of the recommendations to the care home was about how relatives can be involved in the development of care plans.

Responding to a comment from the Vice Chairman, Ms. Robbins advised that it would be interesting to do some further work around the recruitment of staff.

A Member expressed concern that a resident had reported that the GP was lacking in empathy and was unapproachable.

A Member commented on a quote made by staff, which was *“when I started half the residents could walk on their own or with a frame – now it is three out of forty”*. The Member commented that it was not just management but staff who needed to realise that patients have needs.

The Chairman commented on the importance of ensuring that residents are kept properly hydrated and noted that one resident had reported that they had had to wait until lunchtime for a drink. The Chairman noted the importance of hydration in avoiding Urinary Tract Infections (UTIs) and commented that she was aware of one home that provided jellies and ice lollies during hot spells as an additional way to give residents extra liquids.

The Chairman requested that Healthwatch Barnet provide the Committee with a copy of the report following their next visit and noted that, if it was not satisfactory, the Committee could request attendance from both Healthwatch Barnet and Jewish Care at a future meeting.

**RESOLVED that:**

1. The Committee noted the report.
2. The Committee requested that Healthwatch Barnet provide the Committee with their Enter and View report following their next inspection of Lady Sarah Cohen House.

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

The Chairman invited Councillor Helena Hart, Chairman of the Barnet Health and Wellbeing Board, and Natalia Clifford, Consultant in Public Health, to the table. The Committee noted that Dr. Andrew Howe, Director of Public Health (Harrow and Barnet Councils), had sent his apologies.

Councillor Hart provided the Committee with an update on the Shisha campaign, noting that Environmental Health had been visiting Shisha establishments to make sure that they were compliant with their licensing requirements. Cllr. Hart informed the Committee that the campaign was not about banning Shisha, but about getting across the health messages associated with it.

The Chairman commented that she thought the campaign was excellent.

A Member questioned if the Council employed enough enforcement officers to ensure the compliance of Shisha establishments. Councillor Hart informed the Committee that the Shisha campaign ran across Council departments and that Shisha establishments had been informed that if they did not comply with legislation, then they would be taken to court. Councillor Hart informed the Committee that the Health and Wellbeing Board would receive a report on the Shisha campaign at their meeting in January 2017.

The Chairman referred to the Forward Work Programme as set out in the report and noted that the report on the Sustainability and Transformation Plan might need to be received by Committee in February 2017, alongside the report on the Colindale Health Project.

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

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

None.

The meeting finished at 10.00 pm