

**AGENDA**

**HEALTH OVERVIEW & SCRUTINY COMMITTEE**

**WEDNESDAY, 15 FEBRUARY 2012**

**AT 7.00PM**

**HENDON TOWN HALL, THE BURROUGHS, HENDON NW4 4BG**

**TO: MEMBERS OF THE COMMITTEE (Quorum 3)**

Chairman: Councillor Alison Cornelius

Vice Chairman: Councillor Maureen Braun

**Councillors:**

Kate Salinger

Barry Rawlings

Bridget Perry

Julie Johnson

Graham Old

Andrew McNeil

Brian Schama

Geof Cooke

**Substitute Members - Councillors:**

Brian Salinger

Kath McGuirk

Stephen Sowerby

Charlie O Macauley

**You are requested to attend the above meeting for which an agenda is attached.**

**Aysen Giritli – Head of Governance**

Governance Services contact: John Murphy 020 8359 2368

Media Relations contact: Sue Cocker 020 8359 7039

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**CORPORATE GOVERNANCE DIRECTORATE**

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**AGENDA ITEM: 6**

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Meeting	Health Overview & Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>North Central London Joint Overview and Scrutiny Committee (JHOSC) Minutes</b>
Report of	Overview and Scrutiny Office
Summary	For the Committee to note the minutes of the JHOSC meeting held on 5 December 2011.

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Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Minutes of the JHOSC meeting of 5 December 2012
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: John Murphy, Overview and Scrutiny Officer, 020 8359 2019

## **1. RECOMMENDATION**

- 1.1 **That the Committee note the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting held on the 5 December 2011.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

- 3.2 The three priority outcomes set out in the 2011/13 Corporate Plan are: –

- Better services with less money
- Sharing opportunities, sharing responsibilities
- A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 None in the context of the report.

## **7. LEGAL ISSUES**

- 7.1 None in the context of the report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

**9. BACKGROUND INFORMATION**

9.1 The North Central London Joint Health Overview & Scrutiny Committee met on 5 December 2011. The minutes are attached for the Committee's consideration.

**10. LIST OF BACKGROUND PAPERS**

10.1 None.

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**MINUTES OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW  
AND SCRUTINY COMMITTEE HELD ON MONDAY 5 DECEMBER 2011 AT 10.00  
AM IN COMMITTEE ROOM 1, HENDON TOWN HALL, THE BURROUGHS,  
HENDON NW4 4BG**

**Present:** Councillors Gideon Bull (Chair) (L. B of Haringey), John Bryant (Vice Chair) (L.B. of Camden), Alev Cazimoglu (L. B. of Enfield), Alison Cornelius (L. B. of Barnet), Maureen Braun (L.B. of Barnet) Martin Klute (L. B. of Islington), Graham Old (L.B. of Barnet), Anne Marie Pearce (L. B. of Enfield),

**Officers:** Mike Ahuja (L. B. of Enfield), Sally Masson (L. B. of Barnet)

**Also present:** Martin Machray, Liz Wise (NHS North Central London), Erik Karas, (Barnet, Enfield and Haringey Mental Health Trust (BEH MHT)).

**1. WELCOME AND APOLOGIES FOR ABSENCE (Item 1)**

The Chairman welcomed all those present to the meeting. Apologies for absence were received from Councillor Peter Brayshaw (L.B. of Camden) and Alice Perry (L. B. of Islington)

**2. URGENT BUSINESS (Item 2)**

There were none.

**3. DECLARATIONS OF INTEREST (Item 3)**

Councillor Gideon Bull declared an interest that he was an employee at Moorfields Eye Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

Councillor Alison Cornelius declared an interest that she was a Chaplain's assistant at Barnet Hospital, but did not consider it to be prejudicial in respect of the items on the agenda.

**4. MINUTES (Item 4)**

**RESOLVED:**

That the minutes of the meetings held on 31<sup>st</sup> October and 14<sup>th</sup> November 2011 be agreed.

**5. NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC) – TERMS OF REFERENCE (Item 5)**

Members discussed whether there should be one vote allocated to each borough or whether a vote should be given to each borough representative who attended the committee.

The Committee's terms of reference stated:

*'Due to the need for recommendations and reports to reflect the views of all authorities involved in the process, one vote per authority was agreed as more*

*appropriate then each individual Members being given a vote. It is nevertheless to be emphasised that decisions by the joint committee should be reached by consensus rather than a vote. Every effort should therefore have been made to reach agreement before a vote is taken.'* (Each borough is entitled to a single vote irrespective of the number of representatives present at the meeting).

**RESOLVED:**

That the current voting system, as outlined within the terms of reference for the Committee, be maintained.

**6. TRANSFORMING CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) IN PATIENT SERVICES FOR YOUNG PEOPLE LIVING IN BARNET, ENFILED AND HARINGEY (Item 6)**

Eric Karas presented an introduction to the proposed new model of service. He also addressed some of the issues that had been raised by the committee over the course of the year. Concerns from the committee have included;

- The type of clinical evidence that is needed to underpin the new proposals;
- How BEH MHT will deliver clear pathways of care including local consultations; and
- What the possible impact might be after the redesign of the service and how the service will be implemented.

National research recommended that CAMHS is most effective when it is offering community based services which have good links with other support networks with mainstream mental health care and inpatient residential services.

Minimising the length of stay in an inpatient facility and promoting an integrated return to community based services was felt to be the best way forward. There was much research to support this way of delivering care. Having patients treated within community based service provision ensures that the patient stays in touch with family and other support networks, minimising the disruption to lessons at school for instance.

The Committee felt that they should be monitoring the pilot implementation and any further developments that may result as a consequence. The Committee also felt that young people should be involved more when planning treatment programmes to be delivered through local services. There needed to be some assurance that the new plans were working before any substantial investment was committed. For instance, consideration needed to be given to whether there were enough young people accessing this model of care to make it viable and were enough young people being involved in the service design.

It was discussed as to whether Barnet could manage the financial implications of the changes and Members wanted more detail regarding the financial arrangements to come from the Mental Health NHS Trust.

Members felt that there were justified concerns around the commitment to compress the timeframes of delivery and the redeployment of staff. Members also sought feedback from the focus group which had been set up at the time of

service planning. Members of the focus group were to be invited to come to the JHOSC to share their views.

Erick Karas explained to the Committee that long inpatient stays in the Northgate and 'New Beginnings' facilities had been a problem with patients getting stuck around the transition stages. In intensive community teams, trained therapists acted as care co-ordinators through the system, drawing service users back into the community wherever possible, using assessments to provide intensive treatments at home where appropriate. Mentalisation Based Therapy was the therapeutic model which will underpin the whole service. The sorts of treatments available would be varied and include:

- Systemic Family Therapy
- Cognitive Behavioural Therapy
- Solution Focused Therapy
- Psychodynamic Therapy
- Medication and other therapy approaches.

Education will be integrated into the treatment programmes.

Members wanted to know more about the refurbishment of the Northgate site which will host acute and inpatient units. The presumption was that the average length of stay in these units should be reduced, with treatment being completed between 8 – 16 weeks depending on needs. It was noted that in Hunter Coomb Treatment Centre, which was provided by the private sector, individuals were often staying longer than would be expected for their required needs and the new model set out to ensure that no individual was staying longer than necessary, when their needs would be best addressed in a more holistic, community based setting.

Members were concerned that there was not yet a business case available for the proposed new service and felt that they could not commend fully the proposals without sight of it.

Councillor Cornelius requested further information on how the refurbishments to the Northgate Clinic, which had been closed for a total of 9 months now, were going. She also wanted to know what had happened to the Holly Oak building.

**RESOLVED:**

1. That BEH MHT and service commissioners be requested to bring a business case to the JHOSC meeting on 16<sup>th</sup> January to review the financial implications of the proposed changes in service delivery and how these fit in with the clinical model, such as the resourcing of out of borough placements.
2. That Members of the focus group be invited to the JHOSC to provide feedback to the Committee on service planning.
3. That BEH MHT to update the Committee on the refurbishment of the Northgate and what was happening to the Holly Oak building.

**7. STRATEGIC AND QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION PLAN (QIPP) (Item 7)**

Liz Wise, the Quality, Innovation, Productivity and Prevention Director, NHS North Central London gave a presentation on the QIPP Plan Performance.

Members were concerned about what would happen to the debt once the North Central London cluster disappeared. The Committee noted that any debt pre April 2011 will not be carried over to CCGs. However, any debt incurred after April 2011 would be carried over to CCG organisations. Liz Wise stressed there was a complete commitment not to hand over organisations with debt to CCGs in April 2013.

The Chair said that he would draft a letter to obtain clarity from government on what the financial arrangements would be once the NCL had been dissolved. Liz Wise said that the CCGs would be the authorisation point and the Commissioning Groups Guidance would be commissioning the spend.

Members wanted to know how the CCGs are to be organised across the 5 boroughs and how the contracts were to be managed. Members were also keen to understand how the JHOSC could get involved.

**RESOLVED:**

That the Chair write to the Secretary of State for Health requesting clarity on what the financial arrangements would be in place, including the treatment of any outstanding debt, once the NCL cluster had been dissolved.

**8. QIPP PLAN – UNSCHEDULED CARE (Item 8)**

Liz Wise Quality, Innovation, Productivity and Prevention Director, NHS North Central London gave a presentation on the QIPP Unscheduled Care aims.

The aim of the plan was to develop the way people experience and access integrated care and prevention services. A&Es needed good continuity of care and integration to avoid a perception of a chaotic service. Urgent Care Centres were needed with adequate opening hours and the right treatment for what service users needed.

The presentation detailed the following aims: to transform unscheduled care by the development and the commissioning of integrated services, increasing levels of unplanned secondary care through the enhancement of integrated working between GP practices, out of hours services, unscheduled care provision, community services and social care. The national priority was to establish a single point of access.

Liz Wise outlined the NHS 111 Service. This service was set out to assist the public with accessing urgent healthcare and to assess callers during their first contact, directing them to the right local service. The service was set to be in operation in 2013. Members wanted more information on secondary users. NCL NHS cluster agreed to provide the committee with more information.

**RESOLVED:**

That NHS NCL be requested to Members with more information on secondary users with regard to the new NHS 111 service.

**9. QIPP PLAN - CONTINUING CARE**

Members had concerns around the 'Capacity to make the Decision' section of the Continuing Care document. *'Where a personal welfare deputy has been appointed by the Court of Protection under the mental Capacity Act or a Lasting Power of Attorney with powers extending to healthcare decisions has been appointed then the PCT will consult with that person and obtain a decision from the appointed person on the preferred care option.'*

The Committee wanted to know if there was any arbitration or an independent advocate embedded into the procedure. It was felt that end of life care needed an advocate to ensure that the patients interests were represented, especially where there was not an appropriate family member to help. It was very important that an advocacy service played a part in the structuring of care, particularly where there were mental health issues. It was also felt that it was important that patients received the right kind of care at end of life and that advocacy support played a part in helping deliver that care. It was noted that the LINK was involved with this aspect of care provision.

Members wanted to see that, where there might be disagreement between carers, clinical staff and/or patients, there were clear legal pathways set out. Members also wanted to see that there were measures to deliver the right kind of care through the courts if necessary and that the process was robust.

It was noted that Continuing Healthcare is delivered through the hospitals multi disciplinary teams with GP, primary care involvement along with specialist teams for end of life care.

**10. FUTURE WORK PLAN (item 10)**

Members considered the Work Plan for future meetings of the Committee.

**16<sup>th</sup> January 2012**

**RESOLVED:**

1. That BEH MHT bring a business Case and members of the focus group to the Committee.
2. That the issue of specialist commissioning of TB services be discussed.

**27<sup>th</sup> February 2012**

**RESOLVED:**

1. More exploration of the Consultant/consultant rates – management of the acute contract.
2. Update on Primary care review.

3. Transition of commissioning support (CCGs) – New landscape in public health commissioning.

**11. ANY OTHER BUSINESS**

There was none.

.....  
**Chairman**

.....  
**Date**

MJE/JHO&SC 5.12.2011

**AGENDA ITEM: 7**

Pages: 11 - 14

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Update Report – Barnet General Hospital Parking Facilities</b>
Report of	Director of Nursing - Barnet and Chase Farm Hospital NHS Trust
Summary	This item provides the Committee with a verbal update on the Alzheimer's and Dementia Care Services in Barnet with particular reference to accessibility to parking at Barnet Hospital.

Officer Contributors	John Murphy – Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: John Murphy, Overview and Scrutiny Officer, 020 8359 2368.

## **1. RECOMMENDATION**

- 1.1 That the Health Overview and Scrutiny Committee note the update and make comments and recommendations to Health Partners.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 12 December 2011, Agenda Item 11 - Alzheimer's and Dementia Care and Parking Update – (4) a further report on parking at Barnet Hospital be presented to the next meeting of the Committee on 15 February 2012.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety
  - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.



## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

6.1 None in the context of this report except for those to be discussed at the meeting in relation to parking provision made by BEH Mental Health Trust at the Springwell Centre.

## **7. LEGAL ISSUES**

7.1 None in the context of this report.

## **8. CONSTITUTIONAL POWERS**

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:

- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

## **9. BACKGROUND INFORMATION**

9.1 At the 12 December 2011 meeting of the Health Overview and Scrutiny Committee an update report was received from the Director of Performance, Planning and Partnership at Barnet and Chase Farm Hospital NHS Trust, Mary Joseet, regarding parking at Barnet Hospital. Members were advised that there were no immediate plans to increase the number of parking spaces at the Barnet Hospital site. It was noted that a joint steering group would be meeting in January 2012 to consider options, including the development of a multi-storey car park. The Director of Nursing advised the Committee that further options being considered to alleviate parking issues included mini-buses between Barnet General and Chase Farm Hospital and the introduction of a Green Travel Plan.

## **10. LIST OF BACKGROUND PAPERS**

None

**Legal – HP**

**CFO – JH**

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**AGENDA ITEM: 8**

Pages: 15 - 20

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Update Report - Appointment Management at Barnet Hospital Fracture Clinic</b>
Report of	<b>Business Manager - Trauma &amp; Orthopaedics – Barnet and Chase Farm Hospital NHS Trust</b>
Summary	This report provides a response to the Committee's request for a detailed report on appointment management at the Fracture Clinic at Barnet Hospital.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Fracture Clinic, Barnet Hospital Update
For Decision by	Health Overview and Scrutiny Committee
Function of	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: John Murphy, Overview and Scrutiny Office, 020 8359 2368.

## **1. RECOMMENDATION**

- 1.1 That the Health Overview and Scrutiny Committee note, comment and make recommendations to Health Partners in respect of the information set out in Appendix A.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 12 December 2011, Agenda Item 5 – members' item: appointment management (fracture clinic) at Barnet Hospital (1) that Barnet and Chase Farm Hospital NHS Trust be requested to present a full report on appointment management at the Fracture Clinic at Barnet Hospital at the next meeting of the Committee.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 None in the context of this report except for those identified in the attached response that relate to Barnet and Chase Farm Hospitals NHS Trust and the management of appointments at the Fracture Clinic of Barnet Hospital.

## **7. LEGAL ISSUES**

- 7.1 The Committee need to be mindful of the role and powers of the Care Quality Commission (CQC). The CQC is responsible for ensuring that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor. All health partners need to ensure that the standards for quality and safety in the provision of health and social care services are adhered to in order to avoid enforcement action by the CQC.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:
- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
  - (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
  - (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.
  - (iv) To ensure that overview and scrutiny in Barnet is reflective of Council priorities as evidenced by the Corporate Plan and the programme being followed by the Executive.

## **9. BACKGROUND INFORMATION**

- 9.1 At the 12 December 2011 meeting of the Health Overview and Scrutiny meeting the committee received a Members' Item outlining concerns that appointments at the Fracture Clinic at Barnet Hospital were too short, resulting in significant backlogs and patients waiting for up to two hours to be treated.
- 9.2 Following discussion of the item the committee resolved to receive a full report from Barnet and Chase Farm Hospital NHS Trust on appointment management at the Fracture Clinic at Barnet Hospital.

## **10. LIST OF BACKGROUND PAPERS**

10.1 None

Legal – HP  
CFO – JH

## APPENDIX A

### Fracture Clinic, Barnet Hospital Update

#### Introduction

The scrutiny committee raised a number of issues at the last committee meeting in relation the Barnet Hospital Fracture clinic.

Issues include :

- Structure of the clinic appointment times leading to overcrowding
- Insufficient seats provided for the patient - which is as a result of the size and layout of the department.
- The flow of referrals into the clinic

The issues raised by scrutiny are supported by the Trust and a summary is provided below on plans in place to address these issues.

#### Update

The Fracture clinic is an emergency clinic that receives referrals from A&E, Urgent Treatment Centres (mainly Edgware and Finchley) and direct GP referrals.

The clinic is open from 08.30 to 12.30 Monday to Friday and sees approximately 400-500 patients per week. These are split between new appointments and follow ups. The fracture clinic is supported by a Consultant, Registrars, Nurses, Plaster Technicians and Diagnostic Imaging.

#### Structure of the clinic and the appointment times

Appointment times for new patients have been re-structured from the 16th January 2012, we have reduced the number of new appointments per day, and increase the appointment times to allow more time for each patient with the doctors. We will monitor this over the next 3 months to see if this impacts on waiting times for an initial appointment. We have also restructured the appointment times so they are distributed throughout the morning which we hope will reduce the amount of patients in clinic, reducing the overcrowding.

#### Increasing the seating area within the fracture clinic

A capital bid has been submitted to increase the size of the clinic area which will provide additional seating for patients attending both the orthopaedic and fracture clinics.

## **The flow of patients from the various services into the fracture clinic**

A representative from Edgware and Finchley Urgent Treatment Centres attended the Orthopaedic business meeting to discuss types of fractures, flows into fracture clinic and booking appointments,.

The objective is to improve relationships between the UTC's with further communication and training sessions.

We have been working closely with the A&E department and will be providing them with training on fractures and plasters, this will allow us to correctly book fracture types to the dates they require to be seen.

Direct GP referrals are scheduled up to 10.30 each morning, this provides an unpredictable quantity to the clinics each day. Consultant staff plan to meet with GPs to discuss the management of fracture which will help in the management of patients flows into the department.

## **Further Improvements**

We have recently completed an audit on Paediatric attendances to the fracture clinic and these results will be presented at our next audit meeting. We are looking to introduce a "childrens hour" each morning, which is dedicated to paediatric patients.

We are working on improving our patient information leaflet to explain the nature of the clinic and how long appointments can take. This leaflet explains that patients may need to see the Consultant, have an x-ray, see the Consultant again for results of the x-ray then be fitted for plaster or air cast boot.

A charitable fund has recently donated a television to the Fracture Clinic so patients have something to watch whilst waiting for their appointment, x-ray or plaster fitting.

Whilst we are continually working towards trying to improve our current service to patients, the way forward for the fracture clinic is to move to offering a morning and afternoon clinic. We are currently exploring this option with consultant colleagues with a plan to implement this as part of the Trust clinical strategy implementation plan.

**Sam Hoskins**

**Business Manager - Trauma & Orthopaedics**

**January 2012**



**AGENDA ITEM: 9**

Pages: 21 - 28

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Update Report - Maternity Services at Barnet and Chase Farm Hospital – Response to Care Quality Commission (CQC) Review</b>
Report of	<b>Head of Midwifery – Barnet and Chase Farm Hospital</b>
Summary	This report provides a response to the Committee's questions in relation to actions being taken by Barnet and Chase Farm Hospital NHS Trust to respond to the CQC review of Maternity Services.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Responses to Committee Questions
For Decision by	Health Overview and Scrutiny Committee
Function of	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: John Murphy, Overview and Scrutiny Office, 020 8359 2368.

## **1. RECOMMENDATION**

- 1.1 That the Health Overview and Scrutiny Committee note, comment and make recommendations to Health Partners in respect of the responses set out in Appendix A.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 12 December 2012, Agenda Item 13 – Maternity Services (1) a report on actions being taken by Barnet and Chase Farm Hospital NHS Trust to respond to the Care Quality Commission review of Maternity Services be presented to the next meeting on 15 February 2011.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report save for those identified in the attached response that relate to Barnet and Chase Farm Hospitals NHS Trust and the provision of maternity services.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
  - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

6.1 None in the context of this report except for those identified in the attached response that relate to Barnet and Chase Farm Hospitals NHS Trust and the provision of maternity services.

## **7. LEGAL ISSUES**

7.1 The Care Quality Commission (CQC) established by the Health and Social Care Act 2008 is responsible for ensuring that essential standards of quality and safety are being met where care is provided, from hospitals to private care homes. It has a wide range of enforcement powers to take action on behalf of people who use services if services are unacceptably poor.

6.2 All health partners need to ensure that the standards for quality and safety in the provision of health and social care services are adhered to in order to avoid enforcement action by the CQC.

## **8. CONSTITUTIONAL POWERS**

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:

- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.
- (iv) To ensure that overview and scrutiny in Barnet is reflective of Council priorities as evidenced by the Corporate Plan and the programme being followed by the Executive.

## **9. BACKGROUND INFORMATION**

9.1 At the 12 December 2011 meeting of the Health Overview and Scrutiny meeting the committee received a report in relation to maternity services at Barnet and Chase Farm Hospital. Following discussion of this item the committee requested a response from Barnet and Chase Farm in relation to the CQC review of maternity services at Barnet and Chase Farm.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 Care Quality Commission – Review of Compliance, Barnet and Chase Farm Hospitals NHS Trust - <http://www.cqc.org.uk/directory/RVL>

Legal – HP

CFO – JH

## **Maternity Services Report for the Barnet Overview and Scrutiny Forum regarding outcome of CQC visit in June 2011.**

- 1. Why did the systems for ensuring cleanliness fail? (Page 17) – I was under the impression that there is a very detailed monitoring system and nurses are supposed to be able to call and get instant response to cleanliness issues, so did the nurses not call or did the cleaners not respond?***

The Maternity clients on the ward gave direct feed back and reported to the CQC inspector on the Monday morning visit that they had noticed a change in the cleaning over the previous weekend. This issue had not been brought to the attention of the Midwifery staff/managers on duty at the time over that weekend.

It is correct there is an escalation process for all staff to be able to access a cleaner/domestic. Maternity at Barnet has a domestic on duty 24 hours a day on delivery suite. The domestic services out of hour's managers have been requested to strengthen their monitoring in light of this occurrence. On this occasion the domestic service staff had been depleted due to staff sickness and therefore cover was below the standard required. The Midwifery staff now also have an out of hours Midwife bleep holder who they can also contact if they require any additional support in relation to cleanliness/Facilities issues, so this can be rectified and escalated at the time.

### **Outcome 10: Safety and Suitability of premises**

- 2. Why was the key pad issue not dealt with earlier when the security on the maternity wards is a recognised priority? (page 19)***

The finances to support the additional entry keypad to the adjacent gynaecology ward formed part of the Business Case in April 2011 for the additional beds as the first part in the process. This is an additional requirement and forms part of entry system to Gynaecology ward only. The maternity security Lockdown and enhanced CCTV formed part of a Capital bid process in 2010. These were different projects therefore managed separately.

Concerns surrounding the gynaecology ward not having keypad access were expressed. This is something the Trust was already aware of and actions are being undertaken to address. This issue was part of a business case which was accepted by the Trust Executives in June. The work is now being commissioned and is expected to be completed by November 2011.

#### **Update:**

The remaining outstanding action is with regards to the installation of keypad access to the gynaecology ward. This is outstanding and has been escalated to Ecovert, and will now also be escalated to Executive Directors.

The Head of Midwifery spoke to Nigel Trew in Estates on 16 January 2012 and on receipt of second request today from Women's directorate on 17<sup>th</sup> will action the works urgently.

#### **Outcome 13: Staffing**

##### **3. *Why was the staffing issue for the new beds not dealt with earlier when the business case was presented?***

The Hertsmere Business case was presented in early 2011; the Directorate were awaiting the final sign off by NCL Strategic health authority for the total 6 additional beds. 4 of the 6 beds were released from the gynaecology ward by the organisation at very short notice.

The Women's Directorate were given 24 hours notice in June 2011 which did not allow sufficient time to recruit additional substantive staffing resources required as set out in the Hertsmere business case. Therefore Bank and agency midwifery staff were utilised over this period. It is planned that the further 2 beds and additional bathroom will be planned to commence around February - March 2012. Staffing levels have been improved and the ward is fully staffed.

***The CQC found that insufficient numbers of midwives were on duty in the antenatal and postnatal ward on the day of our visit. They also acknowledged that the Trust took immediate steps to remedy this. The CQC stated that systems were in place to ensure adequate numbers of staff were on the ward to meet the needs of women but had not always been effective.***

With regards to this the Trust was already aware of the issues surrounding staffing numbers for midwives and is taking actions to address it. A comprehensive recruitment process is being implemented to address shortfall in staff numbers with positive outcomes and a number of

new/extra midwives are due to commence employment between September and December.

Within the report, reference was made to additional beds being available but not staffed accordingly. With regards to the 4 extra beds mentioned in the report, these were part of a business case that was accepted by the Trust board in June and additional staffing for this formed part of the active recruitment process mentioned above.

The beds were authorised for use following the approval of a business case put forward in light of current demand for maternity beds. This business case also included extra staffing to support the business case.

Imminently following the CQC visit, after staffing issues were raised about the four beds, this was addressed immediately and actioned as the Trust put in place adequate cover with the use of bank and agency midwives.

The Trust maintains adequate midwifery cover by occupying vacant posts with Bank and Agency staff, until permanent staff are in post following the active recruitment process.

In addition to this, a job description has been agreed and finalised for an Obstetric nurse to join the Midwifery team and is currently being advertised as part of the recruitment process. This was part of the skill mix review conducted for the business case.

**Update:**

The active recruitment drive has proved very positive. The Trusts funded establishment ratio of midwives to mothers has improved from 1:32 to 1:30. Subsequently as a result of this, Victoria ward, which was the area of focus in the CQC visit, this has translated to an additional midwife per shift.

Date 17.1.2012

Author - C A Littlehales, Head of Midwifery

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**AGENDA ITEM: 10**

Pages: 29 - 32

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Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Update Report - Elysian House-Springwell Centre Transition</b>
Report of	Chief Operating Officer – Barnet, Enfield and Haringey Mental Health Trust
Summary	This item provides the Committee with an oral update on environmental improvements in relation to facilities at the Springwell Centre at Barnet Hospital.

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Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
Reason for urgency / exemption from call-in	N/A

Contact for further information: John Murphy, Overview and Scrutiny Officer, 020 8359 2368.

## **1. RECOMMENDATION**

- 1.1 That the Health Overview and Scrutiny Committee note the presentation and make comments and recommendations to Health Partners.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 12 December 2011, Agenda Item 10, Update Report on Elysian House – (1) the Committee receive an update from Barnet, Enfield and Haringey Mental Health Trust on the delivery of the environmental improvements at the next meeting of the Committee on 15 February 2012.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2011/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

6.1 None in the context of this report except for those to be discussed at the meeting in relation to environmental improvements made by BEH Mental Health Trust at the Springwell Centre.

## **7. LEGAL ISSUES**

7.1 None in the context of this report.

## **8. CONSTITUTIONAL POWERS**

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:

- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

## **9. BACKGROUND INFORMATION**

9.1 Following on from the update received at the last meeting of the Committee on 12 December 2011, it was agreed that a representative from Barnet, Enfield and Haringey Mental Health Trust be invited to provide an oral update and respond to questions from Committee Members.

## **10. LIST OF BACKGROUND PAPERS**

10.1 None

Legal – HP

Finance – JH

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**AGENDA ITEM: 11**

Pages: 33 - 44

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Transforming Community and Adolescent Mental Health Services (CAMHS)</b>
Report of	Project Manager, Transforming Community and Adolescent Mental Health Services
Summary	This report provides an update on the development of a business case for the changes to in-patient CAMHS services and to report on progress with the implementation of the new service.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Presentation on Transforming CAMHS in Barnet, Enfield and Haringey
For Decision by	Health Overview and Scrutiny Committee
Function of	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: John Murphy, Overview and Scrutiny Office, 020 8359 2368.

## **1. RECOMMENDATION**

- 1.1 That the Health Overview and Scrutiny Committee note, comment and make recommendations to Health Partners in respect of the information contained within the presentation as set out in Appendix A.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 21 February 2011, Agenda Item 9 – Transforming Child and Adolescent Mental Health Services in Barnet, Enfield and Haringey - (2) a further update be reported to the Committee on 15 February 2012.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2010/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report except for those identified in the attached presentation that relate to NHS North Central London and the development of the CAMHS business case.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 None in the context of this report except for those identified in the attached presentation that relate to NHS North Central London and the development of the CAMHS business case.

## **7. LEGAL ISSUES**

- 7.1 None in the context of this report save for those identified in the attached presentation that relate to NHS North Central London and the development of the CAMHS business case.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees/Sub-Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees / Sub-Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).
- 8.2 The Health Overview and Scrutiny Committee, among other duties, has a responsibility to receive, consider and respond to reports and consultations from the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies.

## **9. BACKGROUND INFORMATION**

- 9.1 The report provides an update on the development of the CAMHS business case. The presentation as set out in appendix A is intended to enable members to stay informed of current progress in the implementation of the new CAMHS service.
- 9.2 The business case is being jointly developed between NHS North Central London and Barnet, Enfield and Haringey Mental Health Trust.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

Legal – HP  
CFO – JH

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# Transforming CAMHS in Barnet, Enfield and Haringey

Alison Kemp,  
Project Manager



# Report

- Business case status
- Implementation structure
- Service Transformation
  - HR
- Key Issues
  - Young People's Project Board
  - Education
  - Northgate Refurbishment
- Next Steps



# Business Case Status

- Clinical Model
  - Wider engagement
  - Quality
- Detailed activity analysis
  - Mapping current activity into the new model
  - Identifying and maximising investment
- Case Analysis: ‘out of area’ placements
  - Treating the majority of young people closer to home
  - Managing resource variation



# Implementation Structure

- Joint Project Planning Group
  - Project Plan
  - Risk Log
- Implementation Project Board
  - Estates
  - HR
  - Policies
- Young People's Project Board
- Joint Project Consultant



# Service Transformation

- Northgate Unit closure
  - Enhancing community teams
  - Steps towards a new inpatient unit
- Training and development
- Formal staff consultation
  - Long term sustainable system change



# Key Issues

- Young people's engagement
  - Meeting plans
  - Project ownership
  - Innovation
- Education
  - Opportunity and risks
  - Individualised plans for young people
  - Managing a mixed model
- Estates
  - Refurbishment programme



# Next Step

- Business case sign off
- Contract negotiation 2012/13
- Project implementation
  - HR
  - YP Project Board
  - Communication

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**AGENDA ITEM: 12**

Pages 45 – 52

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Update on the Barnet Health and Well-Being Board and the development of the Barnet Health and Well-being Strategy</b>
Report of	Cabinet Member for Public Health
Summary	This report updates the Committee on progress with the establishment of a Health and Well-Being Board to provide greater democratically accountable local leadership of health and care in Barnet, and the achievements of the Board in its first few months of operation.

Officer Contributors	Andrew Nathan, Strategic Policy Adviser Kate Kennally, Director of Adult Social Care and Health
Status (public or exempt)	Public
Wards affected	All
Enclosures	None
For decision by	Health Overview and Scrutiny Committee
Function of	Health Overview and Scrutiny Committee
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Andrew Nathan , Strategic Policy Adviser, 020 8359 7029.

## **1. RECOMMENDATION**

- 1.1 That the Committee note progress on the development of the governance and work programme of the Barnet Health and Well-Being Board (HWBB), including progress to date with the development of the Health and Well-Being Strategy.**
- 1.2 That the Committee indicate any areas where Scrutiny and the Health and Well-Being Board might work together over the next 12 months**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Cabinet- 14 February 2011- Partnership Working for Health in Barnet, (decision item 6)

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The Health and Well-being Board has lead responsibility for the 'Healthy and Independent Living' priority in the Sustainable Community Strategy. This is being exercised through the development of a Health and Well Being Strategy which is in progress.
- 3.3 The work programme of the HWBB contributes to a number of the Council's priority objectives as expressed in the 2011-2013 Corporate plan, specifically 'integrate health and social care services to promote better outcomes, increase independence and reduce bureaucracy'; continue to safeguard vulnerable adults from avoidable harm and 'improve health and well-being through early detection and management of disease and improvement in lifestyle to reduce the risk of avoidable disease'.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 Each report to the HWBB must include a section highlighting any risks and how they are being mitigated.
- 4.2 There is a risk that the HWBB functions inefficiently through failing to take timely decisions on matters within its remit. This is mitigated through regular theme meetings between the Cabinet Member for Public Health, the Director of Adult Social Care and Health, Associate Director for Joint Commissioning and the Joint Director for Public Health at which forward agendas are discussed; and through submitting a standing item on the Forward Plan, which demonstrates the link between each report and the remit and priorities of the Board.
- 4.3 Specific issues that pose particularly sensitive risks, such as quality and patient safety in the NHS, and the work of the Safeguarding Adults Board, have been brought regularly to the Board.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 The Terms of Reference of the Health and Well-being Board include a requirement to address health inequalities through the Board's strategies.
- 5.2 The Joint Strategic Needs Assessment provides the analytical evidence of different health outcomes in particular groups and therefore enables resources to be targeted.

Each report to the Health and Well-being Board includes a specific section on equalities issues based on the needs assessment.

- 5.3 The needs of specific client groups- eg Mental Health service users, people with a physical and/or sensory impairment, people with learning difficulties- are addressed through the relevant Partnership Board submitting an annual report to the Health and Well Being Board, in addition to the chairs of all Partnership Boards meeting with the Chairman of the HWBB twice a year.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 The costs of servicing and supporting the Health and Well-Being Board are met from existing budgets, although it also makes use of £15,000 allocated by the Department of Health for development funding.
- 6.2 The Health and Well-Being Board does not directly control the budgets of the Council and NHS. Pending the passage of the Bill and the assumption of full powers, each body retains decision making responsibility for its own budgets.
- 6.3 However the HWBB retains an oversight of all local public spending on health and care. It considers at each meeting a report from the joint NHS/LBB Financial Planning Group, which has been established to ensure that funding streams are aligned in support of a single set of priorities and that therefore the scope for efficiencies is maximised.

## **7. LEGAL ISSUES**

- 7.1 The Health and Social Care Bill, currently before Parliament, will require each upper tier local authority to establish a Health and Well-Being Board, which will, inter alia, develop a joint strategic needs assessment and a health and well-being strategy.
- 7.2 Cabinet on 14 February 2011 agreed to establish a Health and Well-Being Board in anticipation of the enactment of the Bill. Pending enactment, it would act as a shadow board, which exists through the voluntary co-operation of its members and that each partner would continue to make executive decisions in line with their own governance procedures. The Council's authority to commit resources is covered by the well-being powers under Section 2 of the 2000 Local Government Act, and Council decisions made through the HWBB are covered by Executive powers and schemes of delegation.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.
- 8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:
- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
  - (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.

(iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.

## **9. BACKGROUND INFORMATION**

9.1 The Government's 2010 White Paper 'Equity and Excellence: Liberating the NHS' envisaged new arrangements for NHS management in which Primary Care Trusts were abolished, with their clinical functions transferred to consortia of General Practitioners (now known as Clinical Commissioning Boards), and public health functions transferred to local authorities. Equally significantly, local Health and Well-Being Boards (HWBBs) would be established to provide greater local democratic leadership of health, and to ensure that public health, social care and health services were delivered in as integrated a way as possible.

9.2 Health and Well Being Boards were subsequently included in the Health and Social Care Bill, and given the following statutory duties:

- Agreeing a Joint Strategic Needs Assessment (JSNA)
- Agreeing a joint Health and Well-Being Strategy
- Encouraging integrated working through overseeing resources including money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

9.3 Commissioners must then 'have regard' to the JSNA and Strategy when making commissioning decisions. Additional provisions were added as a result of the 'NHS Future Forum' review of the Bill to strengthen the Board's powers to refer plans back to the NHS Commissioning Board or to Commissioners such as Clinical Commissioning Boards. .

9.4 Cabinet on 14 February 2011 considered a report on new health arrangements and agreed that a shadow Health and Well-Being Board be established which would take on the functions of a HWBB in preparation for the formal duties when the Bill was enacted. The membership was agreed to closely reflect the legislation and Government guidance and includes the Cabinet Members for Public Health, Adults and Education, Children and Families; the Directors of Adult Social Care and Health and Children's Service; the Joint Associate Director of Joint Commissioning; the Director of Public Health; the Barnet Borough Director and a non-executive Director from NHS North Central London, three GP representatives who were elected by the Clinical Commissioning Board and the Barnet LINK. The membership will be updated as and when bodies are abolished or created as a result of the Health and Social Care Bill.

9.5 The shadow Board first met on 26 May 2011, having previously held a half-day event to identify the outcomes the Board was collectively seeking, its preferred methods of working, and its initial priorities for joint work. It meets bi-monthly in public, is part of the Council's formal governance arrangements and is chaired by the Cabinet Member for Public Health.

9.6 The following are the main work areas of the Board to date:

### **9.6.1 *Developing Health and Well-Being Strategies***

In July 2011, the Board considered and signed off the Barnet Joint Strategic Needs Assessment (JSNA). The JSNA is the evidence base of the health and social care needs of the population of Barnet, and was produced following an extensive engagement process.

Compared to the previous version of the JSNA in 2009, the Board were able to add value by deciding that, having analysed the findings of the JSNA, they would focus on a limited number of priorities, namely

- continue, and preferably increase, smoking cessation activity, especially in pregnancy;
- improve the uptake of breast screening in Barnet to increase early identification and reduce mortality;
- reduce obesity by promoting the benefits of physical activity and healthy diets and lifestyles
- reduce the rate of hospitalisation among older people following presentation at A&E;
- develop more effective campaigns to ensure individuals with mental health problems and those with learning disabilities receive appropriate health checks; and
- support residents to take greater responsibility for their own and their families health.

A draft Health and Wellbeing Strategy 'Keeping Well Keeping Independent' was taken to the Health and Wellbeing Board on January 19<sup>th</sup> 2012 for comment.

There was a full and constructive discussion about the draft strategy by all partners at the Board. There was general agreement on the direction of the strategy: however, a number of changes were proposed including reducing the length of the strategy and setting out more clearly how the outcomes will be achieved

It was noted that as the Health and Wellbeing Strategy is a document that both health and Council commissioning plans need to take account of, care needs to be taken to use language in a manner that ensures a common understanding across all partners and stakeholders.

Two supporting implementation documents are proposed to ensure the strategy is robustly implemented. These are a prevention plan and an integrated commissioning plan. These plans, along with a re-drafted health and wellbeing strategy will be presented to the Health and Wellbeing Board in March 2012 prior to public consultation.

The Board is also providing local leadership to the Ageing Well programme, which is a national programme to support local authorities in meeting the increasing challenge of reducing the demand on social care budgets of an ageing population. This will be incorporated into a strand on older people in the Health and Well-Being Strategy.

#### 9.6.2 *Joint planning and Integration of Health and Social Care services*

A key function of the Board is to ensure that the planning, funding and delivery of Health and Social Care services is brought together as closely as possible in a way that meets the needs of patients and service users and generates efficiencies. As a result the Board has been giving strategic direction to the following pieces of work:

- Establishing a Financial Planning Group as a Sub Group of the Board, to ensure that resources are maximised across NHS North Central London's Quality Improvement and Productivity Plan (QIPP) and the Council's Medium Term Financial Strategy, and identify opportunities for pooling of resources. This reports back to each HWBB meeting.
- Identifying spending plan priorities for the NHS funding directed to Councils for social care purposes under Section 256 of the NHS Act 2006
- Considering reports on Section 75 agreements, which allow local authorities and the NHS to delegate functions to each other to enable a fully integrated service, e.g. Mental Health and Learning Disabilities, and making recommendations for their future development

- Overseeing the Health and Social Care Integration project and agreeing a draft of the Strategic Outline case
- Overseeing an Admission Avoidance programme with work streams around enablement, intermediate care and care homes

### 9.6.3 *Health and Social Care System Management*

The HWBB has a key leadership role in bringing together key players to promote the interests of the Borough. As a result, the Board invited officials from NHS London to discuss the implications for the Barnet healthcare economy of their decision to institute the Enfield Hospitals Organisational Feasibility Study. The Board were unanimous that the best interests of Barnet were not served by the delay this would cause to the implementation of the Barnet Enfield and Haringey Clinical Strategy, and the Chairman sent a formal letter as a result, reinforcing letters from the Council and complementing the activities of the Health OSC on the same subject.

The Board also reviewed and influenced the NHS North Central London's Commissioning Strategic Plan.

- 9.7 Officers from Barnet attend knowledge sharing events organised by the Department of Health Joint Improvement Partnership. Barnet is at least at the same stage of development as most other London Boroughs: it was comparatively late in putting formal arrangements in place but has moved more quickly than others from discussing membership and remit into established business (AN to insert any feedback from 1<sup>st</sup> Feb seminar).
- 9.8 The Board also agreed to use a self-assessment tool to determine how far it had come and collective priorities for the year ahead. At its last meeting the Board agreed that the development of leadership and skills was priority, closely followed by making greater progress on governance, engagement and information sharing. The £15,000 support from NHS London Joint Improvement Partnership will be used to support joint development days and professional learning and to assist with consultation and engagement on the Health and Well Being Strategy.
- 9.9 Priority areas of work for the next 12 months will include implementation of the Health and Well-Being Strategy, overseeing the transition of public health (see separate report on this agenda) and driving forward further Health and Social Care integration.
- 9.10 The Health White Paper had originally proposed that Health and Well-Being Boards absorb the local authority's health scrutiny function, but these plans were dropped and the scrutiny function of the Council continues to have separate powers over the local NHS, which are redefined in the Bill. Scrutiny will also have powers to call in decisions of the HWBB once it has official status.
- 9.11 The work programme of the HWBB is naturally significant for this Committee. The Chairmen of both the Health and Safeguarding Overview and Scrutiny Committees are automatically copied papers, and the forward work programme for the HWBB. The views of the Committee are welcomed on areas of the HWBB's work programme where they may wish to work together.

## 10. LIST OF BACKGROUND PAPERS

- 10.1 Department of Health, 'Equity and Excellence: Liberating the NHS', White Paper , Cm 7881, 2010
- 10.2 Health and Social Care Bill 2011

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**AGENDA ITEM: 13**

Pages: 53 - 70

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Barnet Clinical Commissioning Group (CCG) - Update</b>
Report of	Chair of Barnet Clinical Commissioning Group and NHS Borough Director - Barnet
Summary	This report provides an update on the development of the Barnet Clinical Commissioning Group which is operating in shadow form. The intention is to develop the new local NHS commissioning arrangements to be authorised during 2012/13 and established as statutory entities from April 2013.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Presentation on the Clinical Commissioning Group
For Decision by	Health Overview and Scrutiny Committee
Function of	Not applicable
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: John Murphy, Overview and Scrutiny Office, 020 8359 2368.

## **1. RECOMMENDATION**

- 1.1 That the Health Overview and Scrutiny Committee note and comment on the information contained within the presentation as set out in Appendix A.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 21 February 2011, Agenda Item 9 – Update from NHS Barnet: GP Commissioning - (1) that the Committee note the development of the new GP commissioning arrangements in Barnet - (2) that the Committee support the development of the pathfinder proposal for Barnet.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The report provides an update on the development of NHS Barnet's Clinical Commissioning Group. Upon establishment the CCG will work in partnership with London Borough of Barnet with three CCG board members attending the Health and Well-Being Board. The CCG will be active in developing, approving and responding to the joint strategic needs assessment and Health and Well-being Strategy. Partnership working between the CCG and the London Borough of Barnet will support the delivery of health and social care integration as envisaged in the forthcoming Health and Social Care Bill.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report save for those identified in the attached presentation that relate to Barnet NHS and the development of the CCG.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
  - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council must have due regard to the equality duties whenever it exercises a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

6.1 None in the context of this report except for those identified in the attached presentation that relate to the development of the CCQ.

## **7. LEGAL ISSUES**

7.1 None in the context of this report save for those identified in the attached presentation that relate to Barnet NHS and the development of the CCQ.

## **8. CONSTITUTIONAL POWERS**

8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

8.2 The Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution). The Health Overview and Scrutiny Committee has within its terms of reference responsibility:

- (i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.
- (ii) To make reports and recommendations to the Executive and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- (iii) To invite executive officers and other relevant personnel of the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies to attend meetings of the Overview and Scrutiny Committee as appropriate.
- (iv) To ensure that overview and scrutiny in Barnet is reflective of Council priorities as evidenced by the Corporate Plan and the programme being followed by the Executive.

## **9. BACKGROUND INFORMATION**

9.1 The report provides an update on the development of the Barnet Clinical Commissioning Group which is currently operating in shadow form. The intention is to develop the new local NHS commissioning arrangements to be authorised during 2012/13 and established as statutory entities from April 2013.

## **10. LIST OF BACKGROUND PAPERS**

10.1 None

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# **Update report - Barnet Clinical Commissioning Group**

Health Overview and Scrutiny  
Committee – 15<sup>th</sup> February 2012



# Introducing Barnet Clinical Commissioning Group



Dr Sue Summers  
Chair



Dr Lyndon Wagman



Dr Debbie Frost

## West

## South



Dr Jonathan Lubin



Dr Clare Stephens



Dr David Monkman

## North



Dr Charlotte Benjamin



Dr John Bentley



Dr Barry Subel

**Plus other Board members:**  
David Riddle, Vice Chair, NHS Barnet  
Bernadette Conroy, Non Executive Director  
Phillipa Curran PEC Chair  
Alison Blair, Borough Director  
Andrew Burnett, Director for Public Health  
Ahmet Koray, Head of Finance  
And observers from:  
London Borough of Barnet and Barnet LINK



# Barnet CCG Vision

## **The vision of Barnet Clinical Commissioning Group:**

Local clinicians working with local people for a healthier future.

We will work in partnership with local people to improve the health and well-being of the population of Barnet, find solutions to challenges, and commission new and improved collaborative pathways of care which address the health needs for the Barnet population.

## **Our commitments:**

- We will continue to improve the health and well-being of the local population by focusing on preventative services, reducing health inequalities, and enabling the population to take responsibility for their own health.
- We will ensure the provision of high quality, efficient and effective health services for the population, within available resources, recognising that Barnet faces considerable financial pressures.
- We will facilitate integration between health and social care services.
- We will ensure good quality, safe healthcare in all settings.
- We will have a Barnet Strategy that is clinically led, draws on evidence, and uses innovative, radical solutions to deliver the best possible care to patients and their carers within allocated resources.
- We will focus on education and development support to clinicians to improve care and ensure that high quality services are delivered.
- We will take action when we are not receiving high quality, efficient and effective health services.





# Timeline

April	Approved as a pathfinder
May	Elections in progress
July	9 GPs elected from three locality areas
	First Board meeting
August	Roles and responsibilities of Board members agreed
	Local development days commence
September	External provider of organisational development support selected
	Progress updates to localities commence
October	Delegation delivery plan drafted
	CCG Constitution agreed by Board
November	Locality terms of reference shared with localities for comment
	Organisational development support commences
	Risk assessment by NHS London confirmed as 'green'
January	Delegation of responsibility for Medicines Management
February 2012	Delegation of all available responsibilities
Summer 2012	Application to NHS Commissioning Board for establishment and authorisation
October 2012	Formal authorisation process begins Full leadership of 2013/14 planning round
April 2013	Full authorisation

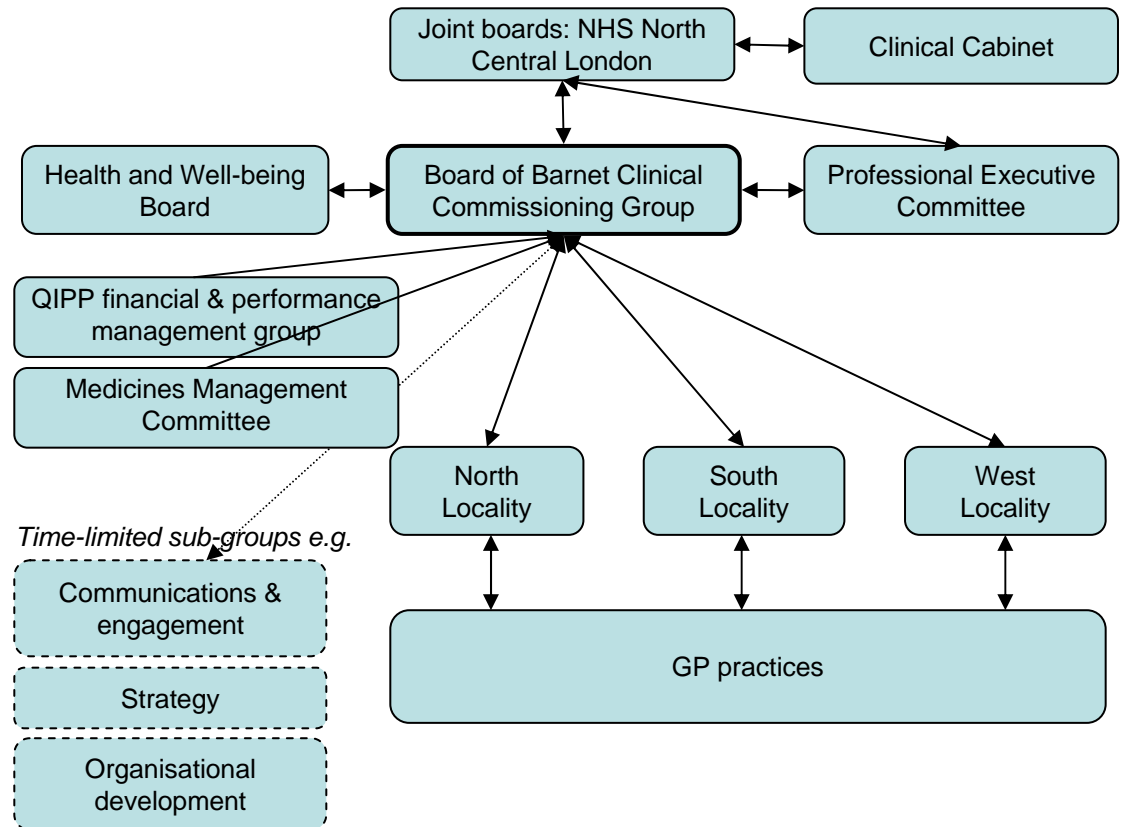






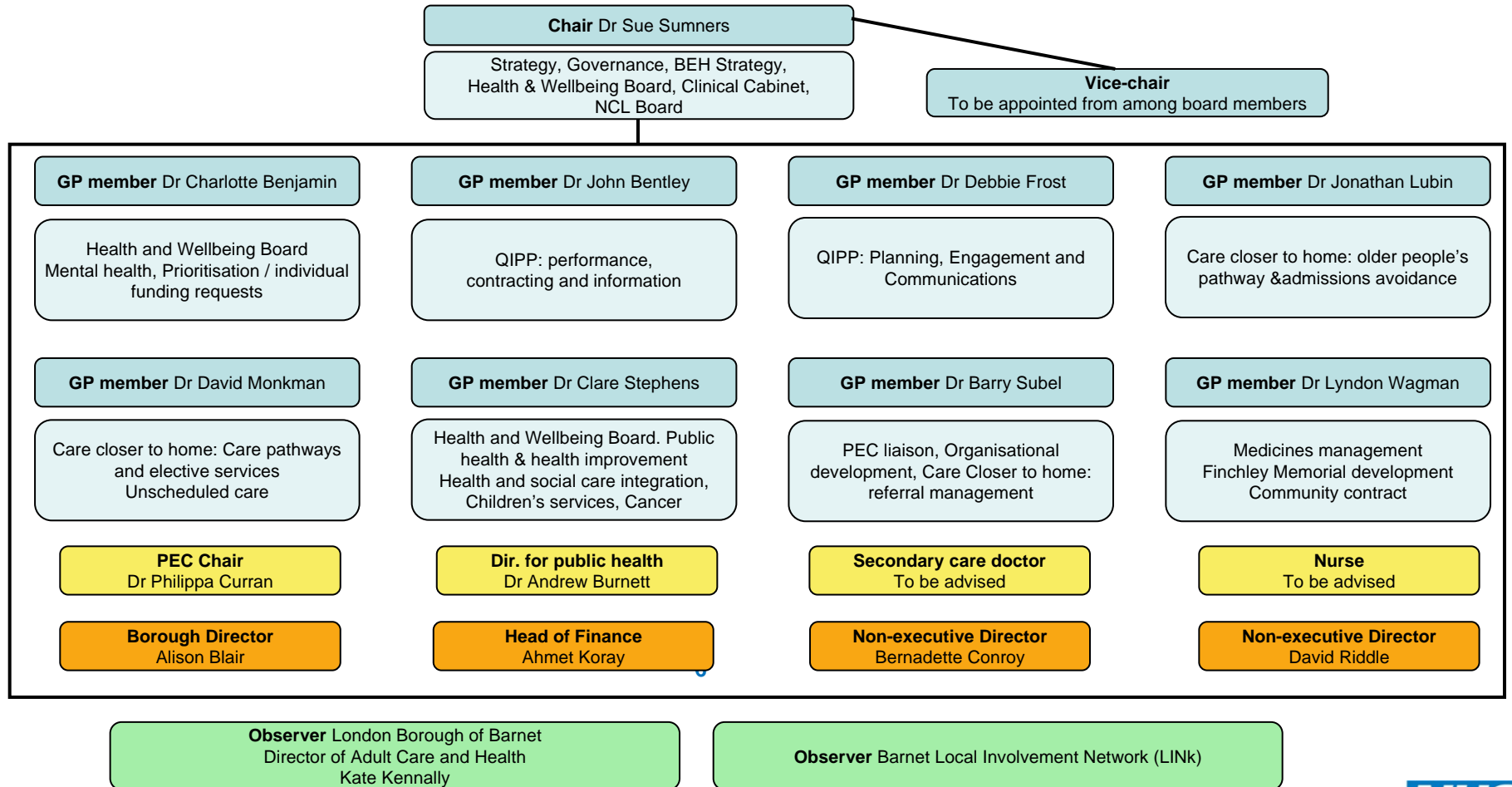
# Governance

- Board Terms of Reference agreed
- Initial sub-group structure established
- Locality Terms of Reference circulated to localities
- Board roles and responsibilities allocated
- Board secretary established
- Further discussion with NCL required on the governance of quality and child protection (NCL/Board responsibilities)





# Roles and responsibilities



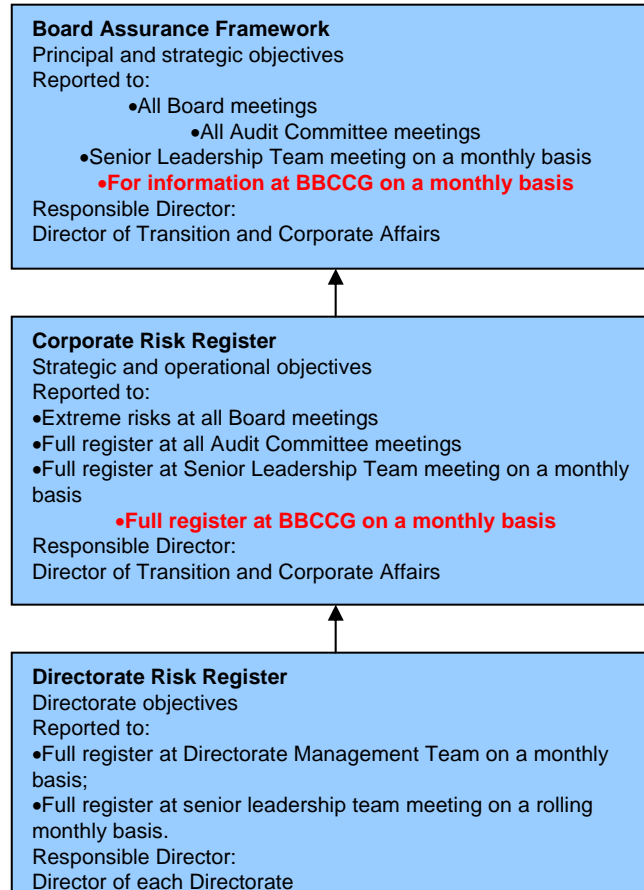


# Organisational Development

- KPMG commenced September 21<sup>st</sup> 2011
- OD first priorities: finance, engagement and clinical leadership
- Formal organisational development programme commenced December 1<sup>st</sup> 2011
- 4 pronged approach:
  - 1:1 personal development sessions including 360 degree appraisals
  - Board organisational development e.g. governance, strategy
  - Locality organisational development e.g. primary care engagement
  - Board learning e.g. theoretical content via WebEx



# Risk Management





# QIPP – The Challenge

- QIPP (savings) target for Barnet for 2011/12 set at £32m
- Forecast to deliver £25m
- Gap of £7m being found by:
  - Further increasing medicines management savings
  - Continuing to improve referrals through expansion of referral management service
  - Acute arrangements



# QIPP – The CCG response

- CCG board have made a decision to seek full shadow responsibility for Medicines Management in 2011/12, but are already taking lead responsibility for other QIPP areas, providing:
  - support to service redesign, contract negotiation, monitoring and performance management and the scrutiny of quality and safety information.
  - engagement with primary care and acute / community providers: discussing the health strategy for Barnet going forwards and other service areas of particular relevance to QIPP such as the Referral Management Service (RMS), procedures of limited clinical effectiveness (PoLCE) policy, and medicines management.
  - engagement with primary care to further develop CSP intentions for 2012/13. This includes medicines management and unplanned admissions.
- Communication, engagement and partnerships are supporting a whole system response to QIPP



# Communication and engagement

- Communication plan developed: includes primary care and the wider providers within Barnet
- CCG communications lead in place
- Communication sub group in place: sub group of Barnet CCG
- Media training undertaken by CCG Board members
- Engagement events have taken place with providers, patients and the public
- CCG communications manager in place as part of pathfinder transition funding
- GP intranet/collaborative web with LA & LINKs in progress



# Partnerships

## Health and Wellbeing Board (HWB)

- Three clinical Board members attend the HWB
- Active in developing, approving and responding to joint strategic needs assessment and Health and Well-being Strategy.
- Health and Wellbeing Board asked to comment on the development of the Commissioning Strategic Plan
- Director of Adult Care and Health observes CCG Board meetings
- GP CCG Board member responsible for integrated working with social services, health improvement and development in children's services.

## Work with other CCGs, through:

- NCL Clinical Cabinet; joint QIPP programmes, such as acute sector programmes, decommissioning, and urgent care; lead commissioners responsibilities for specific providers (acute and mental health); implementation of the Barnet, Enfield and Haringey Clinical Strategy, with Enfield and Haringey CCGs.





# Planning for 2012/13

- QIPP, Commissioning Intentions and CSP
  - Implemented the prioritisation framework at borough level
  - CCG Board development day to inform process (Oct)
  - Event held for primary care to inform the Commissioning Intentions (Oct)
  - Aligned with the OD work the CCG Board will work in partnership with NCL and Barnet primary care localities to identify further Commissioning Intentions.



## Added value of clinical leadership in 2012/13

- Primary care monitoring of providers to provide local intelligence on clinical quality and patient experience
- Clinically led relationships with providers - what's right for the patient, and so how does the system need to change?
- Primary care ownership of the QIPP challenge – already seeing improvements in the month on month forecast savings for medicines management for this year.

**AGENDA ITEM: 14**

Pages: 71 - 74

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Finchley Memorial Hospital Redevelopment Update</b>
Report of	NHS Barnet
Summary	This report provides an update on the redevelopment of Finchley Memorial Hospital. The redevelopment is one of the key elements of providing improvements in clinical care, including improving outcomes and patient experience. The redevelopment also supports the delivery of the Barnet, Enfield and Haringey (BEH) Clinical Strategy. The development is due to open in October 2012.

Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	To Follow - Appendix A – Development of Finchley Memorial Hospital Health Campus
Reason for urgency / exemption from call-in	Not applicable
Key decision	Not applicable

Contact for further information: John Murphy, Scrutiny Officer, 020 8359 7034.

## **1. RECOMMENDATION**

- 1.1 That the Committee comment and make recommendations to health partners as appropriate in relation to the redevelopment of Finchley Memorial Hospital in light of the changing healthcare environment.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 15 September 2010, Agenda Item 7 – Finchley Memorial Hospital Redevelopment – (1) Committee note the update report relating to Finchley Memorial Hospital.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2011/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of the report save those relating to NHS Barnet and the development of Finchley Memorial Hospital as set out in appendix A.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
  - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring equality considerations to be reflected into the design of policies and the delivery of services and for these to be kept under review. Health partners as relevant public bodies must similarly discharge their duties under the Equality Act 2010 and consideration of equalities issues should therefore form part of their reports.
- 5.2 There are no additional issues in the context of the report save for those relating to NHS Barnet and the development of Finchley Memorial Hospital.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

6.1 None in the context of the report except those relating to NHS Barnet and the development of Finchley Memorial Hospital asset out in appendix A.

## **7. LEGAL ISSUES**

7.1 None in the context of the report save those relating to NHS Barnet and the development of Finchley Memorial Hospital as set out in appendix A.

## **8. CONSTITUTIONAL POWERS**

8.1 The scope of the Overview and Scrutiny Committees/Sub-Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees / Sub-Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

8.2 The Health Overview and Scrutiny Committee, among other duties, has a responsibility to receive, consider and respond to reports and consultations from the Barnet Primary Care Trust, Barnet GP Commissioning Consortium, Barnet Health and Wellbeing Board and/or other health bodies.

## **9. BACKGROUND INFORMATION**

9.1 The redevelopment of Finchley Memorial Hospital (FMH) is one of the key elements that underpin Barnet's vision for driving the fundamental changes in clinical care that are required to improve outcomes and patient experience and build NHS services fit for the future to serve the north and south of the Borough. The Business Case July 2008 sets out the rationale for this development and describes the services commissioning approach which underpins the focus on new pathways of care delivered in integrated systems that cross organisational boundaries. This approach also includes providing more services closer to people's homes which is concordant with the changing commissioning, provider and financial landscape. This redevelopment also supports the delivery of the Barnet, Enfield & Haringey (BEH) Clinical Strategy and is linked to the NHS NCL Primary Care Strategy. The attached slides (appendix A – to follow) give an overview to the development which is due to open in October 2012 and the wider context within which it is being developed.

## **10. LIST OF BACKGROUND PAPERS**

10.1 Report from NHS Barnet on Finchley Memorial Hospital Redevelopment for London Borough of Barnet Health Overview and Scrutiny Committee, 15 September 2010. Available from:

<http://committeepapers.barnet.gov.uk/democracy/meetings/meetingdetail.asp?meetingid=6277>

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**AGENDA ITEM: 16**

Pages 75 - 92

Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Barnet Local Involvement Network (LINK) Annual Report</b>
Report of	Assistant Chief Executive CommUNITY Barnet
Summary	Local Involvement Networks provide the opportunity for local people to have their say and hold local health and care services to account. They also have powers to refer matters to the relevant Overview Scrutiny Committee.  The Barnet LINK Annual Report will be presented by the LINK representative.

Officer Contributors	Strategic Policy Adviser-Chief Executive's Service
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – LINK Annual Report
Reason for urgency / exemption from call-in	Not applicable

Contact for further information: Andrew Nathan, Chief Executive's Service, 020 8359 7029

## **1. RECOMMENDATION**

- 1.1 That the Committee note and comment on the Annual Report of Barnet LINK and comment on any areas of work where the two parties might productively work together.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Health Overview and Scrutiny Committee, 15 September 2010 (decision item 10): Local Involvement Network update and Annual Report 2009-2010
- 2.2 Adult Social Services Overview and Scrutiny Sub-Committee, 22 November 2010 (decision item 7): Local Involvement Network update and Annual Report 2009-2010

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities. The three priority outcomes set out in the 2011/13 Corporate Plan are: –
- Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb
- 3.2 The statutory basis for LINKs is contained in the Local Government and Involvement in Health Act 2007, which includes a requirement for a local authority to procure a host organisation to support the LINK.
- 3.3 The work of the LINK in assessing services from a user perspective and making recommendations for better practice should assist in providing better services with less money. It is an example of a new relationship with citizens, involving them in service design and delivery.

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None specifically arising from this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
- The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
  - Equality and diversity issues are a mandatory consideration in decision-making in the council pursuant to the Equality Act 2010. This means the council and all other organisations acting on its behalf must have due regard to the equality duties when exercising a public function. The broad purpose of this duty is to integrate considerations of equality and good relations into day to day business requiring



- 5.2 The requirement for the LINK host to recruit and involve the full range of Barnet's diverse communities was written into the current specification, and therefore forms a part of contract monitoring.
- 5.3 10 per cent of the marks in the first stage evaluation of companies that expressed an interest in the original contract were allocated according to equalities considerations
- 5.4 The LINK's Annual Report describes how they have attempted to act in an inclusive manner to engage and involve all of Barnet's diverse communities.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 The Council contracts with Community Barnet to provide hosting services for the LINK, and £100k of funding to enable this is held in the Chief Executive's service budget. The value of this contract in the current year is £95,000.

## **7. LEGAL ISSUES**

- 7.1 With reference to paragraph 9.2 below the Health and Social Care Bill is scheduled to commence the "report stage" on 8 February 2012 which will entail further line by line examination of the Bill.
- 7.2 No other legal issues save those already referenced in the body of the report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of Scrutiny Committees is contained within Part 2, Article 6 of the Constitution; the Terms of Reference of the Scrutiny Committees are in the Overview and Scrutiny Procedure Rules (Part 4 of the Constitution).

## **9. BACKGROUND INFORMATION**

- 9.1 Local Involvement Networks (LINKs) for Health and Social Care are a statutory requirement under the Local Government and Public Health Act 2007. They are networks of local people who are able to influence local health and care services, including having limited powers of inspection.
- 9.2 The legislation sets out a tripartite relationship between local authorities, who received a notional sum from the Department of Health through Area Based Grant to tender for a host organisation. The host recruits to and establishes a local LINK, and administers and support their work. The hosting contract for Barnet LINK was originally awarded in July 2008, and since 1 October 2010 the service has been provided by Community Barnet. Their contract is currently being extended through to 1 April 2013. Subject to the passage of the Health and Social Care Bill, from that date a new organisation will be created, local HealthWatches, which will build on the work of LINKs and acquire additional responsibilities around patient advice, liaison and advocacy.

- 9.3 The Barnet LINK held its Annual General Meeting on 10 November 2011 at which a new Steering Group was elected. The AGM also noted the LINK's Annual Report for 2010/11 which is required to be submitted to the Department of Health.
- 9.4 A link representative will present the Annual Report and outline Barnet LINK's current activity more generally. The Committee are invited to comment and identify where there may be areas of mutual interest and where Barnet LINK (and from April 2013, local HealthWatch) can support the Committee's work programme.

## **10. LIST OF BACKGROUND PAPERS**

10.1 None

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# Annual Report 2010 - 2011



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## 1. Introduction

### 1.1 What is Barnet LINK?

Barnet LINK is an independent organisation, led by a network of elected volunteers from the local community (both individuals and representatives of community and voluntary organisations). LINKs were set up in every local authority area in England in 2008, under the 'Local Government and Public Involvement in Health Act' 2007.

LINKs are a channel for the community voice on health and social care services. They collect local people's views and experiences and feed these back to the people responsible for local health and social care services. LINKs enable local people to engage in decision-making and scrutiny of health and social care services.

### 1.2 Introduction from Barnet LINK Chair

On the 1st November 2010 Barnet Council appointed CommUNITY Barnet to be the Host for Barnet LINK. An important focus for the Host and the LINK was to increase LINK membership. By the 31st March 2011 LINK members had increased from approximately 80 to 300 members. This was achieved by holding a number of well advertised LINK events of interest to Barnet residents. New publicity material was created to help promote the LINK along with reply cards allowing people to put questions or concerns to the LINK. A number of training events were organised again to help promote the LINK and assist in recruiting active members. Thanks to the work of CommUNITY Barnet, during the period from their appointment to 31st March 2011, firm foundations are now in place for the development of LINK within Barnet.

It was important that the LINK be involved with the changes that occurred with the Primary Care Trust (PCT) structure not only in Barnet but in the North Central London (NCL) sector. The LINK attends the NCL Board Pre-Meetings and has a seat on the NCL Board. We also have good liaison with the local NCL Borough Director and her team. It was also important for us to build up good relations with the four other LINKs that operate in the NCL sector. This has resulted in regular meetings between all five LINKs and has given us a common approach to trans-regional issues.

The LINK was requested to appoint representatives to the Barnet Health and Well-Being Board and the GP Clinical Commissioning Group. To support this representation on the Boards the LINK has been arranging meetings with the voluntary and community organisations' networks that operate in Barnet to listen to and be in a better position to present concerns raised to the appropriate Boards.

An important priority for the LINK and in preparation for our transition to HealthWatch was the set up of consultation groups, called 'Task and Finish' groups. An engagement event in May 2011 was held to allow LINK members to state areas of work they would like the LINK to undertake. The result of this members' consultation was that Carers and GPs had the highest score. A further event took place where LINK members stepped forward to form the Carers' and GPs' Task and Finish groups. Future reports on activities and findings will be available in our 2011-12 annual report.

Another important priority within the LINK work plan is the 'Enter and View' (E&V) programme. A comprehensive accredited E&V training programme for all LINK members was set up at the end of this year (2010-11). It received a good response. This has resulted in ten LINK members being accredited to undertake E&V work in due course. The E&V work programme is currently being developed.

In the next pages, we give a report of activities, requests for information to statutory bodies and financial matters. This year the Department of Health has changed the format for this report and so we have amended our reporting to match the requirements. Please note that due to the change in host, some of our activities were delayed and hence the relevant reports will be included in the forthcoming year.

All of the above are foundations we are laying to prepare for our transition into HealthWatch in 2012. It is a demanding but important task and we are eager to hear members' and Barnet residents' suggestions about making the LINK/HealthWatch an effective representative voice for Barnet public and patients.

We have been delighted to see Barnet residents and LINK members attending events and joining in activities. We would like to thank all of those who have been getting involved, including statutory and voluntary sector partners.

People are welcome to become involved further, in working groups, events or on-line. Our contact details can be found on the back cover of this report and enclosed we have included Membership Forms.

We look forward to meeting and hearing from you.

Ian Kaye, Barnet LINK Chair

## 2. Key Facts About the LINK

The LINK has its own working Governance, the LINK Procedures and its Code of Conduct which are available on the LINK Governance document. These are based on the Nolan Principles which are cited in the Governance document.

Barnet LINK is led by an elected Steering Committee of up to 10 volunteers. The Steering Committee members lead the work of the LINK and ensure that it fulfils its duties as laid out in the Local Government and Public Involvement in Health Act 2007.

Barnet LINK's Steering Committee members are elected from among and by the membership at its AGM for a term of two years. Steering Committee members may serve up to a maximum of three terms. The Committee will normally consist of an equal balance of organisational and individual members.

### 2.1 Steering Committee Responsibilities and Decision-Making

The Steering Committee:

I.	Steers the work of the LINK by:
	<ul style="list-style-type: none"> <li>• safeguarding that it operates within its statutory framework and in accordance with its mission, vision and values</li> <li>• establishing clear priorities and guiding the planning of LINK work and its implementation</li> <li>• ensuring that participation in the LINK is open and inclusive</li> </ul>
II.	Serves as the 'public face' of the LINK and together with the Host, manage LINK communications and act as ambassadors of the LINK
III.	Takes responsibility for making 'relevant decisions' on making reports, recommendations and visits in accordance with the Act, make referrals to relevant overview and scrutiny bodies of local public bodies
IV.	Appoints 'Authorised Representatives', formally signs off formal visits, and ensures that visits are undertaken in accordance with agreed procedures

V.	Ensures that all LINK members/participants act within the LINK constitution and code of conduct and in accordance with LINK work plans and decisions
VI.	Ensures that the LINK satisfies legal and financial requirements in terms of its operations, such as ensuring that appropriate and full insurance cover for all LINK activities is in place
VII.	Ensures good communication flow within the LINK
VIII.	Appoints LINK representatives to other bodies, boards, forums, networks and meetings, and supports representatives in their role
IX.	Monitors the work of the Host

Steering Committee decisions are agreed by the majority of members present. For the Committee to make decisions at least 50% of Committee members (that is of the total number of the Steering Committee at the given time) must be present. For detailed and difficult decisions the Steering Committee may set up a sub-group to look at the issue in more detail and report back to the full Steering Committee with recommendations.

### 2.2 Barnet LINK Steering Committee 2010-2011

- Sue Blain - Individual representative
- Gillian Jordan - Individual representative
- Ian Kaye (Chair) - Individual representative
- Maria Nash - Individual representative
- Sophie Rughani - Individual representative
- Tim Sims - Individual representative

#### Co-opted 2011:

- Linda Edwards - Organisational, The Larches Trust
- Dipak Jashapara - Individual representative
- Allan Jones - Individual representative
- Peter Cragg - Individual representative

### 2.3 Working Groups 2010-2011

#### Steering Committee Governance Sub-Group

In November 2010 the Steering Committee decided to set up a Governance sub-group to revise the LINK Constitution and Key Policies. The document was revised in light of roles and responsibilities of any LINK.

Members of the group:

- Linda Jackson
- Peter Cragg
- Tim Sims

They worked closely with the Host to develop the Governance documents. A restructured and more user friendly document has been produced, approved by the Steering Committee, and will be put forward at the AGM 2011 for members' approval.

### 3. Membership

Barnet LINK participation and membership is open to all individuals and organisations who/that:

- live or work in Barnet
- use Barnet health and social care services
- are related or care for someone who uses these service
- have an interest in these services
- provide support for service users

Group Membership is open to community groups, voluntary organisations, or businesses based in/or operating in Barnet or providing services in Barnet and/or to Barnet residents.

People do not have to become a Member to receive information via social networking, e-mail and hard copies. All residents are invited to public meetings and events.

#### Membership numbers as at 31st March 2011

**Total number of members as at 31st March 2011 = 310 members**

	Total	Individual participants	Interest group participants
Informed participants- e-newsletter	382		
From which 310 are members			
Occasional participants	245	36	209
Interest Group participants break-down	209		
<ul style="list-style-type: none"> <li>• Older Adults</li> <li>• Carers</li> <li>• Learning Disability</li> <li>• Physical &amp; Sensory Impaired</li> <li>• Mental Health</li> <li>• Children and Young People</li> </ul>			58 15 35 14 35 52
Active Participation	65	35	30

#### Social Networking

Twitter	185 Followers
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### 4. Membership Representation at Boards and External Strategic Groups

Steering Committee members attend and participate actively in a variety of boards and groups, listed below. Their specific contributions are included under **Section 6 - Demonstrating Impact through Action (page 10)**.

#### *Women's and Children's Services Committee - Chase Farm, the North Middlesex and Barnet Hospitals*

Linda Jackson and Sue Blain represented Barnet LINK at the above committee meetings. Unfortunately, only four meetings were attended before it disbanded, so no recommendations were made.

The aim was to ultimately cut costs by ensuring services were not duplicated on several sites.

#### *Patient Experience Strategy Committee and Patient Experience Strategy Workshop at Barnet and Chase Farm NHS Trust*

Sue Blain has represented Barnet LINK at the above meetings for nearly three years.

#### **NCL LINKs (Barnet, Camden, Enfield, Haringey and Islington)**

Gillian Jordan has represented Barent LINK at the above bi-monthly meetings.

#### *Westminster Health Forum - 1 day conference HealthWatch & creating a patient-centred NHS – June 2011*

Gillian Jordan and Sue Blain attended and submitted a report subsequently.

#### *Royal Free Hospital Barnet LINK Representation*

Gillian Jordan was involved, until June 2011, in regular PEAT and mini PEAT inspections; she is also

- a member of the Patient Experience Strategy Committee
- on the Project Team of the Releasing Time to Care project
- member of Transport Management Group and she is a judge on the annual Cordwainers' Awards.

She continues to be a member of the Stroke Committee.

#### *Barnet Primary Care Trust (PCT) and North Central London NHS*

Peter Cragg attends North Central London NHS Cluster meetings.

#### *Finchley Memorial Hospital Planning Group*

This hospital, built about a hundred years ago, is being replaced with a new modern building on the same site in Finchley. The new building, planned as a community hospital with accommodation for GP practices, is on target to finish towards the end of 2012.

Throughout the planning and construction stages Peter Cragg has represented Barent LINK at various Project Group meetings and has chaired meetings of both residents and stakeholders.

#### *The Older Adults Partnership Board*

This is one of several groups organised by the London Borough of Barnet which, within the budgetary constraints currently being experienced, attempts with others to improve the health and wellbeing of the older population.

Peter Cragg holds the position of Co-Chair; the membership of the Board is equally divided between council officers and representatives of voluntary or the 'not for profit' sector.

The agenda is open to all and is another example of patient and public involvement.

**Barnet Clinical Commissioning Steering Group and Barnet Health and Well-Being Board: Although these two boards started operation after April 2011, we think is important to mention that Barnet LINK is a member of both boards. Ian Kaye, Gillian Jordan and Allan Jones have been representing LINK in a rotation basis.**

### 5. Summary of Activity

<b>Summary of Activity</b>	
<b>Requests for Information in 2010-11</b>	2
<b>Enter and View in 2010-11</b>	
Training- refresher for experienced members	1
5 day training - accredited	1
How many Enter and View visits did your LINK make?	0
<b>Reports and Recommendations in 2010-11</b>	2
- Commentary for Quality Accounts	
<b>Referrals to OSCs in 2010-11</b>	0
Barnet LINK was invited to the OSC: Mental Health issues, Dementia	

The LINK responded to member requests to investigate the following issues:

Nature of request	To	Responses in 20 Days
<b>Social Care issues raised at March 2011 public meeting:</b>	LBB	Yes
1. Removal of social workers from the Home Treatment Team (re mental health)		
2. Challenge representation at Health and Wellbeing Board. Only one LINK member represents all health and social care needs of residents and voluntary groups - it is tokenistic.		

3. Accuracy of data re care of the elderly.		
4. Assessment criteria for care only means tested.		
5. Barnet Council & NHS awareness raising campaign on early stages of mental health problems		
6. Changes proposed for Disability Living Allowance, both nationally and locally		
Legionella found in care homes (March 2011)	LBB	Yes
Provision and Distribution of Disability Equipment (October 2011)	LBB	N/A It was agreed with the service provider that a joint survey with Barnet LINK would be undertaken, Autumn 2011
Poor care of elderly patients in hospitals		Prior October 2010 - no records available
Concerns over the transferring of mental health services to GPs		Prior October 2010 - no records available

**Key**

**LBB: London Borough of Barnet**  
**BNHS: Barnet NHS PCT**

#### 5.1 Barnet LINK Outreach Activities and Events

In January 2010, the LINK had a stand at the Opportunity Fair held at the Green Man Community Centre in East Finchley. This gave us our first opportunity to inform the public about the LINK.

We had useful discussions with members of the public about their hospital experiences and their views on health and social care. The fair also gave us a useful opportunity to network with other local groups.

##### 5.1.1 Welcome Events

In February 2011, Barnet LINK held three welcome events across Barnet:

On 3rd February, David Riddle, Chief Executive of Barnet Primary Care Trust, spoke about the Health and Social Care Bill 2011 and its impact on health services in Barnet and the North London Sector.

There was a particular emphasis on GP consortia, and the role that LINKs will play in identifying the health needs of local communities.

The theme for the second event on 10th February was care homes and the development of a 'Barnet LINK Care Homes' project – particularly building on the good work of Pamela Wells (Barnet LINK member and renowned advocate for changes in care homes).



We explored the use of the LINK's Enter and View powers, as well as ways of promoting good practice. We had a number of Care Home providers in attendance, as well as a domiciliary care provider.

The next step was to develop a detailed project brief – and to test it out with individuals and organisations with an interest in care homes.

The final welcome event was held on the 15th February. Dominic Dodd (Chair), David Sloman (Chief Executive) and Angela Bartley (Public Health Lead) from the Royal Free Hospital spoke to LINK members as part of the public consultation on the proposal for the hospital to become an NHS foundation trust.

Barnet LINK contributed to this consultation on behalf of it's members.

### 5.1.2 Public Meeting

In March 2011 the LINK hosted a public meeting entitled The shape of adult social care in Barnet , which was very well attended by members (70 attendees).

This was an opportunity for senior officers in Barnet Council's Adult Social Care department to give feedback to the LINK about the future of adult social care and responses to budget consultations that took place before Christmas.

Barnet Council was represented by Kate Kennally, Director of Adult Social Care and Health; Matthew Kendall, Assistant Director of Transformation and Resources, and Councillor Rajput, cabinet member for Adult Social Care.

A representative of Barnet Centre for Independent Living (BCIL), Caroline Collier, was also there to explain the role of BCIL as a possible LINK partner as we evolve into HealthWatch in 2012.

The event included a number of interesting presentations as well as time for members to raise challenging questions.

This report including summaries of what was said as well as questions and answers is available to members on request. The session was chaired by Ian Kaye, Chair of Barnet LINK.

### 5.1.3 LINK Training

In March 2011, Barnet LINK held two training sessions for LINK members, Ambassador training and Effective representation:

The Ambassador training session focussed on equipping LINK volunteers with practical skills to speak with community members about the LINK and how to collect information from local people about health and social care services.

Training included listening skills, ethics, boundaries, disability awareness and what it means to be a representative.

Members who attended the Effective Representation session were trained on how to represent the LINK and the views of its members at meetings.

Training covered the responsibilities of an authorised representative, accountability to members and the Steering Committee, Barnet LINK code of conduct and confidentiality.

Both sessions included role play and case study discussions.

## 6. Demonstrating Impact through Action

In this section we are summarising the work Barnet LINK Steering Committee has carried out during the year at specific strategic forums, its impacts and/or the challenges we have faced.

Name of Board/ Forum	Meetings attended	Issues raised by Barnet LINK Steering Committee member	Name of rep
Chiropractic and Podiatric Services in Barnet	1	(a) The distribution of patient numbers between the various clinics, and how oversubscribed clinics could cope. (b) The booking system (c) The high no-show rate of 10%  Recommendation: consider reporting on positive experiences.	Linda Jackson
North Central London (NCL) LINKS Liaison group	2	Shared best practice on areas regarding LINK publicity, Enter and View and work plans.  Health and Social Care policies – with particular reference to the Low Priority Treatments policy – the group recognised that once decisions have been made the public need to be better informed.  Concerned that service providers working alongside the hospitals, e.g. the London Ambulance Service (LAS), did not receive feedback on their services. This meant that the LAS could not learn from their mistakes to provide better services.	Ian Kaye and Gillian Jordan
Barnet Primary Care Trust (PCT) and North Central London NHS	4	The organisation responsible for managing the budget which pays for the cost of treating patients is changing.  It has been interesting watching this process evolve over the past year through attendance as the LINK representative at various Trust meetings.  The LINK representative has always been given the opportunity to make representation on behalf of patients and public. The changes make the process of involving patients and public more difficult, but the intention is for greater involvement; we must watch carefully to ensure this intention becomes reality.	Peter Cragg

Barnet PCT Board meeting (February 2011)	4	We raised the difficulties of communication for LINKs over such a wide area. In a previous report we mentioned the MHT's proposed changes and the disappointment that LINKs had not been involved.	Peter Cragg
Barnet and Chase Farm NHS Trust Patient Experience Strategy Committee (PES) (February 2011)	1	Barnet LINK input into the strategy concentrated on: the following objectives: to improve the experience patients receive; to work together to improve all the services for patients; and to make sure that patients have an experience that is really responsive to their personal needs.	Sue Blain
Barnet and Chase Farm NHS Trust Patient Experience Strategy Workshop	6	The meetings are each held alternately every two months with the workshop focusing on specific issues and the Committee overseeing the strategy and reporting to the Trust Board.  The work of these groups cover seven essential areas of the patients' journey through the Trust as an inpatient and, to keep all the staff in the hospitals focused, the first letters of the campaigns spell out the word PATIENT .  They welcome ideas from the LINK representatives and often request their views. The achievements are wide-ranging and the outcomes are measured and monitored monthly to ensure improvements are made where needed.	Sue Blain has represented Barnet LINK at the above meetings for nearly three years.
Commentary on Barnet and Chase Farm NHS Trust Quality Accounts	1	Barnet LINK provided a written commentary on the Barnet and Chase Farm NHS Trust Quality Accounts for 2010-11. Sue was thanked by the Trust for this and some of her comments have since been quoted in a summarised version.	Sue Blain
PEAT Inspection – Barnet and Chase Farm Hospital (November 2010)	1	Checking standards on cleanliness, the environment, infection control, food, privacy and dignity were the general areas covered. Scores were collated and published after the meeting.  However in the interim, as the patients' representatives we reported positive findings for food, privacy and dignity and cleanliness, and scores were high in most wards and areas.	Linda Jackson

		Patients were particularly pleased with staff professionalism, friendliness and approachability. They felt they could discuss their concerns, were treated with respect in most cases, and were generally treated as human beings rather than "cases".	
PEAT inspection of Barnet General Hospital (January 2011)	1	We inspected on the same criteria as indicated at Chase, and both the Clinical/cleaning team and Environmental team assessed 6 wards - including Cardiology, A & E, the Discharge Lounge and facilities, including the new very nice bereavement /garden room.  We found the conditions and standards were if anything as satisfactory or even improved on last year's PEAT in February 2010 which were good. Various comments by the team were recorded, and it was encouraging to see that observations noted last year had been acted upon. We spoke to many staff during our visit, and sampled many of the patients' lunch meals from a wide choice of foods covering all possible patient needs, which we found to be a very good standard.	Tim Sims
Mental Health Joint LINK meeting	2	February 2011- there has been agreement to create a joint group with Enfield and Haringey for some time.  The Barnet contingent with one or two representatives from Enfield and Haringey met officers of the MHT in September 2010. Since then, despite several attempts no progress was made.  At the recent meeting of the PCT they received a report on several changes they intended to make, all included the wording - no need for consultation as they are not significant.  We informed the Board of our concern that no 'discussion' had taken place despite the tacit agreement from last September's meeting that 'discussion' on any changes would be beneficial to both sides. We also informed them of our failed effort to meet on a regular basis.	Peter Cragg
The Royal Free Quality Accounts for 2010-11		Barnet LINK provided a written commentary on The Royal Free Hospital Quality Accounts for 2010-11. Her comments are published in these accounts.	Gillian Jordan

The Royal Free Hospital- Transport Management Committee (August-March 2011)	6	<p>There have been major problems and many complaints about the current running of the transport service since December 2010. The inclement weather at the beginning of the year exacerbated the problems, but the service has not improved since.</p> <p>Problems centre around the % of journeys over contract each week (sometimes &gt; 40%); patients no longer fitting eligibility criteria for transport but still using it; how to reduce the number of escorts; the actual shift hours of the drivers which finish at 5.30pm – just at the point at which there are a large number of patients waiting to go home and the increasing number of dialysis patients attending one of the six dialysis units three times a day.</p> <p>A questionnaire developed by the Dialysis Unit, with input from both Barnet and Camden Link representatives has been distributed and the results will shortly be presented.</p>	Gillian Jordan
The Royal Free Hospital- Stroke Committee	6	<p>Review of the time-to-thrombolysis for patients being brought by ambulance and admitted. The times for patients coming from the whole area all fell within the acceptable limits, with the longest journey (from the North of Barnet) being 19 minutes.</p> <p>The teamwork between UCHL and RFH is working well, the Stroke Unit Consultants cover both sites, with the acute stroke patients admitted initially to UCHL and then, once stabilised, being transferred to the RFH or other most appropriate hospital.</p> <p>The satisfaction survey for the RF Stroke Unit showed that all patients and carers who responded were very satisfied or satisfied with all aspects of their treatment and care, which is encouraging. However, there is evidence that Barnet patients in particular are not receiving the level of post-stroke therapy recommended and this is being investigated.</p>	Gillian Jordan
The Royal Free PEAT Inspection February 2011	1	<p>We inspected on the following criteria: Organisational policy information, Specific cleanliness, Toilets and bathrooms, Cleanliness and environment, Infection control, Environment, Access and external areas, Food and hydration and Privacy and dignity.</p>	Gillian Jordan and Tim Sims

		<p>Although the hospital scored highly on the PEAT, a subsequent, unannounced visit by the CQC revealed shortcomings in the dignity and respect and patient feeding aspects of the care of the elderly. The hospital is working hard to remedy these serious failings.</p>	
Women's and Children's Services Committee - Chase Farm, North Middlesex and Barnet Hospitals	4	<p>Topics discussed included pre- and post-natal care and maternity services with the aim of looking at the efficient and cost-effective delivery of the service. It's remit was the re-organisation of Women' and Children's Services at Chase Farm, North Middlesex and Barnet Hospitals. One of the aims was to try and attract vulnerable and immigrant women who might not use these services.</p> <p>With the change of Government, the funding for this committee was cut and the meetings stopped. Unfortunately only four meetings were attended before it disbanded, so no recommendations were made. The aim was to ultimately cut costs by ensuring services were not duplicated on several sites.</p>	Linda Jackson and Sue Blain
Finchley Memorial Hospital Planning Group	4	<p>Throughout the planning and construction stages Peter Cragg has represented Barnet LINK at various Project Group meetings and has chaired meetings of both residents and stakeholders.</p> <p>As always, not all the many demands could be resolved – it is, after all, a very large project, but the vast majority will welcome this new health facility.</p> <p>The LINK has welcomed its involvement and hopes this association will continue after the building is operational.</p>	Peter Cragg
Provision and Distribution of Disability Equipment	2	<p>This investigation was initiated following an article in the local press stating that Barnet had the worst time record for equipment to be provided to patients.</p> <p>We did not produce a report at this point as the service provider had already done a survey. The method of equipment provision has changed, as items are now being stored and distributed by named local retailers who, on the provision of a prescription from the patient, provide the equipment. This method gives the patient the option of topping up the basic models with their own money. It was agreed with the service provider that a joint survey with Barnet LINK would be undertaken to see if patients are satisfied with the new system, and this is planned for Autumn-Winter 2011.</p>	Sue Blain and Linda Jackson

## 7. Finances Year 2010-11

This is the financial report from when our new host was appointed in October 2010.

**Total budget for October 2010- March 2011 - £46,419.97**

<b>Spending in October 2010 - March 2011:</b>	
<b>Total spend by host organisation</b>	£29,707
<b>Total spend by LINK</b>	£16,712.74

### LINK Budget Expenditure Details

<b>Expenditure:</b>		
	£9,962.74	direct project spent (meeting, PR, events etc)
	£3,750	training cost carried forward – spent Apr/ May 2011
	£3,000	website costs carried forward to 2011/12
	<b>£16,712.74</b>	
	£21,266.76	LINK project staff (incl all oncosts)
	£2,977.35	LINK operational overheads
	£5,463.12	Support staff (finance, admin, management/ oversight)
<b>TOTAL</b>	<b>£46,419.97</b>	
<b>Balance spent</b>	£256.03	carried forward to 2011/12 direct project spent

## 8. Next Steps-2011-12

Transforming into HealthWatch and becoming a strong representative and voice for Barnet patients are two of our main overarching priorities, as mentioned earlier. With these in mind Barnet LINK Steering Committee prepared the action plan below:

### CONTEXT

Barnet LINK already has strategic objectives to increase its membership and profile and build up its activity. This transforming into HealthWatch action plan, which relates specifically to moving to a state of readiness

for Barnet HealthWatch in April 2012, needs to be seen in that context.

### KEY DRIVERS

The LINK must make most of the reforms to give local people influence on decision-making on commissioning and provide sound evidence to HealthWatch England that will improve national intelligence on patient and user experience. For this it must:

- build good relationships with existing and emerging statutory bodies locally
- improve the LINK profile so it is 'wired' into the community and able to draw in views
- demonstrate its capacity to work systematically to turn views into evidence
- be aware of changes and developments in the delivery of Health and Social Care locally and nationally
- be aware of new Government legislation

### PHASE 1 –2011

GOAL	ACTION	TIMESCALE	MEASURE
<b>1. Undertake effective consultation on two designated issues.</b>  <i>[consider combining with practice Enter and View visits so select topics accordingly]</i>	<b>1. Select two topics, one each for health and social care selected</b> <b>2. Plan simple consultation</b> <b>3. Check for opportunity to combine with statutory consultations</b> <b>4. Consult community groups</b> <b>5. Map selected and responding community groups to Barnet demographic profile</b> <b>6. Process responses systematically, feedback and publicise</b>	 6-8 weeks per topic  Sep-Dec	Two consultations planned, delivered, processed and publicised, one each on a health and social care topic

#### RATIONALE - FOR WHEN HEALTHWATCH COMES IN

- IMPROVE CAPACITY IN CONSULTATION, CREDIBILITY AND PROFILE
- IMPROVE CAPACITY TO PROVIDE ROBUST EVIDENCE,
- ADD CREDIBILITY AND SUBSTANCE TO RELATIONSHIPS WITH STATUTORY SECTOR.

<b>2. Visit community events to publicise LINK and forthcoming greater powers</b>	<b>1. Search COMMUNITY Barnet directory/contacts and LBB What's On Events database <a href="http://www.barnet.gov.uk/whats_on.htm">www.barnet.gov.uk/whats_on.htm</a> to select events targeted for high attendance, geographic /demographic spread.</b> <b>2. Arrange attendance at events</b> <b>3. Distribute LINK publicity</b> <b>4. Consult as part of goal 1</b> <b>5. Process and contribute to goal 1</b>	 Sep-Dec 2011	Six events attended during Phase 1 (combine with delivery of goal 1) across the borough, with a range of demographics engaged.
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#### RATIONALE – FOR WHEN HEALTHWATCH COMES IN CONTINUE TO:

- IMPROVE RELATIONSHIPS WITH COMMUNITY
- IMPROVE CAPACITY IN SEEKING VIEWS
- ADD CREDIBILITY AND SUBSTANCE TO PROFILE WITH STATUTORY SECTOR
- BUILD INTELLIGENCE ON NEEDS AND EXPERIENCES TO INFORM COMMISSIONING

<b>3.</b> Distribute a newsletter targeted at community groups	<ol style="list-style-type: none"> <li>1. Identify budget and 'reality check' on time and resources</li> <li>2. Select community groups to provide geographic and demographic spread</li> <li>3. Set up telephone interviews with staff in groups</li> <li>4. Alert them to the LINK and forthcoming greater powers,</li> <li>5. Consult them on newsletter content, frequency, distribution methods</li> <li>6. Design newsletter</li> <li>7. Develop and cost distribution strategy including ward based distribution via Councillors</li> <li>8. Implement strategy</li> <li>9. Ring sample target groups to check distribution and get feedback</li> </ol>	<p>Jul-Dec 2011</p>	<p>One newsletter produced by the end of Phase 1, which showcases the work in goal 1, recites the dialogue undertaken in the targeting process and provides other content as specified by target groups.</p>
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**RATIONALE – FOR WHEN HEALTHWATCH COMES IN**

- IMPROVE RELATIONSHIPS WITH COMMUNITY SYSTEMATICALLY (SHOW DEMOGRAPHICS),
- MAKE BEST USE OF RESOURCE BY TARGETTING, DEMONSTRATING VALUE FOR MONEY,
- DEMONSTRATE RESPONSIVENESS TO COMMUNITY,
- BUILD 'COMMUNITY CONNECTIONS' FOR FUTURE CONSULTATION.
- BUILD INTELLIGENCE ON NEEDS AND EXPERIENCES TO INFORM COMMISSIONING

**PHASE 2 - NOVEMBER – DECEMBER 2011**

GOAL	ACTION	TIMESCALE	MEASURE
<b>4.</b> Agree and deliver GP 'offer' of what LINK can offer to the consortium and get in return	<ol style="list-style-type: none"> <li>1. Scope what the LINK can offer to the GP Clinical Commissioning Group (GPCCG) (e.g. evidence for commissioning) and what they can receive in return (e.g. access to PPGs for membership)</li> <li>2. Negotiate permission to publicise discussions to build momentum</li> <li>3. Assess effectiveness from NHS Barnet transition process and decision-makers in the GP community</li> <li>4. Seek slot in consortium meeting to put forward offer/meet key GPs</li> </ol>	<p>Nov-Dec 2011 for publication in February 2012 newsletter</p>	<p>Clear offer agreed that results in increased membership for LINK and participation in process of shaping consortium's approach to PPI.</p>

**RATIONALE - FOR WHEN HEALTHWATCH COMES IN**

- MAKE THE CASE FOR INVOLVEMENT IN COMMISSIONING BY CONSORTIUM
- PROVE INDISPENSABILITY TO CONSORTIUM FOR COMMISSIONING INTELLIGENCE INCREASE REACH INTO COMMUNITY
- RAISE MEMBERSHIP

**PHASE 3 – JANUARY – MARCH 2012**

<b>5.</b> Review progress against DH Transition Plan	<ol style="list-style-type: none"> <li>1. Identify any remaining missing actions from transition plan</li> <li>2. Implement</li> </ol>	<p>End Jan 2012 to complete end Mar 2012</p>	<p>Satisfactory progress on DH Transition Plan.</p>
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**RATIONALE – FOR WHEN HEALTHWATCH COMES IN**

- ENSURE READINESS FOR HEALTHWATCH
- MAKE BEST USE OF CAPACITY/RESOURCES TO MAR. 2012, READY FOR HEALTHWATCH

<b>6.</b> Consolidate capacity building, profile, credibility and community relationships	<ol style="list-style-type: none"> <li>1. Develop legacy document for HealthWatch</li> <li>2. Combine all reports and visit work done methodology developed and database of contacts etc.</li> <li>3. Log any outstanding recommendations that need to be followed up</li> </ol>	<p>Jan - Mar 2012</p>	<p>Statutory sector aware of Legacy.  Role in the GPCCG.  Equal membership rights on Health &amp; Wellbeing Board.</p>
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**RATIONALE – FOR WHEN HEALTHWATCH COMES IN**

- GATHER EVIDENCE OF OUTPUTS TO ESTABLISH AUTHORITY AS ROUTE TO INFLUENCE
- DEMONSTRATE CAPACITY TO BE INDISPENSABLE ELEMENT IN THE NEW STRUCTURE
- MOTIVATE MEMBERS THROUGH TRANSITION
- ENCOURAGE JOINERS THROUGH CREDIBILITY AND SKILLS ENHANCEMENT

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Contact Barnet LINK via their host, CommUNITY Barnet

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**AGENDA ITEM: 17**

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Meeting	Health Overview and Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Health Overview and Scrutiny Committee Forward Work Programme 2011/12</b>
Report of	Overview and Scrutiny Office
Summary	This report outlines the Committee's work programme during 2011/12.

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Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	Appendix A – Health Overview and Scrutiny Committee Forward Work Programme 2011/12
Reason for urgency / exemption from call-in	N/A

Contact for further information: John Murphy, Overview & Scrutiny Officer, 020 8359 2368

## **1. RECOMMENDATION**

- 1.1 That the Committee consider and comment on the items included in the 2011/12 work programme of the Health Overview & Scrutiny Committee, as set out in the Appendix.**
- 1.2 That the Committee identify items to be taken forward for the inclusion in the 2011/12 Forward Work Programme.**

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 Annual Council, 17 May 2011 – Council agreed the scope and terms of reference of the Overview and Scrutiny Committees.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.
- 3.2 The three priority outcomes set out in the 2011-13 Corporate Plan are: –
  - Better services with less money
  - Sharing opportunities, sharing responsibilities
  - A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:
  - The Council's leadership role in relation to diversity and inclusiveness; and
  - The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 None in the context of this report.

## **7. LEGAL ISSUES**

- 7.1 None in the context of this report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

## **9. BACKGROUND INFORMATION**

- 9.1 The Health Overview & Scrutiny Committee's Work Programme 2011/12 indicates forthcoming items of business for consideration by the Committee.
- 9.2 The work programme of this Committee is intended to be a responsive tool, which will be updated on a rolling basis following each meeting, for the inclusion of areas which may arise through the course of the year.
- 9.3 The Committee is empowered to agree its priorities and determine its own schedule of work within the programme.

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None

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<b>12 DECEMBER 2011</b>				
<b>HEALTH OVERVIEW AND SCRUTINY COMMITTEE</b>				
<b>ITEMS TO BE CONSIDERED</b>	<b>INFORMATION</b>	<b>REPORT ORIGIN</b>	<b>INTENDED OUTCOME</b>	<b>ISSUES</b>
<b>Mental Health and Carers Procurement and Finances</b>	Committee to receive information on mental health and carers procurement and to requesting an update on the implementation of carers priorities as set out in the NHS operating framework.	External – Health Partners NHS Barnet	<b>Committee to receive an overview of carers procurement and how carers priorities are being implemented.</b>	<b>None identified. Possible deferral to a future meeting.</b>
<b>Barnet Chase Farm Hospital – Maternity Services</b>	Chairman has requested a report on maternity services at Barnet Chase Farm Hospital and impact on Barnet Hospital following closure of BCF Maternity Services as set out in the BEH Clinical Strategy.	External – Health Partners	<b>Committee to discuss strategic approach to delivering Maternity Services.</b>  <b>Following Panorama programme, Health Partners to be questioned on actions to resolve immediately and when BCF Services close.</b>	<b>None identified</b>
<b>Alzheimer's / Dementia Update</b>	Update report on progress made by Barnet Hospital in staff training regarding Alzheimer's and Dementia care, following Committee consideration on 31 March 2011.	External – Health Partners	<b>Committee to receive update report on progress made in implementing recommendations regarding staff training.</b>	<b>None identified</b>

<b>Update on the new ENT Services at Barnet Hospital</b>	The Committee requested an update on the ENT services in Autumn 2011.	External – Health Partners	<b>Committee to receive an update on the new ENT services at Barnet Hospital.</b>	<b>None identified</b>
<b>Update on the Mental Health QIPP</b>	The Committee requested that an update on QIPP be reported in Autumn 2011.	External – Health Partners	<b>Committee to receive an update on the QIPP programme.</b>	<b>None identified</b>
<b>Quality Account – Royal Orthopaedic Hospital</b>	The Committee to scrutinise the quality account of the Royal Orthopaedic Hospital	External – Health Partners	<b>The Committee to receive a presentation on the Quality Account 2010/11.</b>	<b>None identified</b>
<b>Proposed Cancer Care Model Presentation</b>	Committee to receive a presentation of the proposed cancer care model	External – Health Partners	<b>TBC</b>	<b>None</b>
<b>Cancer Care Models</b>	Committee to receive a report on integrated cancer care systems in London	External – Health Partners	<b>TBC</b>	<b>None</b>
<b>Parking Barnet Hospital</b>	The Chairman has requested a report on parking at Barnet's hospitals.	External – Mary Jossett (Alison Blair to confirm her trust/position)	<b>TBC</b>	<b>None</b>
<b>Deep Vein Thrombosis</b>	Update on Members Item submitted in September 2011.	External – Health Partners	<b>TBC</b>	<b>Detailed consideration of this item deferred from September, with more detailed report to come to December meeting.</b>

<b>Transforming Child and Adolescent Mental Health Services (CAMHS)</b>	Committee to receive update report on transforming Child and Adolescent Mental Health Services	External – Health Partners	<b>TBC</b>	<b>None identified</b>
<b>Members Item – Waiting Times Barnet Hospital</b>	Councillor Geof Cooke has submitted a Members Item on waiting times at Barnet Hospital Fracture Clinic. Health partners to respond.	External – Health Partners	<b>TBC</b>	<b>None identified</b>

<b>15 FEBRUARY 2012</b>				
<b>HEALTH OVERVIEW AND SCRUTINY COMMITTEE</b>				
<b>ITEMS TO BE CONSIDERED</b>	<b>INFORMATION</b>	<b>REPORT ORIGIN</b>	<b>INTENDED OUTCOME</b>	<b>ISSUES</b>
<b>Update on Barnet Clinical Commissioning Group</b>	Committee requested an update on the Barnet Clinical Commissioning Group.	External – Health Partners	<b>Committee to receive an update on the Barnet Clinical Commissioning Group</b>	<b>CDG report on Clinical Commissioning Group to inform committee report.</b>
<b>Finchley Memorial Hospital Redevelopment</b>	Committee to receive a report outlining progress in relation to Finchley Memorial Hospital Redevelopment	External – Health Partners	<b>Committee to comment on the developments</b>	<b>None identified</b>
<b>Health and Wellbeing Board Update and Strategy</b>	Committee to receive an update on the development of the Health and Wellbeing Board Strategy.	Internal – Adult Social Care and Health	<b>To note and comment on progress in developing the Health and Well-being Strategy</b>	<b>Linkages/duplication between H&amp;WBB and Health Scrutiny to be reviewed.</b>

<b>Public Health Transition</b>	New statutory responsibilities and state of readiness of the Council.	Internal – Adult Social Care and Health	<b>Comment to comment and make recommendations in relation to the new statutory responsibilities and state of readiness of the Council.</b>	<b>None identified</b>
<b>Barnet LINK Annual Report</b>	The Committee have requested receive the Barnet LINK Annual Report. Linkages with HealthWatch to be considered.	External – TBC	<b>The Committee to note and comment on the LINKs Annual Report and consider linkages with Healthwatch.</b>	<b>None identified</b>
<b>Full Report on Appointment Management at Barnet and Chase Farm Fracture Clinic</b>	Following on from the 12/12/11 meeting a full report was requested detailing appointment management at Barnet and Chase Farm Fracture Clinic.	External – Health Partners	<b>Committee to note and comment on appointment management at Barnet and Chase Farm Fracture Clinic.</b>	<b>None identified</b>
<b>Mental Health &amp; Carers Procurement And Finances</b>	Report withdrawn from 12/12/2012 meeting to be presented at this meeting.	Internal – Adult Social Care and Health	<b>Committee to note and comment on report.</b>	<b>None identified</b>
<b>Transforming Child and Adolescent Mental Health Services (CAMHS)</b>	Committee to receive update report the business case development on transforming Child and Adolescent Mental Health Services	External – Health Partners	<b>Committee to note and comment on report.</b>	<b>None identified</b>
<b>Elysian House – Delivery of Environmental Improvements</b>	Committee requested an update from BEH Mental Health Trust	External – Health Partners	<b>Committee to note and comment on report.</b>	<b>None identified</b>



<b>Alzheimer's and Dementia Care (Parking Update)</b>	The committee requested a further report on parking at Barnet Hospital	External – Health Partners	<b>Committee to note and comment on report.</b>	<b>None identified</b>
<b>Care Quality Commission Review of Maternity Services – Actions taken by Barnet and Chase Farm Hospital</b>	Committee requested report on the actions taken by Barnet and Chase Farm Hospital in response to the CQC review	External – Health Partners	<b>Committee to note and comment on report.</b>	<b>None identified</b>

<b>3 APRIL 2012</b>				
<b>HEALTH OVERVIEW AND SCRUTINY COMMITTEE</b>				
<b>ITEMS TO BE CONSIDERED</b>	<b>INFORMATION</b>	<b>REPORT ORIGIN</b>	<b>INTENDED OUTCOME</b>	<b>ISSUES</b>
<b>Update on Stroke and Trauma Services</b>	Following on from the 21/02/11 meeting an update report was requested	External- Health Partners	<b>TBC</b>	<b>Written briefing to be requested from the CEO North London Hospice.</b>
<b>Update on TB Commissioning</b>	Following on from the 21/02/11 meeting an update report was requested outlining specific treatment of TB in Barnet Spring 2012.	External – Health Partners/ Commissioning Support for London	<b>To comment on the development of new service arrangements for TB services in North London.</b>	<b>None identified</b>

<b>FUTURE MEETINGS – ITEMS TO BE ALLOCATED</b>				
<b>HEALTH OVERVIEW AND SCRUTINY COMMITTEE</b>				
<b>ITEMS TO BE CONSIDERED</b>	<b>INFORMATION</b>	<b>REPORT ORIGIN</b>	<b>INTENDED OUTCOME</b>	<b>ISSUES</b>
<b>North London Hospice</b>	Update on which services will be provided by North London Hospice and at which sites	External – North London Hospice	<b>TBC</b>	<b>None identified</b>
<b>North Central Sector Commissioning</b>	As requested at Committee on 03/11/10 information on Commissioning from the North Central Sector.	External – NHS Barnet and Healthcare for London	<b>TBC</b>	<b>Date that item to be presented to the Committee TBC with Chairman.</b>
<b>Royal Free Hospital Triage Services</b>	The Chairman has requested a report on Triage Services at the Royal Free Hospital be presented to the Committee.	External – Health Partners	<b>TBC</b>	<b>None identified</b>

**AGENDA ITEM: 18**

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Meeting	Health Overview & Scrutiny Committee
Date	15 February 2012
<b>Subject</b>	<b>Cabinet Forward Plan</b>
Report of	Overview and Scrutiny Office
Summary	This report provides Members with the current published Cabinet Forward Plan. The Committee is asked to comment on and consider the Cabinet Forward Plan when identifying future areas of scrutiny work.

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Officer Contributors	John Murphy, Overview and Scrutiny Officer
Status (public or exempt)	Public
Wards affected	All
Enclosures	To Follow – Appendix A - The Cabinet Forward Plan February/May 2012
Reason for urgency / exemption from call-in	Not applicable
Key decision	No

Contact for further information: John Murphy, Overview and Scrutiny Officer, 020 8359 2368

## **1. RECOMMENDATION**

- 1.1 That the Committee comment on and consider the Cabinet Forward Plan when identifying areas of future Scrutiny work.

## **2. RELEVANT PREVIOUS DECISIONS**

- 2.1 None.

## **3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS**

- 3.1 The Overview and Scrutiny Committees/Sub-Committees must ensure that the work of Scrutiny is reflective of the Council's priorities.

- 3.2 The three priority outcomes set out in the 2011/13 Corporate Plan are: –

- Better services with less money
- Sharing opportunities, sharing responsibilities
- A successful London suburb

## **4. RISK MANAGEMENT ISSUES**

- 4.1 None in the context of this report.

## **5. EQUALITIES AND DIVERSITY ISSUES**

- 5.1 In addition to the Terms of Reference of the Committee, and in so far as relating to matters within its remit, the role of the Committee is to perform the Overview and Scrutiny role in relation to:

- The Council's leadership role in relation to diversity and inclusiveness; and
- The fulfilment of the Council's duties as employer including recruitment and retention, personnel, pensions and payroll services, staff development, equalities and health and safety.
- The Council is required to give due regard to its public sector equality duties as set out in the Equality Act 2010 and as public bodies, Health partners are also subject to equalities legislation; consideration of equalities issues should therefore form part of their reports.

## **6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)**

- 6.1 None in the context of the report.

## **7. LEGAL ISSUES**

- 7.1 None in the context of the report.

## **8. CONSTITUTIONAL POWERS**

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution; the Terms of Reference of the Scrutiny Committees are

included in the Overview and Scrutiny Procedure Rules (Part 4 of the Council's Constitution).

## **9. BACKGROUND INFORMATION**

- 9.1 Under the current overview and scrutiny arrangements, the Health Overview & Scrutiny Committee will ensure that the work of Scrutiny is reflective of Council priorities, as evidenced by the Corporate Plan and the programme being followed by the Executive.
- 9.2 The Cabinet Forward Plan will be included on the agenda at each meeting of the Health Overview & Scrutiny Committee as a standing item.
- 9.3 The Committee is encouraged to comment on the Forward Plan.
- 9.4 The Committee is asked to consider items contained within the Forward Plan to assist in identifying areas of future scrutiny work, particularly focussing on areas where scrutiny can add value in the decision making process (pre-decision scrutiny).

## **10. LIST OF BACKGROUND PAPERS**

- 10.1 None.

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