Decisions of the Health Overview and Scrutiny Committee

21 November 2018

Members Present:-

Members Present:
Cllr Alison Cornelius (Chairman)
Cllr Val Duschinsky (Vice-Chairman)
Cllr Golnar Bokaei
Cllr Geof Cooke
Cllr Saira Don
Cllr Linda Freedman
Cllr Anne Hutton
Cllr Alison Moore

Also in attendance
Dawn Wakeling – Strategic Director Adults, Communities and Health.

Apologies for Absence
Cllr Paul Edwards

1. MINUTES (AGENDA ITEM 1):

The Minutes were approved, subject to the following amendment:

- Item 11 Winter Communications in Barnet should also include the suggestion made by the Committee that distribution of literature be placed into multi-cultural and Faith centres.

Matters arising from the minutes:

The Chairman updated the Committee on the following:

- That the CHINS information provided at the last meeting had been sent to all Committee Members by the Governance Officer on 19 October.
- The Forward Work Programme had been updated to include the reports requested at the last meeting.
- The Kooth website address was kooth.com
- The Governance Officer will be emailing the Royal Free London NHS Foundation Trust, Central London Community Healthcare (CLCH) and The North London Hospice requesting each organisation to submit mid-year updates on their Quality Account. They will be asked to reply by 14 December and their responses will then be circulated to Members.

2. ABSENCE OF MEMBERS (AGENDA ITEM 2):

Apologies were received from Councillor Paul Edwards.

3. DECLARATION OF MEMBERS' INTERESTS (AGENDA ITEM 3):

Councillor	Agenda Item(s)	Declaration
Councillor Geof Cooke	Item 8 and 10	Non-Pecuniary interest by virtue of his daughter being employed by UCLH.
Councillor Alison Cornelius	Item 12	Non- Pecuniary interest by virtue of being a Trustee of Eleanor Palmer Trust which operates a Care Home.
Councillor Saira Don	Item 12	Non-Pecuniary interest by virtue of being a Director for Sara Care Home Ltd and Dillon Care Ltd, as both Care Homes companies operate in 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 (AGENDA ITEM 7):

The Chairman informed the Committee that Mr Will Huxter (Director of Strategy, Barnet, Camden, Enfield, Haringey and Islington CCGs) had presented reports on the STP at the Joint Health Overview and Scrutiny meetings and was presenting to the Health Overview and Scrutiny Committee (HOSC) this evening.

The Committee were concerned about the low number of LUTS patients being seen each month and suggested that this could present a risk. The Chairman informed the Committee that Councillor Kelly (Chairman of the JHOSC) had escalated this issue and the response would be communicated to the Committee.

The next meeting of the JHOSC will be held at 10am on Friday 30 November at Enfield Civic Centre.

The committee noted the minutes of the JHOSC.

8. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) PROGRAMME UPDATE (AGENDA ITEM 8):

The Chairman invited the following to the table:

- Mr Will Huxter – Director of Strategy, Barnet, Camden, Enfield, Haringey and Islington CCGs

Mr Huxter explained local CCGs for each Borough take forward the plans incorporated within the STP and implement them in partnership with the Local Authority and Care Providers. He explained that the strategic plan was coordinated across all five boroughs, but specific arrangements such as Care Closer to Home Integrated Networks (CHINS) was led at a local level.

Mr Huxter said the arrangements across the North London Boroughs were complex, with a range of different organisations across geographical boundaries including several statutory organisations. Clinical and care leadership at Barnet is provided via a collaboration of both clinical and managerial roles, with Dr Frost as the lead from a Primary Care perspective and Ms Wakeling the lead for Adult Social Care. Secondary Care and Mental Health Trusts collaborate to provide the best service to patients. Mr Huxter said that one of the focuses of the STP was to maximise Care Closer to Home Integrated Networks and to work together to deliver progress across a wide range of areas. This work was being led at a local level, with the STP sharing good practice and providing key building blocks of what should be done at a local level.

The Committee asked what workforce challenges were currently being faced by north London Boroughs. Mr Huxter said there were challenges surrounding recruitment and retention of staff due to issues such as the expense of living in London and the attractiveness of positions offered. He said the STP was focusing on stabilising what was offered to employees and ensuring the offer was sustainable for the future.

Mr Huxter explained changes were being proposed to the way in which adult elective orthopaedic surgery is arranged. Currently Adult Elective Orthopaedic Surgery takes place at ten different sites in North Central London, with each site doing a varying volume of work. He said patients had reported different experiences and outcomes at different hospitals, suggesting inconsistent approaches across the sites. Waiting times for patients also currently varied and targets were often being missed. Mr Huxter explained that the plan was to consolidate Adult Elective Orthopaedic surgery from a number of hospitals to a smaller number of larger units with the aim of improving care. Emergency and planned care would also be separated, ensuring this did not affect emergency pressures. Additional work needed to be carried out to inform patients about what they needed to do in advance and to ensure everyone had access to innovative practices such as robotic surgery, research and clinical trials.

Mr Huxter explained that in Barnet, the majority of the planned orthopaedic operations took place at the Royal Free Hampstead or Chase Farm Hospital. The Joint Commission Committee would be making a presentation in the December meeting about engagement and recommendations about the next steps. Phase one of the work had been completed but currently the plans were a long way off being implemented.

The Committee asked how the NHS 111 service was working and whether there had been good progress on this. Mr Huxter said the service was monitored very closely, with the challenge being the wide ranging and different needs of patients phoning the service. He said the service is driven by algorithms which guide patients through a series of questions, leading them to the most appropriate person to deal with their call. A clinical review was regularly undertaken with the provider on all activity and to flag any concerns surrounding individual cases. He said they were satisfied, however they needed to keep it under review in order for people to have confidence in the system. The Committee queried how those that use the service are triaged. Mr Huxter explained that patients are asked a defined set of questions, with the relevant response provided, dependant on the patients answers to the questions. He said there was a complex set of arrangements in place but that staff were trained to take people through the questions in order to identify their needs and then recommend the appropriate medical advice or suggest where the person should go.

The Committee asked what implications the change to orthopaedic operations would have on junior doctor training. Mr Huxter said that currently there were concerns that training was not as good as it could be. The current proposal was that the same clinical team does both emergency and elective work and this would be arranged via a rota system. This would provide junior doctors with exposure of both types of operations and experience on more complex surgery.

The Committee asked if concerns about keeping people suffering with mental health conditions safe had been addressed when looking at delivering services closer to home in relation to mental health. Mr Huxter said the STP looks at prevention through to treatment and that the majority of those suffering needed the right support outside the hospital setting. He said there was a range of support services available to patients and whenever a crisis occurs the patients are smoothly and efficiently directed to the right support. The Committee asked how the partnership worked with police to provide support for those in mental health crisis. Mr Huxter said the work stream for mental health engages with the police and was currently working on identifying safe places for the police to take patients in crisis who do not need A&E treatment.

The Committee queried whether cultural and language barriers had been considered when implementing plans as the boroughs are made up of residents from diverse cultures and nationalities. Mr Huxter said the plan was holistic but the community understanding of cultural needs needed to come from a local borough level, making use of the assets within the local communities.

The Committee asked how organisations were being supported to reduce the reliance on temporary staffing. Mr Huxter said the aim was to make the north of London an attractive place for people to want to work. This would aid recruitment and retention and provide an excellent learning environment where individuals can gain experience in lots of different areas. He said objectives also included adopting new ways of working to enable working across health and care settings and maximising workforce efficiency and productivity.

Ms Wakeling said that the North London STP received funding from the London Workforce Action Board which receives money from Health Education England. This money is used to train Nursing Home Managers in leadership and overseas nurses who work in Nursing Homes to enable them to gain qualifications that are recognised in the UK. She also said that a network of ambassadors had been developed within Social Care whose role was to encourage people to move into Health and Social Care careers. A website and portal had been developed which will act as a recruitment and retention

vehicle based on a model used in other parts of the country, known as 'Proud to Care' which would be available next year.

The Chairman asked when the locations for the elective surgery would be decided. Mr Huxter said that a lot more work needed to be done before a decision could be made about the locations. He said he was happy to provide this information when it became available.

RESOLVED that the Committee noted the report.

9. COMMUNITY HEALTH PARTNERSHIPS - SUPLUS LAND (AGENDA ITEM 9):

The Chairman invited the following to the table:

- Mr Eugene Prinsloo – Developments Director, Community Health Partnerships

Mr Prinsloo explained that Community Health Partnerships (CHP) is the freeholder of the land adjacent to Finchley Memorial Hospital. He said that the CHP was working in collaboration with the Sustainability and Transformation Partnerships (STP), Barnet Clinical Commissioning Group (CCG) and One Public Estate (OPE) to review the public estate needs and local departmental policies in Barnet.

Mr Prinsloo explained that the new management had commissioned an appraisal to look into alternative uses for the site and to take into account changes in the overall strategy and housing policy agenda. The refreshed appraisal would outline options for 'Homes for NHS staff' in-line with the Secretary of State's announcement around homes for NHS staff and contribute to housing targets and capital receipts. Mr Prinsloo said that a study which had been conducted around a year ago had investigated the mixture of private affordable housing and Extra Care.

Mr Prinsloo said the CHP was currently working through the possibilities of what the site could be used for and how many units it could potentially accommodate. He said there were planning constraints involved and the plans need to be commercially viable and a deliverable project. The appraisal would conclude on 11 December, which would then be taken through an internal governance process, to the Property Committee and finally the CHP Board by the end of January 2019. Mr Prinsloo said he was happy to return to the HOSC meeting on 21 February 2019, following the Board's decision, to discuss the preferred option and explain the timescales of putting this into action.

The Chairman enquired as to whether the Extra Care Fund stipulated that at least 50 units would be required to make any plans viable. Mr Prinsloo said the Extra Care Fund did not have defined terms, however feedback from the supply chain was that 50 units would be required to make it worthwhile commercially, but the Extra Care spanned a number of different things.

The Committee asked how risks surrounding the lack of key worker demand data had been managed. Mr Prinsloo acknowledged that it had been difficult to get their hands on reliable data surrounding the NHS's requirements for key worker housing. He said that he had engaged with the workforce people at the Royal Free which had provided a snap

shot of housing currently provided. He said the requirements depended on proximity to the acute hospital site and the mix and type of key workers.

The Committee asked if their recommendations would be used to aid the decision made by the Board, if key worker housing was chosen. Mr Prinsloo said CHP as a company was here to serve the wider health interest, and the decision would be taken in collaboration with the STP, if the plans for key worker housing were the chosen option. He said the CHP would need to see how the planning process unfolded before looking at specific commercial arrangements.

The Committee asked if the information surrounding the costs could be shared with the Committee, as key worker housing had higher costs associated with it than residential housing. Mr Prinsloo said that the CHP would like to review the proposal and would then be able to share the massing study results afterwards but were not able to do so at this time due to concerns about what the planning would look like. He said ward councillors would be consulted on what the site was intended to be used for at the end of January after the Board meeting.

Some of the Committee suggested Extra Care was not well defined and asked if relevant people had been consulted and whether the arrangements would be aligned with Barnet Council's plans. Mr Prinsloo said that throughout the last year discussions had been had with Barnet around Extra Care requirement. He said Barnet had progressed their own plans within Burnt Oak and the One Public Estate Board's role was to have visibility across owners and users to align interests. Ms Wakeling said that Barnet had two Extra Care schemes and both buildings were owned by a Housing Association, with care provided by a care agency and another currently going through a tender process. Ms Wakeling said that Barnet was in the process of building three new Care Schemes, each with 55 units which would provide care for people with dementia and provision for couples. In addition, a Housing Association was building another scheme of around 50 units. This needed to be considered in CHP's consideration of the use of the land at FMH.

Ms Wakeling said that 50-55 units were needed for the schemes to be viable and that conversations had been had in the past with CHP. She said the Council did not require CHP to build on its behalf and that an issue with using CHP buildings is that they are tied into service charges with CHP. She said temporary support could be very useful for the NHS in circumstances where patients needed to be moved from acute hospitals quickly. She also said that having lost a significant amount of nursing care beds, 315 in total, more beds were required. Ms Wakeling explained that many people move to Barnet to have their care needs met, which in time then places the responsibility for funding their care on the Local Authority.

Mr Prinsloo agreed to return to the February meeting. He also agreed to notify Ward Councillors of the decision of the board in January.

RESOLVED that the Committee noted the report.

10. GP PRIMARY CARE PROVISION AT FINCHLEY MEMORIAL HOSPITAL UPDATE PAPER (AGENDA ITEM 13):

The Chairman invited the following to the table:

- Ms Kay Matthews - Chief Operating Officer, Barnet CCG

- Dr Debbie Frost – Chairman, Barnet CCG

Dr Frost provided a brief update on the situation surrounding the flu vaccinations. Dr Frost said that some patients in the over 65 age group had reported finding it difficult to get flu vaccines this winter. She explained that it was the first year that NHS England had batched the distribution of the flu vaccine, but all vaccines would be available in GP surgeries and pharmacies by the end of November. However, the flu was not expected until December, allowing time for all to be immunised. Dr Frost said in previous years people had been immunised earlier and the communication had not been as successful this year surrounding phasing. All 8.3 million doses had now been delivered around the country, with only 4 million given last year. She assured the Committee that there were plenty of vaccines available, so there was no health risk.

Ms Matthews introduced the update on the relocation of a GP practice to Finchley Memorial Hospital (FMH). She said that stage one of the application process had now been completed. Three applications had been received and it had been a competitive process with a successful applicant being identified. Ms Matthews said the CCG was now moving to stage two of the process which would involve a consultation for 12 weeks and completion of the CCG's other statutory responsibilities. Ms Matthews said that the winning application comprises of three Practices who have jointly applied to work together as a Super Practice which will make them more resilient and is in line with the vision outlined in the GP forward view; with only one of the practices relocating to FMH. Ms Matthews said the Super Practice model made it easier to attract a workforce who could work across all three Practices and provided a basis for more efficient back office functions.

Ms Matthews said the that was successful application outlined an innovative vision for how General Practice could be provided from FMH. The Practice would be open seven days a week and the increased footfall this would provide would be beneficial for the café, which was a valued resource on this site.

The Committee expressed concerns that transport to Finchley Memorial was difficult and wanted to know if discussions had taken place around improving the transport networks. Ms Matthews said it would be better to wait to see the outcome of the public consultation and governance processes associated with this. If the decision is made to relocate a GP practice to FMH as at this point, then the CCG would be in a better position to more accurately indicate the footfall using the building and present this data to TfL. She said if the process moves to this stage, her recommendation was that the three local Ward Councillors, Chairman of HOSC, local MP and Assembly Member should collaboratively meet with TfL to explore if the bus route to FMH can be improved. The Committee were pleased that the current management team had progressed the plans and that positive proposals around conversations with TfL were being put forward. They were also excited by the prospect of a Practice who would be part of a Super Practice potentially relocating to FMH.

The Committee enquired whether the Practice would see patients from the Finchley Memorial Walk In Centre. Ms Matthews explained this question was hypothetical at the moment because the final decision was subject to the public consultation and completion

of the CCG's other statutory duties. However, hypothetically, patients who attended the Walk In Centre who were not registered with a GP Practice could register with the FMH GP Practice or any other GP Practice they wishes to register with as long as the patient resided within their catchment area.

The Committee asked how the public consultation would be carried out. Ms Matthews explained that all patients in the Practice would be written to explaining the proposal and asking for their views. She said there was specific guidance on how consultation processes were required to be undertaken and that this would be followed.

The Chairman asked when Ms Matthews would be able to return to the Committee to provide an update. Ms Matthews said the CCG would be using the full 12 week consultation period which would lead up to the end of March. It was therefore agreed that Ms Matthews would return to the May meeting to update the HOSC on the outcome of this process.

RESOLVED that the Committee noted the report.

11. WINTER PRESSURES VERBAL UPDATE (AGENDA ITEM 11):

The Chairman invited the following to the table:

- Ms Kay Matthews – Chief Operating Officer, Barnet CCG
- Dr Steve Shaw – Chief Executive of Barnet Hospital, Royal Free London NHS Foundation Trust.

Dr Shaw notified the Committee that attendance at Barnet Hospital A&E had been the highest on record with 425 patients being treated on one day, compared to the normal average of 350-400. He said there were very high hourly flows of patients with around 30-33 walk in patients and 5-6 ambulances per hour, compared with the usual 20 patients and 3-4 ambulances. This had put immense pressure on the department.

The Chairman asked whether there was anything in particular that patients were coming into A&E with. Dr Shaw said there were a high number of cases of chest infections and pneumonia with increased numbers of elderly patients suffering from respiratory problems but, so far, there had been no patients with flu.

The Committee asked if patients were aware that there were alternative places to go to seek treatment. Dr Shaw said some patients will always end up coming to A&E but that these patients are informed that there are alternatives and that there may be a long waiting time.

Ms Matthews said that the CCG spends time planning and managing the care of patients over winter, with 80% of care happening in General Practice. She said work was still being done to communicate to patients who don't need to attend A&E to meet their health care needs that they will be seen quicker and just as effectively elsewhere.

The Chairman asked if walk-in patients had increased in other areas. Dr Shaw said Chase Farm had seen a definite increase, but Finchley Memorial was the most heavily used.

RESOLVED that the Committee noted the report.

12. ROYAL FREE ELECTRONIC PATIENT RECORD (EPR) REPORT (AGENDA ITEM 10):

The Chairman invited to the table:

- Dr Steve Shaw – Chief Executive of Barnet Hospital, Royal Free London NHS Foundation Trust.

Dr Steve Shaw updated the Committee on the new Electronic Patient Record (EPR) system which was scheduled to go live over the weekend of November 17-18 2018 at Barnet Hospital. He explained that the EPR introduces one single, integrated Electronic Patient Record system which is available for all staff to access when and where required.

The EPR is then set to go live at Chase Farm Hospital, Edgware Community hospital theatres, Finchley Memorial Hospital and the Royal Free Hospital Maternity department. The remainder of the Royal Free Hospital will follow during 2019.

Dr Shaw said that implementing the system had involved good staff engagement as this would be a major change in the way staff work and that issues would be flagged and resolved as they arose. He said the main focus was on ensuring patient safety was upheld. Dr Shaw said they did anticipate a slowing of performance and flow through the hospital during the initial stages of implementation, due to staff getting to grips with the new technology. The Royal Free would be communicating with patients to apologise for any delays and would explain the reasons behind these. He said that “super users” had been trained to provide guidance to other staff, with junior doctors often very quick to adapt to new technology and that an extensive training programme had been provided for all users. Additional staff had also been asked to work around the go-live date.

Dr Shaw explained that the EPR system would provide more accurate data on each patient and enable real-time viewing of clinical documents and correspondence to GPs. Integrated medical devices would upload readings, reducing potential human errors when inputting and be a much more efficient use of time for clinicians. Moving to EPR would also lead to a more integrated approach to care across North Central London.

Dr Shaw explained that Clinical Practice Groups (CPGs) had also been established to address unwarranted clinical variation and ensure healthcare teams use the best evidence-based treatments. The Multidisciplinary Clinical Practice Group care pathways would be embedded into the EPR, meaning patients would receive the same standard of care regardless of where they were treated across the Trust’s group of hospitals.

The Committee asked what the back-up plans and risk management were for instances of IT failures. Dr Shaw said risks would be reviewed on a weekly basis and that there were more than enough computers and hardware on site. He said in the event of a computer failure there was a clear policy on what to do, with paper records available and a master computer that could be used with 24/7 access to records in the event of a power outage. He said that the 24/7 access computers were strategically located within the hospital and had their own power source. He said the Chief Information Officer for governance had been monitoring the system throughout the process to ensure it met all data protection requirements.

The Committee asked how training was managed in relation to agency staff. Dr Shaw said all agency staff had to have received training on the system before being employed.

The Committee asked if patient information could be easily shared with hospitals outside the Royal Free or if the system was customised specifically for them. Dr Shaw said E-mist software allowed 13 GP Practices to share information and that the aim was to extend this out to all GP Practices in Barnet. Dr Shaw said the ambition was to one day make records accessible throughout the country. However, in order to provide national coverage, other parts of the country would need to implement similar software. The Committee asked if the information on Quality vs Reference Costs 2017/18 for the Royal Free Group could be broken down into individual hospitals. Dr Shaw said he would look into whether that detail was available.

The Committee asked if further developments in technology were being researched. Dr Shaw said that recently Chief Clinical Information Officers had been appointed, comprising both doctors and nurses, who had a special interest in IT and technology to look at future developments. He said a mobile phone app had already been devised which offered guidance on how to use the system.

The Chairman asked Dr Shaw to provide an update on the parking planning at Barnet Hospital. She asked if the hospital had observed any missed appointments since the implementation of the CPZ in the area. Dr Shaw said there was no data that indicated there had been any impact on appointments because of the CPZ. He said that anecdotally, however, staff had found it more difficult to find parking and now had to park further away from the site and had experienced some abuse from local residents which was a concern. Dr Shaw said that an extensive review of staff parking was taking place and that incentives to use other types of transport or pooling of cars were being investigated. However, many staff were coming from north of London and were therefore reliant on the use of cars.

Dr Shaw said options for parking were being investigated, such as stackable car parks for which suppliers were being sought. He said that this option would still take around 6 months to approve and install and was not without cost. The hospital was also having conversations with the British Army Transport Squadron who have a base 15 minutes from the hospital, about the possibility of using 100 spaces in their car park for staff. This would free up spaces for patients in the Hospital car park. He said further work needed to be done regarding the utilisation of space, as there was variation around the use in various areas of the hospital.

The Chairman asked that Dr Shaw look at the Planning Application carefully and ensure that more car parking spaces would be provided than are currently on site. Dr Shaw agreed to take this message onboard. The Committee also queried whether key essential workers would be eligible for dispensations on parking or permits. Dr Shaw said that the consultation around parking had been requested to be brought forward to three months, rather than the usual six months, so that permits for staff could be considered.

The Chairman asked if any update could be provided on the long-term patient at Barnet Hospital recently in the news. Dr Shaw said he could not say much due to confidential reasons, however the case was more complex than described in the news and that the hospital was working closely with North Lincolnshire Council and making progress towards resolving the situation.

RESOLVED that the Committee noted the report.

13. HEALTHWATCH BARNET ENTER AND VIEW REPORT - MEALTIME VISITS TO SIX CARE AND NURSING HOMES (AGENDA ITEM 12):

The Chairman invited to the table:

- Selina Rodrigues – Head of Healthwatch Barnet.

Ms Rodrigues presented the Healthwatch Enter and View reports on mealtimes. She explained that volunteers had visited six Care Homes in total and undertaken visits in accordance with a structured set of questions. The visits had been announced to Managers and recommendations sent to Senior Managers within the Care Quality Commission (CQC), Barnet Clinical Commissioning Group and Barnet Council as well as being published on the Healthwatch Barnet website.

Ms Rodrigues said that analysis of the visits did not identify any key themes, but did highlight variation between how Care Homes facilitated mealtimes. She said some of the positive things included a relaxed and pleasant atmosphere, with residents being supported to eat and drink. Most of the Care Homes had processes in place to make the food digestible and appetising for residents, encouraging them to eat. Good levels of hydration were observed in most homes and incidences where residents did not appear to be eating or drinking enough were being monitored and reviewed. Staff demonstrated good knowledge of training by offering alternative options when residents said they felt too ill to eat a large meal.

She said staggering of the delivery of meals was demonstrated in some homes, ensuring the food remained at a good temperature. However, heating plates were available in some but not all Homes visited. She said some Homes had good pre-planning of meals and communicated to residents in advance what food options would be served. However, some did not demonstrate such good planning, leaving residents less engaged with mealtimes.

She said some locations were not seen to be actively encouraging residents to eat communally, but good practise suggested that a social environment encourages residents to eat and drink. Also, food was often bland and not suited to different cultural requirements with feedback provided that this could be improved in order to accommodate faith and cultural needs. Ms Rodrigues also noted that some Homes had provided contrasting colours on tables which was found to be good for dementia patients. However, others had provided bibs for the residents which was felt to be degrading and not good for the dignity of the patients.

The Committee asked if residents who choose to eat in their rooms were monitored. Ms Rodrigues confirmed that everyone was monitored, even when eating in their rooms, and that some had an electronic recorder or a team member observing them.

The Committee asked if good practices that were observed were shared with other Homes. Ms Rodrigues said that guidance was provided to aid relatives in supporting their relatives to eat and that Adult Social Care development and training is provided which aims to incorporate these aspects.

The Committee queried if it was normal to conduct announced visits and whether the results provided a true representation of normal practice in the Homes or rather gave a

false representation of when staff were working to best practices for the purposes of the visit. Ms Rodrigues said that most of the visits were announced and that she felt volunteers most often saw things that represented real day to day practice. She said unannounced visits did occasionally occur and that repeat visits were conducted when improvement needs were identified. She said a quarterly meeting with statutory service partners was held and any concerns were taken directly to the Care Quality Commission (CQC), who followed up on serious issues. No specific referrals had been made to the CQC in relation to these Enter and View visits, but they had received a copy of all the reports. She said that Managers had responded to the comments provided and had now actioned improvements and changes.

RESOLVED that the Committee noted the report.

14. UPDATE FROM THE CHAIRMAN OF THE HEALTH AND WELLBEING BOARD (AGENDA ITEM 14):

The Chairman invited to the table:

- Councillor Caroline Stock – Chairman, Barnet Health and Wellbeing Board.

Councillor Stock updated the Committee that two streets in Barnet had been named as the healthiest high streets: Whetstone and Temple Fortune. She said the long-term aim was to become one of the healthiest Boroughs in London.

Councillor Stock said that the Borough had made a declaration regarding promoting healthier food and reducing sugary food and drinks on offer. She said Barnet Council would be looking to providing free water facilities at all Council premises and to support businesses to improve the healthy foods made available to residents. There would also be plans to increase public awareness surrounding healthier food choices. She said reducing sugar would begin in Nursery Schools, asking parents not to provide their children with sugary foods to take to Nursery with them, as this would hopefully set a precedent for children's attitude toward sugar from an early age.

Councillor Stock said the Care Closer to Home Report had shown GPs were excited about the new group consultation process, which involved consultations with a doctor, nurse and support worker present. Patients had reported finding the process beneficial.

Councillor Stock said incidences of ambulances arriving and leaving patients in Barnet from areas outside the Borough had been investigated and that it had been stressed that this could not continue to happen.

The Committee asked about the project involving reducing homelessness. Ms Wakeling said that a multi-agency Homelessness Forum had been established and there was an opportunity for the NHS to be part of it. Barnet Homes were involved and street outreach work was happening.

The Committee noted the verbal update.

15. HEALTH OVERVIEW AND SCRUTINY FORWARD WORK PROGRAMME (AGENDA ITEM 15):

- Add the decision on surplus land owned by CHP to the 21 February 2019 meeting.
- Add the STP update and Adult Elective Orthopaedic surgery update to the Autumn 2019 meeting.
- Add EPR and Barnet Hospital Parking update to the 21 February 2019 meeting.
- Add Winter pressures analysis report to the 21 February meeting.
- Add Breastfeeding Support Report to the end of 2019.

16. ANY OTHER ITEMS THAT THE CHAIRMAN DECIDES ARE URGENT (AGENDA ITEM 16):

None.

The meeting ended at 21.56.